

Walsall Alcohol and Drug Strategy 2023-2028





Artwork shared courtesy of Change Grow Live (CGL)

The above artwork is a collaborative piece created by multiple service users as part of a therapeutic art session held by Change Grow Live (CGL). At the heart of the piece is the tree of recovery, depicting how if roots are strong, and recovery is focused on positive aspects of engagement, the tree will flourish despite its surroundings - as represented by the darkened skies above the tree. The heart in the picture symbolises the Person in Recovery.

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Foreword



Portfolio holder for Wellbeing, Leisure and Public Spaces:

In Walsall we are committed to addressing the negative impact that alcohol and drug misuse has on our

communities. The misuse of these substances affects not only the individuals themselves, but their loved ones, friends, colleagues, and the wider community.

We are currently doing good work to support those in need and reduce harms, through ensuring provision of high-quality treatment services, and disrupting drug supply. However, we are striving for improvement, and we need an enhanced partnership approach, working with local and regional partners, to do this. Through our Combatting Alcohol and Drug Misuse Partnership we can improve the way we work together, optimise our service offer, and improve outcomes in our Borough.

Councillor Gary Flint



Deputy Leader - Resilient Communities:

As a councillor I have seen the impact that alcohol and drug misuse can have on individuals, families, and our

entire community. It is critical that as a community we address these complex issues in a collaborative and inclusive approach.

The purpose of this strategy is not merely to tackle the symptoms of alcohol and drug misuse but to address the underlying causes that perpetuate these challenges. We firmly believe that prevention, education and support are key pillars for building a healthier and a more resilient community. A Walsall we can continue to be proud of.

Councillor Garry Perry



Chair of the Safer Walsall Partnership:

We pride ourselves in Walsall on going above and beyond and we have set out our ambitions in this strategy. Firstly, we plan

to strengthen our partnerships and to focus more of our efforts on prevention, and earlier intervention in the pathway of substance use harm, ensuring we engage effectively with our communities.

We want to ensure that some of our most vulnerable communities have good access to the support they need, and have a say in how these services are delivered. We aim not only to ensure delivery of high-quality treatment services, but ones that have a strong focus on recovery, and upon the large unmet need in our Borough linked to alcohol use in particular. We will work as a partnership to reduce alcohol and drug related crime and ensure we use the policy levers we can to 'build out' substance misuse and related harm.

We will monitor our progress against the strategic commitments outlined in this strategy, and make sure we keep abreast of new evidence and innovations that support these aims. We are confident that, through the strength of our partnerships we can create a safer, healthier borough, working to both prevent and reverse the harms of substance misuse.

Phil Dolby
Commander, Walsall Police

Introduction

Background

This strategy has been developed with the Walsall Combatting Alcohol & Drug Misuse Partnership and is informed by the national strategy “From Harm to Hope¹”, the West Midlands Combatting Drugs and Alcohol delivery plan, as well as our Drugs and Alcohol Needs Assessment for Walsall 2022². Additional context and further needs were identified through a local stakeholder workshop and the Walsall Combatting Alcohol and Drug Misuse Partnership Board. It considers the far-reaching impacts of substance misuse on individuals, families, and communities, as well as a wide range of public sector services, and local schools and workplaces.



Figure 1 - Walsall Alcohol and Drugs Strategy development

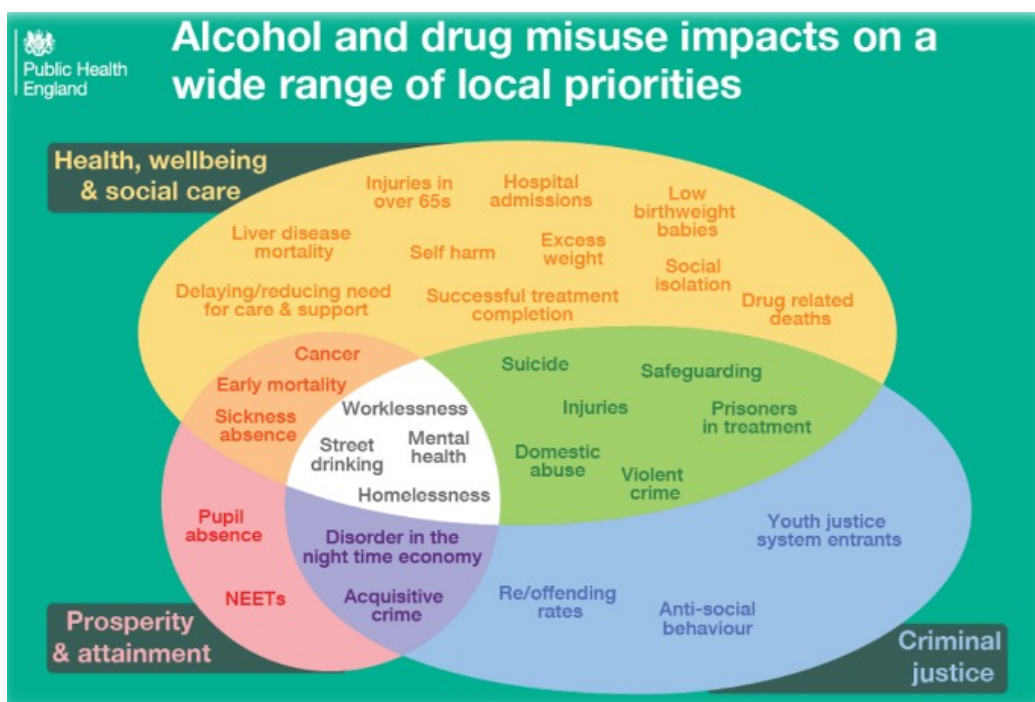


Figure 2 - Public Health England (now OHID) summary diagram on the impact of alcohol and drug misuse from Alcohol: applying All Our Health.

Approach

The strategic approach taken by the Walsall Combatting Alcohol & Drug Misuse Partnership is outlined below, and is based on the principles of prevention, engagement and high-quality treatment and recovery.

Prevent	Engage	Treat and Recover
<ul style="list-style-type: none"> • Prevent substance misuse through improved awareness and informed communities, with a particular focus on alcohol-related unmet need. • Limit drug supply - reducing exposure to illicit substances. • Drive changes in the market and manage substances at risk of being misused to reduce access. • Use policy levers to systematically address alcohol and drug-related harm. 	<ul style="list-style-type: none"> • Actively engage with under-represented communities, to support their awareness of alcohol and drug harms and of the services available to them. • Engage service users and recovered service users in designing and delivery of services. • Improve partnerships across the Borough in reducing substance misuse and its related harms. 	<ul style="list-style-type: none"> • Support those engaged in substance misuse, to drive behaviour change as well as addressing environmental factors contributing to substance misuse, with a focus on recovery and factors which facilitate positive outcomes. • Address wider needs; support all of those who need it, including carers, family and friends. • Reduce drug related morbidity and mortality through effective harm reduction and overdose prevention interventions.

Links

This strategy has links with and runs alongside a number of other key strategies and partnerships, to include:

- Safer Walsall Partnership Strategy (and The Family Safeguarding Model)⁴
- Serious Violence Strategy (in development)
- Walsall Multi-Agency Mental Wellbeing Placed Based Strategy “Together We Can”⁵
- We are Walsall 2040⁶
- Health and Wellbeing Strategy 2022-2025⁷
- Tobacco Control Plan (in development)
- Walsall Domestic Abuse Strategy⁸
- Walsall All Age Exploitation Reduction Strategy⁹
- The Walsall Wellbeing Outcomes Framework (WOF)¹⁰
- Gambling statement of principles¹¹
- Walsall Statement of Licensing Policy¹²
- Walsall Together¹³ and the population health and inequalities strategy¹⁴

National Strategy – From Harm to Hope and the Alcohol Strategy

Over the last 10 years, we have seen a persistent upward trend in drug-related deaths nationally, and a plateau in alcohol-related deaths with a more recent rise. We have also seen a reduction in adults and young people accessing alcohol and drug treatment services. This is on a backdrop of reductions in reported substance use among over 16s, with a more marked decrease in the 16 – 24-year-old age band since 1995, which has plateaued over the last 10 years. The relationships between these indicators are complex, including how reported drug use is falling at the same time as drug-related deaths increasing, but there remains significant morbidity and mortality associated with substance misuse. Modelling studies have suggested lighter drinkers reduced their alcohol intake during the pandemic, and heavier drinkers increased their intake (overall increasing alcohol-related harm). Reported drug use continued to fall during the pandemic.

On 6th December 2021, the UK Government rolled out a 10-year plan to cut crime and save lives by addressing drug-related activity in a number of different ways. It is a targeted strategy to reduce overall drug use through a whole systems approach from tackling supply chains to treatment and recovery support.

From Harm to Hope tackles needs identified in the Independent Review of Drugs by Dame Carol Black¹⁵. The review identified a market of roughly £10 billion a year and 3 million users driving half of all homicides and acquisitive crimes. This review highlighted the critical importance of housing security and mental health support on the road to recovery. From Harm to Hope consists of £3 Billion of funding over 3 years with a target of a 30-year low in drug misuse.

Harm to Hope identifies three key priorities:

1. Break drug supply chains.
2. Deliver a world-class treatment and recovery system.
3. Achieve a shift in the demand for recreational drugs.

Sources:	
¹ ONS Crime Survey England and Wales	⁷ NHS Digital Statistics on Drugs Misuse
² NHS Digital Statistics on Drug Misuse	⁸ Home Office
³ MOJ Proven Reoffending Data	⁹ NCA
⁴ ONS Crime Survey England and Wales	¹⁰ OHID (in development)
⁵ ONS Homicide in England and Wales	¹¹ OHID Substance Misuse Treatment for adults
⁶ ONS Deaths related to drug poisoning E&W	

Long-term strategic outcomes and headline metrics		
Reduce overall drugs use	Reduce drug-related crime	Reduce drug-related deaths and harms
<p>Measured by:</p> <ul style="list-style-type: none"> • Drugs use for 16-59 year olds¹ • Drugs use for 16-24 year olds¹ • Drugs use for 11-15 year olds² 	<p>Measured by:</p> <ul style="list-style-type: none"> • Drug-related reoffending rates³ • Neighbourhood crime offences⁴ • Number of drug-related homicides⁵ 	<p>Measured by:</p> <ul style="list-style-type: none"> • Deaths from drug misuse⁶ • Volume of hospital admissions related to drug misuse (primary diagnosis)⁷
Intermediate outcomes		
Reduce the levels of drug supply	Improve recovery outcomes	Increase engagement in treatment
<p>Measured by:</p> <ul style="list-style-type: none"> • Volume of Class A drugs seizures⁸ • Drug purity levels heroin/cocaine⁹ • Number of moderate/major disruptions⁹ 	<p>Measured by:</p> <p>In consultation with stakeholders, we will develop a set of measures to assess wider recovery outcomes (in the community and prisons). This is likely to include measure around achieving long-term recovery, moving into stable accommodation meaningful activity and mental health.</p>	<p>Measured by:</p> <ul style="list-style-type: none"> • New quality and outcomes treatment measure (April 2022)¹⁰ • Number in treatment (opiate/non-opiate)

Figure 3 - Summary of the planned outcomes: From Harm to Hope

National funding for the strategy includes Office for Health Improvement and Disparities (OHID) funding to local authorities to strengthen and expand current alcohol and drug treatment services across the Borough. This programme is also supported with additional guidance such as the recommendations from the Commissioning Quality Standard self-assessment¹⁶ to ensure services are accessible, high quality, effective and person-centred. The most recent national Alcohol strategy was the 2012 Alcohol Strategy¹⁷ as laid out by the UK Government.

The Alcohol Strategy is summarised in 4 priorities:

1. End the availability of cheap alcohol.
2. Local solutions for local problems, and accountability to local communities.
3. Industry support in changing drinking behaviour.
4. Informed decision making of those consuming alcohol, for healthier, more responsible drinking.

The 2019 green paper *Advancing Our Health: Prevention in the 2020s*¹⁸ subsequently furthered the discussions on alcohol strategy. An additional 5 proposals on alcohol strategy were raised in this paper:

1. Ensuring people are aware of the health risks through the Better Health (formerly One You)¹⁹ campaign.
2. Including an alcohol risk assessment in the NHS Health Check²⁰.
3. A £6 million investment to support children with alcohol dependent parents.
4. Work with industry to deliver a significant increase in the availability of alcohol-free and low-alcohol products by 2025.
5. Review the evidence to consider increasing the alcohol-free descriptor threshold from 0.05% abv up to 0.5% abv, in line with some other countries in Europe, to support further innovation in the sector and encourage people to move towards alcohol-free products.

Regional Delivery Plan

The regional plan, led by the West Midlands Combatting Drugs and Alcohol Partnership, has a primary focus on co-ordinating activities across the region, sharing resources and experience. The delivery plan takes into account both cross-border agencies such as West Midlands Police who have a common approach across the region; and local partners such as local authorities, where local tailored strategies may mean differing approaches.

The West Midlands Combatting Drugs and Alcohol delivery plan has a core focus on:

- | | |
|---|--|
| 1. Reducing drug & alcohol use | 4. Reducing drug & alcohol related deaths & harm |
| 2. Reducing drug & alcohol related crime | 5. Increasing engagement in drug & alcohol treatment |
| 3. Reducing illicit drug & alcohol supply | 6. Improving recovery outcomes |

This regional plan lays some of the foundation for the local Walsall strategy and allows alignment with our neighbours.

West Midlands Combatting Drugs and Alcohol delivery plan

The 4 deliverables in **Bold will** require an identified Walsall lead:

Reducing drug and alcohol use

- Perform a deep dive into:
 - Current health education content in schools
 - Early help and Family support services (e.g. local Family Safeguarding and Family Drug and Alcohol Courts (FDAC))
 - Nitrous Oxide (NO), including understanding the prevalence and best ways of dealing with misuse.
- Expand brief interventions provision for drugs and alcohol, including novel substances such as Nitrous Oxide.
- Develop a subgroup to focusing on licensing processes for both new and existing licensing.

Reducing drug and alcohol related crime

- Initiate a deep dive on Integrated Offender Management work across West Midlands.
- Increase number of Community Sentence Treatment Requirements (CSTR) granted.

Reducing drug and alcohol related deaths and harm

- Establish subgroup to look at the approaches taken to tackling drug and alcohol related deaths – e.g. local groups, relationships with coroners, ambulance service data, therapies (including in hospital) etc.

Reducing illicit drug and alcohol supply

- Work with custody providers, transit providers and prisons to understand how prescribed objects (drugs, weapons, phones) can be stopped from making it through prison entry points.
- Work to understand how we best safeguard vulnerable people.
- Increase working between police and partners when individuals are under enforcement obligations, but also have substance misuse problems.

Increasing engagement in drug and alcohol treatment

- **Develop and share local strategies and action plans.**
- **Initiate a shared feasibility study regarding potential for co-commissioned continuity of care (between prison and community) provision across the region.**
- Map and improve both referral pathways and joint working between criminal justice, alcohol and drug treatment services, and wider services.

Improving recovery outcomes

- **Develop and share local strategies, action plans and outcomes frameworks.**
- Perform a deep dive on dual diagnosis at a regional level, but with local partners.
- Perform a deep dive into unmet need; those who don't engage and those who drop out of treatment.
- **Map and improve referral pathways and joint working between domestic abuse and treatment services.**

Local Services

Walsall Service Provision

Provision of services and support in Walsall is driven through a partnership of organisations collaborating to ensure appropriate access to services to those who need them.

Treatment services – Change Grow Live (CGL)

Provides: Structured and unstructured treatment, detoxification and rehabilitation programmes, counselling, needle exchange, wider health and wellbeing support, Alcoholics Anonymous, Narcotics Anonymous, Families Anonymous and other services. Service is for children and young people as well as adults.

Approach: Develop holistic recovery plans, review support needs (e.g. housing and employment) and engage recovery coordinators with service users.

Location: The Beacon currently located at Station St Hub and in a variety of community locations. New hub to open soon in Walsall Town Centre.

In-reach services – Mentoring West Midlands (MWM)

Provides: Prison in-reach for those with a history of substance misuse. 1-to-1 sessions to support and guide service users in their recovery. A continuous service to ease return from prison and ensure continuity of care. Includes gate collection to ensure those using alcohol and drug treatment services will be met on release and supported back into community treatment. MWM ensure the transition is as smooth and supported as possible to reduce risk of relapse, and that care provision is available as needed.

Approach: Mentoring and education.

Location: Mobile service, at the location of the service user. Service headquarters in Willenhall

General wellbeing and support – YMCA

Provides: A general wellbeing and support service with a particular focus on rough sleepers, support to get people off the streets and reduce risks. Wrap-around care including laundry facilities, shower, hot food and drink, structured diversionary and low level activities. YMCA also facilitate access to wider support and develop wellbeing plans for those engaged, as well as supporting access to CGL for those wishing to engage in treatment.

Approach: Drop-in service with structured activities and wellbeing plans for service users. The service also hosts a GP clinic with plans for an oral health clinic in development.

Location: The Glebe Centre on Wednesbury Road.

Night-time economy – MWM

Provides: A service to support people with alcohol and drug misuse-related public disruptive behaviour, who are vulnerable, or at risk of/involved in violence.

Approach: Mentoring, discussion and referral to services for support.

Location: Mobile service, at the location of the service user

Wider services

Family Safeguarding and Family Drug and Alcohol Court (FDAC) models of care support families, known to social care, who are dealing with substance misuse/mental health problems/domestic violence, by taking a whole family approach.

Find support:

CGL – The Beacon

Phone: 01922 669840

Email: thebeacon.walsall@cgl.org.uk

Website: www.changegrowlive.org

YMCA – The Glebe

Phone: 01922 625687

Email: theglebecentre@ymcabc.org.uk

Website: www.ymcabc.org.uk/our-services/support-advice/the-glebe-centre

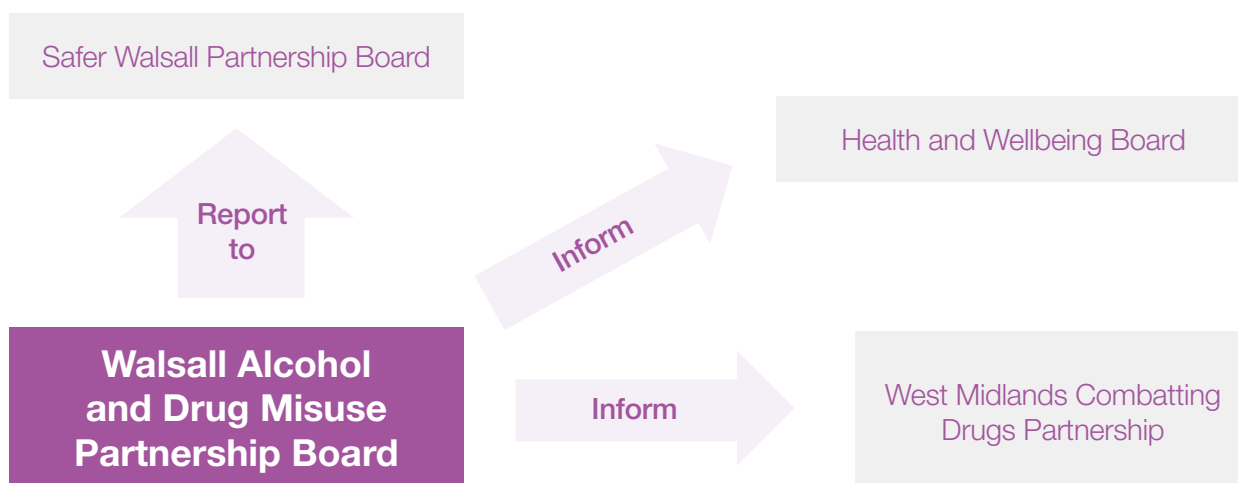
Partnership Across Walsall

Walsall Combatting Alcohol and Drug Misuse Partnership

The purpose of the Walsall Combatting Alcohol & Drugs Misuse Partnership Board is to provide strategic leadership and ensure effective partnership work to deliver a Borough-wide Alcohol and Drug Strategy and to agree, develop and implement an action plan that supports the strategic commitments in this strategy.

The partnership formally reports into the Safer Walsall Partnership and will also provide updates to the Health and Wellbeing Board at their request.

Governance:



Board Members:

The membership of the Alcohol & Drug Misuse Partnership has senior level representatives from the following organisations/teams (including planned new members/co-opted members):

- Walsall Council – Public Health, Adult Social Care, Youth Justice, Community Safety, Regulatory Services, Family Services and Social Work services, Education and Employment Services
- West Midlands Police
- Walsall Service Providers – Change Grow Live, YMCA, MWM
- Walsall ICB
- Walsall Manor Hospital – Drug and Alcohol Liaison Team
- Office of the Police Crime Commissioner – West Midlands
- Office for Health Improvement and Disparities – Alcohol, Drugs
- West Midlands Fire Service
- Walsall Housing Group
- NHS England & NHS Improvement – West Midlands Commissioning
- West Midlands Violence Reduction Partnership
- Walsall and Wolverhampton Probation Delivery Units

Engagement of a lay member with Lived Experience is planned by the partnership.



Local Strategy

Our strategic approach (see page 7), highlighted at the beginning of this document, summarises how we plan to approach substance misuse and its wider impacts in Walsall. Linked to this headline approach are six main strategic areas of ambition. The strategic commitments under each of these areas of ambition have been identified through the process of reviewing national and regional plans, and through our own local needs assessment and stakeholder feedback. For further information, please see Appendix 1 for Walsall Population and needs, Appendix 2 for additional Local Data and Appendix 3 for the Needs Assessment and feedback from the partnership.

The main strategic areas of ambition are outlined below:

1. Prevention and Early Intervention
2. Engagement, communication and co-production/delivery with under-represented groups
3. Crime and Safety
4. Partnerships and Pathways
5. Treatment and Recovery
6. Exploratory/Research

Prevention and early intervention	Engagement with under-represented groups and co-production/delivery	Crime and safety
<p>We will:</p> <ul style="list-style-type: none"> Engage with communities, workplaces and schools/colleges to increase awareness of alcohol and drug harms and of support that is available, working to reduce unmet need, particularly in relation to alcohol. Explore mechanisms for advice and support for individuals who use substances recreationally and are not in contact with services. Develop further support mechanisms for family, friends, and carers of people who misuse substances. Expand hidden harm work to identify and support children of parents engaged in substance misuse, and further engage schools/colleges in work to prevent exploitation and provide intelligence regarding county lines. Explore opportunities for substance misuse prevention/early intervention through current local early help pathways. Explore the use of brief interventions in community settings, and options for expansion. Ensure use of evidence-based approaches to prevention and harm reduction activities. 	<p>We will:</p> <ul style="list-style-type: none"> Engage community leaders, representatives and community groups/networks to improve understanding of the specific needs of differing communities. Establish appropriate Lived Experience fora, to represent the diversity of communities who are well-represented as well as those who are under-represented in substance misuse services, and to co-develop/co-deliver more inclusive services. Ensure the voice of young people is heard and used to develop young people's services, and encourage self-referral. Build stronger engagement with women, Asian and LGBTQIA+ communities as under-represented groups in treatment services. Build targeted approaches, such as communication about dementia risks for older residents who drink alcohol, and consider options such as alcohol risk screening in NHS checks to support these programmes. Engage and develop appropriate treatment models for particularly vulnerable groups such as those engaged in sex work and homeless communities. 	<p>We will:</p> <ul style="list-style-type: none"> Explore the use of a variety of policy levers to build out crime and reduce alcohol and drug use. Work with the police to engage community leaders in prevention of substance misuse and exploitation and disruption of drug supplies, through sharing intelligence and co-developing solutions Strengthen and develop a partnership approach to manage the substance misuse-related impacts of the night-time economy, alongside street drinking. Increase use of Community Sentence Treatment Requirements for those who can benefit from a treatment focused approach, to act early and reduce future crime. Explore the benefits of a more coordinated approach to criminal justice/alcohol and drug pathways, such as through implementation of the Integrated Offender Management system. Increase and improve in-reach for those in prison, providing continuity of care on release. Work alongside Licensing and Trading standards on low price and counterfeit alcohol, age restricted sales, seizure of illicit tobacco/vapes, and sale and access to substances of potential misuse such as nitrous oxide (NO). Increase rollout of Naloxone and other potential interventions to directly reduce drug related death. Agree and implement an approach to review alcohol and drug related deaths.

Partnerships and pathways	Treatment and recovery	Exploratory work/research
<p>We will:</p> <ul style="list-style-type: none"> • Continue working with West Midlands partners, aligning across borders and sharing information, plans and outcome frameworks. • Ensure local partners are aware of the range of wider support and public health services available in Walsall. • Ensure a multi-agency approach is taken to identification of vulnerability/safeguarding risks associated with both supply and use of drugs/alcohol – staff training and professional curiosity is key, alongside an agreed partnership approach to support prevention. • Strengthen existing pathways, identification of those in need, and referral mechanisms between services to include: <ul style="list-style-type: none"> • hospital pathways, A&E, and primary care (including pharmacy and dentists), with a view to increasing referrals • mental health services (i.e. dual diagnosis pathways, mental wellbeing pathways) • criminal justice and custody • domestic abuse services • family services e.g. Family Safeguarding, Family Drug and Alcohol Court (FDAC), fostering & adoption services and family hubs • housing/employment services • bereavement services • public health services including lifestyle/wellbeing services, sexual health services • social prescribers • Explore opportunities for co-locating with services such as DWP, housing colleagues etc., to improve referral and engagement of service users with multiple needs. 	<p>We will:</p> <ul style="list-style-type: none"> • Increase outreach provision in a variety of appropriate community settings to ensure engagement of vulnerable and under-represented groups. • Provide additional support for family/friends/carers of individuals who misuse substances. • Ensure treatment is recovery-focused, with a focus on the wider determinants of health, peer-led recovery work, trauma-informed practice (ensuring a review of the mental health prescribing model), and wider wellbeing (including use of wellbeing plans) • Improve outcomes through on-site blood testing for faster access to detoxification services, as well as providing Tuberculosis, Hepatitis (B and C) and STI/Sexual Health testing. • Continue the roll out of novel treatments which demonstrate improved outcomes, such as long-acting buprenorphine. • Make use of online treatment programmes such as Breaking Free or the Humankind resources. • Ensure service users have access to structured activities outside of treatment services to support recovery. • Ensure those coming from services such as DIVERT (pre-arrest drug diversion programme delivered by Cranstoun) have an appropriate aftercare programme. 	<p>We will:</p> <ul style="list-style-type: none"> • Horizon scan for the latest global, national, and regional strategies/guidance and research on alcohol and drug misuse programmes and promising interventions. • Monitor emerging usage, be that of new substances (e.g. new synthetic stimulants) or new trends (e.g. growing youth uptake of NO). • Plan pilots in Walsall for new and promising interventions/programmes. • Identify areas of potential research (especially related to substances other than crack and opiates, where a lack of research exists). • Maintain flexibility in the action plan to allow innovation, lived experience, and data to drive improvement and efficiency. • Target innovation in areas addressing those who historically have not benefitted from existing services.

Route to Success

This strategy lays out a summary of the identified needs, gaps and objectives of the local partnership and wider stakeholders delivery for the needs of the community. Action against our commitments is already actively underway and improving services and collaborative work is a firm commitment of all partners. A prioritised action plan will be developed by the Walsall Combatting Alcohol and Drugs Misuse Partnership, with activities scheduled over the next 5 years.

Local outcomes/indicators to be monitored will fall under the following key heading and are linked with regional/nationally monitored outcomes:

Reduced	Increased
<ul style="list-style-type: none">• Alcohol and Drug use• Alcohol and Drug related Crime• Alcohol and Drug related Morbidity• Alcohol and Drug related Mortality• Alcohol and Drug related relapse.	<ul style="list-style-type: none">• Uptake of Alcohol and Drug treatment• Alcohol and Drug treatment completions• Wellbeing for those engaging in or with a history of Alcohol and Drug misuse.

We will monitor a range of outcomes/indicators alongside progress against the action plan, and will align with the nationally proposed outcomes framework.

Through ongoing commitment of partners across Walsall, this strategy provides an approach to supporting and protecting the health and wellbeing of some of the most vulnerable members of our community.



Figure 4 - Artwork courtesy of CGL service users

This artwork was created by multiple service users as part of a therapeutic art session. The theme is the recovery journey, and symbolises that if we include and involve as many positive people in that journey with us, the journey will be so much easier. The area on the right of the picture depicting the mountain symbolises that even if it feels like an unsurmountable journey, there is usually always someone else on that journey that will throw you a line down to support you up the mountain.

Appendix 1 – Walsall Population and needs

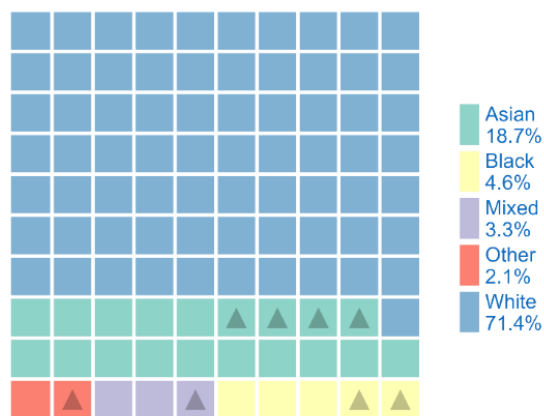
Local Needs Walsall Population:

Walsall Geography and Ethnicity

Walsall is situated within the West Midlands and is one of four local authorities comprising the Black Country. It contains six urban district centres: Walsall Town Centre lies at the heart of the borough, surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall. The borough covers 40sq miles and is bisected by the M6 motorway. Socio-economically there is a stark geographic divide between the more deprived west and less deprived east.



Walsall Population by Ethnicity
Census 2021



▲ Arrows indicate increase since 2011 (1 square = 1% pop)

Figure 5 - Walsall population by ethnicity according to the 2021 census

Walsall Population 285,478

*According to the 2020 Mid-Year Estimates of the Office for National Statistics (ONS).



Walsall Gender Identity

*According to the 2021 Census



Did not respond
18,900
6.62%

Figure 6 - Walsall demographics according to the 2020 Mid-year Estimates by the Office for National Statistics (ONS) and gender identity information according to the 2021 census.

Walsall Sexual Orientation

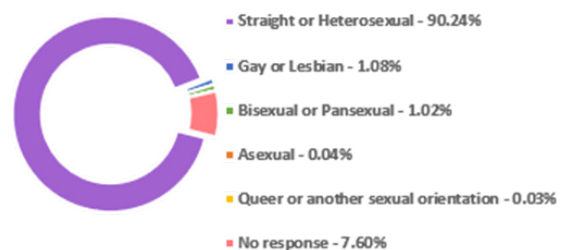


Figure 7 - Walsall Sexual Orientation according to the 2021 Census

Indices of Multiple Deprivation across Walsall

Many residents in Walsall live in a deprived neighbourhood. In 2019:



44 out of **167** neighbourhoods were amongst the most deprived 10% in England compared to 34 in 2015.



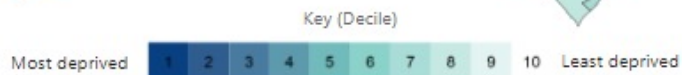
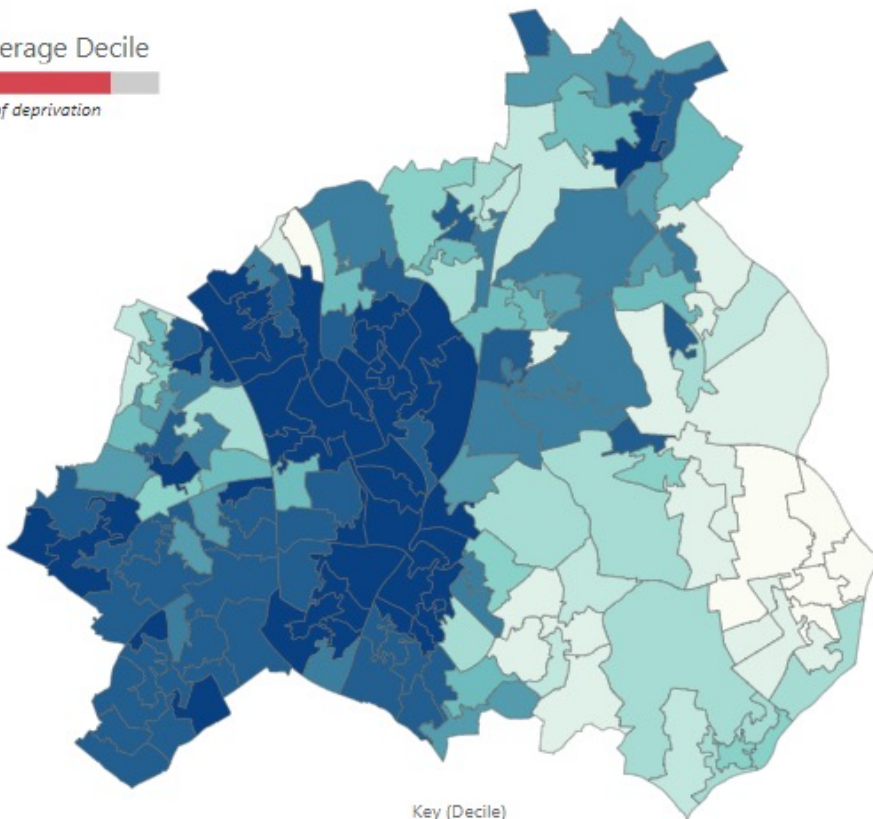
The Index of Multiple Deprivation ranks Walsall as the **25th** most deprived English local authority (out of 317), placing Walsall within the most deprived **10%** of districts in the country (33rd in 2015, 30th in 2010 and 45th in 2007).



Walsall is ranked **16th** highest nationally for income deprivation, 11th for education, skills & training, and 38th for employment deprivation.



1 in 3 (29.9%) aged under 16 years are living in low-income families, higher than the national average of 20.1% (according to HMRC, 2016).



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Figure 8 - A map of the levels of deprivation across Walsall by Lower Layer Super Output Area (LSOA) according to the Ministry of Housing, communities, and Local Govt. English Indices of Deprivation 2019

Alcohol and Drug Misuse - Local Data

Office for Health Improvement & Disparities (OHID) and National Drug Treatment Monitoring System (NDTMS) - Alcohol and Drugs

Walsall has higher alcohol-related mortality rates than the regional and national averages on a number of the indicators below and has higher admissions than the national average for alcohol-related conditions in adults, although this is similar to the regional figure. Successful completion rates for opiate users and drug-related death rates are similar in Walsall to the national average. There have been persistent reductions in opiate users in treatment in Walsall, with some recent slight increases in alcohol users in treatment, on the background of a previous plateau. The majority of people in treatment are males, and Asian communities are under-represented in the treatment community (only 9.9% for 2021-22 according to NDTMS). Unmet need related to alcohol misuse is high. There have been significant reductions in young people in service over the last 10 years, with the majority of this cohort also being male. Self-referral rates among young people are low.

Across Walsall there is a significant unmet need for those who may benefit from treatment and support for their alcohol consumption.

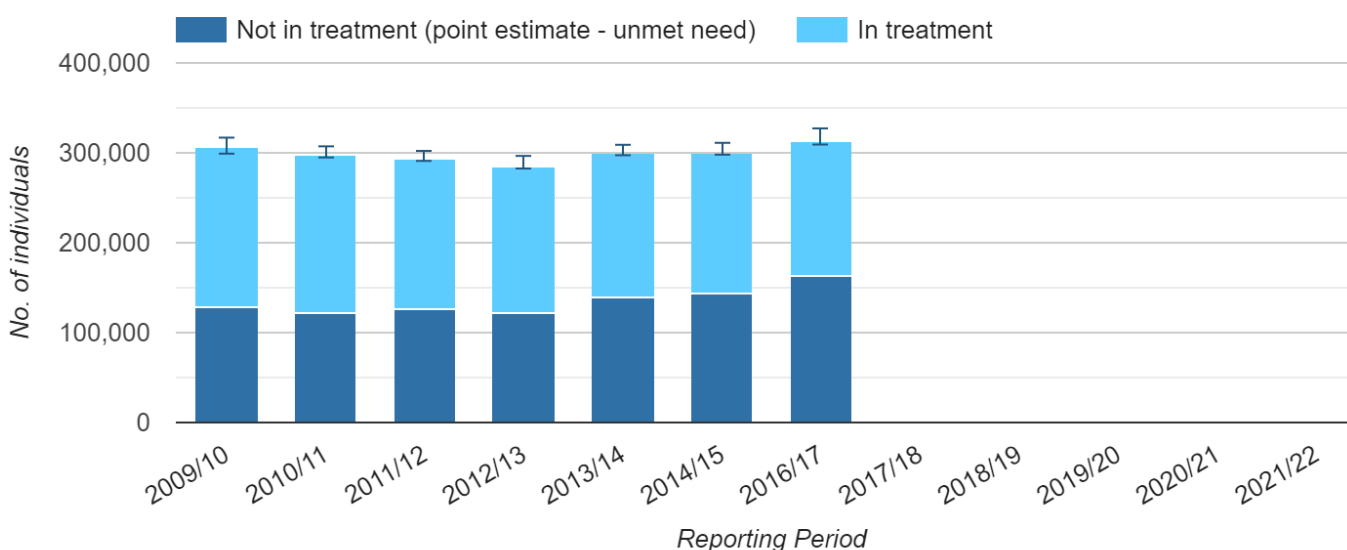


Figure 9 - Alcohol misuse in Walsall broken down by those in treatment versus those not for those 18+ according to the National Drug Treatment Monitoring System.

According to the Office for National Statistics (ONS) data from Drug misuse in England and Wales: year ending March 2020:

- Across Walsall, **14,912** individuals aged 16-59 (8.6% of Walsall's population of that age) reported taking drugs during 2019. Of those 46% were under 25, and 36% took a Class A drug. 41% of those who took a Class A drug were under 25.
- Opiate and Crack use in 2019 had risen to **1.34%**, of which more than half (64.5% of users) consume both opiates and crack.

Figure 10 and Figure 11, below, relate to data from the national Drug Treatment Monitoring System, and therefore records substances used by people in treatment, and not those who are not accessing treatment. This data is an underestimate of all those using substances, with our needs assessment suggesting cannabis consumption in the borough to be 50 times higher than those presenting to services, Nitrous Oxide consumption to be particularly prevalent, as well as noting higher consumption of Ecstasy, Ketamine and Hallucinogens.

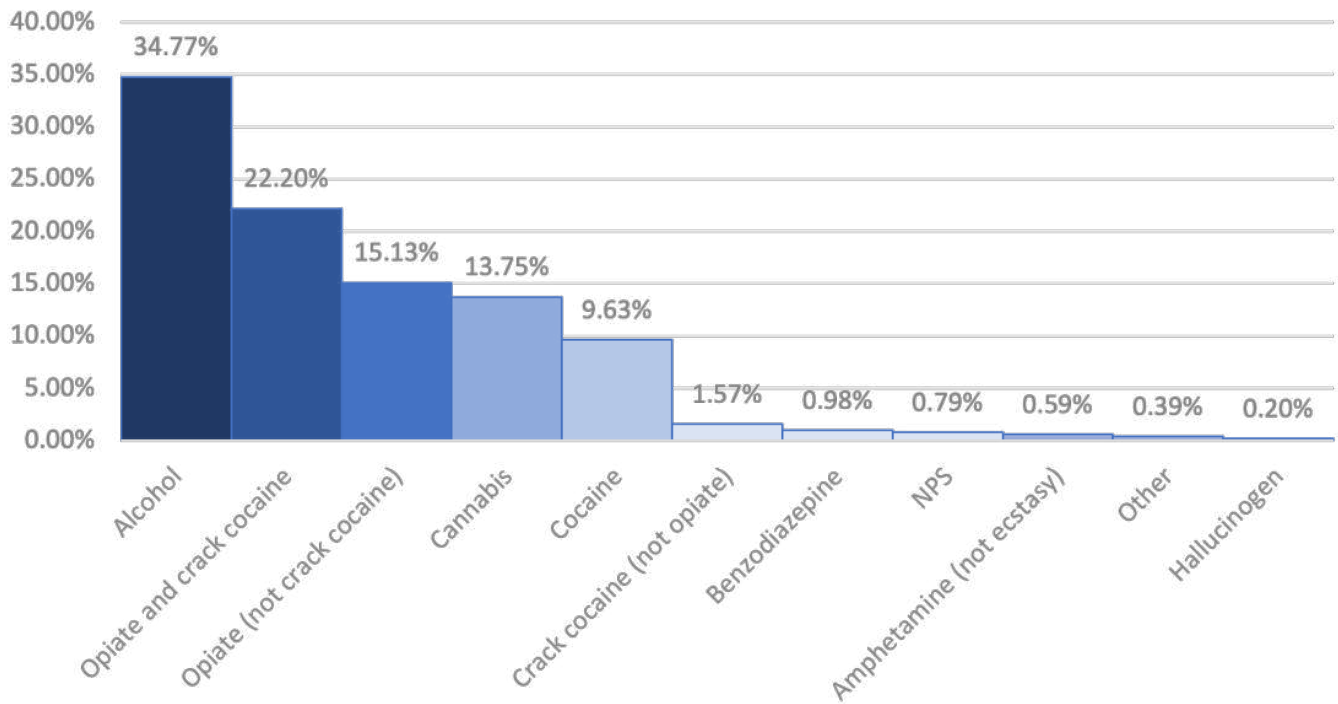


Figure 10 - Substance use in Walsall in 2021/2022 amongst those 18+ according to the National Drug Treatment Monitoring System.

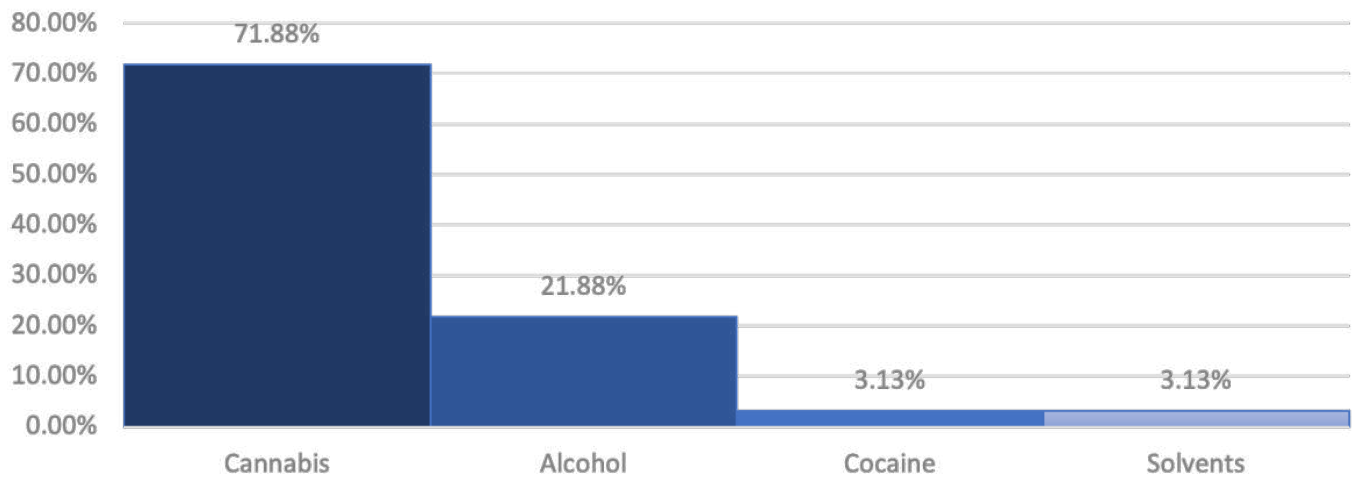


Figure 11 - Substance use in Walsall in 2019/2020 amongst those under 18 according to the National Drug Treatment Monitoring System

Appendix 2 – Local Data - expanded

Office for Health Improvement & Disparities (OHID) and National Drug Treatment Monitoring System (NDTMS) - Alcohol and Drugs

Indicator	Period	Walsall		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Mortality									
Alcohol related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020	➡	106	40.1	42.9	37.8	68.9		21.5
Alcohol-specific mortality (1 year range)	2020	➡	37	14.2	16.1	13.0	29.3		5.5
Alcohol-specific mortality (3 year range)	2017 - 19	–	121	15.7	12.9	10.9	27.3		3.9
Under 75 mortality rate from alcoholic liver disease (1 year range)	2020	➡	29	12.2	13.7	10.8	27.5		4.5
Under 75 mortality rate from alcoholic liver disease (3 year range)	2017 - 19	–	97	13.8	11.1	9.1	23.9		3.7
Mortality from chronic liver disease (1 year range)	2020	➡	33	12.6	16.3	13.7	29.5		6.0
Mortality from chronic liver disease (3 year range)	2017 - 19	–	135	17.5	13.9	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2020	➡	1,704	1,338	1,292	1,116	2,436		559
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2020	➡	483	355	572	500	1,125		246
Admissions									
Admission episodes for alcohol-specific conditions	2020/21	↓	1,450	545	581	587	2,276		298
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.	2020/21	↓	1,363	515	515	456	805		251
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.	2020/21	↓	4,241	1,611	1,656	1,500	3,459		962
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 2021	–	30	14.5	24.9	29.3	83.8		7.7

Legend

- Recent trends:
- Better 95%
 - Similar
 - Worse 95%
 - Not applicable
 - Could not be calculated
 - ➡ No significant change
 - ↑ Increasing & getting worse
 - ↓ Increasing & getting better
 - ↓ Decreasing & getting worse
 - ↓ Decreasing & getting better

Figure 12 - Alcohol related indicators across Walsall, including mortality, according to NDTMS

Indicator	Period	Walsall		Region England			England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Successful completion of drug treatment: opiate users New data	2021	➡	44	4.5%	4.5%	5.0%	1.2%		12.5%
Successful completion of drug treatment: non opiate users New data	2021	➡	110	30.0%	33.5%	34.3%	14.6%		62.3%
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	↓	9	2.4%	7.0%*	8.1%	0.0%		82.7%
Persons in drug misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test	2017/18	↑	419	75.6%	79.4%*	84.2%	52.5%		97.1%
Proportion waiting more than 3 weeks for drug treatment	2020/21	➡	0	0.0%	-	1.2%	28.3%		0.0%
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	–	179	47.5%	25.8%*	24.3%	2.8%		60.7%
Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	2019	➡	-	87.5%	85.7%	82.0%	20.0%		100%
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	2014/15	–	-	1.0%	0.4%	0.9%	4.2%		0.1%
Deaths from drug misuse (Persons)	2018 - 20	–	37	4.7	5.3	5.0	22.1		1.9
Deaths from drug misuse (Male)	2018 - 20	–	25	6.4	7.9	7.3	26.4		2.5
Deaths from drug misuse (Female)	2018 - 20	–	12	3.0	2.7	2.8	-		-
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	2016/17 - 20/21	–	30	30.9	97.1	78.7	104.1		16.4
Deaths in drug treatment, mortality ratio	2018/19 - 20/21	–	30	0.80	-	1.00	1.97		0.35
Successful completion of drug treatment, treatment ratio (Current method)	2020	–	174	1.04	-	-	-		-
Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment (%)	2020/21	–	972	49.2%	-	52.1%	78.0%		27.8%



Figure 13 - Drug related indicators across Walsall, including mortality, according to NDTMS

Adult treatment services in Walsall

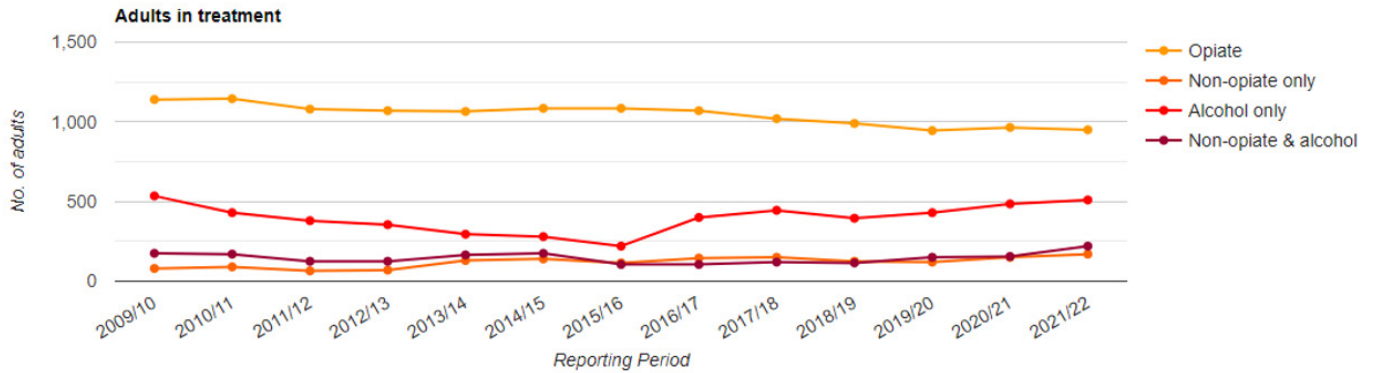


Figure 14 - Adults in treatment by substance according to NDTMS

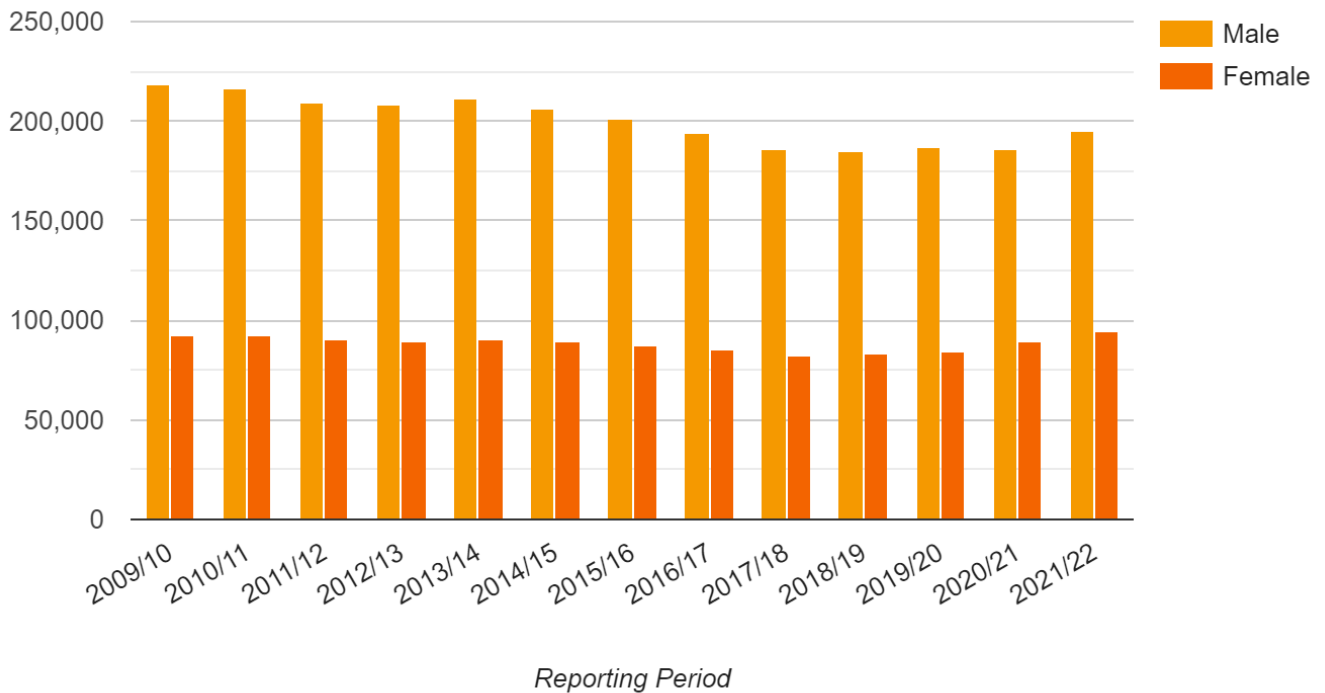


Figure 15 - Adults in treatment by sex according to NDTMS

Ethnicity	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)	2021/22 (%)
White	87	87	87	86	85	85	85	85	84	83	83	84	84
Mixed/Multiple ethnic group	4	4	3	4	4	4	4	3	4	4	3	3	3
Asian/Asian British	8	7	8	9	9	8	9	9	10	10	11	10	10
Black/African/Caribbean/Black British	1	2	1	1	2	2	1	2	2	2	2	2	2
Other ethnic group	0	0	0	0	0	0	0	1	1	1	1	0	0

Figure 16 - Adults in treatment by ethnicity according to NDTMS

Unmet Need: Opiates

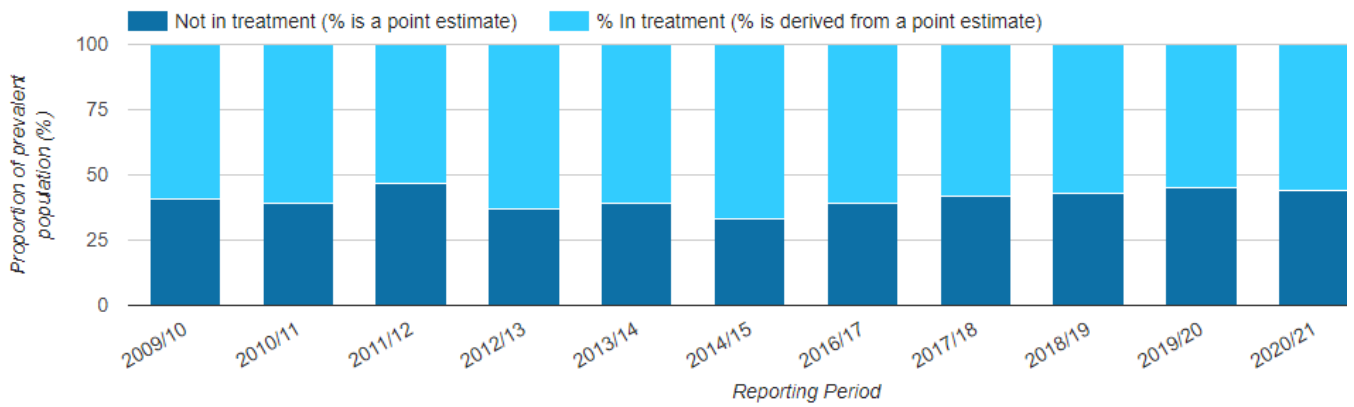


Figure 17 - Met and unmet need for opiates (those in or not in treatment) by year according to NDTMS

*Estimated numbers (prevalence) of opiate and/or crack users (OCUs), aged 15-64, later than 2016/17 are not yet available. Thus, for each year between 2017/18 - 2020/21, the rate of unmet need figures have been estimated using the respective 2016/17 OCU prevalence estimates.

Unmet need: Alcohol

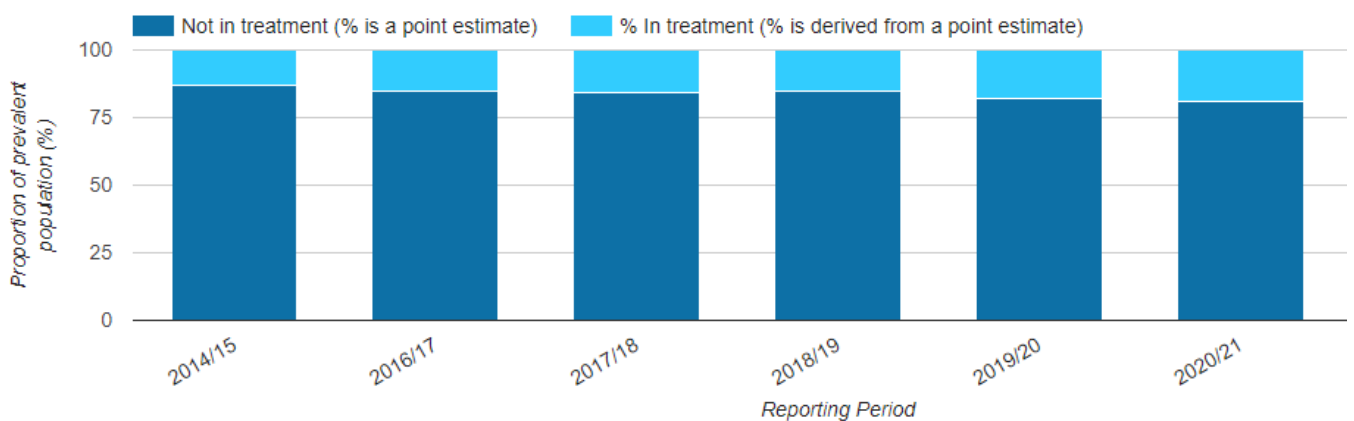


Figure 18 - Met and unmet need for alcohol (those in or not in treatment) by year according to NDTMS

*Estimated numbers (prevalence) of alcohol users, aged 18+, later than 2018/19 are not yet available. Thus, for each year between 2019/20 - 2020/21, the rate of unmet need figures have been estimated using the 2018/19 alcohol prevalence estimates.

Young People's treatment services in Walsall

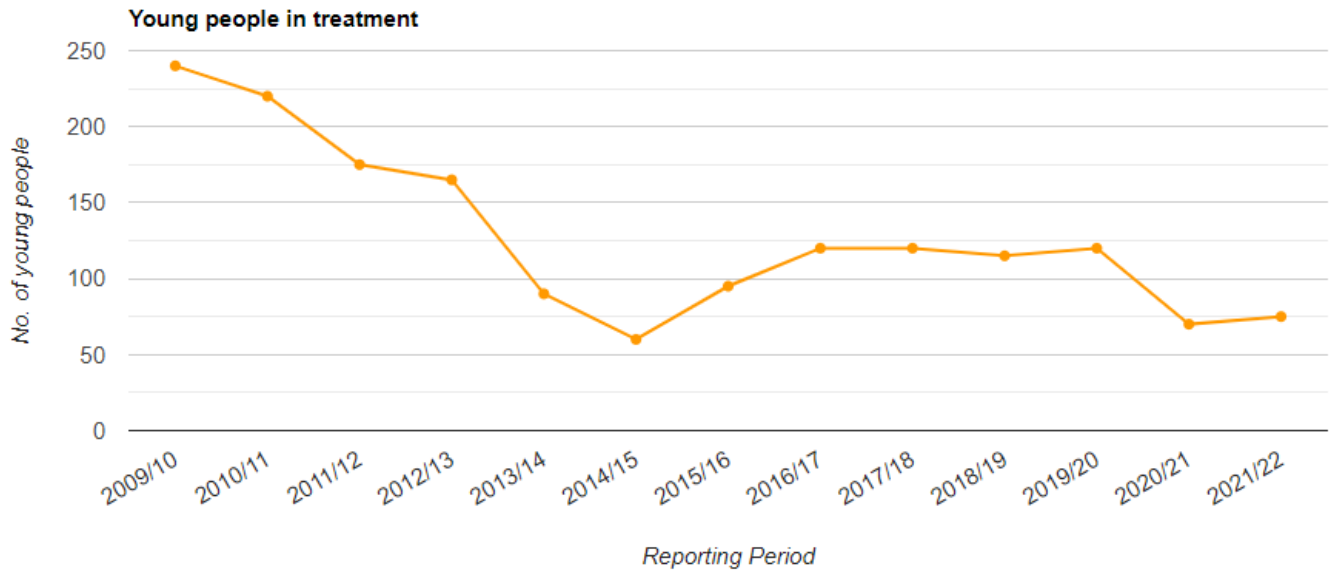


Figure 19 - Young people in treatment by year according to NDTMS

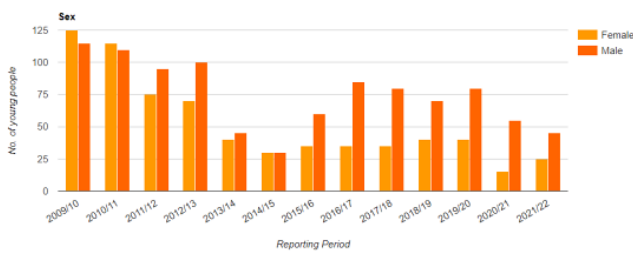


Figure 20 - Young people in treatment by sex according to NDTMS.

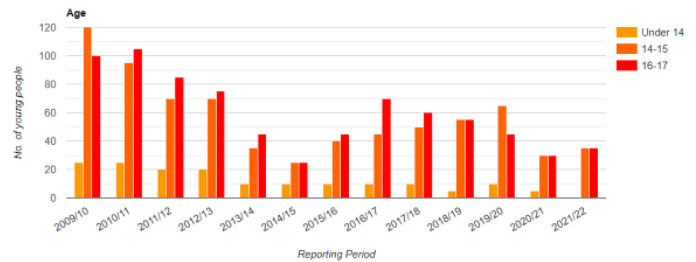


Figure 21 - Young people in treatment by age group according to NDTMS.

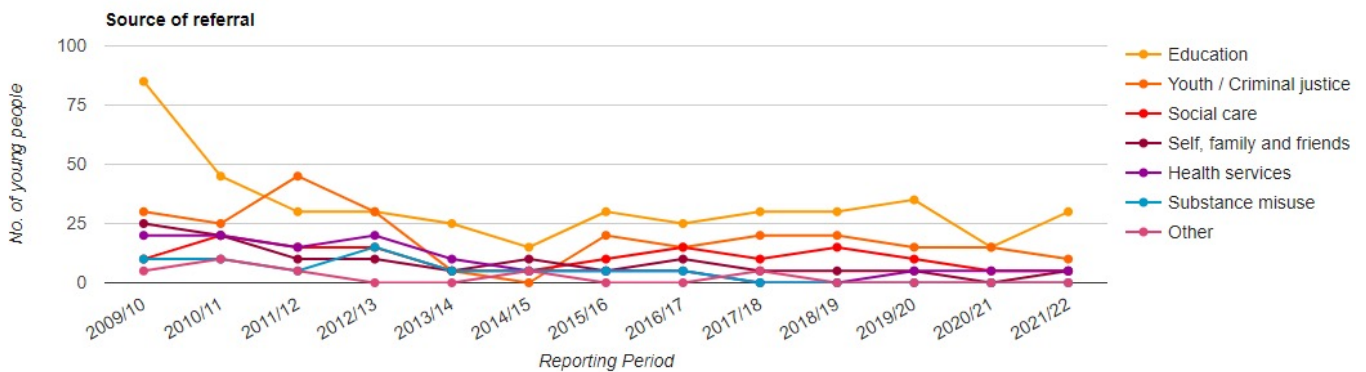


Figure 22 - Source of referral for young people in treatment according to NDTMS.

Appendix 3 – Needs Assessment

The Walsall Drug and Alcohol Needs Assessment

The Needs Assessment, published in August 2022 by TONIC, presented a detailed review of the current needs and gaps across the borough. This is broken down into the below key identified needs:

Breaking drugs supply chains	Engage	Treat and Recover
<ul style="list-style-type: none"> • There is a need to prevent and disrupt exploitation, not just provide support to victims – training need identified for professionals. • It is key to involve community leaders to get into closed communities to talk about drugs/alcohol and drug supply. • A multiagency approach to vulnerability is essential to protect those in the highest need. • Need to convene a more cohesive voice and representation from schools to prevent exploitation and provide intelligence on county lines. 	<ul style="list-style-type: none"> • There should be a dedicated role to support promotion of services to young people and promote awareness in schools, supporting the hidden harm agenda • The service providers CGL and Cranstoun should develop aftercare for those leaving DIVERT (the Cranstoun programme to divert individuals away from criminal sanctions where appropriate, and to provide behaviour change support in its place). • Provision of structured activities outside of drug and alcohol recovery can support behaviour change. • The hidden harm function needs to be increased to train school staff, amongst other roles, and to increase capacity in order to see more young people. 	<ul style="list-style-type: none"> • Need to increase numbers in alcohol treatment over time (this currently only accounts for approximately a fifth of people in need). • Targeted work to decrease the number of young people (particularly girls) in need of treatment through early referrals from family and children, and health services. • Establish young people group work and dedicated family groups. • Increase provision of outreach services. • Women and Asian communities are under-represented and LGBTQIA+ engagement is needed. • Homogeneity in assessment processes (custody, community, prison) to prevent duplication on release will improve efficiency and reduce burden on those in the system. • Provide a psychologist for therapeutic support and add a route for mental health medication prescription. • Support families of substance misusers beyond just the provision of Families Anonymous. • Build capacity for blood tests in house to speed up the detox process. • Provide primary care brief interventions work to further support GPs and pharmacies on needs and referrals.

Partnership Discussions – Key needs identified by Walsall stakeholder workshop and Walsall Combatting Alcohol and Drugs Partnership Board

In addition to the needs assessment, a forum was convened on 20-Sep-2023 to engage key stakeholders in a discussion of needs, increase communication and collaboration and plan future strategies. Key identified outputs of the forum, alongside additional discussions at the Partnership Board, are summarised below:

Communication & co-ordination	Expansion & engagement	Research & understanding
<ul style="list-style-type: none"> • A need for more co-ordination between services – it is important to understand what Public Health offer is already present within the area. • Multiagency communications approaches and strategies may allow greater penetration into the community and reach unmet groups. Use communications cell to maximise available comms channels. • Communication strategies should target prevention messages, in particular to young people, girls/women, Asian and LGBTQIA+ communities in particular, through community messaging and use of community groups. • Dementia awareness and substance misuse is a key area to consider as part of communications activity, especially those who may not have received alcohol treatment in the past but may be at an age where they are at heightened dementia risk. • Women’s health programmes should include alcohol and drug misuse messaging, and links should be developed between services. • It is key to develop pathways between grief/bereavement services and substance misuse services, due to the heightened risk for those using these services. • We need to establish and strengthen alcohol/drug pathways within Walsall Manor Hospital. 	<ul style="list-style-type: none"> • Dual Diagnosis work needs to be expanded. • In-house blood tests, TB and sexual health screening are essential. • Only 1/3 of service users have Hep C test documented in last 6 months • Education around Bupival, especially for people when in custody, is key to saving lives. • Young person’s voice is critical. • Engagement with schools is a gap • Lived experience fora/ service user groups are key resource for identifying gaps and improvements that can be made in service provision. • Link with resilient communities and inequalities agenda – individuals who do not have the same life chances as others. • LGBTQIA+, Asian communities and women are key groups to engage with. 	<ul style="list-style-type: none"> • A sex worker policy in progress, but there is limited data/insight into the local position – outreach services are needed to improve on this. • The current approach for education on alcohol and drugs in schools needs to be reviewed. • It is unclear what the number of families involved in recovery support is. Families/friends only have access to other families anonymously. • It is essential that we understand groups not accessing service, and explore the Capability, Opportunity, Motivation and Behaviour model. • We should collectively examine alternate potential funding mechanisms such as crowdfunding, and drawing on corporate social responsibility. • Alcohol completions better than national but non opiate and opiate lower. • Higher rate than national on representations for all substance types. • Service user mortality rates currently lower than national.

References

¹From Harm to Hope

²Drugs and Alcohol Needs Assessment for Walsall 2022

³Alcohol: applying All Our Health

⁴Safer Walsall Partnership Strategy (and The Family Safeguarding Model)

⁵Walsall Multi-Agency Mental Wellbeing Placed Based Strategy Mental Wellbeing Walsall “Together We Can”

⁶We are Walsall 2040

⁷Health and Wellbeing Strategy 2022-2025 (including tobacco)

⁸Walsall Domestic Abuse Strategy

⁹Walsall All Age Exploitation Reduction Strategy

¹⁰The Walsall Wellbeing Outcomes Framework (WOF)

¹¹Gambling statement of principles

¹²Walsall Statement of licensing policy

¹³Walsall Together

¹⁴Population health and inequalities strategy

¹⁵Independent Review of Drugs by Dame Carol Black

¹⁶Commissioning Quality Standard self-assessment

¹⁷Alcohol Strategy

¹⁸Advancing Our Health: Prevention in the 2020s

¹⁹Better Health (formerly One You)

²⁰NHS Health Check

²¹The Wellbeing Plan

Find support:

CGL – The Beacon

Phone: 01922 669840

Email: thebeacon.walsall@cgl.org.uk

Website: www.changegrowlive.org

YMCA – The Glebe

Phone: 01922 625687

Email: theglebecentre@ymcabc.org.uk

Website: www.ymcabc.org.uk/our-services/support-advice/the-glebe-centre



Walsall Council