

Sandwell Drug & Alcohol Strategy



2022-2032



The above photographs show before and after images of the outdoor space at the Cranstoun drug and alcohol treatment hub in Sandwell. The garden was landscaped and replanted by volunteers from Cranstoun and those in recovery from drug and alcohol.

Images include pictures of memorial stones for individuals who were part of the Cranstoun community and who passed away.

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DIRECTOR OF PUBLIC HEALTH:

The development of the Sandwell Drug & Alcohol Strategy represents an important step for all partners. The Strategy reflects the complexity of our challenges and our collective resolve to meet these challenges with a considered, resolute and integrated response.

The Strategy reinforces how we must continue to work closely with partners across the criminal justice and health care system, the wider community, and the voluntary sector, to respond to locally identified needs.

The Sandwell Drug & Alcohol Partnership (SDAP) is the key forum that will ensure continued focus and energy on implementing the Strategy. In addition to our local partnership, SDAP, we are working closely with the West Midlands Police & Crime Commissioner through the regional Combatting Drugs & Alcohol Partnership. This will help ensure a cohesive response to the harms present at a regional level, particularly tackling supply chains and preventing young people & their families from being criminally exploited through county lines.

As one of the more deprived areas in the country, we face higher levels of drug and alcohol-driven crime and health harm. Despite this, much excellent and effective work has been undertaken by partners to date. Our track record includes one of the country's lowest drug-related death rates and an award-winning Blue Light outreach project that delivers for our most vulnerable clients. However, it is vital that we continue and further develop our programme of work.

I look forward to seeing many more examples of local energy and innovation in the months and years to come and seeing the measurable impact it will have on individuals, families and the wider community of Sandwell.

Lisa McNally, Director of Public Health



COUNCILLOR HARTWELL:

Drug and alcohol use is an issue that concerns the health and wellbeing of our residents, the safety of our communities, and the future success of our borough.

Sandwell has made good progress in addressing the impact of drugs and alcohol on individuals, families and communities. It is particularly pleasing to see a reduction in the number of young people admitted to hospital due to drug or alcohol misuse. However, some indicators of harm have increased over the same period, such as a higher number of alcohol-related deaths. We must take action to reverse the trend in such instances because drug and alcohol-related harm are largely preventable. The social, economic and health impacts are far-reaching and limit the potential of individuals directly and indirectly affected by drugs or alcohol.

This Strategy has been produced in partnership with the many organisations directly involved with addressing the effects of drugs and alcohol across Sandwell and, very importantly, produced jointly with those who have lived or living experience of drug and alcohol-related harms. It is a key means through which we can enhance our well-established partnership approach and ensure that we continue to challenge ourselves to do the very best for the people of Sandwell.

I wholeheartedly recommend this Strategy to the public of Sandwell, elected members, all public-sector agencies, and our voluntary and community sector partners. I am confident that the Strategy can provide a supportive framework for collaboration and enhance all our efforts in this area over the next ten years.

Councillor Suzanne Hartwell, Cabinet Member for Adult Social Care and Public Health



Introduction

DRUG AND ALCOHOL NEED

This document describes the local drug and alcohol partnership's plans for addressing drug and alcohol misuse in Sandwell. The Strategy has been created in conjunction with the Sandwell Drug and Alcohol Partnership (SDAP).

Drug and alcohol misuse affects a cross-section of the population, not just those who misuse drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses. In Sandwell, we are taking a holistic view of drug and alcohol abuse from prevention, through treatment, to recovery.

Following the publication of the Government's new 10-year plan to combat the harm caused by illegal drugs, the SDAP has taken the opportunity to create a new Drug and Alcohol Strategy for the borough.

This Strategy is a unique opportunity for partners to state their shared ambitions to address drug and alcohol-related crime, death, harm and overall use in Sandwell. The Strategy will act as a vehicle to allow local partners to jointly identify how they will address the priorities in this document.

This Strategy is informed by the Sandwell Drug and Alcohol Needs Assessment which reviewed the local drug and alcohol needs and the current response to them. The Strategy also aligns with From Harm to Hope, the Government's 10-year drugs plan.

IMPROVING HEALTH AND WELLBEING

The vision for this Drug and Alcohol Strategy supports the wider health and wellbeing vision for Sandwell and links with Sandwell's new Health and Social Care Partnership and existing Health and Wellbeing Board. This Strategy also aligns with the Sandwell Community Safety Strategy 2022, which works toward the safety and protection of Sandwell residents.

This Strategy will cover the period from publication until 2032 and will be reviewed three years after publication.

National Strategic Direction

FROM HARM TO HOPE

'[From Harm to Hope](#)' is the Government's 10-year plan to combat illegal drugs. The plan sets out how the supply of drugs by criminal gangs will be targeted and how those with a drug addiction will be given a route to a drug-free life.

The Government pledges over £3 billion of investment over the next three years to reduce drug-related crime, death, harm and overall drug use.

National and local partners will focus on delivering three strategic priorities:

1. **Break drug supply chains** – Home Office and Ministry of Justice
2. **Deliver a world-class treatment and recovery system** – Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and the Department for Work and Pensions
3. **Achieve a generational shift in demand for drugs** – Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling Up Housing and Communities

ALCOHOL STRATEGY

The [Government's Alcohol Strategy](#), published in 2012, sets out proposals to crack down on our 'binge drinking' culture, cut the alcohol-fuelled violence and disorder that blights too many of our communities, and slash the number of people drinking to damaging levels.

The Sandwell Drug and Alcohol Strategy strongly focuses on alcohol-related needs. Sandwell has a high rate of alcohol use, and we will use this Strategy to reduce alcohol dependence and wider alcohol-related harms.

LOCAL STRATEGY ARRANGEMENT

The Strategy will be owned and taken forward via the local Sandwell Drug & Alcohol Partnership (SDAP) however we recognize the need to ensure its ownership across other relevant partnership meetings including Safer Sandwell Partnership, the local Health & WellBeing Board amongst many others.

Picture in Sandwell

DRUG AND ALCOHOL NEEDS ASSESSMENT

This Strategy is informed by the recently completed Drug and Alcohol Needs Assessment. Some key findings from the Needs Assessment are included below.

OVERVIEW OF SANDWELL

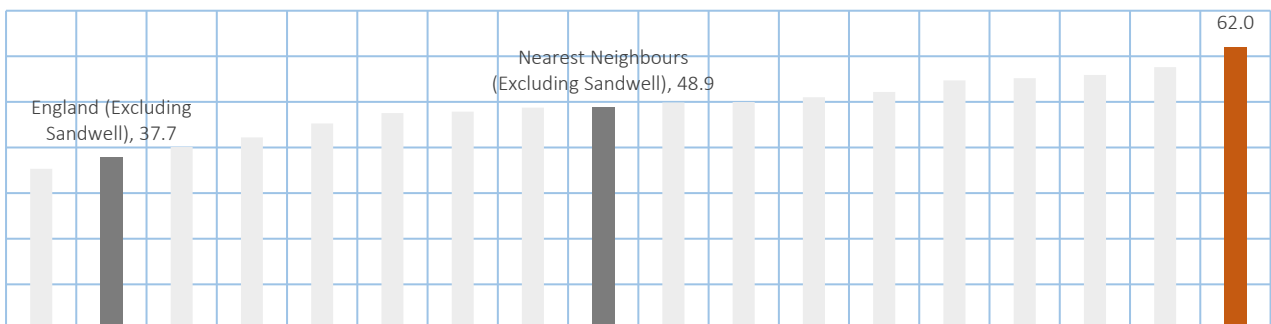
POPULATION

- The latest population projection estimates an increase of 18,849 (+6%) to 347,891 by 2030. An increase in the overall population will likely impact the demand for services.
- The median age across Sandwell has remained stable between 2011 to 2020. Sandwell's median age of 37 is lower than that across England and Wales (40).
- There are variances between the wards. For example, 46% of the population in Newton is over 45 compared to 27% in Soho and Victoria. The age profile of the wards will have a bearing on the prevalence of substance misuse.
- The 2011 census data shows that 34% of the population in Sandwell are from a BAME background; however, the rate is likely higher.
- The average deprivation score for Sandwell makes it the 12th most deprived local authority in England. There is a significant link between deprivation and substance misuse.

DRUG AND ALCOHOL-RELATED HEALTH NEEDS

- Sandwell has one of the lowest drug-related death rates in England. It is statistically significantly lower than the national average and the average of its nearest statistical neighbours.
- Sandwell has the second worst alcohol-related mortality rate in England, with 173 alcohol-related deaths in 2020, a 39% increase from 2019. The 62 deaths per 100,000 are the highest of all Nearest Neighbours¹ and are higher than the rate for England (38 per 100,000).

Figure 1: Rates of alcohol-related deaths in Sandwell and its Nearest Neighbours

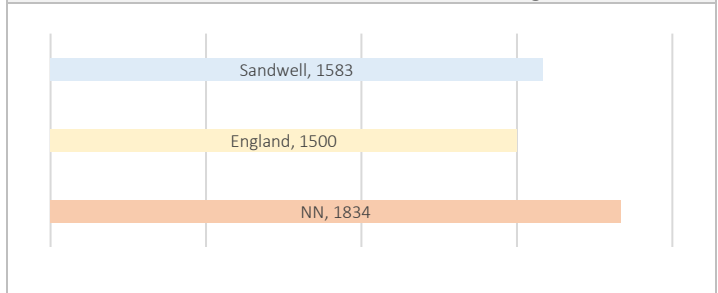


¹ The CIPFA Nearest Neighbour model uses 40 socio-economic metrics to define a local authorities best comparator areas.

ALCOHOL-RELATED HOSPITAL ADMISSIONS

- Although the rates are **higher** than in England, they are **lower** than the Nearest Neighbours.
- The rate for females is **lower** than the England average and is the lowest out of all the Nearest Neighbours.

Figure 2: Rates (per 100,000) of alcohol-related hospital admissions in Sandwell and its Nearest Neighbours

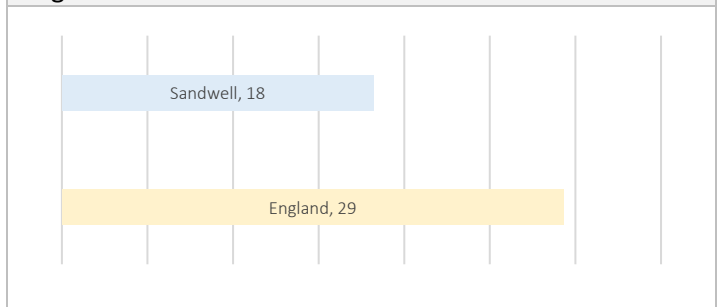


- There were 4,461 alcohol-related admissions in 2020-21, an 18% decrease from the 5424 admissions in 2019-20. National rates have also reduced in this period.

YOUNG PEOPLE

- Sandwell has lower rates for hospital admissions due to substance misuse for 15-24 year-olds (51.9 per 100,000 compared to 81.2 in England).
- Sandwell has lower rates of alcohol-related admissions for those under 18 than the England average (18.2 per 100,000 compared to 29.3 in England). The Sandwell rates have seen a decreasing trend over the previous ten years.

Figure 3: Rates (per 100,000) of alcohol-related hospital admissions for under 18s (persons) in Sandwell and England



DRUG AND ALCOHOL-RELATED CRIME

- The link between substance misuse and crime is serious. In the 2018 British Crime Survey, victims believed perpetrators to be under the influence of alcohol in 39% of violent incidents and under the influence of drugs in 21%.²
- From 2017-2019, in England & Wales, 31% of homicide victims and 31% of homicide suspects were under the influence of alcohol or drugs when the offence was committed.³
- In Sandwell, the most recent data shows 62% of Sandwell residents released from prison with substance misuse needs successfully engaged in community-based structured treatment upon release.
- In Sandwell, drug-related offences increased by 70% when comparing 2021-22 to previous years. It should be noted that some of the increases can be attributed to changes in data collection and the impact of COVID-19.
- In Sandwell, alcohol-related offences increased by 91% when comparing 2021-22 to previous years. It should be noted that some of the increases can be attributed to changes in data collection and the impact of COVID-19.

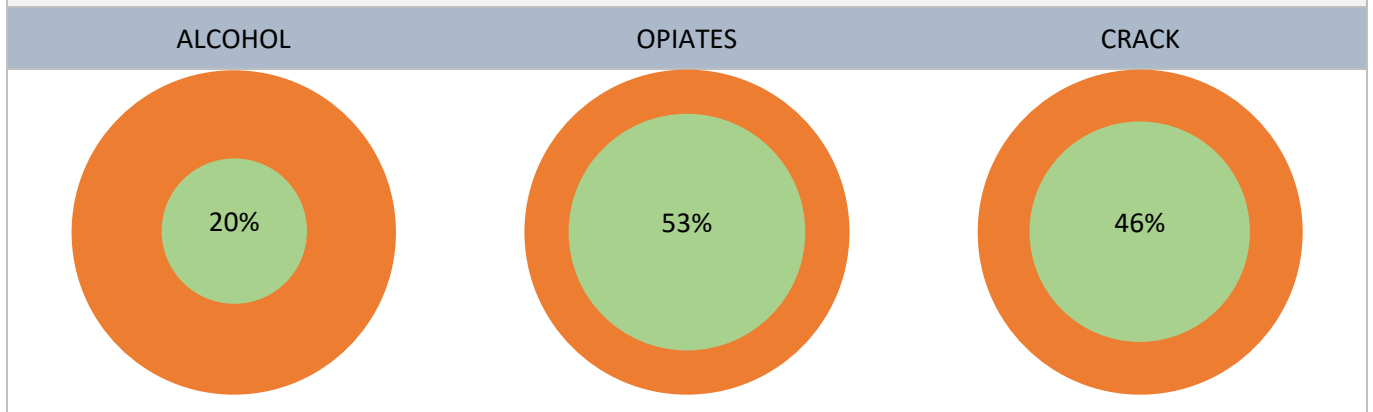
² PCCs making a difference: Alcohol and drugs in focus

³ PCCs making a difference: Alcohol and drugs in focus

UNMET DRUG AND ALCOHOL NEED

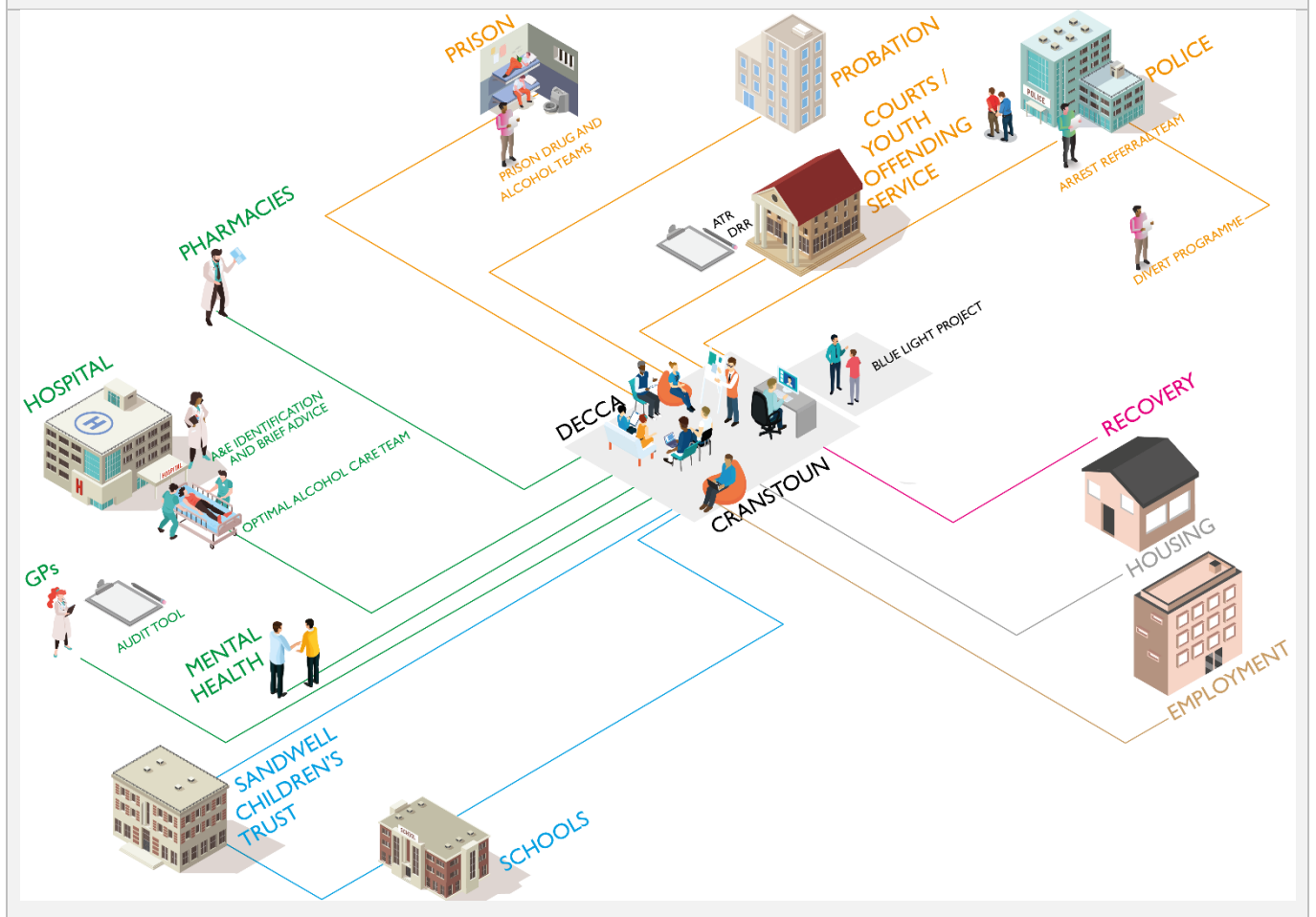
- Figure 4 uses the estimated number of alcohol, opiate, and crack users in the local area and compares that to the number currently accessing local treatment services in 2021/22 to give an idea of unmet needs.
- An estimated 20% of those with alcohol dependency needs were in treatment, similar to the national average.
- An estimated 53% of opiate users were in treatment; this is below the average rates for Sandwell's Nearest Neighbours⁴ (58%) and similar to the national average (53%).
- An estimated 46% of crack users were in treatment.

Figure 4: Unmet Need in Sandwell



Current Provision

Figure 5: Service Mapping Diagram



Strategic Response

The overall aim of this Strategy is to reduce drug and alcohol-related crime, death, harm and overall use in Sandwell.

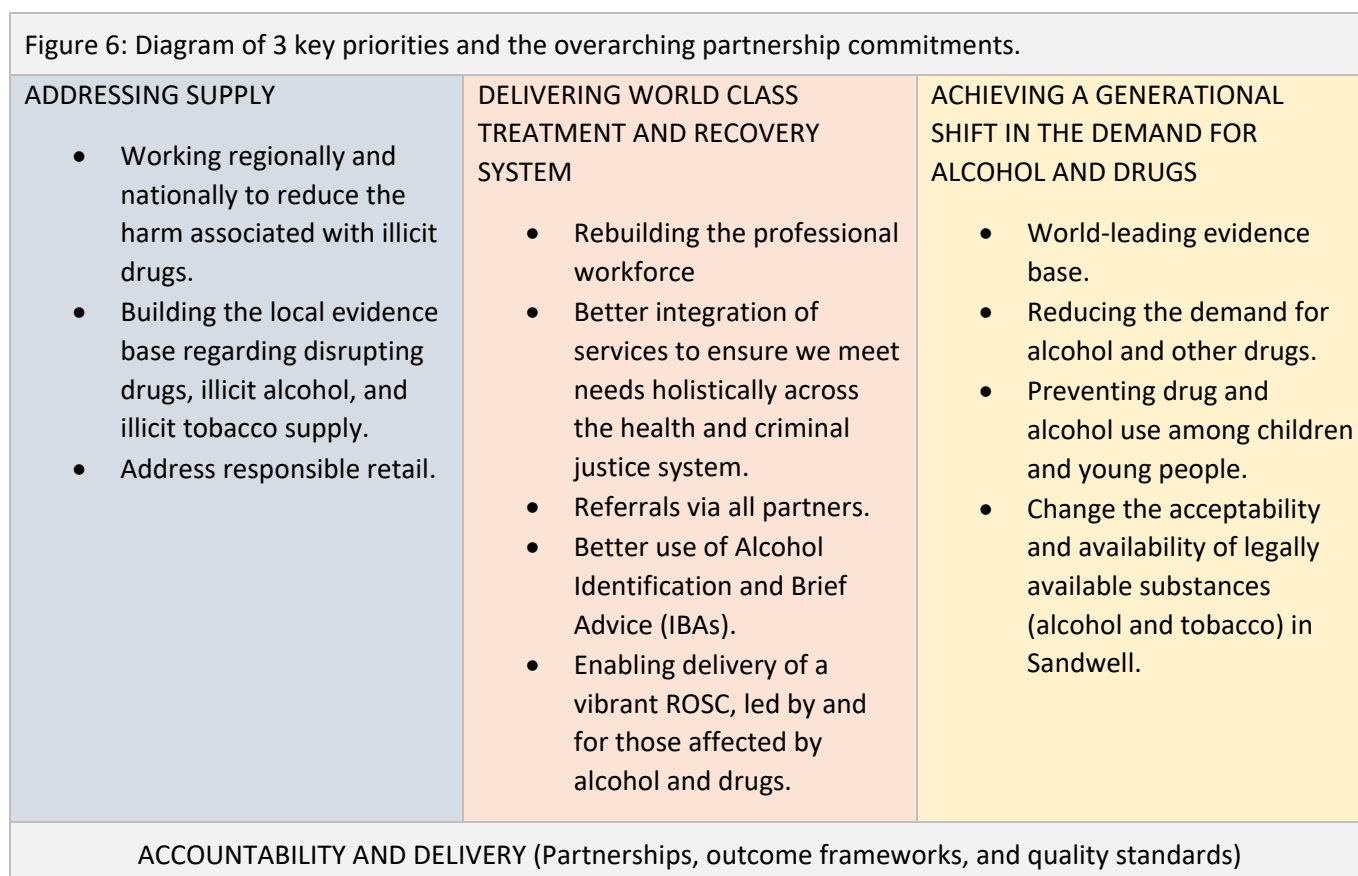
To achieve this aim, we will align with the three priority areas identified in the Government's 10-year drugs plan, From Harm to Hope. Driven by the findings of the needs assessment, this Strategy also has a strong focus on alcohol. The three priorities for this Strategy are therefore as follows:

- Addressing Supply
- Delivering a World-Class Treatment and Recovery System
- Achieving a Generational Shift in the Demand for Alcohol and Drugs

Included under each priority are commitments demonstrating how the Sandwell Drug & Alcohol Partnership (SDAP) plans to meet this Strategy's overall aims. These commitments will be taken forward into a joint action plan owned and monitored by the local partnership board.

The priorities and their commitments are for all people affected by drugs or alcohol (whether directly or indirectly). Work to ensure accessibility of support -particularly in respect of those under-represented or with protected characteristics -shall be part of on-going quality assessment audit work.

Figure 6 below summarises the three key priorities and the overarching commitments of the partnership board.



PARTNERSHIP AND ACCOUNTABILITY

SANDWELL DRUG AND ALCOHOL PARTNERSHIP

Sandwell has a strong multi-agency drug & alcohol partnership, Sandwell Strategic Drug & Alcohol Partnership (SDAP). SDAP brings together a range of partners across both the health and criminal justice sectors to:

"prevent and reduce the harm, or potential harm, that misusing alcohol and drugs has on the individual, families and the wider community, and to enable individuals affected by drug and alcohol misuse to access support and reach their potential."

SDAP partners include:

- Chief Superintendent, West Midlands Police -CHAIR
- Sandwell MBC representatives:
 - Addictive Behaviours Programme Manager, Public Health
 - Adult Social Care Representative
 - Alcohol Project Manager, Public Health
 - Director of Prevention & Protection
 - Domestic Abuse Team Manager
 - Drug Project Manager, Public Health
 - Group Head, Children's Social Care
 - Housing Solutions Business Manager & Operations Manager
 - Neighbourhood Manager
 - Safeguarding Adults Board Operations Manager
- Criminal Justice representatives:
 - Community Safety Manager for the local Crime and Disorder Reduction Partnership
 - Partnership Inspector, West Midlands Police
 - Sandwell Probation Service – Head of Service or equivalent
 - Sandwell Offender Management Unit Supervisor West Midlands Police
 - Service Manager for Youth Offending Service
 - Substance Misuse Policy Lead, Police & Crime Commissioner Policy Unit
- Health representatives:
 - Alcohol Lead, Sandwell West Birmingham Hospital Trust
 - Commissioner: Public Health lead, Integrated Care Partnership
- Specialist services:
 - Service Manager, Adult Treatment provider, Cranstoun
 - Service Manager, Young People's Substance Misuse Provider, DECCA
- Other:
 - Chief Executive, Black Country Women's Aid
 - Chief Executive, Sandwell Community Voluntary Organisation (SCVO)
 - Regional Substance Misuse Lead, Office for Health Improvement and Disparities (OHID)
 - Victim Support
 - West Midlands Fire Service

Engagement will also be sought from:

- Service User/Carer Involvement
- Elected members
- Jobcentre Plus
- Local authority officials representing employment and education
- Mental health treatment providers
- Primary Care lead

PARTNERSHIP ROLES

In this Strategy, we would like to highlight all partners' roles in improving an individual's treatment and recovery outcomes. Below is summarising each partner's roles as described in the [Carol Black Report](#).

LOCAL AUTHORITY



Local authorities should commission a full range of evidence-based harm reduction and treatment services to meet the needs of their local population. Access to high-cost but low-volume services, such as inpatient detoxification and residential rehabilitation, will be supported and supplemented by grant funding from the latest national Drug Strategy.

Locally, we will continue to systematically address how Adult and Children's Services identify and address the needs of the individual and those affected by that individual's use.

CRIMINAL JUSTICE SYSTEM



Too many people with addictions cycle in and out of prison without achieving rehabilitation or recovery. The recent [sentencing white paper](#) committed to greater use of police diversions and community sentences with treatment as an alternative to custody. Locally, we will also ensure that adequate treatment support is available to accommodate extra demand generated from greater use of diversionary and community sentences.

On release from prison, prisoners must have ID, a bank account, and the ability to claim benefits on the day of release.

Locally, we will continue to ensure those with drug dependence are helped to continue drug treatment in the community as soon as possible. Furthermore, we will explore the potential to strengthen the referral pathway via probation and to strengthen the identification of those with alcohol needs who come into contact with the criminal justice system.

EMPLOYMENT SERVICES



Employment is an essential part of recovery, both for financial stability and to offer something meaningful to do. Based on a recent trial of Individual Placement and Support (IPS) in 7 local authorities, intensive, employer-focused employment support inside treatment centres has shown promising results.

Locally, we will work with relevant partners to ensure the implementation of the IPS model, including the introduction of peer mentors in each Jobcentre Plus to help people with drug and alcohol needs receive appropriate support.

HOUSING SUPPORT



Drug dependence can be a cause and consequence of homelessness and rough sleeping. MHCLG has estimated that almost two-thirds of people who sleep rough have a current drug or alcohol problem. PHE's drug treatment data shows that one-fifth of adults starting treatment in 2019 to 2020 reported a housing problem, increasing to one-third of people in treatment for opiates.

Locally, we will maximise opportunities for more robust joined-up working between housing and treatment services

MENTAL HEALTH SUPPORT



For many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence. However, they are often excluded from mental health services until they resolve their drug problem. DHSC and NHSE should work together to set out a plan to solve this problem.

The workforce in both services should be trained to better respond to co-existing drug and mental health problems. Training should be a key component of HEE's competency and training requirements for the workforce.

Locally, there are some examples of joint working between treatment services and mental health teams. There is potential for a more robust strategic approach between the two areas to be developed.

PHYSICAL HEALTHCARE



Many drug users have poor overall health. The NHS is poor at engaging with the wider health needs of drug and alcohol users with medical co-morbidities (for example, hepatitis C, HIV, heart and lung disease), many of whom are ill-equipped to navigate complex pathways and feel stigmatised. DHSC and NHSE should work together to develop an action plan for improving access to physical healthcare.

Locally, healthcare services have a key role in supporting early intervention, including using tools such as Alcohol Identification and Brief Advice.

PARTNERSHIP PRINCIPLES

In addition to the commitments attached to the four priorities, we have included the following partnership principles that will inform all areas of our work as a partnership. These commitments cut across the four identified strategic priorities and are informed by the [From Harm to Hope Guidance for Local Delivery Partners](#).

SHARED RESPONSIBILITY

All relevant organisations and professionals see reducing drug and alcohol harm in a local area as an essential part of their role.

PERSON-CENTRED SUPPORT

All plans and services are designed around the needs and preferences of residents rather than systems or processes. There is 'no wrong door' for someone seeking support for a drug or alcohol-related issue.

GENUINE CO-PRODUCTION

People who access treatment and recovery services and those who have been personally affected by drug or alcohol harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.

EQUALITY OF ACCESS AND QUALITY

Everyone can access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.

JOINT PLANNING

Members share data and analysis and coordinate resource allocation to ensure service delivery is more effective and efficient.

COORDINATED DELIVERY

The wider context of people's lives – as part of relationships, families and neighbourhoods – is reflected in how services operate. People should not need to 'tell their story' multiple times, and there should be good communication, data sharing and coordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan and consider the role of the 'lead practitioner'. A lead practitioner is someone who acts as a single, consistent and trusted point of contact for different organisations and services.

LOCAL VISIBILITY

The partnership is recognised by residents as a key forum and decision-making body and works to increase public confidence related to drug and alcohol issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products and publications.

FLEXIBILITY

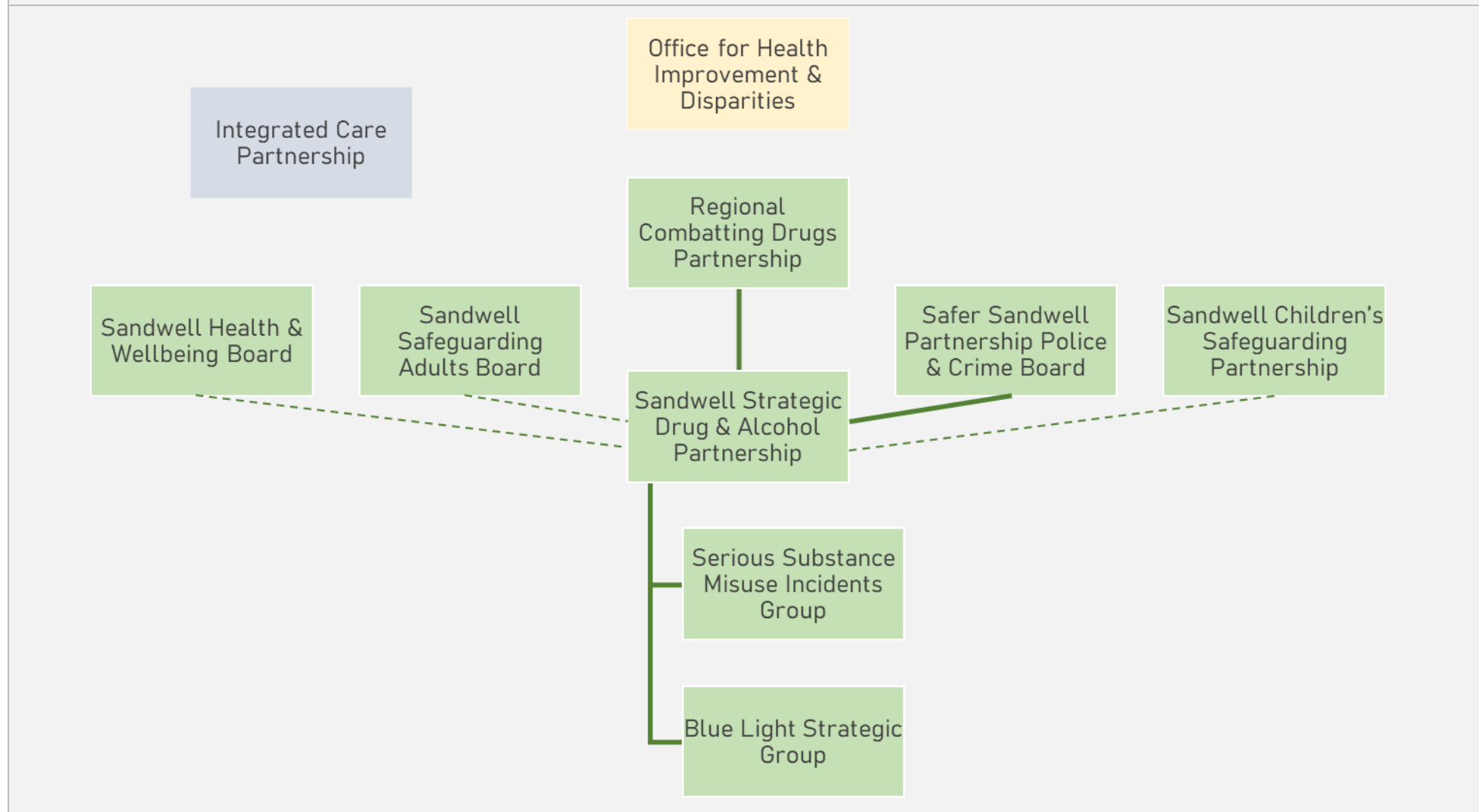
The local partnership responds to needs at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.

LONG-TERM STRATEGIC VIEW

There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery and a generational shift in patterns of substance use.

Governance Structure in Sandwell

Figure 7: Governance Structure



Note: there may be a need for further additional themed working groups under SDAP as part of the quality assurance and other themed areas of work as identified

Key Priority 1 – Addressing Supply

We will target all stages of the drug supply chain in Sandwell.

The aim of the partnership is that within the lifetime of this Strategy, Sandwell will be a significantly harder place for organised crime gangs to operate. Addressing supply is not something that can be tackled at a local level. In Sandwell, we will build on the national and regional initiatives attacking all stages of the drug supply chain, positively affecting the associated impacts of drug dealing – violence, exploitation, and imprisonment.

In pursuing this priority, the partnership will align itself with the West Midlands Combatting Drugs and Alcohol Partnership and related strategies (Sandwell Community Safety Strategy, West Midlands Reducing Reoffending plan, and the West Midlands Police Drugs Strategy 2022-2025). These strategies detail how the police and their partners – the National Crime Agency, the Regional Organised Crime Unit, British Transport Police, and Her Majesty's Prison and Probation Service – will reduce the harms associated with the supply of illicit drugs. In Sandwell, illicit drugs and alcohol impact numerous vulnerable groups, including children and young people.

STAKEHOLDER VOICES

470 residents completed the Sandwell Community Survey, which was run as part of the Sandwell Drug and Alcohol Needs Assessment. Respondents were asked about the impact of various Anti-Social Behaviour types on their local area. The responses provide evidence of the concerns of residents.

“Sadly I try not leave my home during the evening as I do not feel safe.”

Respondent to Sandwell Community Survey

“Drug dealing in several places in the area.”

Respondent to Sandwell Community Survey

“There are people daily that gather round [my area] drinking alcohol. I don't think it's good for kids to see this.”

Respondent to Sandwell Community Survey

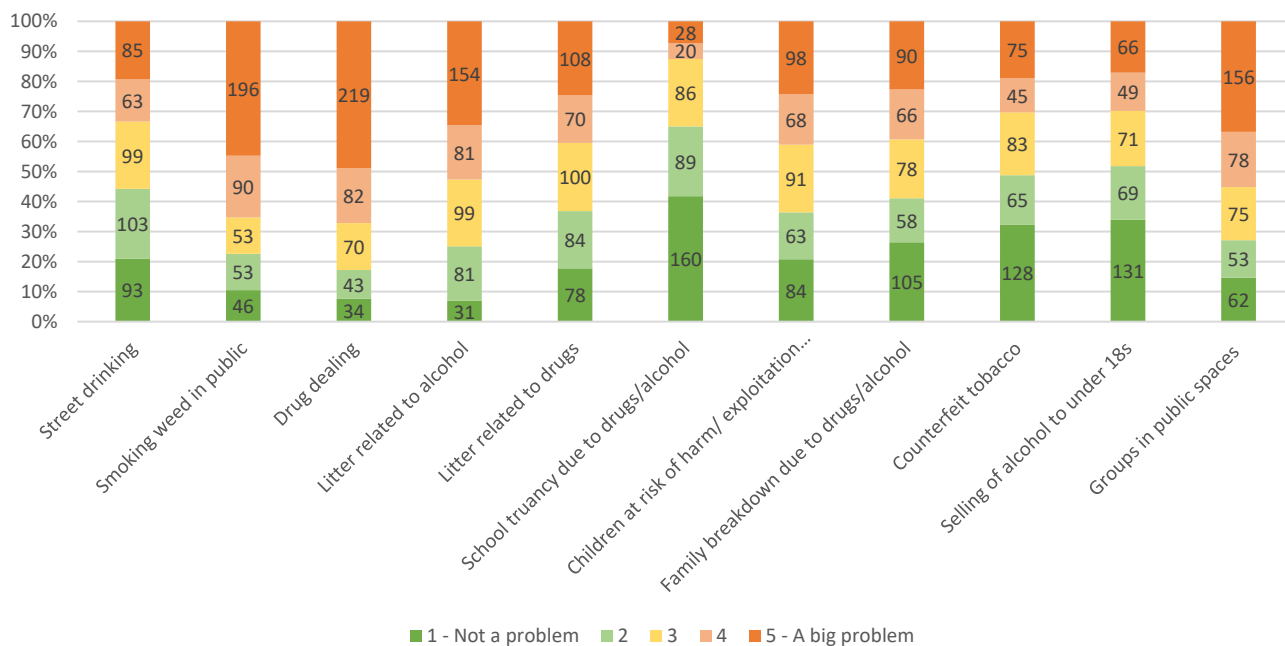
“Groups wait near our house for the car to bring the drugs, most disperse but some sit in the children's park to take the drugs. The smell is very strong and children can't play on the park. A lot of litter is left behind.”

Respondent to Sandwell Community Survey

“As a Litterwatch volunteer, I have found on the local streets beer bottles, cans, drug needles.”

Respondent to Sandwell Community Survey

Figure 8: Responses from the Sandwell Community Survey run as part of the Drug and Alcohol Needs Assessment



DRAFT COMMITMENTS

COMMITMENT 1

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Sandwell.

COMMITMENT 2

Partners will help build the evidence base to determine what works best in disrupting the drug, illicit alcohol and illicit tobacco supply chain. We will trial innovative interventions where possible.

COMMITMENT 3

The partnership will work with local enforcement officers to ensure that those shops and establishments who engage in the sale of alcohol and tobacco to those who are underaged, face punitive measures.

Key Priority 2 – Delivering a World-Class Treatment and Recovery System

In Sandwell, we will build on our existing high-quality treatment options to ensure a full range of services that meet the needs of the local population.

As a partnership, we are committed to improving the quality of treatment services. We will increase the drug and alcohol service workforce within the borough and reduce the caseloads held by caseworkers. We will aim to increase the skills and professional mix of the workforce.

We will build on our existing services and ensure a full range of evidenced-based harm reduction and treatment services in place to meet the needs of the local population. These services will also include interventions to support individuals and families impacted by others' drug and alcohol use. The views of those with living or lived experience will be integral to developing specialist services in Sandwell.

We recognise that people get referred to services too late when many health harms have already occurred. There is a need for system-wide use of evidence-based tools to help identify those with a drug or alcohol need earlier. As a partnership, we must identify needs at the earliest possible opportunity to ensure timelier interventions to prevent and reduce any further escalation.

We will work to address the stigma attached to those who have a drug or alcohol problem. Stigma can have many negative impacts on those with a drug or alcohol need: it can limit their access to essential services, including healthcare, due to feelings of unwelcomeness; it can mean people are passed over for job opportunities by employers.

Regarding children and young people, we need to ensure that non-specialist drug and alcohol services can provide appropriate preventative measures to reduce the risk of harmful drug and alcohol use. This age group has broader needs than just drug or alcohol use, and there needs to be a system-wide approach to improving wider health and wellbeing outcomes. We will continue to work with parents, carers, Children's Services, and schools to achieve this.

STAKEHOLDER VOICES

“Always there to help me, especially when I am in a bad place. They help me feel better.”

Blue Light Service User

“There is a stigma and shame associated with drug and alcohol problems.”

Participant in focus group run as part of the needs assessment

"It is hard to ask for help, you feel guilty about it.

Participant in focus group run as part of the needs assessment

"For me to admit my drinking problem to my GP, took courage. I didn't get help straight away and did not return for 9 years."

Participant in focus group run as part of the needs assessment

DRAFT COMMITMENTS

TREATMENT OPTIONS

COMMITMENT 1

As a partnership, we will continue to provide a full range of evidenced based harm reduction and treatment services in place to meet the needs of the local population. We will address needs holistically through working with a range of relevant partners.

COMMITMENT 2

As a partnership, we will strive to improve the experience of treatment services for anyone who needs support. We will engage with people with living or lived experience as we develop and strengthen our pathways into treatment services and the services themselves.

COMMITMENT 3

We commit to reviewing our workforce plan, with a view to reduce caseloads of practitioners, increase our drug and alcohol workforce, and increase the skills and professional mix of our workforce.

COMMITMENT 4

We will support those with a safeguarding need to access the support they require and are entitled to. We will ensure that the profile of drug and alcohol is raised at the Sandwell Safeguarding Boards.

ACCESS

COMMITMENT 5

All partners will ensure that there are robust pathways into and out of drug and alcohol treatment. This will include a focus on early intervention provision, breaking barriers and stigma and encouraging individuals to access support.

COMMITMENT 6

We want all practitioners across the partnership to have the confidence and skills to identify at the earliest possible stage those with a drug or alcohol need. We will support this through our workforce training offer.

EXIT

COMMITMENT 7

We will continue to develop our aftercare provision for those who exit treatment.

YOUNG PEOPLE

COMMITMENT 8

We will ensure that there are appropriate services in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.

COMMITMENT 9

We will develop an appropriate response for children and young people affected by parents who misuse drugs or alcohol.

COMMITMENT 10

All partners will continue to ensure that the identification of children and young people affected by drug and alcohol use is part of their core business.

HARM REDUCTION

COMMITMENT 11

We will increase the availability and visibility of naloxone through providing more peer naloxone training and training for appropriate staff.

COMMITMENT 12

We will continue to investigate the reasons behind drug and alcohol-related deaths in the borough and work towards reducing them.

COMMITMENT 13

We will increase our harm reduction initiatives, including the Blue Light Initiative, and needle exchanges, and base them on evidence-based practice.

COMMITMENT 14

We will promote the use of a range of harm reduction initiatives in relation to alcohol. These include promoting the recommended drinking guidelines, reducing harmful drinking, and the use of Alcohol Identification and Brief Advice practices.

We will collaborate to ensure a borough-wide offer of recovery support.

The process of reaching recovery takes time to achieve and effort to maintain. In Sandwell, we will work towards achieving a Recovery-Orientated System of Care (ROSC). The UK government's Drug Recovery Champion stated that creating a ROSC offers the best chance to help people to move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery.

In Sandwell, we will build on our current recovery services, which provide multiple recovery options to those seeking to rebuild their lives. We aim to ensure networks of peer-based recovery support, communities of recovery, and mutual aid groups are available in areas of need across the borough.

STAKEHOLDER VOICES

"People with lived experience of addiction help more than anyone."

Participant in focus group run as part of the needs assessment

"Talking to people who suffer the same thing helps."

Participant in focus group run as part of the needs assessment

"It is who you meet in the groups that really help you."

Participant in focus group run as part of the needs assessment

"Moving to acceptance is the hardest part."

Participant in focus group run as part of the needs assessment

COMMITMENTS - RECOVERY

HEALTH AND MENTAL HEALTH

COMMITMENT 1

We will work to ensure that the mental health needs of those with a drug or alcohol problem is addressed in a joined-up way.

COMMITMENT 2

We will work to ensure that those with a drug or alcohol need have appropriate access to physical healthcare.

JOBS & PURPOSEFUL ACTIVITY

COMMITMENT 3

Regarding employment and other purposeful activity, we will continue to improve the response of employment services and relevant community organisations to those with a drug or alcohol need.

HOUSING

COMMITMENT 4

We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation.

SOCIAL AND PEER SUPPORT

COMMITMENT 5

We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Sandwell's drug and alcohol treatment system.

COMMITMENT 6

We will engage with people with living or lived experience as we develop and strengthen our pathways into recovery services outside of treatment and the services themselves.

Key Priority 3 – Achieving a Generational Shift in Demand for Drugs and Alcohol

We will aim to increase our focus on all types of prevention to achieve a safer and healthier environment for all.

In Sandwell, we will take an evidence-informed approach to activities aimed at reducing the number of people drinking alcohol to harmful levels, taking drugs, or drawn towards drugs. This approach will ultimately create a safer and healthier environment for all.

In the borough, we will use the latest evidence-based practice to encourage people to change behaviours by ensuring that the risks and harms (to themselves and others) involved with drug and alcohol use are openly and honestly communicated. This includes promoting existing guidance regarding [drinking guidelines](#).

We aim to increase preventative activity amongst children and young people to reduce the likelihood that they will start drinking alcohol or taking drugs. This will involve a response from the local partnership board and ensuring that universal initiatives addressing the risk factors associated with childhood drug and alcohol use are promoted.

Factors that increase childhood risk for drug and alcohol use are also related to poor academic performance, mental health problems and harm to self and others. As a partnership, we will promote and advocate for non-drug focussed prevention programmes and services. Non-drug focussed services should address risk factors such as chaotic, unrewarding environments, stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control.⁵

As a partnership, we recognise that improving drug and alcohol use outcomes does not sit within the partnership board alone. We will endeavour to actively represent the partnership board and its aims on the relevant boards within Sandwell.

⁵ DHSC, (2021), [Review of drugs part two: prevention, treatment, and recovery](#)
Sandwell Drug and Alcohol Strategy

STAKEHOLDER VOICES

“There is not enough substance misuse information out there.”

Participant in focus group run as part of the needs assessment

“There is a large appetite from schools for more joint working with DECCA.”

DECCA Practitioner

“We need continuing professional development for teachers [in relation to drug and alcohol information]

Assistant Head Teacher at a Sandwell Secondary School

“It is easy for students to access [vapes].”

Assistant Head Teacher at a Sandwell Secondary School

COMMITMENTS – ACHIEVING A GENERATIONAL SHIFT

OVERARCHING COMMITMENTS

COMMITMENT 1

We will use the latest evidence-based practice to encourage people to change behaviours.

COMMITMENT 2

As a partnership, we will work strategically to ensure that the aims and priorities of the partnership are represented at other partnership boards within Sandwell.

COMMITMENT 3

The partnership commits to all prevention work being monitored and evaluated in a way that promotes continuous improvement.

COMMITMENT 4

We will ensure that there is a coherent borough wide communications plan addressing the targeted promotion of the potential harms linked to drug and alcohol use.

PREVENTING PROBLEMS

COMMITMENT 5

We commit to a partnership approach to the drug and alcohol component of school’s RSE policies and programmes. We continue to commit to meet the [RSE requirements](#) as part of the focused prevention programmes in schools.

COMMITMENT 6

To build resilience amongst young people, we will promote and advocate for non-drug focused programmes that address the risk factors associated with childhood drug, alcohol, and tobacco use.

COMMITMENT 7

We will support non-specialist drug and alcohol partners so that they can advise service users on drug and alcohol related concerns.

EARLY-INTERVENTIONS

COMMITMENT 8

As a partnership, we will increase our work with key vulnerable groups such as looked after children, and care leavers. We will use the latest data and guidance to develop our support for vulnerable groups.

COMMITMENT 9

We will work to expand our offer of targeted information and advice to key groups in the community. This includes developing the availability of our digital drug and alcohol offer.

COMMITMENT 10

We will continue to promote the usage of screening tools such as the Alcohol AUDIT Screen and initiatives such as Making Every Contact Count (MECC).

Achieving our Objectives

This Strategy is the overarching document demonstrating a collective understanding and commitment from local partnership members to address drug and alcohol use across Sandwell. Accountability for this Strategy sits with the Sandwell Drug and Alcohol Partnership (SDAP). This Strategy will be supported by a joint action plan agreed to and championed by each partner within the partnership. The action plan will be directly linked to our identified priorities and commitments.

The SDAP will oversee the action plans arising from this Strategy. Feedback from those who use interventions and services will form a vital part of service development, our commissioning, and our monitoring procedures. We will work to ensure that the voice of those with living or lived experience of drug and alcohol issues informs and continually improves our provision.

The SDAP will provide annual monitoring reports, setting progress against our priorities and identified outcomes. The SDAP will regularly review the Strategy and joint action plan. The monitoring report will align with the National Combating Drugs Outcomes Framework.

Key outcomes for the SDAP will be:

- Reducing drug and alcohol use
- Reducing drug and alcohol-related crime
- Reducing drug and alcohol-related health harms
- Reducing supply
- Increasing engagement in treatment
- Improving recovery outcomes

Delivery of this Strategy will require sustained commitment from all partners if we are to continue to make a measurable difference in the lives of those impacted by drug and alcohol use. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research, and continuing to develop and respond to the needs of our community.

For any queries or further information in relation to this strategy please contact: Mary_Bailey@sandwell.gov.uk

Partners

Partners involved in the creation of this Strategy:

