Shropshire Drug and Alcohol Strategy - 2022-2025.

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1 Introduction

Drug and alcohol misuse is an all-age, cross-cutting issue that can have negative and long-term consequences on health, well-being and life chances, the safety of communities and vibrancy of the local economy. Nationally alcohol and drug use by adults is widespread; in England around 10 million adults each year drink above the low risk guidelines, and around 3.2 million people took drugs last year. Alcohol is also a contributing factor to around 1 million hospital admissions each year with nearly half of these admissions for a cardiovascular condition. In the 2018 Crime Survey, 39% of victims of violence believed the perpetrator to be under the influence of alcohol and 21% believed the perpetrator(s) to be under the influence of drugs (ONS, 2019).

Alcohol is part of our culture, we use it to socialise, celebrate and respond to life's milestones. In Shropshire, the hospitality sector makes a significant contribution to the economy. Like the national picture, the majority of the people in Shropshire who drink alcohol, do so within the Chief Medical Officers recommended levels of 14 units per week. Similarly, a few people take illegal drug or use prescription or over the counter drugs illicitly. However, for those people who misuse drugs and alcohol the impact on their health, well-being, and family life can be significant, increasing their risk of premature deaths and disability and affecting local communities through anti-social behaviour and crime.

Besides the social costs to individuals, families and communities there are significant financial costs. The Government's Alcohol Strategy 2012 estimated the cost of alcohol to society was £21 billion a year. Of this £11 billion was spent on alcohol related crime, £7 billion in lost productivity and a £3.5 billion cost to the NHS. Investing in evidence-based interventions not only provides the right outcomes, it saves the public purse. Public Health England have estimated there is a £2.4-billion-pound combined benefit of drug and alcohol treatment nationally. For every £1 spent on alcohol treatment there is a £3 social return on investment, similarly for drug treatment, every £1 invested equates to a £2.50 social return on investment.

A local needs assessment undertaken in 2018 followed by a review of data in 2019/20 to support this strategy development made the following recommendations:

- Increase successful completion rates of drug and alcohol treatment.
- Increase the number of people accessing alcohol treatment.
- Reduce alcohol related hospital admissions with a particular focus on the over 65s and women.
- Increase number of service users in treatment for opiate dependency have been in treatment for 6 years or more.
- Reduce alcohol related road traffic accidents.

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Public Health England

Alcohol and drug misuse impacts on a wide range of local priorities

2 Our Vision

This is the first combined drug and alcohol strategy for Shropshire. It builds on the national Drug Strategy 2017, Government's Alcohol Strategy, NHS Long Term Plan and what good looks like documents in addition to the previous local strategies; the Alcohol Strategy 2016-2019 and the Crime Reduction Strategy 2017-2020.

Alcohol is a key priority for the Shropshire Safeguarding Community Partnership and one of two prevention priorities within the Shropshire and Telford and Wrekin Long Term Plan 2019 – 2024. This Strategy supports delivery of these boards within Shropshire and sets out the collective ambition of key stakeholders, partners, those with lived experience, parents and carers from across Shropshire, to reduce harm caused by problematic drug and alcohol use across the life course by making it everyone's business.

The aim of this strategy is to take an intelligent led approach, using information, best practice and guidance to determine local need and appropriate responses to tackle and prevent further harms using the resources we have in the most effective and cost-efficient way. To do this everyone needs to be involved, statutory and non-statutory services, the community, businesses and individuals all working together to increase overall health and well-being, reduce premature drug and alcohol related deaths and promote safer vibrant communities where everyone can thrive.

Our Vision is to create a healthy and vibrant community, safe from the harms caused by drugs and alcohol, where all people can have the best start in life, live and age well.

This means:

- we will encourage good health using the most up to date evidence on reducing drug and alcohol related harm
- when families are experiencing drug and alcohol issues, they get the help they need when they need it.
- we identify and respond to presenting issues at the earliest opportunity and give people the support they need in a range of settings.
- we recognise drug and alcohol dependency is often a symptom of other complex issues and will use person centred approaches to support the person and their families to reduce harm.
- we promote the Licensing Objectives to safeguard people and promote community safety
- we all share the responsibility to keep ourselves well and our communities safe from drug and alcohol use.

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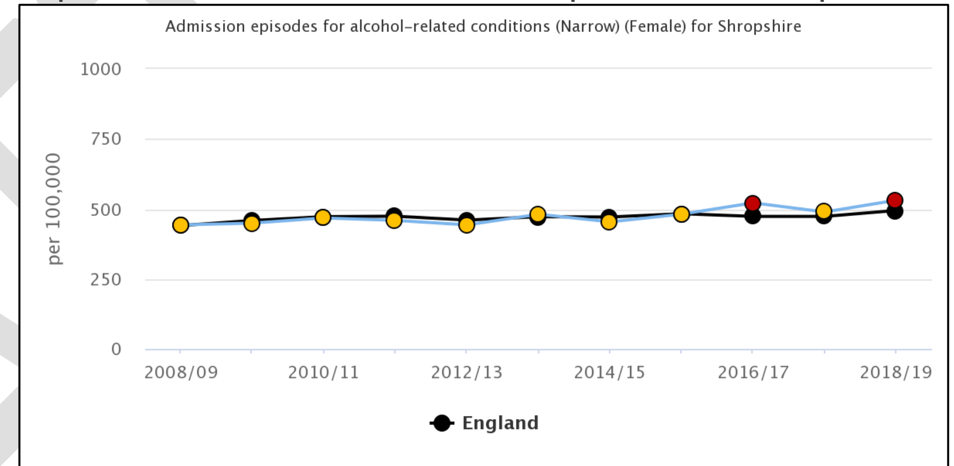
3 The Local Picture and Emerging Trends Where we are now.

3.1 Alcohol

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 age groups. In 2019 Public Health England (PHE) estimated there were 19.3% of the adult population in Shropshire drinking at harmful levels, this equates to a staggering **48,636** people aged 18 years plus whose alcohol consumption could be impacting on their future health and well-being. PHE also estimated Shropshire is home to **2,815** dependent drinkers, of which, around 26% accessed alcohol treatment in 2018 - better than the England average of just 15% of dependent drinkers accessing treatment support.

Alcohol is dose responsive, which means the more we consume the more harm it is likely to do. It is a known contributory factor to a wide range of health conditions; including hypertension, cardiovascular disease and liver cirrhosis, all which can lead to premature death. Alcohol is also directly linked to seven types of cancer (bowel, breast, laryngeal, liver, mouth, oesophageal and pharyngeal) with one in five of all alcohol related deaths nationally now due to cancer. In the main, population health for alcohol related conditions in Shropshire is either similar to or better than the England average. The only exception to this is alcohol related hospital admissions for females where alcohol is the primary or secondary cause for the admission. Rates of incidence have been slightly above the England average over the last couple of years (Graph 1).

Graph 1: Incidence of female alcohol related hospital admissions Shropshire



Source: PHE Fingertips Alcohol 2021

Gender, age and socio-economic class all affect the risks associated with alcohol related harm. Evidence suggests alcohol is more harmful to women at lower levels of consumption than men and poses a greater risk to physical health. Women are generally smaller than men, carry more body fat and less water (where alcohol is naturally stored and distributed around the body), this means alcohol is more concentrated in the blood increasing its physical impact to the body including the liver and increasing the risk of dependency.

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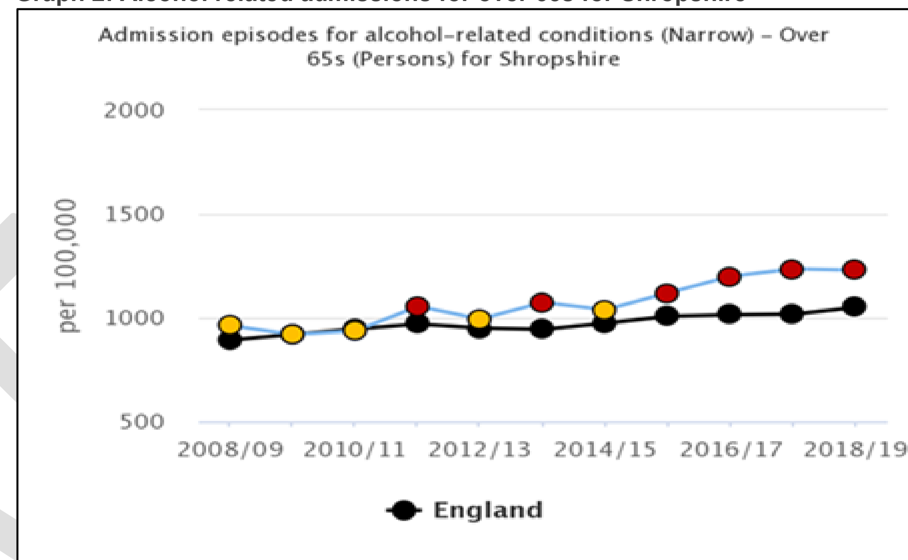
Alcohol use in older people is also rising, research has suggested factors such as bereavement, retirement and social isolation are all contributory factors. Specific risks include vulnerability to slips and falls as well as the harmful interactions of alcohol with prescribed and over the counter medication. In Shropshire, the rates of hospital admissions for alcohol related conditions for both males and females aged over 65 are above both regional and national averages (Graph 2).

Across all hospital admissions for all age groups the rate of alcohol-related harm is higher for people with lower socio-economic status with very few exceptions (Graph 3). This is also confirmed in research, which has found despite similar levels of alcohol consumption within socioeconomic groups, people with lower socioeconomic status experience higher levels of health-related harm. This effect is known as the alcohol harm 'paradox' a phenomenon that links with other health behaviours, such as smoking, poor diet and excess weight having a cumulative effect.

Graph 2: Alcohol related admissions for over 65s for Shropshire



Source: PHE Fingertips Alcohol 2021

It is also common for people with problematic drug and alcohol use to experience poor mental health. Research shows that 70% of all drug service users and 86% of all alcohol service users in community substance misuse services experience poor mental health (PHE, 2018) . People with co-occurring issues often experience barriers to getting mental health support, reporting they have to address their substance misuse first. Shropshire treatment data suggests 69% of people in treatment for drugs and 84% of people in treatment for alcohol, who identify with a mental health need, are receiving some level of support for their condition, the majority from within primary care services. Whilst data

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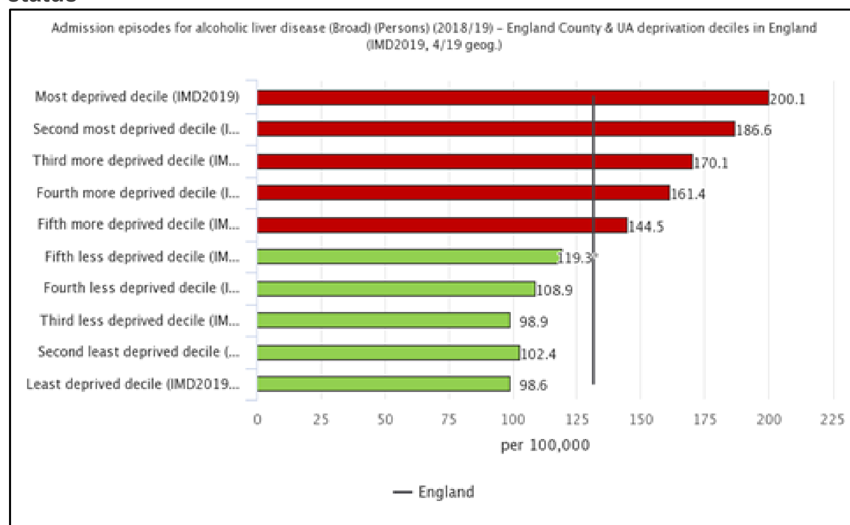
supports people's needs are been met, service users, their families and professionals working within both sectors indicate more joined up work is required.

Graph 3: Admissions for alcohol related liver disease by socioeconomic status



Source: PHE Fingertips Alcohol 2021

Linked to poor mental health and problematic drug and alcohol use is homelessness. Not having stable accommodation is a barrier to active participation in society. People sleeping on the streets have poorer physical health than the general population and will die significantly younger. In the treatment population, homelessness is hidden or not recognised as people who sofa-surf do not recognise it as unstable. Data from 2018 suggests 25% of people seeking help with drugs had a housing problem at treatment start, compared to 8% of people seeking help for alcohol treatment.

Another area of increasing awareness is the impact excessive alcohol use can have on changing the structure and functioning of the brain. Alcohol-related brain damage (ARBD) occurs as a result of physiological changes to the brain following long term heavy alcohol use. Sustained consumption of alcohol, defined by research as five years or more of consuming 50 units of alcohol a week for men and 35 units of alcohol for women can alter the shape and structure of the brain and cognitive functioning. In layman terms this equates to 5 bottles of wine or 20 pints of lager for a man or 3.5 bottles of wine or 14 pints of lager for a woman (Alcohol Change UK, 2019). Symptoms include changes of personality, fluctuating mood and memory problems.

Due to the symptoms been similar to other cognitive conditions it is easily misdiagnosed and yet ARBD is not a progressive illness, if treated properly the prognosis for recovery is good, with 25% making a complete recovery and 50% improving their level of functioning (Alcohol Concern, 2014). ARBD is a continuum of increasing harm with Wernicke-Korsakoff syndrome at the most severe end. National estimates suggest Wernicke-Korsakoff syndrome occurs in around 2% of the general UK population and 12.5% of dependent drinkers, extrapolating this figure to Shropshire equates to **349 people** with the condition in the county. There is also evidence that around 35% of the heaviest drinkers

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experience challenges to functioning and decision-making. If equating this to the Shropshire population **977 individuals** may be displaying symptoms of ARBD that is not recognised.

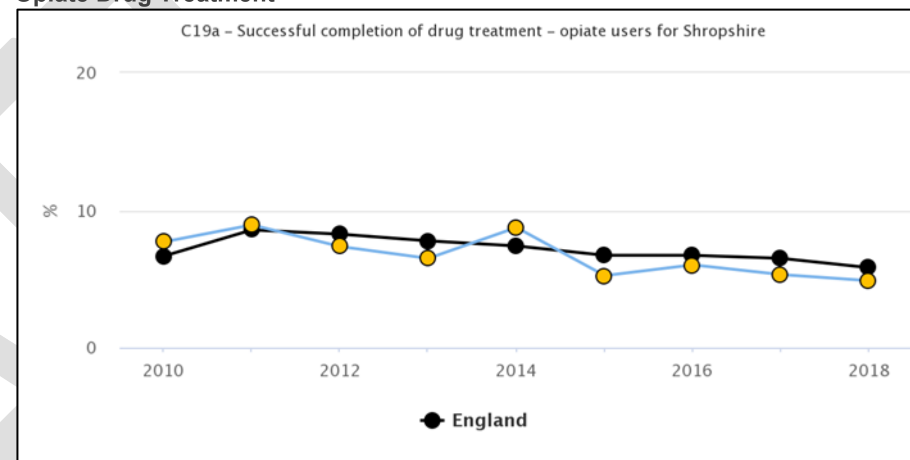
3.2 Drugs

According to the most recent prevalence estimates there are **1,353** people dependent on opiates and crack cocaine in Shropshire, this is equivalent to 7.1 per 1,000 resident population aged 15 to 64 years, a **12.7%** increase on previous years estimate of 6.3 per 1,000 population. Heroin and crack cocaine continue to be the main substances of choice for the majority of people seeking drug treatment. Misuse of prescription-only drugs and over-the-counter medications accounts for 10% of the treatment population compared to 14% nationally.

Higher rates of men access drug treatment than women locally (74% of males compared to 26% of females) and is reflective of the national picture. When women do enter treatment, they tend to have higher levels of complexity with mental health and poor emotional wellbeing a significant factor. Between 2009/10 and 2017/18 there was a 34% increase in the number of people aged 40 years and older seeking support for opiate dependency in Shropshire. Over 40% of the treatment population is 40 years plus. Research suggests older drug users have multiple risk factors resulting from their deteriorating physical and mental health, exacerbated by difficulty in accessing health and social care support.

Over the last few years, the proportion of people successfully completing drug treatment has reduced considerably. This decline is similar to the national picture as shown in Graph 4.

Graph 4: Public Health Outcome Framework Successful Completion of Opiate Drug Treatment

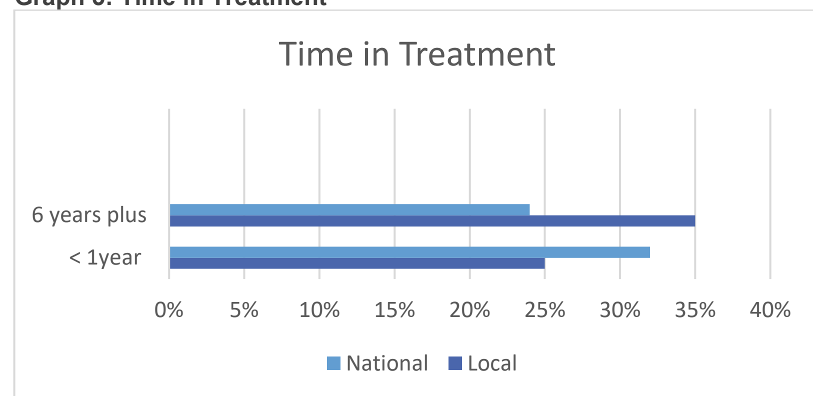


PHE: Fingertips: Public Health Outcomes Framework accessed 2021

Analysis of data from the National Drug Treatment Monitoring System (NDTMS) suggests complexity, length of time in treatment and the number of unsuccessful previous treatment episodes contribute to poorer outcomes. Evidence from NDTMS has found the longer people stay in treatment the less likely they are to leave, whereas people who successfully complete treatment in 2 years are more likely to sustain recovery.

Like many local authorities Shropshire has an increasing proportion of people in drug treatment for 6 years or more. (**Error! Reference source not found.**).

Graph 5: Time in Treatment

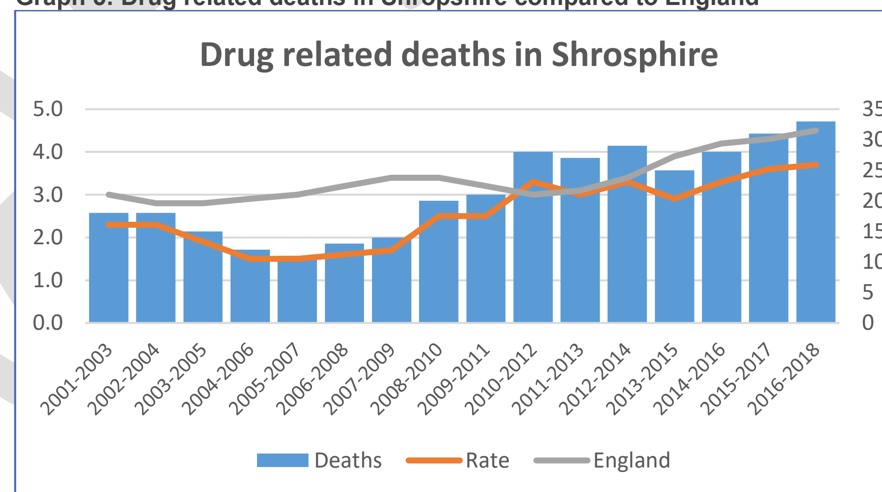


Source: NDTMS

People who have been in in treatment for two years or less are twice more likely to make a successful recovery than those in treatment for a longer time.

The recent publication by the Office National Statistics reported significant increases in drug related deaths for both men and women in England and Wales, with the highest level of cocaine deaths since records began in 1993. Drug related deaths in Shropshire reflect the increasing national upward trend (Graph 5). A number of factors are related to the rise in deaths, including the ageing cohort of heroin users, higher drug purity levels, and increases in the number of women dying as a result of drug use (ONS, 2019).

Graph 5: Drug related deaths in Shropshire compared to England



Source: Office of the National Statistics

Locally between 2016 and 2018, there were 42 deaths due to drug poisoning, 33 of them due to illegal drug misuse (ONS, 2019). Keeping people safe is paramount and the provision of

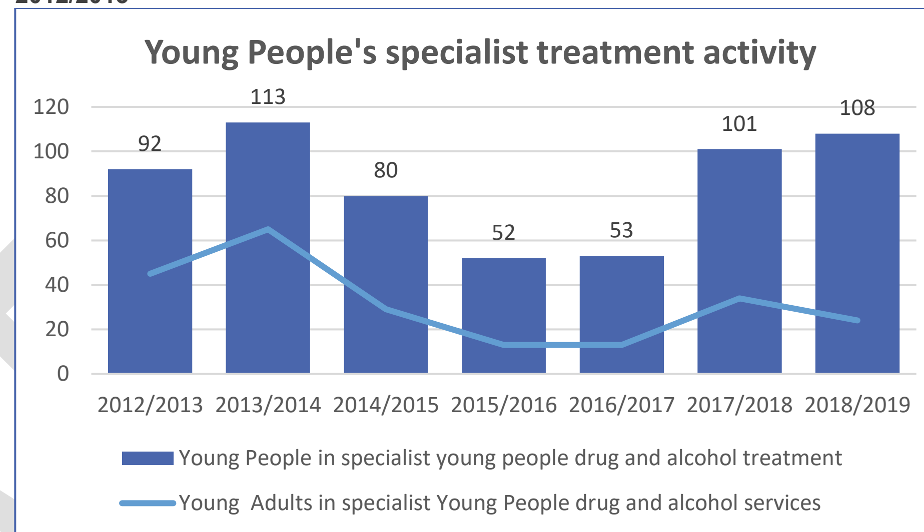
naloxone to reverse the effects of a drug overdose until medical help is available is one way of reducing drug related deaths. Since 2016, the Shropshire Recovery Partnership have been distributing life-saving kits to service users, their families and other professionals.

Sharing injecting equipment can spread blood-borne viruses such as Hepatitis B and C and lead to premature death. Accessible needle syringe programmes is just one of the ways of preventing the spread of the virus, treating people already infected with Hepatitis C is the other. Recent changes in the treatment of Hepatitis C through new antiviral drugs introduced in 2018 means treatment is shorter in length and easier to complete. Around 78% of all in treatment who are at risk of hepatitis C have been tested. Eradicating Hepatitis C by 2030 is the ambition of the World Health Organisation, NHS England have stretched the target and want the UK to be virus free by 2025.

3.3 Children, Young People and Families.

Nationally the proportion of young people attending specialist drug and alcohol services fell in 2017/18 by 5%. In Shropshire, for the same period there was an almost 7% rise in the number of young people in service, this was a much smaller increase than the previous year where numbers in treatment doubled (Graph 6). The reasons for this increase locally is unknown. The adoption of SMARTER, a tool for screening young people for substance misuse launched in May 2017, may account for improved identification and some of the increased numbers in treatment.

Graph 6: Number of Young People in specialist drug and alcohol treatment since 2012/2013



Early onset of drug and alcohol use is a predictor for problematic use in adulthood. Locally 77% of young people starting using before the age of 15, similar to the national picture. Young people in specialist services experience a range of vulnerabilities, 41% of young people identified as having a mental health need, 25% of young people in treatment affected by another's substance misuse, and 27% of young people affected by domestic abuse, all similar to the national picture, and contributing factors to adverse childhood experiences.

Adults who have experienced adverse childhood experiences (ACE's) are 4 times more likely to be a high-risk drinker, 16 times more likely to have used crack cocaine and heroin and 20 times more likely to have been in prison at some point in their life.

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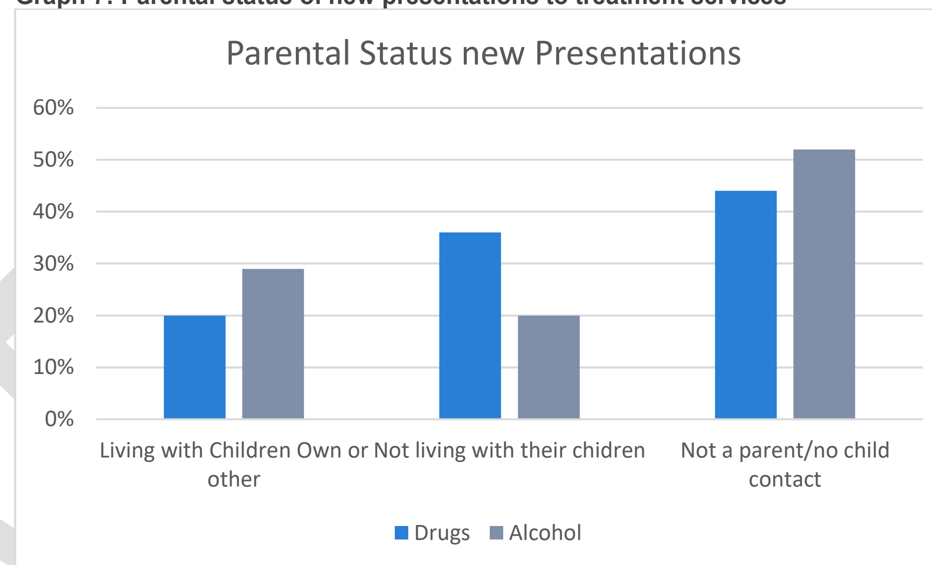
Dependent drug and alcohol use in a family home can significantly impact on children's physical health, well-being and safety. Children and young people can experience maltreatment and neglect, poor mental health, low educational attainment, develop self-harming behaviours (including substance use), undertake inappropriate caring responsibilities and become involved crime and anti-social behaviour, to name a few.

Nationally statistics tell us that drug and alcohol use is present in over a third of all reviews (38% and 37% respectively), with a least one substance present in 47% of all cases. In Shropshire in 2017/2018 alcohol was cited in 31% of 'Child in Need' assessments and drugs cited in 30% of all cases.

Graph 7 illustrates the number of people entering drug and alcohol services in 2018/19 and their parental status. The number of children identified, living with a parent or other adult entering treatment for the same period was **244.**

Drug and alcohol services are also required to record the level of Early Help or safeguarding status (Child in Need, Child Protection Plan in Place or Looked after Child) of all clients with child contact. Only 24% of people seeking drug treatment and 13% seeking alcohol treatment had any family intervention.

Graph 7: Parental status of new presentations to treatment services



Source: PHE Commissioning Support Pack 2021-2022

Shropshire has a higher proportion of people in drug treatment living with a child who is on a child protect plan (15%) compared to the England average (8%) (Graph 8).

Working together to improve outcomes for children and families is paramount to breaking the cycle of intergenerational drug and alcohol misuse. Family drug and alcohol courts and other models of intense interventions to support the needs of complex families are showing success for improving outcomes.

The impact of drug and alcohol misuse on other family members and significant others is often devastating, with many undertaking caring roles to support their loved one. National estimates have found drug use affects 1.5 million family members and a further 1

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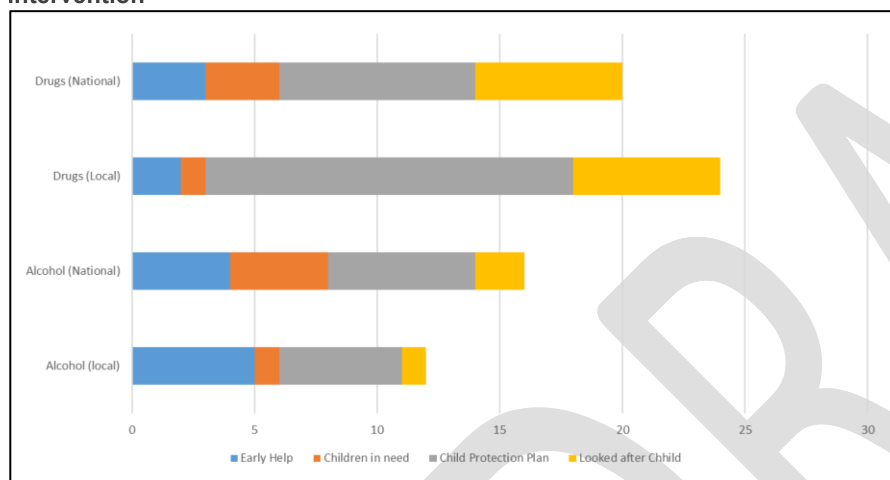
in 3 adults by a relative's alcohol use. Improving support for family carers and significant others to manage their caring roles not only improves their health and well-being but can have positive impacts on the 'cared for' and their recovery outcomes. Despite this, family members often do not identify with their caring role or feel confident accessing services designed for 'carer's due to issues of stigma.

Graph 8: Service users whose children receiving Early Help or Social Care intervention



Source: PHE Commissioning Support Pack 2020-2021

3.3.1 Foetal Alcohol Spectrum Disorders (FASD)[26]

Alcohol interferes with the normal development of the babies in the womb because it readily crosses the placenta, potentially causing cell death and/or inhibiting cell growth. The most severe effects of foetal alcohol exposure are the intellectual disabilities associated with the adverse impact of alcohol on foetal brain development and the central nervous system. Damage to the brain is often, though not always, accompanied by distinctive facial deformities, physical and emotional developmental problems, memory and attention deficits, and a variety of cognitive and behavioural problems. Affected individuals are also at a high risk of developing a range of secondary comorbidities including mental illness, alcohol and drug addiction.

The neurocognitive deficits associated with CNS dysfunction mean that individuals affected by FASD may experience additional problems due to difficulties in learning, judgement, planning and memory. These include psychiatric problems, disrupted school experience, trouble with the law, confinement, alcohol and drug problems, and inappropriate sexual behaviour. Young people (aged 12-17) diagnosed with FASD are 19 times more likely to be imprisoned within the criminal justice system than those without FASD according to research.

The annual estimated cost of FASD in the UK is over £2 billion. Findings from the 2018 Health Survey for England show in the West Midlands, 10% of women aged 16 years or older drink more than 14 units and up to 35 units a week, while 3% are classified as higher risk drinkers (i.e. those who drink more than 35 units per week).

FASD is preventable if we can prevent drinking during pregnancy. Measures to prevent FASD should include holistic support for pregnant women with alcohol and other health/social problems, raising awareness about FASD among professionals and the public, implementing evidence-based guidance on alcohol consumption during pregnancy and adopting Making Every

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Contact Count approach to educating service users on alcohol risks.

3.4 Dependency and Neurodivergent conditions[27]

Neurodiversity includes a range of neurological, developmental, intellectual, genetic, psychiatric and mental health conditions and disorders.

There is limited research in this area but a review by Addictions UK found the following:

- Substance misuse and dependency is not just about 'self-medication' for those with neurodivergent condition, individuals may be driven towards harmful use of substances and risky behaviours due to the symptoms of their conditions
- Substance misuse can co-exist of neurological conditions such as Tourette's and ADHD
- Repetitive behaviours, such as substance use and behavioural dependency may be used as coping strategies for dealing with symptoms of neurodivergent conditions
- Symptoms of neurodivergent conditions such as impulsivity, compulsions, and repetitive and obsessive thoughts and behaviours, may contribute to substance misuse and behavioural dependency.
- Deficits in executive functioning such as ability for self-control may increase the risk of substance misuse and behavioural dependency.
- The habitual and repetitive symptoms associated with some neurodivergent conditions (e.g. ASDs) may lend themselves to behaviours that support dependency
- Alcohol and substances can be used to cope with symptoms of neurodivergent conditions and to aid socialisation (typically alcohol in adults and cannabis in young people)
- Similarly, use of alcohol and substances to reduce or enhance sensations from symptoms of ND conditions
- Isolation compounds and exasperates conditions and compulsions/addictions
- Commissioned substance misuse, supported housing and welfare benefits services may not be equipped to meet the needs of those with neurodivergent conditions. Conversely, services designed specifically for those with neurodivergent conditions may also not be equipped to meet the needs of those with drug and alcohol dependency.

Addressing the needs of people with neurological conditions will require a holistic approach to managing this group, including raising awareness of commissioners and providers and equipping frontline staff with skills to identify and manage neurological conditions coexisting with substance misuse.

3.5 Drugs, Alcohol and Crime.

In the Home Office Modern Crime Prevention Strategy, drugs and alcohol are identified as the two key drivers of crime and disorder. Nationally 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery) is related to opiate/ crack cocaine dependency and 40% of all violent crime cites alcohol as a factor. The

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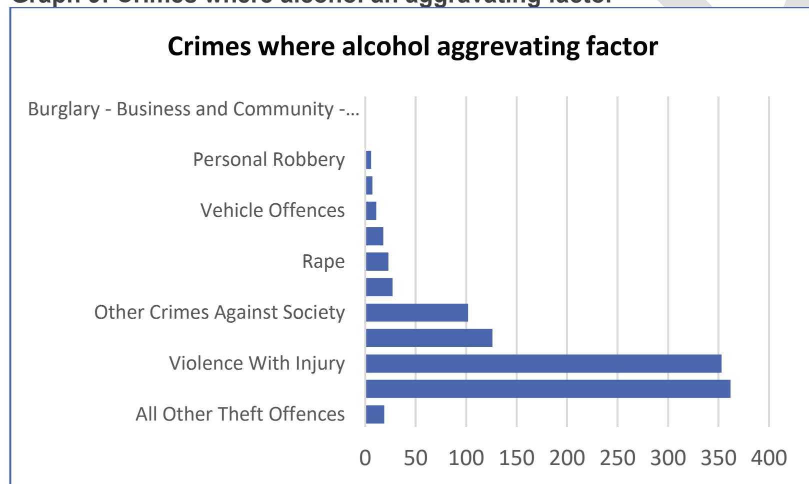
evidence shows that being in drug treatment itself reduces offending, but reducing alcohol related violent crime is more complex as many crimes are the result of binge drinking.

The proportion of reported crime where alcohol is and aggravating factor is low overall, accounting for around 6% of all crime types. However, where alcohol is a factor, it accounts for 68% of all violence against the person crimes with or without injury (

Graph 9). Not all victims or perpetrators of crime with injury will contact the police, and therefore a number of incidents will go unreported.

Tackling alcohol related harm requires a range of interventions from those focused on the individual to population wide responses. Trading Standards and Licensing both provide important functions in preventing harm and supporting the development of a safe night-time economy.

Graph 9: Crimes where alcohol an aggravating factor

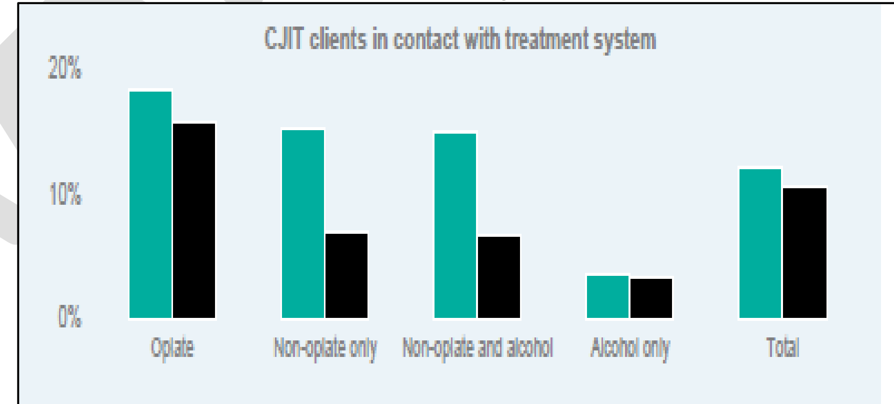


Source: West Mercia Police data

Community sentencing has provision for directing compulsory engagement in treatment through Alcohol Treatment Requirement (ATR) and Drug Rehabilitation Requirement (DRR), integrated offender management (IOM) arrangements and through the gate provision all symbolise the importance of partnership working within the criminal justice system.

Service users in contact with the criminal justice system (CJIT) account for 12% of the adult treatment population. Graph 10 illustrates the proportion of criminal justice clients by substance in Shropshire compared to England. Of those in treatment and in contact with criminal justice, 41% had been charged with acquisitive crime offences.

Graph 10: Criminal Justice service users by substance



Source: PHE Commissioning Support Pack 2020/2021

Drug misuse impacts on both crime and anti-social behaviour, visible within the local environment by discarded paraphernalia and the distress caused to residents and businesses through

theft, street dealing and robbery. Drug-recorded crimes related to personal possession have reduced by around 45% since 2016/17, whilst the number of crimes related to supply increased by 3% between 2017/18 and 2018/19.

The 2017 Drug Strategy sets out the ongoing work to disrupt drug markets at the international level and tackle the rise in organised crime, which is fuelling activity around County Lines. A 'county line' is where organised crime gangs export illegal drugs into areas using dedicated mobile phone lines. They exploit children and vulnerable adults to support activity by dealing and storing illegal substances on their behalf.

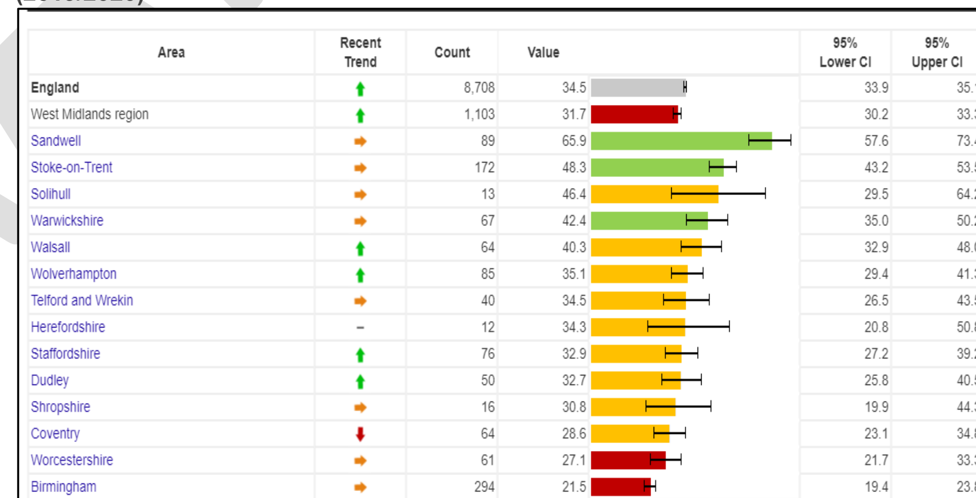
Analysis suggests that there are currently over 2,000 individual deal line numbers in the U.K, linked to approximately 1,000 branded county lines. These deal lines are controlled by criminal networks based primarily in urban hubs and facilitate the direct purchase of illicit drugs, primarily Class A by drugs users in smaller towns. The number of 'County Lines' drug supply lines has increased from 720 to around 2,000 in a little over a year (National Crime Agency, 2019).

Shropshire differs from other areas because serious organised crime gangs have exploited local young people and not transported them in. Vulnerable adults have had homes utilised for cuckooing (where gangs take over a property), providing a base from which to operate, putting families and children at risk. In response an exploitation pathway for children and young people has been established, with police and housing partners working together to manage issues around cuckooing.

Police have undertaken a number of operations to disrupt activity in the north and central locations of the county, but we know from schools, colleges and other sources we need a wider community response to stop young people being exploited. Contextual safeguarding provides the framework that addresses the risks of harm that sit outside the family context and requires a community wide approach.

Government has recently funded local areas to improve the uptake of treatment services among those released from prison as part of a strategy to reduce drug-related harm and deaths related to crime. In 2019/2020 Shropshire has the 4th lowest engagement rate among those released from prison (Graph 11).

Graph 11: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (2019/2020)



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	8,708	34.5	33.9	35.1
West Midlands region	↑	1,103	31.7	30.2	33.3
Sandwell	→	89	65.9	57.6	73.4
Stoke-on-Trent	→	172	48.3	43.2	53.5
Solihull	→	13	46.4	29.5	64.2
Warwickshire	→	67	42.4	35.0	50.2
Walsall	↑	64	40.3	32.9	48.0
Wolverhampton	↑	85	35.1	29.4	41.3
Telford and Wrekin	→	40	34.5	26.5	43.5
Herefordshire	–	12	34.3	20.8	50.8
Staffordshire	↑	76	32.9	27.2	39.2
Dudley	↑	50	32.7	25.8	40.5
Shropshire	→	16	30.8	19.9	44.3
Coventry	↓	64	28.6	23.1	34.8
Worcestershire	→	61	27.1	21.7	33.3
Birmingham	→	294	21.5	19.4	23.8

Another area of community safety that requires attention is the number of road traffic accidents where at least one of the drivers

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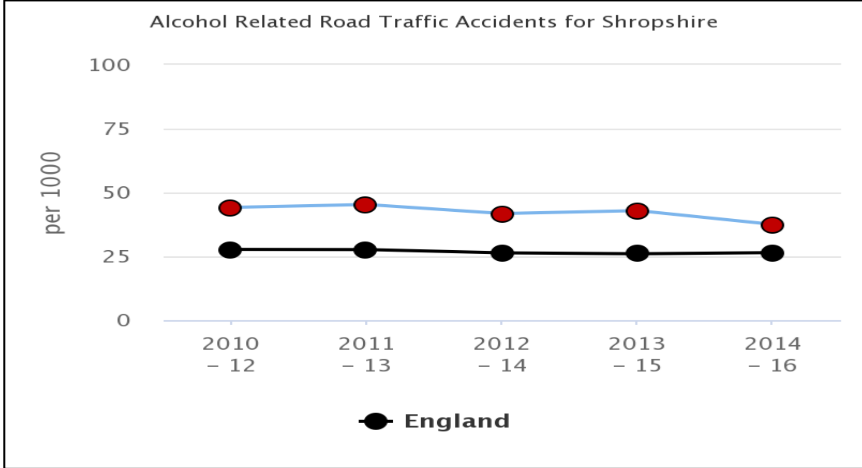
has tested positive for alcohol above the legal drive limit. Since 2010, the rate of alcohol related road traffic accidents in Shropshire has been above the England average (see Graph 12). It should be noted these accidents do not include fatalities where the driver was over the legal limit or where the injuries sustained were so severe it was not possible to breath test at the scene.

Graph 12: Alcohol related road traffic accidents



Source: PHE Fingertips

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4 Impact of COVID-19 on alcohol and drug misuse

The COVID-19 pandemic has had a significant impact risk factors influencing drug and alcohol addiction and access to services to help those experiencing addiction problems and the impact is disproportionately higher among deprived and vulnerable population groups. This will have implications for our local strategies to reduce the burden of drug and alcohol related ill health.

4.1 Alcohol

Public Health England published the trends in alcohol consumption and harm since the onset of the coronavirus (COVID-19) pandemic in July 2021. The findings show an increase in total alcohol-specific deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.[28]

Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale (meaning that tax has been paid and it is available to be bought) during the pandemic was still similar to the pre-pandemic years which suggests people were drinking more at home.

Data from a consumer purchasing panel show that in shops and supermarkets just over 12.6 million extra litres of alcohol were sold in the financial year 2020 to 2021 compared to 2019 to 2020 (a 24.4% increase).

Those that typically bought the most alcohol pre-pandemic bought a lot more once the first lockdown happened. When adult buyers were spilt into 5 equal sized groups based on their level of purchasing in the 2 years before the first lockdown, the heaviest buying group increased their buying by 5.3 million litres of alcohol compared to 2019 to 2020 (an increase of 14.3%).

Comparing March 2020 and March 2021, there was a 58.6% increase of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women).

Other published reports analysing surveys suggest that it is those drinking the heaviest before the pandemic that are more likely to report increasing their drinking.

The increased consumption of alcohol during the pandemic has occurred alongside increases in deaths. Alcohol-specific deaths increased by 20.0% in 2020 (from 5,819 in 2019 to 6,983) and alcoholic liver disease accounted for just over 80.3% of all deaths in 2020. There was 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.

Other findings include:

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- deaths from mental and behavioural disorders due to alcohol increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019), but hospital admissions were down
- deaths from alcohol poisoning increased by 15.4% between 2019 and 2020 (compared to a decrease of 4.5% between 2018 and 2019), but hospital admissions were down
- 33.0% of all alcohol-specific deaths occurred in the most deprived 20%
- the North East has the biggest increase in death rate out of all regions, reaching a peak rate of 28.4 deaths per 100,000 population in July 2020 (79.7% higher than the baseline rate in 2018 and 2019 combined)
- the rate of unplanned hospital admissions per 100,000 population for alcoholic liver disease increased by 3.2% between 2019 and 2020, though the rate of total alcohol-specific admissions decreased by 3.2%

4.2 Drug misuse

No UK report has been identified regarding the impact of COVID-19 pandemic on substance misuse. A European report covering national law enforcement experts (including the UK) indicate that the drug market has been remarkably resilient to disruption caused by the pandemic, with discovery of synthetic drug production sites and levels of cannabis cultivation in European countries remaining relatively stable.[29]

In terms of drug consumption, the available data suggest that, despite some reductions reported during the initial lockdown period, in many cases levels of drug use returned close to previous levels as social distancing measures were eased over the summer period. With some exceptions, overall levels of availability and use for many illicit substances were relatively stable when comparing 2019 with 2020, although reports varied by substance and country.

Documented treatment demands for all substances remained lower during the second half of 2020 than pre-COVID-19 levels, possibly linked with data collection challenges as well as increased used of telemedicine approaches. Overall services reported rapid adaptation, innovation and increased service flexibility. While many professionals reported positive experiences of rapid adaptation and moving services online, some concerns were raised about reduced accessibility of telemedicine for certain client groups and associated challenges for treatment retention. In terms of prevention responses, repeated school closures and online schooling proved challenging for implementing prevention and health promoting programmes during the pandemic.

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5 Progress made from the 2016 -2019

Alcohol Strategy			
Protect Communities			
	What we did	**Impact**	**Supports PHOF Indicator**
Improve the management of the night-time economy	**Publication of statement of Licensing Policy in 2019 providing a framework for the promotion of safe drinking environments to reduce alcohol related harm.**	**Provides a new approach to licensing with greater emphasis on evidencing application of the four licensing objectives**	
Reduce the incidence of alcohol related crime and anti-social behaviour	Launch of the perpetrator programme for Domestic Abuse implemented from 2017. Systematic screening of service users for domestic abuse issues by drug and alcohol services following NICE	Increase in domestic crimes reported to police from 21 per 1000 in 2015/2016 to 29.1 per 1000 in 2018/2019	B11: Domestic abuse-related incidents and crimes
Improve Health and Wellbeing			
	What we did	**Impact**	**Supports PHOF Indicator**
Promote Sensible Drinking	Promoted National events such Dry January and Alcohol awareness week	National impacts reports 79% of people save money, 62% sleep better, 49% lose weight.	C21
	Increased the number of eligible people receive a health check.	38.7% of Shropshire residents received a health check between 2016-2017 – 2020-	**C2 and C21**

		2021 compared to the England average of 33.4%	
	Provided a hospital in-reach Alcohol Liaison Nurse service	1682 hospital bed days saved **189 hospital admissions avoided 2016 – 2019**	C19
	Pilot the use of alcohol identification and brief advice (IBA) in Job Centre Plus Shrewsbury,	Total 127 people screened during pilot identifying 27% of people drinking at increasing and higher risk levels and 5% dependent drinkers	C21
Protect Children and Young People	**Launch of SMATER Screening Tool for Young People in May 2017 to support better identification of problematic drug and alcohol use in young people**	**Increased referrals into young people's specialist substance misuse services by more than 100% in the first year**	**C19, B03, B05, C02**
	Developed the Drug and Alcohol School Policy	Launched the tool in September 2017	B03, B05
	Agreed pathway to support hospital to community referrals for young people admitted for drug and /or alcohol related episodes.	**Small number of young people have been referred and is similar to national proportion of referrals.**	**C19, C21**
Build Capacity	Develop workforce to undertake brief interventions to make every contact count.	**500+ frontline practitioners trained**	C19,
Drug Misuse			
Extend support for drug and alcohol misusing offenders	**Strengthened treatment pathways from prison to community for continuation of care.** **Supported the Integrated Offender Management programme by provision of dedicated worker.**	**This has increased the proportion of people with substance misuse need who leave prison and continue treatment in the community from 34.7% to 39.7%.** **Decrease in the number of people re-offending from**	**C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison**

		24.3% to 22.1% of offenders who reoffend	**B13a Re-offending levels - percentage of offenders who re-offend**
Reduce Drug related deaths	**Extend the provision of naloxone to family members and significant others.** **Increase awareness to treatment and recovery**	**11% of eligible people have received a kit.** Shropshire Hosted the National Recovery Walk in 2018 attracting approximately 7000 people to the town	**C19d**

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6 Developing and delivering the Strategy

To develop this strategy a number of workshops were held with key stakeholders, including service users, those affected by other people's drug and alcohol misuse, health, mental health, housing and criminal justice partners. Informed by the local needs assessment, evidence based guidance the workshops sought to identify the priorities for Shropshire.

The local needs assessment undertaken in 2018 made the following recommendations:

- Increase successful completion rates of drug and alcohol treatment.
- Increase the number of people accessing alcohol treatment.
- Reduce alcohol related hospital admissions with a particular focus on the over 65s and women.
- Increase number of service users in treatment for opiate dependency have been in treatment for 6 years or more.
- Reduce alcohol related road traffic accidents.

A workshop was held in June 2019 with key stakeholders, service users and family members affected by drug and alcohol use, followed by a series of engagement events to support development of the strategy. The following areas were identified for action:

- Increase the number of people leaving drug treatment successfully.
- Improve joint working between mental health services and substance misuse
- Better co-ordination of care between services such as housing and substance misuse
    - Raise awareness to drug and alcohol related harm across the life course.
    - Improve the response to vulnerable adults exploited through 'county lines' activity.
    - Improve support to families affected by drug and alcohol related harm.
    - Protect children and young people from the harms caused by alcohol and drugs within the home and community.
    - Improve information sharing to support better care.
    - Develop a joint approach to commissioning services.
    - Upskilling of workforce to provide a flexible approach to supporting people with complex needs.
    - Continue to develop our licensing approach for the night-time economy.

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In 2020, the pandemic highlighted the vulnerability of people dependent on drugs and alcohol and the multiple disadvantages they face on a daily basis. This has enabled us to understand more about how we need to work together to ensure people with are supported and safeguarded properly.

Delivering the ambitions of this strategy requires strong leadership and a commitment by all organisations and agencies to make drugs and alcohol everyone's business. No single organisation or service can address the issues alone and success will only be achieved by embedding activity to tackle drug and alcohol misuse into everyday working practice. Developing a confident and competent workforce to address issues effectively and efficiently as they arise is key to delivering better support for people, leading to better outcomes and earlier interventions.

Building on the good partnership work already accomplished, new partnerships will need to be formed across both the statutory and voluntary sector to maximise effectiveness, utilise new ways of working and explore the role of technology to deliver better outcomes. An integrated approach to commissioning will be developed using an agreed set of principles, common standards and outcomes to promote a consistent and effective approach for working with people who are experiencing drug and alcohol related harm. To support delivery of the strategy a plan will be produced, providing detail of activity and targets to achieve the outcomes.

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7 Theme 1: Protect Children and Young People

To protect children and young people from the harms caused by drug and alcohol misuse we will:

Address Foetal alcohol spectrum disorder

- ❖ Embed alcohol dependency assessment into maternity and reproductive health pathways
- ❖ Raising awareness of FASD alcohol spectrum disorders among frontline health and social care staff
- ❖ Broad awareness building and health promotion efforts relating to alcohol use and related risks in all women of childbearing years and their support networks
- ❖ Provide specialised, holistic support for pregnant women with alcohol and other health/social problems

Improve support for children and young people affected by others drug and alcohol misuse

- ❖ Implement the safeguarding guidance to support early identification of drug and alcohol related harm within the family.
- ❖ Develop a better understanding of the needs of young carers affected by parental drug and alcohol dependency.
- ❖ Increase support to families affected by drug and alcohol use to improve outcomes.
- ❖ Work with local communities and schools to identify strategies and interventions to reduce the risks of child exploitation.
- ❖ Provide targeted support through the STAR programme (We ARE With You) to identified young people at risk of harm related to drug and alcohol use and misuse.

Promote the implementation of a schools' drug and alcohol policy

- ❖ Develop a framework to support the management of drug and alcohol related incidents within schools and colleges.
- ❖ Work in partnership with Police to support their school offer in accordance with PSHE good practice and evidence

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8 Theme 2: Build Recovery

To build sustainable recovery we will:

Increase the rate of successful treatment completions

- Review current treatment cohort and optimise treatment available to support sustained recovery.
- Explore the opportunities within social prescribing to support people with drug and alcohol dependency.
- Strengthen pathway between Job Centre Plus and drug and alcohol services to support and improve employability outcomes for those in treatment.

Reduce drug related deaths

- Increase take-up of naloxone to service users, family members, significant others and key frontline staff.
- Develop a better understanding of drug related deaths and near miss drug overdoses locally and develop a response to reduce risk.
- Increase provision and take-up of Hepatitis C treatment within the community to support the ambition of elimination of the virus in England by 2025.
- Increase the take-up and completion of Hepatitis B vaccinations.

Develop partnership working across both statutory and voluntary sectors to improve recovery outcomes

- Develop stronger working relationships with the voluntary sector to maximise recovery through community based and localised support.
- Improve joint working between housing and drug and alcohol services to reduce homelessness and sustain tenancies.

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9 Theme 3: Improve health and well-being

To improve health and well-being and reduce the alcohol related harm we will work together to:

Reduce alcohol related hospital admissions

- ❖ Develop an Alcohol Care Team (ACT) in line with national guidance to manage unplanned care in the hospital setting.
- ❖ Work with key partners to Increase the utilisation of identification and brief advice (IBA) within primary care at scale, as part of the prevention agenda.
- ❖ Increase awareness of health-related alcohol harms and promote self-management of lifestyle changes, utilising national campaigns and technology.
- ❖ Increase the number of people accessing alcohol specialist treatment.

Improve care for people with co-occurring substance misuse and mental health conditions

- ❖ Develop and implement an agreed pathway across the mental health system to support people with co-occurring conditions to improve outcomes.
- ❖ Strengthen partnership working between drug and alcohol service and mental health
- ❖ Implement the 'blue light' principles for working with treatment resistant drinkers to improve outcomes and strengthen safeguarding across the partnership.
- ❖ Establish a framework that promotes effective partnerships among substance misuse, supported housing and welfare benefits services, to manage those with coexisting neurodivergent conditions

Improve support for family carers affected by someone else's drug and alcohol dependency.

- ❖ Work with carer groups to promote support available and identify gaps in provision.

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10. Theme 4: Promote Safer Communities

To restrict the supply of drugs and illegal alcohol into our communities the partnership will:

Safeguard those communities most vulnerable to criminal exploitation

- ❖ Develop a collective response across the partnership to support and safeguard adults who, through their own dependency on drugs and alcohol are at greatest risk of criminal exploitation.
- ❖ Work with key partners to utilise contextual safeguarding processes to assess and support areas at risk of county-line activity.
- ❖ Develop a response to tackle the hidden debt of criminal exploitation

Reduce alcohol related road traffic accidents

- ❖ Develop a better understanding of local alcohol related road traffic accidents and identify an appropriate response.

Continue to build and promote safe and vibrant night time economies across Shropshire

- ❖ Continue to develop responses to support the vision of the Shropshire Statement of Licensing Policy 2019-2024
- ❖ Explore opportunities and initiatives to reduce intoxication and promote safer drinking within the community.

Reduce drug and alcohol related offending

- ❖ Improve delivery of drug and alcohol community rehabilitation sentences with greater focus on treatment need.
- ❖ Increase the proportion of people accessing community drug and alcohol treatment on leaving prison to reduce re-offending, drug related overdose and improve outcomes.

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11. Theme 5: Build Capacity

- Skill-up frontline staff to respond to and manage drug and alcohol related harm effectively.
- Improve intelligence and information sharing across the partnership to support planning and commissioning of services.
- Develop key principles to embed drug and alcohol identification and early intervention into frontline commissioned services.
- Undertake a comprehensive needs assessment
- Develop a forum of people with lived experience to support the commissioning and planning of services

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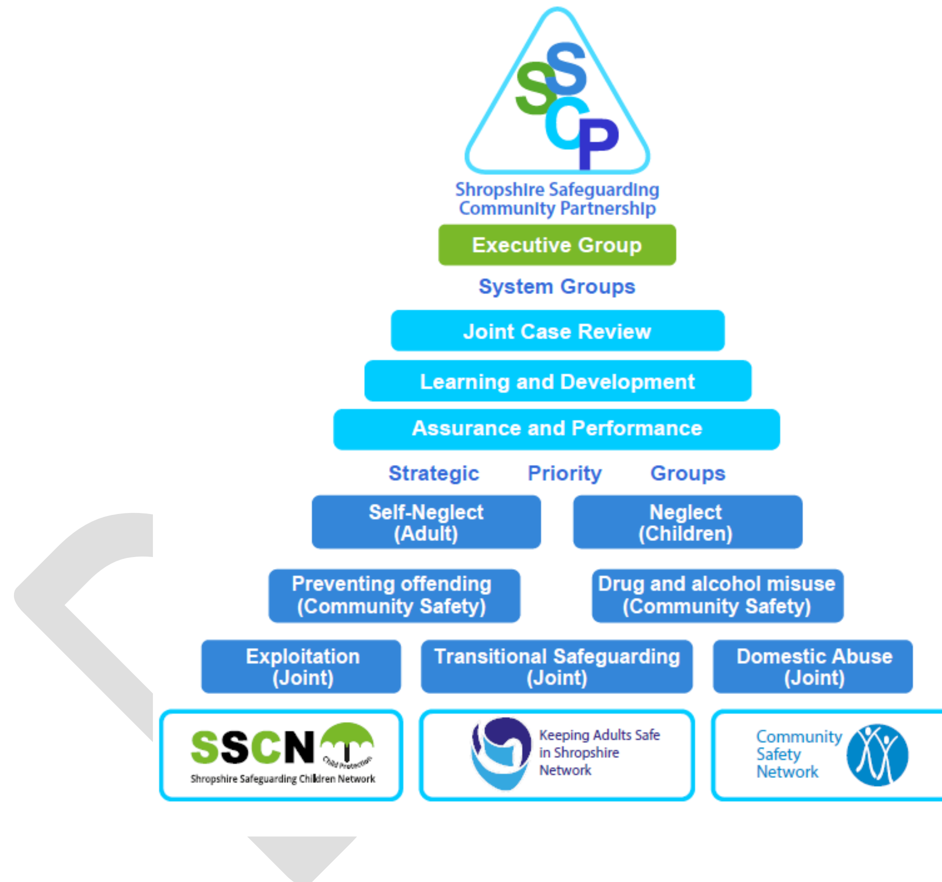
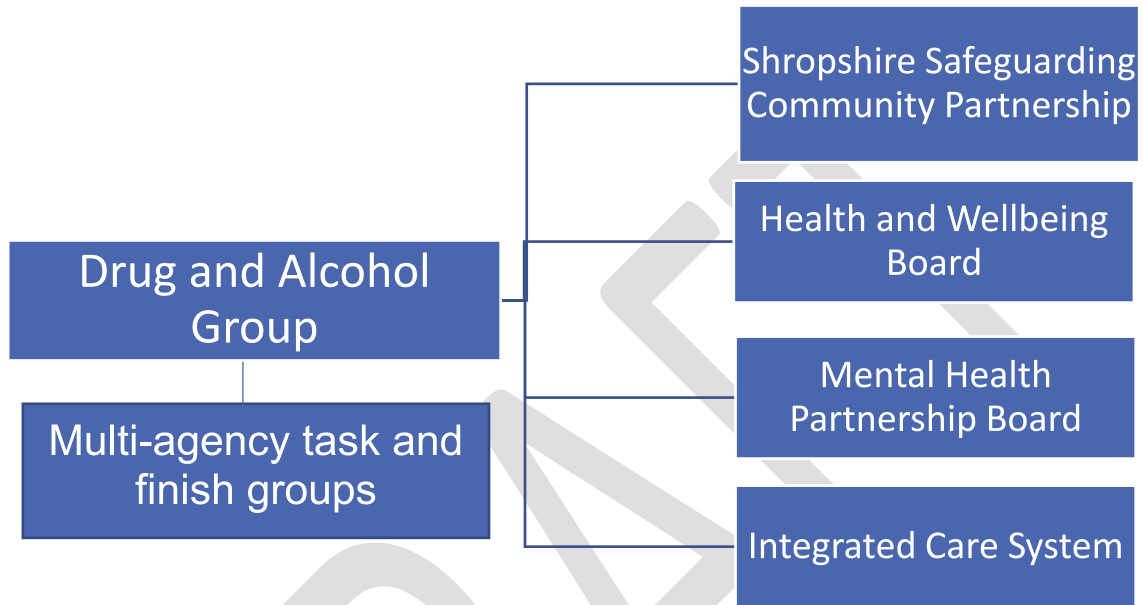
10 Governance and Accountability:

Tackling drug and alcohol related harm is a priority for the Shropshire Safeguarding Community Partnership (SSCP). The delivery of this strategy will contribute to the other SSCP priorities: self-neglect (adults), neglect (children), preventing offending, exploitation, transitional safeguarding and domestic abuse (see Fig below)



As a crosscutting, issue the diagram below illustrates how delivery of the strategy will also contributes to the ambitions of the Mental Health Partnership Board, the priorities of the Health and Well-Being Board and the Integrated Care System



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11 Outcomes

The delivery of this strategy will be measured using the Public Health England Outcome Framework (PHOF) that sets out the vision to 'Improve the nation's health and improve the health of the poorest fastest'. The framework focuses on the two high level outcomes:

- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

7.4 Under the PHOF the key outcomes specifically related to drug and alcohol misuse fall under health improvement and have specific indicators (Box 1), however it is acknowledged the impact of the reduction of drug and alcohol related harm supports other indicators of positive health and well-being and reductions across the life courrse .

Box 1 PHOF Drug and Alcohol specific indicators.

Public Health Outcome Framework	
C19a	Successful completion of drug treatment – opiate users
C19b	Successful completion of drug treatment – non-opiate users
C19c	Successful completion of alcohol treatment
C19d	Deaths from drug misuse
C20	Adults with substance misuse treatment need who successfully engage in community structured treatment following release from prison
C21	Admission episodes for alcohol related conditions (narrow)

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