

Substance Misuse Needs Assessment 2022/23

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Executive Summary

Substance misuse can affect or impact anyone. Tackling illegal drug use and reducing harmful drinking is key to improving quality of life for residents of Solihull.

Solihull Council is committed to working with partner organisations and our residents to prevent and reduce the health, social and economic harms caused by drug and alcohol misuse, for the individual, their families and communities. We aim to ensure delivery of equitable, high-quality prevention, early intervention, harm reduction, treatment and recovery support, to drive real behaviour change for the communities in Solihull through an integrated system of service provision and peer networks.

The purpose of this document is to provide an overview of the impact Substance misuse is having in Solihull and to inform how we deliver resources to meet need.

The information sourced and interpreted within this document is intended to support both professional and organisational understanding of the impact of substance misuse and to generate a collective response to achieving the aims set out in the 'From Harm to Hope' 2021, a 10-year Drug (and alcohol) strategy.

Key headlines

Adults

- The unmet need for Opiate and crack users (OCU) in Solihull is estimated to be 607 people.
- There are estimated to be 1,321 harmful alcohol users with an unmet need for alcohol treatment.
- In Solihull 1 in 3 (249) people who received drug treatment during 2020-21 presented with cocaine as a problem substance. The proportion of people in treatment for cocaine is the 3rd highest in the country and significantly higher than the England average (16%).
- Bespoke packages of support and information are required to target cocaine users within Solihull to reduce both its harm and impact through education and early intervention; in addition to making treatment more appealing and beneficial to habitual users. The reduction of recreational drug use is a key target identified within the 'From Harm to Hope' strategy and given cocaine's prevalence within the borough this will be a key driver for improvement in outcomes for Solihull.
- In Solihull, 119 clients (42%) that entered treatment in 2020-21 were identified as having a mental health treatment need. This is proportionately lower than the England rate of 63%. Of those that require mental health treatment, 82% received treatment, which although higher than the national average of 71%, means 18% of adults in treatment in Solihull were not receiving treatment for their mental health.
- Only 2% of referrals into treatment come from a hospital setting: SMBC and

the treatment provider for Solihull to engage with the implementation of Alcohol Care Teams and provide review and feedback into their efficacy and outcomes.

- Those in treatment aged 50+ in Solihull account for just 8% of the treatment population, compared to 18% in England, which is statistically significant. In Solihull, we would expect more over 50s in treatment as we have a higher proportion of the population aged 50+ compared to England.
- The number of clients receiving structured treatment for Alcohol as a main presenting substance has been decreasing for some time now in Solihull. Over the last 3 years there has been a reduction from 531 individuals, down to 396 in 2020/21. With an estimated unmet need of 1,321 alcohol users in Solihull, a significant and targeted response is required to ensure people requiring treatment can access it.
- The proportion of adults presenting to drug and/or alcohol treatment that are in regular employment in Solihull during 2020/21 was 32% (91 adults), statistically significantly higher than the England value of 21%.

Young People

- Of the young people in treatment in Solihull, 85% (28 young people) presented with Cannabis as their primary problem substance.
- Alcohol is the only other substance young people in the borough presented with in 2020/21, making up 15% (5 people) of young people in treatment in Solihull compared to 16% in England.
- Nitrous oxide use has fallen with 3.9% (793) of 16-24 years olds estimated to have used the drug in the past year, down from 8.7% in 2020.
- The proportion of Solihull secondary school pupils who are 'fairly sure' or 'certain' they know someone who takes drugs, has increased steadily in Solihull since 2018 from 20% to 24% in 2022.
- On average, school pupils try drugs for the first time aged 12, just 1 year later than children are, on average, trying alcohol for the first time. There need to be emphasis on prevention, early intervention and young persons treatment and education to reduce uptake of substances.

Drug and alcohol related deaths

- The rates of deaths related to drug poisonings in Solihull have shown a 57.1% increase from 2012-14 (20 deaths, 3.5 deaths per 100,000 population) compared with 2019-21 (34 deaths, 5.5 deaths per 100,000 population).
- The majority of deaths relating to drug poisoning were male, accounting for 67% of the 91 deaths during 2012-21.
- The rate of deaths related to substance misuse for females has fluctuated but is showing an overall steady increase. The most recent data (2019-21) are showing males and females with similar rates at 3.2 and 2.1 deaths per 100,000 respectively.
- Alcohol specific mortality rates in Solihull are the highest since 2006: 17

deaths per 100,000 people, equating to 35 deaths per year in Solihull.

Hospital admissions

- Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society £21 billion as a whole, annually. There have been over 10,000 hospital admissions from alcohol specific conditions in Solihull residents since 2011.

Family

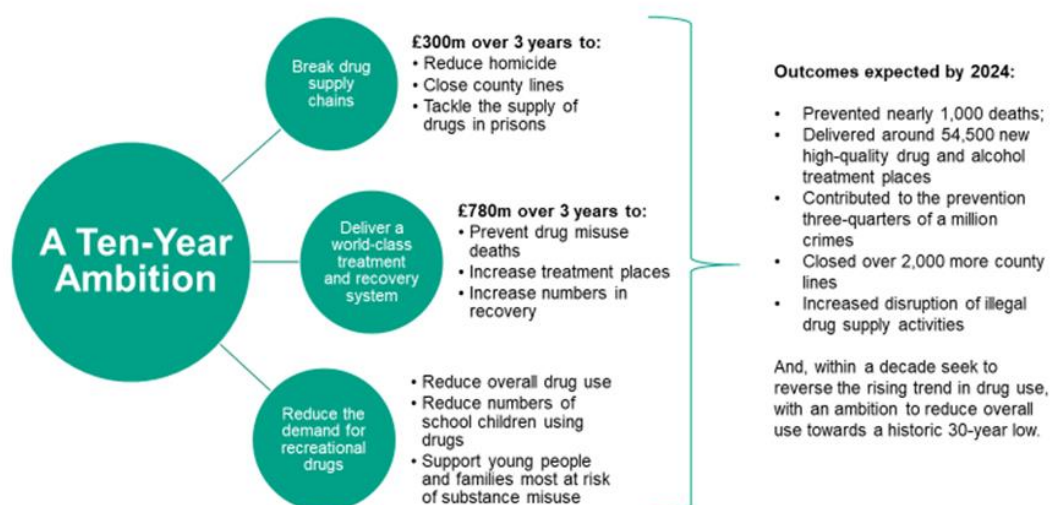
- In Solihull, 21% of those new presentations to treatment in 2020/21 were 'parents living with children' compared to just 13% in England overall.
- Demand for the Hidden Harm service offering support to children aged 15-18 who are affected by the drug or alcohol use of a parent, sibling or carer remains high with 123 contacts made in 2021/22.

From Harm to Hope

The 'From Harm to Hope' strategy is underpinned by a clear recognition that illegal drugs damage society. The collective ambition is to achieve a generational shift in the country's relationship with drugs (and alcohol) and to reduce overall drug use towards a historic 30-year low (Figure 1). The overall aim being to reduce the harms that drug addiction and supply cause to individuals, families, and communities (HM Government, 2021).

Figure 1: From Harm to Hope Overview – A 10 year ambition.

From Harm to Hope - overview



 Office for Health Improvement and Disparities

Source: Office for Health Improvement & Disparities

To accompany the From Harm to Hope Strategy, a national outcomes framework was developed that defines three strategic outcomes of:

1. Reducing drug use.
2. Reduce drug-related crime.
3. Reduce drug-related deaths and harm.

The outcomes will be delivered through intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes (Figure 2).

Figure 2: Full National combating drugs outcomes framework

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics <ul style="list-style-type: none"> Proportion of individuals reporting use of drugs in the last year Estimated prevalence of opiate and/or crack cocaine use (OCU) 	Headline metrics <ul style="list-style-type: none"> The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	Headline metrics <ul style="list-style-type: none"> Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	Headline metrics <ul style="list-style-type: none"> Number of county lines closed Number of major and moderate disruptions against organised criminal groups 	Headline metrics <ul style="list-style-type: none"> Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) The numbers in treatment for adults and young people 	Headline metrics <ul style="list-style-type: none"> Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics <ul style="list-style-type: none"> Number and proportion of households owed a homelessness duty with a drug dependency need Rate per population of children of referral and assessments by social services with drugs as a factor Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	Supporting metrics <ul style="list-style-type: none"> Proven reoffending within 12 months Police recorded trafficking of drugs and possession of drugs offences Hospital admissions for assault by a sharp object 	Supporting metrics <ul style="list-style-type: none"> Hepatitis C prevalence (chronic infection) in people who inject drugs Number and percentage of people in treatment that have died during their time in contact with the treatment system 	Supporting metrics <ul style="list-style-type: none"> Volume and number of drugs seizures Number and proportion of National Referral Mechanism referrals with a county lines flag 	Supporting metrics <ul style="list-style-type: none"> Number of individuals in treatment in prisons and secure settings Number of community or suspended sentence orders with drug treatment requirements Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) Unmet need for OCU treatment 	Supporting metrics <ul style="list-style-type: none"> Proportion of people in treatment that have reported no housing problems in the last 28 days Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days Proportion of people in treatment reporting a mental health need who received treatment or interventions Proportion of parents that have received specific family or parental interventions

Across the West Midlands it has been agreed that the focus will also include alcohol, the strategic and intermediate outcomes have therefore been adjusted:

1. Reducing drug and harmful alcohol use
2. Reduce drug-related and alcohol-related crime
3. Reduce drug-related and alcohol-related deaths and harm
4. Reduce illicit drug and alcohol supply
5. Increase engagement in treatment
6. Improve recovery outcomes

Following the publication of the 'From Harm to Hope' drug Strategy, Solihull public health commissioners have engaged partners and stakeholders to understand the impact the new drug strategy could have across the system; and to capture aspirations and shared outcomes that need to be collectively prioritised to improve service provision. Local partners working together on the long-term ambitions will be key to the strategy's success; this will be measured through local and national outcomes frameworks.

Governance structures have been implemented to ensure commitment and focus on how this agenda will be progressed both strategically and operationally, and to formulate partnerships that will work jointly to maximise return on investment across the system. To inform these processes we are required to conduct a Solihull needs

assessment, designed to understand the changing complexity and emerging substance misuse trends within our borough. The needs assessment is formulated in line with the key objectives from the 'From Harm to Hope' drug Strategy, guidance from the West Midlands Regional 'Combating Drugs and Alcohol Partnership' (CDAP) and considers the impact of the COVID-19 pandemic on performance, unmet needs and on addictive behaviours in Solihull.

The Solihull local needs assessment will be used in conjunction with a regional needs assessment produced by the West Midlands Joint Combatting Drugs (and Alcohol) Partnership (WMJCDAP) chaired by the West Midlands Police Crime Commissioner (PCC) to produce a delivery plan to support improving outcomes for those impacted by substance misuse and achieve the aims set out in the 'From Harm to Hope' strategy. Having both local and regional information will enable greater understanding of trends, needs and any gaps in provision to be addressed.

Local Population

The estimated population of Solihull is 216,666, of which 20,224 are aged 16 to 24 years. Approximately 116,116 adults are aged between 16 and 59 years in Solihull. Younger people are more likely to have taken a drug in the last year than older people with prevalence highest amongst 16 to 19 and 20 to 24 year olds (Office for National Statistics, 2023).

It is estimated that Solihull's population will continue to increase, reaching 241,784 people by 2040 (Table 1). The population aged 15-24 years could rise by over 2,000. Solihull has an older age distribution than England, the over 60 population is expected to grow by over 10,000 by 2040.

Table 1: Population projections, Solihull, 2021 to 2040

	2021	2025	2030	2040
All ages	216,666	224,420	230,362	241,784
15 - 24	22,907	23,013	25,430	25,241
15 - 59	118,799	120,068	122,981	128,863
60+	58,863	62,811	66,403	69,304

Source: ONS Sub-national population projections 2018, Mid-Year Population estimates 2021

Deprivation

Drug use is present nearly everywhere however different people living in different areas may have different drug use patterns.

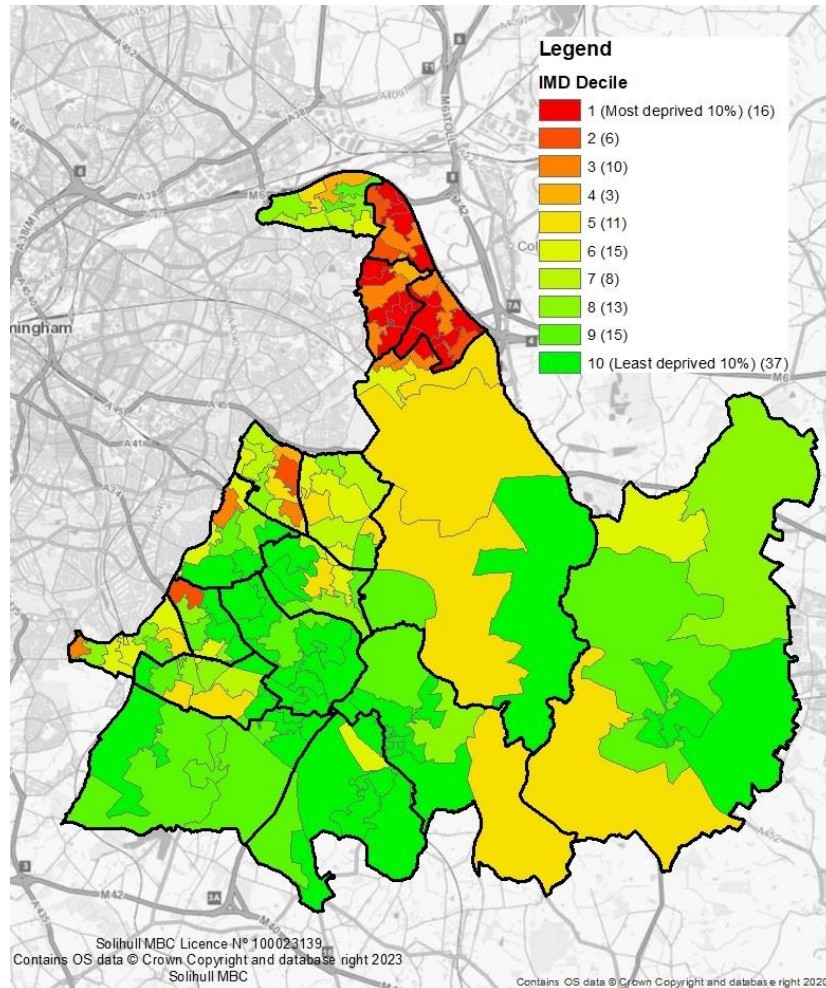
Drug use is not exclusively related to deprivation although it is more common among poorer people. Deprivation can involve many things such as poverty, inadequate housing, poor education and lack of job or social opportunities (DrugWise, 2023). Deaths related to drug poisonings is highest amongst the most deprived areas and lowest in the least deprived areas of England for both men and women (DrugWise, 2023)

Opiate and crack use are strongly linked to deprivation with 56% of people in treatment for crack and/or opiates nationally living within the 30% most deprived areas of England. In England, people with opiate problems accounted for 69% of deaths in treatment and 33% of opiate deaths were people living within the most deprived 10% of areas in England (DrugWise, 2023). Alcohol-specific deaths are higher in more deprived areas. Nationally, in 2020, the alcohol-specific death rate for Males was 4.2 times higher in the most deprived 20% compared to the least deprived 20%. More deprived areas have more non-drinkers than the least deprived areas however those that drink are more likely to be at risk drinkers in more deprived areas (DrugWise, 2023).

The 2019 Index of Multiple Deprivation (IMD) 2019 shows that among the 151 upper tier Local Authorities in England, Solihull is the 32nd least deprived upper tier Local

Authority in England. However, Solihull is relatively polarised between large parts of the borough that rank among the least deprived areas of England and a concentration of neighbourhoods among the most deprived. Over half of the population in the north of the borough live in the most deprived 10% of neighbourhoods in England (Figure 3).

Figure 3: Index of Multiple Deprivation, 2019, Solihull



Source: Ministry of Housing, Communities & Local Government

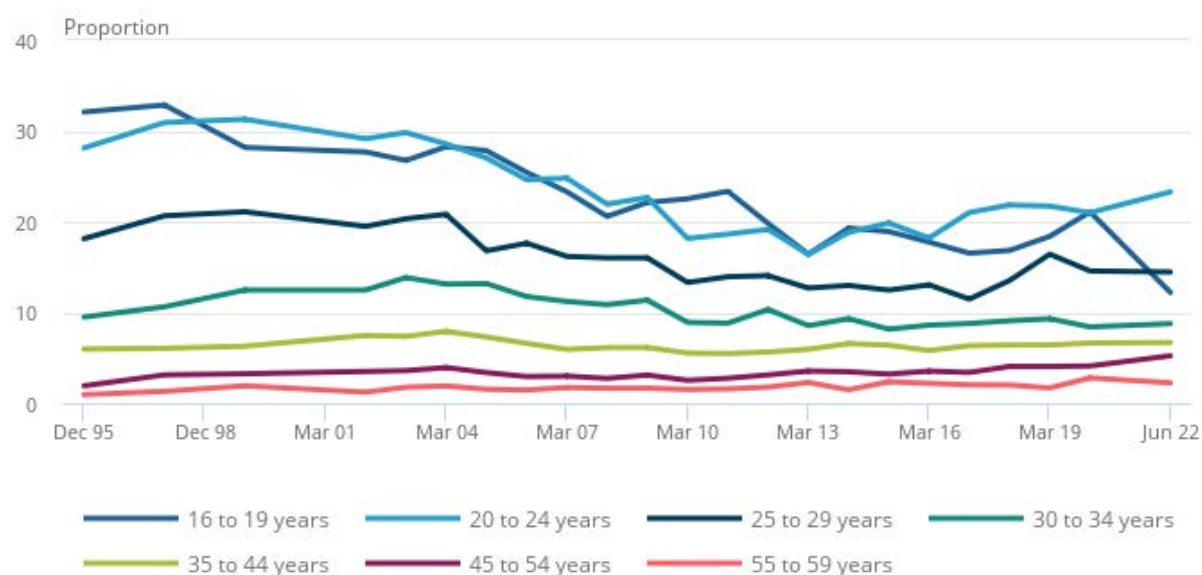
Characteristics of drug users

Age

The proportion of older age groups using illicit drugs is considerably lower than younger age groups (Figure 4).

Drug use is highest amongst those aged 20 to 24 years, prevalence decreased from the previous survey amongst those aged 16 to 19 years from 21.1% to 12.2%.

Figure 4: Proportion of adults who reported using a drug in the last year by age, England and Wales, year ending December 1995 to June 2022



Lifestyle, and household

The more time adults spent visiting nightclubs, the more likely they were to report using a drug. Over a third of adults (37%) who visited a nightclub 3 or 4 times in the last month reported using a drug compared to 28.2% who had visited a nightclub 1-3 times and 7.6% of those that had not visited a club. Similar trends are observed for those visiting pubs.

Those earning less than £10,400 per year are more likely to use a drug than those with higher incomes. Broken down by drug type, those earning less than £10,400 per year were most likely to have used cannabis. However, those in the highest income groups were most likely to have used a class A drug, with 3.2% of households earning £52,000 or more per year having used a class A drug in the last year compared with 2.4% of households earning less than £10,400.

Personal well-being

The level of drug misuse reported by adults varies across several measures of personal well-being. Individuals who reported lower personal well-being across measures of satisfaction with life, feeling that things you do in your life are worthwhile and happiness, were more likely to have used an illicit drug in the last year (Office for National Statistics, 2023).

Alcohol use has been identified as a major risk factor for acute and chronic health harms and imparts economic, health, and social costs to individuals, communities, and societies (Rehm et al. 2009). Likewise, drug abuse is often accompanied by a devastating social impact upon community life, impacting education, family life, violence, crime, financial problems, housing problems, homelessness and vagrancy.

Prevalence Estimates

The crime survey for England and Wales concludes that 1 in 11 adults aged 16-59 years (9.2%) and 1 in 5 adults aged 16 to 24 years (18.6%) reported drug use in the year ending June 2022 (Table 2). This would equate to over 10,683 adults aged 16 to 59 years of which 3,762 are aged between 16 to 24 years if similar trends were observed in Solihull.

Nationally 2.6% of adults aged 16 to 59 years reported being frequent users of drugs; using them more than once a month in the year to June 2022. This would suggest that over 3,000 adults in Solihull could be frequent drug users (Office for National Statistics, 2023).

Almost 10% of young adults aged 16 to 24 years used drugs within the last month, this would equate to 1,921 people in Solihull, 4.7% considered themselves to be frequent users which could equate to 945 16- to 24-year-olds in Solihull.

Table 2: Proportion using Any Drug in England and Wales and estimated number in Solihull, 16-59 and 16-24 year olds, CSEW 2021

Any Drug	16 to 59 year olds		16 to 24 year olds	
	Proportion	Solihull 2021	Proportion	Solihull 2021
Drug use in their lifetime	35.3%	40,989	28.9%	5,845
Drug Use in last year	9.2%	10,683	18.6%	3,762
Use of drugs in last month	5.0%	5,806	9.5%	1,921
Frequent Users	2.6%	3,014	4.7%	945

Source: Crime Survey for England and Wales, Population Estimates, ONS

According to the CSEW 4.7% of 16 to 24 year olds reported using a Class A drug within the last 12 months (up to June 2022), and 1.7% used within the last month, this would equate to 951 and 344 young adults respectively in Solihull (Table 3).

Class A drugs include powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine. A reduction in use of Class A drugs was observed when compared with the March 2020 survey. Class A drugs are often taken in social situations, therefore decreases in the use of Class A drugs may be as a result of the coronavirus (COVID-19) pandemic and government restrictions on social contact (Office for National Statistics, 2023). Evidence from the Global Drug Survey showed around 40% of respondents reported using ecstasy and cocaine less often than before the COVID-19 pandemic, at least 80% said this was as a result of having less occasions where they would use drugs.

Table 3: Proportion using Any Class A drug in England and Wales and estimated number in Solihull, 16 to 59 and 16 to 24 year olds, CSEW 2021

Any Class A drug use	16 to 59 year olds		16 to 24 year olds	
	Proportion	Solihull 2021	Proportion	Solihull 2021
Drug use in their lifetime	16.3%	18,927	12.4%	2,508
Drug Use in last year	2.7%	3,135	4.7%	951
Use of drugs in last month	1.0%	1,161	1.7%	344

Source: Crime Survey for England and Wales, Population Estimates, ONS

The most recent survey on Smoking, Drinking and Drug Use among Young People in England (SDD) showed that the proportion of those aged 11 to 15 years in England who had taken any drug (excluding psychoactive substances) in the last year was 10.4%, this would equate to 1,409 11 to 15 year olds in Solihull. The survey also investigated the attitudes to drug use among young people aged 11 to 15 year olds in England. It showed that a higher proportion of them think it is OK to try taking cannabis to see what it is like (10%) and to take it once a week (6%), followed by sniffing glue (9% and 3% respectively), and cocaine (3% and 1% respectively). Drug acceptance increases with age in young people, especially towards the use of cannabis, where 25% of 15 year olds think it is ok to try cannabis and 14% think it is OK to take it once a week. This is double the drug acceptance observed in 14 year olds, 12% and 7% respectively, (Table 4).

Table 4: Proportion of 11 to 15 year olds on their attitudes to drug use by own age group, SDD 2021

Attitudes to drug use by own age group	Age (Years)					Total 11-15
	11	12	13	14	15	
OK to try taking cannabis to see what it's like	0%	2%	5%	12%	25%	10%
OK to try sniffing glue to see what it's like	3%	5%	10%	11%	12%	9%
OK to try taking cocaine to see what it's like	1%	1%	3%	3%	7%	3%
OK to take cannabis once a week	0%	0%	3%	7%	14%	6%
OK to sniff glue once a week	2%	2%	5%	4%	3%	3%
OK to take cocaine once a week	1%	0%	1%	2%	2%	1%

Source: Smoking, drinking & drug use among young people in England, NHS Digital

Trends in individual drug types

Cannabis

Since 1995, cannabis has consistently been the most used drug in England and Wales; in the year up to June 2022, 7.4% and 16.2% of people aged 16 to 59 and 16 to 24 years, respectively, reported using the drug in the last year. This is similar to the level reported in March 2020 and March 2012 but much lower than the level in December 1995 when estimates were first recorded.

In Solihull this would equate to 8,594 adults aged 16 to 59 years of which 3,273 are aged between 16 and 24 years.

Over one-third of adults (38.7%) aged 16 to 59 years who used cannabis in the last year used the drug more than once a month, with 11.5% using it daily. In Solihull

adults aged 16 to 59 years this would be roughly 3,300 using cannabis more than once a month and almost 950 using cannabis every day.

Powder cocaine

Powder cocaine use was reported by 2% of adults aged 16 to 59 years and 4.0% of young adults aged 16 to 24 years in the past 12 months. This would equate to 2,372 and 805 people, respectively, in Solihull. This is a similar rate to that observed in March 2020 although higher than in December 1995 when records began.

Ecstasy

In the year up to June 2022, prevalence of ecstasy use was at its lowest level since data were first collected; 0.7% of adults aged 16 to 59 years, this represents a 47% decrease compared to March 2020. A 72% decrease was observed in young adults aged 16 to 24 years with 1.1% reportedly taking this drug in the last year.

In Solihull this would equate to 861 adults aged 16 to 59 of which 228 are aged 16 to 24 years reporting ecstasy use in the last 12 months.

New psychoactive substances (NPS)

Substances such as mephedrone, spice, GBL or GHB, salvia and other emerging substances are collectively known as new psychoactive substances (NPS), often previously referred to as 'legal highs'. These substances are usually intended to mimic the effects of 'traditional' drugs such as cannabis, ecstasy or cocaine and can come in different forms such as herbal mixtures that are smoked, powders, crystals, tablets or liquids.

The level of NPS use nationally among adults aged 16 to 59 years and 16 to 24 years did not change in June 2022 when compared with March 2020. In the last year 0.4% of adults aged 16 to 59 and 0.9% of young adults aged 16 to 24 years reported using NPS in the last year. This would equate to 456 and 188 people in Solihull, respectively.

Nitrous Oxide

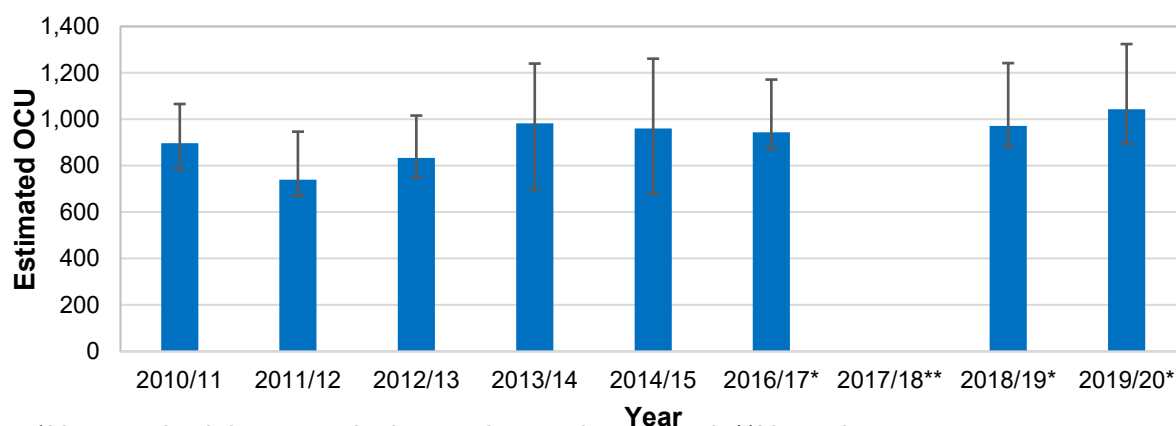
In the last year 1.3% of adults aged 16 to 59 years and 3.9% of adults aged 16 to 24 years had used nitrous oxide nationally, this is equivalent to 1,553 adults aged 16 to 59 and 793 young adults aged 16 to 24 years in Solihull.

Opiate and/or crack cocaine

Opiates are defined as a group of drugs including heroin, methadone and buprenorphine that act on opioid receptors (Public Health Institute, 2019). Crack cocaine is the rock form of cocaine and is highly concentrated and extremely addictive (American Addiction Centers, 2023). In 2019/20 the number of opiate and/or crack cocaine users (OCUs) in Solihull is estimated to be 1,043 with 95% confidence intervals of 895 and 1,324 (Figure 5). The confidence intervals show the range within which there is 95% certainty that the true value exists, though it is most

likely to lie near the estimate itself (OHID, 2023). The number of OCU's has shown an increased trend since 2011/12 although the increase is not statistically significant.

Figure 5: Estimates of the prevalence of opiate use and/or crack cocaine use in Solihull, 2010/11 to 2019/20



*New methodology to calculate estimates introduced. **No estimates
Source: OHID, 2023

The estimated number of OCU's by age group varies with rates highest amongst 35 to 64 year olds (Table 4).

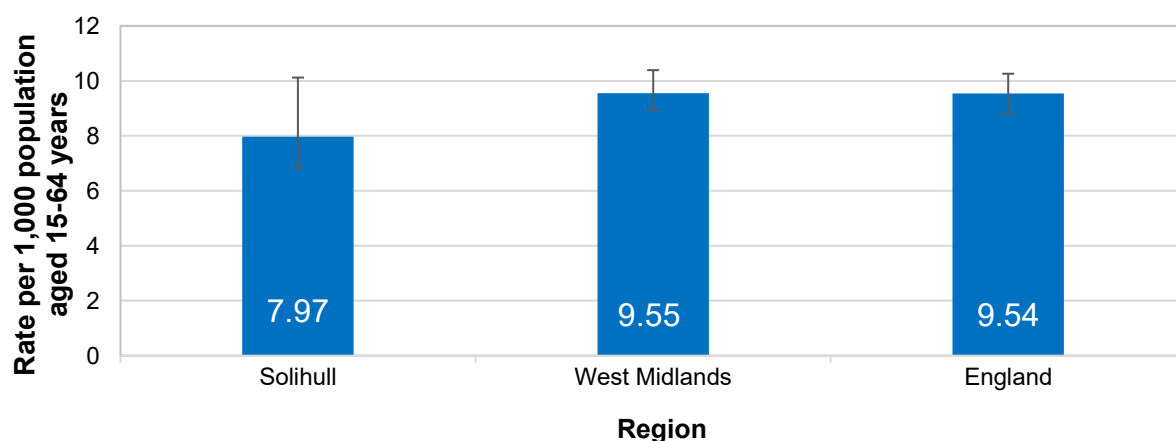
Table 4: Estimated Opiate and/or Crack Cocaine Users, numbers and rate including 95% confidence intervals by age, Solihull, 2019/20

Age Range	Number (95% CIs)	Rate (95% CIs)
15 to 24 years	68 (50 – 102)	2.97 (2.17 – 4.46)
25 to 34 years	178 (138 - 240)	7.19 (5.58 – 9.68)
35 to 64 years	797 (681 - 992)	9.58 (8.18 – 11.92)
Total	1,043 (895 – 1,324)	7.97 (6.84 – 10.12)

Source: OHID, 2023

Solihull continues to have a lower rate of OCU's compared to both the West Midlands and England, however this difference is not statistically significant (Figure 6).

Figure 6: Estimated OCU rate per thousand population, aged 15 – 64, Solihull, West Midlands, and England, 2019/20

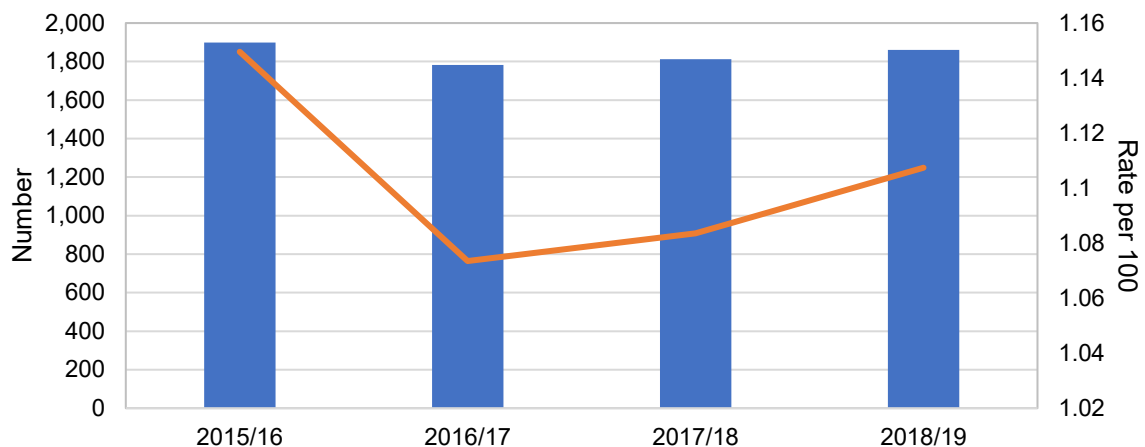


Source: OHID, 2023

Alcohol Prevalence

There are an estimated 1,860 (with a 95% confidence interval of 1,497 to 2,375) of adults with alcohol dependence in need of specialist treatment in Solihull (2018/19). This is equivalent to a rate of 1.1 in every 100 people in Solihull, this is slightly lower than the England rate of 1.4 per 100 people. The estimated number of alcohol dependent adults has not changed significantly since 2015/16 (Figure 7). The national prevalence estimates for alcohol dependence were modelled on data from the Adult Psychiatric Morbidity Survey 2014, alongside Hospital Episode Statistics and population data from the Office of National Statistics.

Figure 7: Estimated number and rate per 100 of adults with alcohol dependency in Solihull, 2015/16 to 2018/19



Source: Office for Health Improvement & Disparities

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression (Alcohol Change UK, 2022).

It's estimated that in England alone, there were more than 600,000 dependent drinkers in 2019. Around one in 12 (8.7%) men in the UK and around one in 30 (3.3%) UK women show signs of alcohol dependence (Drinkaware, 2022). This would equate to over 6,700 men and 2,900 women in Solihull.

RECOMMENDATION 1 – REVIEW UNMET NEED

To review drug and alcohol prevalence figures and recalculate the unmet need once updated estimates are released.

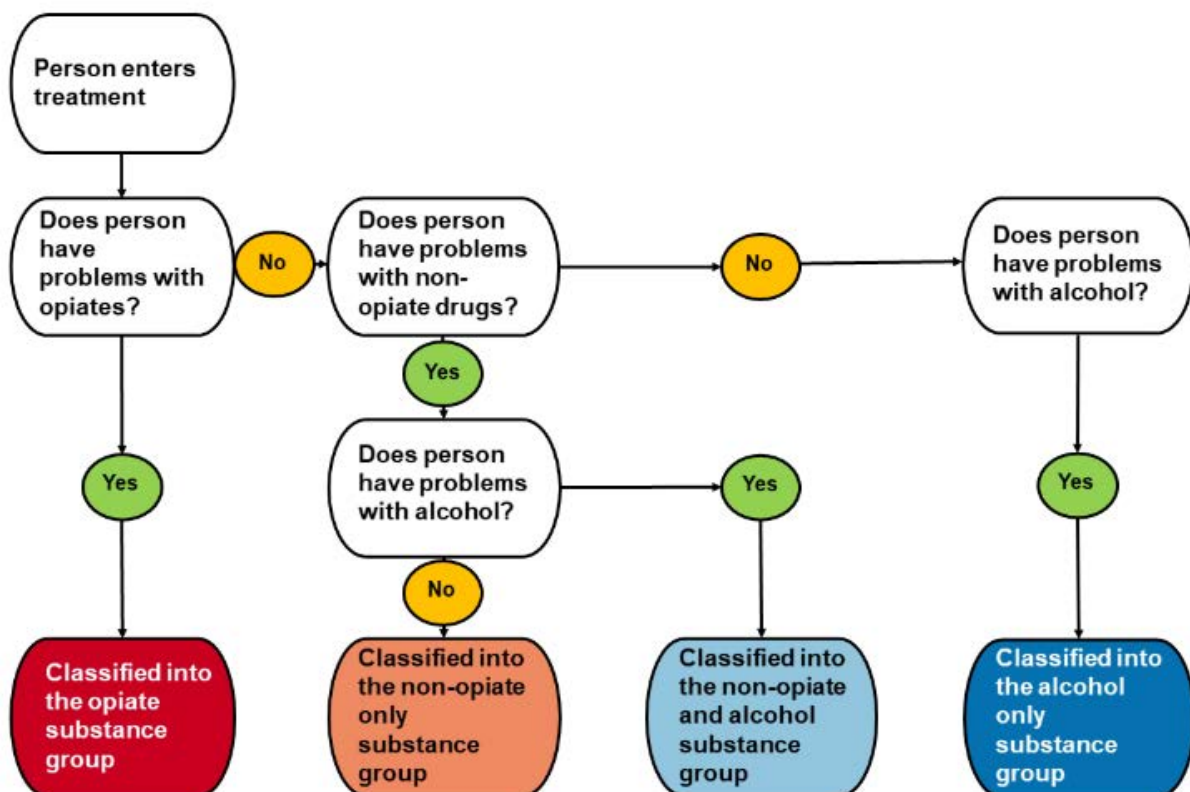
February 2024 update – OCU prevalence estimates updated, still awaiting Alcohol prevalence estimates.

Drug and Alcohol Treatment

Many people experience difficulties with, and receive treatment for, both drugs and alcohol. While they often share many similarities, they also have clear differences, so people in treatment are divided into 4 substance groups (Figure 8):

- Opiate: people who are dependent on or have problems with opiates, mainly heroin.
- Non-opiate: people who have problems with non-opiate drugs only, such as cannabis, crack and ecstasy.
- Non-opiate and alcohol: people who have problems with both non-opiate drugs and alcohol.
- Alcohol only: people who have problems with alcohol but do not have problems with any other substances (Office for Health Improvement and Disparities, 2023).

Figure 8: How people are classified into substance reporting group



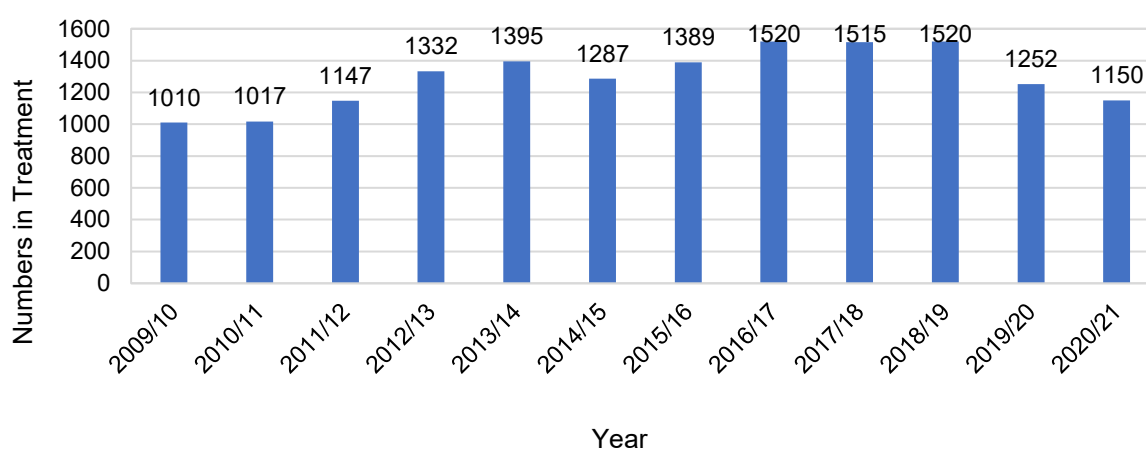
Source: Office for Health Improvement and Disparities

The number of clients in drug and alcohol treatment reduced in 2019/20 and 2020/21 (Figure 9), an overall reduction of 8.1% was observed (Table 5). Clients in alcohol and non-opiate treatment saw the biggest reduction with 30.4% fewer clients in 2020/21 than 2010/20 and 53.1% fewer new presentations to treatment. Clients in treatment for opiates only reduced by 11.3% with 38.8% fewer new presentations.

Adults in non-opiate treatment increased in 2020/21 by 7.4% with a rise in new presentations of 12.6%. The COVID-19 pandemic directly impacted on the number of referrals coming into the commissioned service due to many agencies being closed or seeing patients virtually. The commissioned service, although operational throughout the pandemic, was less visible due to restrictions on organisations, buildings and numbers resulting in some previous collocating of services ceasing, resulting in less referrals.

As part of the new drug strategy, Solihull have committed to a projected increase to those clients in structured drug and alcohol treatment over the next 3 years (Appendix A).

Figure 9: Numbers in drug and alcohol treatment, Solihull, 2009/10 to 2020/21



Source: Office for Health Improvement and disparities

Table 5: Adults in drug treatment in 2020/21 compared to 2019/20 by drug group, Solihull

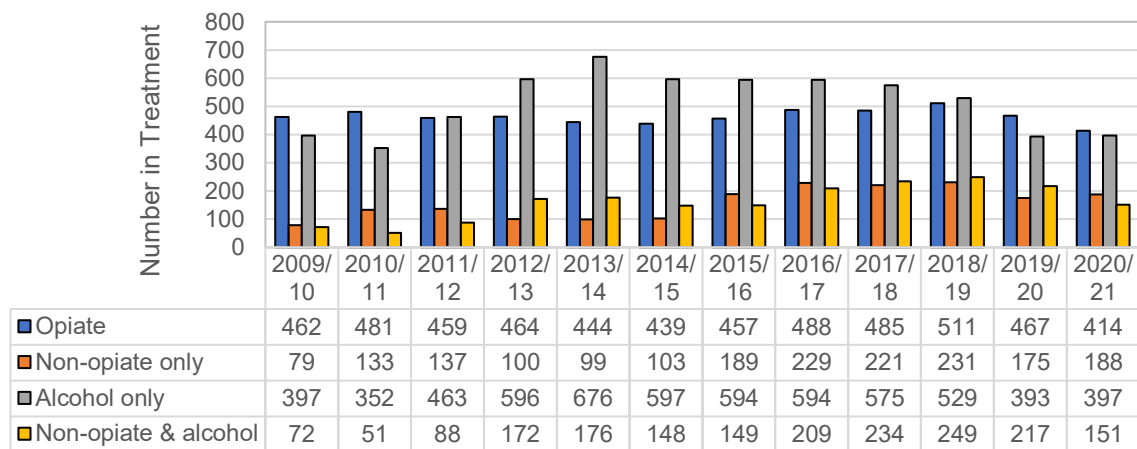
Drug Group	Percentage Difference	
	Numbers in Treatment	New presentations to treatment
Non-opiate and alcohol	-30.4%	-53.1%
Non-opiate	+7.4%	+12.6%
Opiate	-11.3%	-38.8%
Alcohol	+1.0%	-6.8%
Total	-8.1%	-20.4%

In 2020/21 just 414 opiate clients received drug treatment, this is the lowest number since 2009/10 (Figure 10). 2018/19 saw the highest number of opiate clients with 511 receiving treatment.

Treatment for ‘Alcohol only’ peaked in 2013/14 with 676 clients, since then numbers have fallen but the numbers receiving treatment for alcohol and non-opiates has increased. The number of clients receiving structured treatment for alcohol as a main presenting substance has been decreasing for some time in Solihull. Over the last 3 years there has been a reduction from 529 individuals, down to 396 in 2020/21.

The numbers in treatment for non-opiates in recent years is almost double the numbers in treatment from 10 years ago (Figure 10).

Figure 10: Numbers in drug and alcohol treatment by substance group, Solihull, 2009/10 – 2020/21



RECOMMENDATION 2 – IMPROVE ENGAGEMENT WITH ALCOHOL USERS

Services to adopt an outreach approach to develop a proactive engagement system that can follow up alcohol repeat referrals that do not engage in treatment, work with individuals that need more intensive and frequent support, those who are physically unwell and need to be seen in a local or home setting to engage following hospital discharge or due to deteriorating health. The aim will be to increase the frequency that people are seen, offering more bitesize interventions that have proved successful previously in engaging alcohol users.

In Solihull 1 in 3 people (33%) receiving drug treatment in 2020-21, and almost half (46%) of those starting treatment, presented with cocaine as a problem substance. This is much higher than that observed nationally with 1 in 6 (16%) in drug treatment and a quarter (25%) of new presentations citing cocaine as a problem (Table 6).

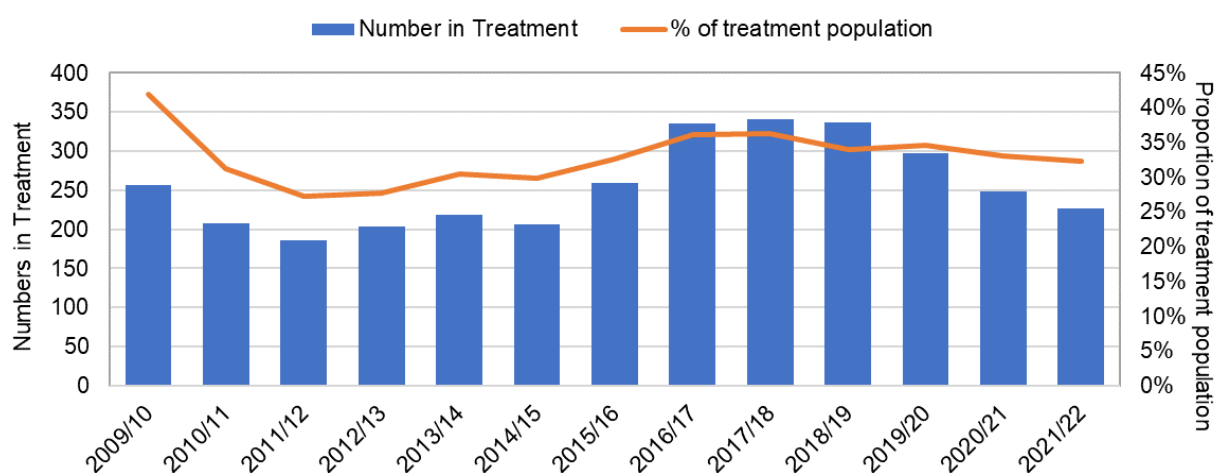
Table 6: Most commonly cited substance(s) by adults in drug treatment, Solihull and England, 2020-21

Substances	Adults in Drug Treatment		Adults Starting Treatment	
	Solihull Number (Proportion)	England Proportion	Solihull Number (Proportion)	England Proportion
Alcohol	220 (29%)	27%	80 (29%)	34%
Amphetamine (other than ecstasy)	6 (1%)	4%	*	3%
Benzodiazepines	16 (2%)	8%	*	6%
Cannabis	222 (29%)	27%	113 (40%)	35%
Cocaine	249 (33%)	16%	128 (46%)	25%
Crack cocaine	223 (30%)	39%	50 (18%)	33%
Ecstasy, Hallucinogens and NPS	7 (1%)	3%	*	5%

Source: Office for health improvement & disparities, *numbers suppressed to protect confidentiality

Solihull has always had a high proportion of adults in drug treatment for cocaine (Figure 11). The current number in treatment is currently lower than it was in 2017/18 when 341 were in treatment which represented 36% of the adult treatment population. Despite the decrease since 2017/18, Solihull currently has the 3rd highest proportion of adults in treatment for cocaine out of all the local authorities in England.

Figure 11: Proportion of adults in treatment for substance misuse citing cocaine as a problem, Solihull, 2009/10 to 2021/22



Almost 2% of clients currently in drug and alcohol treatment are taking 'Over the counter' drugs (SIAS, 2022). 'Over the counter' in this context is a loose term and includes items bought from pharmacies, prescribed by GP's, obtained on the black

market or sourced from internet providers.

Increasing drug and alcohol treatment places and the numbers in recovery is a key ambition to the 'Harm to Hope' strategy over the next 3 years (Appendix).

RECOMMENDATION 3 – SUPPORT TO REDUCE RECREATIONAL COCAINE USE

Bespoke packages of support and information are required to target cocaine users within Solihull to reduce both its harm and impact through education and early intervention; in addition to making treatment more appealing and beneficial to habitual users. The reduction of recreational drug use is a key target identified within the 'From Harm to Hope' strategy.

RECOMMENDATION 4 – INCREASE NUMBERS IN TREATMENT

The number of clients in structured treatment is reducing in Solihull, across both adult drug treatment, adult alcohol treatment, and young people's services. A targeted approach is required to maintain and ultimately increase these numbers into treatment over future years in Solihull, in line with the new 'From Harm to Hope' drug strategy commitment.

Unmet Need

In order to help commission substance misuse services at a local level, alongside the estimated prevalence rate and associated numbers in treatment, a useful estimation is the unmet need of a population. In relation to substance misuse, whether it is ‘Opiate Prevalence rates’ or ‘Alcohol Prevalence rates’, the calculation is the same.

Substance Misuse Unmet Need = Estimated Prevalence – Numbers in treatment.

The unmet need is the number/proportion of the estimated substance misuse taking population ‘not in treatment’ that may require a structured intervention with their substance misuse problem.

The number of clients in treatment presenting with opiates as their primary problem in Solihull is currently showing a decreasing trend. This will ultimately increase the unmet need of OCU’s going forward. The number with an unmet need in Solihull is currently 607 users (Office for Health Improvement & Disparities, 2022).

Table 7: Estimated prevalence, In Treatment and Unmet Need, Solihull Residents

Drug Group	Estimated Prevalence	In Treatment*	Unmet Need*
Crack only	137 (97 - 206)	223	389 (244 - 609)
Opiates only	496 (418 - 620)	412	413 (290 - 621)
Both opiates and crack use	410 (348 – 521)	Unknown	Unknown
OCU	1,043 (895 - 1,324)	436	607 (459 - 888)
Alcohol*	1,860 (1,497 - 2,375)	539	1,321 (958 – 1,836)

(* Treatment figures from 2020/21)

Source: Office for Health Improvement & Disparities, Public Health Institute

Routes into treatment

Criminal Justice System

The majority of referrals into treatment in Solihull came through the 'self-referral' route (71%), a higher proportion than is seen in England where it was just 59% (Table 8).

Referred through Criminal Justice System (CJS) means referred through a police custody or court-based referral scheme, prison or National Probation Service/community rehabilitation company (CRC). CJS pathways into treatment remain relatively low in Solihull, accounting for just 7% of referrals, compared to 16% of England referrals coming through this method.

Table 8: Sources of referral for those starting treatment in Solihull and England 2020-21

Referral	Solihull (Proportion)	England Proportion
Self-referral	198 (71%)	59%
Referred through CJS	19 (7%)	16%
Referred by GP	11 (4%)	4%
Hospital/A&E	5 (2%)	2%
Social Services	7 (2%)	3%
All other referral sources	40 (14%)	16%

Source: Office for health improvement & disparities

Of the CJS referrals for Solihull most were made from Prison, National Probation Service and arrest referral.

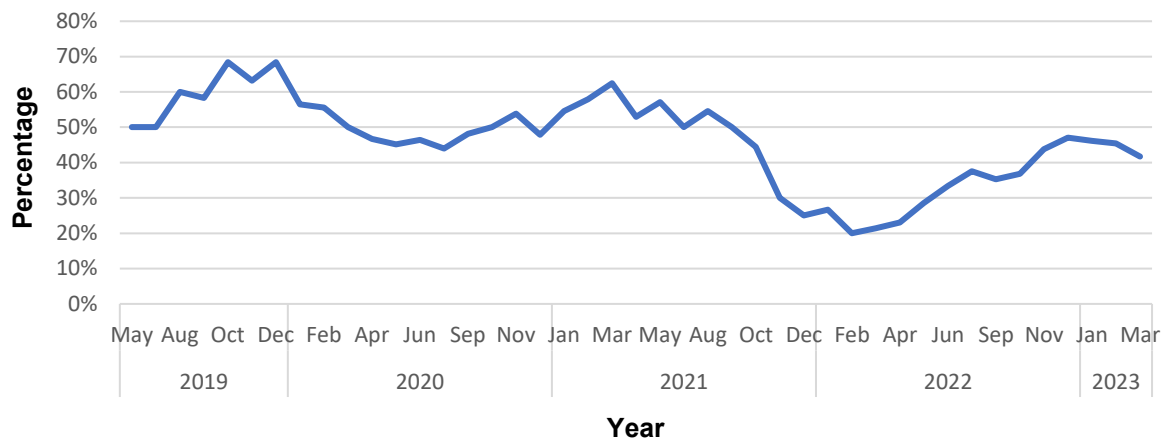
The drug strategy sets out a national ambition that by the end of 2024-25 there should be a 'treatment place for every offender with an addiction'. Historically the proportion referred through CJS has been low in Solihull, and the 'critical care' pathway as part of the new drug strategy will be key to monitoring these referrals and ultimately increasing them (Appendix).

RECOMMENDATION 5 – INCREASE REFERRALS FROM CJS

SMBC should engage with their partners such as police, probation and prison health providers, to optimise access to treatment for individuals referred from custody suites, courts and prisons and ensure that there is a shared understanding of how improved health and reoffending outcomes can be delivered for this cohort.

Figure 12 below shows the percentage of engagement in community-based structured treatment within three weeks of leaving prison in Solihull from 2019 to 2023. The engagement rates dropped from over 60% in March 2021 to the lowest percentage of 20% in February 2022, the rates then increased to nearly 50% in December 2022. However, there was an observed downward trend across the first three months in 2023 as shown in the figure below.

Figure 12: Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison, Solihull, 2019 to 2023



Source: National drug treatment monitoring system (NDTMS)

The Office of Health Improvement and Disparities (OHID) has a national ambition to ensure 3 in 4 prison leavers with a substance misuse issue are engaging in treatment 3 weeks after release by the end of 2023.

Hospital referrals

Only 2% of referrals into treatment come from a hospital setting (Table 8), it would be expected that once the Alcohol Care Teams (ACT) are operational throughout University Hospitals Birmingham NHS Foundation Trust (UHB) sites the figure should increase due to the improvement in referral pathways as well as experts in the addictions field working within hospital settings. The UHB ACT currently operates at Queen Elizabeth Hospital Birmingham but the service will be rolled out to Good Hope and Heartlands hospitals. Alcohol care teams provide specialist expertise and interventions for alcohol dependent patients and those presenting with acute intoxication or other alcohol-related complications, attending A&E or admitted as inpatients across most acute hospital departments (NHS England, 2023).

RECOMMENDATION 6 – ENGAGE WITH ALCOHOL CARE TEAMS TO INCREASE HOSPITAL REFERRALS

SMBC and the treatment provider for Solihull to engage with the implementation of ACT's and provide review and feedback into their efficacy and outcomes to look at how a similar scheme could be introduced for drugs.

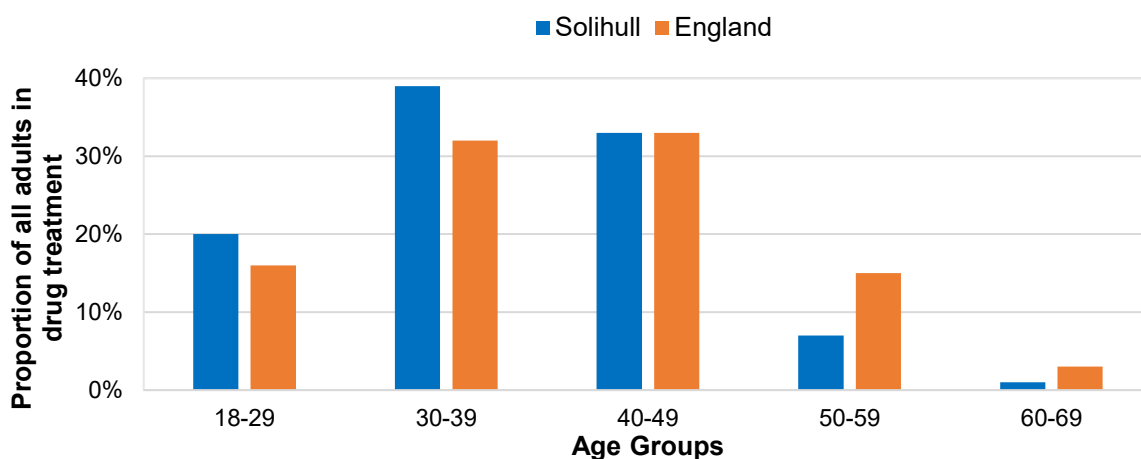
Client Profile

Age

There is a noticeable difference in the age of adults in drug treatment in Solihull when comparing to the England average. Solihull appears to have a much younger adult treatment population, 59% of the adult treatment population in Solihull are aged 18 – 39, compared to 48% in England overall which is statistically significant (Figure 13).

Those in adult treatment aged 50+ in Solihull account for just 8% of the treatment population, compared to 18% in England, which is statistically significant. In Solihull, we currently have an ageing population, with a higher proportion of those aged 50+ compared to England (NOMIS, 2020).

Figure 13: Age of adults in drug treatment for Solihull and England, 2020-21.



Source: Office for health improvement & disparities

RECOMMENDATION 7 – IMPROVE ENGAGEMENT WITH OLDER ADULTS

A systemic approach required to understand how best to support and engage with the 50+ population and understand if there is a substance misuse unmet need for this cohort. The wider system led by SMBC to develop networks of organisations that work with older adults to understand how best to reach this cohort as well as talking to older people to understand directly from them what works and what doesn't and to understand if there is an unmet need in Solihull. Treatment service to develop bespoke pathways and packages that will appeal to and engage older adults into treatment and support.

Mental Health

In Solihull, 42% of clients who entered treatment in 2020-21 were identified as having a mental health treatment need (Table 9). This proportion is lower than the England rate of 63%. Of the 119 adults in drug treatment identified as having a mental health treatment need, 98 (82%) were receiving treatment for their mental health. Although higher than the England average of 71%, 18% (21) of adults in drug treatment in Solihull were not receiving the required treatment for their mental health need.

Table 9: Adults who entered drug treatment in 2020/21 and were identified as having mental health treatment need, for Solihull and England.

Drug group	Solihull (Proportion)	England Proportion
Alcohol and non-opiates	32 (43%)	71%
Non-opiates	57 (43%)	64%
Opiates	30 (42%)	57%
Total	119 (42%)	63%

Source: Office for Health Improvement & Disparities

Mental health treatment need varies slightly by drug group. Alcohol and non-opiates clients 43% were identified as needing a mental health need, whereas in England this rate was much higher at 71%.

Similarly, in Solihull 36% of adults who entered alcohol only treatment in 2020/21 were identified as having a mental health treatment need. This proportion is much lower than the England rate which is 64%. Of those Solihull adults in alcohol only treatment identified as having a mental health treatment need, 82% received treatment for their mental health this is similar to England that saw 80% receiving treatment for their mental health.

RECOMMENDATION 8 – INVESTIGATION IN TO LOWER PREVALENCE OF MENTAL HEALTH NEED IN CLIENTS

Of those clients in contact with our substance misuse treatment services, Solihull has a lower proportion with a mental health treatment need compared with the national rate. Further intelligence and research are needed to ascertain whether this is simply due to the fact that we have a much less complex client mix in Solihull, and the need for Mental Health interventions is not there, or whether we are not identifying those clients with a Mental Health need in the first place.

Quality of care

Time in treatment

Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems and over 2 years for adults with non-opiate problems) will usually find it harder to successfully complete treatment. Current data shows that adults with opiate problems who successfully complete within 2 years of first starting treatment have a higher likelihood of achieving sustained recovery.

In Solihull, opiate clients are in structured treatment for longer periods than is the case in England overall. Of those opiate clients in treatment during 2020/21, 37% are in treatment for less than 2 years in Solihull, compared to 46% in England, this is a statistically significant difference (Figure 14).

For opiate clients in treatment for 6 years or more, 37% of clients in treatment in Solihull are in this category, compared to just 27% in England, again a statistically significant difference. Longer time in contact with treatment services ultimately leads to an increased cost of the treatment/intervention provided.

Figure 14: Proportion of adults in treatment, with opiates as a problem substance, by time in treatment, for Solihull and England, 2020-21.



Source: Office for health improvement & disparities

6% of Alcohol and non-opiate clients and 4% of non-opiates clients are in treatment for 2 or more years in Solihull, just 3% are in treatment for 2 or more years in England.

NICE Clinical Guidelines recommend that mildly dependent and some higher risk drinkers receive a treatment intervention lasting 3 months, those with moderate and severe dependence should usually receive treatment for a minimum of 6 months while those with higher or complex needs may need longer in specialist treatment (Office for Health Improvement & Disparities, 2022).

The length of a typical treatment period is just over 6 months, although nationally

12% of adults remained in treatment for at least a year. Retaining adults for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment.

Clients presenting with Alcohol as their main problem substance remain in treatment for longer periods than is the case in England overall; the Solihull average is 245 days compared to 192 in England. Out of all those clients exiting treatment in Solihull during 2020/21, 21% (42) were in treatment for 12 months or more (Table 10), compared to just 12% in England.

Table 10: Alcohol treatment population by length of time in treatment, in Solihull, 2020/21

Length of time in treatment	Solihull % (Number)	England %
<1 Month	12% (24)	8%
1 to 3 Months	18% (35)	27%
3 to 6 Months	20% (39)	30%
6 to 9 Months	17% (33)	15%
9 to 12 Months	12% (24)	8%
1 to 2 years	16% (31)	10%
2+ years	5% (11)	2%

Source: Office for Health Improvement & Disparities

RECOMMENDATION 9 – INVESTIGATE HIGHER TREATMENT LENGTH AND IMPACT ON OUTCOMES

Intelligence suggests that clients are in contact with treatment services in Solihull for longer periods than is the case nationally. Further investigation is required as to why this trend is evident across adult drug treatment, adult alcohol treatment and young people treatment services, and whether there is any correlation to outcomes for the clients, to ensure resources are being effectively utilised.

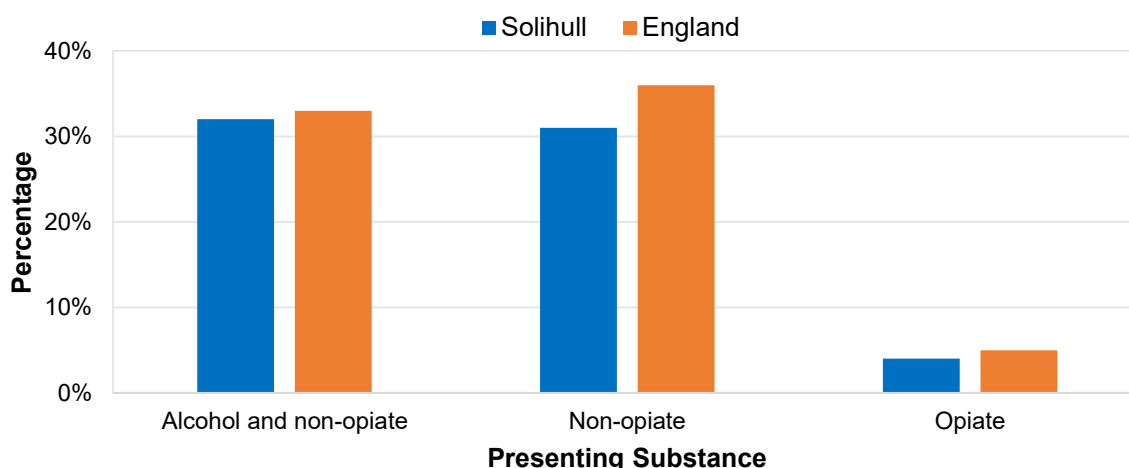
Successful completions

Helping people to overcome drug dependence is a core function of any local drug treatment system. Although many individuals will require a number of separate treatment episodes spread over many years, most individuals who complete successfully do so within 2 years of treatment entry (Office for Health Improvement & Disparities, 2022).

The successful completion rates of treatment in Solihull varies between presenting substance. Of those opiate clients in structured treatment in Solihull; 4% successfully completed their treatment in 2020/21 compared with 5% in England (Figure 15).

Alcohol and non-opiate completion rates in Solihull are similar to England, 32% complete treatment successfully in Solihull, compared with 33% nationally. Non-opiate client's completion rates in Solihull are 31% compared to 36% in England which is a significant difference.

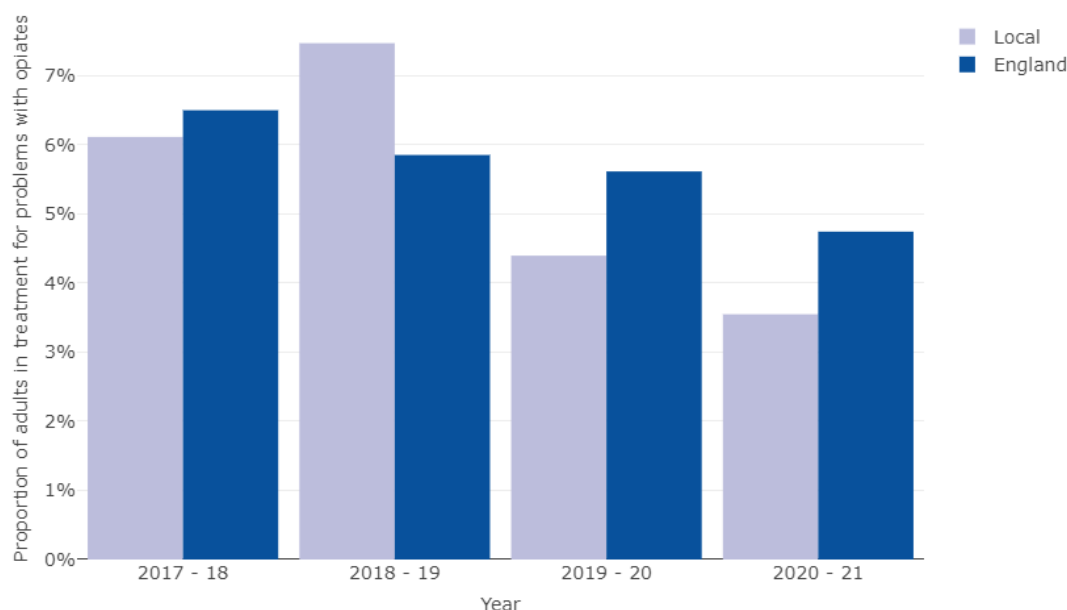
Figure 15: Successful completions as a proportion of total number in treatment, Solihull and England, 2020/21



Source: Office for Health Improvement & Disparities

The proportion of clients in opiate treatment who successfully completed treatment and did not re-represent within 6 months is low in Solihull and has been lower than the England average since 2019/20 (Figure 16). Similar trends are observed in clients completing non-opiate or alcohol and non-opiate treatment.

Figure 16: Proportion of all in opiate treatment, who successfully completed treatment and did not re-present within 6 months, Solihull and England, 2017/18 - 2020/21



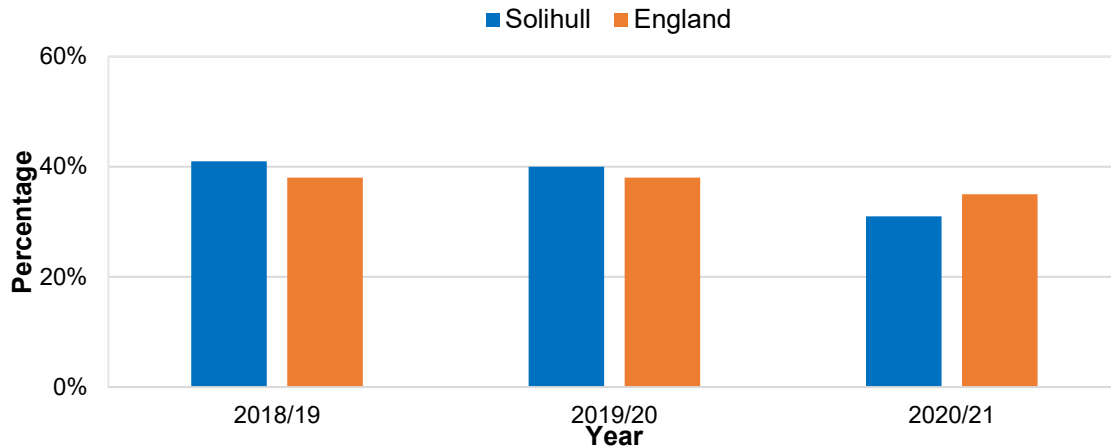
Source: Office for Health Improvement and Disparities

Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those who are receiving structured treatment. A high proportion of successful completions and a low number of re-representations to treatment indicate that treatment services are responding well to the needs of those in treatment.

In Solihull, the alcohol treatment completion and non-representation rate has

decreased over the last 3 years, from 41% in 2018/19 down to 31% in 2020/21 (Figure 17). Nationally the rate has remained around 38%, decreasing slightly in 2020/21 down to 35%. The 2020/21 rate in Solihull is statistically significantly lower than the England rate.

Figure 17: Proportion of all in treatment for alcohol who completed successfully and did not return within 6 months for Solihull and England, 2018-19 to 2020-21



Source: Office for Health Improvement & Disparities

RECOMMENDATION 10 – UNDERSTAND MORE ON WHAT RECOVERY LOOKS LIKE AND IMPROVE VISIBILITY OF RECOVERY SUPPORT

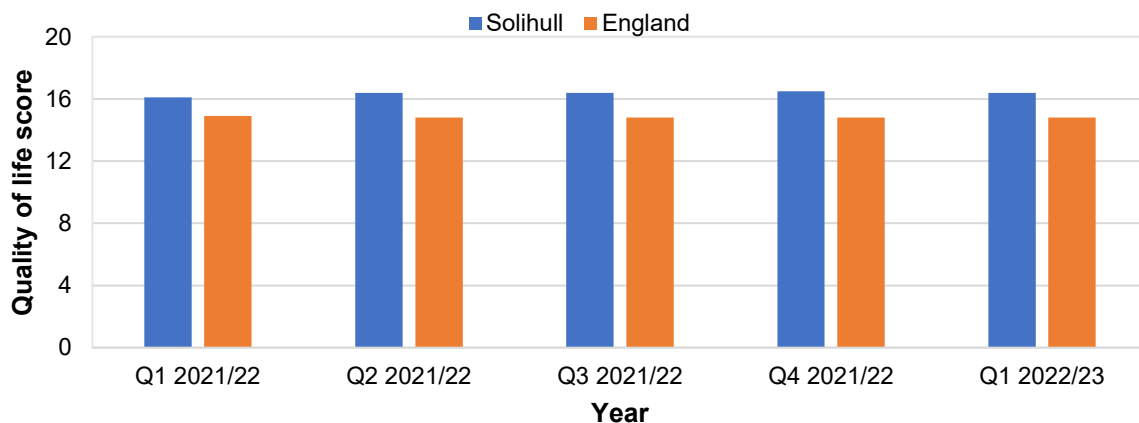
More analysis of available data to understand what recovery looks like to individuals and families in Solihull. Ensure that stories behind outcomes can be shared to support in increasing visibility of recovery and how to access support in the community. Visible recovery support will be made possible by identifying community settings including Job centre, community centres, sports halls, other voluntary community sector (VCS) groups and venues where SIAS can deliver groups and activities. Identify the challenges that people face in accessing wider services work with partners to ease access into treatment and to break down barriers preventing people from accessing support.

Quality of Life

An overall indication of the progress a client has made throughout their treatment journey can be the ‘treatment outcome profile’ quality of life score. This is a self-reported metric; however, it gives an overall rating as to how the client perceives they are feeling against a set of behavioural indicators.

Historically quality of life scores have been above England levels for several years in Solihull and this is still evident in more recent data, although any differences are not statistically significant (Figure 18).

Figure 18: Quality of life self-reported score, Solihull & England, 2021/22 to 2022/23



Source: Office for Health Improvement & Disparities

SIAS User Survey

An indication of the quality of services received by clients in contact with SIAS can be taken from ‘SIAS user surveys’ which are questionnaires from clients receiving structured treatment. Feedback around the quality of facilities at the Bridge was very positive, with 53.8% rating them as ‘excellent’ (Figure 19).

Figure 19: Proportion of SIAS clients rating the quality of facilities at the Bridge, June 2019



Source: SIAS user survey June 2019

Engagement with individual keyworkers is key to a productive treatment journey, 78.6% of respondents felt their keyworker had been 'excellent' (Figure 20).

Figure 20: Proportion of SIAS clients rating how helpful have you found your keyworker, June 2019



Source: SIAS user survey June 2019

Quality of the appointment with doctors is an important part of engaging with the treatment process. 69.2% felt the quality of the appointment with their doctor was 'excellent' (Figure 21).

Figure 21: Proportion of SIAS clients rating how they would rate the quality of the doctors' appointment, June 2019



Source: SIAS user survey June 2019

Equity of service

The NICE clinical guidelines provide substance misuse service delivery expectations across the UK, however the development of bespoke interventions and packages of support are required to meet the diverse need within the Solihull community. Ensuring that an appropriate service is available at the right time and in the right location for people impacted by addiction is key to realising a truly equitable provision. Solihull has identified those groups that are not engaging or accessing services, but we need to understand why.

RECOMMENDATION 11 – UNDERSTAND BARRIERS TO SUPPORT

Community focus groups ran by those in recovery should be held to facilitate understanding of barriers to support and enable co-facilitation of improved provision.

Mortality from Drugs and Alcohol

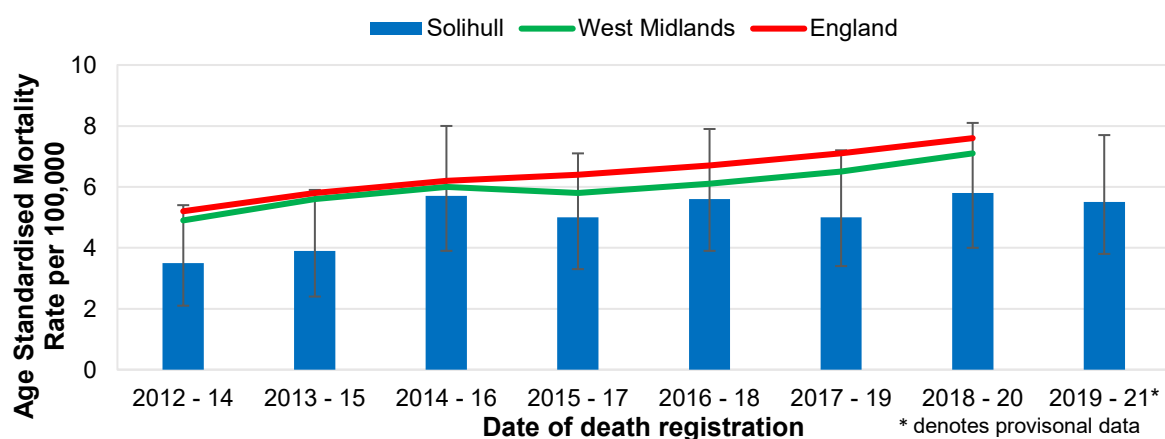
Deaths related to drug poisoning

Deaths relating to drug poisonings include all deaths from: mental and behavioural disorders due to drug use (excluding alcohol and tobacco); accidental, intentional self-harm or assault by poisonings by drugs, medicaments and biological substances; and poisoning by drugs, medicaments and biological substances with undetermined intent.

The rates of deaths related to drug poisonings¹ in Solihull have shown a 57.1% increase from 2012-14 (3.5 deaths per 100,000 population) compared to 2019-21 (5.5 deaths per 100,000 population). The rate has fluctuated since 2012-14, with the overall trend being that of a slow upward increase. In total there have been 91 deaths related to drug poisoning in Solihull since 2012.

Provisional figures for 2019-21 have shown a slight decrease in the rate in Solihull, this decrease is not statistically significant. The rate in Solihull has consistently been below the West Midlands and England rate since 2012-14, the highest rate was 5.8 deaths per 100,000 during 2018-20 (Figure 22).

Figure 22: Deaths related to drug poisonings, rate per 100,000, Solihull, England, and West Midlands, 2012 to 2021



Source: Civil Registration data

The highest proportion of deaths occurred in the 25 – 34 and 35 – 44 age groups (Table 11). Over half (52%) of the overall number of deaths were in these two age

¹ ICD 10 codes F11-F16, F18 -F19, X40-X44, X60 – X64, X85, Y10 – Y14

groups. In the youngest age group (15 – 24) 8% of all deaths occurred, whilst 11% of the 91 deaths were in those aged 75 years or over.

The majority of deaths relating to drug poisoning were male, accounting for 67% of the 91 deaths during 2012 -21 (Table 11). Males aged 35 – 44 were the main group where the deaths related to drug poisoning occurred, accounting for 21% of all deaths.

Table 11: Proportion of deaths related to drug poisoning, by age group and gender, Solihull residents, 2012 – 21

Age Group	Male	Female	Total
15 - 24	8%	0%	8%
25 - 34	12%	10%	22%
35 - 44	21%	9%	30%
45 - 54	4%	7%	11%
55 - 64	11%	3%	14%
65 - 74	3%	1%	4%
75 - 84	4%	3%	8%
85 +	3%	0%	3%
Total	67%	33%	

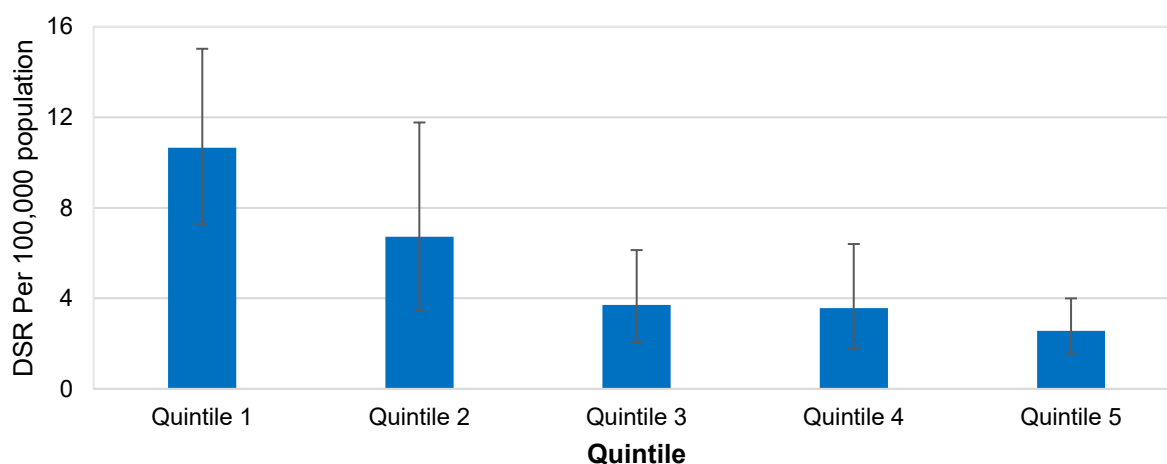
Source: NHS Digital, Civil Registration data

The 3 main wards where Solihull residents lived for those deaths related to drug poisoning were Smith’s Wood, accounting for 15.4% of all deaths between 2012 -21, Chelmsley Wood, (13.2%) and Olton (11.0%).

Deprivation quintiles are based on the Index of Multiple Deprivation 2019 (IMD 2019), which is the official measure of relative deprivation. Quintile 1 represents the most deprived 20% of small areas in England, and quintile 5 represents the least deprived 20% of small areas in England (Figure 23).

There appears to be a strong correlation between deaths relating to drug poisoning in Solihull and the deprivation of the area, the rate increases as the deprivation increases. Quintile 1 has a rate of 10.7 deaths per 100,000 population, this rate then decreases with every subsequent quintile, down to a rate of 2.6 per 100,000 for quintile 5. The difference between quintile 1 and quintiles 3, 4, and 5 is statistically significant, highlighting the correlation between rates and the link to deprivation.

Figure 23: Deaths related to drug poisoning, DSR per 100,000 by Deprivation quintile, Solihull, 2012 – 21



Source: Civil Registration Data, NHS Digital

Deaths related to drug misuse

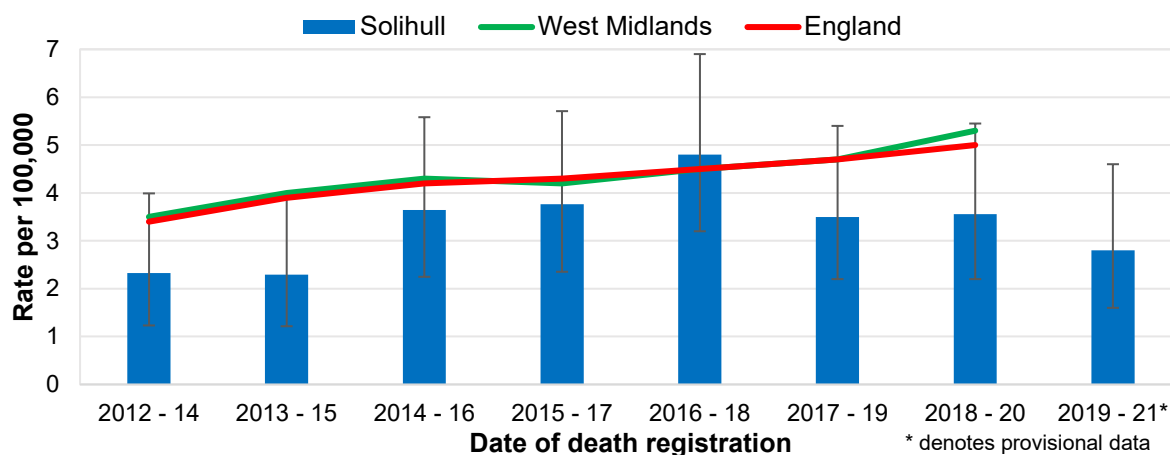
Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

The rate of deaths related to drug misuse² in Solihull has increased steadily from 2012-14 to 2016-18. During 2016-18 the rate in Solihull was at its peak of 4.8 deaths per 100,000 population, whilst also having a higher rate than both the West Midlands and England, although this increase was not statistically significant (Figure 24).

Since 2016-18 the Solihull rate has followed a decreasing trend, unlike the England and West Midlands rates which have shown an increased trend. The provisional death rate for 2019-21 is 2.8 deaths per 100,000 population in Solihull, a 21.3% decrease compared with 2018-20, although the decrease is not significant.

² ICD 10 codes F11-F16, F18 -F19, X40-X44, X60 – X64, X85, Y10 – Y14, and where a drug controlled under the Misuse of Drugs Act 1971 mentioned on the death record.

Figure 24: Age standardised mortality rate from drug misuse per 100,000 population, Solihull, West Midlands, and England 2012-14 to 2019-21

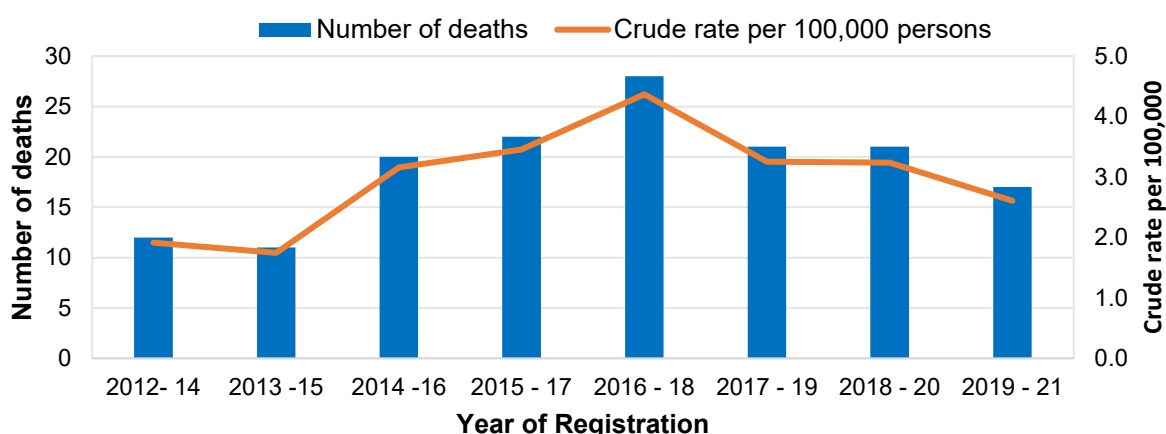


Source: Civil registration data

In Solihull of the 91 deaths related to drug poisoning between 2012 and 2021, 58 were related to drug misuse (63.7%). There is a similar proportion in England and Wales, where during 2021 there were 4,859 deaths relating to drug poisoning, 3,060 were related to drug misuse (63.0%) (ONS, 2022).

Of those 58 deaths related to drug misuse in Solihull, there was a peak in 2016-18 when there were 28 deaths. Since then, the number of deaths has fallen, current provisional data for 2019-21 shows the number of deaths has reduced to 17 (Figure 25).

Figure 25: Deaths related to drug misuse, number and crude rate by date of death registration, Solihull residents 2012-2021

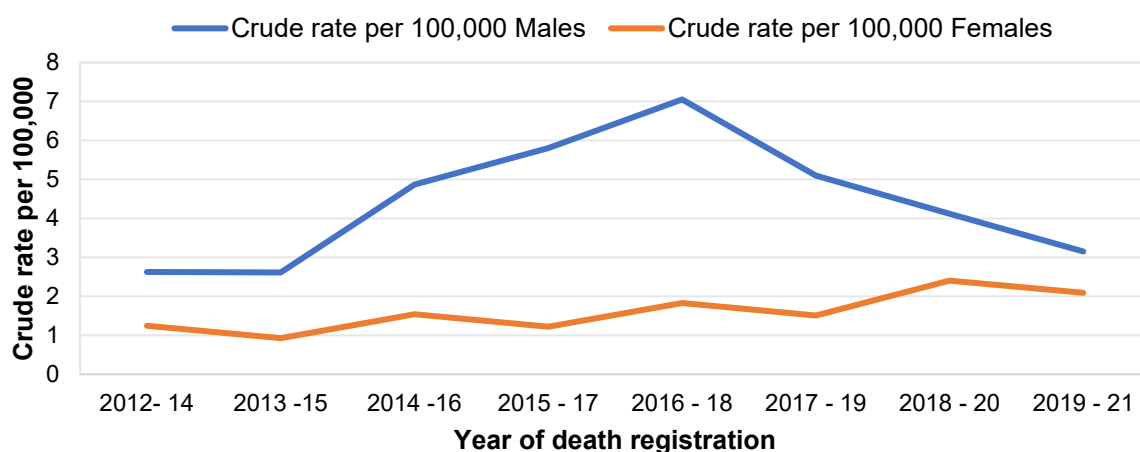


Source: Civil registration data

In Solihull the death rate for males is similar to the pattern overall with a peak in 2016-18 followed by a decline in the rate of deaths. This is as expected given that 70.7% (41 deaths) of the total number of deaths were male (Figure 26).

The death rate for females follows a different path, in that the rate has fluctuated but showing an overall steady increase. Most recent rates in 2019-21 are showing both male and female with similar rates, and the closest they have been for over 10 years.

Figure 26: Deaths related to drug misuse, crude death rate, by gender, Solihull residents, 2012-14 to 2019-21



Source: Civil registration data

The highest rate for deaths amongst males in Solihull is within the 30 – 44 age group, when there were 10.1 deaths per 100,000 population (Table 12). The same 30 - 44 age group is also responsible for the highest death rate amongst females in Solihull, 4.1 deaths per 100,000 population. Almost half (44.8%) of the deaths from drug misuse are in those aged 30-44 years.

The 3 main wards where the residents lived who died relating to drug misuse between 2012-21 are the same as for drug poisoning deaths. Smith’s Wood and Chelmsley Wood in the north of the borough both accounted for 13.8% of the overall deaths, and Olton 12.1%.

Table 12: Deaths related to drug misuse, proportion, gender, age groups, and age specific mortality rates, Solihull residents, 2012-21

Age Group	Proportion of deaths related to drug misuse			Age Specific Mortality Rate from deaths related to drug misuse		
	Male	Female	Persons	Male	Female	Persons
15 - 29	15.5%	3.4%	19.0%	5.0	1.2	3.1
30 - 44	31.0%	13.8%	44.8%	10.1	4.1	6.9
45 - 59	8.6%	6.9%	15.5%	2.3	1.7	2.0
60+	15.5%	5.1%	20.7	3.5	1.0	2.1
Total	70.7%	29.3%	100%	4.0	1.6	2.7

Source: Civil registration data

In 2021, the highest rate of deaths related to drug misuse in England & Wales was in those aged 45 to 49 years, closely followed by those aged 40 to 44 years (ONS, 2022).

In Solihull between 2012-21 of the 58 deaths related to drug misuse, 13 of those had

cocaine mentioned in the drug record (22.4%), and the majority of these deaths were male (76.9%). It should be noted there may have been other drugs also mentioned in the drug record so cocaine may not have been the primary drug involved in the death, however it contributed to the overall death classification.

In England and Wales deaths cocaine deaths have risen for the 10th consecutive year. There were 840 deaths involving cocaine registered in 2021, which was 8.1% higher than the previous year (777 deaths), and more than 7 times higher than in 2011. In 2021, males accounted for 76.8% of the deaths involving cocaine (645 males compared with 195 females) (ONS, 2022). The rise in deaths involving cocaine is likely to be a direct consequence of the increasing prevalence in cocaine use. This increase in cocaine use is also seen across Europe. Both cocaine and heroin have been reported to have high availability in recent years, with low prices and high purity levels (ONS, 2022).

The number of deaths related to drug misuse have been on an upward trend for the past decade in England and Wales. The reasons behind this are complex and differ by drug type. The overall trend is driven primarily by deaths involving opiates, but also by an increase in deaths involving other substances like cocaine (ONS, 2022). Across Europe, rates of deaths involving heroin or morphine have been increasing, while the number of new heroin and morphine users has fallen. This indicates higher rates of death among existing long-term drug users. Possible explanations include:

- there is an ageing cohort of drug users, likely to be suffering from the effects of long-term drug use and becoming increasingly susceptible to a fatal overdose.
- New trends in taking specific drugs, including gabapentinoids and benzodiazepines, alongside heroin or morphine, may increase the risk of an overdose
- There may have been an increase in disengagement or non-compliance with opiate substitute therapy (OST)

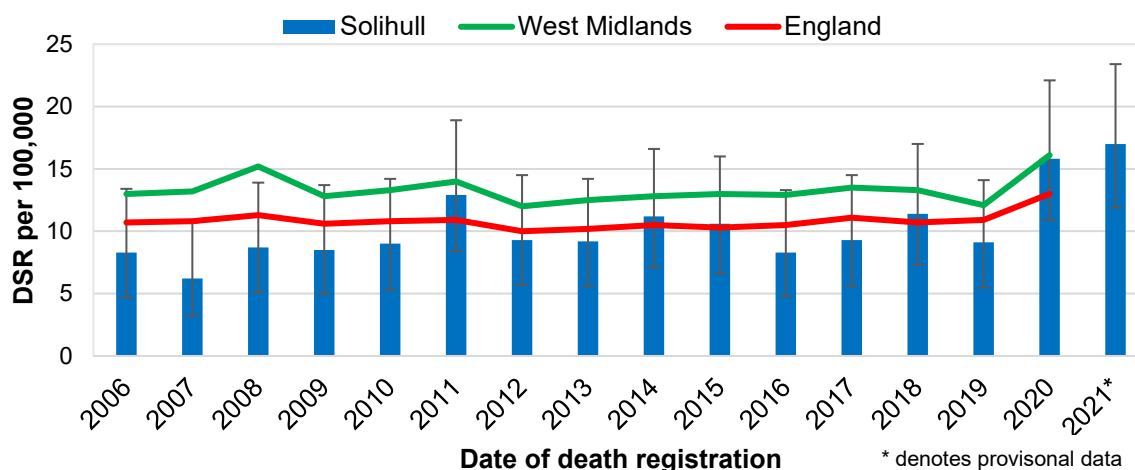
Alcohol Specific Mortality

Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, and major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases (World Health Organisation, 2022).

Alcohol-specific deaths includes only those health conditions where each death is a direct consequence of alcohol misuse.

Alcohol specific mortality rates in Solihull have remained relatively static between 2006 to 2019 and have largely remained below the England and West Midlands rates, apart from 2011, 2014, and 2018, although none of these differences were statistically significant. There has been an increase in the rate in Solihull between 2019 and 2020, when the rate increased from 9.1 to 15.8 per 100,000 population (Figure 27), although this increase is not statistically significant. The rate then increased further to 17.0 deaths per 100,000 in 2021 (provisional figures) and is currently the highest it has been since 2006.

Figure 27: Alcohol specific mortality, (persons 1 year range) directly standardised rates per 100,000, in Solihull, West Midlands, and England 2006 to 2021



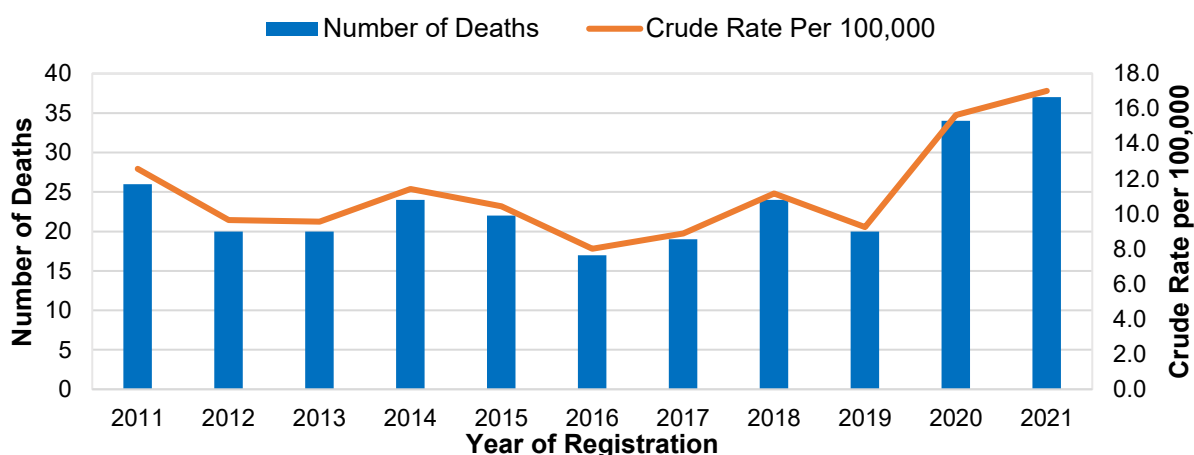
Source: NHS Digital, Civil registration data

In England during 2021, the alcohol specific mortality rate was 14.8 deaths per 100,000 population, this was a 7.4% increase on the previous year (14.0 per 100,000), and 27.4% higher than in 2019 (11.8 deaths per 100,000). Similarly, in the West Midlands 2021 had elevated rates of Alcohol Specific Mortality, increasing from 12.1 to 15.9 deaths per 100,000 persons in 2021 (ONS, 2022), a 31.4% increase.

Alcoholic liver disease accounted for just over 78.0% of all alcohol-specific deaths in 2021. There has been a rapid increase in the number of alcoholic liver deaths, rising by 20.8% between 2019 and 2020, compared to a rise of 2.9% between 2018 and 2019 (Public Health England, 2021).

In Solihull there have been 263 deaths from alcohol specific conditions since 2011 (Figure 28). The number of deaths during the period 2011 – 2019 remained static, with an average of 21.3 deaths per year. A large increase in the number of deaths from alcohol specific conditions occurred in 2020 with a further increase in 2021 which saw 37 alcohol specific deaths. Data for 2021 should be interpreted with caution as it is currently considered provisional and subject to change.

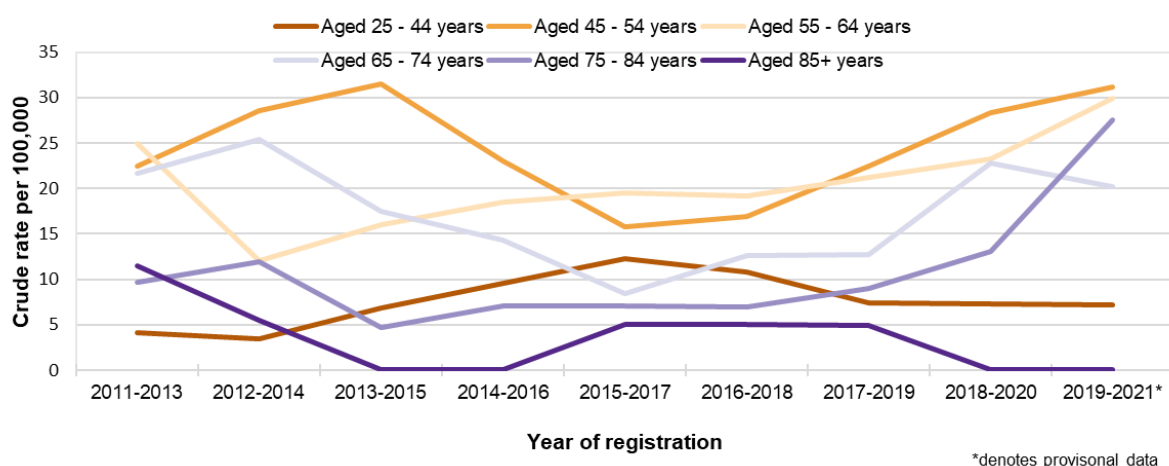
Figure 28: Deaths from Alcohol specific conditions, number and crude rate per 100,000, by date of registration, Solihull residents, 2011-2021



Source: NHS Digital, Civil Registration data

The 55 – 64 age group has seen a gradual increase in crude rates since 2012-2014 (Figure 29). Increases in rates for both 45 – 54 years, 55 – 64 years, and 75 – 84 years were evident between 2018-2020 to 2019-2021.

Figure 29: Deaths from Alcohol specific conditions, 3-year rate per 100,000, by age groups and year of registration, Solihull residents, 2011-2013 to 2019-2021



*denotes provisional data

Source: Civil registration data

The majority of alcohol specific deaths have occurred in 45 – 64 year olds, accounting for 57.8% of all deaths. Two thirds of the alcohol specific deaths since 2011 are in Males (66.2%) (Table 13).

The main wards where these people lived were predominantly in the north of the borough, Bickenhill and Chelmsley Wood each accounted for 8 out of the 71 deaths, and Kingshurst & Fordbridge and Smith’s Wood 7 deaths each.

Table 13: Proportion of deaths from alcohol specific conditions by age group, Solihull residents, 2011 - 2021

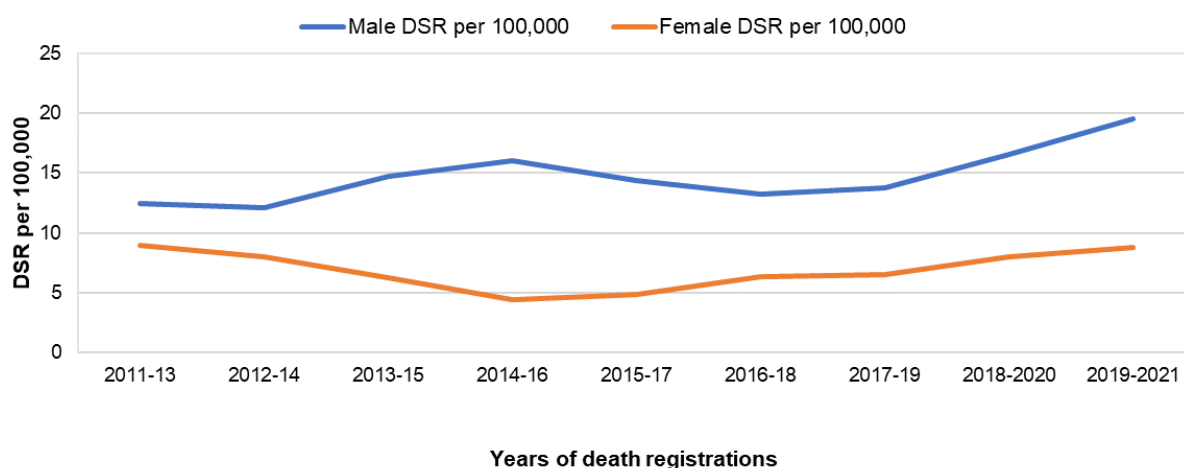
Age Group	Male	Female	Total
25 - 34	1.5%	0.8%	2.3%
35 - 44	8.0%	5.3%	13.3%
45 - 54	20.2%	11.8%	31.9%
55 - 64	16.7%	9.1%	25.9%
65 - 74	12.9%	4.2%	17.1%
75 - 84	6.1%	2.3%	8.4%
85+	0.8%	0.4%+	1.1%
Total	66.2%	33.8%	100.0%

Source: NHS Digital, Civil Registration data

There has been a gradual increase in the Alcohol Specific death rate for males since 2012-14, with a more notable increase since 2017-2019 (Figure 30).

The rate in females has shown a gradual increase since 2014-16, although rates remain significantly lower than those of males.

Figure 30: Directly age standardised Alcohol mortality rate by gender, Solihull residents, 3-yearly rates, 2011-13 to 2019-21

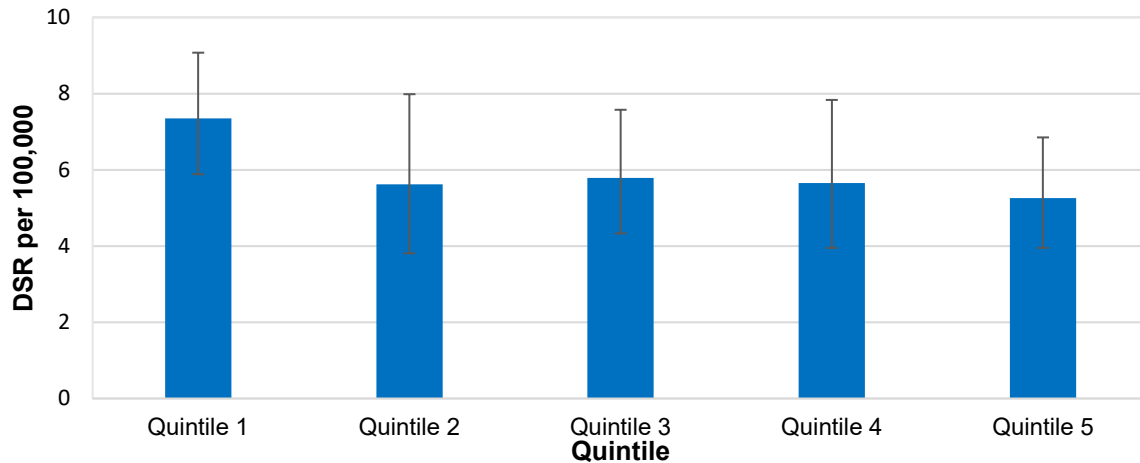


Source: Civil registration data

The 3 main wards where Solihull residents lived attributed to alcohol specific mortality were all located in the north of the borough. Chelmsley Wood had the highest rate of mortality at 24.0 deaths per 100,000 population (crude rate) followed by Smith’s Wood (20.7), and Kingshurst & Fordbridge (16.0).

There appears to be a correlation between alcohol specific mortality rates in Solihull and the deprivation of the area. The mortality rate is highest in those living within the 20% most deprived areas (7.4 per 100,000) (Figure 31). The mortality rate is lowest, although not statistically significantly different, in the least deprived 20% of areas, 5.2 deaths per 100,000 people.

Figure 31: Alcohol specific mortality, DSR per 100,000 by Deprivation quintile, Solihull, 2011 - 21



Source: Civil Registration data

Evidence suggests that the increase in alcohol mortality in recent years could be as a result of the COVID-19 pandemic. Recent survey data collected by the department of Health and Social Care (DHSC) suggested that respondents were more likely to report increasing their alcohol consumption during the coronavirus pandemic compared with previous years, with a “step-change around the time the pandemic began”.

Alcohol liver disease typically takes many years to develop. However, increases in alcohol consumption among those who have already been consuming alcohol at higher-risk levels can lead to rises in mortality in a short period of time, from what is known as “acute-on-chronic” liver failure. The DHSC’s survey data suggested people who were already drinking at higher levels before the pandemic were the most likely to report increases in their alcohol consumption in 2020.

The most recent survey data on alcohol consumption shows that increasing and higher risk drinking had remained at heightened levels. Research by the National Institute for Health Research suggested that, if these consumption patterns persist, there could be hundreds of thousands of additional cases of alcohol-related diseases, and thousands of extra deaths as a result (ONS, 2022).

These increased alcohol consumption rates during lockdown periods resulted in more harmful levels of drinking taking place within the home. The knock-on effect of this has been felt across primary care and hospital networks. With the increase of hybrid working across the UK and increasing rates of isolation, and anxiety, we would expect this trend to continue and envisage further impact of alcohol

consumption shown within health outcomes if interventions are not expanded to meet the growing need.

Deaths in treatment

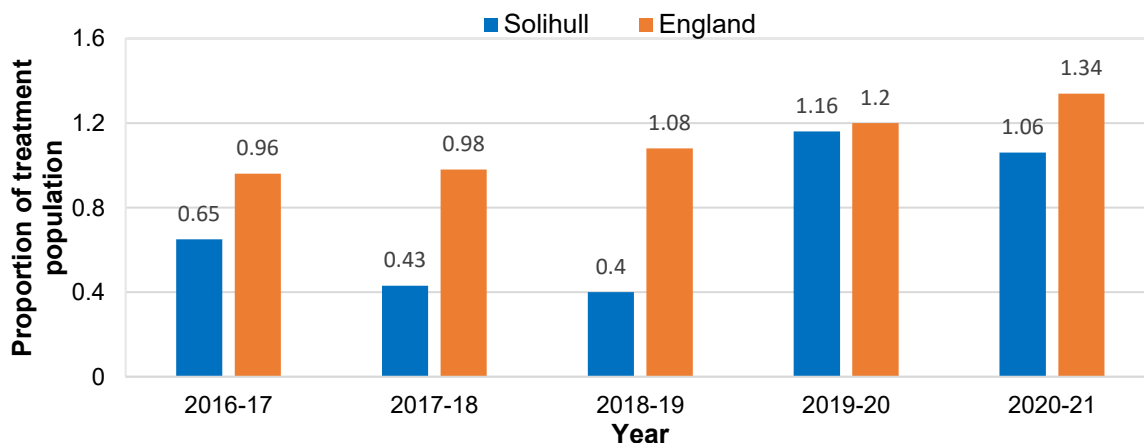
Every year, people die while they are in an alcohol and drug treatment programme, but these deaths might not be alcohol or drug related.

The proportion of deaths in drug treatment has been relatively low in Solihull since 2016-17, reaching a low of 0.4% in 2018-19 (Figure 32). The last 2 years has seen an increase in the proportion, to a high in 2019/20 of 1.16%, and a current rate of 1.06% in 2020-21.

In England the proportion has been steadily rising since 2016-17, to a current rate of 1.34%. The England rate has been consistently above Solihull levels over recent years.

In 2020-21, there was a 18% increase in the number of people recorded as having died while in treatment for drug misuse in England (Office for Health Improvement & Disparities, 2022). It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase from 2020/21 but further analysis is needed to explain the increase in 2019/20.

Figure 32: Proportion of deaths in drug treatment (for all drug groups) for Solihull and England, 2016-17 to 2020-21.

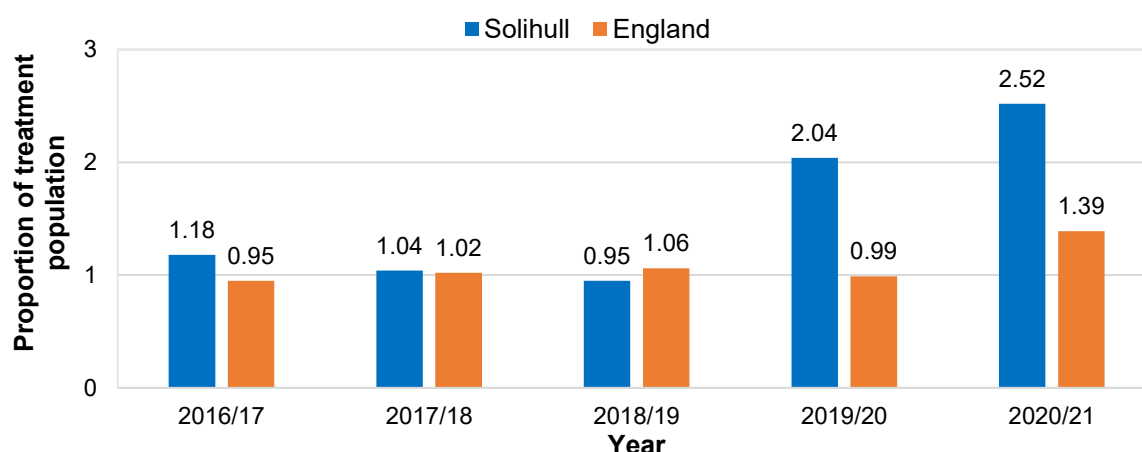


Source: Office for health improvement & disparities

In 2020/21 there was an 44% increase at a national level in the number of adults recorded as having died while in treatment for alcohol alone, with wide local variation (Office for Health Improvement & Disparities, 2022).

In Solihull, the proportion of deaths in alcohol treatment between 2016/17 to 2018/19 had been relatively stable and similar to the England (Figure 33). During 2019/20 and 2020/21 there has been an increase in this rate, to a current level of 2.52%. This proportion is higher than the proportion nationally (1.39%), is statistically significant and is currently on an upward trajectory.

Figure 33: Proportion of deaths in Alcohol treatment for Solihull and England, 2016/17 to 2020/21



Source: Office for Health improvement & disparities

Deaths whilst in alcohol treatment in Solihull is an important area of focus to monitor going forward. COVID-19 and the associated increase in alcohol consumption may well be having an influence on the 2020/21 figure but would not explain the increase in 2019/20. Further investigation is required to understand what is driving the increase in deaths while in alcohol treatment.

RECOMMENDATION 12 – DEEP DIVE ON DEATHS FROM DRUGS AND ALCOHOL

The latest data shows a decrease in the rate of deaths related to drug poisoning and drug misuse in Solihull. However, there has been a rise in deaths involving cocaine nationally, thought to be a direct consequence of increasing prevalence in cocaine use. The rate of Alcohol specific mortality has increased since 2020 in Solihull, a significant proportion of this increase includes male clients aged between 45 – 64.

Further analysis on drug poisoning and drug misuse deaths data is recommended to ascertain the drugs involved and whether deaths from cocaine are showing a similar pattern and increasing in Solihull.

Analyse alcohol specific mortality in greater detail to determine what is driving the increase in alcohol specific deaths.

Investigate whether substance misuse services are able to gather data on the causes of deaths from those that die while in treatment to ascertain what is driving the recent increase of deaths in treatment.

Enquire about whether we can get further intelligence on drug-related deaths from the coroner as part of the suicide intelligence project, providing real-time data on suicide deaths – some of which will be from drug poisonings.

Link mortality data to hospital admission data to determine whether those that have died from alcohol and or drug misuse had been in contact with NHS services prior to death.

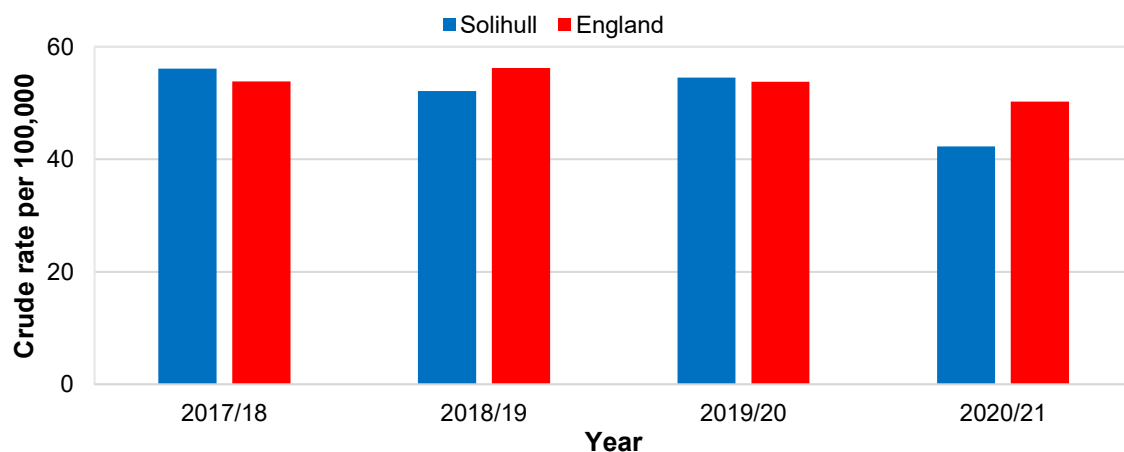
Hospital Admissions

Admissions due to drug poisoning

As well as being a key issue to be addressed in themselves, drug poisoning hospital admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose (Office for Health Improvement & Disparities, 2022).

The rate of hospital admissions due to drug poisoning has not changed significantly over the last 4 years in Solihull (Figure 34). The reduced rate in 2020/21 is likely artificially low due to the COVID-19 pandemic. The pandemic had a large impact on hospital activity with a reduction in admissions in 2020 and 2021.

Figure 34: Hospital admissions due to drug poisoning in Solihull and England, 2017-18 to 2020-21



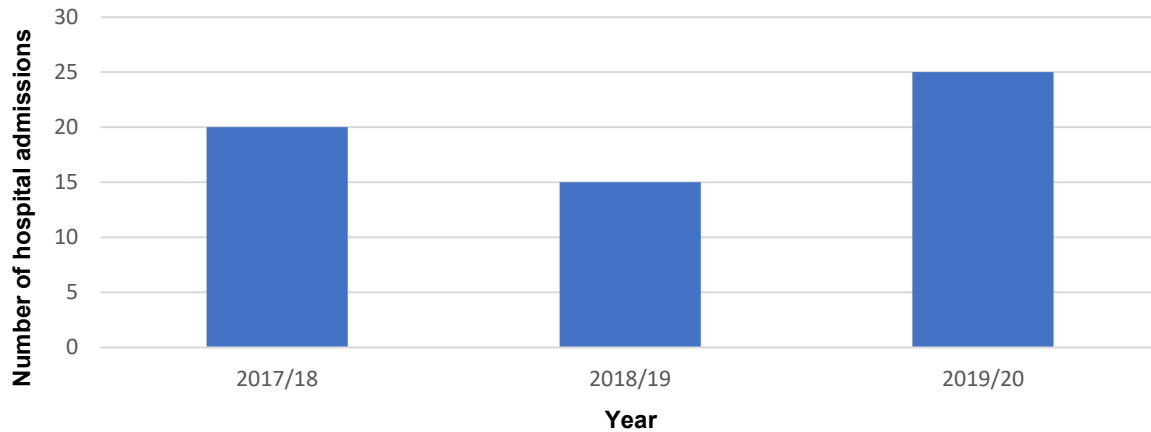
Source: Office for Health Improvement & Disparities

The 2020/21 rate in Solihull involved 92 admissions due to drug poisoning, further analysis will be undertaken to determine a longer-term trend and the demographics of those being admitted to hospital from drug poisoning.

Admissions due to drug-related mental health and behavioural disorders

The number of hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders, has not changed significantly over the period of 2017/18 to 2019/20 in Solihull (Figure 35).

Figure 35: Hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders, in Solihull, 2017-18 to 2019-20

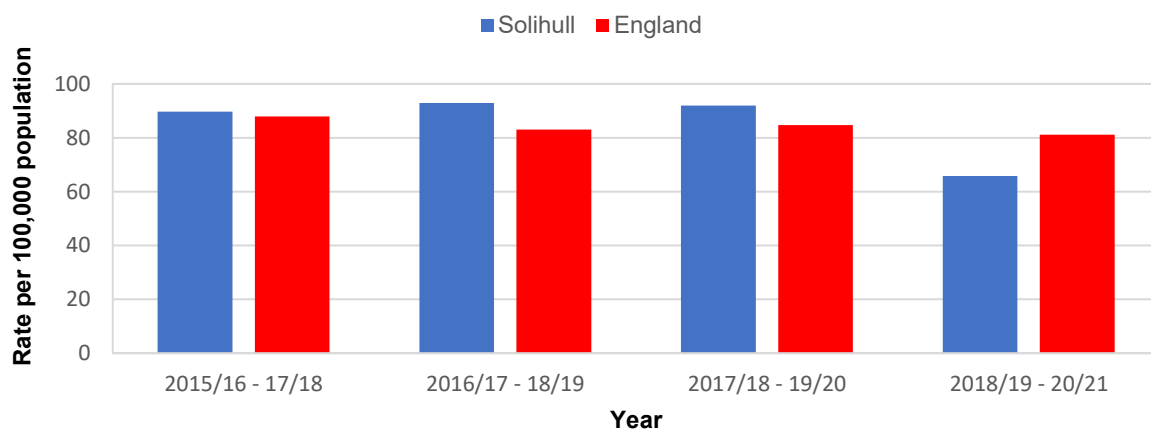


Source: Statistics on Drug Misuse, England, Hospital Episode Statistics (HES)

Admissions due to substance misuse among young people

Young people who use recreational drugs run the risk of damage to mental health including suicide, depression, and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence (Office for Health Improvement & Disparities, 2022).

Figure 36: Hospital admissions due to substance misuse (15 to 24 years), Directly standardised rate per 100,000 population, in Solihull and England, 2015-16 to 2020-21



Source: Children, Families and Healthy Ageing, Hospital Episode Statistics (HES), Office for Health Improvement and Disparities

The rate of hospital admissions due to substance misuse among young people aged 15 to 24 years old, has not changed significantly over the period of 2015/16 to 2019/20 in Solihull (Figure 344). The COVID-19 pandemic had a large impact on hospital activity with a reduction in admissions in 2020 to 2021, which likely contributed to the reduced rate in 2018/19 – 2020/21.

Alcohol Hospital Admissions

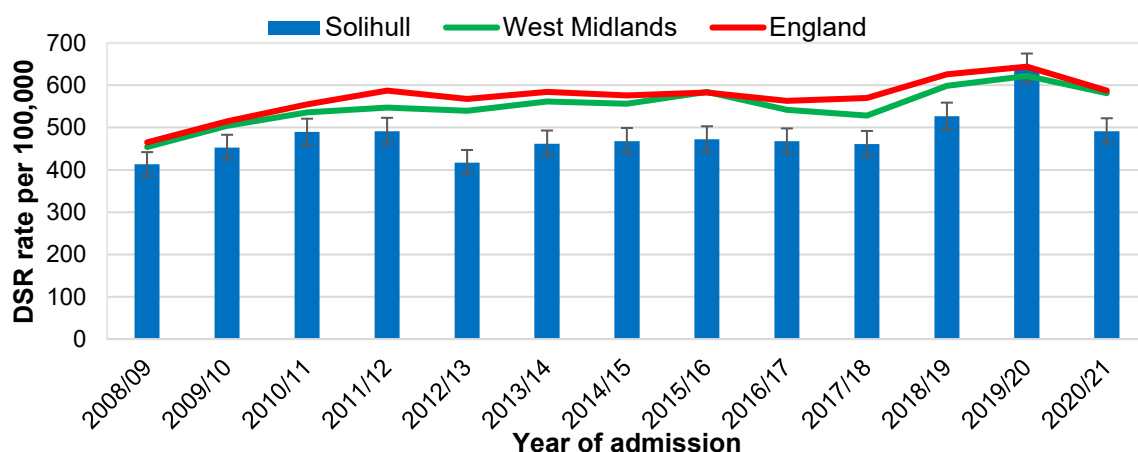
Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually (OHID, 2022).

The rate of hospital admission episodes for alcohol specific conditions in Solihull has been relatively static over recent years (Figure 37), however there has been a notable increase recently in both 2018/19 and in 2019/20.

The rate peaked in 2019/20 at 640 admissions per 100,000 population, however there was then a notable decrease in 2020/21 when the rate reduced to 491 admissions per 100,000 population. This was a statistically significant decrease and is lower than both England and the West Midlands rates. This decrease is likely due to the lowering of hospital admissions from the COVID-19 pandemic and may not be indicative of reduced alcohol consumption.

Solihull has consistently performed at a lower rate than both England and West Midlands rates, apart from 2019/20 when Solihull had a slightly higher rate than the West Midlands and only just lower than England.

Figure 37: Hospital admission episodes for alcohol specific conditions (persons) in Solihull, West Midlands, and England, 2008/09 to 2020/21

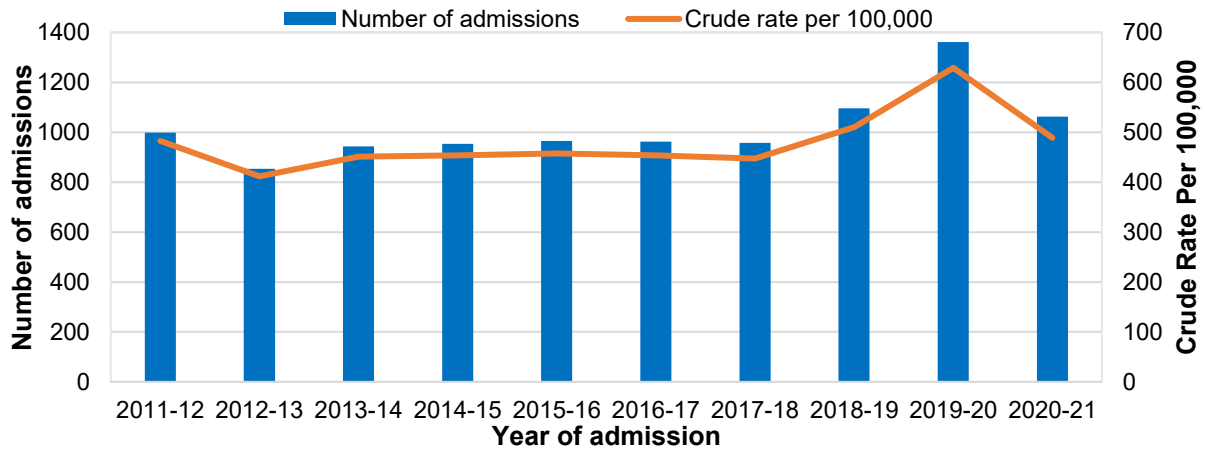


Source: NHS Digital

In Solihull there have been 10,154 Hospital admissions from alcohol specific conditions between 2011 and 2021 (Figure 38). The number of admissions during the period 2011 – 2018 remained static, however from 2018/19 there was a notable

increase in admissions, and this peaked in 2019/20 when there were 1,361 admissions.

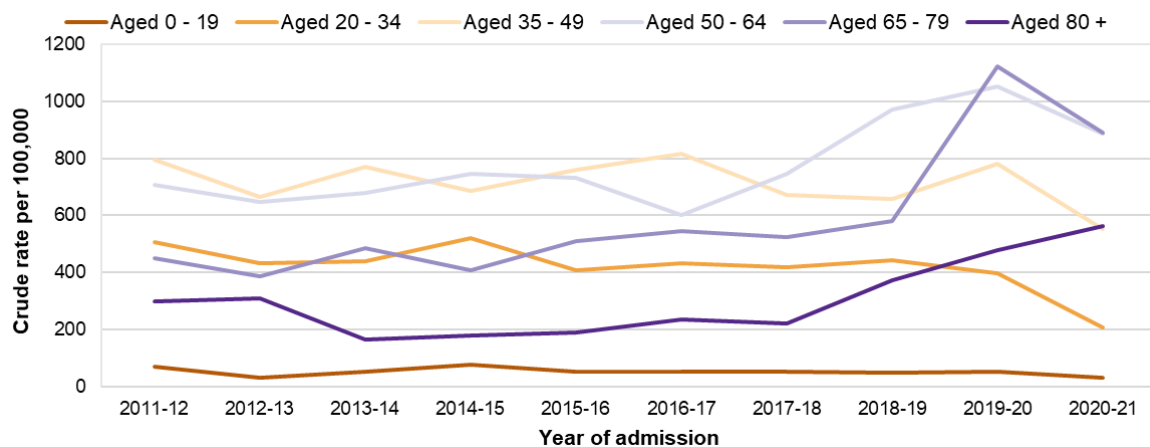
Figure 38: Hospital admission episodes for alcohol specific conditions, (persons) number of admissions and crude rate per 100,000 in Solihull 2011-12 to 2020-21



Source: NHS Digital

Since 2011/12 the rate of hospital admissions in people aged 20 – 34 years has shown a subtle decrease over time (Figure 39). The reverse can be said for the older age groups, the 50 – 64, 65 – 79, and the 80+ age groups all show signs of increasing rates over the period, especially between 2018/19 to 2020/21.

Figure 39: Hospital admission episodes for alcohol specific conditions, (persons) crude rate per 100,000 by age group in Solihull 2011-12 to 2020-21



Source: NHS Digital

Since 2011 the highest rate of Hospital admissions for alcohol specific conditions was amongst males aged 50 - 64 with 1,143.7 admissions per 100,000 population. The highest age-specific rate in Solihull females occurs in those aged 35-49 years (Table 14).

The 80+ age group has a rate of 304.1 admissions per 100,000 population, and accounts for 3.8% of the total number of admissions.

Table 14: Number of Hospital Admissions and Age specific rate from alcohol specific conditions, Solihull residents 2011-21

Age Group	Hospital Admissions for Alcohol Specific Conditions			Age Specific Hospital Admission Rate for Alcohol Specific Conditions		
	Males	Females	Persons	Males	Females	Persons
Aged 0 - 19	128	136	264	48.7	55.5	52.0
Aged 20 - 34	843	604	1447	491.4	348.6	419.7
Aged 35 - 49	1985	981	2966	1000.3	455.0	716.4
Aged 50 - 64	2328	917	3245	1143.7	431.1	779.5
Aged 65 - 79	1365	482	1847	934.4	294.3	596.1
Aged 80+	257	128	385	532.1	163.5	304.1
Total	6906	3248	10154	670.1	298.3	479.1

Source: NHS Digital

The 4 main LSOA's where Solihull residents lived attributing to alcohol Hospital admissions were Olton South which accounted for 3.1% of all admissions, followed by Hobs Moat North (1.9%), Cranmore South (1.9%), and Coleshill Heath north (1.9%).

Three of these LSOA's are in the south of the borough, and shows a different trend compared to alcohol mortality, where the main areas of deceased people were living largely in areas of north Solihull.

Children and Young People

Prevalence Estimates: Children and Young People

The smoking, drinking, and drug use among young people in England survey has been conducted, roughly, every 2 years since 2001; with the most recent survey completed in 2021.

In 2021 almost 17% of 11–15 year olds have ever been offered cannabis (Table 15), assuming the same prevalence exists in Solihull, this equates to 2,334 11-15 year olds.

Just over 4% of 11-15 year olds are estimated to have taken drugs within the last month, approximately 566 people in Solihull. Approximately 970 (7%) 11-15 year olds in Solihull are estimated to have taken cannabis. Slightly less (6.8%) admitted to having ever taken glue, gas, aerosol or solvents, this equates to 940 young people in Solihull.

It is estimated that 8.5% of 11–15 year olds got drunk in the last 4 weeks, this equates to 1,181 young people in Solihull.

Smoking prevalence has declined since the last survey with approximately 3% of 11-15 year olds estimated to be current smokers, this would equate to 421 young people in Solihull.

Table 15: Prevalence of smoking, drinking, and drug use by age and sex, England and Solihull (estimated)

Smoking, drinking, and drug use amongst 11 - 15 year olds	England			Solihull		
	Prevalence (%)			Estimated Number		
	Male	Female	All	Male	Female	All
Ever been offered cannabis	16.9	16.6	16.9	1212	1100	2334
Taken drugs in the last month	4.2	4.2	4.1	299	276	566
Ever taken cannabis	6.8	7.1	7.0	487	473	970
Ever taken glue, gas, aerosol or solvents	6.3	7.1	6.8	450	472	940
Drank alcohol in the last week	8.3	8.7	8.5	600	576	1181
Got drunk in the last 4 weeks	6.4	9.9	8.2	462	658	1129
Current Smoker	2.5	3.5	3.0	179	234	421

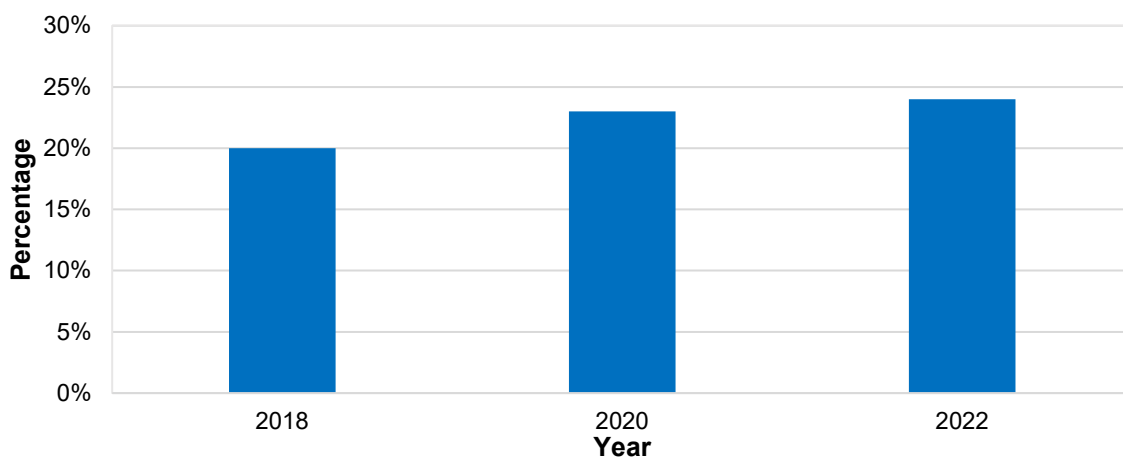
Source: Smoking, drinking, and drug use among young people survey 2018, and ONS population estimates 2020

Health Related Behaviour Questionnaire

The Health Related Behaviour Questionnaire (HRBQ) 2022 includes data collected from a sample of primary pupils aged 6 to 11 and secondary pupils aged 12 to 15 in Solihull during spring 2022. A total of over 8,000 pupils took part in 58 Solihull Infant, Primary, Secondary and Special schools.

The proportion of Solihull secondary school pupils who are 'fairly sure' or 'certain' they know someone who takes drugs, has increased steadily in Solihull since 2018. The proportion has increased from 20% in 2018 to 24% in 2022, although the most recent increase is not statistically significant (Figure 40).

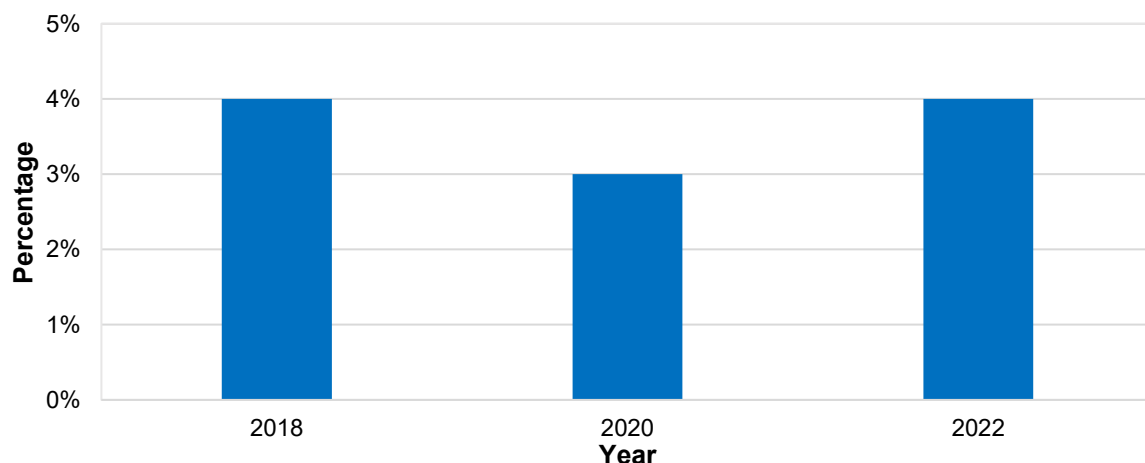
Figure 40: Proportion of Solihull secondary school pupils are 'fairly sure' or 'certain' that they know someone who takes drugs



Source: Schools Health Education Unit

The proportion of secondary school pupils who had ever taken cannabis remained reasonably low at just 4% for those 2022 respondents (Figure 41).

Figure 41: Proportion of Solihull secondary school pupils that have ever taken cannabis

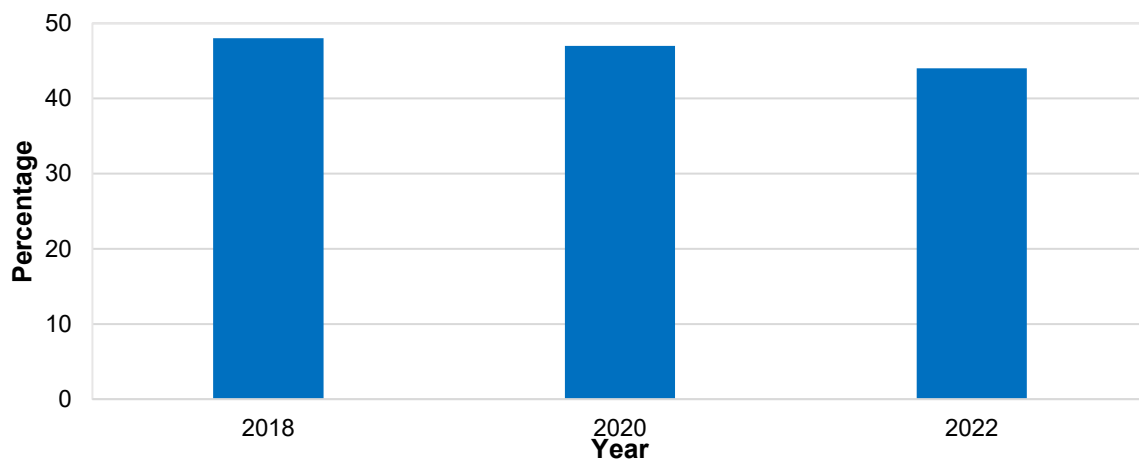


Source: Schools Health Education Unit

Of those pupils who had ever tried drugs, they were on average 12 years of age when this happened.

The proportion of Solihull pupils who have had an alcoholic drink at some point in their life has decreased slightly over recent years, the response rate falling from 47% in 2020 to 44% in 2022, although not a significant decrease (Figure 42). Of those pupils questioned, on average they were 11 years of age when they had their first ever drink.

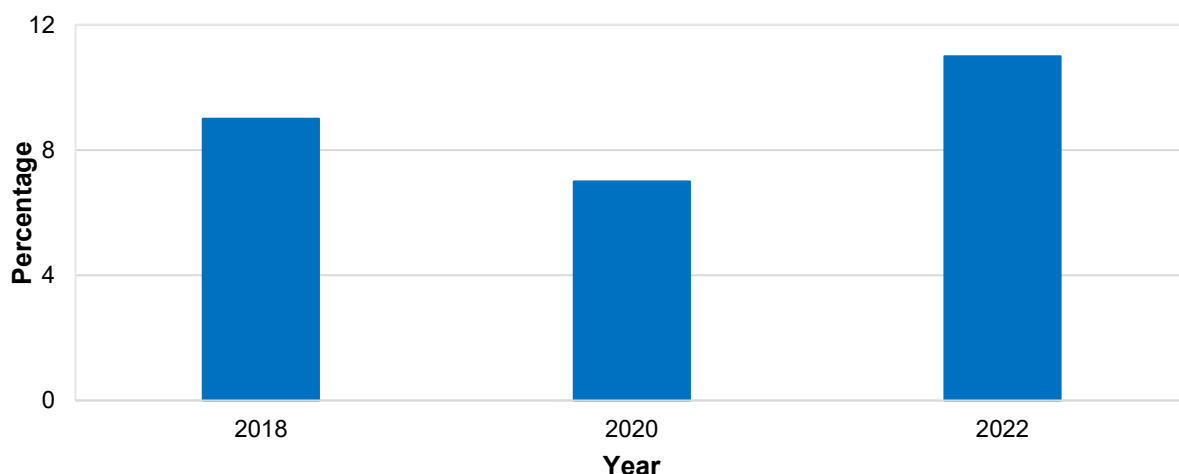
Figure 42: Proportion of Solihull secondary school pupils that have had an alcoholic drink at some point in their life



Source: Schools Health Education Unit

The proportion of pupils that had an alcoholic drink at least 1 day in the last week was 11%, this response has increased from 7% in 2020, which is a significant increase (Figure 43).

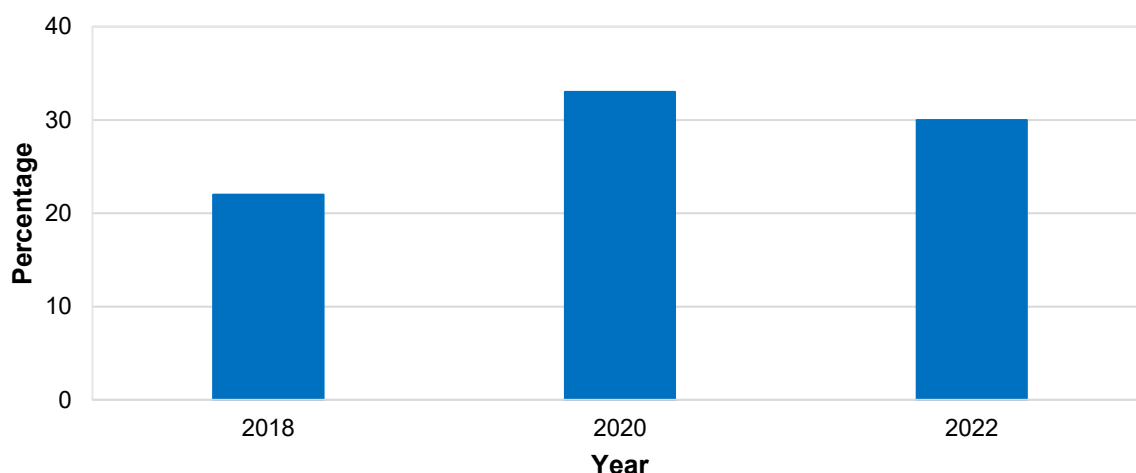
Figure 43: Proportion of Solihull secondary school pupils that have had an alcoholic drink at least 1 day in the last week



Source: Schools Health Education Unit

The proportion of secondary pupils who felt their personal safety has been at risk after taking alcohol, was 30%, a slight decrease on the 2020 level of 33% although not a significant decrease (Figure 44).

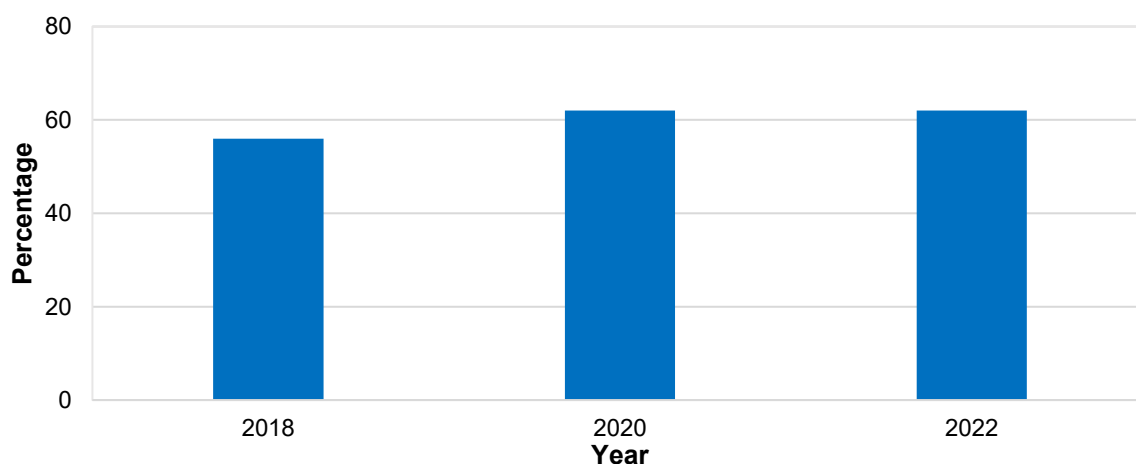
Figure 44: Proportion of Solihull secondary school pupils that have had alcohol, their personal safety has been at risk when they have done so



Source: Schools Health Education Unit

The proportion of secondary pupils that have never drunk alcohol or have never had alcohol remained at 62% (Figure 45).

Figure 45: Proportion of Solihull secondary school pupils that have never drunk alcohol or have never had alcohol



Source: Schools Health Education Unit

RECOMMENDATION 13 – INCREASE ENGAGEMENT WITH YOUNG PEOPLE

Increased joint working within education settings, at community venues and within youth offending services is required to ensure that appropriate messaging is reaching young people to support in them choosing not to commence or continue using substances. The voice of the young person will be key to understanding what will help and how they can be reached effectively. A system approach should be adopted to ensure that agencies are aware of each other and the support that is available to young people in the borough.

School Exclusions and suspensions

Few children are excluded from Solihull schools due to drugs and alcohol but the number of school suspensions from school for drugs and alcohol has been increasing (Figure 46, Figure 47).

Figure 46: Number of permanent exclusions from school for drugs and alcohol, Solihull, 2016/17 to 2021/22

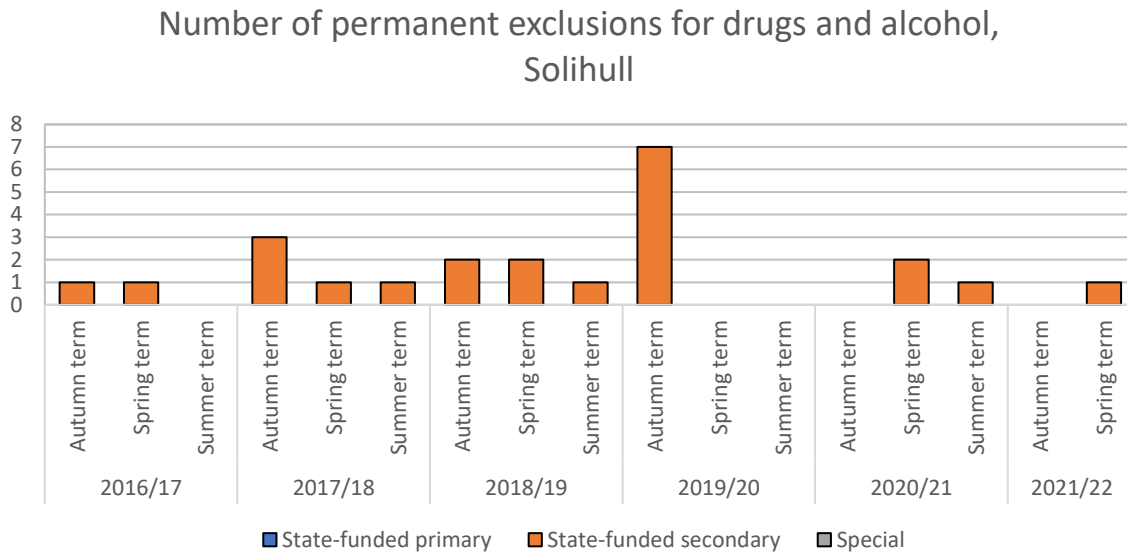
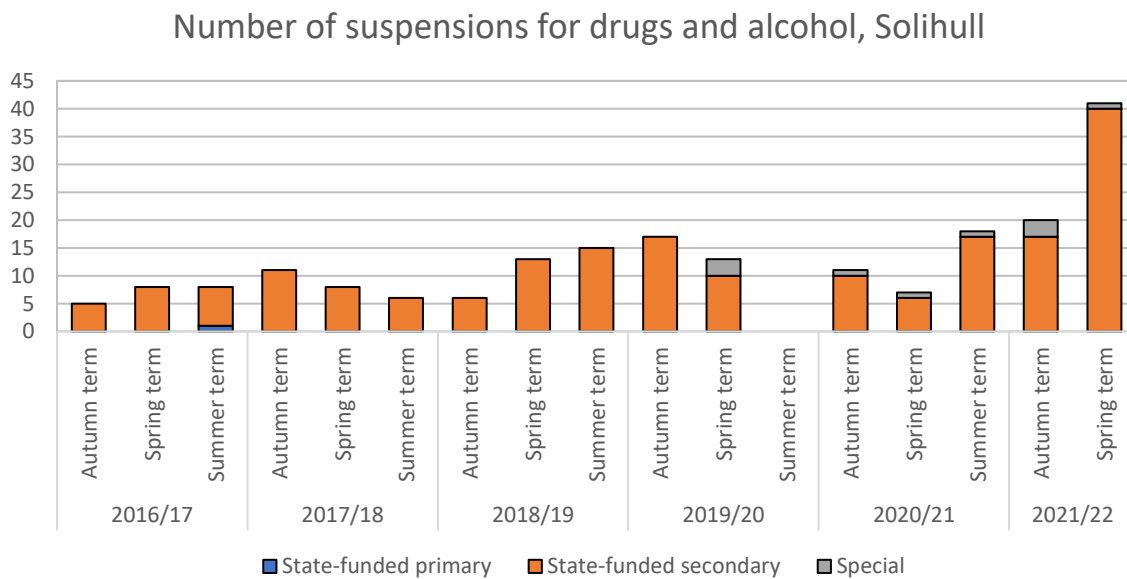


Figure 47: Number of suspensions from school for drugs and alcohol, Solihull, 2016/17 to 2021/22



Source: Department for Education

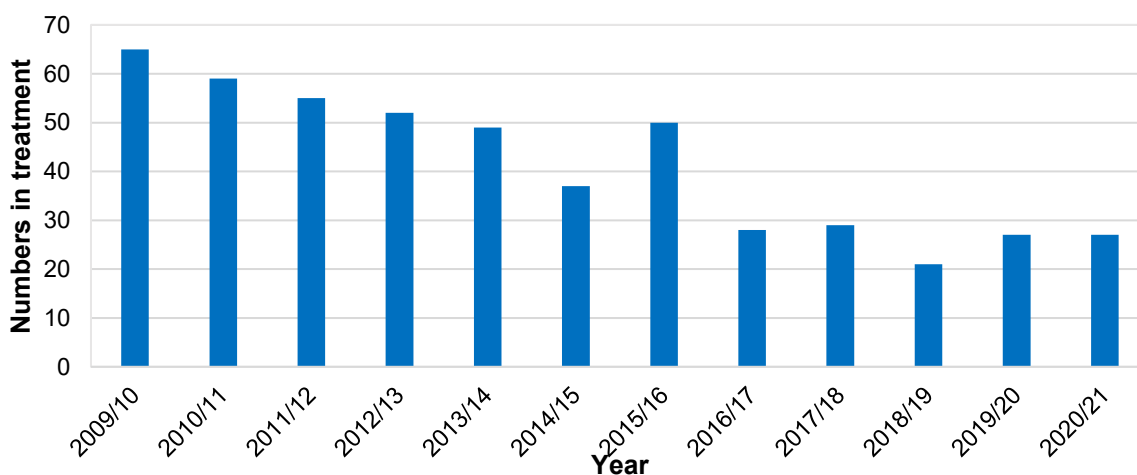
Children and Young People in Treatment

The number of young people (under 18) receiving substance misuse treatment in Solihull has followed a decreasing trend for several years now. From a peak of 65 clients in 2009/10, there has been a 58.5% decrease compared with 2020/21 (Figure 48). However, indications are that numbers are improving, with 65 young people in treatment as at Q1 2022/23.

The same downward trend in numbers is also evident in England overall, however the decrease is not as high, however there has been a 49.3% decrease in those in treatment over the same period.

Of those clients in treatment in Solihull during 2020/21, 74% were male, compared to 66% in England.

Figure 48: Number of young people in contact with specialist substance misuse services, in Solihull, 2020/21

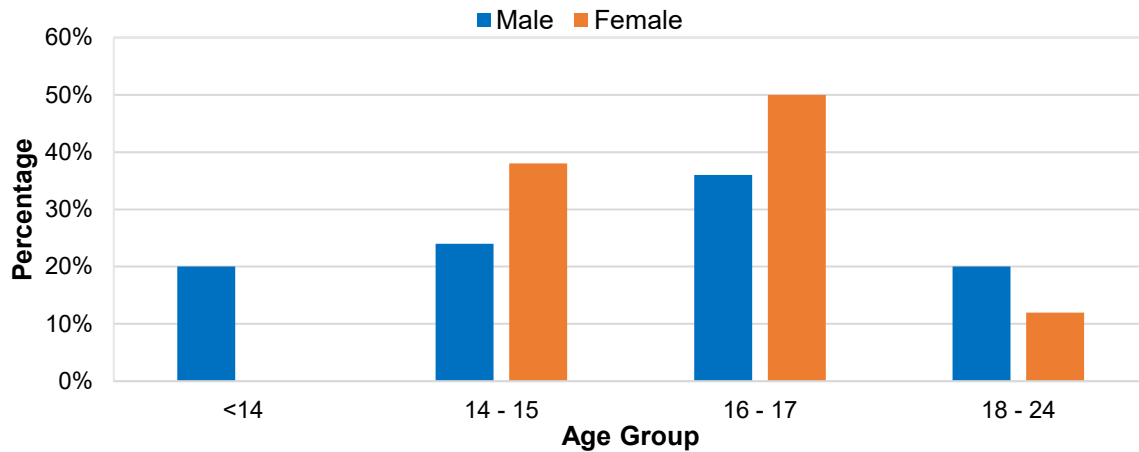


Source: Office for Health improvement & disparities

The location of where those young people live in Solihull who were in treatment between 2015/16 to 2021/22 is spread across the borough, with no significant high-density areas. Areas of Chelmsley Wood, Kingshurst & Fordbridge, and Smith's Wood in the north alongside areas of Silhill and Dorridge and Hockley Heath in the south of the borough have concentrations of young people in treatment. It should be noted however these numbers are very small, across all LSOA's in the borough.

The age of young people and young adults in treatment in Solihull ranges from under 14 to the 18 – 24 age range. Half of all those females in treatment are aged 16 – 17, with just 12% aged 18 – 24 (Figure 49).

Figure 49: Proportion of young people and young adults in treatment by age and sex for Solihull, 2020-21



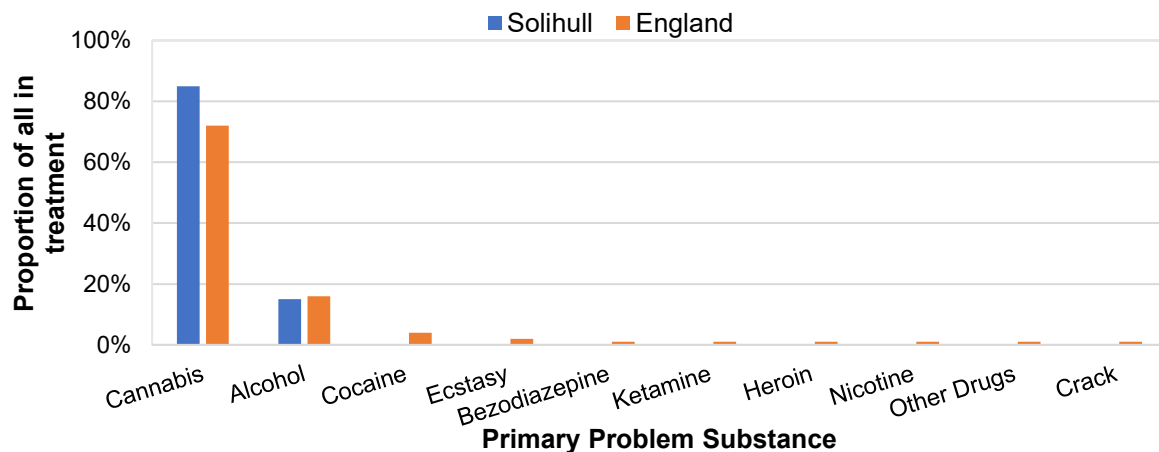
Source: Office for Health Improvement & Disparities

Of those Young People in treatment in Solihull, 85% presented with Cannabis as their primary problem substance (Figure 50). This has been the substance of choice for young people for some time now and follows a similar pattern nationally where 72% of the treatment population present with cannabis as the main problem.

Alcohol is the next most common substance young people present with, 15% in Solihull compared to 16% in England. In Solihull all young people in treatment have presented with either Cannabis or Alcohol. In England approximately 12% of young people are being treated for substances other than alcohol and cannabis.

In England, 4% present with cocaine as a primary problem substance, 2% ecstasy, and 1% for a series of other drugs including Ketamine, Heroin, and Crack.

Figure 50: Proportion of young people (including 18-24 in young people's services) in treatment by reported primary problem substance for Solihull and England, 2020-21



Source: Office for Health improvement & disparities

Nitrous oxide use has fallen with 3.9% of 16-24 years olds estimated to have used the drug in the past year, down from 8.7% in 2020, this would equate to approximately 793 16-24 year olds in Solihull.

RECOMMENDATION 14 – NITROUS OXIDE DEEP DIVE

Deep dive on Nitrous Oxide. Understanding use of nitrous oxide should allow appropriate mitigating action to be planned and therefore, harm associated with its use to be reduced and consumption to decrease. Whilst providing a better understanding of its prevalence and best practice on how to approach the issue.

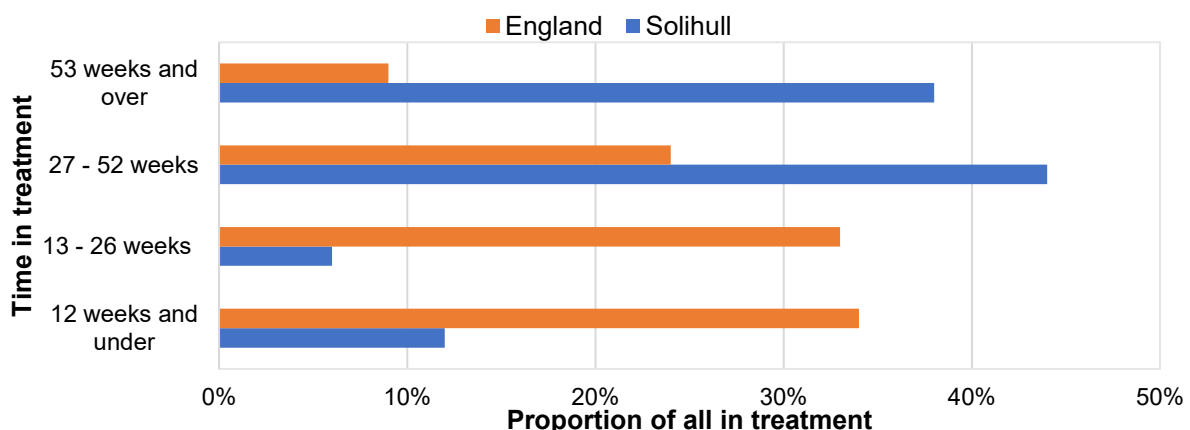
In Solihull, 22% of those young people in treatment in 2020/21 were identified as having a mental health treatment need at the start of treatment, compared to 42% nationally.

This trend is similar to the pattern within the adult treatment population in Solihull, and clearly needs further investigation as to whether there is any reasoning behind the difference in local and national figures throughout both the adult and young people’s treatment populations, see **RECOMMENDATION 8**.

The length of time in treatment for young people in Solihull shows different trends to England. In Solihull, just 18% of the young people are in treatment less than 26 weeks, compared to 67% in England (Figure 51).

Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer. The time in treatment for our adults also shows a distinct difference when comparisons are made with what is happening overall in England.

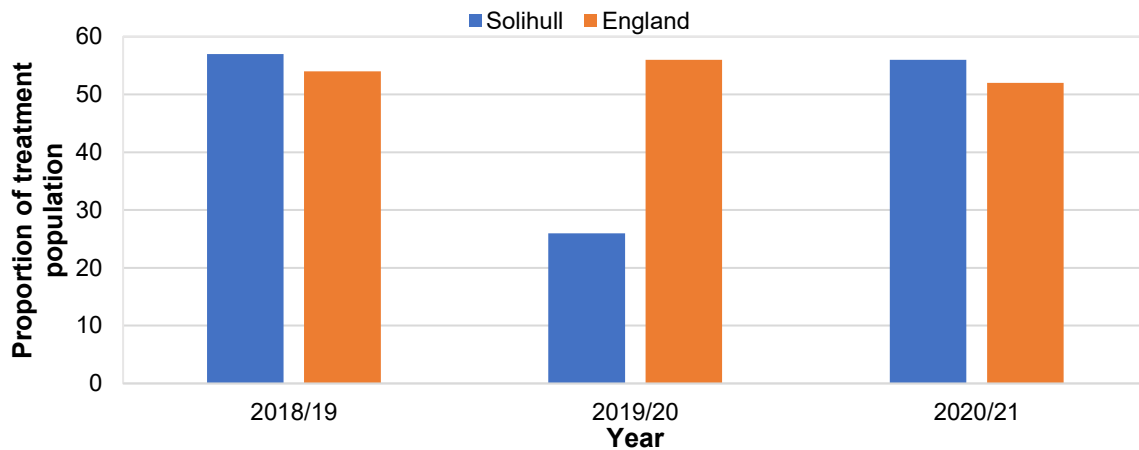
Figure 51: Length of time in treatment for young people (under 18) exiting treatment for Solihull and England, 2020-21



Source: Office for Health Improvement & Disparities

The main measure for outcomes from substance misuse treatment is the proportion who successfully complete their treatment. Current performance in Solihull is 56% for 2020/21, compared with 52% in England, the difference is not statistically significant. This proportion has increased from 26% in 2019/20, whereas in England the proportion has remained around 50 – 55% range (Figure 52).

Figure 52: Proportion of young people (under 18) treatment population leaving treatment successfully for Solihull and England, 2018-19 to 2020-21



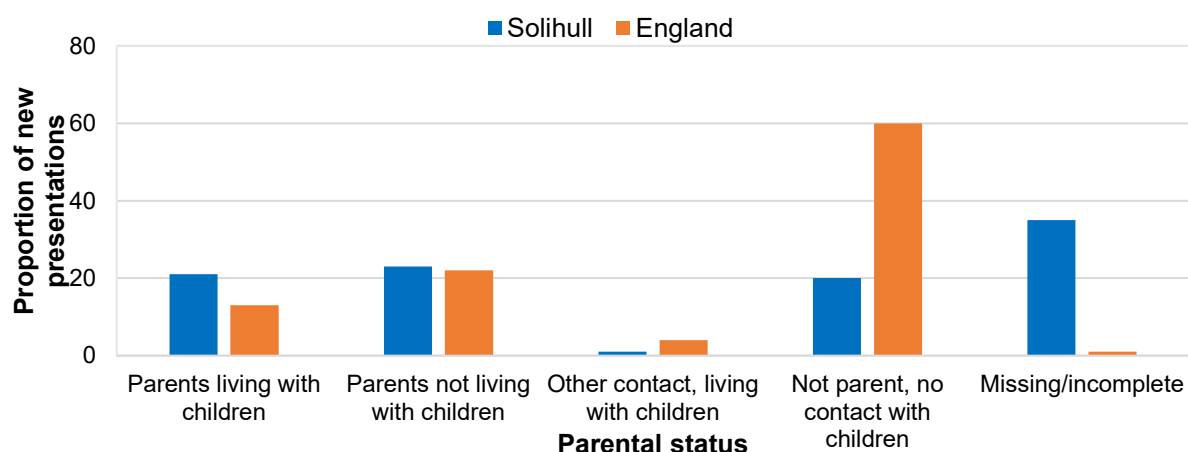
Source: Office for Health improvement & disparities

Parents with alcohol or drug problems

There were 478,000 children living with a parent with problem alcohol or drug use in in England between 2019 and 2020, a rate of 40 per 1,000 population (Public Health England, 2021).

In Solihull, 21% of those new presentations to treatment in 2020/21 were ‘parents living with children’ compared to just 13% in England overall (Figure 53). Just 20% of new presentations to treatment in Solihull were not a parent and had no contact with children, this is statistically significantly lower than the proportion in England where 60% were not a parent.

Figure 53: Proportion of adults presenting to treatment by parental status, for Solihull and England, 2020-21



Source: Office for Health improvement & disparities

It is clear substance misuse can have an impact on the health and development of children, from before the baby is born all the way through to when they are an adult themselves. Such neglect can have a negative impact on children’s health, their emotional and physical development, their education and put them at risk of physical and sexual abuse (Community Care, 2017).

Hidden Harm

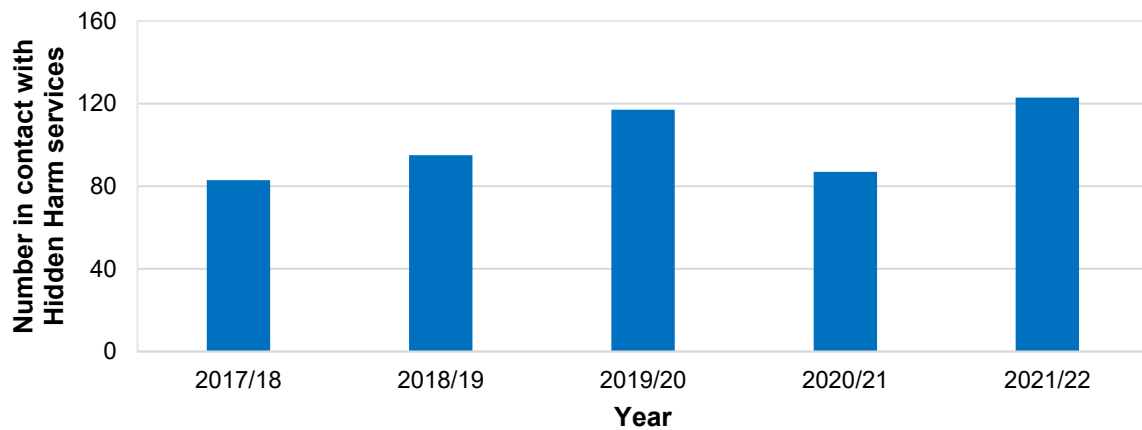
The experience of children and young people living with and impacted by parental problem alcohol and other drug use has come to be known as ‘hidden harm’. This is because the harm children and young people experience is often hidden, or if seen, is not recognised as harm.

SIAS offer a range of free, confidential, and non-judgmental, services for children affected by family members’ substance misuse in Solihull. These can include one to one sessions, counselling, and activities and group work.

Demand for the Hidden Harm service in Solihull is high and has shown an increasing trend in numbers attending over recent years (Figure 54). There was a decrease in numbers during the first year of COVID-19 followed by a bounce back to higher than pre-COVID levels, peaking with 123 contacts made in 2021/22. Local intelligence suggests this may have been due to increased numbers of parents using drugs and alcohol because of COVID-19 lockdowns. The majority of referrals to Hidden Harm come from children and family services.

One area of concern emerging from the Hidden Harm service is the use of gas cannisters, which is prevalent in many areas across Solihull. The Hidden Harm service has worked with schools and the local Scout and Brownie groups to discuss the issues, aiming to reduce usage, as well as raising awareness of the dangers of nitrous oxide in one to one sessions and post about the issues on social media.

Figure 54: Number of children and young people in contact with Solihull Hidden Harm services

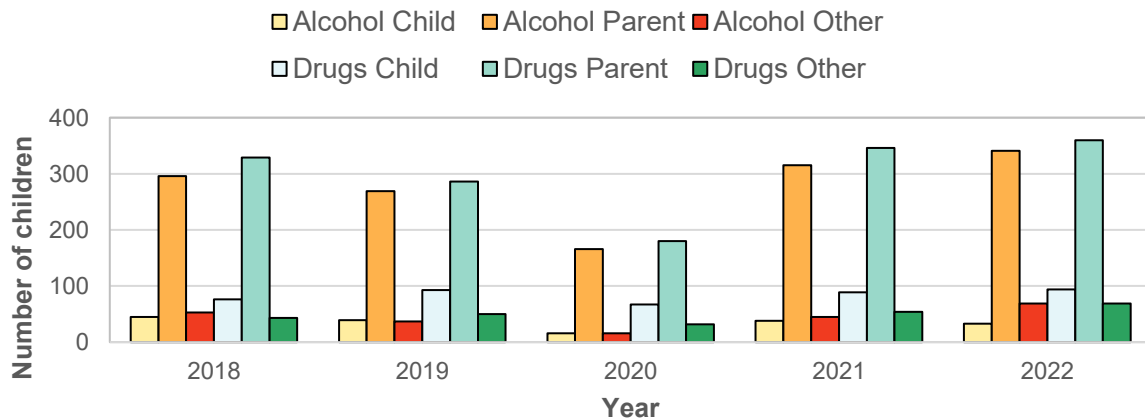


Children in care

Children and young people in care are among the most socially excluded in England. There are significant inequalities in health and social care outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

In Solihull there are significantly more children in care per 10,000 children than in England. The number of children in care where alcohol and drugs are a factor has been increasing, the increase is mostly with concerns about the parents (Figure 55).

Figure 55: Number of children in need with Alcohol and Drug misuse as a factor, concerns about child, parent or other person, Solihull 2018 - 2022



Source: Department for Education

Crime/Police data

Drugs and alcohol are related to a range of crime and anti-social behaviour problems (ASB). Not only the crimes related to trafficking and possession of the drugs themselves, but also the associated violence with alcohol, county lines; where illegal drugs are transported from one area to another (often across police and local authority boundaries), acquisitive crime (stealing) to obtain drugs, there is also the exploitation of both adults and children in a variety of ways.

In 2021/22 the main location where ASB incidents relating to drugs and alcohol occurred in Solihull were within the St Alphege ward (Table 16). This ward covers Solihull town centre, and the number of incidents are likely linked to its night-time economy, similarly with the Shirley Wards.

Table 16: Number of ASB incidents related to Drug and Alcohol incidents in Solihull, by Ward, 2021/22.

Ward	Drug & Alcohol incidents
St Alphege	8
Shirley West	6
Shirley East	5
Kingshurst & Fordbridge	5
Silhill	*
Castle Bromwich	*
Lyndon	*
Chelmsley Wood	*
Dorridge & Hockley Heath	*
Olton	*
Knowle	*
Bickenhill	*
Smith's Wood	*
Blythe	*
Total	46

Source: West Midlands Police, Substance misuse needs assessment data, 2021/22 (* denotes numbers less than 5)

County lines is the name given to drug dealing where organised criminal groups use mobile phone lines to move and supply drugs, usually from cities into smaller towns and rural areas. Often across police and local authority boundaries, usually by children or vulnerable people who are coerced into it by gangs (National Crime Agency, 2023).

The number of arrests relating to County lines is spread across several wards in Solihull (Table 17) most of these arrests are relating to males (83.3%).

Table 17: Proportion of arrests related to County lines, in Solihull, by ward, 2021/22

Ward	Total Arrests
Bickenhill	16%
Smith's Wood	16%
Kingshurst & Fordbridge	16%
Shirley South	11%
Olton	11%
Dorridge & Hockley Heath	6%
Blythe	6%
Shirley West	6%
Castle Bromwich	6%
Lyndon	6%

Source: West Midlands Police, Substance misuse needs assessment data, 2021/22

Intelligence relating to possession of banned substances states that most offences (65.1%) were for possession of cannabis (Table 18). Offences relating to the production of cannabis was the next most frequent offence (13.6%), followed by the supply of cannabis (6.8%).

The location where these offences occurred was spread across the borough, however St Alphege again was the main ward, accounting for 15.8% of all offences, followed by Chelmsley Wood (14.2%).

The majority of the offenders were male (83.9%) and were aged 18-22 (30.1%).

Table 18: Number of offences involving possession of a banned substance, in Solihull, 2021/22

Offence	Number of offences
Possession of a controlled drug - cannabis	239
Production or being concerned in production of controlled drug - cannabis	50
Possession of a controlled drug with intent to supply - cannabis	25
Possession of a controlled drug - Cocaine	18
Possession of a controlled drug with intent to supply - cocaine	7
Other	28
Total	367

Source: West Midlands Police, Substance misuse needs assessment data, 2021/22

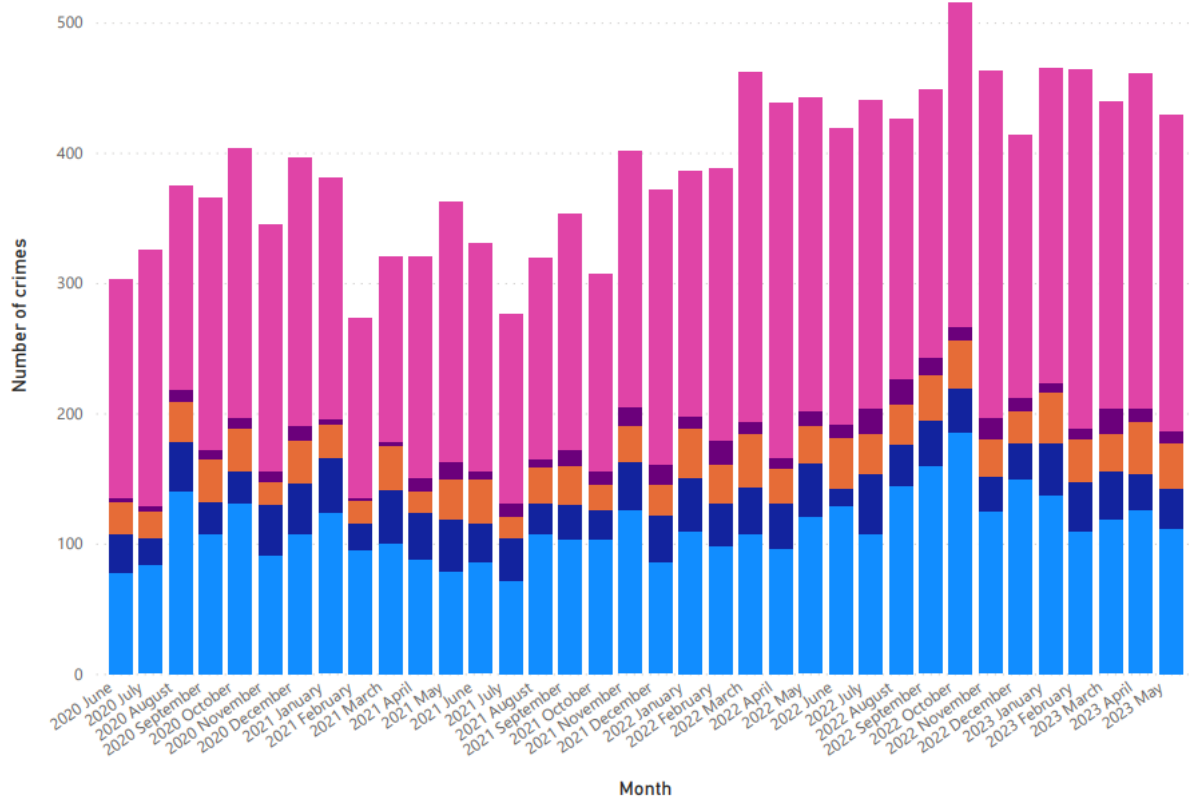
There were 1,545 offences that were alcohol related in Solihull in 2021, this has increased by 61.1% (586 offences) since 2020. This increase is likely to be due to a combination of factors including changes in crime recording and the easing of lockdown restrictions throughout the later part of 2021. The majority of offences which concerned violence against the person occurred in drinking establishments during night-time economy hours.

Drug use can have an impact on the quality of life and the level of crime in an area, with nearly half of acquisitive crime; where offender derives material gain from the crime, believed to be linked to drug use. Examples of acquisitive crime include burglary, robbery, theft from the person and vehicle crime. The number of potential acquisitive crimes in Solihull has been increasing with over 400 crimes recorded each month (Figure 56).

Figure 56: Number of crimes by month, Solihull, June 2020 – May 2023

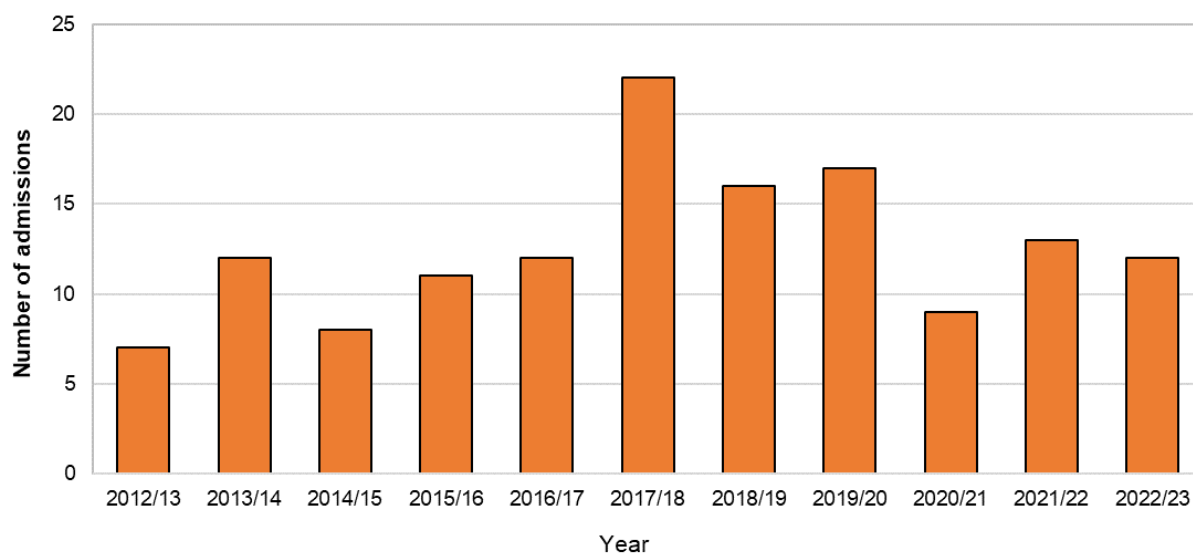
Number of Crimes by Month, June 2020 to May 2023

Crime type ● Burglary ● Drugs ● Robbery ● Theft from the person ● Vehicle crime



Evidence suggests that drug markets are one of the drivers of serious violence. Hospitalisations due to injuries from sharp objects are a reliable measure of serious violence. There are on average 10-12 stabbings (assault by a sharp object) a year leading to Solihull residents requiring hospital admission. Not all will be drug or alcohol related.

Figure 57: Number of admissions to hospital for assault by a sharp object, Solihull residents, 2012/13 – 2022/23



RECOMMENDATION 15 – LICENSING REVIEW AND ADDRESSING CRIMINAL ACTIVITY

Public health to review their role within licensing and the impact this can have on reducing antisocial behaviour, use of illicit substances and harmful alcohol consumption within the night-time economy.

Adopt a system wide approach to addressing criminal activity related to substance misuse – utilise networks created through the combatting drugs and alcohol partnership and align local and regional delivery plans.

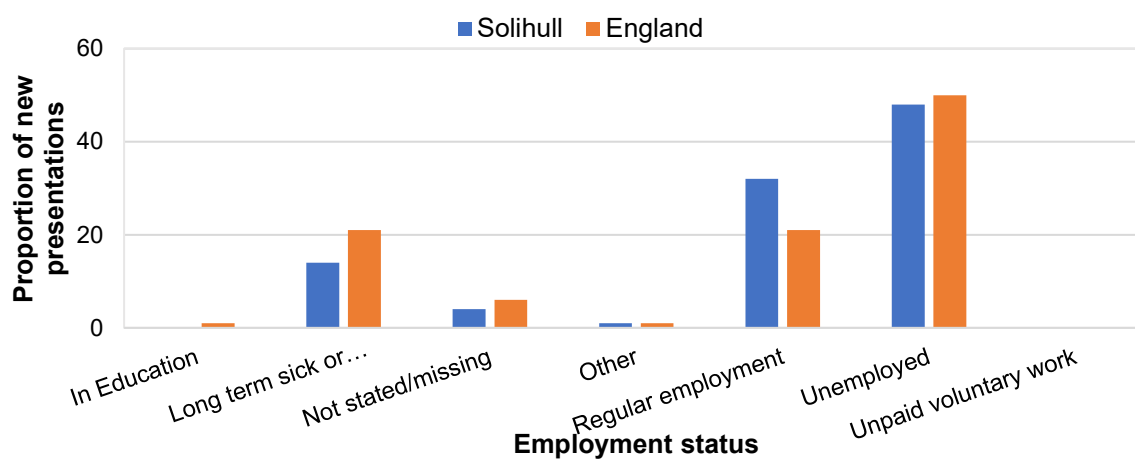
Continue to support the implementation of Solihull’s reducing re-offending strategy and Integrated Offender Management approaches.

Employment & Housing

Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work and Health Programme providers.

Historically Solihull has achieved excellent outcomes when it comes to service users in employment and levels remain high even with the impact that COVID-19 has had. The proportion of new presentations in regular employment in Solihull during 2020/21 was 32% (91 adults), statistically significantly higher than the England value of 21% (Figure 58). Unemployment levels also remain below England levels, 48% in Solihull compared to 50% in England.

Figure 58: Proportion of adults in drug treatment at the start of treatment by employment status, in Solihull and England 2020/21

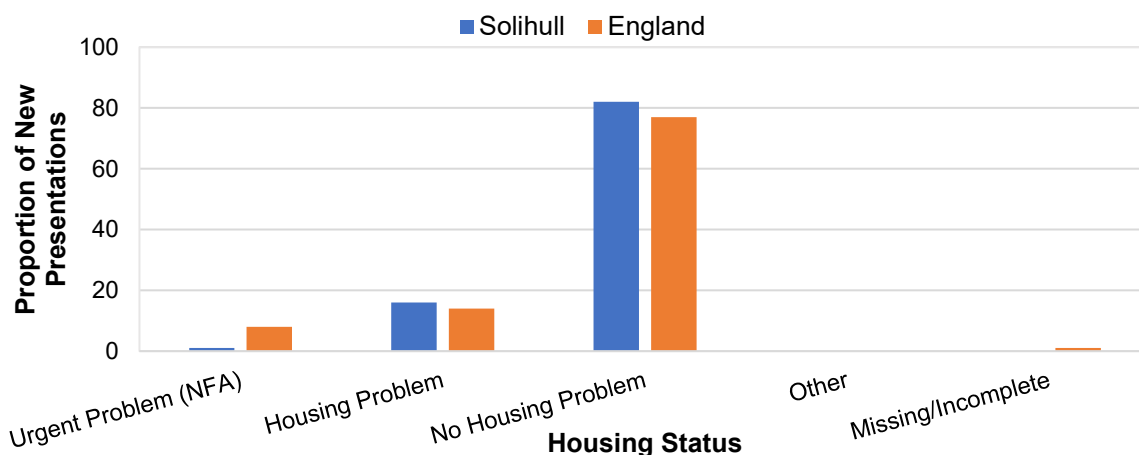


Source: Office for Health improvement & disparities

A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood, from homelessness prevention to rough sleeping.

Of those clients in contact with treatment services in Solihull, 16% of new presentations have a housing problem, this is similar to the England rate of 14% (Figure 59). Just 1% of new presentations have an urgent housing problem in Solihull (no fixed abode) this is a statistically significant difference compared to the England rate of 8%.

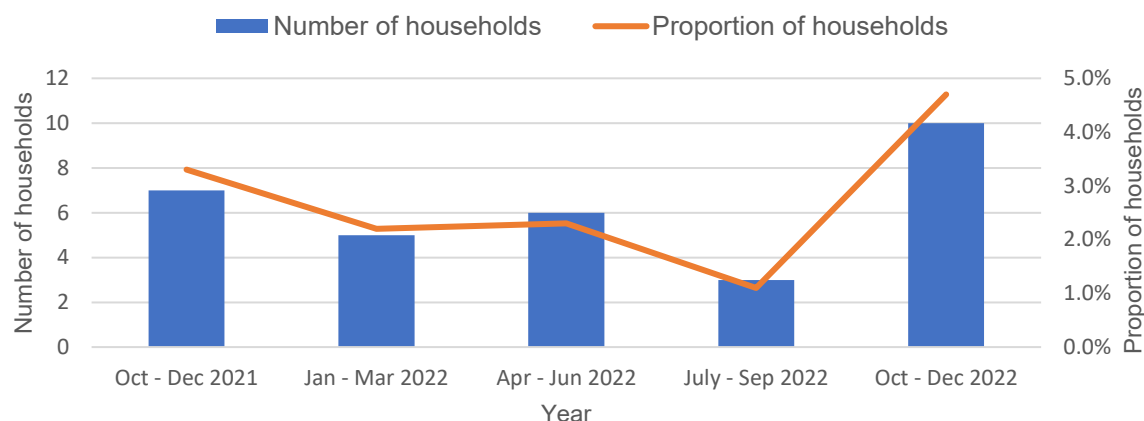
Figure 59: Proportion of adults in drug treatment at the start of treatment by housing status, Solihull and England, 2020/21



Source: Office for Health improvement & disparities

The proportion of households owed a homelessness duty with a drug dependency need in Solihull increased in the period of October to December 2022 to 4.7%, from 1.1% in July to September 2022 (Figure 60).

Figure 60: Number and proportion of households owed a homelessness duty with a drug dependency need in Solihull, October to December, 2021-2022



Source: Statutory homelessness, detailed local authority-level tables, Department for Levelling Up, Housing & Communities

RECOMMENDATION 16 – EMPLOYMENT, HOMELESS AND HOUSING

Substance misuse agendas to be aligned and supportive of both the Solihull Rough Sleeper and the Housing and Homelessness strategies. Partners to explore the opportunities within The Department of Work and Pensions initiatives to find employment for individuals with criminal records and options of co-location to support implementation.

Residential Rehabilitation

The Solihull commissioned service Solihull Integrated Addiction Services (SIAS), intend to utilise an internally developed and facilitated community 'dayhab' provision to support the drug and/or alcohol rehabilitation of service users. This programme was developed by experts by experience and aims to provide the option of achieving recovery within an individual's local area, whilst providing on-going support from the SIAS partnership and wraparound peer led recovery support and aftercare. The service is also committed to investigating residential options locally to ensure an equitable service provision.

The new drug strategy includes increased utilisation of residential placements by service providers. In Solihull we will be closely monitoring the uptake and outcomes of the local offer to understand what the need is for our residents. We will review and agree our preferred approach within 2023/24 allowing time to allocate further funding to this area if required from the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant.

We anticipate positive outcomes for Solihull residents working through a local 'dayhab' option and anticipate this option will provide sustainable recovery by creating local support networks and activities.

In Solihull in 2020/21 just 11 adults received treatment in a residential rehabilitation facility, over half of these were treated for problems with alcohol and non-opiates.

Mutual Aid

The Cochran review of attendance to 12 step mutual aid groups clearly demonstrates their impact on improving outcomes for individuals requiring support. The signposting, networking and facilitation of 12 step programmes and mutual aid groups could be a tool to use in levelling up access across the community. Socioeconomic factors are clearly linked to levels of substance misuse in local areas joining up and building on a 'rights based' approach to accessing services whilst also acknowledging the positive impact of community/grassroots resources will enable Solihull to build a network of interventions and options for its population.

In Solihull practitioners and the recovery team are working together in ensuring there is ongoing support for both Solihull residents and service users to attend the various weekly mutual aid meetings that are currently available (SIAS , 2022).

COVID-19 response and new ways of working

Due to the global outbreak of COVID-19 in Spring 2020, providers of substance misuse prevention and treatment services have been developing new ways of working, particularly in the context of government mandated 'lockdowns' and a

reduction of person-to person contact in some, but not all, community settings.

This section documents the changes to service provision during this time and also attempts to learn from new ways of working.

Service planning and the public health context

Within Solihull, substance misuse service provision was maintained throughout the pandemic, with substance misuse support and intervention deemed essential due to the links to health care and prevention.

SIAS were governed by updates from the Government, Public Health and NHS England and were able to comply with these via restricting activities and numbers, social distancing and twice weekly COVID lateral flow testing (once available). Service provision was adapted and streamlined.

The majority of interventions were moved to virtual, either over the phone or via video conference facilities, there was the option to attend scheduled face to face appointments in emergency or key risk circumstances these were under strict conditions and criteria.

Substitute prescribing continued throughout with comprehensive risk assessments conducted to reduce collections at pharmacies where possible and reduce the risk of transmission for vulnerable individuals. New referrals continued to be accepted and were triaged over the phone. Recovery support was enhanced with the inception of evening and weekend on-line groups facilitated by peer mentors and experts by experience. Once guidelines on restrictions were reduced key face to face interventions resumed: home detox, BBV, drug testing and medical reviews.

Effects of the lockdown on service outcomes

Solihull saw a steep decline in referral numbers throughout the pandemic due to many partner agencies being closed to the public, therefore not making referrals. This impacted on the rate of Numbers in Effective Treatment which is slowly recovering to date.

To ensure that SIAS clients felt supported and to reduce the risk of isolation – the decision was taken to cease all discharges from the service during the peak COVID restrictions and lockdowns. This decision although clinically positive, negatively impacted on the services ability to demonstrate successful completions of treatment, this target is also reported 18 months in arrears so is only now starting to demonstrate recovery.

Level of reported opiate use on top of prescribed medication reduced. The reason for performance improving was assessed as being due to drug networks being unavailable and flexibility of the individual being given weekly dose of substitute medication (where appropriate) resulting in increased stability on prescribed medication. The do not attend (DNA) rate dropped, due to no travel and flexibility of

the service.

Lessons learned for the future

Flexible working meets the need of the substance misuse community. Virtual group work programmes proved extremely popular and effective in engaging some individuals who were previously reluctant to be involved in groups, in particular for alcohol clients. This facility was extremely resource intensive so although still available as an option for people the selection of online groups has been tailored to meet identified needs and target audience and the frequency of evening/weekend provision has reduced.

SIAS have continued to offer virtual support to continue the engagement levels achieved during COVID, whilst ensuring appropriate management of risk and adhering to clinical guidelines. The service is now operating at 80% face to face, 20% virtual.

RECOMMENDATION 17 – SERVICE USER VOICE

Conduct more user surveys regularly post COVID-19, and ensure clients are happy and receiving the care they need during transition away from COVID-19 and implementation of any new protocols/change in processes. Engage with users more, and through service user forums develop a more robust set of questions to monitor treatment delivery.

Treatment Services Development

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing and support people to access appropriate support if appropriate.

RECOMMENDATION 18 – MAKING EVERY CONTACT COUNT

Within the concept of MECC map out resources available in Solihull inclusive of commissioned, virtual, community and expert by experience groups to ensure a full understanding of options available to Solihull residents. Once mapped ensure that services are appropriately linked up and aware of what each service offers and the referral route to access. Where appropriate consider joint working. This will support in the facilitation of a professional substance misuse network and integrate services, meaning a more seamless approach and experience for service users.

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration. This approach is evidence based and recognised by OHID as

an effective method within the substance misuse field. Implementing this approach within SIAS should be considered.

RECOMMENDATION 19 – REVIEW CO-LOCATION OPTIONS

Review co-location options, utilise where this was previously in place i.e., Integrated Offender Management (IOM) suite, what worked well, what were the obstacles, what could be adapted to meet the identified gaps in service provision.

Recommendations

In conclusion of this needs assessment the following recommendations are made, which include recognition of the need for future work to uncover the drivers of our substance misuse-related outcomes and workable actions for the wider partnership.

RECOMMENDATION 1 – REVIEW UNMET NEED

To review drug and alcohol prevalence figures and recalculate the unmet need once updated estimates are released.

February 2024 update – OCU prevalence estimates updated, still awaiting Alcohol prevalence estimates.

RECOMMENDATION 2 – IMPROVE ENGAGEMENT WITH ALCOHOL USERS

Services to adopt an outreach approach to develop a proactive engagement system that can follow up alcohol repeat referrals that do not engage in treatment, work with individuals that need more intensive and frequent support, those who are physically unwell and need to be seen in a local or home setting to engage following hospital discharge or due to deteriorating health. The aim will be to increase the frequency that people are seen but to offer more bitesize interventions that have proved successful previously in engaging alcohol users.

Almost 2% of clients currently in drug and alcohol treatment are taking ‘Over the counter’ drugs . ‘Over the counter’ in this context is a loose term and includes items bought from pharmacies, prescribed by GP’s, obtained on the black market or sourced from internet providers.

Increasing drug and alcohol treatment places and the numbers in recovery is a key ambition to the ‘Harm to Hope’ strategy over the next 3 years (Appendix).

RECOMMENDATION 3 – SUPPORT TO REDUCE RECREATIONAL COCAINE USE

Bespoke packages of support and information are required to target cocaine users within Solihull to reduce both its harm and impact through education and early intervention; in addition to making treatment more appealing and beneficial to habitual users. The reduction of recreational drug use is a key target identified within the ‘From Harm to Hope’ strategy.

RECOMMENDATION 4 – INCREASE NUMBERS IN TREATMENT

The number of clients in structured treatment is reducing in Solihull, across both adult drug treatment, adult alcohol treatment and young people’s services. A targeted approach is required to maintain and ultimately increase these numbers into treatment over future years in Solihull, in line with the new ‘From Harm to Hope’ drug strategy commitment.

RECOMMENDATION 5 – INCREASE REFERRALS FROM CJS

SMBC should engage with their partners such as police, probation and prison health providers, to optimise access to treatment for individuals referred from custody suites, courts and prisons and ensure that there is a shared understanding of how improved health and reoffending outcomes can be delivered for this cohort.

RECOMMENDATION 6 – ENGAGE WITH ALCOHOL CARE TEAMS TO INCREASE HOSPITAL REFERRALS

Solihull health systems to engage with the implementation of ACTs and provide review and feedback into their efficacy and outcomes.

RECOMMENDATION 7 – IMPROVE ENGAGEMENT WITH OLDER ADULTS

A systemic approach required to understand how best to support and engage with the 50+ population and understand if there is a substance misuse unmet need for this cohort. The wider system led by SMBC to develop networks of organisations that work with older adults to understand how best to reach this cohort as well as talking to older people to understand directly from them what works and what doesn't and to understand if there is an unmet need in Solihull. Treatment service to develop bespoke pathways and packages that will appeal to and engage older adults into treatment and support.

RECOMMENDATION 8 – INVESTIGATION IN TO LOWER PREVALENCE OF MENTAL HEALTH NEED IN CLIENTS

Of those clients in contact with our substance misuse treatment services, Solihull has a lower proportion with a mental health treatment need compared with the national rate. Further intelligence and research are needed to ascertain whether this is simply due to the fact that we have a much less complex client mix in Solihull, and the need for mental health interventions is not there, or whether we are not identifying those clients with a mental health need in the first place.

RECOMMENDATION 9 – INVESTIGATE HIGHER TREATMENT LENGTH AND IMPACT ON OUTCOMES

Intelligence suggests that clients are in contact with treatment services in Solihull for longer periods than is the case nationally. Further investigation is required as to why this trend is evident across adult drug treatment, adult alcohol treatment and young people treatment services, and whether there is any correlation to outcomes for the clients, to ensure resources are being effectively utilised.

RECOMMENDATION 10 – UNDERSTAND MORE ON WHAT RECOVERY LOOKS LIKE AND IMPROVE VISIBILITY OF RECOVERY SUPPORT

More analysis of available data to understand what recovery looks like to individuals and families in Solihull. Ensure that stories behind outcomes can be shared to

support in increasing visibility of recovery and how to access support in the community. Visible recovery support will be made possible by identifying community settings including Job centre, community centres, sports halls, other voluntary community sector (VCS) groups and venues where SIAS can deliver groups and activities. Identify the challenges that people face in accessing wider services work with partners to ease access into treatment and to break down barriers preventing people from accessing support.

RECOMMENDATION 11 – UNDERSTAND BARRIERS TO SUPPORT

Community focus groups ran by those in recovery should be held to facilitate understanding of barriers to support and enable co-facilitation of improved provision.

RECOMMENDATION 12 – DEEP DIVE ON DEATHS FROM DRUGS AND ALCOHOL

The latest data shows a decrease in the rate of deaths related to drug poisoning and drug misuse in Solihull. However, there has been a rise in deaths involving cocaine nationally, thought to be a direct consequence of increasing prevalence in cocaine use. The rate of alcohol specific mortality has increased since 2020 in Solihull, a significant proportion of this increase includes male clients aged between 45 – 64.

Further analysis on drug poisoning and drug misuse deaths data is recommended to ascertain the drugs involved and whether deaths from cocaine are showing a similar pattern and increasing in Solihull.

Analyse alcohol specific mortality in greater detail to determine what is driving the increase in alcohol specific deaths.

Investigate whether substance misuse services are able to gather data on the causes of deaths from those that die while in treatment to ascertain what is driving the recent increase of deaths in treatment.

Investigate whether we can get further intelligence on drug-related deaths from the coroner as part of the suicide intelligence project, providing real-time data on suicide deaths – some of which will be from drug poisonings.

Link mortality data to hospital admission data to determine whether those that have died from alcohol and or drug misuse had been in contact with NHS services prior to death.

RECOMMENDATION 13 – INCREASE ENGAGEMENT WITH YOUNG PEOPLE

Increased joint working within education settings, at community venues and within youth offending services is required to ensure that appropriate messaging is reaching young people to support in them choosing not to commence or continue using substances. The voice of the young person will be key to understanding what will help and how they can be reached effectively. A system approach should be

adopted to ensure that agencies are aware of each other and the support that is available to young people in the borough.

RECOMMENDATION 14 – NITROUS OXIDE DEEP DIVE

Deep dive on Nitrous Oxide. Understanding use of nitrous oxide should allow appropriate mitigating action to be planned and therefore, harm associated with its use to be reduced and consumption to decrease. Whilst providing a better understanding of its prevalence and best practice on how to approach the issue.

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Continue to support the implementation of Solihull's reducing re-offending strategy and Integrated Offender Management approaches.

RECOMMENDATION 16 – EMPLOYMENT, HOMELESS AND HOUSING

Substance misuse agendas to be aligned and supportive of both the Solihull Rough Sleeper and the Housing and Homelessness strategies. Partners to explore the opportunities within The Department of Work and Pensions initiatives to find employment for individuals with criminal records and options of co-location to support implementation.

RECOMMENDATION 17 – SERVICE USER VOICE

Conduct more user surveys regularly post COVID-19, and ensure clients are happy and receiving the care they need during transition away from COVID -19 and implementation of any new protocols/change in processes. Engage with users more, and through service user forums develop a more robust set of questions to monitor treatment delivery.

RECOMMENDATION 18 – MAKING EVERY CONTACT COUNT

Within the concept of MECC map out resources available in Solihull inclusive of commissioned, virtual, community and expert by experience groups to ensure a full understanding of options available to Solihull residents. Once mapped ensure that services are appropriately linked up and aware of what each service offers and the referral route to access. Where appropriate consider joint working. This will support in the facilitation of a professional substance misuse network and integrate services,

meaning a more seamless approach and experience for service users.

RECOMMENDATION 19 – REVIEW CO-LOCATION OPTIONS

Review co-location options, utilise where this was previously in place i.e., Integrated Offender Management (IOM) suite, what worked well, what were the obstacles, what could be adapted to meet the identified gaps in service provision.

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Appendices

Appendix A

Please enter the planned numbers in treatment for each of the next three years for adults (by the three substance groups) and for young people

Capacity	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
All adults "in structured treatment"	1153	1188	1268	1326
Opiates	386	390	398	405
Non opiates (combined non-opiate only and non-opiates and alcohol)	349	359	384	419
Alcohol	418	431	460	502
Young people "in treatment"	67	69	74	77
DAAT 78 Number of Young People accessing Hidden Harm service year to date	123	175	225	250

Appendix B

Number of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison/secure estate

Please enter as a percentage the planned continuity of care performance for each of the next three years

	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
National	37%		75%	
Local planning (%)	25%	45%	55%	75%

Appendix C

Mutual Aid Meetings – Solihull

AA Meetings

- Monday – 19:30 - United Reformed Church, Station Rd, Knowle, B93 0HN
- Tuesday – 20:00 - Lyndon Rd, Methodist Church, B92 7QX
- Friday – 20:00 - Lyndon Rd Methodist Church, B92 7QX
- Friday – 20:00 - St George & St Theresa Church, Station Rd, Dorridge, B93 8EZ
- Sunday – 20:00 - Sacred Heart & Holy Souls Church, 1151 Warwick Rd, AG, B27 6RG

NA Meetings

- Sunday – 18:30 - St Philips Church, Manor Rd, Dorridge, B93 8DX
- Monday – 19:30 – Acocks Green Christian Centre, 100 Westley Rd, B27 7UL
- Monday - 19:00 - (Women’s Meeting) South Yardley Methodist Church, Broadyates Rd B25 8JF
- Tuesday – 19:30 – (Men’s Meeting) Acocks Green Baptist Church, 39 Yardley Rd, B27 6HG
- Tuesday – 19:30 - The Bridge, 234 Stratford Rd, Shirley, B90 3AG
- Friday – 19:00 - Acocks Green Methodist Church - 1 Botteville Road, Birmingham B27 7YE

CA Meetings

- Monday – 19:30 - Acocks Green Methodist Church – 1 Botteville Road, Birmingham B27 7YE

GA Meetings

- Tuesday – 20:00 - Solihull Methodist Church - Blossomfield Road, Solihull, B91 1LG

PAN Meetings

- Wednesday – 19:00 - Lapworth – Old School House, Church Lane, B94 5PA
- Monday – 07:30 - Online