

Trafford Alcohol & Substance Misuse Joint Strategic Need Assessment

An Overview & Wider Strategic Developments

Background & Context



Dame Carol Black Independent Review.

Part 1: Picture of substance misuse in the UK.

Part 2: Gov recommendations to improve prevention, treatment & recovery.

Estimated societal cost is £19.3 billion per year, of which 86% is attributable to health and crime related costs.

For every £1 spent on....



Alcohol Treatment

Societal return on investment (SROI) of £3.
This increases to a total of £21 over 10 years.



Drug Treatment

SROI of £4.
This increases to a total of £26 over 10 years.

National Drugs Strategy

“From Harm to Hope”

Published 2021.

1. Breaking supply chains.
2. Delivering a world-class treatment and recovery system.
3. Achieving a generational shift in the demand for drugs.

No Current National Alcohol Strategy
(last published in 2012)

From harm to hope

A 10-year drugs plan to cut crime and save lives



Trafford's Health & Wellbeing Board Priority: Reducing Harms From Alcohol

Deep Dive November 2022 Actions:

1. To establish an alcohol sub-group to meet the needs of Trafford residents.
2. To create a joint vision to tackle alcohol harm in Trafford, ensuring this is linked to wider strategies across the system.
3. To ensure a strong, local, needs based approach to reducing alcohol and substance misuse harm through the development and publication of an Alcohol and Substance Misuse Joint Strategic Needs Assessment, (JSNA), owned by the Trafford Alcohol & Substance Misuse Partnership.

Trafford Alcohol, Substance Misuse and Gambling Partnership

First Meeting held in April 2023

Dedicated action plan with 4 priority areas:

Understanding Need

Gaining a better understanding of need, improved recording.

Early Intervention & Prevention

Brief interventions across the board, campaigns.

Treatment

Promoting existing services, Increasing referrals.

Recovery

Increasing Recovery support / communities.

Trafford Joint Vision

- We will **improve relationships** within the partnership to tackle drug, alcohol, and gambling harms in the borough.
- We will **embed prevention** and promote healthier environments and access to recovery.
- We will **listen** to, and **learn** from, residents' stories and partners' professional insights, to better inform provision of support.
- We will **empower** individuals and their families to avoid the detrimental consequences of drug, alcohol, and gambling harm.

Substance Misuse Service Priorities 2025 Onwards

- Salford City Council are lead commissioner, with Trafford and Bolton Local Authorities
- Working through PSR regulations with legal oversight. Regardless of contracting route, opportunity to update spec originally from 2018
- Current high-level priorities:
 - **Priority 1:** To lead early intervention and prevention for substance misuse, working with partners in neighbourhoods.
 - **Priority 2:** Making the service accessible to all, with quality improvement focused on health equity.
 - **Priority 3 :** To support adults to address their substance misuse and support needs, including holistic support and harm reduction.
 - **Priority 4:** To support children, young people (CYP) and families to address their substance misuse and support needs.
 - **Priority 5:** Further development of recovery communities, working with local assets and lived experience.
 - **Priority 6:** Support improvements that consider wider determinants of health and wellbeing.

JSNA Aims & Objectives

Aim:

To provide detailed analysis of current and future drug and alcohol needs in both children and adults and to identify health inequalities and unmet need

Objectives:

- To understand the prevalence of drug and alcohol use in the community, including those who are accessing treatment and recovery support.
- To understand the drug and alcohol impacts on wider services including criminal justice, mental health and physical health.
- To understand some of the wider impacts on local communities
- To understand Trafford's levels of unmet need and where improvements can be made regarding substance misuse outcomes for Trafford residents.
- To review the population health approach to prevention and how this can be shaped in the future.

Key Chapters

Prevalence in the Community

Criminal Justice & Continuity of Care

Mental Health & Pathways for Co-occurring Conditions

Physical Health & Co-morbidities

Wider Individual & Community Level Impacts

Consulted With

- Achieve Trafford Recovery Services including Greater Manchester Mental Health (GMMH), Early Break, The Big Life Group, Intuitive Thinking Skills and Great Places.
- Colleagues at The National Drug Treatment & Monitoring System (NDTMS).
- Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP) Members.
- Trafford Neighbourhood Networks.
- Manchester Metropolitan University.
- Liverpool John Moores University.
- Trafford's Mental Health Services including Living Well, Community Mental Health Teams, Talking Therapies, Bluesci, The Home-Based Treatment Team.
- Trafford Youth Network including various CYP professionals.
- Healthwatch Trafford.
- Trafford Adult & Children's Social Care Teams.
- Trafford Truth Poverty Commission Lived Experience Panel.
- Primary Care Colleagues.
- Criminal Justice Colleagues including Community Safety Teams

The National Picture

4,907 Drug Poisoning Deaths in England & Wales (2022)

Highest number since records began in 1993. 81.1% higher than in 2012.

9,641 Alcohol Specific Deaths Registered in the UK (2021)

Highest on record nationally. 7.4% higher than 2020 and 27.4% higher than 2021. Between 2012-2019 rates had remained stable with no statistically significant changes.

(We know the England rate increased again in 2022)

Please note: this data does not include all deaths attributed to alcohol, direct only.



Trafford General Population - Alcohol

2011-14
to
2015-18



% adults
drinking over
14 units per
week.



% of adults
abstaining
from alcohol



% of adults
binge drinking
alcohol

National General Population - Substances

During &
Post
COVID-19
Pandemic



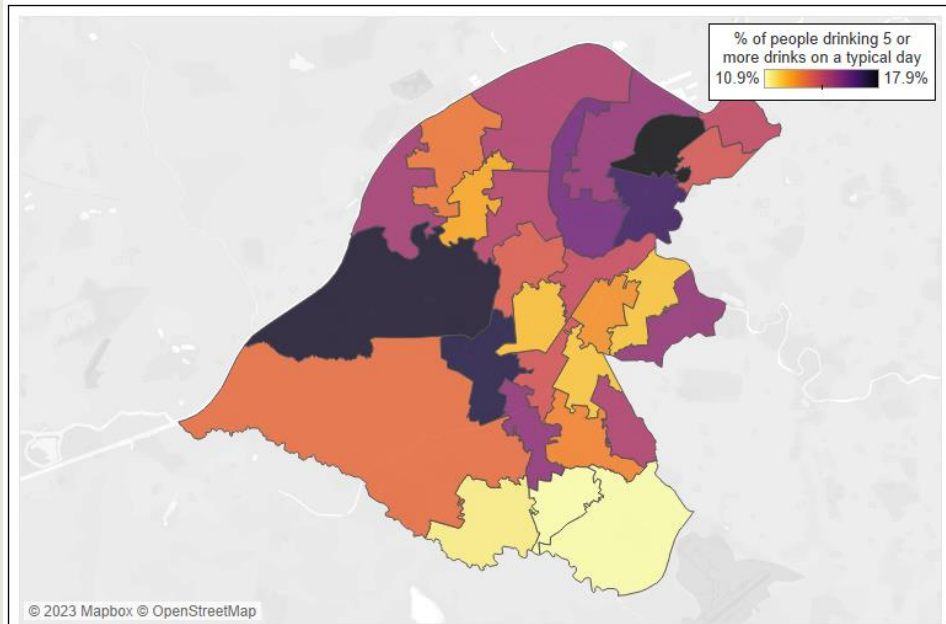
No evidence
substance use
has increased
or decreased



Reduction in
class A
substances

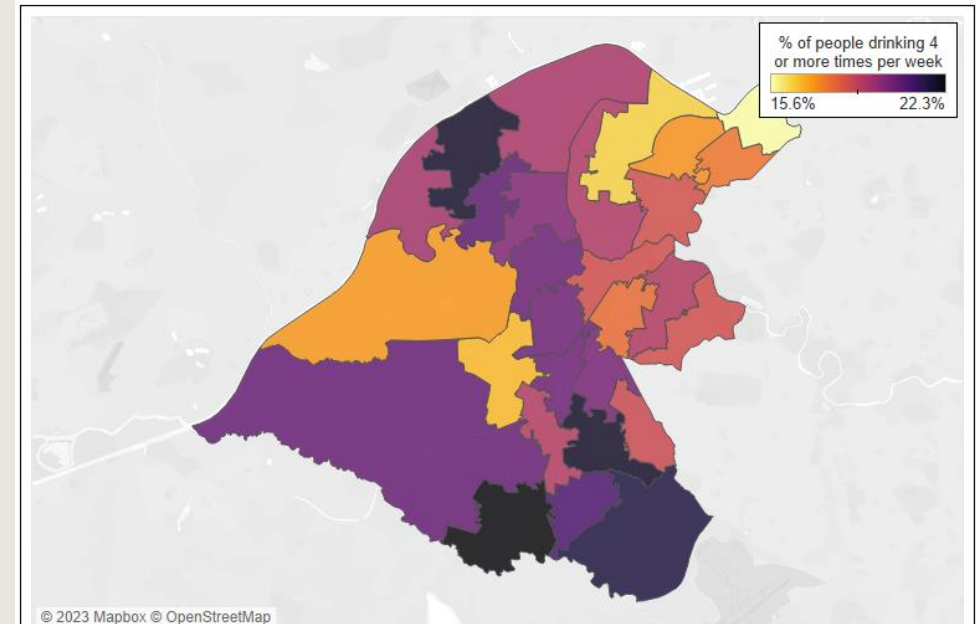
Trafford General Population - Alcohol

Estimated % of people drinking 5 or more drinks in a typical day (when drinking), by MSOA



		% of people drinking 5 or more drinks on a typical day	=	Estimated number of people drinking 5 or more drinks on a typical day
Gorse Hill	E02001261	17.9%		502
Partington	E02001275	17.5%		485
Broadheath & Firsway	E02001277	17.2%		554
Stretford East	E02001269	16.8%		488
Lostock & Stretford Meadows	E02001266	15.8%		384
Altrincham East	E02001282	15.3%		574
Sale Moor	E02001276	15.2%		420
Trafford Park East & Sevenways	E02001264	15.2%		440
Flixton & Moorside	E02001265	14.9%		444
Timperley East	E02001280	14.7%		431

Estimated % of people drinking 4 or more times during the week, by MSOA



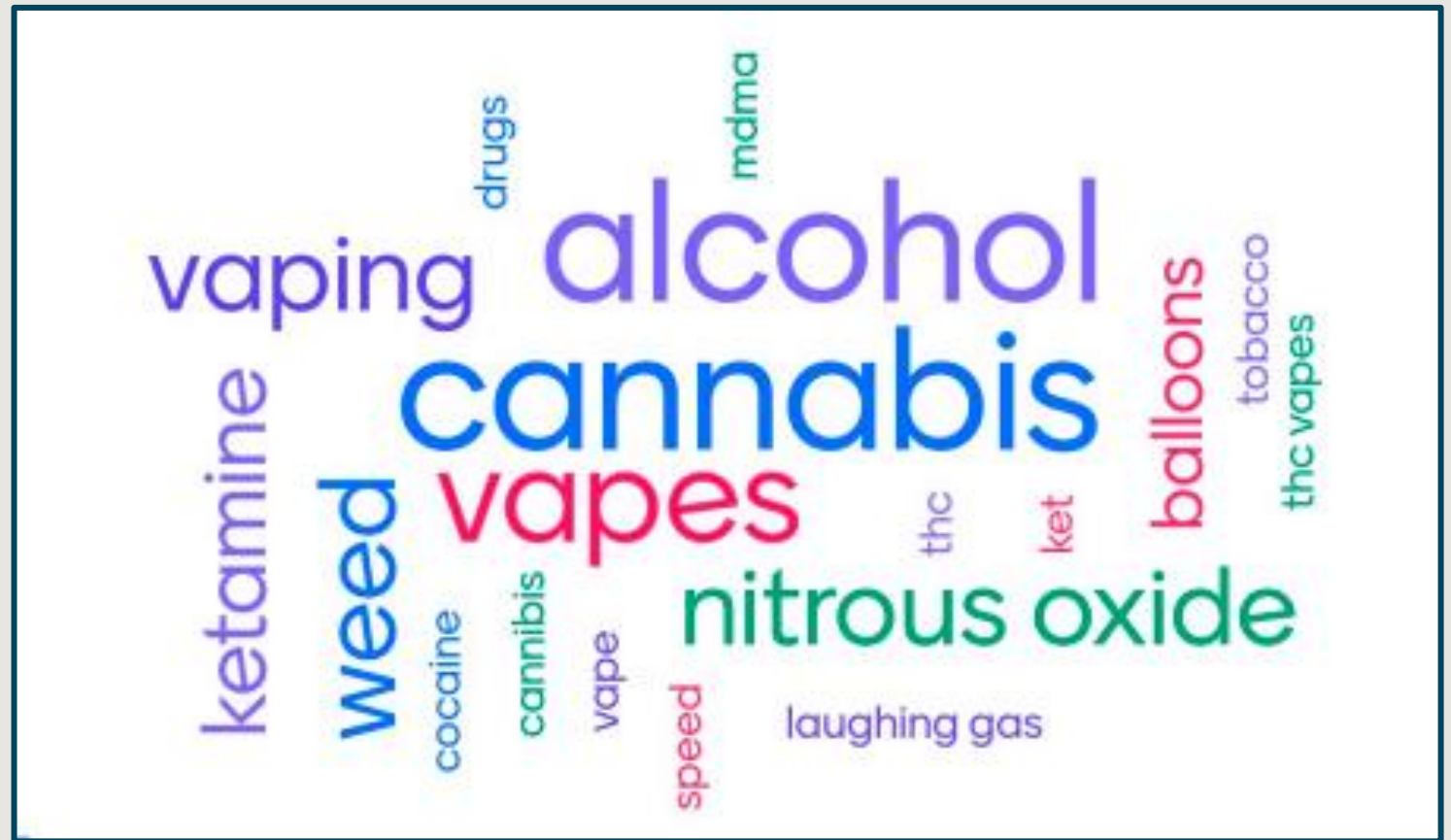
		% of people drinking 4 or more times per week	=	Number of people drinking 4 or more times per week
Bowdon	E02001285	22.3%		645
Timperley South	E02001281	21.9%		595
Davyhulme	E02001263	21.9%		635
Hale Barns	E02001286	21.6%		588
Hale	E02001284	20.9%		640
Urmston West	E02001268	20.6%		485
Altrincham West, Dunham & War..	E02001283	20.4%		714
Ashton upon Mersey North	E02001271	20.3%		408
West Timperley	E02001278	20.3%		608
Ashton upon Mersey South	E02001274	20.3%		576

Children and Young People in the Community

Trafford Youth Network

In response to

“What substances are Trafford young people using?”



68 Responses in Total

Children and Young People in the Community



Exclusions (21/22)

- 9% (129) of all suspensions
- 12% (57) of all permanent exclusions
- Very few from primary or special



Admissions

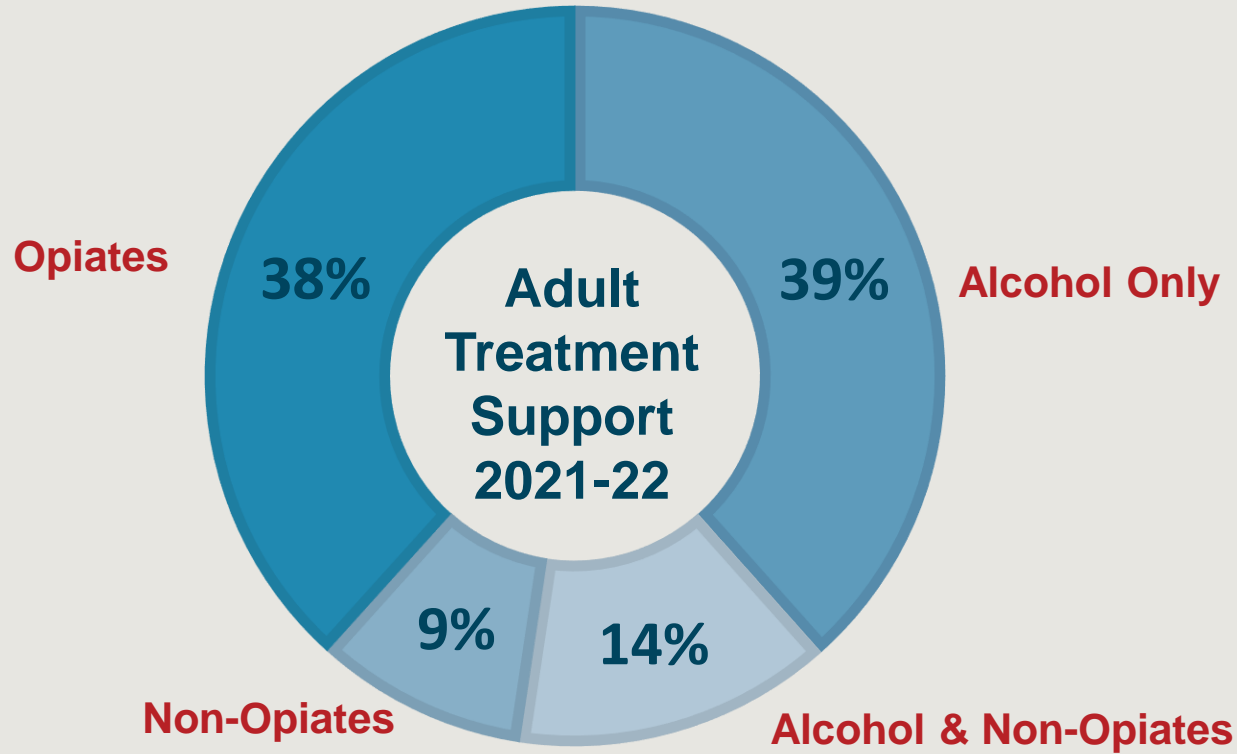
- 2nd worst in GM for under-18 admissions for alcohol
- 41.3% above the national average
- Professionals don't see street drinking as the issue so needs unpicking



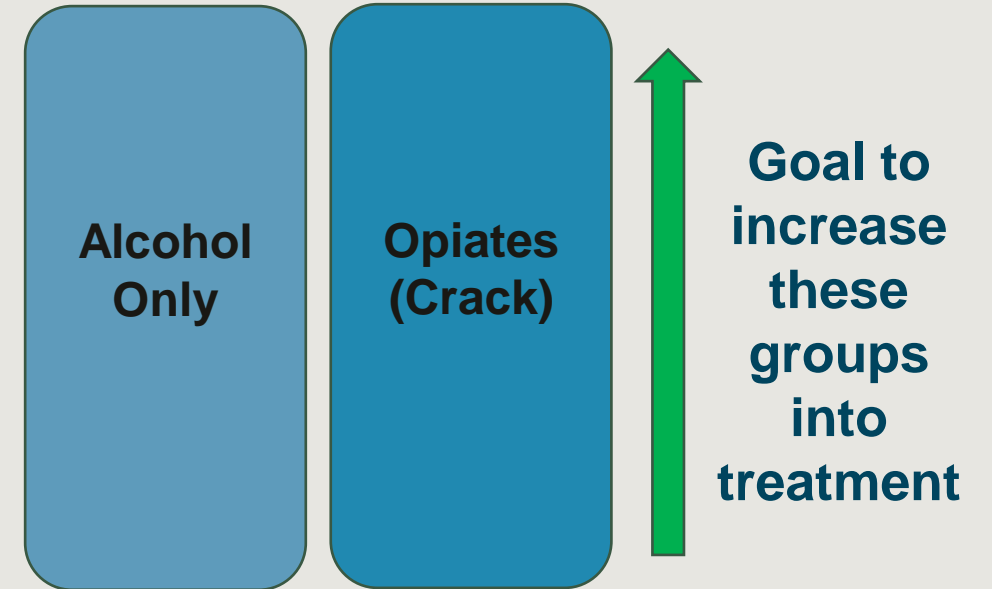
Parental Use

- 25% of adults entering treatment for alcohol live or have contact with children
- 9% were parents without contact

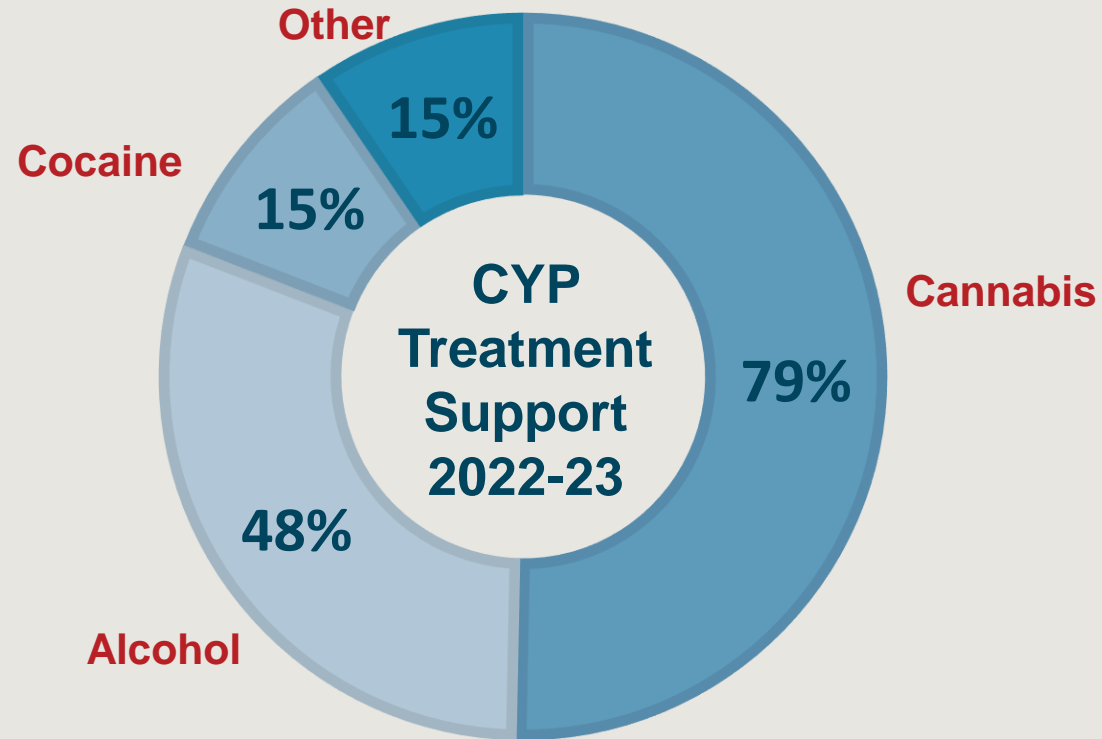
Achieve Trafford: Adults



Trafford Unmet Need Estimates



Achieve Trafford: CYP



<5% Support for:
Ecstasy
Solvents
Opiates

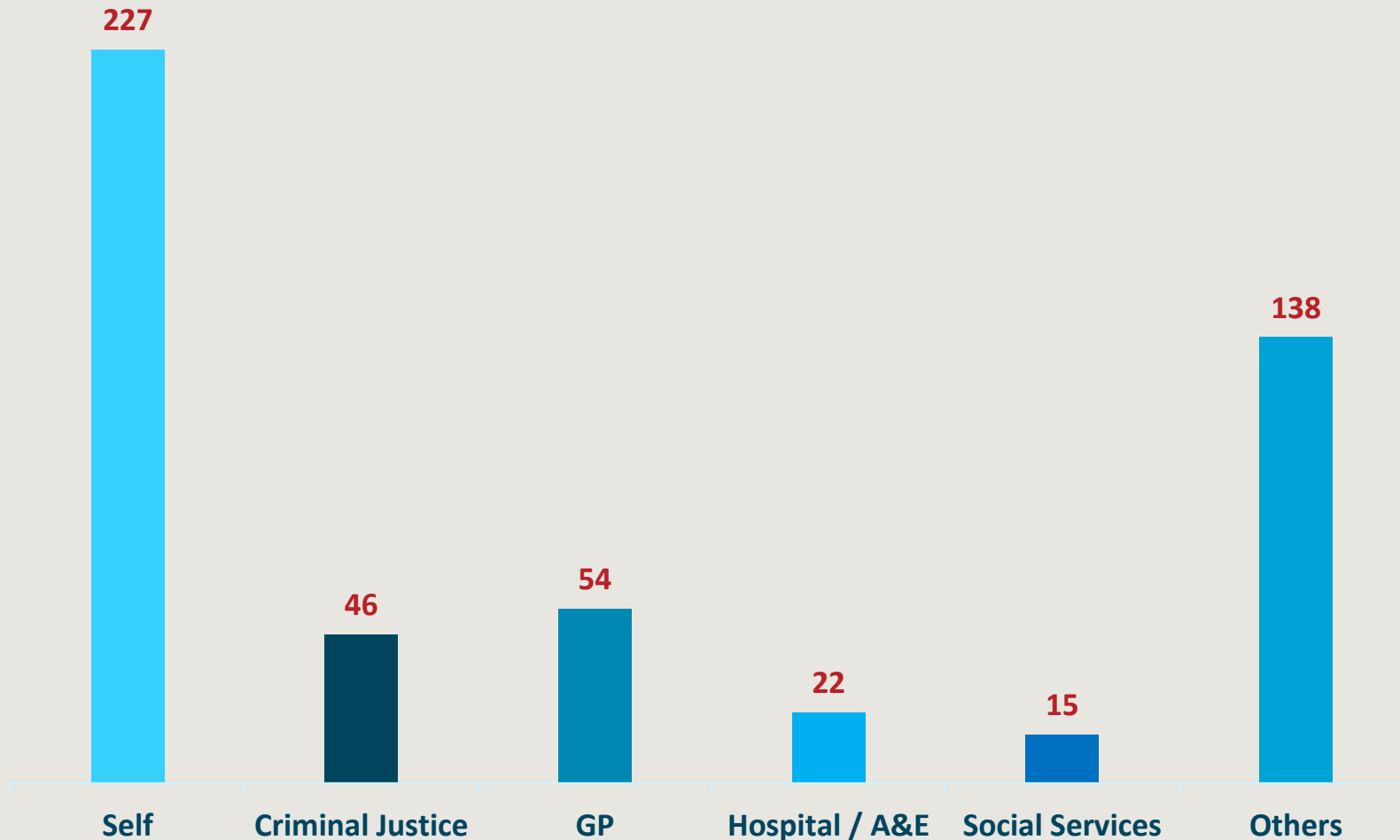
0% Support for:
Amphetamines
Crack
NPS



Achieve Trafford: Adults

Adults Referral Breakdown 2021-22

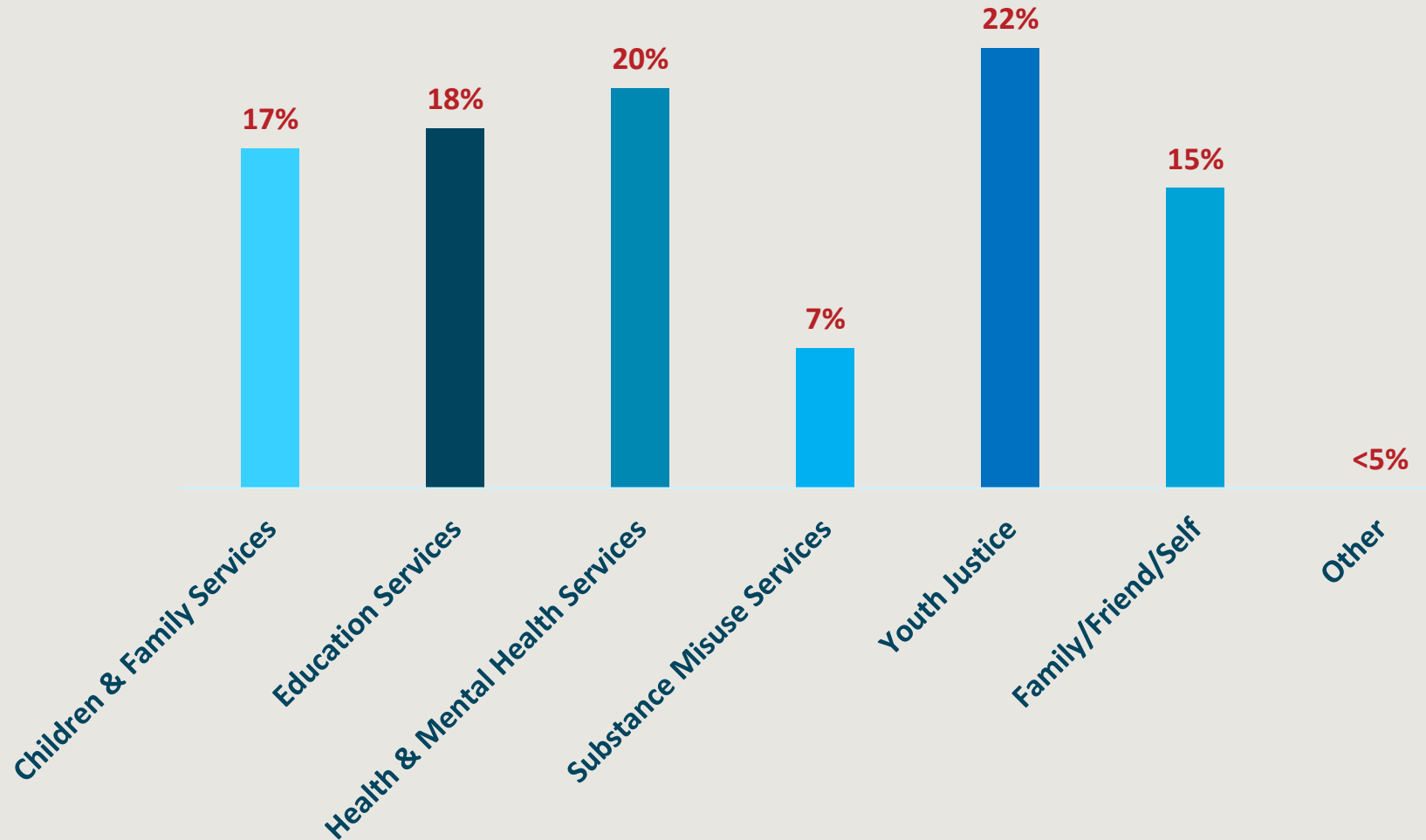
Referrals are highest from self and lowest from social care teams.



Achieve Trafford: CYP

CYP Referral Breakdown 2023-24 Q1-Q3

Referrals are variable and overall have been low since COVID. Referrals are more recently increasing from some agencies due to improved links



Achieve Trafford: Detox & Rehab

- Increasing complexity for both detox & rehab
- Tier 4 residential facilities required rather than community setting detoxes.
- Detox & rehab treatments increased in 2023/24.
- 4/5 detoxes are for alcohol (as evidenced to improve outcomes).
- Over 50% of rehab placements are for alcohol support.
- Majority of people accessing rehab are aged 35-39 years, followed by 30-34 years.

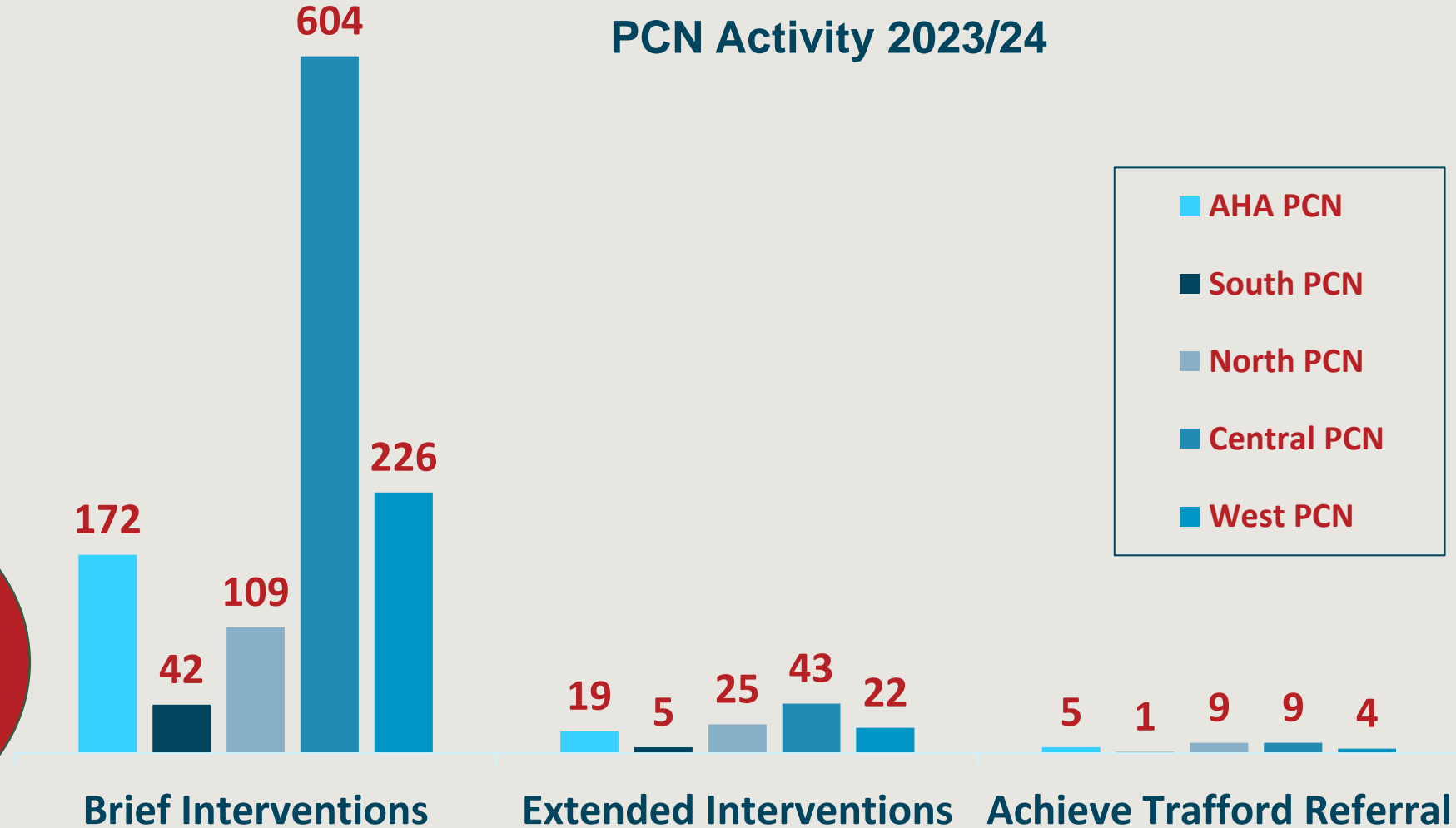


GP Alcohol Support

Highest uptake in Central PCN. Lowest uptake in South PCN. Alcohol is a South neighbourhood priority.

Achieve Trafford report higher GP Alcohol Referrals

PCN Activity 2023/24



The Neighbourhood Perspective

Across all - Lack of full understanding around the full substance misuse offer in Trafford



NORTH

(Clifford, Gorse Hill, Longford, and Stretford).

- D&A issues hidden until crisis.
- Cannabis a concern.
- Drug paraphernalia.
- H&SC workforce challenges.



SOUTH

(Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley, and Village).

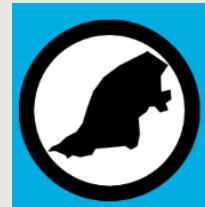
- Alcohol a neighbourhood priority.
- Older adults – hidden alcohol use.
- Travel challenges.
- Normalisation of cannabis.



CENTRAL

(Ashton upon Mersey, Brooklands, Priory, St Mary's, and Sale Moor)

- Cannabis main substance.
- Alcohol amongst older adults.
- Impact on YP / Intergenerational use.



WEST

(Bucklow-St Martins, Davyhulme East, Davyhulme West, Flixton, and Urmston).

- Rise in homelessness.
- Drug paraphernalia & hidden issue.
- Physical and mental health concerns of alcohol users.

Criminal Justice & Continuity of Care

Trafford level impacts are largely unknown and further evidence/intelligence is welcomed



HM PRISON SERVICE

Public Sector Prisons

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Trafford CoC rates fluctuate, dependent on individual prisons.

Delays in pre-release information increases risk of referrals being missed

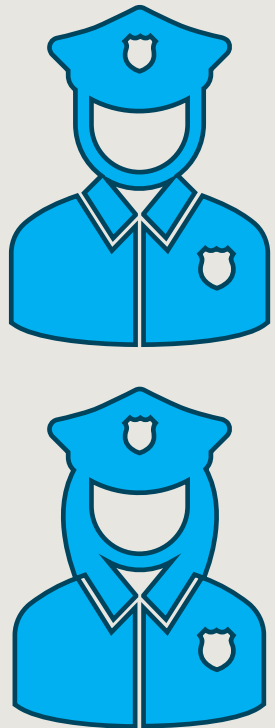
Trafford drug related cuckooing activity, anecdotally in the South.

82% of GM OCG activity is drug production, transportation & supply.

Increase in SMU probationary demands with a small team

Criminal Justice & Continuity of Care

Trafford level impacts are largely unknown and further evidence/intelligence is welcomed



Complex Safeguarding Teams across Greater Manchester are working with up to 550 children and young people at risk of exploitation at any one time (substance misuse impact figures unknown).

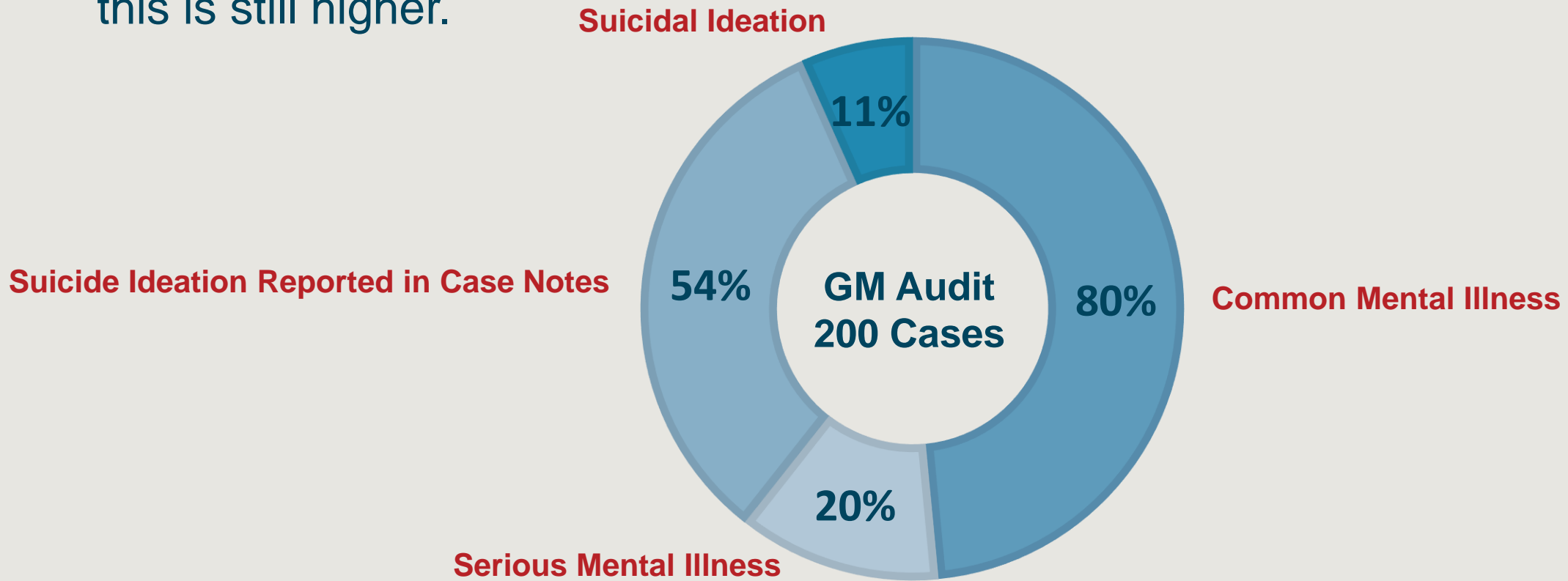
Over the last decade, the proportion of homicides that have been related to drugs in any way, has increased from 42% to 53% (2013 cf. 2023) Trafford level homicide data unknown.

Across GM, 87,066 domestic abuse-related incidents and crimes were recorded (2022/23) At a rate of 38.1 per 1000 population. Based off these figures, we estimate 8,957 Trafford incidents or crime.

Mental Health & Co-occurring Conditions

Replacing the term "dual diagnosis"

Approx. 80% of Achieve Trafford service users have a MH need, this is slightly higher than the England average at 70%. Anecdotal reports suggest this is still higher.



Mental Health & Co-occurring Conditions

Replacing
the term
“dual
diagnosis”

Majority of MH support is from GPs (variation between medicine & case management)

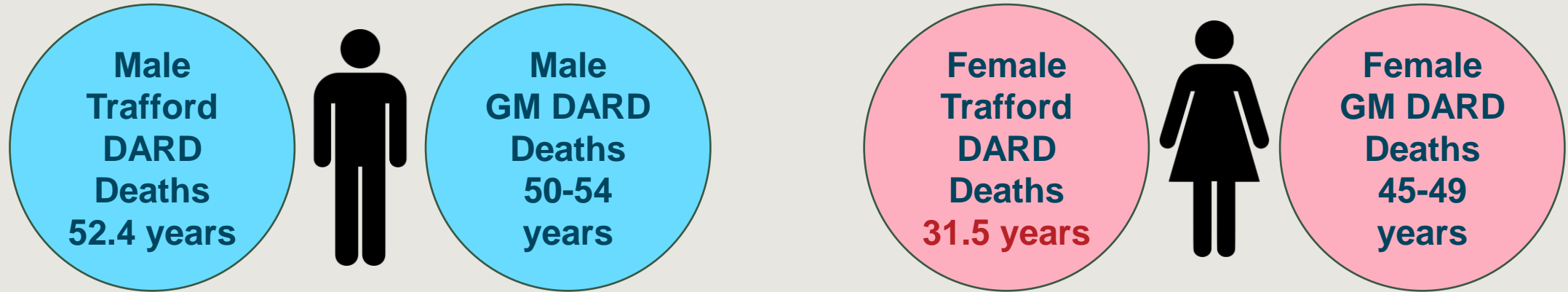
Gaps in partnership working between GMMH Mental Health & GMMH Addiction Teams (though improvements have been seen in last 18 months)

Achieve Trafford service users with MH needs, these are more likely to be for mild-moderate MH needs (IAPT not CMHTs)

Cycle for those in MH crisis under the influence

Addiction & Adult Social Care Teams report managing high level risk they do not feel trained for. Living Well hoped to bridge this gap but there is a waiting list in Trafford.

Physical Health & Co-morbidities – Gender



As well as dying younger, Trafford females also had a statistically higher rate of hospital admissions for **liver disease** compared to England. Trafford males were significantly lower.

Trafford females also have significantly higher rates for admissions relating to **alcohol-specific conditions** when compared to England.

Physical Health and Co-morbidities – Deprivation and Age

Strong link between alcohol-related hospital spells and deprivation

In Trafford, this is even more acute

9.2% of population live in deciles 1 and 2 but experience 16.3% of alcohol related hospital spells.

Age breakdown

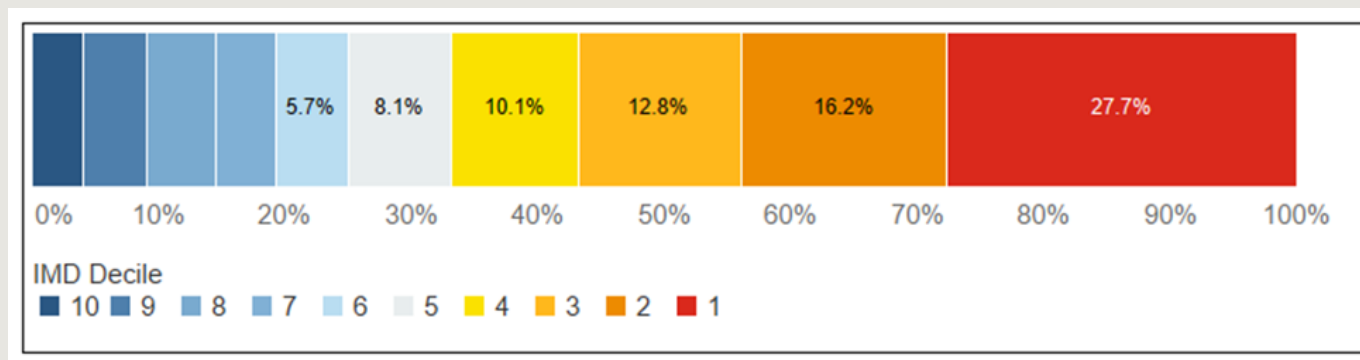
Higher % of older residents in Trafford than GM, indicating potential unmet need

40-70 year olds on admission - 68%

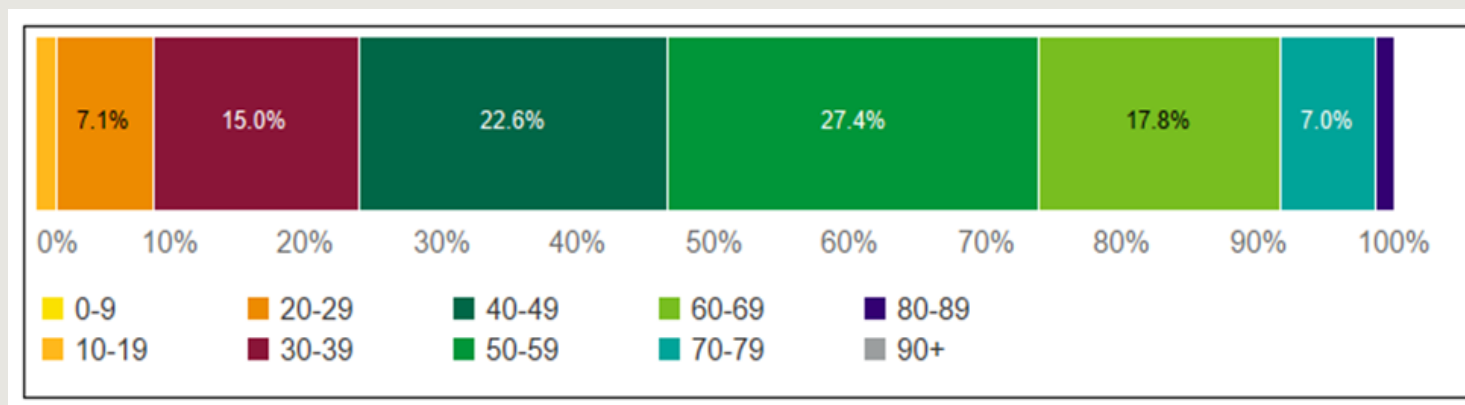
Under 40s - about 20%

Over 70s - just over 10%.

GM Focus Areas:



GM Focus Areas:



Wider Individual & Community Level Impacts

Trafford level impacts are largely unknown and further evidence/intelligence is welcomed

When looking at substance use, most Trafford residents accessing treatment are unemployed. For alcohol only, most service users are employed, followed by long term sickness/disability. The Trafford impact of those not open to treatment is unknown.

Housing needs as identified by Achieve Trafford service users are more complex than other GM Achieve areas. Homelessness has been highlighted in the West neighbourhood, but the Trafford level figures are unknown.

Cost of Living likely to impact on families affected by addiction and reported by Trafford professionals but Trafford figures are unknown.

Stigma affects Trafford families, with a large proportion of individuals not feeling comfortable discussing a family/friends substance use.

JSNA Limitations

- ✘ National Drug Treatment Monitoring System Data is dated 2021-22 (though commissioners have access to more current data)
- ✘ Data collection challenges i.e. partners do not record substance misuse.
- ✘ Lived experience input is limited.
- ✘ Surveys have low sample sizes.
- ✘ Trafford level impacts/figures unknown on crime, employment, finances, housing.

Recommendations

Priority 1: Understanding Need

(Gaining a better understanding of need, improved recording).

1. Improve reporting amongst key stakeholders.

2. Complete further research into the Trafford level wider impacts including employment, finance and housing.

3. Develop targeted action plans to target unmet need of alcohol and crack (opiate) users in Trafford.

4. Conduct a 'deep dive' working with young people, carers and professionals, to explore apparent high level of U18 hospital admissions.

Recommendations

Priority 2: Early Intervention & Prevention

(Brief interventions across the board, campaigns).

5. Improve awareness of harms associated with substances amongst professionals and the public.

6. Have a targeted approach to females, to reduce the likelihood of them dying younger, having liver disease or being admitted to hospital.

7. Target GPs where there is variation in the delivery of alcohol support. Specifically, amongst those in the South PCN with the lowest uptake, where alcohol has been identified as a south-level priority.

8. Embed a neighbourhood approach to substance misuse prevention and management.

9. Improve awareness of the full service offer amongst all partners, including the outreach and non-clinical offer.

Recommendations

Priority 3: Treatment

(Promoting existing services, increasing referrals).

10. Continue to grow Achieve Trafford's trauma informed offer to strengthen relationships between MH & Addiction Teams.

11. Develop system-wide co-occurring conditions action plan and review progress through TSPB / HWBB/ TASMGP

12. Strengthen relationships between Trafford social care and other family-facing teams with Achieve Trafford, particularly to support families where children are affected by parental substance use.

Recommendations

Priority 3: Treatment

(Promoting existing services, increasing referrals).

13. Achieve Trafford to deliver treatment in community settings so the office location is not a barrier to access.

14. GMMH to continue to engage with out-of-areas prisons to secure appropriate pathways into Trafford community treatment.

15. Treatment providers to provide reassurance that representation of different ethnic groups in treatment is appropriate to reflect need and focus community development approaches to ensure access for all cultures and populations.

Recommendations

Priority 4: Recovery

(Increasing recovery support & communities)

16. Build a recovery community in Trafford to support Trafford residents to sustain their recovery and reduce the likelihood of needing to re-present at specialist treatment services.

17. To conduct research working with partners to identify what recovery model would best meet Trafford's needs.

Asks to HWBB Members:

1. Note and support the recommendations in the JSNA.
2. Sign off and support the action plan for TASMGP, making any suggested amendments and outlining any priorities.
3. Support engagement through TASMGP by ensuring relevant partners are represented and activity is reflected.
4. Identify capacity and priority questions for further analysis to deepen understanding of needs in Trafford.
5. Advise on how to share the findings of the JSNA, improve awareness of the support offers outlined within it and identify training needs amongst staff.
6. Provide any further feedback to inform the design of the new prevention and treatment service contract.