

**Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.**

# Reducing drug and alcohol harm in Cheshire East 2024-2029

An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital

Produced on behalf of the Cheshire East Combating Drugs Partnership by:

- Katy Ellison, Project Manager, Cheshire East Council
- Hannah Gayle, Project Manager, Cheshire East Council
- Dr Gisèle Spencer, Specialty Registrar in Public Health, Cheshire East Council
- Dr Andrew Turner, Consultant in Public Health, Cheshire East Council

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# 1. Background

## 1.1. From harm to hope: A 10-year drugs plan to cut crime and save lives

Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people’s health, puts children and families at risk and reduces productivity. It impacts the whole country, with the most deprived areas facing the greatest burden.

Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them.

The Government’s drugs strategy, [From harm to hope: A 10-year drugs plan to cut crime and save lives](#), relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a shift in demand for drugs

As part of the national strategy, every local area has formed a Combating Drugs Partnership (CDP). These partnerships bring together a range of local partners working across enforcement, treatment, recovery, and prevention, to work together to deliver the national strategy’s priorities.

As drug and alcohol use are so closely linked, local partnerships also focus on addressing alcohol dependence and wider alcohol-related harms alongside their focus on reducing the use, supply, and harms of illegal drugs.

## 1.1. Cheshire East Combating Drugs Partnership

### What is the Cheshire East Combating Drugs Partnership?

The Cheshire East Combating Drugs Partnership (CECDP) provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on our local context and need. On its formation in January 2023, the Cheshire East CDP collectively agreed a further local priority to, “understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues”, alongside the stated national priorities. In addition, the CDP has adopted a more explicitly “public health approach” than the national strategy, with a greater focus on harm reduction.

The functions of the Cheshire East Combating Drugs Partnership are:

- To bring together the NHS and Local Authority leaders across Cheshire East area, including representatives of both commissioners and providers of services.
- To bring together and co-ordinate other major agencies, organisations, sectors and interests that can contribute towards improving the strategic priorities of the Combating Drugs Partnership.
- To provide oversight of the development, implementation, performance and review of the associated action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.

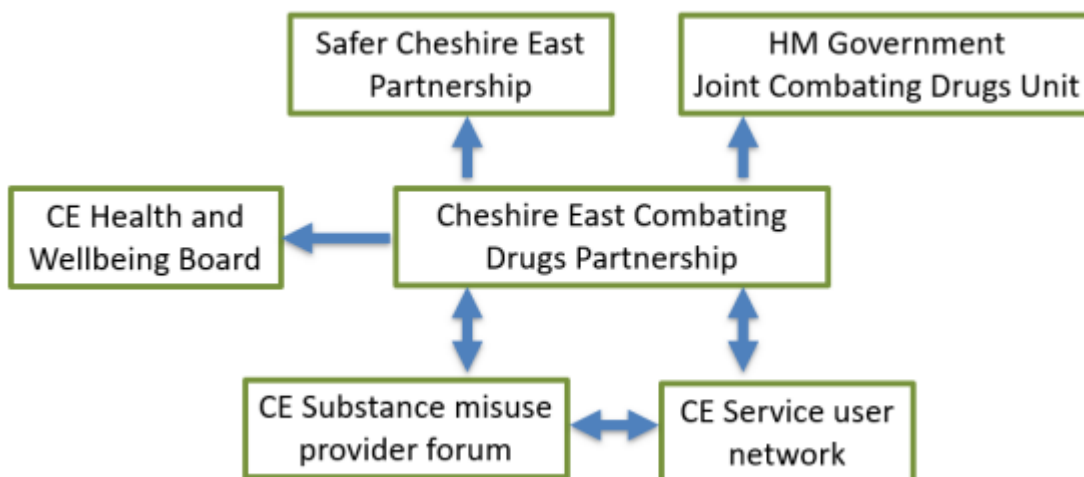
- To provide oversight of the development, implementation, performance and review of the drug and alcohol misuse Joint Strategic Needs Assessments (JSNAs).
- To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- To ensure a common approach to effective communication and the provision of information about drugs is developed across the partnership.

### Who sits on the Cheshire East Combating Drugs Partnership?

The membership of the Partnership is broad to reflect the breadth and complexity of the factors that influence drug and alcohol harm. Members include representatives from: public health; the police; commissioning; community safety; housing; safeguarding; drug and alcohol treatment service commissioners and providers; service users; NHS; mental health services; probation; and youth justice.

### Who does the Cheshire East Combating Drugs Partnership report to?

The governance structure of the CDP is summarised below:



- The Combating Drugs Partnership is a subgroup of – and reports on a quarterly basis to - the [Safer Cheshire East Partnership](#) (SCEP).
- The Partnership is one of the specialist bodies linked to the [Cheshire East Health and Wellbeing Board](#) and may report as necessary to the Board, or as requested by the Board.
- The Partnership will report annually to the national Joint Combating Drugs Unit (JCDU)
- The Combating Drugs Partnership works in collaboration with the Cheshire East substance misuse provider and service user networks.

## 2. Drug and alcohol harm in Cheshire East

A [Cheshire East substance misuse joint strategic needs assessment \(JSNA\)](#) was published in September 2023, which reviewed the use of and harm caused by drugs and alcohol across Cheshire East. The purpose of the JSNA was to understand the current situation in Cheshire East, identify gaps in current services, and make recommendations on how these can be addressed. A summary of the findings and recommendations follows below.

### 2.1. Risk factors for substance misuse

A number of risk factors for drug and alcohol use in Cheshire East have been identified, which are similar to those elsewhere. These include:

- Family history of substance dependence
  - In 2019/20 30% of new presentations were in parents who did not live with children.
  - 24.1% of alcohol users and 8.5% of opiate users In Cheshire East were living with children.
  - It is estimated that 81% of parents with alcohol dependence in Cheshire East are not known to services.
- Socio-economic deprivation
- Homelessness
  - A slightly smaller percentage of service users have unmet housing needs at the start of treatment in Cheshire East than nationally.
- Unemployment and precarious employment
  - People in Cheshire East who are not in work are more likely to be a user of the drug and alcohol service, with approximately half of all service users being economically inactive at the start of treatment.
- Poor mental health
  - 79% of service users in Cheshire East had a mental health need at the start of treatment, which is higher than for England generally.
- Male gender
  - Overall, 69% of service users in Cheshire East are male
  - 55% of alcohol treatment service users are male
  - 69% of non-opiate treatment service users are male
  - 71% of opiate treatment service users are male
  - The majority of hospital admissions related to substance misuse is among males
  - Most substance misuse related deaths are of males
- Ethnicity
  - In Cheshire East new presentations to drug and alcohol services were more likely to be among white British, White Irish or Other White ethnicities in 2021-2022. However, nationally it has been identified the Black people are more susceptible to substance misuse than other ethnicity groups.
- Age at initiation
  - In 2017/18 all young people who presented to services began using their primary substance before their 15<sup>th</sup> birthday.
  - Age also affects which types of product you use

- The substance used, experiences related to that use, and polysubstance use
- Exposure to preventative environments and intervention
  - Drug and alcohol use is more taboo in some sectors of society, for example in religious groups.
- The influence of the risks and protective factors.

## 2.2. Prevalence of substance misuse

It is estimated that there are around 14,000 higher risk drinkers and 3,500 dependent drinkers in Cheshire East. However, just under a quarter of these are engaged with treatment.

A survey of 14-17 year olds in Cheshire East by Trading Standards found that around half of respondents considered drinking alcohol as normal, fun and did not perceive any health risks. 7% claimed to binge drink, 6% drank alcohol multiple times a week, and a further 6% drank alcohol weekly. The survey also found that young people most commonly drank in the home and there had been an increase in young people who bought alcohol for themselves since 2020. For crack cocaine and opiates there are an estimated 1,400 residents who have misuse issues. 62% (860) of these are engaged with treatment. These figures point to significant levels of unmet need in both areas. Cannabis is the most widely used illicit drug in Cheshire East, and a predicted 21,000 people in the area aged 16 to 74 years old have used one or more illicit drugs in the past year.

Among young people, approximately 1,100 boys and 1,200 girls aged 11 to 15 years old are thought to have used illicit drugs in the past year in Cheshire East. The most used drug by this group was cannabis, followed by nitrous oxide and ketamine.

## 2.3. Substance related harm in Cheshire East

Cheshire East has higher rates of alcohol specific hospital admissions than England in both adults and paediatrics. These rates were highest in residents of the most deprived wards including the 'Crewe 6', and wards in Macclesfield, Middlewich and Nantwich. Alcohol related deaths in Cheshire East are similar to national levels, with the highest rates in Nantwich and Rural, SMASH, and Crewe care communities.

Among children and young people (aged 15-24), the rates of hospital admissions due to substance misuse is worse than the England average and has been rising. Hospital admissions for drug poisoning is also worse than the England average. Between April 2019 and March 2022 there were 38 drug related deaths in Cheshire East of people in treatment. Whilst this figure is below the England average overall, this conceals local variations within Cheshire East.

The highest rates of drug offences between September 2019 and August 2022 were in areas of Crewe, Macclesfield, Wilmslow and Knutsford Rural. However, drug offenses only make up a small proportion of drug associated crimes. It is thought that there are nine organised crime gangs active in Cheshire East and 17 county lines gangs impacting the area. Nine of these county lines gangs are believed to have associations with child exploitation.

## 2.4. Treatment

Change Grow Live (CGL) delivers a comprehensive drug and alcohol service in Cheshire East. This is in addition to digital support via NHS UK, the One You Cheshire East service and the Live Well offer.

Reach Out and Recover (ROAR) provides an inpatient rehabilitation service based in Macclesfield including for those with substance dependency issues. However, the numbers who access this service has typically been low.

Treatment success rates in Cheshire East are currently similar to the England average. However, both locally and nationally success rates were lower among more complex cases. Many of those who access the drug and alcohol service are also heavy smokers but stop smoking services are not routinely offered.

During 2021/24, 34 (35.8%) adults identified as having a substance misuse problem had successfully engaged with treatment on release from prison. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22. Probation services have set substance misuse and mental health as priorities and were working with 179 people whose case was related to drugs or alcohol as of April 2023. There are higher rates of both drug and alcohol related hospital admissions in Cheshire East than the national average for both adults and under-18s.

## 2.5. JSNA recommendations

Key recommendations from the JSNA are summarised below. Some of these are explicitly addressed within this action plan (see next section), while others are being addressed within existing workstreams and strategies of members of the Cheshire East Combating Drugs Partnership (see Appendix 1).

### Recommendations relating to drug use

- Understand the distribution of risk factors and use across Cheshire East to identify more susceptible groups and geographies.
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Provide tailored outreach treatment options for our homeless population.
- Ensure that clear pathways are in place to optimise the services available.
- Reach our young people in appropriate settings with timely advice regarding substance misuse, protective factors, support with wider social issues, and support with treatment where needed. Advice on drugs should include highlighting the dangers of nitrous oxide.
- Raise awareness of county lines activity and how to stay safe or seek advice with concerns is particularly important amongst our vulnerable children and adults.
- Better understand our rates of drug-related crimes and in those areas with the highest rates, develop a comprehensive evidence-based approach to reduce rates.
- For those in treatment:
  - We need to provide holistic support to their families where children live within their households
  - We need to continue to support people back into employment, housing and to quit smoking.



- Improve response to misuse of emerging types of drugs and help people addicted to prescription medicines.
- Regularly monitor a small group of indicators in the longer term.

### Recommendations relating to alcohol misuse

- Understand the distribution of risk factors, alcohol consumption, accessibility and pricing across Cheshire East to identify more susceptible groups and geographies.
- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted services:
  - Ensure they can reach support on both wider issues through schools/family hubs/ GPs/social prescribers and other family settings
  - Ensure those that have disclosed a problem receive prompt, holistic advice through a variety of media.
- Consider more intensive prevention approaches in parts of Crewe, Macclesfield, Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Communities. Alcohol attributable hospital admissions data suggests that the Crewe 6 wards are of particular concern (also identified in the Crewe JSNA).
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Work on breaking down the stigma in seeking help for alcohol. Synergise with regional Cheshire and Merseyside Public Health Collaborative (CHAMPs) campaigns.
- Ensure that clear pathways are in place and signposted to optimise the services available, including brief intervention and discharge from hospital.
- For those in treatment, we need to continue to support people back into employment, housing and to quit smoking.
- Provide tailored outreach treatment options for our homeless population.
- Further explore the impact of alcohol attributable hospital admissions on the NHS and wider community including economic impact.
- Regularly monitor a small group of indicators in the longer term

### 3. Action plan

The action plan that follows over the next few pages was co-produced over 12 months of extensive engagement with partners across Cheshire East. This engagement included multiple workshops, surveys, feedback sessions and individual interviews with a broad range of professionals, services, and those with lived experience of drug and/or alcohol misuse.

The five-year plan includes actions across five broad themes identified as priorities:

1. Early intervention and prevention
2. Pathways and unmet need
3. Dual diagnosis
4. Stigma and lived experience
5. Reducing supply and demand

#### 3.1. Monitoring of progress

The key metrics for measuring the overall success of the national strategy are outlined in the [National Combating Drugs Outcomes Framework](#), summarised in Appendix II. A local dashboard will be produced to monitor these metrics at a local level, against which progress will be evaluated annually. Working groups based around each priority theme in the action plan will be responsible for delivery of relevant actions as well as reporting back every quarter on progress to the wider Cheshire East Combating Drugs Partnership and other boards as appropriate (see governance section above).

## Reducing Drug and Alcohol Harm in Cheshire East: an integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital

### Priority theme 1: Early Intervention and Prevention

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<b>A consistent and accessible training and education offer:</b> <i>Widen our education offer to increase the reach and impact of drug and alcohol information, upskilling our workforce and providing targeted sessions where the need is greatest.</i>	Create a modular training package for professionals across the system, which raises awareness and builds confidence to: <ul style="list-style-type: none"> <li>View addiction as an illness and empower workforce to instigate exploratory conversations with customers/clients/patients/service users</li> <li>Provide basic harm reduction advice</li> <li>Understand treatment services available and provide support to access</li> <li>Clearly communicate pathways, eligibility and referral processes</li> </ul>	Less young people A&E admissions over time  Number of schools / pupils engaged.  Number of referrals to YP services  Look at targeted cohorts and impact that we have made on this.	Year 1	Substance use service provider.  Cheshire East Family Hubs
	Create a consistent age-appropriate training and education offer for all schools, which can be easily incorporated into the PHSE curriculum	Geographic targeting and results  Increase number of sessions delivered in partnership with other agencies.	Year 1	Substance use service provider  Schools  Cheshire East Council Education
	Work with partner agencies (e.g. Police, sexual health service) to deliver shared education sessions in schools			Year 2

## Priority theme 2: Pathways and Unmet Need

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<b>Improving communication and building relationships:</b> <i>Create new, and reinforce existing communication networks to make sure key messages around drugs and alcohol use are communicated, utilising existing expertise to help people work smarter together to achieve the best for those in need of support.</i>	Create a platform for regular communications across agencies to facilitate a coordinated approach to promoting substance use services.	Improved referral rates from partners.	Year 2	Combatting drugs partnership
	Embed Making Every Contact Count across the system, ensuring all assessment opportunities include a question around drug & alcohol use	Improved referral rates from partners.	Year 2 – 5	Primary care
	Improve communication and links with Primary Care to achieve more effective signposting to substance use services and capture referral rates	Improved referral rates from partners	Year 1	Substance use service / primary care.
	Build links with ethnic minority groups to understand and consider cultural and language barriers to accessing substance use services.	Improved links with ethnic minority groups.  Improved understanding of cultural and language barriers.	Year 2	CEC Commissioning
	Provide accessible information in a variety of formats (easy read, alternate languages etc) when required (paper and online)	Information available on request in a variety of different formats	Year 2	Substance use provider
<b>Take a targeted approach to engaging cohorts who are at risk of unmet need:</b> <i>Identify key groups and develop a bespoke offer to support those who are unlikely to engage in mainstream services. Working in partnership with key services to ensure we target the right people in the right way.</i>	Provide targeted early intervention to cohorts identified as potentially high risk: <ul style="list-style-type: none"> <li>• Children in care</li> <li>• Children living with family members experiencing substance misuse</li> <li>• Homeless families in temporary accommodation</li> <li>• Victims of domestic abuse</li> <li>• Children excluded from school</li> <li>• Children at risk of child sexual exploitation</li> <li>• SEND / mental health</li> </ul>	Further work required to consensus build around this area.	Year 2 – 3	Healthy young minds providers Substance use provider Housing Social care Family hubs 0-19 service Youth Support service
	Provide an intensive outreach offer in collaboration with homelessness services to support individuals with complex and multiple needs.	Outreach support being delivered to those with complex and multiple needs.	Year 1	Substance use provider Housing

	Engage with existing forums (such as SMI, physical health checks, talking therapies, GP) to offer bespoke targeted packages of support.	Further work required to consensus build around this area.	Year 2 – 3	Primary care Substance use service
	Improve take-up of community sentence treatment requirements (ATR / DRR / MHTR)	Increase in numbers of ATR / DRR / MHTR.	Year 1	Probation Magistrate Substance use provider
	Place-based approach	Services available in all 8 care communities.		Care communities Substance use provider
<b>Refine pathways to improve continuity of care and access to services:</b> <i>Work together to make sure transitions between services are streamlined, reducing the number of times people have to tell their story and making sure people get the most appropriate support, when and where they need it.</i>	Provide clarity on pathways in, out and between services, including: <ul style="list-style-type: none"> <li>• Prisons</li> <li>• Hospitals</li> <li>• Police custody</li> <li>• Mental Health</li> <li>• Housing / Hostels</li> </ul>	Clear pathways produced, agreed, and followed by all partners.	Year 2	Substance use provider CWP MCHT ECHT Police Housing Primary care
	Improve continuity of care between hospital trusts and community substance misuse service by creating multi-agency Alcohol Care Teams	Alcohol care teams in MCHT and ECHT	Year 2	Substance use provider MCHT ECHT
	Provide a bespoke recovery support pathway for those who have coexisting mental health and substance misuse support needs (adults and young people)	Clear pathway in place with no gaps in service	Year 2	Healthy young minds providers Substance use provider Housing Social care Family hubs 0-19 service

### Priority theme 3: Dual Diagnosis

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<p><b>Provide collaborative support to those with coexisting substance misuse and mental health issues:</b>  <i>Improve the way in which mental health and substance misuse services work together, developing a more holistic approach to supporting those with a dual diagnosis.</i></p>	<p>Create opportunities for co-location and joint assessments between substance misuse and mental health services.</p>	<p>Services are co-located.             Clear pathway in place with no gaps in service.</p>	<p>Year 1</p>	<p>CWP            Substance use provider            Social work MH teams</p>

## Priority theme 4: Stigma and Lived Experience

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<b>Reducing stigma:</b> <i>Change attitudes so that people view substance misuse as an illness and feel confident to approach services without fear of shame or judgement.</i>	Create an insights-led health promotion campaign to: <ul style="list-style-type: none"> <li>• Normalise access to substance use services and educate the public that it is a health condition that can be treated.</li> <li>• Paint a picture of what does a substance misuser look like, include drugs and alcohol</li> <li>• Put materials where people will see them</li> <li>• Promote risk awareness and harm reduction</li> </ul>	Further work required to consensus build around this area.	Year 1	CEC public health / commissioning
	Increase visibility of substance misuse service and normalise conversation – more events, public-facing	Further work required to consensus build around this area.		
	Create a non-stigmatised culture surrounding access to substance use support and demonstrate a marked improvement on unmet need	Further work required to consensus build around this area.	Year 3 – 5	All partners
	Refine volunteer recruitment journey	Further work required to consensus build around this area.	Year 1 – 2	Substance use provider
<b>Capitalise on and celebrate lived experience:</b> <i>Utilise the wealth of knowledge of those who have lived experience, providing support throughout the recovery journey, showing those in treatment that recovery is possible.</i>	Facilitate opportunities for Lived Experience Recovery Organisations to develop and flourish with support to embed sustainability	Increase in number of LERO in Cheshire East.	Year 1 – 5	Substance use provider

## Priority theme 5: Reducing supply and demand

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<b>Enforcement and Regulation</b>	<ul style="list-style-type: none"> <li>• Combat sales to underage drinkers.</li> <li>• Targeted operations to 'hot spot' areas for crime drug and alcohol, including licenced premises.</li> <li>• Effective communication of successful police operations.</li> <li>• Disrupt supply of drugs through effective sharing of intelligence and enforcement.</li> </ul>	Existing monitoring via SCEP and Police	As per SCEP plan	SCEP Police



## Appendix I – Key related strategies and plans

The alcohol component of this strategy replaces the 2017 Cheshire East alcohol strategy. In that strategy five key areas were focused on: prevention, protection, treatment, recovery, and enforcement & control. These overlap with the key priorities in this update considerably as there is still progress to be made in these areas.

This new strategy places a greater emphasis on dual diagnosis of substance misuse and mental health conditions. This complements the [Cheshire East Place Mental Health Plan 2024-2029](#), which focuses on six areas spanning from preventative measures to crisis support and wider community change. The Cheshire and Merseyside Public Health Collaborative (CHAMPs), has also developed a [pan-Cheshire and Merseyside suicide prevention strategy 2022-2027](#) and notes that substance addictions as a risk factor. CHAMPs has been engaging in diverse [alcohol harm reduction work](#), including research, prevention, early detection, and a focus on both physical and mental health.

Many of the factors which contribute to individuals developing a drug or alcohol problem sit outside out the purview of the Cheshire East Combating Drugs Partnership but are covered by work done elsewhere. For example:




- The [Safer Cheshire East Partnership Annual Strategic Assessment](#) outlines plans to disrupt county lines and reduce other substance related crimes
- The [Cheshire Serious Violence Strategy 2024-2029](#) includes measures such as drug awareness sessions in schools, reducing harms from drug and alcohol use, and disrupting drug markets.
- Cheshire East Council's [Homelessness and Rough Sleeping Strategy 2021-2025](#) includes establishing links with our drug and alcohol services as an action, to enable more people to be able to stay in their home following homelessness and in those at risk of becoming homeless. In turn being homeless and sleeping rough are risk factors for substance misuse and reducing this problem would reduce a driver of substance misuse.

The Cheshire East Combating Drugs Partnership will continue to be a place where partners involved in all the above strategies can meet regularly to discuss progress, challenges, and collaboration.




## Appendix II – National Combating Drugs Outcomes Framework

### Key strategic outcomes and supporting metrics

The [framework](#) sets out the Government’s three strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm, delivered through the intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes.

Strategic outcomes and metrics		
 <b>Reduce drug use</b>	 <b>Reduce drug-related crime</b>	 <b>Reduce drug-related deaths and harm</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>• Proportion of individuals reporting use of drugs in the last year</li> <li>• Estimated prevalence of opiate and/or crack cocaine use (OCU)</li> </ul>	<ul style="list-style-type: none"> <li>• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person</li> <li>• The number of homicides that involve drug users or dealers, or have been related to drugs in any way</li> </ul>	<ul style="list-style-type: none"> <li>• Deaths related to drug misuse</li> <li>• Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>• Number and proportion of households owed a homelessness duty with a drug dependency need</li> <li>• Rate per population of children of referral and assessments by social services with drugs as a factor</li> <li>• Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related</li> <li>• Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week</li> </ul>	<ul style="list-style-type: none"> <li>• Proven reoffending within 12 months</li> <li>• Police recorded trafficking of drugs and possession of drugs offences</li> <li>• Hospital admissions for assault by a sharp object</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis C prevalence (chronic infection) in people who inject drugs</li> <li>• Number and percentage of people in treatment that have died during their time in contact with the treatment system</li> </ul>

## Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.

Intermediate outcomes and metrics		
 <b>Reduce drug supply</b>	 <b>Increase engagement in treatment</b>	 <b>Improve recovery outcomes</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>• Number of county lines closed</li> <li>• Number of major and moderate disruptions against organised criminal groups</li> </ul>	<ul style="list-style-type: none"> <li>• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)</li> <li>• The numbers in treatment for adults and young people</li> </ul>	<ul style="list-style-type: none"> <li>• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>• Volume and number of drugs seizures</li> <li>• Number and proportion of National Referral Mechanism referrals with a county lines flag</li> </ul>	<ul style="list-style-type: none"> <li>• Number of individuals in treatment in prisons and secure settings</li> <li>• Number of community or suspended sentence orders with drug treatment requirements</li> <li>• Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting)</li> <li>• Unmet need for OCU treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of people in treatment that have reported no housing problems in the last 28 days</li> <li>• Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days</li> <li>• Proportion of people in treatment reporting a mental health need who received treatment or interventions</li> <li>• Proportion of parents that have received specific family or parental interventions</li> </ul>

### Additional National Drug Treatment Monitoring System local metrics

In addition to the key metrics above that will be used for monitoring the overall performance of the strategy nationally and locally across central Government, the Office for Health Improvement and Disparities (OHID) will be monitoring the treatment and recovery system both nationally and locally in greater detail with the additional outcomes metrics outlined below. These metrics are also important for use by CDPs to monitor local treatment and recovery systems and will be included in local-facing reports produced by OHID.

