



"Tree of Life"
Courtesy of: Ranbir Kaur, www.ranbir-arts.co.uk

Sandwell Strategic Drug & Alcohol Partnership

2024/25 REVIEW

Remit

Sandwell Drug & Alcohol Partnership (SDAP) seeks to manage the local response to addictive behaviours, particularly tobacco, alcohol and other drugs, and gambling.

Vision

Prevent and reduce the harms, or potential harms, that addictive behaviours can have on individuals, families and the wider community. We want to enable individuals affected by any addictive behaviour to access support and reach their full potential.

Wider links



National policy context

Alcohol – Whilst alcohol remains a leading risk factor of preventable disease and death, the last UK government Alcohol Strategy was in 2012. Current national programmes of work underway to address alcohol-related health harms include hospital-based Alcohol Care Teams, a comprehensive set of alcohol duty reforms and release of a set of national clinical alcohol guidelines.

Tobacco – The UK government approach to reducing tobacco attributable death and disease encourages smokers to switch to less harmful nicotine products. The Tobacco Control Plan (2017-2022) had a strong focus on tackling inequalities in smoking rates in vulnerable groups. Most recently government legislation on increasing the age of sales and measures to tackle youth vaping form part of the renewed focus towards 2030 Smoke Free Generation ambitions. This also includes additional funding for local areas to help bolster the local cessation support offer.

Gambling – The NHS Long-Term Plan outlined the government's commitment to open 15 specialist gambling clinics by 2023/24. As the lead government department for gambling policy and regulation, the Department for Digital, Culture, Media and Sport (DCMS) are currently undertaking a review of the Gambling Act (2005).

Drugs – In December 2021, the Government published its 10-year Drug Strategy which aims to reduce the demand for drugs and improve treatment services. The national strategy works to three main priorities including: Breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a shift in demand for recreational drugs. The national strategy has included additional funding for local areas to help bolster the local treatment and recovery offer.



Local context

At a time of national impetus to prevent and address harms caused by a range of Addictive Behaviours, together with increasing resource to expand local support provision, we felt it was timely to review and communicate Sandwell's position and progress.

Sandwell Drug & Alcohol Partnership (SDAP) is our key local partnership which brings together a range of partners relevant across the range of Addictive Behaviours. It helps ensure leadership and coordination of initiatives across the borough, aiming to ensure a system-wide approach to support individuals and others affected by Addictive Behaviours.

During 2023, SDAP completed a local Drug & Alcohol Needs Assessment. Following that, consultations with partners, providers and those accessing services were held towards development of a Sandwell Drug & Alcohol Strategy.

www.healthysandwell.co.uk/for-professionals/#8013

The Strategy commitments are aligned to the national Drug Strategy ambitions and additionally include a focus on reducing alcohol harms as well as an associated Recovery action plan.

- Addressing Supply
- Delivering a World-Class Treatment and Recovery System
- Achieve a Shift in Demand for Recreational Drugs and Alcohol

Following the launch of the Sandwell Drug & Alcohol Strategy, SDAP has undertaken partner-wide consultation on the recently released national Commissioning Quality Standards (CQS). The standards aim to ensure local areas have the right partnership and systems in place for effective commissioning of alcohol and drug treatment services. Feedback from the consultation is being used towards completion of the CQS self-assessment tool. So far this has resulted in a review of SDAP attendees and Terms of Reference including securing a new Chair for the group, and inclusion of members with lived and living experience.



Alcohol & other drugs position statement:

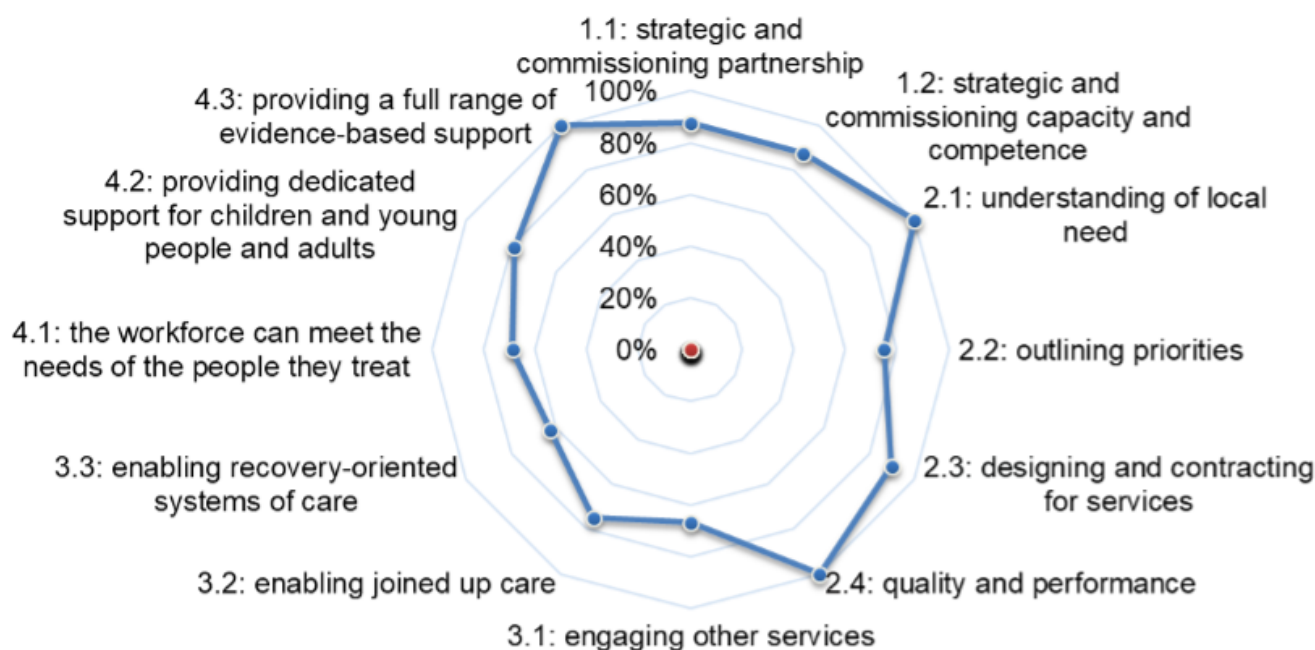
Sandwell's estimated prevalence of alcohol dependent individuals at 17.57 per 100,000 population is higher than the national average of 13.75 per 100,000 population. In terms of supporting as many of those who are alcohol dependent into treatment, our level of unmet need is now 78.3% v 77.3% nationally. As well as a higher prevalence of alcohol dependence, Sandwell also has a higher rate of deaths due to alcohol – Sandwell alcohol related mortality at 56.7 per 100,000 population is higher than both regional and national rates of 44.0 and 39.7 respectively

Sandwell's estimated prevalence of opiate and crack users at 9.2 per 100,000 population is lower than the national average of 9.5 per 100,000 population. In terms of supporting as many of those who use opiates or crack into treatment, our level of unmet need is now 47.8% v 57.6% nationally. In terms of deaths due to drugs, Sandwell continues to maintain one of the lowest drug death rates in the country at 2.1 per 100,000 population compared to 5.2 per 100,000 for England.

In line with strategy ambitions We aim to ensure::

- further reduce levels of unmet need by increasing numbers accessing treatment -this includes increased capacity in community services as well as expanding the range of treatment options available including residential and inpatient placements
- reduce harms due to alcohol and other drugs through a system wide approach including prevention, harm reduction and treatment
- expand the recovery offer utilising a community asset-based approach with an ambition this will eventually be led by and for those with lived and living experience
- use CQS findings to determine which parts of the system require development or further improvement

Commissioning Quality Standards Drug & Alcohol Self Assessment



Tobacco position statement:

Estimated smoking prevalence in Sandwell remains well above the regional and national average. The most recent Annual Population Survey (APS) estimates that smoking prevalence is 21% locally compared with just 12.7% nationally and 13.4% regionally.

The UK Government ambition to achieve the Smokefree 2030 ambition means we need to reduce current prevalence levels to 5% or less by 2030 (the term 'Smokefree' is defined as having a smoking prevalence of 5% or less).

In addition to proposed government legislation to increase age of sales and therefore help ensure young people do not start smoking, we must do all we can to find and support current smokers to quit. This will entail:

Strategy, partnership & Leadership:

- Develop a local strategy to increase quit success for our local population. This will include our local ambition and targets towards 2030 Smokefree status
- Set up a Sandwell Tobacco & Nicotine Reduction Partnership which includes all partners working to a clear mandate to deliver our strategy ambitions

Expanding the capacity and quality of stop smoking services:

- Expand current service capacity ensuring a quality offer including all frontline treatments in combination with behavioural support
- Reduce inequalities by ensuring a focus on key

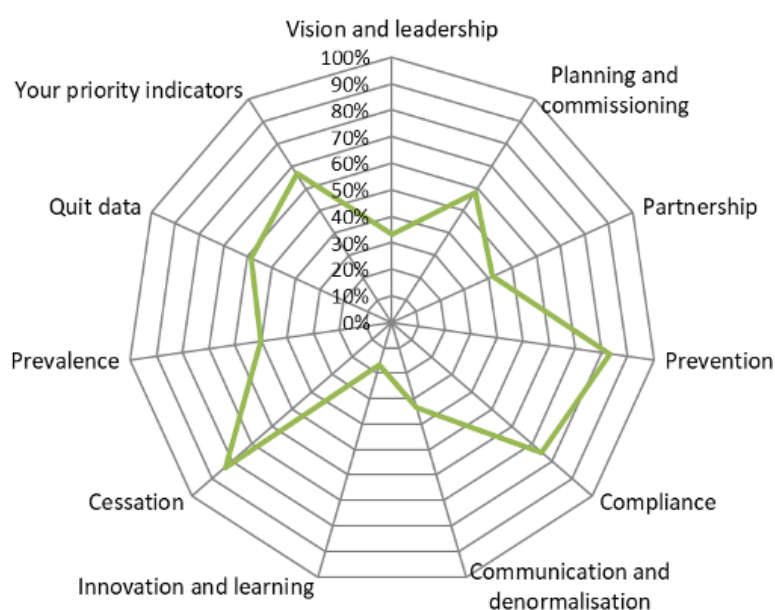
priority groups e.g. smokers with severe mental illness, homeless, those with chronic health conditions etc. This entails working with relevant partners to offer flexible approaches

- Upskilling workers across a range of organisations to deliver brief advice and make active referrals into smoking cessation support

Increase the rate of quits:

- Amplify national media campaigns with a strong local communications strategy to connect people to quit services.
- Address barriers to access by ensuring both digital and in-person treatment options are available.
- Expand the use of vapes as a quit aid by supporting services to deliver the 'Swap to Stop' scheme and continue to communicate the evidence based for vaping as a harm reduction method.
- Tackle sources of cheap supply by increasing local enforcement capacity for illegal cigarette and illegal vape supplies.

Tobacco Systems Self Assessment Audit Results 2022/23



Gambling position statement:

Sandwell has a higher proportion of people experiencing any potential harm or negative consequences from their gambling (16%) compared to the national average (13.4%). (Gamble Aware profile)

When broken down by level of severity of gambling harm, the data shows that:

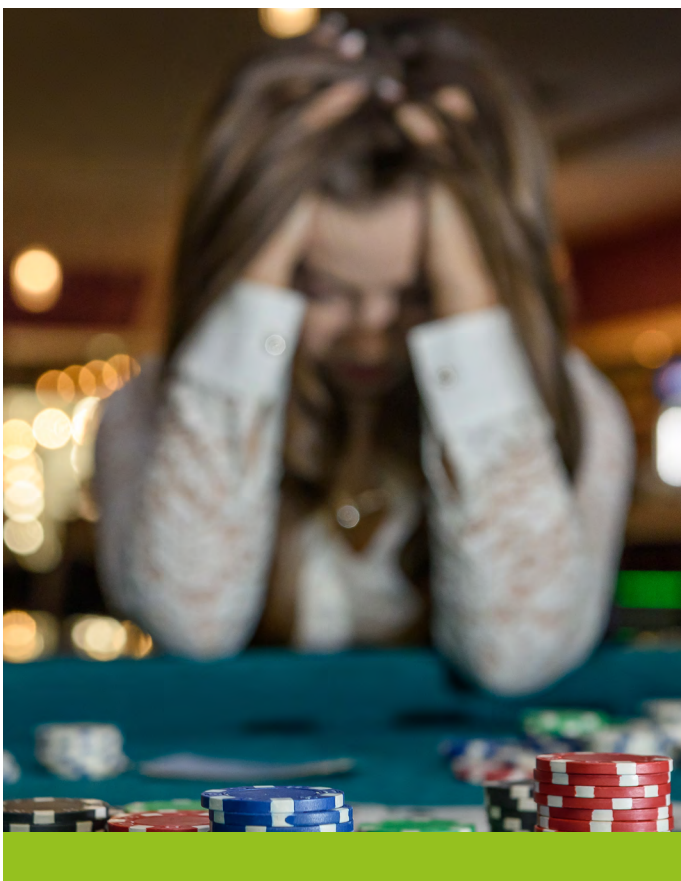
- Levels of low-risk gambling in Sandwell (8.2%) are estimated to be above the national average (7.5%).
- Levels of moderate-risk gambling in Sandwell (3.8%) are estimated to be above the national average (3.0%).
- Levels of defined 'problem' gambling in Sandwell (4.0%) are estimated to be above the national average (2.9%).

In terms of accessing support for gambling needs, individuals with low or moderate risk gambling were less likely to access support compared to the national average, however for individuals in Sandwell with more severe gambling needs a higher proportion accessed support (68.6%) compared to the national average (66.4%).

The estimated fiscal cost of problem gambling for Sandwell is estimated to be £9,250,776 -this includes costs due to health, criminal justice, housing and welfare.

We aim to ensure:

- Completion of a Sandwell Gambling Needs Assessment to further understand populations of need and recommendations for action. This will entail consulting those with lived experience, partners and the wider community
- Workforce development: supporting workers across relevant partner organisations to be proficient in screening for gambling related harm and making active referrals to support services
- Communications: Maximise awareness of current gambling support services available to those living or working in Sandwell



— “ —

Being flexible and allowing telephone appointments was massive for me - I would not have been able to do physical appointments due to work commitments. Without that, I probably wouldn't have signed up and quit smoking.

— ” —
(Service User, ABL)

Young People position statement:

The majority of young people do not use substances and most of those that do are not dependent. However, where use does occur it is usually a symptom rather than a cause of their vulnerability. National survey results show that among 11 to 15-year olds :

- 12% had ever smoked, 3% were current smokers and 1% were regular smokers
- 4% were occasional vapers and 4% were regular vapers
- 6% usually drink alcohol at least once per week. The proportion increases with age, from 1% of 11-year olds to 14% of 15-year olds.
- 18% reported they had taken drugs at least once, 12% had taken drugs in the last year and 6% in the last month.
- 26% of 11 to 17-year olds had spent money on any gambling activity over a twelve month period and 2.2% of 11 to 17-year olds were identified as problem or at risk gamblers

In Sandwell our approach to supporting young people covers four key areas:

- **Universal prevention** in education settings and **targeted prevention** to at risk groups. Through education and discussion it aims to prevent harmful addictive behaviours from developing.
- **Early intervention;** for young people who have already partaken in an addictive behaviour on a limited basis but are not experiencing wider complexities.

- **Specialist treatment;** structured interventions for young people who require intensive help and support.

In 2023 Sandwell's young person's service delivered prevention sessions to over 24,900 young people while 107 young people accessed specialised treatment.

We aim to ensure:

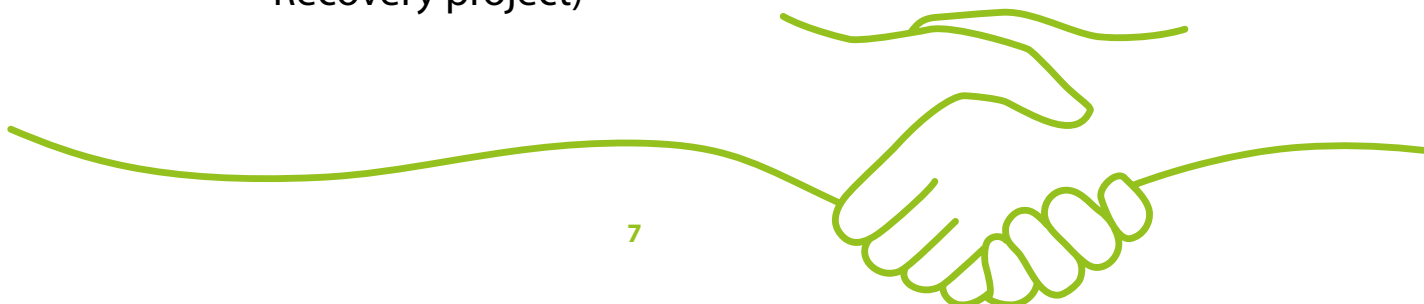
- a reduction in take up of any addictive behaviour through preventative interventions delivered in line with the latest evidence and responsive to changing trends
- prevention resources, training, advice and information are available to a range of professionals to enable a system wide response
- the wider children's workforce is supported to identify and refer, at the earliest opportunity, young people who are at risk of, or in need of support who are at risk of substance misuse
- work with Trading Standards to reduce underage sales of cigarettes, vapes, and alcohol



"It goes to show with a little help and a lot of hidden talent, you can do great things. We all just need to be given the opportunity"



(Trustee, Ideal For All Recovery project)

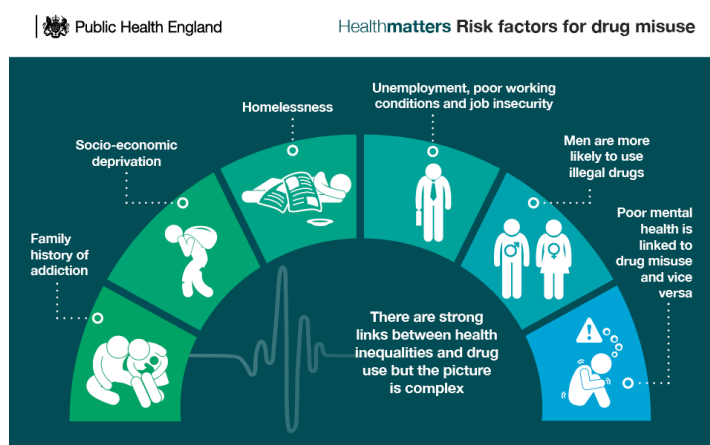


Principles

1. Rights and respect: all individuals have the right to be treated with respect and have the right to health and a life which is free from the harms caused by Addictive Behaviours. This includes individuals already known to services as well as those who are not currently or have never been known to services
2. Evidence and intelligence: we draw on and contribute to the evidence base which includes academic research, the voice of those with lived and living experience, and professionals across the partnership to allow continuous improvement in our delivery.
3. Community assets approach: individuals are supported within & by the community to find their own type of recovery.

Priorities

1. Prevention and early intervention: fewer people develop problematic use; professionals across the partnership are supported to intervene earlier so that dependence and motivation are no longer requirements for accessing support. There is a reciprocity of responsibility from wider services in addressing causal factors of addictive behaviours.



Prevention and the wider Determinants of Health



Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.



Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop - for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.



Tertiary prevention: Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.



Wider determinants of health: These are the social, economic or environmental factors affecting health, such as housing, employment, education, or parks and green spaces

2. Developing recovery support across the borough: people access and benefit from effective person-centred treatment and support. We work with communities and partners to ensure various forms of support are available including community-led options to reduce social isolation and encourage empowerment.

3. Supporting those affected by another's misuse: children, family and carers affected are identified and supported to be safe and healthy

Individual	Families and social networks	Community	Societal
e.g. negative motivations for substance use, early experiences, engagement in other risky behaviours that may increase the risk of harm Individual characteristics, life events, personal history and cognitive characteristics that influence the potential experience of harm.	e.g. cultures of substance use within family/peer groups or poor social support that may increase the risk of harm Factors within an individual's closest relationships, such as family, partners and peers that influence experience of harm.	e.g. access and availability of both legal and illegal substances, poor social/cultural capital, a context of deprivation that increases the impact of harm (ref Alcohol harm Paradox) Characteristics of local areas and cultures within local spaces or broader social groups, like schools and workplaces, that may influence experience of harm.	e.g. ineffective regulation and legislation, advertising environments, cultural acceptability and expectations Policy and regulatory climates and associated corporate norms and practices that may influence the experience of harm.

4. A Public Health response to reducing offending: we optimise identification, diversion and integrated support for those whose use is linked to offending
5. A systems approach to legally available substances and services (tobacco, alcohol and gambling): communications to ensure people are informed of the evidence; effective regulation to manage availability and accessibility of substances by working in partnership with local retailers and partners

— “ —

I can't believe I have actually done it! I used to smoke 40 a day

— ” —

(Service User, ABL)

In order to achieve the above SDAP will continually review its attendee list to ensure appropriate partners & stakeholders are included in line with any new/emerging trends. In preventing and addressing harms there is a reciprocity of responsibility from 'non-specialist' services addressing causal factors such as mental health, employment, etc.

— “ —

"I started Buvidal treatment 5-6 months ago and not used [drugs] once. It has completely turned my life around as I smoked heroin and crack for over 15 years"

— ” —

(Service User, Cranstoun)

Sandwell Context: Challenges & Opportunities

- High risk alcohol use and alcohol related mortality remain far higher than national levels.
- Evidence of an alcohol harm paradox means individuals from more deprived areas suffer more harms than those in affluent areas despite comparable consumption levels.
- Complex needs of an ageing population.
- Stigma to access services remains a barrier.
- Dynamic and changing drugs market.
- A much higher prevalence of smokers locally compared to national rates -means our Smokefree ambitions will be very challenging.
- Widespread availability of cheap illegal tobacco and illegal vape supplies.
- Higher level of local gambling needs compared to national levels.

- Sandwell's drug related death rate remains significantly better than regional and national average.
- Digital smoking cessation support is now live helping to remove barriers to access support.
- Fewer young people in Sandwell are using drugs and drinking alcohol compared to the national average.
- Sandwell's Blue Light project is both effective and cost-effective in addressing the impact of those who are treatment resistant.
- Our health inequalities focussed smoking service delivery is helping our most vulnerable smokers.
- Use of vapes as an evidenced harm reduction /smoking quit aid now rolled out.
- Sandwell's growing Recovery Forum and the voice of those with lived/living experience.
- An increasing number of Sandwell community groups and organisations delivering support and recovery opportunities.



"I attend regularly instead of sitting in the pub"



Recovery Participant -West Bromwich
Leisure Centre Recovery Project

Outcomes/Achievements over the past 12 months



Local Strategy and Needs Assessment completed

a system-wide approach to preventing and reducing harms



Drug Related Death rate

2.1 per 100,000 population significantly lower than national average of 5.2



Continuity of Care

rate increase to above the national average (56.2% versus 49.3%)



10 local grant funded community organisations delivering recovery activities and opportunities



£10,929 estimated saving in health & crime cost

for every person in local treatment during the past year



Increased numbers accessing treatment

2086 adults during 2023 compared to 2022 it was 2013, in 2021 - 1860 and in 2020 - 1587



Set up of Sandwell Recovery Forum

The voice of lived experience at SDAP



Recruitment of a Drug Liaison Nurse based at the local hospital

Insuring seamless pathways between acute and community based support services



Live digital smoking cessation offer

reducing barriers to support



Over £19.3million savings

(cumulative gross return) in crime and health costs from effective treatment provision in Sandwell



Young People hospital admissions

due to substance use 38.8 per 100,000 versus 58.3 nationally. (2020/21 to 2022/23)

Admissions for alcohol specific conditions 15.6 per 100,000 pop versus 26.0 nationally.



130+ people attended the 2023 Sandwell annual Recovery Event



Expanded range of new treatment options:

59 individuals benefitted from buvidal, 273 individuals were supported to quit using vapes.



Mobile harm reduction van

reducing barriers to access supported 969 contacts via outreach



Development of a peer-to-peer naloxone scheme

distributed over 250 lifesaving kits, Buddy Up phone support.



WEST MIDLANDS FIRE SERVICE

For more information about local support services available please visit:
www.healthysandwell.co.uk/our-services/

For more information about the work of SDAP please contact:
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