

Substance Use

Overview

Strategic Needs Assessment

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Executive Summary

Academic research posits that substance use contributes to the overall burden of disease and social need in the UK, such as communicable diseases, mental health issues, physical health, accidental harms and the associated service pressures. Furthermore, substance use is a complex issue that touches young people, adults, families, communities and society, affecting a wide range of health and social outcomes.

Dependency on and engagement with drugs and / or alcohol can affect many aspects of an individual and community: relationships, meaningful activities and employment, family life, parenting, educational attainment, housing opportunities, criminal and anti-social behaviour.

Substance use interventions and treatment lead to improved public health outcomes, benefiting the wider determinants of health, health improvement, health protection and preventing premature mortality.

It is recognised that there is a joint responsibility from a range of partners to reduce the harms associated with substance misuse, which includes health and social care, housing services, employment support providers and criminal justice partners.

The Sefton Combating Drug Partnership has overseen this needs assessment, which will inform the production of the Sefton Drugs Plan.

Key Issues

Sefton has a unique socio-economic geography. In its entirety it is in the most deprived fifth of English Local Authorities, yet other parts of the Borough, particularly in the middle and North, are some of the least deprived areas nationally and considered affluent. Health outcomes are consistent to those seen across England, but there are health inequalities within, and between, different geographical areas and communities across the borough. For example, in Sefton, we know that people living in the north of the borough live, on average, 12 years longer than those living in less affluent areas in the south, which is illustrated in the Sefton Public Health Annual Report [sefton-public-health-annual-report-2019-20.pdf](#)

Alcohol and drug use can be seen in different populations. In Sefton:

Alcohol use is widespread

Approximately 6153 young people aged 11 to 15 in Sefton have ever had an alcoholic drink and 1231 have been drunk in the last 4 weeks (Based on national estimates of 40% having ever had alcohol and 8% having been drunk in the last 4 weeks)

Three quarters of the young people who accessed specialist young people's substance use services in 2020/21 started using substances before 15 years and just over half were using two or more substances (including alcohol).

A quarter of the Sefton adult population have increased risk of harm through consuming more than the recommended levels of alcohol (over 14 units a week).

Alcohol related and specific hospital admissions reduced in 2020/21. However, this is likely due to the impact of the COVID-19 pandemic on hospital admissions. In the 3 years prior to the pandemic, Sefton's rate of alcohol related hospital admissions had increased year on year and alcohol specific hospital admissions were also rising.

Under 18 alcohol specific admissions for Sefton have risen to 71.0 per 100,000 in 2018/19-20/21. Sefton currently has the second highest rate in the North West (out of 39 Local Authorities) and is in the top 10 nationally.

Almost 2% of Sefton's adult population are estimated to be dependent drinkers, approximately 4237 residents. Of these dependent drinkers, it is estimated that only 16% will be in treatment.

Recreational drug use is common and opiate/crack use is high

The national Smoking Drinking and Drug Use (SDDU) survey suggests that 7% of young people (aged 11 – 15 years) have ever used cannabis and 4.7% have taken any psychoactive substances. This would equate to 1077 of Sefton's 11-15 year olds having tried cannabis and 723 for psychoactive substances.

Sefton's rate of opiate and/or crack users is estimated to be greater than the rate for England as a whole. There are an estimated 1,952 opiate and/or crack users across Sefton (11.6 per 1,000

population compares to 8.9 per 1,000 for England).

Fourteen percent of Sefton opiate users in treatment for 2021/22 were currently injecting and 22% had previously injected.

A smaller proportion of Sefton opiate users are not in treatment than for England as a whole, 44% compared to 47% nationally.

Deaths from drug poisoning and drug misuse in Sefton have increased in the latest time period, although these are not statistically significant changes. Sefton's rates of drug poisoning deaths and deaths from drug misuse are significantly higher than England but not significantly different to the North West and LCR averages.

What is the impact of substance use in Sefton?

In 2021/20 1420 adults were in substance use treatment services and 470 were in alcohol only treatment for Sefton. In 2021/22 46 young people (under 24 years) were in young people's substance use services.

Parental substance use can negatively affect children. It is estimated that \approx 2070 children in Sefton live in households where alcohol or substance misuse is present. Of all the assessments completed by Sefton Children's Social Care in 2020/21, 18% identified concerns about drug misuse by the parent carer and 17% identified concerns about alcohol misuse by the parent carer.

Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol use. Of all burglaries, robberies and other acquisitive crime nationally, nearly half is known to have been committed by people using heroin and crack. The government's Tackling Domestic Abuse Plan (2022) also identifies alcohol and drug use as predictors of domestic abuse, with several systematic reviews showing a significant relationship between the two.

The impact of substance use is greatest for Sefton's most deprived communities. A social gradient can be seen for drug and alcohol related hospital admissions with rates highest amongst Sefton's most disadvantaged wards. Sefton's most deprived residents make up a greater proportion of those dying from drug poisoning and alcohol specific conditions. Drug related crime is also highly correlated with deprivation, with these

same communities experiencing a disproportionate burden of Sefton's crime.

How does substance use link to mental health in Sefton?

The Office of National Statistics produces national measures of well-being based on the annual population survey. The latest survey results (2020-21) found Sefton residents have poorer well-being than England overall. The prevalence of serious mental health problems such as schizophrenia or bipolar disorder is also higher than the England average. Approximately 1.2% of patients registered with a Sefton GP have a diagnosed serious mental health problem, with the borough falling within the highest quintile out of the 152 English upper tier authorities.

In line with this, the rate of residents claiming Personal Independence Payments (PIP) for psychiatric disorders is higher in the borough than seen regionally and nationally and has shown year on year increases with an overall rise of 73%.

Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance use treatment. In Sefton, past audits of case files for suspected suicides have identified history of drug or alcohol use as a common antecedent- detailed in over half of cases.

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that occur between 0 and 18 years of age and have a lasting effect on mental health. They include experiences such as domestic violence, physical or sexual abuse, emotional neglect, parental separation, household alcohol and drugs misuse, mental illness and suicide or imprisonment of a household member. In a study by Bellis et al (2014) children who experience four or more adversities were twice as likely to currently binge drink, and eleven times more likely to have used crack cocaine or heroin. ACEs have been reported amongst young people entering treatment in Sefton. In 2021/22 of all young people entering treatment for substance misuse, 50% were affected by another person's substance, 34% were involved in self-harm, , 34% were affected by domestic abuse and 16% were subject to a child protection plan.

Conclusions & Recommendations

The next steps for Sefton's Combating Drugs Partnership is to determine priorities from the analysis of the data contained in this needs assessment, to inform the Sefton Drugs Plan. Initial analysis suggests the following possible priorities:

Prevention, early intervention and behaviour change.

Prioritising education and prevention work to bring about a change in behaviour and attitudes to alcohol consumption and drug use amongst Sefton residents

Intervening earlier so that adults, young people and their families are identified and supported before substance problems develop or worsen.

Collaborating to keep communities safe

Taking action to stem the rise in drug related offences and crime related to the Night-time Economy in Sefton.

Continuing to improve criminal justice pathways and treatment so that all Sefton offenders are supported to achieve a life free from drug addiction

Working in partnership to share intelligence to identify those at risk of drug / alcohol related harm & criminal exploitation and to provide safeguarding and intensive support.

Gaining a better understanding of why some people who use alcohol and other drugs do not engage with treatment

Exploring the gaps in knowledge and intelligence identified in this needs assessment and where possible improving data collection and sharing

Better Recovery

Ensuring Sefton's treatment services are accessible and meet the needs of underserved groups and people with protected characteristics

Raising awareness of stigma and how stigmatising effects are produced and reproduced through language which prevents people entering treatment

Ensuring Sefton's treatment services deliver improved recovery outcomes for service users and are responsive to the changing profile of clients. For example, the aging of opiate clients, the use of

new psychoactive drugs and the increasing complexity of client's lives

Strengthening pathways to ensure that an integrated package of care is delivered for clients with co-occurring mental health and substance misuse.

Reducing Drug Related Deaths. A significant number of people who die from substance associated causes have either never been engaged with treatment services or have dropped out of treatment and failed to re-engage.

Understanding why Needle and Syringe programme activity has failed to return to pre-pandemic levels and improving engagement with these programmes.

Vision, Strategy, Plan and Performance Framework

Against identified potential priorities:

- Gather evidence of what works
- Define the aspirational outcomes
- Define what we are going to do as a partnership
- Agree the indicators that the partnership will use to measure success

Introduction

At the end of 2021, a new government strategy “From harm to hope: A 10-year drugs plan to cut crime and save lives” was published. The main aim of this strategy is to reduce drug use, reduce drug-related crime and reduce drug-related deaths and harm. By the end of 2024/25, the strategy sets ambitions to have:

- prevented 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- delivered a phased expansion of treatment capacity with at least 54,500 new high quality treatment places – an increase of 20% – including:
 - 21,000 new places for people who use opiates and/or crack cocaine, meaning that 53% of opiate and crack users will be in treatment
 - at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
- contributed to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closed over 2,000 more county lines through relentless and robust action to break the model and bring down the gangs running these illegal lines
- delivered 6,400 major and moderate disruptions – a 20% increase – of activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains
- significantly increased removal of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Local government and its partners are outlined as crucial to the successful delivery of this strategy. Every local area is required to set up a Combating Drugs Partnership and put in place needs assessment work and a delivery by the end of 2022. The Sefton Combating Drugs Partnership has now formed, and this needs assessment is the first step in identifying key priorities for tackling substance use across the Sefton borough.

Whilst the new drugs plan focuses on the use and supply of illegal drugs, it states that local

partnerships should ensure plans sufficiently address alcohol dependence and wider alcohol-related harms. As such alcohol consumption and its impacts have been included in the scope of this needs assessment.

Sefton – People and Place

Demographic

Sefton has a population of approximately 275,899 and makes up just 0.5% of the English population.

52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).

23.7% of Sefton’s population is 65 years old or over (65,463), with approximately one in five being aged under 18 (54,098).

Sefton is ranked 24th out of 309 local authorities for the number of residents aged 65 or over.

Sefton’s area is approximately 157km² with a population density (the number of persons per km²) of 1,762, over four times higher than that of England

Sefton has a unique socio-economic geography. In its entirety it is in the most deprived fifth of English Local Authorities, with 27 of the 189 Sefton Lower Super Output Areas (LSOA) being in the top 5% nationally (17 of these being in South Sefton). Yet other parts of the Borough, particularly in the middle and North, are some of the least deprived areas, with seven LSOAs (six of which are in North Sefton) were in the least deprived 5% of areas nationally.

Sefton has a low proportion of residents from minority ethnic groups, with 95% of the population being White British, higher than rates seen across Liverpool City Region 92%, the North West 87% and England 79% (9.8%).

Further information can be found in the Sefton People and Place profile

[seftonpeopleandplaceprofile.pdf](#)

Deprivation

The English Indices of Deprivation 2019 (ID2019) are the Government’s official measure of multiple deprivation at small area level. ID2019 updates information produced in 2015. It provides a

relative ranking of areas across England according to their level of deprivation.

ID2019 brings together 39 indicators which cover specific dimensions of deprivation: Income, Employment, Health and Disability, Education, Skills and Training, Barriers to Housing and Services, Living Environment and Crime. These are weighted and combined to create an overall Index of Multiple Deprivation (IMD). ID2019 provides scores and ranks for IMD, the seven domains of deprivation and 2 supplementary income deprivation indices – one relating to children (IDACI) and one relating to older people (IDAOP).

The IMD2019 is based on lower super output areas (LSOA) - geographical areas containing approximately 1,500 people. The LSOAs are ranked from most deprived to least deprived. Nationally the most deprived LSOA is given a ranking of 1 and the least deprived a ranking of 32,844. This report also includes analyses where LSOAs have been categorised into deprivation bands, most commonly deciles (10% bands) or quintiles (20% bands).

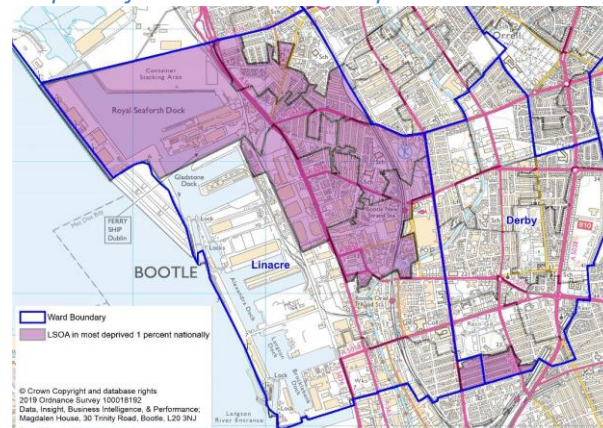
According to the ID (2019) Sefton's IMD is ranked 89th out of 317 local authorities. Sefton's 2015 IMD ranking was 100. This suggests that Sefton has become more deprived, compared to other parts of the country, than it was in 2015.

Sefton's 2019 rank places it in the second most deprived quintile or fifth of local authorities (unchanged from 2015). Sefton is the least deprived local authority in the Liverpool City Region according to ID2019. This is a slight change from 2015 when Wirral was the least deprived.

38 of Sefton's 189 LSOAs (covering an area of approximately 58,000 residents) are in the most deprived 10% nationally. Conversely only 7 Sefton LSOAs fall in the least deprived 10% nationally (covering 4% of the population and 10,000 residents).

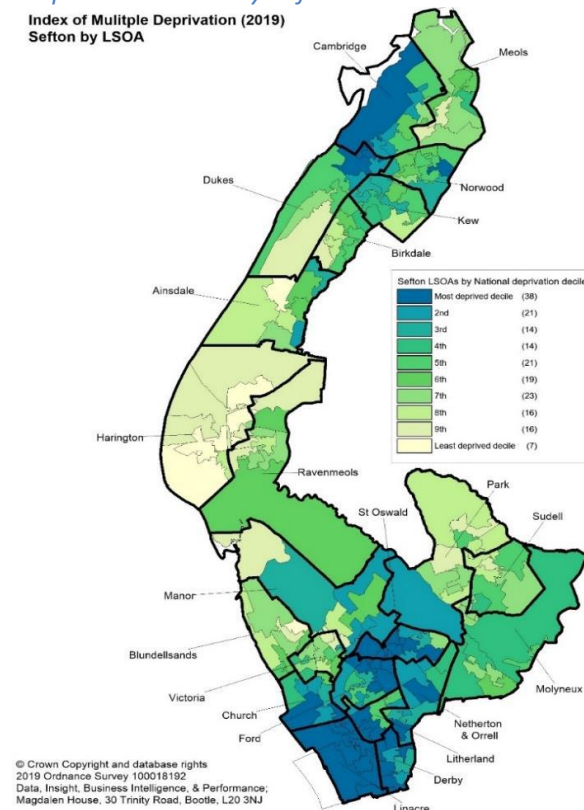
Seven of Sefton's LSOAs (3.7%) fall in the most deprived 1% of the country, covering almost 11,000 residents.

Map 1. Sefton LSOAs is most deprived 1% nationally



This is an increase from 2015, when 5 LSOAs (approximately 7,000 residents) were in the most deprived 1%. Six of the seven LSOAs are in Linacre ward and the remaining LSOA spans Linacre and Derby ward. None of Sefton's LSOAs lie in the least deprived 1% nationally and only one, in Harington ward, falls into the least deprived 5% nationally.

Map 2. IMD decile by Sefton LSOA



The most deprived and least deprived neighbourhoods in Sefton have remained the same between 2015 and 2019.

Seventy two percent of LSOAs (137) are in the same deprivation decile on the ID2019 as they were on the ID2015. Forty-one LSOAs (22%) have

moved to a more deprived decile and 11 (6%) have moved to a less deprived decile. Where LSOAs have changed deprivation decile, all have only shifted to the next decile (either up or down).

Prevalence in the Community

Drug use in the adult population

The Crime Survey for England and Wales provides information about illicit drug use from a national representative sample of 16-74-year-old residents in households. In the year ending 2020, 9.4% of adults aged 16-59 reported any drug use in the last year and 4.6% reported using drugs in the last month. If applied to the Sefton population this would equate to 13,417 16–59 years having used drugs in the last year and 6,566 in the last month.

Drug use was higher amongst younger adults. Only 1% of 60-74-year-olds had taken a drug in the last year, whereas 21% of adults aged 16 to 24 years had taken drugs in the last year and 9.9% had used drugs in the last month.

The survey revealed that cannabis was the most common drug used by adults (7.8%), followed by Powder Cocaine (2.6%). Modelled drug use prevalence for 16- to 59-year-olds in Sefton based on the Crime Survey for England and Wales can be found in table 1.

OHID produce estimates of opiate and/or crack users (OCUs) and the proportion that are not in treatment (unmet need). Whilst useful, it should be borne in mind that the source of prevalence data used for this is now quite old. The estimates are based on a study conducted by Liverpool John Moore’s University in 2016/17. Refreshed estimates are needed to provide a more accurate picture of unmet need in Sefton.

It is estimated that 1,674 adults aged 15-64 use crack in Sefton (10 per 1,000 population compared to 5.1 per 1,000 population for England). Sixty one percent of these estimated crack users are not in treatment, a slightly higher proportion to national estimates (57%).

An estimated 1,705 Sefton residents aged 15-64 use opiates (9.2 per 1,000 population compared to 7.3 per 1,000 population nationally). A slightly smaller proportion of Sefton opiate users are not in treatment than for England as a whole, 44% compared to 47% nationally.

Table 1: Modelled prevalence of drug use by type of drug amongst Sefton’s 16–59-year-old population based on the Crime Survey for England and Wales (year ending March 2020)

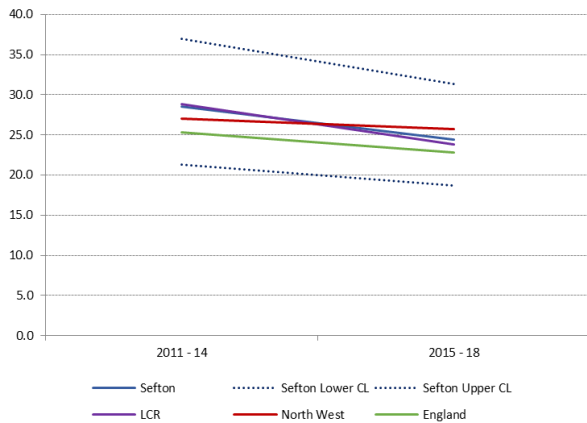
Drug	Percentage of 16-59 yrs who have used in last year (England & Wales)	Modelled numbers based on Sefton Population (16-59 years)
Cannabis	7.8	11134
Powder cocaine	2.6	3711
Nitrous oxide	2.4	3426
Ecstasy	1.4	1998
Ketamine	0.8	1142
Magic mushrooms	0.5	714
Tranquillisers	0.5	714
New psychoactive substances	0.3	428
LSD	0.3	428
Amphetamines	0.3	428
Anabolic steroids	0.1	143
Crack cocaine	0.1	143
Opiates	0.1	143

Alcohol use in the adult population

The Chief Medical Officer advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week.

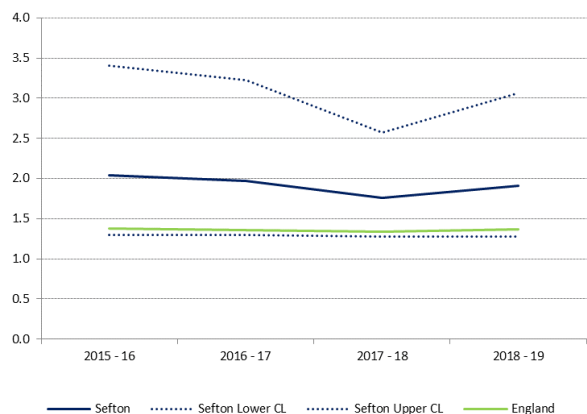
A quarter of adults are estimated to drink above 14 units per week, which is not significantly different to the national (22.8%) and regional averages (25.7%). It is estimated that 15.9% of adults binge drink (more than 6 units of alcohol for women and more than 8 units of alcohol for men) on their heaviest drinking day of the week. Again, this is not significantly different to national (15.4%) and regional (18.5%) estimates.

Figure 1. Percentage of adults drinking over 14 units a week



Almost 2% of Sefton’s adult population are estimated to be dependent drinkers (1.9%), approximately 4237 residents. Sefton has the 16th highest proportion of dependent drinkers of 151 upper tier local authorities. Dependent drinking is 3 times higher in men than women and twice as high in the most deprived decile (10th of the population) than the least deprived decile.

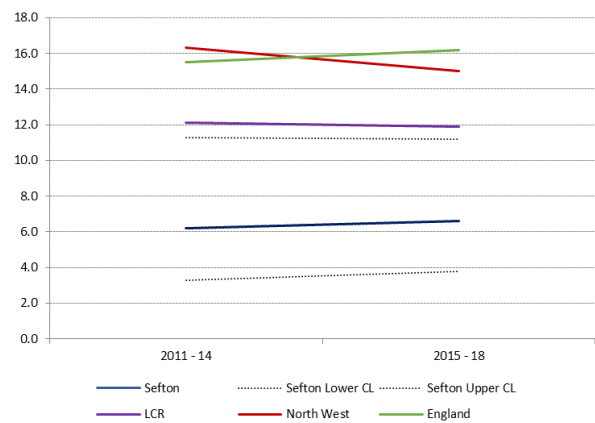
Figure 2. Proportion of Sefton Adults estimated to be alcohol dependent



OHID estimates of unmet need suggest that 84% of dependent drinkers are not in treatment, compared to 80% nationally.

Approximately 6.6% of Sefton’s adult population abstain from alcohol, significantly lower than the England (16.2%) and North West (15.0%) averages. This may be due to the lower non-white population in Sefton, who have been found to have lower rates of alcohol use.

Figure 3. Percentage of adults who abstain from drinking alcohol



Young People & Substance Use

The 2021 Smoking, Drinking and Drug Use among Young People Survey (SDDU survey) identified that amongst 11–15-year-olds in England, 40% had ever had alcohol, 9% had drunk alcohol in the last week and 8% had been drunk in the last 4 weeks. National estimates from the SDDU survey can be applied to Sefton population estimates to provide rough figures. This would suggest that approximately 6153 young people aged 11 to 15 in Sefton have ever had an alcoholic drink and 1231 have been drunk in the last 4 weeks.

Table 2: Modelled prevalence of alcohol use amongst Sefton’s 11–15-year-old population based on the National Smoking, Drinking & Drug Use Survey (2021)

	National (%)	Modelled numbers based on Sefton Population (11-15 years)
Ever had an alcoholic drink	40	6153
Had an alcoholic drink in the last week	9	1384
Been drunk in last 4 weeks	8	1231

The SDDU survey also provides estimates of young people’s drug use. In the 2021 report, 18% percent of young people aged 11-15 said they had taken drugs, 12% had taken drugs in the last year and 6% had taken drugs in the last month. This would suggest that of Sefton’s 11–15-year-old population, almost 2,769 have ever taken drugs and 923 have taken drugs in the last month. Approximately 5,769 of Sefton’s 11–15-year-olds have ever been offered drugs.

Table 3: Modelled prevalence of drug use amongst Sefton's 11–15-year-old population based on the National Smoking, Drinking & Drug Use Survey (2021)

	National (%)	Modelled numbers based on Sefton Population (11-15 years)
Ever taken drugs	18	2769
Taken drugs in last year	12	1846
Taken drugs in the last month	6	923
Ever offered drugs	31	4769
Ever taken cannabis	7	1077
Ever taken any Class A drug	3.5	538
Ever taken any stimulants	2.6	400
Ever taken any psychedelics	2.3	354
Ever taken any psychoactive substances	4.7	723
Ever taken any opiates	0.7	108
Ever taken glue, gas, aerosols or solvents	6.8	1046

Cannabis has consistently been the most-used drug amongst adults and was also the most frequently reported in the SDDU survey. Nationally 7% of young people aged 11-15 said they had used cannabis. This would equate to 1,077 of Sefton's 11–15-year-old population. The second most common drug used was glue, gas, aerosols or solvents (5.7%). In total, 4.7% young people had used any psychoactive substances (723 of Sefton's 11–15-year-old population) and 3.0% had used nitrous oxide.

The SDDU survey reported a decrease in the prevalence of smoking cigarettes. Twelve percent of pupils had ever smoked and 3% currently smoked in the 2021 survey compared with 16% and 5% in 2018 survey. E-cigarette use or vaping, however, had increased between the surveys. Up from 6% currently using e-cigarettes in 2018 to 9% in 2021. This would equate to approximately 1,384 of Sefton's 11-15 year olds.

However, national estimates may not accurately reflect the local situation. The 2014/15 What about Youth Survey estimated that a significantly higher proportion of Sefton's 15 year olds had ever drunk alcohol than nationally (65.9% compared to 62.4%). A similar proportion had been drunk in the last 4 weeks (14.9% for Sefton and 14.6% for England)

In terms of drug use, the survey estimated that 9.2% of 15 year olds in Sefton had tried cannabis, slightly lower than the England and North West averages (10.7% and 10.9% respectively). For estimates of drug taking in the last 4 weeks, the survey estimated that 4.8% of 15 year olds had used cannabis and 1.1% had used drugs other than cannabis (both similar to the National rates).

Substance Use affecting Families

The Children's Commissioner's Local Area Profiles of Child Vulnerability provide estimates of the number of children in Sefton living in households where an adult has any of the 'trio of vulnerabilities' present – alcohol/substance misuse, domestic abuse and mental health problems. These factors have been shown to put children at notably greater risk of immediate harms as well as having a detrimental impact on their later life outcomes. Approximately 19.7% of children aged 0-17 in Sefton are estimated to live in households with any of these three factors – 10,580 children. Five hundred and fifty children are estimated to live in households where all 3 vulnerabilities are present (≈1%). If alcohol/substance misuse alone is considered, the model suggests that 3.85% of Sefton's under 18-year-olds are affected, ≈ 2070 children. This includes 113 children aged 0-1 and 611 children aged 0-4 in households where a parent is suffering alcohol/drug dependency.

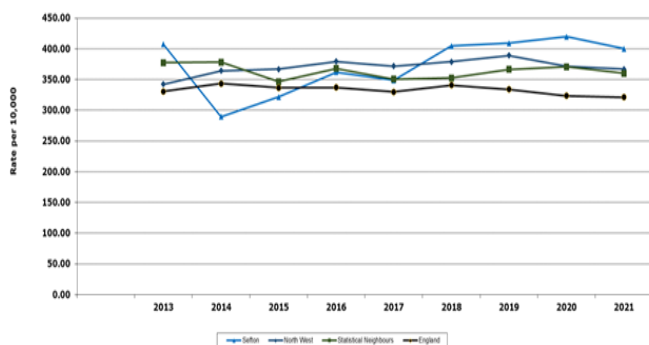
Children's Social Care support some of the most vulnerable children in society, for example children who are at risk from harm, disabled children and those who do not have a place to live. There were 2165 children aged between 0 and 17, across Sefton who were children in need (CiN) on 31st March 2021, this equates to 400 per 10,000 children residing in Sefton¹. 613 were children looked after (CLA) a rate of 113 per 10,000 child residents and 252 were on a child protection plan (CPP) a rate of 46.6 per 10,000 child residents.

Sefton's rate of overall CiN is higher than that seen nationally (321), regionally (367) and amongst statistical neighbours (360). CLA is higher than the North West (97) and England levels (67) and compared to the average of Sefton's statistical neighbours (88.7). CPP rates were higher in the borough than those seen across

England (41.4), but just below North West (47.0) and statistical neighbours (47.5)

The CiN rate has shown a 5% decrease compared with 2020, however the rate has increased by 15% overall since 2017. With CLA increasing by 33% since 2017.

Figure 4. Rate of Children in Need



During 2020/21 there were 3169 completed assessments by Sefton Children's Social Care. Of these assessments 18% identified concerns about drug use by the parent carer and 17% identified concerns about alcohol use by the parent carer.

More information on Children's Social Care in Sefton can be found in the Children's JSNA report <https://www.sefton.gov.uk/media/1885/children-and-young-people-overview-september-2021-final.pdf>

Supporting Families Programme

The 'Supporting Families' programme is a national programme spearheaded by the Department for Levelling Up, Housing and Communities. The programme, previously known as the 'Troubled Families' programme, aims to support families with multiple and complex problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

Promoting recovery and reducing harm from substance use is one of 10 headline outcomes that families in the programme may be supported with. Nationally it has been reported that around one in six families has an individual dependent on non-prescription drugs or alcohol in the year before joining the programme.

On the Sefton programme, 11.3% of cases were identified as having a substance use need in the year ending 31st March 2022. This is slightly higher than in 2020/21 (10.1%) and higher than earlier years of the programme (4.5% in both 2018/19

and 2017/18). In 2019/20 a higher level of crime outcomes were identified amongst cases as the programme was part of a recovery plan. In this year, 35.2% of cases were identified with a substance misuse need.

Foetal Alcohol Spectrum Disorder

Foetal alcohol spectrum disorder (FASD) refers to a range of neurodevelopmental problems that can occur when a developing foetus is exposed to alcohol. The effects can be wide ranging and lifelong.

There is a lack of consensus on diagnosis with several different approaches existing and no accepted diagnostic criteria for FASD. This makes data collection and the calculation of prevalence challenging.

Globally, the prevalence of FASD has been estimated at 0.8%, however this varies greatly by region. At 2%, prevalence is estimated to be significantly higher for the WHO European region than other regions. Within Europe, Eastern Europe, the UK and Italy are estimated to have the highest rates of FASD (modelled at 3.24% for the UK).

A recent health needs assessment on FASD by the Department of Health & Social Care (2021) highlights the lack of robust UK prevalence estimates. A study conducted by the University of Salford is cited as the first active ascertainment study in the UK. However, the study was cut short due to the COVID-19 pandemic resulting in a small sample size (220 children from 3 schools). The study found FASD in 1.8% of the children studied, although the authors acknowledge the results may not be generalizable to other populations.

Globally FASD has been shown to disproportionately affects certain population groups for example looked after children and children in special education.

FASD is entirely preventable by the exclusion of alcohol in pregnancy. The Chief Medical Officer's guidance states that women who are pregnant or think they could become pregnant should not drink alcohol at all. Figures are not available locally for how many of Sefton's pregnant women drink during pregnancy. A 2017 study estimating alcohol consumption in pregnancy in different countries estimated that 41% of UK women drink during pregnancy. This was the 4th highest rate of all the countries studied.

Health

Hospital Admissions

Hospital admissions due to alcohol are often grouped as “Alcohol Specific” or “Alcohol Related”. Alcohol specific admissions are admissions to hospital where there is any diagnosis (primary or secondary) of a condition that is wholly attributable to alcohol. Alcohol related admissions are admissions to hospital where the cause is attributable to, but not necessarily wholly attributable to, alcohol. The alcohol related admission indicator can be broad or narrow. In the narrow definition, the main reason for admission is an alcohol-related condition. However, the broad definition includes admissions where either the main reason or any contributory reason for admission is an alcohol-related condition.

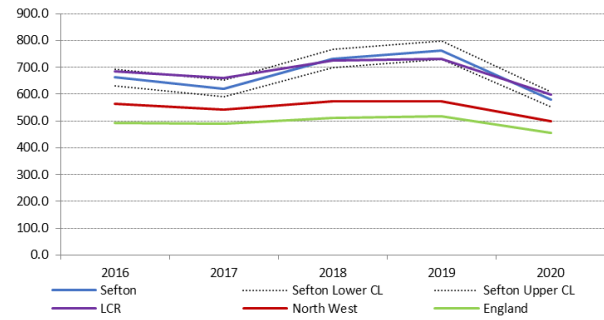
“In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.”

OHID, Local Alcohol Profiles for England

Sefton’s rates of alcohol related hospital admission (whether narrow or broad) are both significantly higher than the national and regional averages. Alcohol related hospital admissions are higher for males than females and, in general, rates are highest for Sefton’s most deprived wards in the South of the borough.

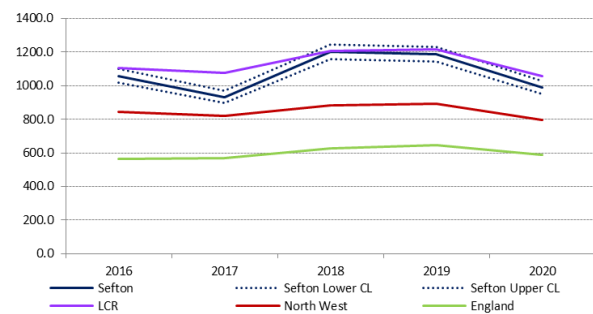
In 2020/21 alcohol related admissions reduced compared with 2019/20. This is likely due the impact of the COVID-19 pandemic. In the 3 years prior to 2020/21, rates of alcohol related hospital admissions had increased year on year.

Figure 5. Chart Admission episodes for alcohol-related conditions (Narrow)



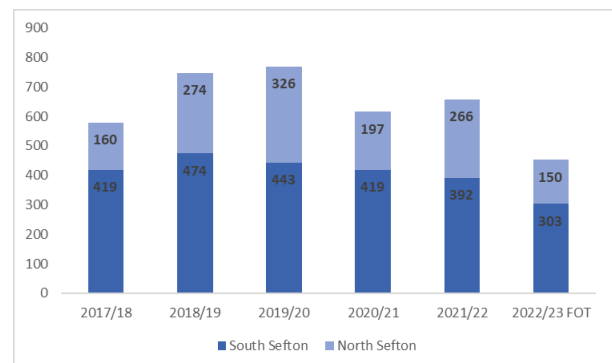
Sefton’s rate of alcohol specific hospital admissions is also significantly higher than the England and North West rates. Sefton’s rate fell 17% in 2020/21, again matching national trends linked to the pandemic. Prior to 2020/21, alcohol specific admissions had risen in general for Sefton.

Figure 6. Chart alcohol specific



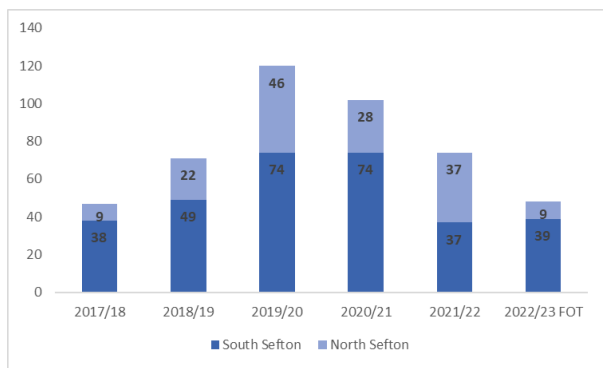
Analysis by NHS Cheshire & Merseyside shows that in 2021/22 658 Sefton patients had a non-elective admission for alcohol, at a total cost of £762k. Month 4 forecast outturn suggests that 2022/23 levels are reducing – to 453 patients.

Figure 7. Non-Elective Alcohol Admissions



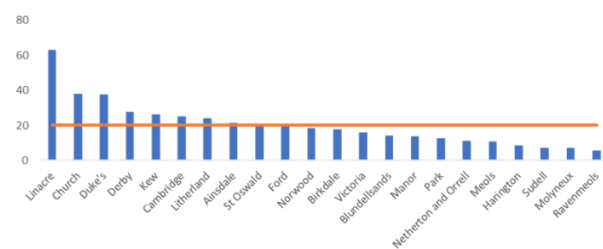
In 2021/22, 74 Sefton patients had a non-elective readmission for alcohol, at a total cost of £201k. Again, month 4 forecast outturn suggests that level are reducing in 2022/23.

Figure 8. Non-Elective Readmissions



Of the 658 patients with a non-elective admission for alcohol, 68% were male and 32% were female. Almost three quarters were aged 35-64 years, and half were in their 40s or 50s. Linacre had the highest rate per 10,000 population at 63 per 10,000 population, followed by Church and Dukes (both 38 per 10,000). The ward with the lowest rate was Ravenmeols at 6 per 10,000.

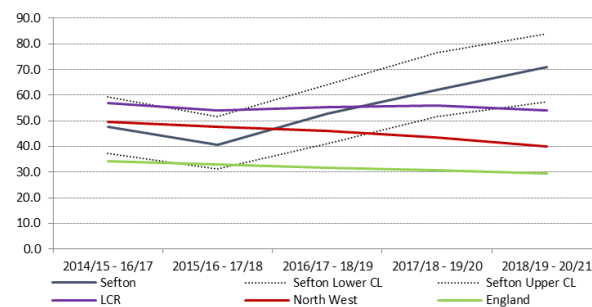
Figure 9. Alcohol admissions per 100,000 Population by Ward



Of the 658 patients with a non-elective alcohol admission, 50 had 3 or more admissions (7.6%). The number of admissions for these patients averaged 4, with the highest being 11 admissions.

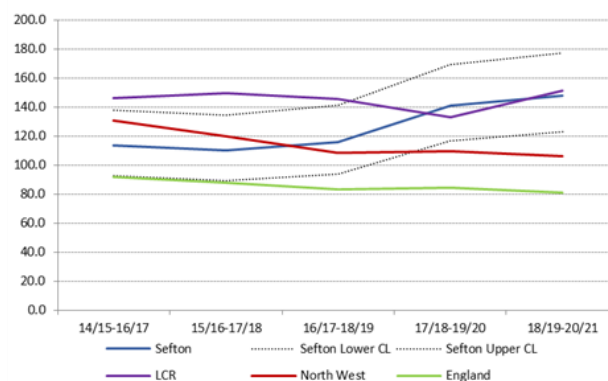
Under 18 alcohol specific admissions for Sefton reduced by 73% between 2006/07-08/09 and 2015/16. However, since then, the rate has risen again to 71.0 per 100,000 in 2018/19-20/21. This is counter to the national trend where the rate has continued to decrease. Sefton currently has the second highest rate in the North West (out of 39 Local Authorities) and is in the top 10 nationally. Unlike with adults the rate of alcohol specific admissions in under 18s is higher for Sefton females (95.1 per 100,000) compared to males (48.1 per 100,000).

Figure 10. Admission episodes for alcohol-specific conditions (Under 18s)



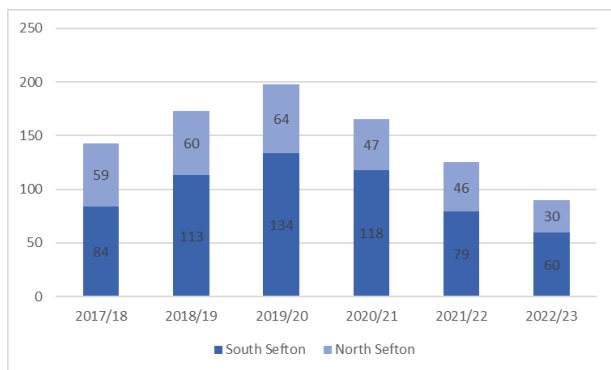
In 2018/19 – 2020/21 there were 120 hospital admissions due to substance misuse amongst 15- to 24-year-olds in Sefton, a rate of 148.1 per 100,000 population. This is significantly higher than the England (81.2) and the North West (122.8) averages. Hospital admissions due to substance misuse between 15- to 24-year-olds have risen over the last decade for Sefton. In 2008/09 - 10/11 the rate for Sefton was 45.0 per 100,000 and significantly lower than the national and regional rates. In comparison, both the North West and England rates have reduced since 2013/14-2015/16.

Figure 11. Chart Hospital admissions due to substance misuse (15-24 years)



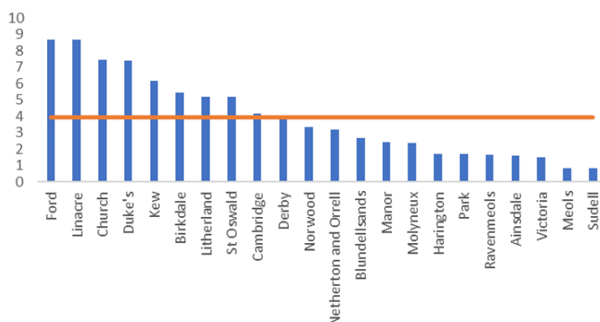
Analysis of Drug & Substance Related Admissions by NHS Cheshire & Merseyside reveal that 125 patients had a drug related admission to hospital in 2021/22. Levels of admission can be seen to have dropped steadily since 2019/20 in line with overall reduced activity due to the pandemic.

Figure 12. Drug Related Admissions



Of patients with a drug related admission to hospital in 2021/22, 50% were males and 50% were females. Almost 60% of patients were aged between 10 and 45, with the most common age groups being 15-19 year olds (11%), 30-34 year olds (11%) and 40-44 year olds (10%). The rate of drug related admission ranged from 9 per 10,000 population in Ford and Linacre to 1 per 10,000 population in Meols and Sudell.

Figure 13. Drug Related Admissions per 100,000 population by ward



Mortality

ONS publish statistics on death registrations relating to drug poisoning and drug misuse. Sefton Council also receives civil registration data detailing deaths of Sefton residents which can be analysed locally.

Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications. As well as deaths from drug abuse and dependence, figures include accidents and suicides involving drug poisonings and complications of drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example,

anaphylactic shock or accidents caused by an individual being under the influence of drugs.

Drug misuse deaths must be a drug poisoning and either the underlying cause of death is drug abuse or drug dependence (meeting the ICD-10 definition) or a drug controlled under the Misuse of Drugs Act 1971 is mentioned on the death certificate.

There were 103 deaths related to drug poisoning amongst Sefton residents in 2019-21 (71 men and 32 women). This is a 36% increase from 76 deaths in 2018-20. For deaths from drug misuse in 2019-21, there were 62 deaths amongst Sefton residents (49 male, 13 female). Again, an increase from the previous time period, up 27% from 49 deaths.

Sefton's age-standardised mortality rate for drug poisoning is 13.3 per 100,000 population and for drug misuse it is 8.3 per 100,000. Both these mortality rates are significantly higher than the England averages but not significantly different to the North West region as a whole. Sefton has the third highest mortality rate for drug poisoning of the LCR (lower than Liverpool and St Helens) and ranks 4th (lower than Liverpool, Knowsley and St Helens) for deaths from drug misuse.

Figure 14. Deaths from Drug Misuse

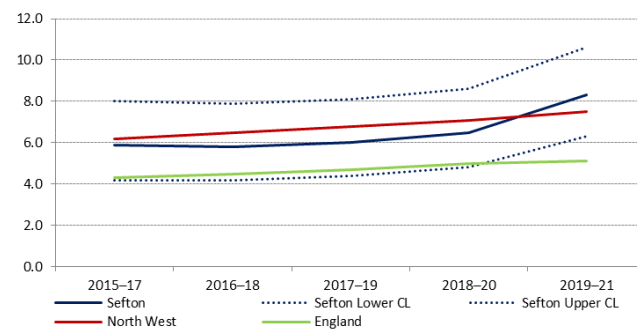
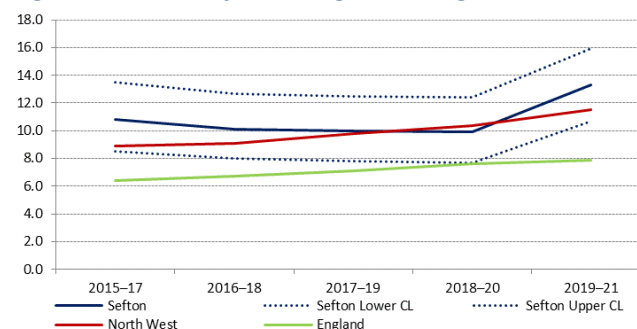


Figure 15. Deaths from Drug Poisoning



Nationally, deaths due to drug misuse have been found to be highest among those born in the 1970s, in particular those aged 45 to 49 years. Local analysis of death registration records reveals

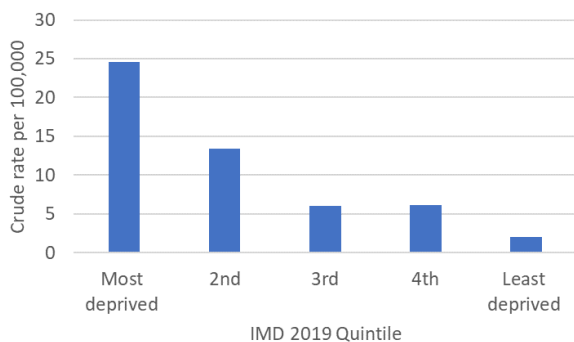
a similar pattern for Sefton. Almost one third of drug poisoning deaths in 2019-21 were among residents in their 40s and just over a quarter were aged 45-49 years. The next most common age group was the 50-59 age group, making up 26% of deaths.

Eighty-six percent of Sefton’s poisoning deaths in 2019-21 had an underlying cause of accidental poisoning, approximately half of which were due to accidental poisoning with narcotics and psychodysleptics (mainly opiates and cocaine). The remaining deaths were due to intentional self-poisoning or events of undetermined intent.

Sixty two percent of Sefton’s drug poisoning deaths in this period occurred in the person’s home, 23% in hospital and 15% elsewhere.

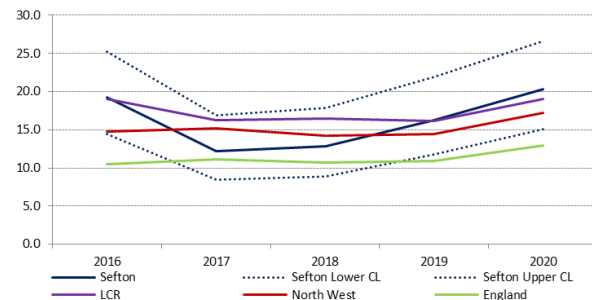
Of the 103 drug poisoning deaths registered in 2019-21, over half were living in the most deprived quintile (61%). A social gradient can be seen, with death rates generally increasing as deprivation increases. The crude rate of drug poisoning deaths is almost 3.5 times higher in most deprived quintile compared to the rest of Sefton.

Figure 16. Crude rate of deaths from drug poisoning by IMD19 Quintile (2019-21)



There were 53 alcohol specific deaths in 2020, an age-standardised rate of 20.3 per 100,000 and 150 deaths from alcohol related conditions, a rate of 51.1 per 100,000. Sefton’s 2020 rate of mortality from alcoholic liver disease is 19.8 per 100,000 population (47 deaths). All these mortality indicators are significantly higher for Sefton than England but not significantly different to the North West.

Figure 17. Alcohol-specific mortality

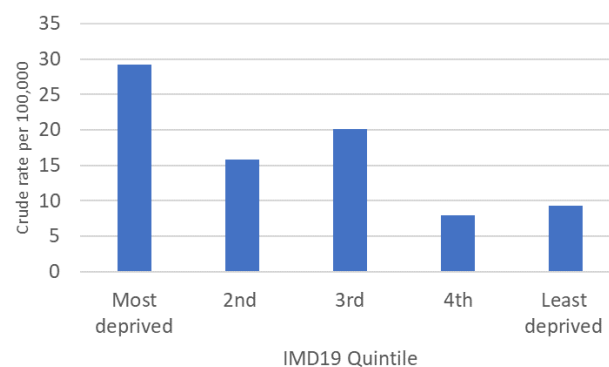


Reviewing Sefton civil registration data reveals 53 alcohol specific deaths were registered in 2021 and 154 in the 2019-21 period. The majority of deaths (88%) were among residents aged 30 to 69. The most common age group was 50-59 years (31%) followed by the 40-49 year old age group (29%). There were more deaths amongst males than females (59% vs 41%).

Eighty-five percent of Sefton’s alcohol specific deaths had an underlying cause of alcohol liver disease and 69% occurred in hospital.

As with drug poisoning deaths, alcohol specific deaths were highest in Sefton’s most deprived communities. Almost half of all residents with an alcohol specific death registered in 2019-21 lived in the most deprived quintile. The crude rate of alcohol specific deaths for the most deprived quintile is approximately 1.5 times higher than the next highest quintile (3rd most deprived quintile) and 3 times higher than the least deprived quintile.

Figure 18. Crude rate of alcohol specific deaths by IMD19 Quintile (2019-21)



Blood Borne Viruses (BBVs)

Blood-borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. Hepatitis B, Hepatitis C and HIV are the three main BBVs. Sharing injecting equipment can spread blood-borne viruses.

In 2021/22, 79% of Sefton adults presenting to drug treatment had never injected (61% of opiate users and 89% of alcohol and non-opiate clients). Overall, 14% of opiate clients and 6% of all clients were currently injecting. This is lower than across England, where 10% of the total treatment population and 21% of opiate clients were currently injecting.

In 2021/22 18% of Sefton’s drug treatment clients were offered a Hepatitis C test and accepted. This is lower than nationally, where 45% accepted the test. No Sefton clients were referred for hepatitis C treatment in 2021/22, compared to 1.9% nationally.

In 2021/22, 15% of Sefton clients in treatment, who were eligible for a Hepatitis B vaccination accepted one. This is lower than England (28%).

Needle and Syringe Programmes (NSP)

Needle and Syringe Programmes (also known as Needle Exchange programmes) aim to reduce the transmission of blood borne viruses and bacterial infections caused by sharing injecting equipment. The drug injecting population includes injecting opiate and crack users (referred to as the psychoactive drug cohort) but also users of steroids and image and performance enhancing drugs (IPEDs).

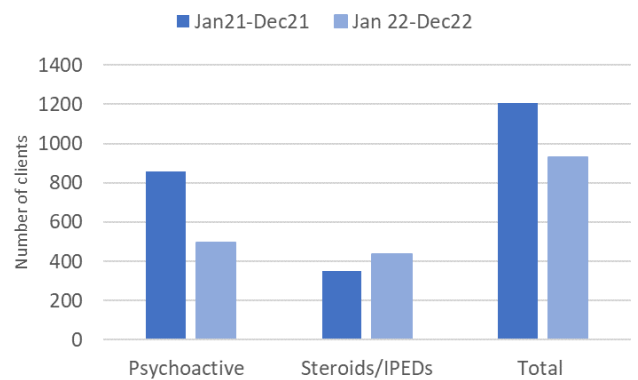
Sefton’s drug injecting clients can acquire new injecting equipment via the community substance use service (Ambition Sefton prior to 1st April 2022 and Change Grow Live after this point) and from 16 pharmacies located in South and North Sefton.

Data from Liverpool John Moores University’s Integrated Monitoring System reveals there were 3,202 separate visits to needle syringe programmes in Sefton in the latest 12 month rolling period (1st January 2022 to 31st December 2022), made by 932 individuals. Compared with 1st January 2021 to 31st December 2021, when 4019 visits were made by 1,208 individuals, this is a 20% reduction in visits and a 23% reduction in clients. Across the LCR a smaller reduction has been seen in visits (13%) and the number of clients accessing NSPs has increased (up 5%).

For Sefton, beneath the overall 23% reduction in clients lies a reduction in psychoactive drug clients but an increase in steroid/IPEDs clients. The number the number of psychoactive drug clients reduced by 42% and the of steroid/IPEDs clients increased by 24%. Overall, the psychoactive drug

cohort made up 53% of all Sefton NSP clients in the latest rolling 12 month period compared to 71% in the previous time period.

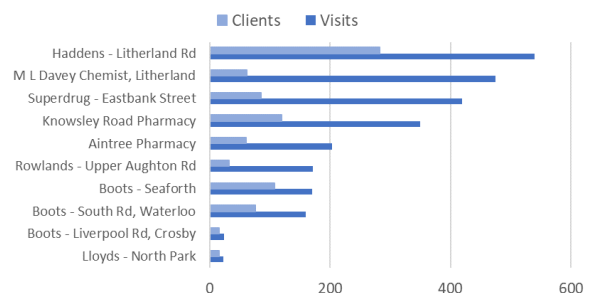
Figure 19. Number of Clients visiting Sefton NSPs by Client Cohort (2020/21 and 2021/22)



Of the 3202 visits to Sefton NSPs 82% were to pharmacies. There was little difference in where the 2 drug cohorts (steroid and IPED vs psychoactive) accessed NSPs. This is a change from previous years when The steroid and IPEDs cohort were more likely to visit community service NSPs than psychoactive drug users.

The average number of visits per pharmacy for needle exchange between 1st January 2022 and December 31st 2022 was 211. However, activity varied greatly between pharmacies, ranging from less than 5 clients to 232 clients. Haddens pharmacy, in Litherland Road, Bootle had the greatest number of visits (540) and clients (282).

Figure 20. Number of Clients and Visits to Sefton Pharmacies where NSP has been provided to 5 or more clients (Jan 2022 to Dec 2022)



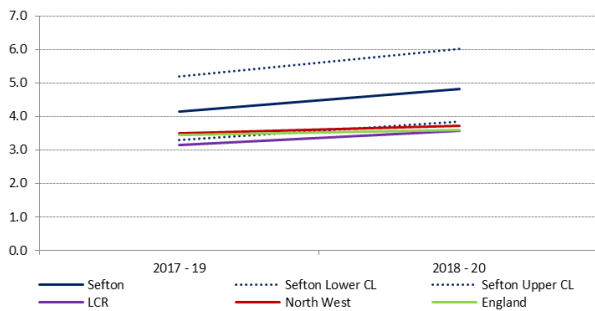
Road Traffic Accidents

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

In 2018/20 4.8% of road traffic accidents in Sefton involved a failed breath test or refusal to provide a sample. This is the highest rate across the LCR

and significantly worse than England (3.6%) and the North West (3.7%)

Figure 21. Casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred

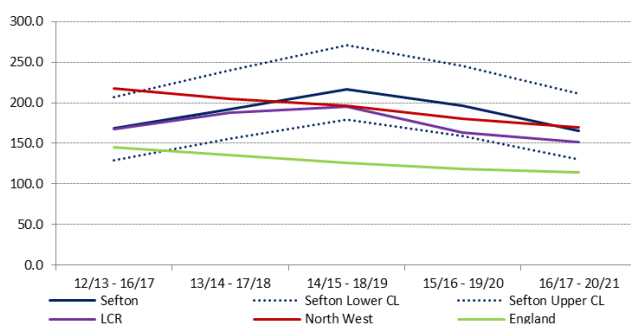


Poisoning in Children

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability. Poisoning is amongst the 5 main causes of childhood injury and medicines are responsible for almost 70% of poisoning admissions in under-fives.

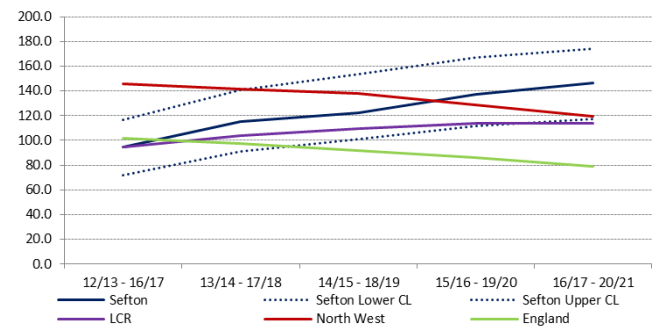
Sefton's rate of emergency admissions for accidental poisoning in children aged 0-4 is 165.1 per 100,000 population. This is significantly higher than England (114) and the second highest rate across the LCR (152). Compared to the North West as a whole, however, it is not significantly different (169.5).

Figure 22. Emergency hospital admissions for accidental poisoning in children aged 0-4 years (rate per 100,000)



Sefton's rate of emergency admissions due to poisoning from medicines (146.4 per 100,000) has almost doubled over the last 5 time-periods. The rate for 16-17 to 20/21 is significantly higher than England (78.7), the North West (119.4) and the LCR (113.9). Sefton has the highest rate of all the LCR local authorities.

Figure 23. Emergency hospital admissions due to poisoning from medicines in children aged 0-4 years (rate per 100,000)



Keeping Communities Safe

This section provides information on community safety in Sefton related to alcohol and drug misuse. A more detailed Community Safety Strategic Assessment is available which provides further information on these issues and on Community Safety in Sefton more broadly.

<https://www.sefton.gov.uk/media/5488/community-safety-strategic-assessment.pdf>

Drug & Alcohol Related Crime

In Sefton crimes have shown an overall increase over the past five years with 2020/21 having the highest rate, a pattern which can be seen across the North West and LCR. Violent crime and theft are the most prolific crimes, making up 60% of all crimes across the borough.

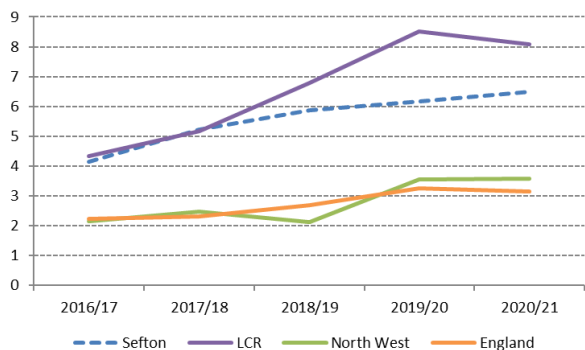
Table 4: Sefton Crime Types (2021)

Offence Title	Crime Count	Crime %
Burglary	1252	5%
Criminal Damage (inc Arson)	2305	9%
Drugs	1684	7%
Public Order	3578	15%
Other	464	2%
Robbery	155	1%
Sexual	508	2%
Theft	4042	17%
Violence	10470	43%

In 2021, there were 1684 drug offences (7% of crimes in Sefton). Rates of Drug offences have shown increases between 2017 and 2021 with an overall increase of 7%, 2020 had the highest number of offences recorded in the last five

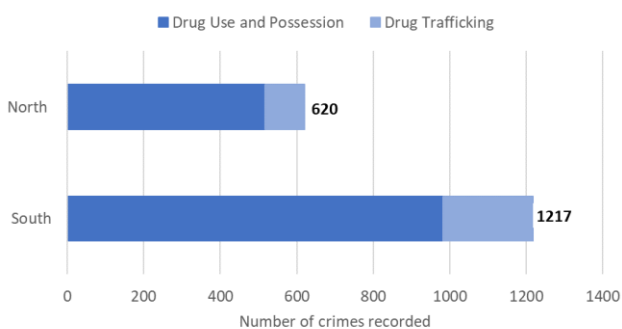
years. A high correlation is seen between drug offences and deprivation (IMD) (0.7), meaning that there is likely to be more drug offences occurring in deprived areas.

Figure 24. Rate of drug offences per 1,000 head of population



More recent data provided by Merseyside Police reveals that in the year ending 12th September 2022 there were 1,837 drug crimes recorded for Sefton – 1,217 in South Sefton (Marsh Lane) and 620 in the North (Southport). In South Sefton, 982 of these crimes were drug possession and use (81%) and 235 were drug trafficking (19%). In the North of the borough, there were 517 crimes relating to drug possession and use (83%) and 103 drug trafficking crimes (17%).

Figure 25. Drug Crimes by Type for North and South Sefton (rolling 12 months to September 12th 2022)

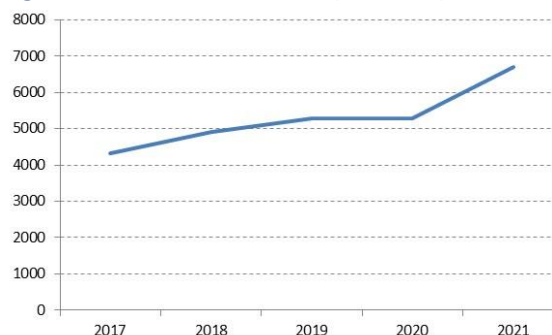


Over the past five years (2017 to 2021), there were 11,522 crimes reported to Merseyside Police which were recorded with the alcohol flag occurring in Sefton. A clear link can be seen between certain crimes and alcohol (specifically criminal damage and violence). These issues are also spatially and temporally concentrated. Peak times for these crimes are between six pm and four am particularly over the weekend and focussed around areas with high concentrations of bars and pubs e.g., Southport town centre, South Road in Waterloo, and central Bootle though this

is not as apparent as previous years (due to the COVID-19 pandemic).

The Community Safety Needs Assessment includes analysis of “Night-time Economy” crime (see link above for detailed methodology). All criminal damage, public order and violent crimes occurring during the times of 18:00 and 03:59 were included analysed as NTE crimes. This analysis shows a year-on-year increase in the number of NTE crimes over the past five years, with an overall increase of 55% when comparing 2017 to 2021.

Figure 26. Total NTE crimes (2017-21)



Antisocial behaviour

Anti-social behaviour is defined as “behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person” Antisocial Behaviour Act 2003 and Police Reform and Social Responsibility Act 2011

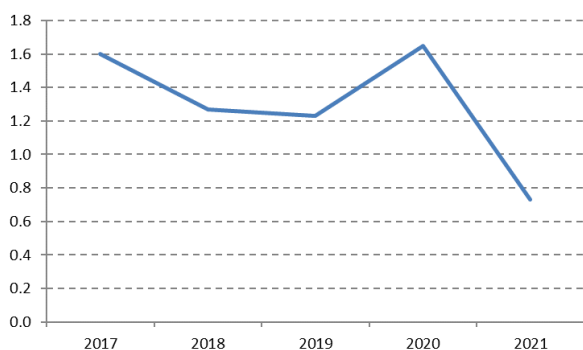
ASB is broken down into three main categories:

- Personal – targeting of an individual or group.
- Nuisance – trouble, annoyance or suffering caused to the general community.
- Environmental – actions which affect the wider environment i.e., public spaces or buildings.

In 2021, there were 4,564 anti-social behaviour (ASB) reports made to Merseyside Police occurring within Sefton, a rate of 16.5 incidents per 1,000 residents.

Over the past decade there has been an overall reduction of 53% (2012 to 2021) with 2021 having the lowest number of reported incidents. Just 4% of all Sefton ASB calls in 2021 mentioned Alcohol, there has been an overall reduction of 54% in reports of alcohol related from 2017 to 2021.

Figure 27. Alcohol related ASB 2017 to 2021



Police Drug Testing

Merseyside Police drug test individuals in the custody suite following arrest. If cocaine or opiates are found the individual is served with a Required Assessment by the Police, meaning they must attend two appointments with a drug worker.

According to the Public Health Institute at LJMU there were a total of 470 attempted tests in the year ending March 2022 on Sefton residents (across Merseyside custody suites). This is almost triple the 160 attempted tests in the previous twelve-month period (194% increase), when drug testing was suspended in the custody suites for five months in response to the COVID-19 pandemic. Prior to the pandemic, the number of attempted drug tests on Sefton residents had been increasing year-on-year, peaking at 495 in the year ending March 2020.

In the year ending March 2022, 61% of attempted drug tests on Sefton residents were carried out at Copy Lane custody suite.

Of the 470 attempted drug tests, 341 had a positive result for specified Class A drugs (72.5%). Fifty-nine percent of positive drug tests were for cocaine only (200), 35% were for both cocaine and opiates and 6% were for opiates only. The proportion of Sefton residents who tested positive for cocaine only is just above the Merseyside figure (57%) and the second highest proportion of all five Merseyside LA areas.

Of the detainees who tested positive for cocaine and/or opiates in the year ending March 2022, there were 323 Required Assessments served to 281 individuals.

Around two in five positive drug test records for Sefton residents in the year ending March 2022 related to Misuse of Drug Act offences (of which 91% were possession offences). This is higher than

for Merseyside overall (35%) and the second highest proportion of all five Merseyside LA areas. The next most common offence was theft (20% of positive tests).

Men accounted for just over four in five of Sefton residents who tested positive across Merseyside's custody suites in the year ending March 2022 (83%). This is similar to the previous two years and is the same as the total figure for all Merseyside residents.

The median age of Sefton residents who tested positive was 35 years. Over two in five of the individuals who tested positive in the year ending March 2022 were aged 30-39 years (46%), which is the largest proportion for that age group in the last six years, and the largest proportion of the five Merseyside LA areas.

Criminal Justice

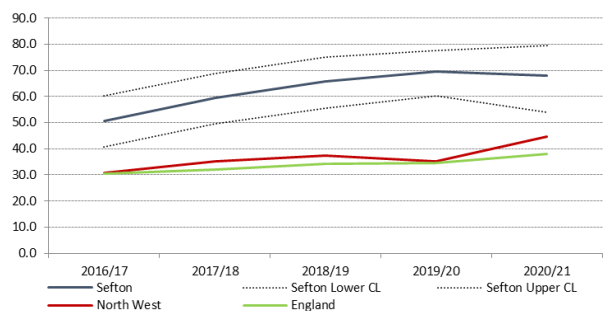
In 2021, 191 clients were assessed for DIP (Drug Intervention Programme) which identifies and engages with drug using offenders known to the criminal justice system and guides them towards appropriate treatment service. 175 (92%) of these had further Intervention needs.

Of the 191 DIP assessed, 43% had a main drug of Cocaine with a further 29% being Heroin Illicit. A third (33%) of the arrests at the time of DIP assessment were misuse of drugs / possession offences, with a further 16% being wounding or assault. 38% were registered as other offences

Overall, 19% of criminal justice adults were in contact with treatment services for Sefton in 2021/22. This is similar for opiate and non-opiate/alcohol users (18% versus 20%) and compares favourably with the national average (11%).

In 2021/22 59% of adults released into the Sefton LA area with a substance misuse treatment need successfully engaged in community-based structured treatment within 3 weeks of release from prison. This is a reduction from 2020/21 (68%) but continues to be significantly higher than the England (37%) and North West averages (44%). Sefton has the second highest rate of successful engagement of all the LCR authorities (average 43.9%).

Figure 28. Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison



Local Alcohol Economy

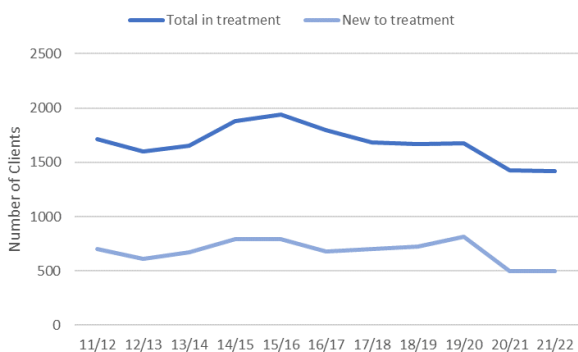
In September 2020, there were a total of 445 premises within Sefton, which had an activity listed as Public House / Restaurant / Licensed Club (Night-time Economy provider – NTE provider) according to the licensed premises data held by Sefton MBC. These are in 121 of Sefton’s Lower Super Output Areas (64% of LSOAs).

Treatment & Recovery

Numbers in Treatment

In 2021/22 there were 1420 adults in treatment for drug use in Sefton. The number in treatment is similar to 2020/21 but has reduced by 27% over the last 6 years. 500 adults were new to treatment in 2021/22 (35% of all in treatment). Again this is similar to 2020/21. A reduction in new clients can be seen during the pandemic. However, prior to the pandemic the number of new clients entering treatment had shown an increasing trend.

Figure 29. Total clients and new clients entering drug treatment 2009-10 to 2021-22



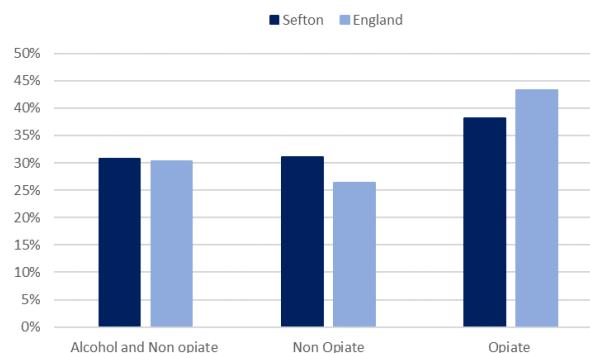
If alcohol only treatment is considered, there were 470 adults in treatment in 2020/21. Again, this is a reduction on recent years -down 10% since 2020/21 and 51% since 2015/16. There were

279 new presentations to alcohol treatment in 2021/22 (59% of all in treatment). Unlike with drug treatment, the number of clients entering alcohol only treatment has reduced since 2012/13.

Of all those in drug treatment 69% were opiate clients, 15% were non-opiate clients and 16% were alcohol and non-opiate clients. This is like the distribution nationally.

Of Sefton’s new presentations to treatment, non-opiate clients made up a slightly larger proportion than nationally (31% versus 26%). Thirty-eight percent of Sefton’s new presentations were opiate clients, slightly lower than England (43%). Thirty-one percent were non-opiate and alcohol clients (compared to 30% nationally)

Figure 30. Proportion of adults presenting to drug treatment by drug for Sefton and England, 2021-22.



More recent provisional data is available via Liverpool John Moores University Integrated Monitoring System. This provides the number of individuals who accessed syringe exchange services and non-structured interventions during the 12 months from 1st January 2022 to 31st December 2023. 957 clients accessed NSP/non-structured interventions for Sefton in this 12 month time period, an estimated prevalence of 3.5 per 1,000 population. This is a reduction from the same time period in 2021-22, when there were 1,211 individual clients (a rate of 4.4 per 1,000). Sefton’s rate is the lowest of the LCR and the third lowest across the Cheshire & Merseyside subregion (average 7.2 per 1,000 population), above Cheshire West & Chester and Cheshire East.

Of all individuals seen in this 12 month time period 51% were ‘People Who Inject Drugs’ -psychoactive drug users, 46% were ‘People Who Inject Drugs’-

steroid/IPED users and less than 3% were in the brief intervention alcohol and drug cohort.

For Sefton, 46 young people aged under-24 were in young people’s substance use services during 2021/22. This is a reduction from 53 young people in 2020/21 and 91 young people in 2019/20. Overall, the number of Sefton’s young people in treatment has reduced by 79% over the last 10 years. A reduction in young people in contact with alcohol and drug services has also been seen nationally, and as with Sefton was evident even before the pandemic

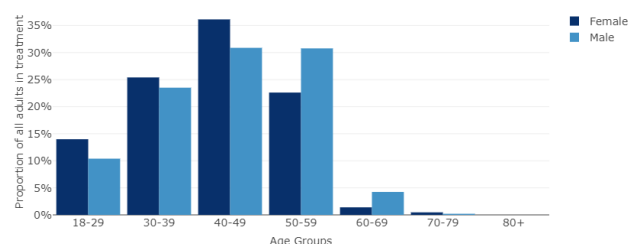
In 2021/22, cannabis was the primary substance for 80% of young people in substance use services and 89% reported using cannabis. Alcohol was the primary substance for 13% of young people and reported as a substance used by 48% of young people. Other primary substances reported in small numbers were cocaine, solvents and other opiates. Cocaine was reported as a problematic substance (primary or not) for 13% of young people in services.

Fifty-two percent of all those in treatment aged under 18 were identified as using two or more substances (including alcohol). A higher proportion of girls (62%) were using two or more substances compared to boys (48%).

Client Profile

Sefton has an ageing treatment population, for opiate users in particular. In 2021/22, most of Sefton’s drug clients were aged between 30 and 59 years - 84% of those in drug treatment and 80% of those in alcohol only treatment. Men made up a larger proportion of those in treatment than women, although this is much more pronounced for drug services (70% males) than alcohol only treatment (53% males). Female drug service clients tended to be younger than males (75% of female clients were aged under 50 compared to 65% of men).

Figure 31. Proportion of males and females in treatment by age group

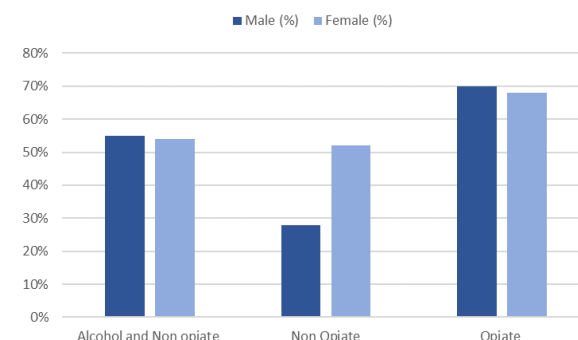


According to data on the LJMU IMS, 92% of individuals seen between 1st January 2022 and 31st December 2023 for Sefton were males and 8% females. For people who inject drugs, a higher proportion of the ‘steroid and IPEDs’ group were male (97%) than in the ‘psychoactive drug’ cohort (88%). Again, the majority of individuals were aged between 30 and 59 (85%). The 40-44 year old age group had the highest proportion of individuals (19%), followed by the 35 to 39 year old age group (18%). The ‘psychoactive drug’ cohort tended to be older than the ‘steroid and IPEDs’ clients. Seventy-two percent of ‘psychoactive drug’ clients were aged 35-54, whereas 64% of the ‘steroid and IPEDs’ cohort were aged 30-44.

In Sefton’s Young People’s Services, males also outnumbered females (70% vs 30%). Half of young people in treatment, were aged 16 to 17 (50%) and a further 37% were aged 14 to 15 years. Nine percent were aged under 14 and only 2% of young people were between 18 and 24 years. Three quarters of the young people who accessed specialist young people’s substance use services in 2021/22 started using substances before age 15 years (100% of girls and 65% of boys).

In 2021/22, 54% of the 500 new presentations to Sefton drug treatment were identified as having a mental health need. This is lower than for England, where 70% of new presentations had a mental health need. In Sefton, females entering treatment were more likely to have a mental health need than men (59% compared to 53%), which mirrors the national picture. However, for Sefton, a greater proportion of opiate clients had a mental health need (70%) compared to alcohol and non-opiate (55%) and non-opiate clients (35%). This is different to the national picture where mental health needs were identified in a greater proportion of alcohol and non-opiate clients (76%) compared to opiate clients (66%).

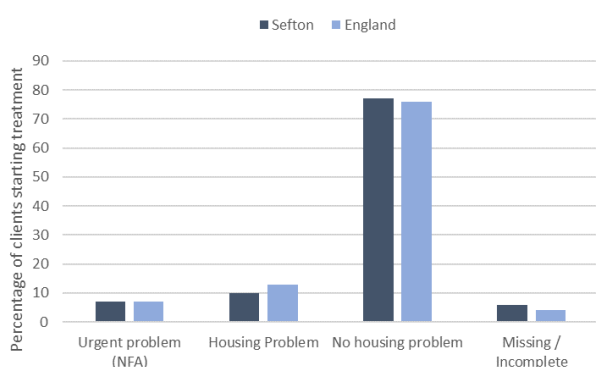
Figure 32. Proportion of clients entering treatment with a mental health need by sex and drug



Of those identified as needing mental health treatment, 90% were receiving treatment – the majority from their GP (75%). This is higher than nationally, where 75% of those identified with a mental health need were receiving treatment. For young people in substance use services in 2021/22, however, a greater proportion were identified as having a mental health need (59%) and a lower proportion were receiving treatment (62%) than for England (48% and 71%)

Of clients entering drug treatment in 2021/22, 17% were identified as having a housing need slightly lower than nationally (20%). For 7% this was an urgent housing problem (no fixed abode), the same proportion as for England overall. For alcohol only clients it is lower, 7% with a housing need, compared to 9% nationally.

Figure 33. New entrants to drug treatment by accommodation status



Time in Treatment

Research suggests that long periods of time in treatment (> 6 years for opiates and >2 years for non-opiates) are less likely to result in successful treatment completion. For opiate problems, clients who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

Sefton opiate clients tend to spend longer in treatment than nationally. This is not the case, however, for non-opiate clients. In 2021/22, 36% of Sefton opiate clients were in treatment for 6 or more years, compared to 28% nationally. Two per cent of Non-Opiate Clients were in treatment for 2 or more years, compared to 3% nationally.

For alcohol only treatment the optimum time in treatment varies depending on individual circumstances. NICE Clinical Guideline CG115 recommends that mildly dependent and some

higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment.

In 2021/22, 31% of clients exiting treatment for alcohol alone were in treatment for 3 to 6 months, 26% 1 to 3 months and 18% 6 to 9 months. Nine percent were in treatment for 12 months or more. This is a similar distribution to that seen nationally.

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 may require support for longer. In 2021/22, 63% of the young people aged under 18 in substance use services were engaged in treatment for 12 weeks or less, 23% between 13 and 26 weeks and 11% 27 to 52 weeks. Only 3% were receiving interventions for 53 weeks or more.

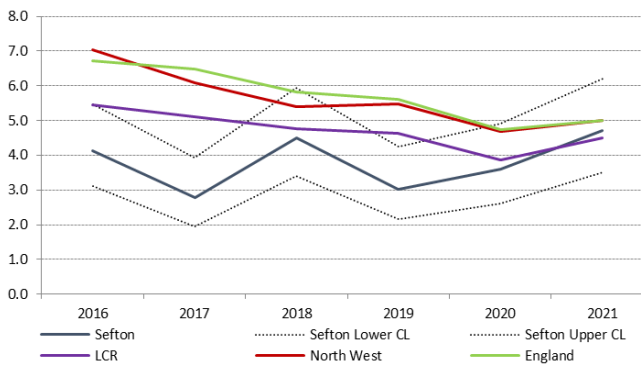
Successful Completion

The indicators for ‘success’ in opiate, non-opiate and alcohol treatment programmes are defined as the proportion of people in treatment who conclude their treatment and are not using drugs/are free of alcohol dependence, and who do not re-present over the next six months.

OHID’s rationale for monitoring these indicators is that individuals achieving these outcomes demonstrate a significant improvement in health and well-being, increased life expectancy, improved parenting skills and improved physical and psychological health. Sustained recovery from addiction is also aligned with reduction in offending behaviour, with benefits for the wider community. UK Clinical Guidelines for Substance Use Treatment recognise that for older opiate users with other complex needs harm reduction rather than abstinence outcomes are often more appropriate.

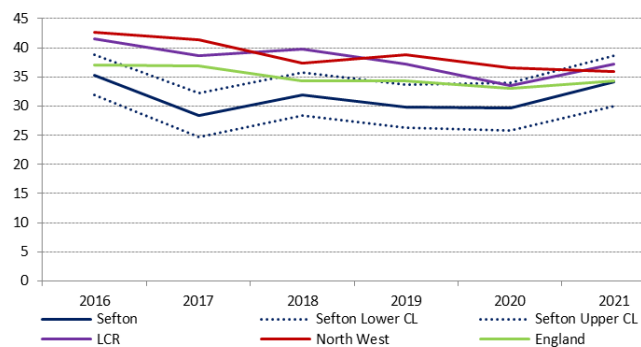
The proportion of clients in treatment for opiates, who successfully completed treatment and did not re-present within 6 months is 4.7%. This is an increase from 3.6% in 2020, and a move closer to the England and Northwest averages (both 5.0%). In terms of the LCR, Sefton ranks above Liverpool and Wirral but is lower than Halton, Knowsley and St Helen’s.

Figure 34.1 Successful completion of drug treatment - opiate users



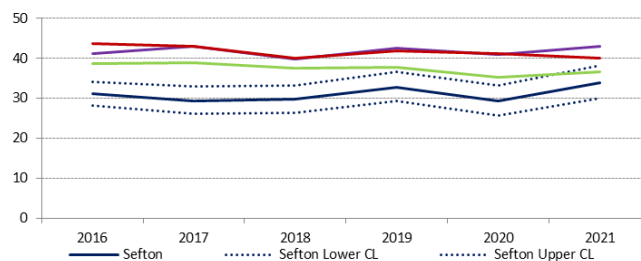
The proportion of all in treatment for non-opiates, who successfully completed treatment and did not re-present within 6 months is 34.2%, an increase on 2020 (29.7%), and again brings Sefton more in line with the national rate (34.3%). Sefton's rate is below the North West average (36%) and the second lowest rate in the LCR.

Figure 34.2 Successful completion of drug treatment - non-opiate users



The proportion of all in alcohol treatment who completed successfully and did not return within 6 months was 33.9% for 2021. This is an increase from 2020 (29.2%) but continues to be significantly lower than the England (36.6%) and North West (40%) averages. Sefton's rate of successful completion for alcohol treatment is the lowest of the LCR, approximately 9 percentage points below the LCR average.

Figure 34.3 Successful completion of alcohol treatment



It is important to understand these indicators within the local context. Sefton and neighbouring authorities work with an older cohort of opiate users, a legacy of more widespread heroin use on Merseyside in the 1980s and 1990s. Moreover, in Sefton a higher proportion of opiate service users have other complex needs including mental health diagnosis. Sefton has significantly lower rates of unmet need in its opiate and crack cocaine using population and a history of greater continuing engagement with the substance use service.

A relationship between higher socio-economic deprivation and lower treatment success rate has been found for drugs. National data shows that the success rate for opiate service users living in the 10% most affluent areas is twice that of those who live in the 10% most deprived. For non-opiate and alcohol success the social gradient is weaker. However, trends show a distinct outcome advantage amongst non-opiate service users living in the 10% most affluent areas. This is the only group which shows an improving trend in this outcome across the last ten years.

Social Return on Investment

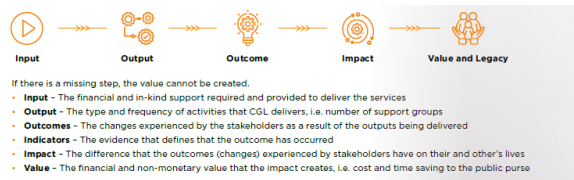
It is important that the impact of alcohol and drug interventions on public health, social care and community safety are evaluated. Social Return on Investment (SROI) evaluation can help identify the social and economic benefits associated with substance misuse treatment and recovery interventions and be used to inform commissioning decisions.

As outlined by Public Health England in their 2015 guidance for commissioners, SROI analysis involves collating inputs, outputs and outcomes of interventions, evidencing the outcomes and assigning a value to them. There are 5 key stages:

1. Capturing inputs (all costs related to an intervention)
2. Identify Outputs (what was delivered)
3. Analyse Outcomes (changes resulting from the intervention activity)
4. Assess the Benefits (fiscal benefits but also the social and economic value to the public)
5. Calculate the Social Return on Investment (establish how much of the changes in outcomes is the result of the inputs and outputs)

Sefton’s community substance use services transferred from Mersey Care to Change Grow Live (CGL) on 1st April 2022. The social impact and value of the drug and alcohol service delivered over the last 3 years in East Lancashire by CGL has been independently reviewed and evaluated. The evaluation used SROI methodology to measure inputs, outputs and outcomes and give a financial value to them (figure 35).

Figure 35: Process of SROI evaluation of CGL drug and alcohol services



It was determined that for every £1 invested in the contract delivery for East Lancashire, there was a financial return of £5.80. This equates to an additional Social Value of £74,108,616.52 being created (£12,265 per beneficiary).

The majority of this value (79.6%) is in the area of health and wellbeing. The biggest impacts relate to the reduction and abstinence of drugs and alcohol, and the consequent reduction in underlying health conditions. Across the 3-year contract, 466 people abstained from taking illicit drugs with a cost saving of £1,088,931 in NHS medical costs alone. Other benefits to Health & Wellbeing include a reduction in missed appointments due to improved self-management and improvements in depression and anxiety resulting in a reduced need for mental health support.

The report also outlines indirect impact in areas such as education and skills, employment and volunteering, community, housing, crime and justice, and the economy. For example, there was a 43% reduction in arrests and police involvement, a 4% reduction in street homeless and 74% of beneficiaries sustained employment.

Community & Stakeholder Views

Cheshire & Merseyside Alcohol Inquiry

Between February and March 2020, 35 residents of Cheshire and Merseyside were recruited to take part in the Cheshire and Merseyside Alcohol Inquiry. Respondents were selected to reflect the diversity of the local population and the inquiry

‘jury’ can be viewed as a mini version of Cheshire and Merseyside.

The group met for twenty-four hours of deliberation over the course of four Saturdays to answer the question ‘*what can we all do to make it easier for people to have a healthier relationship with alcohol?*’

As part of the process, participants shared their views and personal experiences. They also heard from and were able to question 12 ‘commentators’. Commentators were selected to offer participants a particular perspective or perspectives on the issue of Alcohol.

Following this the group worked together to produce recommendations in answer to the inquiry question. The group came up with 21 recommendations, which participants then anonymously ranked into their top 10.

Two recommendations came out top of the voting. These were:

- An independent body should be formed which should fund national and local educational and support organisations. This should be funded exclusively by a ring-fenced levy on the alcohol industry
- School curriculum: alcohol awareness as part of the school curriculum from year 7. Prevention and intervention before it becomes a problem (an ongoing programme). We should have ‘lifestyles’, as a core subject in the national curriculum, with specialist teachers who have received training so it becomes as important as every other subject (future proofing the country).

Data Gaps and Issues

The following limitations should be borne in mind when interpreting the data within this report:

The absolute number of people who use illicit drugs in Sefton is not known and there is limited data available relating to alcohol consumption locally. Where available, estimates from national surveys have been applied to the Sefton population to produce prevalence estimates. However, it should be noted that this crude method does not incorporate the different prevalence rates experienced by different population subgroups e.g. deprivation, age, gender. Furthermore, as surveys age, they may

become less reflective of current patterns of alcohol and drug use.

There are several topics relating to substance use for which data is lacking. In some cases, further data sharing and partnership working will enable data to be gathered and presented in later iterations of this document. In other instances, there may be a real scarcity of intelligence locally and/or nationally.

Identified data gaps include:

- Estimates of opiate/crack prevalence are now quite old. Refreshed estimates are needed to provide an up-to-date picture of unmet need
- Prevalence of alcohol/drug misuse and treatment need in specific populations e.g. homeless, veterans, sex workers, pregnant women
- Addiction to prescription and over the counter medicines
- Local and national prevalence data of FASD
- Prevalence of children and young people with Cannabis Use Disorder (CUD)
- Prevalence of children and young people using cannabis or other substances to manage symptoms of mental health conditions such as ADHD
- Prevalence of multiple conditions/vulnerabilities which include substance misuse
- Estimates of the exclusion of people with co-occurring conditions from support services
- County Lines activity and the associated exploitation of children and vulnerable adults
- Data relating to alcohol on and off trade
- Drug Driving

The latest annual data has been used for this needs assessment. For some indicators there are longer time-lags in publication and more up to date quarterly/monthly data may be available. In other instances, more recent restricted data may also be available to commissioners.

Commissioners will need to continually review data to ensure decisions are made using the most up to date information.

The report features very little qualitative evidence and views of those locally. This is an area Sefton

CDP may wish to prioritise and work together to address.

Finally, the impacts of the COVID-19 pandemic upon substance use patterns are not yet fully known. As more up to date data becomes available the impact will be able to be analysed and assessed.

Conclusions

The true number of residents who use illicit drugs is unknown. Estimates suggest that Sefton has a higher proportion of opiate and crack users than seen nationally. Approximately 61% of crack users and 44% of opiate users are not engaged in treatment.

Hospital admissions due to substance misuse between 15- to 24-year-olds have risen over the last decade for Sefton and are significantly higher than the national and regional rates. Sefton's rate of mortality from drug misuse, however, is not significantly different to England and the North West and one of the lowest rates in the LCR.

Sefton has a lower proportion of its treatment population who inject drugs, a risk factor for Blood Borne Viruses. However, in 2021/22 it also had a lower uptake of Hepatitis C testing and Hepatitis B vaccination amongst treatment clients.

The number of Sefton residents in drug treatment and new entrants to treatment in 2021/22 was similar to 2020/21. This follows reductions related to the COVID-19 pandemic, with less opportunities for identification and referral into substance use services. Prior to the pandemic the total number of residents in treatment had seen reductions, mirroring national trends. However, the number of new entrants to treatment had increased by approximately 20% in the 4 years prior to the pandemic.

Sefton has an ageing treatment population and males represent a greater proportion of those in treatment. When compared to England, a higher proportion of Sefton residents entering drug treatment in Sefton are using non-opiates and a lower proportion are opiate users.

In 2021/22 a lower proportion of Sefton adults starting treatment had a mental health need and a higher proportion of those with a mental health need were receiving treatment for that need than for England overall. However, for young people entering treatment the reverse is true.

A lower proportion of Sefton clients enter treatment with non-urgent housing needs (non-urgent) compared to England as a whole. For urgent housing needs (no fixed abode) the proportion was similar to England.

Sefton opiate clients tend to spend longer in treatment than for England as a whole. Sefton also has a lower rate of successful completion for opiates, although the rate has continued to improve in 2021/22 and is no longer significantly worse than England and the North West.

Whilst not significantly different to the England average, a considerable proportion of the Sefton population drink above recommended levels and binge drink on their heaviest drinking day. Sefton is estimated to have a high proportion of dependent drinkers, of whom the majority (84%) will not be in contact with treatment services.

Sefton experiences a high level of alcohol related poor health and deaths, particularly amongst its most deprived communities. Alcohol related hospital admissions, under 18 alcohol specific admissions, alcohol mortality and deaths from alcoholic liver disease are all significantly higher than the national and regional averages.

The number of Sefton residents in alcohol treatment in 2021/21 has reduced, and the number of new presentations has been reducing since 2012/13. Unfortunately, the proportion of alcohol clients completing treatment and not returning within 6 months is significantly lower than the LCR, North West and England averages.

Drug offences (and Crime in general) have increased in Sefton over the last 5 years whilst Antisocial behaviour (ASB) and alcohol related ASB have reduced. A high correlation is seen between drug offences and deprivation, meaning deprived areas are more likely to be impacted by drug crime. Alcohol related crime in Sefton, tends to be concentrated around Night-time Economy activity.

Sefton performs well compared to England for engagement of criminal justice clients. Nineteen per cent of Sefton's criminal justice clients were in contact with treatment services and almost 59% of those released from prison with a substance use need successfully engaged in community-based structured treatment within 3 weeks of release - a significantly higher rate than England and North West and the second highest rate in the LCR.

Sefton's rates of vulnerable children (CiN, CPP and CLA) are higher than the England average and in 2020/21 approximately 18% of assessments by Sefton Children's Social Care identified parental drug use as an issue. It is estimated that ≈ 2070 children live in households where alcohol or substance misuse is present and ≈ 550 live in households where the 'trio of vulnerabilities' are all present.

Recommendations

This needs assessment will be reviewed by Sefton Combating Drugs Partnership and used to develop a delivery plan for reducing drug-related harm in Sefton.

Areas that the partnership may want to address include:

Prevention, early intervention and behaviour change.

Prioritising education and prevention work to bring about a change in behaviour and attitudes to alcohol consumption and drug use amongst Sefton residents

Intervening earlier so that adults, young people, and their families are identified and supported before substance problems develop or worsen.

Collaborating to keep communities safe

Taking action to stem the rise in drug related offences and crime related to the Night-time Economy in Sefton.

Continuing to improve criminal justice pathways and treatment so that all Sefton offenders are supported to achieve a life free from drug addiction

Working in partnership to share intelligence to identify those at risk of drug / alcohol related harm & criminal exploitation and to provide safeguarding and intensive support.

Exploring the gaps in knowledge and intelligence identified in this needs assessment and where possible improving data collection and sharing

Gaining a better understanding of why some people who use alcohol and other drugs do not engage with treatment

Continue to support the work of the Cheshire & Merseyside Reduction of Harm from Alcohol Programme (see Appendix for summary of work up to October 2022).

Better Recovery

Ensuring Sefton's treatment services are accessible and meet the needs of underserved groups and people with protected characteristics

Raising awareness of stigma and how stigmatising effects are produced and reproduced through language which prevents people entering treatment

Ensuring Sefton's treatment services deliver improved recovery outcomes for service users and are responsive to the changing profile of clients. For example, the aging of opiate clients, the use of new psychoactive drugs and the increasing complexity of client's lives

Strengthening pathways to ensure that an integrated package of care is delivered for clients with co-occurring mental health and substance misuse.

Reducing Drug Related Deaths. A significant number of people who die from substance associated causes have either never been engaged with treatment services or have dropped out of treatment and failed to re-engage.

Understanding why Needle and Syringe programme activity has failed to return to pre-pandemic levels and improving engagement with these programmes.

Vision, Strategy, Plan and Performance Framework

Against identified potential priorities:

- Gather evidence of what works
- Define the aspirational outcomes
- Define what we going to do as a partnership
- Agree the indicators that the partnership will use to measure success

Glossary of Terms / Acronyms

ADHD – Attention Deficit Hyperactivity Disorder
ASB -Antisocial Behaviour
BBV – Blood Borne Viruses
CiN – Children in Need
CLA - Children Looked After
CPP – Child Protection Plan
DIP – Drug Intervention Programme
FASD – Foetal Alcohol Spectrum Disorder
GP – General Practitioner
HCV – Hepatitis C
HIV – Human Immunodeficiency Virus
IMD – Index of Multiple Deprivation
IMS – Integrated Monitoring System
IPEDs – Image and Performance Enhancing Drugs
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LCR – Liverpool City Region
LIMU -Liverpool John Moores University
NDTMS – National Drug Treatment Monitoring System
NFA – No Fixed Abode
NSP – Needle Syringe Programme
NTE – Night-time Economy
OCU - Opiate and/or crack users
OHID – Office for Health Improvement & Disparities
PWID – People who Inject Drugs
SDDU – Smoking, Drinking & Drug Use Survey
WHO – World Health Organisation

Sources

Sefton People & Place

Demographic

[Sefton People and Place Profile](#)

Deprivation

[English Indices of Deprivation 2019](#)

Prevalence in the Community

Modelled prevalence of drug use by type of drug amongst Sefton’s 16–59-year-old population based on the Crime Survey for England and Wales (year ending March 2020)

[Drug misuse in England and Wales - Office for National Statistics](#)

Estimates of Opiate and/or Crack Users

OHID. Adults – drugs commissioning support pack 2023-24:key data

Percentage of adults drinking over 14 units of alcohol a week

[Local Alcohol Profiles for England-OHID](#)

Percentage of adults binge drinking on heaviest drinking day

[Local Alcohol Profiles for England -OHID](#)

Estimates of Alcohol dependent adults

[Estimates of Alcohol Dependence in England - Sheffield University](#)

Estimates of unmet need for Alcohol dependent adults

OHID. Adults – alcohol commissioning support pack 2023-24:key data

Percentage of adults who abstain from drinking alcohol

[Local Alcohol Profiles for England - OHID](#)

Young People and Substance Misuse

Modelled prevalence of alcohol use amongst Sefton’s 11–15- year-old population based on the National Smoking, Drinking & Drug Use Survey (2021)

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

Modelled prevalence of drug use amongst Sefton’s 11–15-year-old population based on the National Smoking, Drinking & Drug Use Survey (2021)

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

Health behaviours in 15 year olds- What about YOUth? Survey

[Child and Maternal Health - Data - OHID](#)

Substance Misuse affecting Families

Estimates of children living in households where alcohol/substance misuse/toxic trio factors are present

[Local Vulnerability Profiles - Children's Commissioner](#)

Rate of Children in Need/Children Looked After/Child Protection Plans

[LAIT tool-gov.uk](#)

Children's Social Care Assessments where concerns about parental alcohol/drug issue are identified

Sefton MBC Business Intelligence

Supporting Families Programme

Sefton MBC Business Intelligence

Foetal Alcohol Spectrum Disorder

[Fetal alcohol spectrum disorder health needs assessment - DHSC](#)

Hospital admissions

Alcohol Specific and Related Hospital Admissions definition

[Local Alcohol Profiles for England - OHID](#)

Admission episodes for alcohol-related conditions (Narrow)

[Local Alcohol Profiles for England - OHID](#)

Admission episodes for alcohol-specific conditions

[Local Alcohol Profiles for England - OHID](#)

Non-Elective Alcohol Admissions

NHS Cheshire & Merseyside

Non-Elective Readmissions

NHS Cheshire & Merseyside

Alcohol admissions per 100,000 Population by Ward

NHS Cheshire & Merseyside

Admission episodes for alcohol-specific conditions - Under 18s

[Local Alcohol Profiles for England -OHID](#)

Hospital admissions due to substance misuse (15-24 years)

[Child & Maternal Health Profile - OHID](#)

Drug & Substance Misuse Related Admissions (17/18 -22/23)

NHS Cheshire & Merseyside

Drug Related Admissions per 100,000 population by ward

NHS Cheshire & Merseyside

Mortality

Deaths from drug poisoning

[Deaths related to drug poisoning in England and Wales - ONS](#)

Deaths from drug related deaths

[Deaths related to drug poisoning in England and Wales - ONS](#)

Alcohol-related mortality New method

[LAPE - OHID](#)

Alcohol-specific mortality

[LAPE-OHID](#)

Blood Borne Viruses

Adults presenting to drug treatment who inject

OHID. Adults – drugs commissioning support pack 2023-24:key data

Proportion of drug treatment clients who accepted a Hepatitis C test

OHID. Adults – drugs commissioning support pack 2023-24:key data

Proportion of drug treatment clients eligible for Hepatitis B vaccine who accepted one

OHID. Adults – drugs commissioning support pack 2023-24:key data

Needle and Syringe Programme

LJMU. Needle & Syringe Programme Activity Report -July 18th 2022

Road Traffic Accidents

Casualties in road traffic accidents where a failed breath test occurred

[Local Alcohol Profiles for England - OHID](#)

Drug & Alcohol Related Crime

[Community Safety Strategic Needs Assessment](#)

Drug Possession, Use and Drug Trafficking Crimes for North and South Sefton

Merseyside Police data, September 2022

Antisocial Behaviour

[Community Safety Strategic Needs Assessment](#)

Police Drug Testing

LJMU. Public Health Institute. Criminal Justice Project: Drug Interventions Programme Class A drug tests in Merseyside Police custody: year ending March 2022

Criminal Justice

Number of clients assessed for DIP

[Community Safety Strategic Needs Assessment](#)

Proportion of criminal justice adults in contact with treatment services

OHID. Adults – drugs commissioning support pack 2023-24:key data

Adults with a substance misuse treatment need who successfully engage in community based structured treatment following release from prison

[Public Health Outcomes Framework -OHID](#)

Local Alcohol Economy

Number of Licensed Premises

Sefton MBC, licensed premises data

Treatment and Recovery (Drugs Treatment)

OHID. Adults – drugs commissioning support pack 2023-24:key data

LJMU. IMS Monitoring Report 2022-23 Q1 -Sefton

Treatment and Recovery (Alcohol Treatment)

OHID. Adults – alcohol commissioning support pack 2023-24:key data

Treatment and Recovery (Young People)

OHID. Young people substance misuse commissioning support pack 2022-23:key data

Social Value

[Public Health England. A guide to social return on investment for alcohol and drug treatment commissioner. 2015](#)

Change Grow Live. Social and Local Value Report 2020

Other referenced documents

[From harm to hope: a 10-year drugs plan to cut crime and save lives](#)

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72.

[Public Health England. Better Care for People with Co-occurring mental health and alcohol/drug use conditions](#)

[HM Government. Tackling Domestic Abuse Plan.](#)

[Reducing unintentional injuries in and around the home among children under five years.](#)

[CHAMPS Public Health Collaborative. Reduction of Harm through Alcohol](#)

Appendix

CHAMPS 'Reducing Harm From Alcohol' Programme Summary

Cheshire & Merseyside 'Reduction of Harm from Alcohol' – Programme Summary, 2022-23

	1. Education and supervision for Alcohol Care Teams (ACTs)	2. Alcohol Harm Dashboard	3. Lower My Drinking App	4. C&M Citizens Inquiry on Alcohol Harm / 5. MUP	6. Community Engagement in Licensing
Apr – Sep	<ul style="list-style-type: none"> Two Clinical Networks event held with high levels of attendance from hospital and community colleagues across C&M. Co-production for Phase 3 workplan with 6 new pathways to be developed. Continued supervision for each ACT. 	<ul style="list-style-type: none"> Specification developed and agreed for Phase 1 metrics to transfer to CIPHA Population Health Dashboard. Initial development of Phase 2 metrics (with further development to follow Phase 1 transfer). 	<ul style="list-style-type: none"> Summer campaign, including clinician videos focussing on links with cancers, mental health, and liver disease. Posters, business cards, and social media posts shared by local partners Approx 2000 downloads and assessments via the triage website so far. 	<ul style="list-style-type: none"> Report distribution and the creation of a video message, led by David Parr, OBE, and supported by Dr Paul Richardson, to all participants thanking them for their time and input, and indicating how the report will be used to inform the programme. MUP Toolkit from Alcohol Health Alliance to support local areas. 	<ul style="list-style-type: none"> Co-production of training pack with local teams in May. Delivery of training in Liverpool and Cheshire West and Chester, to elected members and Citizens Advice. Delivery of a social media campaign in areas with high alcohol harms.
Oct - Mar	<ul style="list-style-type: none"> Development of Band 4 and community competencies. Clinical Network Event in Dec. Co-development of quality statements / standards with ACTs and PPI groups. Further development of Phase 3 workplan. 	<ul style="list-style-type: none"> Phase 1 metrics transfer (expected Nov). Test Phase 2 long list with Graph Net and then determine shortlist. Timelines and completion contingent on CIPHA Board and NHS Digital approvals (on scheduling and Information Governance respectively). 	<ul style="list-style-type: none"> Campaign refresh for October, with new video to be trialled on Tik Tok (to test with a different user base). Campaign refresh for Dry January. Support local teams with promotion and development of the app to better meet our needs. 	<ul style="list-style-type: none"> N/A, for Citizens Inquiry as work concluded in Q1. MUP activity dependent on the view of Northern DsPH and the likelihood of action at the national level in the short or medium term. 	<ul style="list-style-type: none"> Delivery of a 2nd campaign, again targeting the wards with highest alcohol harms. Monitoring and evaluation of what is working. Share learning and further roll out of training to other Places in C&M.

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	7. Early detection of Alcohol Related Liver Disease (ARLD)	8. Alcohol and Mental Health	9. Blue Light Project	10. Physical Activity interventions to support alcohol patients	11. System collaboration
Apr – Sep	<ul style="list-style-type: none"> Continuation of hospital and community pilots with high rates of early detection and positive staff / patient feedback. Approx 1000 scans to date. Launch of Emergency Department project at Southport Hospital. 73 patients scanned Aug-Sept. 25% of cohort with severe fibrosis or cirrhosis detected, and referral for treatment. 	<ul style="list-style-type: none"> Year 2 funding secured (£250k). Initial learning compiled and shared with NHSE/I and protocols refined. Social prescribing pathways embedded. Refinement of clinical model through 5 PPI meetings. 	<ul style="list-style-type: none"> Co-production of the training package with Alcohol Change UK, Merseyside Police, Homeless organisations in April. Delivery of training in May and June (to over 100 Police officers and homeless organisation staff. Evaluation in progress including positive officer and service user feedback. 	<ul style="list-style-type: none"> Pilots developed with Sports Partnerships (with match funding secured from Sports England). Liverpool ACT pilot, Phase 1 complete and evaluated, with highly positive patient feedback. Phase 2 pilot scoped. Warrington community pilot initiated. 	<ul style="list-style-type: none"> C&M pathology network to develop an intelligent liver function test programme. Trial of 'BAclofen in the treatment of alcohol use disorder in patients with liver cirrhoSIS' (BASIS). Research on Alcohol Related Cognitive Impairment (ARCI).
Oct - Mar	<ul style="list-style-type: none"> Reporting to OHID and share learning with peers. Set up of joint project with Hep C ODN and Cancer Alliance. Scope further community projects and potential integration with Community Diagnostics Centres (CDCs). 	<ul style="list-style-type: none"> Nursing lead role recruited (expected start in Nov). This will boost screening capacity, and enhance Continual Quality Improvement (CQI). Identification of further link roles with partners. Development of the Year 3 proposal (with expansion to a new site). 	<ul style="list-style-type: none"> Update training pack based on findings from evaluation. Develop proposals for expansion across Merseyside, and then with Cheshire subject to agreement with local teams (with potential expansion across Merseyside to start in-year). 	<ul style="list-style-type: none"> Initiate Phase 2 Liverpool pilot. Conclude and evaluate Warrington pilot. Share learning with ACTs and Place Leads to identify opportunities for expansion in multiple settings and areas across C&M. 	<ul style="list-style-type: none"> NIHR bid submitted for the DEvelopment of a network to ImProVe research capacity, capability and resilience through Integration of Scientific, community and clinical partnErships (DEVISE). Outcome expected Nov. C&M Alcohol Summit

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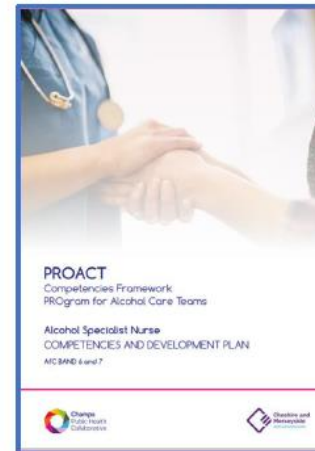
Apr – Sep

12. C&M Inpatient Detoxification Placement

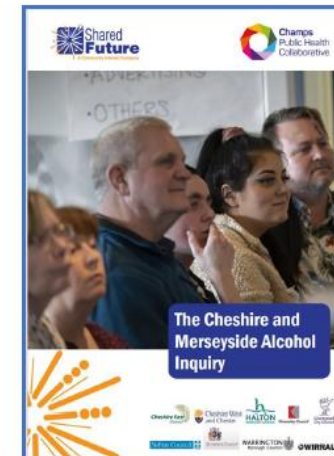
- C&M IPD Commissioning consortia meetings
- 2021/22 OHID funding was distributed to LAs for increased placement activity.
- Market engagement work commenced to inform commissioning and procurement arrangements for future IPD bed placement contracts.
- Service specification developed will be finalised following market engagement work.



<https://trello.com/b/5dWEBKgf/lower-my-drinking>



<https://www.champspublichealth.com/wp-content/uploads/2021/10/CHAMPS-ACT-Competency-Framework-Web.pdf>

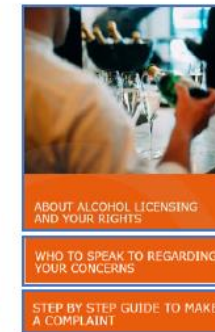


Oct - Mar

- Secure workstream capacity that is sustainable.
- Complete commissioning and procurement arrangements.
- Mobilise contracts, and monitor these with the Commissioning consortia.
- Sustain the C&M IPD Commissioning consortia to oversee grant discharged, ensuring that Cheshire & Merseyside benefit from increased bed placement capacity.



<https://alcohollicensing.org.uk/>



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