

Protect, care and invest to create a better borough

Alcohol and Drugs Strategy 2024-2029

Foreword

Addiction to alcohol and other drugs use has a huge impact on everyone in society.

In England, an estimated 600,000 people are dependent on alcohol and 300,000 on heroin and/or crack cocaine. Addiction to alcohol and other drugs can be both a cause and a consequence of wider inequalities, especially health inequalities, and the prevalence of addiction is highest in the most deprived communities.

Telford and Wrekin has successfully achieved the key three aims of its previous 2018-2023 Alcohol and Drugs Strategy; increasing the number of people receiving alcohol treatment, improving outcomes for alcohol and drugs treatment, and providing better support for children and young people affected by their parents' addiction to alcohol and other drugs.

In 2021 the Government published a new national strategy, From Harm to Hope, setting out an ambitious 10-year plan to prevent, treat and support recovery from addiction to alcohol and other drugs. Telford & Wrekin Council has re-established a local Alcohol and Drugs Partnership Board bringing together senior leads from partner organisations, to co-produce this new strategy with the newly established Alcohol and Drugs Forum, an operational forum of local organisations working with people with alcohol and other drug problems.

Following consultation with stakeholders and local needs assessment work, this strategy will focus on four areas:

- early intervention to prevent the escalation of alcohol and other drug problems, particularly among vulnerable young people and families;
- reducing alcohol and drug related harms, especially preventable deaths and hospital admissions;
- further improving treatment access and outcomes; and
- expanding recovery support and supporting the growth of a diverse, visible recovery community.

Achieving the outcomes in this strategy will make a significant contribution to delivery of the Telford & Wrekin Health and Wellbeing Strategy, the Community Safety Strategy and the Council Plan – protect, care and invest to create a better borough. The success of the strategy is dependent on the commitment of all partners working together and listening to local people with lived experience of addiction and recovery to really make a difference.

Addiction to alcohol and other drugs can be both a cause and a consequence of wider inequalities, especially health inequalities.



Liz Noakes
Director of Public Health
Chair of Telford and
Wrekin Alcohol and Drugs
Partnership



Cllr Kelly Middleton
Healthy, Safer and
Stronger Communities and
Partnerships, Lead Public
Health, Mental Health and
Domestic Violence

National context

Addiction to alcohol and other drugs drives health inequalities and disproportionately affects those from our most deprived communities and within underrepresented groups. Following the Dame Carol Black Review (2021) and the 10-year National Strategy, From Harm to Hope (2021), additional investment has been made to expand local treatment and recovery systems. This strategy has been compiled in the context of some of the key recommendations of the Dame Carol Black Review and priorities in the new national strategy.

Dame Carol Black Review

- increase focus on prevention and early intervention;
- support all young people to build resilience and to avoid substance use:
- commission a full range of evidence-based harm reduction and treatment services;
- ensure that thriving communities of recovery are linked to drug treatment systems;
- improve treatment pathways from criminal justice settings;
- improve the provision of physical healthcare for people in treatment.

From Harm to Hope: National 10 year Strategy (2021)

- delivering school-based prevention and early intervention:
- supporting young people and families most at risk of problematic substance use;
- delivering world-class treatment and recovery services;
- ensuring better integration of services;
- increasing referrals into treatment in the criminal justice system;
- · keeping prisoners engaged in treatment after release.

Local context

Telford & Wrekin
Health & Wellbeing Strategy 2023-2027

Our vision - happier, healthier, fulfilled lives



- Alcohol and other drugs is a specific priority in the Telford & Wrekin Council Health & Wellbeing Strategy.
- Alcohol and drugs are also factors in other priorities identified in the Health & Wellbeing strategy, especially domestic abuse, mental health and wellbeing, housing and homelessness, and long-term health conditions.
- This strategy is also important in the context of:
 - Inclusive resilient communities, particularly those most affected by alcohol and other drugs and those least likely to take up treatment and support services; and
 - Starting well, living well, ageing well, given the impact of alcohol and drugs throughout the life course.
- Alcohol and other drugs is also a key inequalities issue, disproportionately affecting the most deprived communities and individuals.
- The current Community Safety Strategy also includes tackling alcohol and drug related harm as a priority (this strategy is being reviewed during 2023).
- The NHS in Shropshire, Telford & Wrekin have committed to tackle addiction to alcohol in the Integrated Care System Joint Forward Plan. This is an NHS England mandated priority for local areas.

The experience of local people

- I grew up in the Traveller community and was introduced to drugs at a young age. Around the age of twelve, I began drinking and substance misuse became a normal part of my day-to-day life I was expelled from school at the age of thirteen and kicked out of home. I went to live with my uncle, who travelled around on the fairs. My life was very dysfunctional, and I was abusing alcohol and drugs daily.
- My drinking and drug-taking got worse as the relationships I was in got more destructive and abusive. As a result, my children were removed from me.
- I attend three meetings a week of Narcotics
 Anonymous or Alcoholics Anonymous, and I am
 starting to experience life clean and sober, one
 day at a time. My hope is to one day have my
 own home and get my children back in my life.

- I grew up in a stable environment, but at the age of 16, everything changed. I was in an abusive relationship and experienced miscarriage and postnatal depression. This is where my drinking and drug use began.
- Admitting that I had a problem and that I was powerless over alcohol was a huge wake-up call for me.
- I am now nearly 18 months sober. I never thought that after my last rock bottom, I would be able to do this. It hasn't been easy, there have been tears and tantrums, but there have also been lots of laughter and happy days. My life is the best it has ever been for me and my children. I couldn't be happier.

Alcohol and drugs - language and stigma

The World Health Organisation recognises addiction to alcohol and other drugs as a chronic health condition. However, the stigma associated with addiction often means that people in early recovery face many barriers to receiving the help and support they need to rebuild their lives, such as access to healthcare services. employment, education and housing. Small changes to some of the language we use to talk about addiction can have a big impact on how people understand it and begin to address stigma. For example:

The phrase alcohol and other drugs highlights that alcohol is a drug that some people cannot use and keep themselves safe, while other drugs such as heroin and cocaine should not be any more stigmatised than alcohol. Research suggests that both professionals and members of the public respond less judgementally and more positively to the phrase substance use than substance misuse.

People in 12-step recovery meetings are comfortable with referring to themselves as Addicts and Alcoholics but professionals should always use person-first language to reduce stigma, for example, a mother with an alcohol problem, or a professional man struggling with a cocaine addiction.



Background

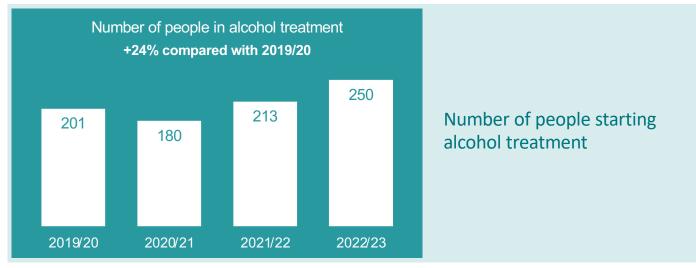
The previous Telford & Wrekin Drug and Alcohol Strategy, approved by the Health & Wellbeing Board, the Community Safety Partnership and Cabinet in 2019, was based on the national Drug Strategy.

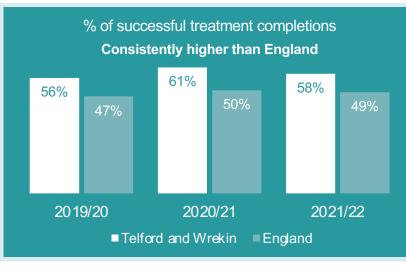
Despite achieving some of its key priorities, the COVID-19 pandemic brought major challenges to the implementation of the strategy, with all organisations across the partnership needing to implement appropriate infection control measures. This had a significant impact on partnerships planning and access to services.

In 2022 the local Partnership Board was reformed to oversee the production of a new strategy. In 2023 a new Alcohol and Drugs Forum was launched to bring together all partners working with people with alcohol and other drug problems and to co-produce the new strategy with the Partnership Board.



Key successes and achievements of the 2018-2023 strategy





Numbers of people successfully completing treatment for alcohol and other drugs



Intensive support for families with children affected by alcohol and other drugs (service commenced Q2 2021/22)

Engaging with partners, professionals and people with lived experience

going to do about alcohol

and drugs in Telford'

Throughout the past decade In Telford & Wrekin Council, working in partnership and listening to people with lived experience has shaped our work in the alcohol and drugs agenda.

During the development of this Strategy, we have engaged with, and listened to, partners, professionals, and people with lived experience in a number of ways including:

- four focus groups with people currently using services in February 2023;
- a full day stakeholder consultation in April 2023 with over 60 participants;
- three focus groups, as part of the Health and Wellbeing Board Strategy consultation, that included questions about local alcohol and drugs services and support in May and June 2023; and
- ongoing consultation and coproduction through the new Telford Alcohol and Drugs Forum.



Stakeholder feedback



Harm reduction



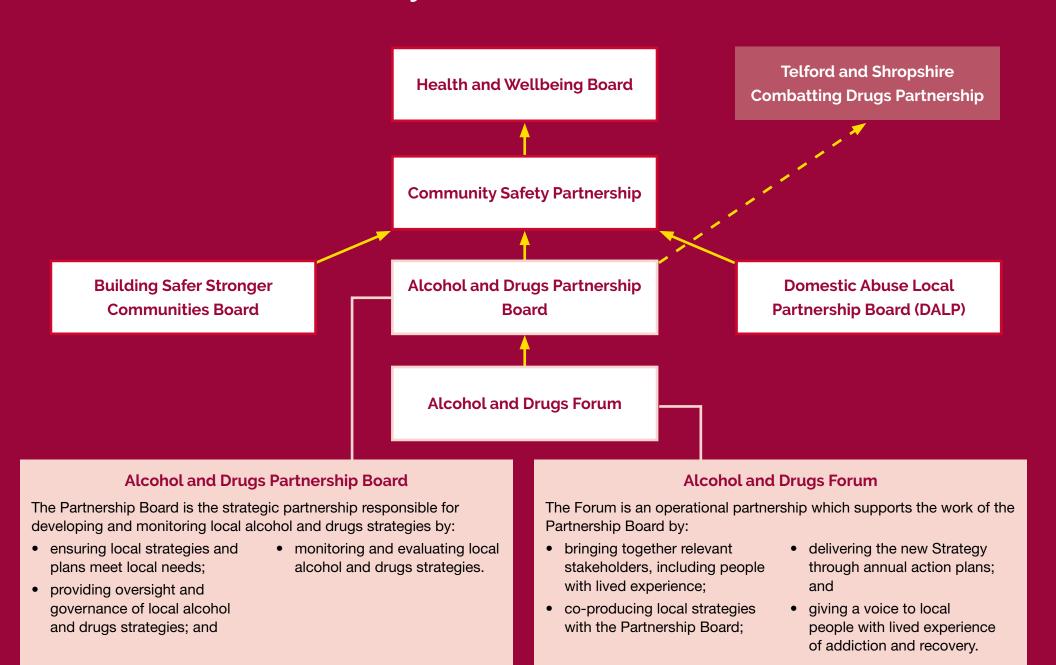
Recovery support



Treatment



Governance and accountability



Telford & Wrekin Alcohol and Drugs Partnership and Forum

































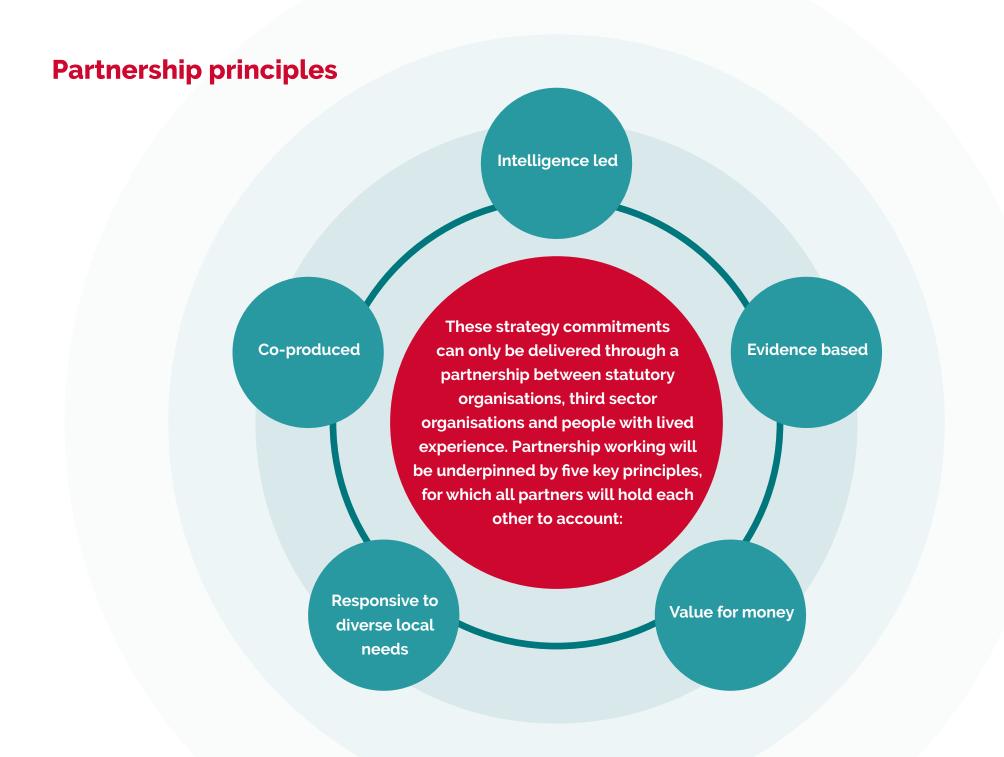




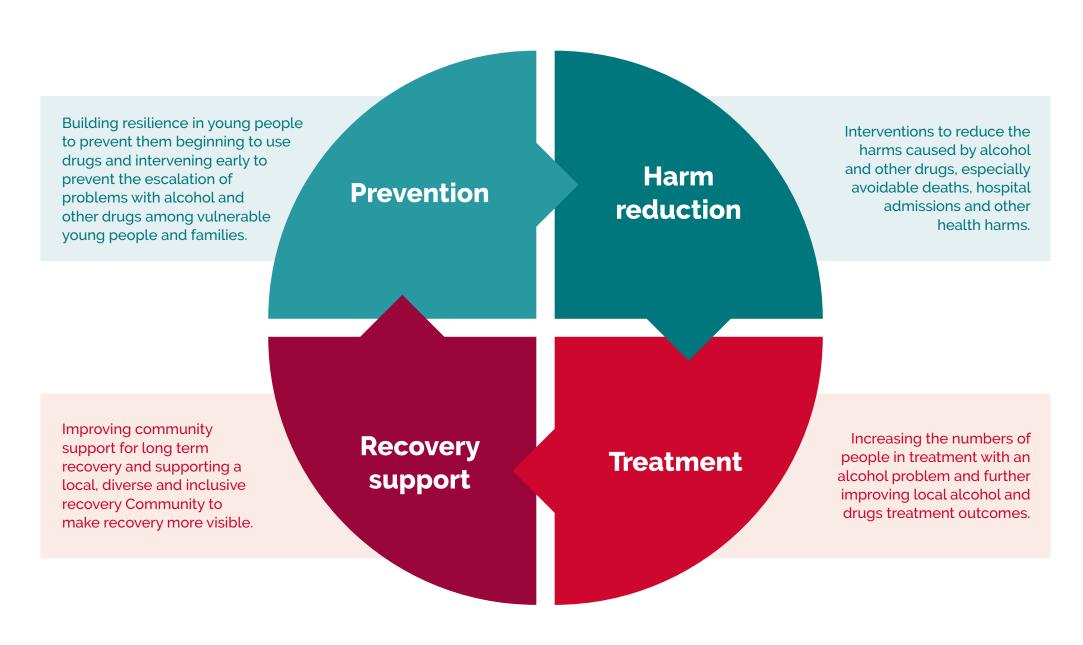








Our strategy themes





Prevention – what the needs assessment tells us



73% of young people and young adults reported cannabis use as being problematic, 10% lower than reported nationally.



In Telford and Wrekin, the proportion of young people leaving treatment successfully has fallen to 39% in 2021/22, compared to 69% nationally.



It is estimated that there are **899 opiate** users in Telford and Wrekin (lower than the national rate).



Alcohol use was reported as a problem by **55% of young people** entering treatment, 8% higher than the national rate (47%).



In Telford and Wrekin **28% of all those in treatment live with children,** above the national rate (24%).



There are estimated to be **634 crack cocaine** users, (higher than the national rate).



For the period 2021/22 in Telford and Wrekin there was an increase of 42% of young people presenting to treatment for alcohol and drugs, compared to 2020/21.



69% of new presentations to treatment (240 adults) in 2019-20 **were parents** compared to 52% nationally.



There are estimated to be **2,030 alcohol dependent adults** in Telford (higher than the national rate).



Prevention - what we have heard through engagement

- Workers can do more to notice that young people need help and refer them to services and have a safe space to talk and start the process of getting help earlier.
- **Education from an early age** that also targets different cultures, stop the normalisation, you don't know the risks until you are knee deep in it. *******
- Using social media to raise awareness of addiction, where to access support and help someone who is suffering from addiction.

- My use of alcohol increased and became a problem because of my teeth and the pain I was always in. Alcohol helped the pain.
- The difficulty in getting **GP and Dentist appointments** is only inflaming this. Its easier to get hold of my dealer than it is to get a GP appointment. If people are in extreme physical or mental pain they will take anything to stop it.



Prevention – what have we been doing

- Delivered 50 bespoke harm reduction sessions with vulnerable young people in schools in conjunction with school nursing teams.
- Raised awareness of the health impacts of using alcohol and cocaine together.
- Implemented the Family Safeguarding Model.
- Crucial Crew events delivered to over 2300 year 6 pupils.
- Trauma informed training delivered to over 150 individual workers.

- 70 schools completed awareness training through Future in Mind and Severn Training Alliance.
- 10% of schools Relational Approach (programme) accredited, 51% of all primary schools have completed the training to date.
- Alcohol awareness interventions delivered through healthy lifestyle advisors.



Increase resilience to prevent more people starting using drugs.

Target vulnerable young people to prevent problematic use of alcohol and other drugs.

Intervene early with families with alcohol and other drug problems.

Prevent escalation into problematic use of alcohol and other drugs.

Harm reduction – what the needs assessment tells us



9.3

Drug related deaths have been increasing annually since 2016, however, the current rate of **9.3 per 100,000 population remains** lower than the national rate of 10.8 per 100,000 population.



360

Naloxone kits distributed during 2022/23



The rate for alcohol specific mortality in Telford and Wrekin has increased to **13.7 per 100,000** for the period 2017-19 compared to **10.9 per 100,000 nationally.**



Drug related hospital admissions have fallen to **43 per 100,000** population for the latest period (2021-22) the same as that recorded nationally.



Alcohol related hospital admissions have risen to **546 per 100,000 population, compared to 494 per 100,000 nationally** during 2021-22.



- Women are scared to say about the use of alcohol/drugs and seek help because of the feeling that their children will be taken off them.
- Watching someone you are using with have a fit or falling and breaking bones. The really dangerous situations you put yourself in when you are using. The sexual attacks that happen and leave physical and mental injuries. You see nothing about that in the media or in the education.
- GPs are crucial with this but comments like "you are only 4 units over your daily allowance so maybe you should start taking a look at it" are not helpful. They don't even have any more than five minutes to talk. They are generally not interested.
- It's the physical injuries that you get that are not really talked about. We all know it can damage our livers or that you catch blood born virus but its the falling over and knocking yourself out because of how drunk you are on a regular basis that is dangerous.

Harm reduction – what have we been doing



- Delivered 4 harm reduction training sessions per year for professionals and peer support organisations.
- Increased needle exchange provision in community venues.
- Improved continuity of care processes to reduce overdoses on discharge from prison.
- Additional training and provision of Naloxone throughout local services who have contact with those at risk of opiate overdose.

- Co-located treatment workers with recovery services to support the work of volunteers and provide harm reduction information and advice.
- Increased Hep C testing in treatment services.
- Achieved micro-elimination of Hepatitis C among people who have injected drugs who are now in treatment.
- Implemented a multi-agency alcohol and drugs related death database to quickly review deaths and implement changes as appropriate.
- Relaunched Telford Drug Alerts system.



Harm reduction – strategy commitments

Reduce alcohol and drug related deaths.

Reduce alcohol and drug related hospital admissions.

Reduce alcohol and drug related offending and other harm in communities.

Reduce blood borne viruses among people who inject drugs.

Treatment - what the needs assessment tells us



During 2021-22, it is estimated that **55% of adults** who are opiate dependent are currently in treatment (better than the national rate of 53%).



During 2021-22, it is estimated that **15% of adults** who are alcohol dependent are in treatment (lower than the national rate of 20%).



The number of adults starting treatment for opiates **increased by 5.1%** during 2021-22, with **497 adults** in treatment for opiates during the year.

NEW 167

During 2021-22, there were **167 new presentations** for alcohol treatment,
with **213 adults in treatment** for alcohol
during the year.



8.1% of adults successfully completed treatment for opiates during 2021-22, significantly above the national rate of **5%**.



48% of the adult alcohol treatment population successfully completed treatment during 2021-22, significantly above the national rate of **37%**.



- Give them help as soon as they get arrested because young people don't like to look vulnerable so they will act like they don't care.
- Services need to communicate more, services should not gate keep their clients and should be treating each person with a multi-disciplinary approach and. Each service should have a clear view on what role they play to avoid any duplicated work and to ensure all areas are covered.
- hospital twice in a year with an alcohol related injury, that they are automatically passed over to you for contact. "I was presenting at hospital on a regular basis, yet it was the police who bought me here after a public order offense.
- The mental health team wouldn't see me whilst I was an addict yet it was when I got help with my mental health here that my addiction was easier to stop.

Treatment – what have we been doing



- Increased case management capacity by 30 places.
- Improved treatment access for people leaving prison.
- Increased residential rehabilitation by 10 places per year.
- Increased the number of inpatient detoxifications for those that need them.
- Provided annual health checks for everyone in treatment.

- Introduced locality teams, based across the borough, to improve treatment access.
- Provided peer support before, and following detoxification, and following alcohol or drug related unplanned hospital admissions.
- Supported the introduction of dualdiagnosis Calm Cafes through peerbased organisations.
- Supported the introduction of an Alcohol Care Team at the Princess Royal Hospital.
- Improved treatment access for Probation clients through co-location.

Treatment – strategy commitments

Further improve treatment outcomes.

Increase treatment access by people drinking problematically.

Address physical and mental health needs.

Improve treatment access for people leaving prison and in other parts of the criminal justice system.



Recovery support – what the needs assessment tells us

401

401 adults started accessing recovery support services during 2021-22.



Volunteers gave 5,219 hours to supporting people in early recovery during 2021-22.

17% ?

During 2021/22, **17% of individuals** accessing treatment for drugs reported housing problems, slightly lower than the national average, 20%.

25% of adults entering treatment during 2021/22 in Telford and Wrekin reported being in regular employment, lower than the national rate of 30%.

33%

33% of adults beginning treatment reported long-term sickness or disability, significantly higher than the national rate, 19%.



36% of adults in treatment for long-term addiction to opiates, for 6 months or more, were introduced to **community mutual aid groups.**



Recovery support – what we have heard through engagement

- I stumbled into recovery services, no one told me about them. It would help if services contacted you. start to deal with the mental health, the reason why someone is drinking.
- I found out about the support on offer through the local authority, I started attending online groups through them and once in the project it gave me a sense of stability and space to grow.
- I found out about recovery in Telford through a local service I was going to, the support they gave helped me get clean and they continue to support me in my recovery.
- I would like more support around being re-housed when leaving a recovery project, but the recovery support has been good.
- I think there needs to be more recovery support for females, I attend NA meetings which are mainly dominated by males.

- This organisation has supported me through very tough times and I really recommend the support available to anyone wanting to get well.
- Things work well **if you are willing** to take the support available.
- It was difficult to get information about recovery in Telford,

 I had to find groups by myself, I eventually found a local

 organisation who gave me information about recovery in

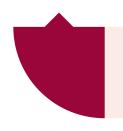
 the area.
- With the **drop-in centres** there are plenty of notices advertising recovery within the Telford area.
- The supported housing project that I am currently in is an excellent programme giving you every **opportunity to** grow.



Recovery support – what we have been doing

- Additional funding to identify, and support the attendance of, 100 additional individuals to local mutual aid groups.
- Recovery support calls following discharge from structured treatment on a 6 monthly basis for 5 years, undertaken by peer-led recovery organisations.
- 1 year coaching and mentoring for local recovery community organisation leaders.

- Pre/Post Detox Peer Recovery
 Connector to link those undertaking
 detoxification to local recovery
 organisations.
- 10th Annual Recovery Conference to celebrate recovery in Telford and Wrekin.



Recovery support – strategy commitments

Improve access to housing, education, employment and training opportunities.

Support the growth of a local, vibrant and sustainable Recovery Community.

Expand the design and delivery of interventions by people with lived experience.

Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups.

Our strategy commitments

Increase resilience to prevent more people starting using drugs.

Target vulnerable young people to prevent problematic use of alcohol and other drugs.

Intervene early with families with alcohol and other drug problems.

Prevent escalation into problematic use of alcohol and other drugs.

Reduce alcohol and drug related deaths.

Reduce alcohol and drug related hospital admissions.

Reduce alcohol and drug related offending and other harm in communities.

Reduce blood borne viruses among people who inject drugs.

of alcohol and other drugs.

Improve access to housing, education, employment and training opportunities.

Support the growth of a local, vibrant and sustainable Recovery Community.

Expand the design and delivery of interventions by people with lived experience.

Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups. Recovery Support Treatment Fu

Harm

reduction

Prevention

Further improve treatment outcomes.

Increase treatment access by people drinking problematically.

Address physical and mental health needs.

Improve treatment access for people leaving prison and in other parts of the criminal justice system.

How we will deliver our commitments

Provide specialist support for families experiencing significant alcohol or drugs problem.

Deliver personalised harm reduction interventions for young people at risk of drug related harm.

Roll out Trauma Informed Toolkit to all local schools and colleges.

Continue to expand resilience based alcohol and drugs education in local schools and colleges Review local drugs and alcohol deaths and share appropriate learning among partners.

Co-ordinate a local Drug Alert System to disseminate information quickly about novel or contaminated batches.

Provide hep C testing for people who inject drugs not currently engaged in structured treatment.

Drug test on arrest for trigger offences.

Prevention

Recovery

support

Deliver free accredited educational courses for people in recovery.

Expand the number of bed spaces in local recovery housing.

Create opportunities for local experts by experience to contribute to planning, delivering and monitoring treatment and recovery support interventions.

Expand the range of support available to families and friends of those experiencing problems with alcohol and other drugs.

Treatment

Harm

reduction

Monitor, benchmark and audit treatment interventions through Service Improvement processes.

Increase the number of assessments for structured alcohol treatment in community settings.

Proactively offer peer-support before and after alcohol detoxification.

Expand the appropriate use of community alcohol and drugs treatment orders as alternatives to custodial sentences.

Appendix 1:

Alcohol and Drug Strategy – outcomes framework and supporting indicators

| Prevention | Harm reduction | Treatment | Recovery support |
|---|--|--|---|
| Commitments | Commitments | Commitments | Commitments |
| Increase resilience to prevent more people starting using drugs Target vulnerable young people to prevent problematic use of alcohol and other drugs Intervene early with families with alcohol and other drug problems Prevent escalation into problematic use of alcohol and other drugs | Reduce alcohol and drug related deaths Reduce alcohol and drug related hospital admissions Reduce alcohol and drug related harm in communities Reduce blood borne viruses among people who inject drugs | Further improve treatment outcomes Increase treatment access by people drinking problematically Address physical and mental health needs Improve treatment access for people leaving prison and in other parts of the criminal justice system | Improve access to housing, education, employment and training opportunities Support the growth of a local, vibrant and sustainable Recovery Community Expand the design and delivery of interventions by people with lived experience Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups |
| Supporting indicators | Supporting indicators | Supporting indicators | Supporting indicators |
| Estimated prevalence (NDTMS: annually) | Deaths from drug misuse (fingertips: annually) Alcohol specific mortality (fingertips: annually and NDTMS: monthly) Admission episodes for alcohol specific conditions (fingertips: annually and NDTMS: monthly) Hospital admissions for substance misuse (NDTMS: monthly) Eligible persons in treatment receiving Hep C test (fingertips: annually) | Successful completion of treatment (fingertips: annually and NDTMS: monthly) Treatment number (NDTMS: annually and monthly) Treatment waiting times (NDTMS: annually) Referral sources (NDTMS: annually) Unmet health need (NDTMS: monthly) Prison leavers continuity of care (NDTMS: monthly) Treatment progress (NDTMS: monthly) | Housing situation (NDTMS: annually and monthly) Employment situation (NDTMS: annually and monthly) Parental support (NDTMS: monthly) In training and education (NDTMS: monthly) |

Bold italics denote data sources that are restricted statistics and limitations on use apply

Appendix 2:

Links with local strategies and plans

| Locally linked strategies | Prevention | Harm reduction | Treatment | Recovery support |
|---|--|---|--|---|
| | Commitments | Commitments | Commitments | Commitments |
| Telford & Wrekin Health and Wellbeing Strategy | Increase resilience to prevent more people starting using drugs Target vulnerable young people to prevent problematic use of alcohol and other drugs | Reduce alcohol related harm in communities | Address physical and mental health needs Further improve treatment outcomes | |
| Telford & Wrekin Domestic Abuse Strategy | Intervene early with families with alcohol and other drug problems | Reduce alcohol related harm in communities | | |
| Telford & Wrekin Homelessness Strategy | Intervene early with families with alcohol and other drug problems Prevent escalation into problematic use of alcohol and other drugs | Reduce alcohol related harm in communities | | Improve access to housing, education, employment and training opportunities |
| Telford & Wrekin Mental Health Strategy | | | Address physical and mental health needs | Expand the design and delivery of interventions by people with lived experience |
| Telford & Wrekin Belonging Strategy | Increase resilience to prevent more people starting using drugs Target vulnerable young people to prevent problematic use of alcohol and other drugs | Reduce alcohol related harm in communities | | Improve access to housing, education, employment and training opportunities |
| Telford & Wrekin Neglect Strategy | Intervene early with families with alcohol and other drug problems | Reduce alcohol related harm in communities | | |
| Safer Telford & Wrekin Strategy 2021-24 | | Reduce alcohol and drug related offending and other harm in communities | Improve treatment access for people leaving prison and other parts of the criminal justice system | |
| STW (ICS) Joint Forward Plan 2023-28 | | | Address physical and mental health need | |