

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th November 2021
Report for: Noting
Report of: Director of Public Health

Report Title

Local response to trends in alcohol consumption and harm

Summary

This report addresses the question of alcohol as a risk factor, the consequences of the national increase in alcohol consumption, and how Trafford services are responding to changes in demand.

Recommendations

It is recommended that the Report be noted

Background

Alcohol is a normal part of many of our lives, yet every year in the UK alcohol-related harm leads to thousands of lives lost. The risk is not just to those we think of as dependent drinkers. Patients on cancer, liver and stroke wards are often 'normal' heavy drinkers who have been unknowingly harming their bodies.

While drugs can have a devastating impact on the health and wellbeing of individuals who misuse them, and their families, alcohol has a far greater impact on public health because so many more people drink at levels that damage their health (approximately 10.4 million people in England) compared to the number of people who took an illicit drug in the last year (approximately 2.7 million people).

This report is written at a time of easing Covid-19 restrictions, but continuing high Covid-19 community infection rates.

Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale during the pandemic

was still similar to the pre-pandemic years, which suggests people were drinking more at home. Indeed, in shops and supermarkets just over 12.6 million extra litres of alcohol were sold in the financial year 2020 to 2021 compared to 2019 to 2020 (a 24.4% increase).

Comparing March 2020 and March 2021, there was a 58.6% increase nationally of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women)ⁱ.

It has been reported widely that alcohol misuse increased nationally during the pandemic, but this varied among groups, with those drinking least pre-lockdown cutting down further, but some daily drinkers (18%) increasing their consumption during lockdown^{ii,iii}. Increased alcohol consumption, particularly among heavy drinkers, in 2020 has caused an unprecedented acceleration in alcoholic liver disease deaths^{iv}. This is likely to further widen health inequalities.

Both alcohol-related deaths and deaths caused by drugs have been increasing for many years^v. Alcohol-specific deaths registered in quarter 4 (Oct-Dec) of 2020 showed an age-standardised rate of 13.6 deaths per 100,000 people, the highest rate for any quarter in almost two decades. The number of drug-related deaths (4,561 in England and Wales) was 3.8% higher in 2020, compared with 2019, the highest number since records began in 1993.^{vi}

Earlier this year, the second part of the Dame Carol Black review of drug services was published. The shortcomings described in the report (funding cuts, fragmentation and diminished partnership working, depleted workforce) provide the basis for bringing about much needed longer-term change to the way substance misuse is addressed in the UK, in terms of prevention, treatment and recovery. The report recommends increased funding and the creation of a governmental Drugs Unit (now established), establishing a Centre for Addictions to oversee workforce development, a Commissioning Quality Standard and a National Outcomes Framework. While the review focused on drugs, many of its recommendations apply equally to alcohol treatment and support services.

The first GM drug and alcohol strategy^{vii} 2019-21 sets out a plan to reduce the harms caused by both alcohol and drugs, across the 10 local authorities, with prevention and early intervention highlighted as the first of six key priorities. In addition, the GM drug commissioner meetings, chaired by the GM-CA substance misuse lead, has adopted a number of commissioning standards across local authorities, which will help to align activity across GM and ensure consistency.

Statistics on alcohol harm in Trafford

The spine chart below displays the latest hospital alcohol admissions data for Trafford. It can be seen that Trafford is rated Amber or Green for most categories, except the Broad measure for Males for alcohol-related conditions, an indicator on which Trafford has tracked above the national average since 2008/9.

Compared with England

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable

+ a note is attached to the value, hover over to see more details ^

Recent trends:
 — Could not be calculated
 → No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better

Indicator	Period	Trafford			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2019/20	—	983	435	574	519	917		286	
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2019/20	—	703	655	807	695	1,205		389	
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2019/20	—	280	240	361	359	699		150	
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2019/20	—	4,080	1,831	2107	1815	4,067		1,048	
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2019/20	—	3,051	2,942	3252	2809	6,103		1,551	
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2019/20	—	1,029	879	1090	943	2,250		539	

The methodology for these reports has now changed, but it can be seen below that on all of these hospital admissions measures by age-group, Trafford is rated Green or Amber. The under 18s figures which were previously reported as Red for Trafford no longer appear to be collected, from April 2021. The old methodology is listed as appendix 1, for reference.

Compared with England ● Better 95% ● Similar ● Worse 95% ○ Not applicable * a note is attached to the value, hover over to see more details ^

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Indicator	Period	Trafford		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2019/20	—	181	170.2	231.8	186.7	397.6		73.0
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2019/20	—	118	225.2	281.6	223.7	514.6		72.1
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2019/20	—	62	118.2	182.2	149.8	351.7		45.1
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2019/20	—	480	602	895	798	1,496		341
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2019/20	—	341	875	1200	983	1,876		421
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2019/20	—	139	342	600	618	1,317		221
Admission episodes for alcohol-related conditions (Narrow) - 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2019/20	—	323	785	850	839	1,447		515
Admission episodes for alcohol-related conditions (Narrow) - 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2019/20	—	244	1,310	1400	1334	2,416		841
Admission episodes for alcohol-related conditions (Narrow) - 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2019/20	—	79	358	380	420	965		179

Although the national under 18 indicator has been discontinued, Appendix 2 shows some Trafford local data collection by the CCG on the number of admissions to hospital for young people aged 0-17 and it can be seen that there is a downward trend in the 3 year running total, from 31 in 2018-19 to its current level of 27 in 2020/21 (last 3 years added together). This may, in part, reflect harm reduction work by Early Break. Early Break will continue to provide this, with a clear aim being to encourage earlier referral, so as to avoid additional vulnerability and limit any alcohol harm being experienced by young people and their families. Their approach is person-centred and they currently run Holding Families in Trafford, which is a PHE Innovation Fund project, examining the effect on family functioning, due to parental substance misuse, with the aim being to increase parenting skills and confidence and improve emotional health and wellbeing of any young people living in the household.

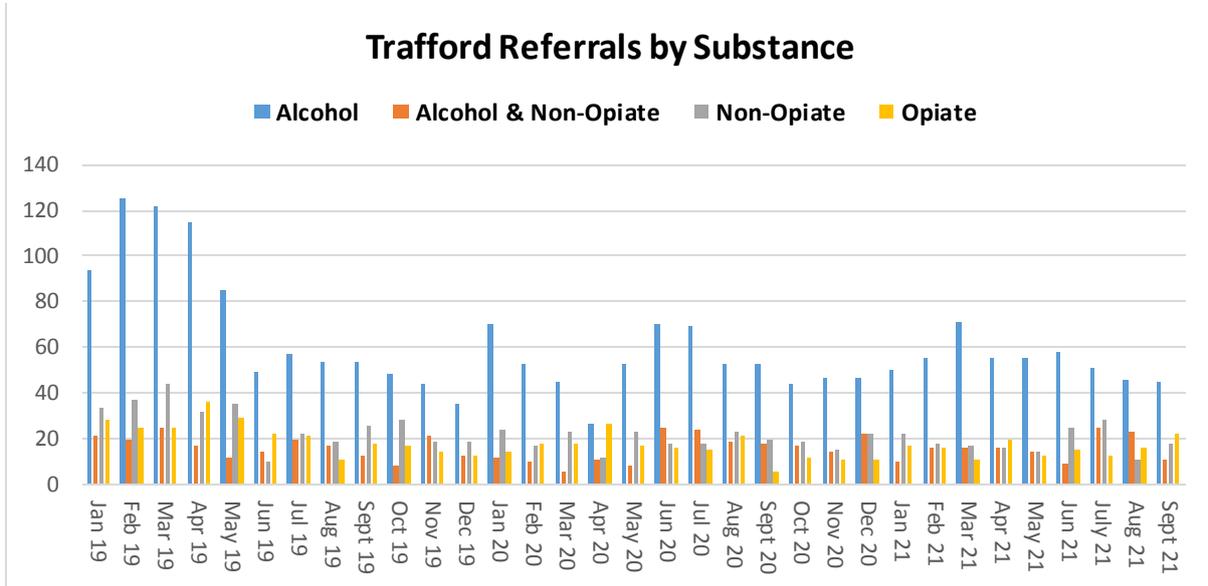
Responding to alcohol misuse during the pandemic

Adult Addictions Service

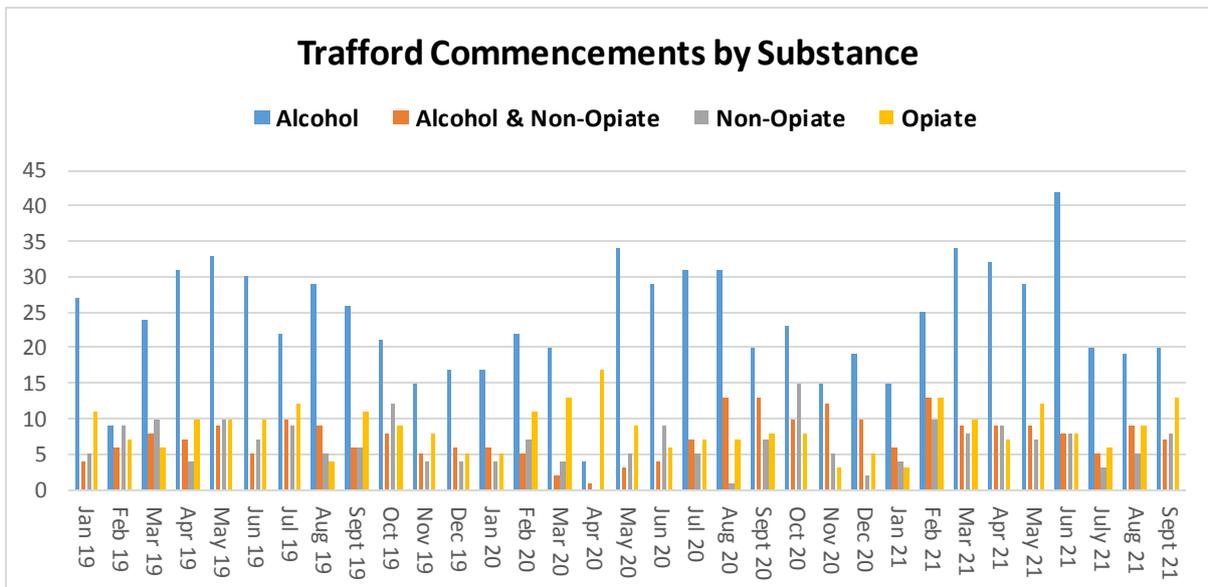
The Covid-19 pandemic continues to present a unique set of challenges for adult addiction services in Trafford. Achieve Trafford provide bespoke drug and alcohol treatment offers based upon individual needs. The service focuses on those who engage in harmful drug and alcohol use and there has been a significant increase in

referrals for alcohol interventions, particularly in the period of emergence from pandemic associated social restrictions and lockdown.

The service receives a significantly higher number of referrals for alcohol compared to other substances, opiates for example, and they have seen this continue through the pandemic.



Treatment commencement numbers by substance are shown in the chart below, and also show higher numbers of alcohol clients, and a spike in numbers starting alcohol treatment in June 2021.



Throughout the challenges of the Covid-19 pandemic, the enhancement of our digital offer by GMMH has provided a means of making a range of psychosocial interventions accessible to the whole recovery community, including those who require interventions

for alcohol related harm. In all areas of GMMH, Breaking Free Online has been a highly successful tool, attracting and retaining groups who may not otherwise have accessed services.

As a result of recent changes to their approach to referrals and progression to non-structured treatment, Achieve have seen an increase in service users access the 'front end' treatment offer which includes a digital offer, and a high proportion of these have been for alcohol support.

The national picture of increasing drug-related death and alcohol mortality is of concern to commissioners and providers alike. Achieve Trafford have responded to this emerging concern by using harm-reduction interventions, including take-home naloxone, liaising with smoking cessation services and vulnerable adult nursing and social care teams. They have strong, long-established relationships with the hepatology teams at North Manchester General Hospital, ensuring those with serious alcohol-related illnesses access treatment, thus reducing alcohol-related morbidity and mortality.

The role of Alcohol Liaison Teams

It is imperative to use an acute hospital admission for alcohol-related illness as an opportunity to engage people and encourage them to seek treatment. GMMH have excellent working relations with the specialist alcohol nurses in the acute hospitals which serve Trafford residents, including their contributions at our Multi-Disciplinary Team meetings, training sessions, referrals to our Assertive Outreach Team (AOT) who provide in reach to the wards and individual case discussions. GMMH also provide in-patient detox through the Chapman Barker Unit based at our Prestwich Site and service users can also access rapid-access beds through the RADAR system if presenting with acute alcohol problems at local emergency departments.

In the wake of the pandemic, there has been a sharp increase in demand for addiction treatment services. GMMH anticipate this to continue and have responded to this across our service by implementing new approaches and changes to service models to meet demand. As a direct result of increasing demand and the vision to provide an outstanding quality service to all, GMMH have introduced a number of strategies to assure service users, stakeholders and staff that they can expect the most efficient use of resources while delivering quality care.

Targeting interventions to those who need it most

The increased demand for interventions has necessitated a more targeted approach to triaging new referrals. This new streamlined approach will ensure that service users are assessed with the complexity of their needs in mind; they can thus quickly access the most appropriate level of treatment in the most appropriate way. Implementing this in Trafford has enabled us to provide a 'front end' offer for a service user population who may not have traditionally accessed drug and alcohol services.

These interventions will be centred on a digital offer, as well as recovery coordination, allowing easy access to those who may be in employment or who find it difficult to access appointments during normal business hours. This approach also allows us to work at greater pace, and with renewed focus, with those who require a range of

interventions, including opiate substitution therapy. This approach enables those service users meeting high risk indicators, and those who require a bespoke package of care, to access treatment more quickly.

As a by-product of the Covid-19 pandemic, there has been a renewed focus on harm reduction and keeping people safe. Providers continue to work closely with commissioners, supported by their data and performance team, to review and modify performance monitoring frameworks to meet the current challenges facing services.

Characteristics of the client population and increasing complexity

The past 18 months have been challenging for everyone, but many of those whose lives are affected by addiction and additional complexities, such as mental health issues, have faced particularly difficult challenges. Evidence suggests over 70% of clients presenting to adult substance misuse services in Trafford report a co-existing mental health need.

The service user population for whom GMMH provide care can include significant challenge and complexity. Comorbidity is common and service users can present with a myriad of health and social needs, often resulting in diagnostic uncertainty. Across the addictions division, there is a Quality and Governance Lead who maintains oversight of areas, such as drug and alcohol related deaths, inquests, incident management and investigations. The central component and objective of this role is to steer and develop quality, governance and safeguarding within the division, providing detailed analysis of trends and responses to emerging risks for individual and communities.

The Assertive Outreach Team continue to deliver a hospital in-reach and liaison service, linking closely with Mental Health and Alcohol Liaison Nurses, negotiating access to the wards to arrange support, particularly prior to discharge. Achieve work closely with the Alcohol Nursing Teams based in the hospital to offer support to those ready for discharge and offer a clear pathway from hospital to structured treatment for aftercare support.

Young people (under 18s)

As Covid-19 restrictions have eased, work has taken place by Early Break (EB) with emergency departments, in order to improve pathways and improve continuity of care, post-discharge. Partnership outreach work between EB and the youth team at Talkshop has taken place on evenings and at weekends, involving workers taking to the streets, across Trafford, to speak to young people and educate them on the dangers of using alcohol and drugs. Advice and information has also gone out on the EB social media account and via fresher fairs. Professional development training is offered (via Trafford Strategic Safeguarding Board) on Hidden Harm and Tier one training is available on young people drug and alcohol misuse, together with details of advice and support available. Early Break is listed, as part of substance misuse support available, via the Trafford directory.

It is noted by EB that demand fluctuates according to vulnerabilities, such as trauma, adversity, changing emotional health, though young people in Trafford tend to access services later, which increases the likelihood that they may need a clinical assessment

(as opposed to being managed, via early intervention). It is noted that referrals from Trafford schools are not always made, leading to missed opportunities to avoid pupil exclusion and provide early intervention and support. There is a cohort of young adults aged between 18 and 24 who drink problematically, but are not alcohol-dependent, have complex social or mental health issues, but do not qualify for support available from adult substance misuse services (as they do not meet the threshold), so a potential gap in provision exists for this group.

Recent activity in support of reducing alcohol harm in Trafford

As part of the Live Well Board meeting, Trafford agencies have been asked to map their current prevention offer and treatment of substance misuse, provided by GMMH and a number of sub-contractors specialising in particular offers, such as access to housing. A range of support is on offer (see appendix 3 for details), but it is acknowledged that one of the gaps is how best to raise awareness of alcohol harms/risk among the wider public. It is recognised that many adults currently in treatment often present with other issues, such as mental health problems and a range of underlying health conditions, some of whom may require in-patient treatment for dependency, via the Chapman-Barker Unit. Those dropping out of treatment prematurely will receive support from the Big Life Group, with the aim being to re-engage them with support as soon as possible.

Alcohol Awareness Week – 15th to 21st November 2021

Due to the pandemic, which has seen repeated lockdowns, it has been difficult to initiate and sustain contact with the wider public about alcohol consumption levels and the consequences of alcohol harms. Alcohol Awareness Week provides a useful opportunity to focus on harm reduction. GMMH have partnered with Drink aware, as part of the City pilot, with a stand being set up in Stretford Mall on 19th November.

This will offer members of the public the opportunity to complete a quick questionnaire on alcohol consumption (using the AUDIT-C validated tool), with the aim being to provide insight into current drinking behaviour and allow opportunities for conversations about alcohol harm, for those who wish to cut down (behaviour change). There is also a digital offer, for those who wish to complete the survey online (link here: <https://www.drinkaware.co.uk/scratchcard-campaign>).

There is also an opportunity for carers and families to join an online drop in on Friday 19th November, focusing on mutual aid and peer support. There will be a GMMH staff health and wellbeing event on 15th November held at GMMH's Prestwich headquarters, which will focus on alcohol-related harm and support positive behaviour change. As part of this event, there will be awareness of the effects of drinking on pregnancy (using the successful GM Drymester campaign, which encourages parents to go alcohol-free, when pregnant or planning a pregnancy) and information on foetal alcohol spectrum disorders (or FASD).

Conclusion

Drug and alcohol misuse are often intertwined with a range of mental health and social problems, including depression and anxiety, domestic abuse, housing needs, offending, rough sleeping, child abuse, adverse childhood experiences, loss, trauma and severe and enduring mental health problems such as schizophrenia. A priority for Trafford is to address the need for more integrated and holistic care for service users experiencing a wide range of complex problems.

As we continue to emerge from the pandemic, our focus is centred on an integrated and early response for prevention and treatment for harmful alcohol use, including carers, families, and the wider community.

Key challenges include raising public awareness of the harms associated with alcohol consumption at levels many perceive as 'normal', working with schools to promote early referral to alcohol support services where these might prevent exclusion, and working with partners across the system to identify opportunities for brief intervention (eg promoting the use of the AUDIT-C alcohol screening tool in primary care).

Appendix 1: Previous methodology – 2019/20 (with under 18 admissions indicator included)

Compared with England ● Better 95% ● Similar ● Worse 95% ○ Not applicable + a note is attached to the value, hover over to see more details ^

Recent trends: → Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Indicator	Period	England							
		Trafford		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Persons)	2018/19	→	314	298	388	315	641		149
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Male)	2018/19	→	180	341	462	368	735		147
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Female)	2018/19	→	134	257	313	262	575		123
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Persons)	2018/19	→	645	813	1058	929	1,670		453
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Male)	2018/19	↓	411	1,062	1386	1149	2,185		561
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Female)	2018/19	→	233	575	740	714	1,380		345
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Persons)	2018/19	→	397	968	1052	1049	1,697		644
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Male)	2018/19	→	256	1,407	1549	1501	2,510		966
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Female)	2018/19	→	141	614	640	679	1,250		389
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2017/18 - 19/20	–	80	47.6	43.6	30.7	111.5		7.7
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2017/18 - 19/20	–	45	52.4	33.3	24.9	97.9		7.8
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2017/18 - 19/20	–	35	42.5	54.6	36.7	125.8		9.1

Appendix 2: Hospital Admissions for alcohol-specific conditions for 0-17 years in Trafford, by year

Year	In year admissions		
	Female	Male	Total
2013-14	10	4	14
2014-15	3	5	8
2015-16	1	2	3
2016-17	5	4	9
2017-18	8	1	9
2018-19	5	8	13
2019-20	2	5	7
2020-21	4	3	7

A three year running total for the same period is provided below, with the first two years omitted (as 3 years needed for first totals) so 2015-16 is first figure here.

3 year running total		
Female	Male	Total
14	11	25
9	11	20
14	7	21
18	13	31
15	14	29
11	16	27

It can be seen that the totals have reduced over the past two periods, though remain slightly above initial figure. There also appears to be have been a shift from Females to Males, in terms of higher admission levels, in recent years.

Appendix 3: Substance misuse provision in Trafford Council

Service Type	Current provision	Provider organisation(s)	Opportunities to do more or do differently / planned future activity
Universal (approaches designed for entire population, without regard to individual risk factors, aimed at preventing or delaying substance misuse)	Support provided to Trafford schools by Early Break on drug and alcohol awareness	GMMH	Media Campaigns, use of social media to inform and prevent.
	Kaleidoscope Group - socio-informational group for those in or interested in recovery	GMMH Community Development	
	Monthly diversity and public health campaign events e.g. Alcohol Awareness Week	GMMH Community Development	
	Public health and awareness social media campaigns and online engagement	GMMH Community Development	
	Community promotion events eg pride stalls	GMMH Community development team	attend increased number of events
	Support provided to Trafford schools supporting professionals to respond to young people's drug and alcohol issues. Named workers make regular contact with the schools. Named workers also exist in Complex Safeguarding Teams, YJS, Looked after and After care services, Early Help	Early Break	Build on the learning from Early Breaks preventative work we would have prevention workers attached to primary schools. Our based community outreach offer works with young people in their communities, addressing education and harm reduction on substance misuse and the associated risk taking behaviours.
	Holding Families Programme - working with children affected by parental substance misuse	Early Break	

	Multi agency professional training - Early Break deliver the tier one young people's substance use training to improve the knowledge and confidence to respond to young people's substance use and refer into Achieve services for all family members. Hidden Harm training is jointly delivered through the safeguarding board and is available to all professionals.	Early Break/ GMMH	
	Street Talk - delivering detached youth work in a number of parks/community locations around Trafford and provide informal education around substance/alcohol use as part of our wider offer. Also have (with Early Break) detached Youth Workers to provide advice, support and onward referral in the communities. The team have attended areas where residents have raised issues of ASB/Substance misuse and offered support and advice around staying safe. The team see around 200 to 300 young people a month and also do projects in specific areas eg Urmston focused on substance misuse and community safety.		
	Achieve Outreach provide Free drug and alcohol awareness to clients, family members, other professionals. This is currently online due to COVID however moving forward face to face will be explored	The Big Life Group	In the future will look at doing face to face groups in the local community as well as continuing with the online provision when needed/wanted. No dates or venues have been set yet
Selected (approaches which target those sub-population groups with higher than average risk of substance misuse, either imminently or over a lifetime)	Those at risk of exclusion receive targeted support.	GMMH	
	Link workers are provided to schools, YJS, Complex Safeguarding, Early Help, LAC after care.	Early Break	Limited capacity to undertake this work, more of would enable an improved integrated approach across children's and family services.
	Early intervention provided by Early Break (YP service)	Early Break	Explore different settings for delivery of interventions.

	Links to youth offending, to promote information exchange and harm reduction messages; all YJ Young people and referrals to the YJ preventative mentoring service come through allocations so this has improved the take up of the Early Break offer and improved information sharing	Youth Justice and Early Break	Targeted work driven at young people who are at risk of offending or who are in the criminal justice system?
	The Achieve Outreach team currently work with anyone aged 18+ who have barriers	The Big Life Group	Planned to start the drop in at Wythenshawe hospital (which we did prior to COVID) and look at starting to do a drop in at Trafford hospital this is still ongoing as not able to go into hospitals at the moment
	Breaking Free On Line	Breaking Free	Increase take up from CMHT
Indicated (interventions aimed specifically at those individuals already using substances, to prevent escalation into dependency, and showing signs of problematic use in other ways, such as absence from school/work, mental health problems)	YP support, via psychosocial interventions	Early Break	
	Family support, addressing trauma, where linked to incarceration	Early Break	Holding Families Plus is a whole system approach and builds on learning from our Holding families programme. HF+ is whole family trauma responsive service, working with substance using parents in prison, their children and family members in the community. Its aims is to improve relationships, prevent intergenerational substance misuse, offending behaviour. This project ends in March 2022.
	Those at risk of homelessness, via access to housing (Meadow Lodge, Pomona Gardens)	HOST (Trafford Council Housing Options)	
	Access to thinking skills classroom-based course, via Intuitive Thinking Skills (resits permitted, to embed learning from previous courses)	Intuitive Thinking Skills	

	Access to assertive outreach, when dropped out of treatment or when they disengage from services. Anyone who is disengaged from treatment follows the DNA pathway included in which is recommendation is to refer to outreach	Big Life group	Post COVID we want to look at starting drop ins again at places such as the ABEN provision, HOST and any other areas. Started the drop in at HOST
	Community detox available to those who are assessed as requiring this	GMMH Smithfield (in-patient detox)	
	Supervised consumption provided via community pharmacies	GMMH	
	Needle exchange facilities across Trafford for those who are injecting	GMMH	
	Linking to mental health treatment, for all who require it	GMMH	
	Link to mutual aid support such as moderation management	GMMH	
	Link to recovery support SMART	GMMH	
	Link to CVS recovery Fund	Achieve	
	Links in local hospitals	Achieve	Develop pathways for completion of community detox

References

ⁱ <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

ⁱⁱ [Alcoholic liver deaths increased by 21% during year of the pandemic - GOV.UK \(www.gov.uk\)](#) – accessed 8.11.21

ⁱⁱⁱ <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings> - accessed 26.10.21

^{iv} As (i) – accessed 8.11.21

^v [Quarterly alcohol-specific deaths in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) – accessed 8.11.21

^{vi} <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoningenglandandwales/2020> - accessed 8.11.21

^{vii} <https://www.greatermanchester-ca.gov.uk/media/2507/greater-manchester-drug-and-alcohol-strategy.pdf> - accessed 8.11.21