

JSNA Light Touch Review: **Substance Misuse**

Full report
June 2023

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Introduction

- For the purposes of this JSNA, substance misuse refers to the misuse of alcohol and drugs. Misuse of drugs encompasses legal and illegal drugs, including performance enhancing drugs, opiates, non-opiates and prescription drugs when taken in a way not recommended by a GP or the manufacturer.
- The JSNA will not consider nicotine, which is addressed in the Smoking JSNA, or other substance misuse, for example, solvent abuse.
- The last JSNA review of drugs and alcohol was published in February 2018
- The Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group has agreed substance misuse to be a priority for a light touch review as part of the 2022/23 work programme.

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The context of this JSNA review

- This review considers changes in patterns of need and provision over recent years and for the first time covers changes since the Covid-19 pandemic.
- Another important development has been the formation of the Cheshire East Combating Drugs Partnership. Wherever indicators within this JSNA relate to the National Combating Drugs Outcome Framework¹, this is highlighted at the top of the page.

1. HM Government (2022), Guidance for local delivery partners. From Harm to Hope: a 10 year drugs plan to cut crime and save lives. Appendix 2 National Combating Drugs Outcome Framework [Guidance for local delivery partners - appendix 2 \(publishing.service.gov.uk\)](#) [accessed 20 March 2023]

Cheshire East Combating Drugs Partnership

Drug misuse costs society almost £20 billion a year, drives crime, damages people's health, puts children and families at risk and reduces productivity.

The Cheshire East Combating Drugs Partnership has been convened in response to the Government's drugs strategy, *From harm to hope: A 10-year drugs plan to cut crime and save lives*¹.

The strategy relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention and requires a partnership approach to deliver the following strategic priorities:

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

A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.

Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges linked to drug-related harm, based on local context and need. The functions of the Cheshire East Combating Drugs Partnership include:

- To bring together the NHS and Local Authority leaders across the Cheshire East area.
- To bring together and co-ordinate other major agencies, organisations, sectors and interested parties that can contribute towards improving the strategic priorities.
- To provide oversight of the action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.
- To provide oversight of the Substance Misuse Joint Strategic Needs Assessment (JSNA) and its recommendations.
- 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 the effective communication and the provision of information about drugs is developed across the partnership.

1. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#) [accessed 20 February 2023]

Overview of need

For more detailed information please click on the title on the overview page, which is a hyperlink to the relevant appendix.

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Risk factors overview - What makes some people more susceptible?

All people who misuse substances, whether alcohol or drugs, risk acute substance-related harms. However, the factors that lead to longer-term problems such as substance use disorders are complex. These include:

- sociodemographic factors;
- age of initiation;
- the substance used, experiences of use, and polysubstance use;
- exposure to preventive interventions and environments; and
- the influence of the risk and protective factors

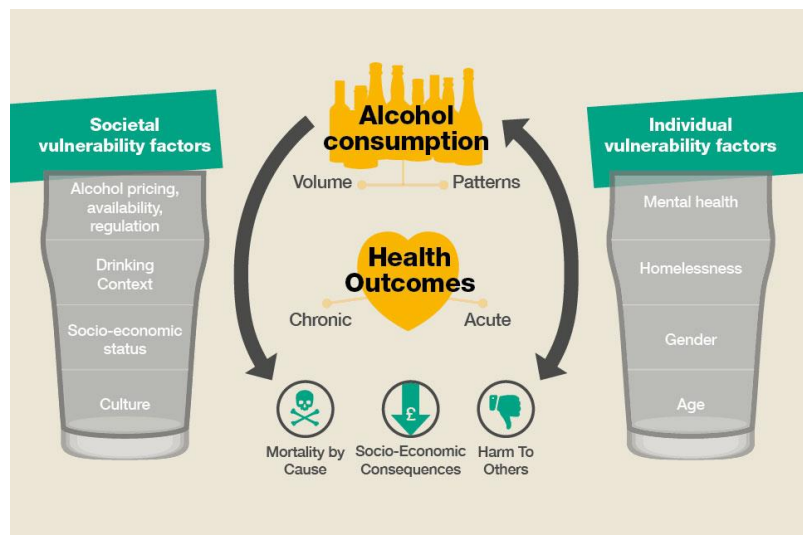
There are different models and ways of classifying these risk factors, but they are essentially: *who you are; where you live; what you do for a living; how you see yourself; your relationships; how you interact with the world; laws and policies.*

Understanding local risk and protective factors at a population level, help us to identify geographies and groups of more susceptible individuals. On an individual level, treatment services need to know more about a person's life and experiences as these factors can impact on treatment outcomes.

Substance use is a source of health inequality, and some research suggest that this is greater than the impact of socioeconomic inequality ¹

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf
2. PHE Health matters: preventing drug misuse deaths, Sept 2017 <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

Risk factors



These factors are complex and interact with each other to benefit or disadvantage a person or groups of people. There is a high prevalence of co-morbidity in those attending mental health services, and both drug and alcohol treatment services.



Many of the risk factors are the same for alcohol and drugs.

Availability is a bigger consideration with alcohol. Adults can legally purchase alcohol; this accessibility leads to social normalisation. Drinking behaviours are not fixed or unchanging but shift in response to changes in social attitudes, marketing and legislation. These changes may also vary across different groups, age groups may have different attitudes towards alcohol, or average consumption in one region may differ substantially from another, or abstinence for religious reasons. People may become more susceptible to risk factors at transition stages in their lives.

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf
2. PHE Health matters: preventing drug misuse deaths, Sept 2017 <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

Risk factors for substance misuse in Cheshire East

Risk factors at Cheshire East or lower geographies is limited. Local data would help identify geographies or groups who are potentially more susceptible to substance misuse.

who you are

- **Gender:** Alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient by gender; data for males is always significantly higher than for females¹.
- Service users in Cheshire East were more likely to be male, with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population^{2,3}
- **Ethnicity:** In Cheshire East in 2021-22, new presentations to treatment for drug and alcohol services were more likely to be white British, White Irish or Other White^{2,3}. This is similar to nationally. For non-opiates, national data suggests that service users were slightly less likely to be white British⁴.

where you live; what you do for a living

- **Housing and homelessness:** Current service data shows that a smaller percentage of clients have a housing need at the start of treatment in Cheshire East compared to the national average^{2,3}.
- **Deprivation and household income:** Cheshire East is relatively affluent, but this conceals pockets of deprivation. There are four LSOAs in Cheshire East are in the most deprived 10% nationally; three of these are in Crewe and one in Macclesfield. Approximately half of all service users are unemployed or economically inactive when they start treatment^{2,3}

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 16th June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>
5. English indices of deprivation 2019 (IMD2019) <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

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Risk factors for substance misuse in Cheshire East (2)

how you see yourself; your relationships; how you interact with the world

- **Social networks:** In Cheshire East, adult residents who were surveyed, expressed a high level of satisfaction with their lives; in the Annual Population Survey (APS) 2021/22 survey, 81% of respondents scored life satisfaction as 'high' or 'very high' and only 4.5% reported low satisfaction¹.
- **Mental wellbeing:** In 2021/22, 79% of service users entering drug treatment in Cheshire East were identified as having a mental health need; the equivalent proportion for England was 70%. In Cheshire East, 82% of those identified, received treatment compared with 75% in England as a whole². For those entering alcohol treatment, the figures were 83% and 70% respectively, with 93% of these receiving treatment in Cheshire East and 83% in England³.
- National data also indicates that being Black or homeless makes you more susceptible; age affects the type of product you use; whereas availability and pricing of products may increase the likelihood of moving into harmful and dependent use.
- We only know about the people who have sought and accepted treatment. Understanding the pattern of use in the wider community, particularly in the vulnerable groups, and the barriers to seeking and accepting treatment will help minimise future treatment need.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 23rd June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>
5. IMD2019

Risk factors for substance misuse in Cheshire East (3)

Early life experiences and influences greatly affect a child/young person's ability to deal with stress, affect their mental wellbeing, how well they socialise and their susceptibility to risk-taking behaviours such as drug and alcohol use.

- Addiction within the family:** National Drug Treatment Monitoring System (NDTMS) data indicates that 24.1% (103/427) of alcohol users and 8.5% (16/188) of opiate users new to treatment in Cheshire East were living with children. Those in non-opiate treatment are more likely to be living with children (36.6%) compared to the national average (25.7%)¹.
- Additionally, in 2019/20, 30% of new presentations to treatment were parents who did not live with children².
- A high proportion of parents with substance misuse issues are not known to services – it is estimated that of the 743 parents in Cheshire East predicted to be alcohol dependent, 81% are not known to services³. It is not possible to produce a similar estimate for opiate use locally, but nationally unmet need for parents is thought to be about 58%².
- Age at initiation** of substance use: In 2017/18 100% of young people who accessed the Cheshire East Substance Misuse Service began using their main substance under the age of 15 years, compared to 92% nationally³.
- Adverse Childhood Experiences (ACEs):** Below are some of the factors that make a child more likely to experience an ACE⁴

Indicator	Period	Chesh East			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		Best/ Highest
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	➡	-	66.1%	61.7%	65.2%	53.1%			80.0%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2021	➡	-	2.0%	4.9%	4.7%	14.7%			0.0%
Mean score of the 14 WEMWBS statements at age 15 (Persons, 15 yrs)	2014/15	—	-	48.0	47.8	47.6	45.4			48.9
Percentage with 3 or more risky behaviours at age 15 (Persons, 15 yrs)	2014/15	—	-	15.2%	16.9%	15.9%	23.8%			3.2%
Looked after children aged 10-15 (Persons, 10-15 yrs)	2021	➡	223	82.5	112.2	76.9*	243.3			21.6
Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 yrs)	2021/22	➡	60	36.0%	33.0%	37.0%	64.0%			16.0%
Children leaving care: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017/18	➡	146	19.3	29.9	25.2	9.3			160.6
Children entering the youth justice system (10-17 yrs) (Persons, 10-17 yrs)	2020/21	⬇	161	1.6*	2.4	2.8	5.7			1.1
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	—	-	24.1*	32.5	30.8	12.3			45.2

● Better 95% ● Similar ● Worse 95% ○ Not applicable

1. Domes Q4 2021/2022 Report, NDTMS

2. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

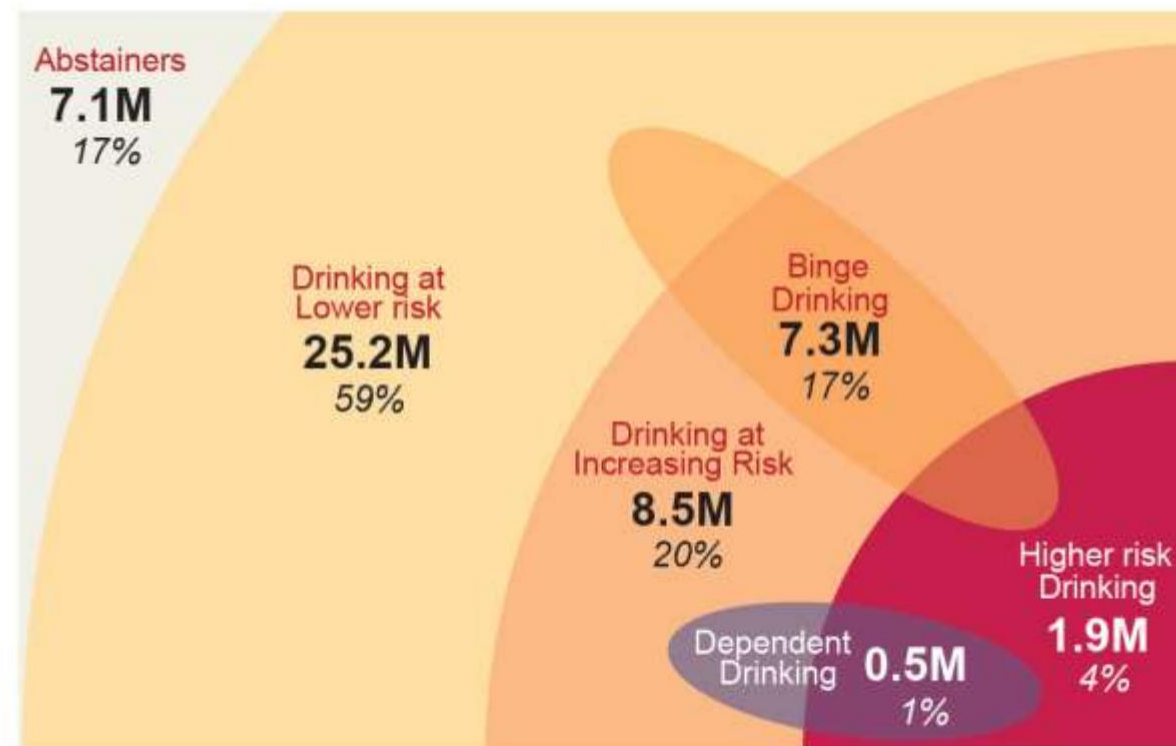
3. Public Health England (2016), Data Intelligence Summary: alcohol consumption and harm among under 18-year-olds, [Factsheet \(publishing.service.gov.uk\)](#), [accessed 23rd June 2023]

4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright 2022. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 23rd June 2023]



Estimated prevalence of substance misuse in adults

- An estimated 14,000 residents across Cheshire East are higher risk drinkers and 3,500 are alcohol dependent, yet only 815 (23.5%) of these are engaged in treatment^{1,2,3}. This means that nearly 77% of those who are thought to be alcohol dependent are not receiving an intervention³.
- An estimated 1,400 residents are thought to have a substance misuse issue involving opiates or crack cocaine (OCU), with 860 (62%) engaged in treatment^{4,5}. This means that there is unmet need of 38% for OCU⁵.
- An estimated 21,000 16–74-year-olds in Cheshire East may have used drugs in the past year, with cannabis the most commonly used drug in 16–59-year olds⁶.



Distribution of drinkers in England, 2014⁷

1. Local Alcohol Profiles, Topography of drinking behaviours, Liverpool John Moores University, 2011, applied to mid-2020 population aged 16+
2. Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment, University of Sheffield
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Estimates of Opiate and Crack Cocaine Prevalence, Liverpool John Moores University, PHE, 2016-17
5. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
6. National Crime Survey for England and Wales, [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) [accessed 20 March 2023]
7. Public Health England (2016), The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: and evidence review. [Alcohol public health burden evidence review 2016 \(publishing.service.gov.uk\)](#) [accessed 23rd June 2023]

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Estimated prevalence of substance misuse in children and young people

There is no definite data for substance misuse in children and young people. Instead, we rely on the combined intelligence from several surveys.

- Estimates suggest that **approximately 1100 boys and 1200 girls aged 11-15 may have taken drugs** in the past year across Cheshire East¹.
- **Up to 7,000 16–24-year-olds in Cheshire East are estimated to have taken drugs in the past year**, with cannabis the main drug of choice, followed by nitrous oxide and ketamine.²
- In Cheshire East, all **young people known to substance misuse services started using their main substance before the age of 15**³.
- **Cheshire East was significantly worse than England for the proportion of 15-year-olds who had ever drunk alcohol and the proportion who had been drunk in the previous week**⁴.
- According to a recent survey of 14–17-year-olds in Cheshire East by Trading Standards⁵:
 - **around half viewed drinking alcohol as normal and fun and did not perceive any health risks.**
 - **6% drank alcohol once a week and a further 6% drank alcohol twice or more per week; 7% claimed to binge drink**, a figure that has remained stable for some time.
 - **young people drank alcohol predominantly at home**
 - **there has been an increase in the percentage of young people buying alcohol for themselves since 2020.**
- A recent Health Needs Assessment for Cheshire Youth Justice Services (YJS) found that the prevalence of substance misuse was higher among young people entering the criminal justice system and that earlier support might have prevented them offending in the first place.⁶

1. Smoking, Drinking and Drug Use among Young People in England, 2021, [Smoking, Drinking and Drug Use among Young People in England](#),

2. Crime Survey for England and Wales, [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) [accessed 20 March 2023]

3. NDTMS, Young People Substance Misuse JSNA Support Pack 2017/18

4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright 2023.

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#) [accessed 20th February 2023]

5. Trading Standards North West Young Persons Survey 2023 – Cheshire East Report.

6. Public Health Institute, Liverpool John Moores University. Cheshire Youth Justice Services Health Needs Assessment – full technical report (March 2023)

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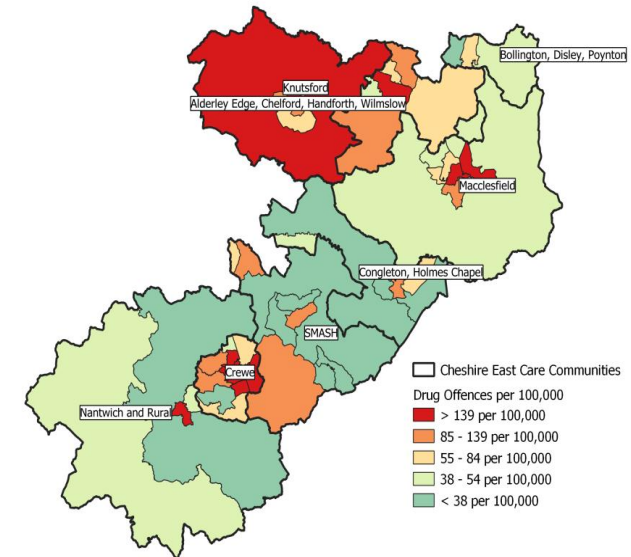
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Substance misuse related crime

Substance misuse is often linked to crime:

- The highest rates of drug offences between September 2019 and August 2022 were seen in parts of **Crewe, Macclesfield, Wilmslow and Knutsford Rural**¹, but it is important to note that drug offences are only a small proportion of drug-related crime.
- **Drug use is a factor in half of all homicides nationally**²
- As of March 2022, Cheshire Constabulary:
 - believed that nine Organised Crime Groups (OCGs) were having an impact on Cheshire East³
 - had mapped 66 county lines gangs; **17 of these were seen to be having an impact on Cheshire East**³
 - **was aware that nine of the county lines gangs believed to be operating in Cheshire East** had links to child criminal exploitation (CCE)³.
- During 2021/24, 34 (35.8%) adults identified as having a substance misuse problem had successfully engaged with treatment on release from prison⁴. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22⁵.
- Probation services have prioritised substance misuse and mental health need and are currently working with 179 individuals with an index offence relating to alcohol or drugs (15.4% of total caseload)⁶.

Cheshire East Drug Offences, September 2019-August 2022, Rate per 100,000



Cheshire East Council Public Health Intelligence Team. © Crown Copyright and database right 2022. Ordnance Survey data 100049045

1. data.police.uk ([Police API Documentation | data.police.uk](#))
2. HM Government (2021) From Harm to Hope: a 10 year drugs plan to cut crime and save lives. [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#) [accessed 21 March 2023]
3. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East
4. OHID, Fingertips, [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#) [accessed 12 May 2023]
5. NDTMS DOMES Executive Summary Q4 2021-2022
6. Information received from David Teese, HM Prisons and Probation, 28th April 2023

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Substance misuse treatment and protected characteristics

Some protected characteristics are more prevalent among the service user population.

- **Service users in England reported a higher level of disability than the general population; behaviour and emotional (15.5%) was the most reported disability**, followed by mobility and gross motor problems (5.9%), progressive conditions and physical health (5.3%) and learning disability (3.1%)^{1,2}.
- In Cheshire East in 2021/22 79% of new presentations to drug treatment and 83% of new presentations to alcohol treatment had an identified mental health need^{3,4}. A higher proportion of service users in Cheshire East had their identified mental health needs addressed than the England average^{3,4}.
- New presentations to drug treatment in Cheshire East were predominantly white British (87%), 3% gave their ethnicity as 'other white' and 1% as 'white and black Caribbean', but ethnicity was unknown or not given for 7%³. New presentations to alcohol treatment were more likely to be white British (89%), with 6% giving their ethnicity as 'other white' and 1% as 'white Irish'; 3% was 'unknown'⁴. In England as a whole, 82.6% of all people in treatment were white British and 4.3% 'other white'¹.
- **Service users in Cheshire East were more likely to be male**, with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population^{3,4}. In England, the proportions were 67% for all substances, 72% for opiates, 70% for non-opiates and 58% for alcohol¹.

Unfortunately, whilst we have a reasonable understanding of protected characteristics in relation to substance misuse treatment services, we know much less about people who misuse alcohol and/or drugs and are not in treatment. This is particularly important for alcohol, where most people who drink at harmful levels or are alcohol dependent are not in treatment.

1. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>
2. 2021 Census. [Disability in England and Wales, 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-and-population/census)
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
4. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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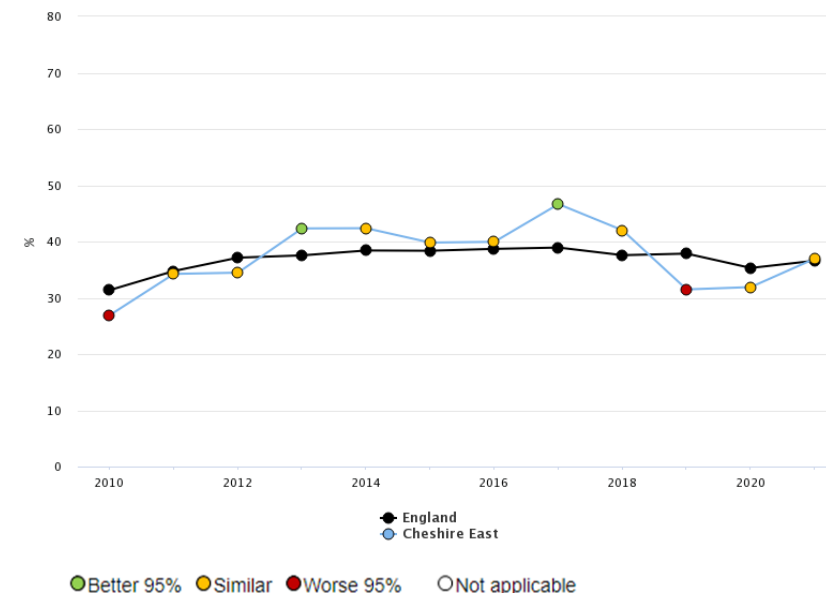
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Substance misuse treatment and service delivery

Within the treatment services commissioned by Cheshire East, there is a higher success rate for both drug and alcohol treatment, even with the more complex service users*. Length of treatment and whether a client re-presents* is dependent on substance(s) used.

- Successful completion rates for drug and alcohol treatment in Cheshire East are better than or similar to the England average. The graph opposite shows that alcohol completions have been increasing since 2010, despite a dip in 2019¹.
- More complex* service users were less likely to complete treatment successfully. In 2020/21, Cheshire East had a higher proportion of successful completions by complex service users than England².
- Opiate service users remain in treatment longer than non-opiate service users and alcohol service users. A typical treatment journey for an alcohol or non-opiate service user is less than 12 months, whereas opiate service users may remain in treatment for a number of years².
- In Cheshire East in 2020/21, there was a re-presentation rate* of 11% for opiate service users, compared with 4% for non-opiate service users and 6% for alcohol service users².
- In Cheshire East, high proportions of drug and alcohol service users require smoking cessation support. High risk drinkers are more likely to smoke and their attempts to quit smoking are less likely to be successful³. However, smoking cessation support has generally not been offered.
- [Reach Out and Recover \(ROAR\)](#) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues. The number of people in Cheshire East who access inpatient provision is low^{4,5}.

Successful completion of alcohol treatment for Cheshire East



*For definitions, see [Appendix I](#)

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 21 March 2023]

2. NDTMS, Recovery Diagnostic Toolkit 2021.

3. Office for Health Improvement and Disparities, [Tobacco Control Dashboard](#). © Crown Copyright 2022 [accessed 17th February 2023]

4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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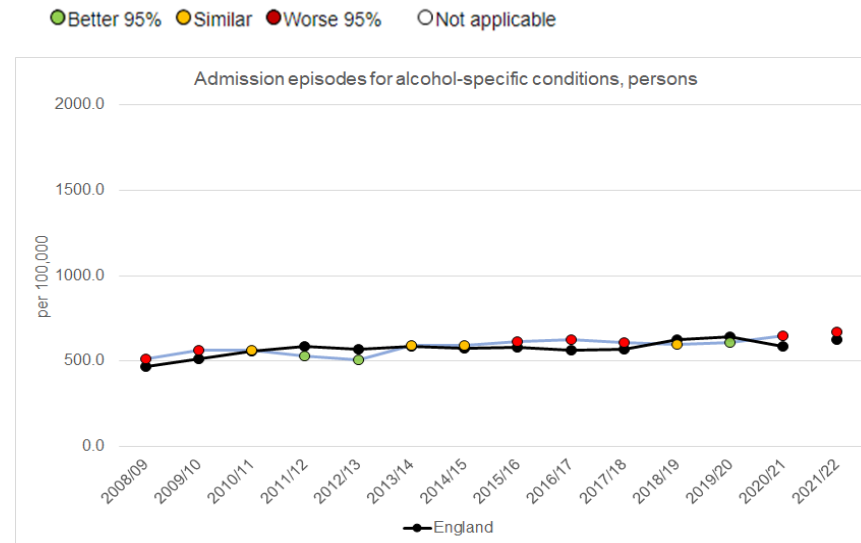
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Substance misuse related ill health

There are several worrying trends for substance misuse related morbidity in Cheshire East:

- Cheshire East has **higher rates of alcohol-specific hospital admissions** than the England average and this rate has been steadily increasing since 2008/09¹. This is shown in the graph opposite.
- Alcohol-specific hospital admissions in under-18-year-olds are also significantly worse than the national average².
- Rates of alcohol-related admission** vary across Cheshire East with higher rates seen in the more deprived "Crewe Six" wards and other wards in Middlewich, Nantwich and Macclesfield³.
- The **rate of hospital admission due to substance misuse in children and young people aged 15-24 has been increasing** and is significantly worse than the England average⁴.
- Hospital admissions for drug poisoning are significantly worse than the national average. This is an important predictor of future fatal overdose⁵.
- There has been a slight upward trend in the percentage of eligible service users who receive a Hepatitis C test in Cheshire East, but Cheshire East remains significantly below the England average⁶. This means that service users in Cheshire East are potentially missing out on interventions to prevent future liver disease.



Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 19th May 2023]

* Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

- Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 19th May 2023]
- Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 23rd January 2023]
- Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#); [Local Health - Small Area Public Health Data - Data - OHID \(phe.org.uk\)](#) [accessed 21 March 2023]
- Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 23rd January 2023]
- Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
- OHID, Fingertips, [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 2 February 2023]

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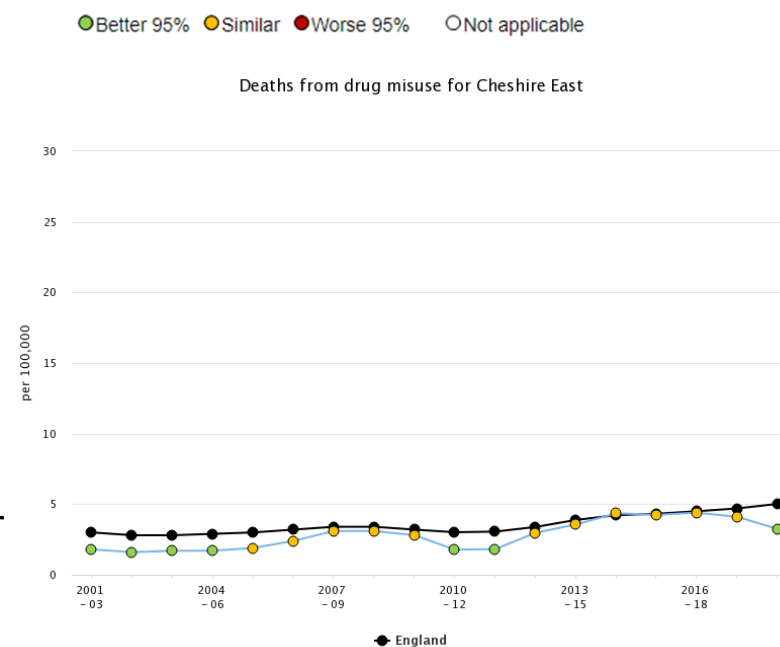
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Substance misuse related mortality

Substance misuse related mortality in Cheshire East is generally better than the national average for drugs and similar for alcohol, this conceals local internal differences. Also, it appears low in relation to the admissions data.

- **Nationally, mortality rates due to drug use have increased** since 2001-3¹. This has also been the case in Cheshire East, although rates are significantly below the England average.
- Due to changes in the definition used it is harder to replicate death rates for drug misuse locally.
- Between April 2019 and March 2022, Cheshire East experienced 38 deaths in drug treatment. This is the same as the number expected (Substance Misuse Treatment for Adults: statistics 2021 to 2022)².
- Whilst alcohol-specific mortality has not increased in Cheshire East and has remained similar to the England average, higher rates are seen in **Nantwich and Rural, SMASH and Crewe care communities**. However, these rates are not statistically significantly different.^{3,4}
- Parental substance misuse has also contributed to the deaths of infants and children in Cheshire East⁵
- Future analysis of the age distribution of admissions data. This would help our understanding of whether the high admission rates relate to binge drinking and club drugs in our younger population. Or whether it indicates a potential future increase in treatment need and deaths.



Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 23rd January 2023]

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 23rd January 2023]
2. [Alcohol and drug misuse and treatment statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk) [accessed 26th May 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 23rd January 2023]
4. Cheshire East Public Health Intelligence Team. Directly standardised mortality rates calculated from the Primary Care Mortality Database (PCMD), ONS mid year population estimates.
5. Pan-Cheshire Child Death Overview Panel. Annual Report. 1st April 2021 – 31st March 2022

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Services to support people affected by substance misuse and wider challenges

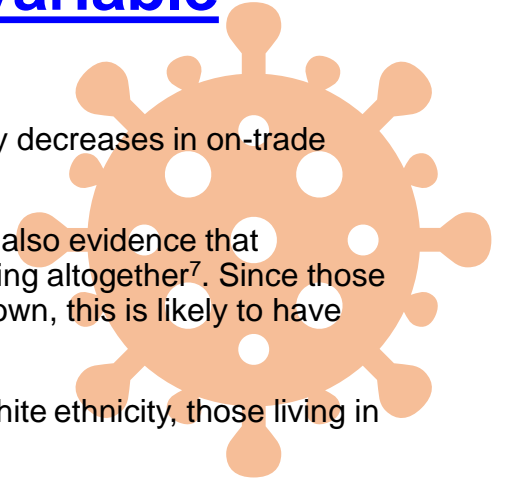
- There is a **comprehensive service offer from Change Grow Live (CGL)** for both drugs and alcohol¹.
- The service supports a much higher proportion of those predicted to misuse opiates and crack cocaine than those predicted to misuse alcohol^{2,3}.
- There is a range of **digital support** via NHS UK and the local Live Well offer⁴.
- Residents can also seek **support with wider social challenges**, and life issues via social prescribers and through core medical services.
- [Reach Out and Recover \(ROAR\)](#) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues. The number of people in Cheshire East who access inpatient provision is low^{2,3}.

1. Change, Grow, Live (CGL), <https://www.changegrowlive.org/>
2. Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
3. Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)
4. <https://www.cheshireeast.gov.uk/livewell/livewell.aspx>

The impact of COVID-19 pandemic on alcohol use has been variable

National research has found:

- Lockdown restrictions led to some changes in people's drinking behaviour¹. Increases in off-trade sales were largely off-set by decreases in on-trade sales (due to closures in hospitality), but many people were drinking more units on more occasions^{2,3}.
- Higher risk and dependent drinking increased during periods of Covid-19 lockdown compared with pre-pandemic^{4,5,6}. There is also evidence that lockdown led to a polarisation of drinking behaviours, with similar numbers of people drinking more as cutting down or abstaining altogether⁷. Since those considered to be the heaviest drinkers pre-pandemic were more likely to have increased their drinking during periods of lockdown, this is likely to have increased their risk of developing alcohol related health problems in the future^{7,8,9}.
- Some people's drinking behaviour may have been disproportionately affected by the pandemic, including women, people of white ethnicity, those living in deprived communities, and people with co-existing mental health conditions^{4,10,11,12,13}.



- 1.Hardie I, Stevely AK, Sasso A, Meier PS, Holmes J. (2022) **The impact of changes in COVID-19 lockdown restrictions on alcohol consumption and drinking occasion characteristics in Scotland and England in 2020: an interrupted time-series analysis.** *Addiction*. 2.117:1622–39. <https://doi.org/10.1111/add.15794>
- 2.Anderson P, O'Donnell A, Jane Llopis, E, Kaner, E (2022). **The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019.** *PLoS ONE [Electronic Resource]* 17(1) e0261609. 10.1371/journal.pone.0261609
- 3.Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. (2021) **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020.** *Edinburgh, UK: Public Health Scotland*
- 4.Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data.** *Addiction* 116(5) 1233-1244. 10.1111/add.15295
5. Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample.** *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256
6. Daly, M & Robinson, E. (2021). **High-Risk Drinking in Midlife Before Versus During the COVID-19 Crisis: Longitudinal Evidence From the United Kingdom.** *American Journal of Preventive Medicine* 60(2) 294-297. 10.1016/j.amepre.2020.09.004
7. Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic.** [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/96444/monitoring-alcohol-consumption-and-harm-during-the-covid-19-pandemic.pdf)
8. Alcohol Change UK. (2020). **Research: drinking in the UK during lockdown and beyond.** Available at <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond> (accessed 20th February 2023)
9. Irizar P, Jones A, Christiansen P, Goodwin L, et al. (2021). **Longitudinal associations with alcohol consumption during the first COVID-19 lockdown: Associations with mood, drinking motives, context of drinking, and mental health.** *Drug & Alcohol Dependence* 226 108913. <https://dx.doi.org/10.1016/j.drugalcdep.2021.108913>
10. Jackson SE, Beard E, Angus C, Field M, Brown J.(2022) **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England.** *Addiction*.117:772–783. <https://doi.org/10.1111/add.15656>
11. Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK.** *Drug & Alcohol Dependence* 219 108461. 10.1016/j.drugalcdep.2020.108461
12. Rao, R., Mueller C, Broadbent M.(2022). **Risky alcohol consumption in older people before and during the COVID-19 pandemic in the United Kingdom.** *Journal of Substance Use* 27(2) 212-217. <https://dx.doi.org/10.1080/14659891.2021.1916851>
13. Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms.** *BMJ Open* 10:e044276. doi:10.1136/bmjopen-2020-044276

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Limitations

- Most data is not available at small area level; further JSNA work on lifestyles may facilitate this.
- There is a time lag in terms of the data available and this JSNA provides a snapshot of a single point in time. However, the Joint Outcomes Framework enables us to regularly monitor alcohol-specific admissions and further metrics for regular monitoring could be identified.
- There are gaps in understanding in relation to protected characteristics, particularly in terms of ethnicity, disability and pregnancy and maternity. Some of this is due to data not being recorded locally.
- There has been only limited coverage of HM Prison and Probation Service. We need to engage more with prisons on this issue.
- This review has not covered the service user perspective, which will be addressed as a separate piece of work.

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Opportunities for development / further improvement

- Better links to criminal justice services – prisons and probation.
- Better understanding of the specific issues for pregnancy and maternity and how these could be addressed.
- More interrogation of the data at small area level.
- More data may be made available as enhancements are made to the Combating Drugs Partnership Outcomes Framework.

National recommendations

What needs to be done (UK Health Security Agency)

Alcohol



Drugs



Source: Public Health England (2013), Alcohol and drugs, prevention, treatment and recovery: why invest? PHE publications gateway no: 2013-190 [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](#) [accessed 9th May 2023]

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Local recommendations in relation to alcohol misuse

We are seeing worsening rates of alcohol-specific admissions across Cheshire East. To address this, we need to:

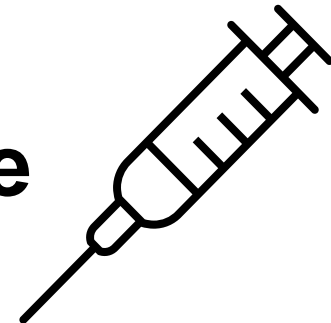
- Understand the distribution of risk factors, alcohol consumption, accessibility and pricing across Cheshire East to identify more susceptible groups and geographies.
- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted 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

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Local recommendations in relation to drug use



Across Cheshire East we need to:

- 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.

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Appendices

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Appendix A-Risks and protective factors

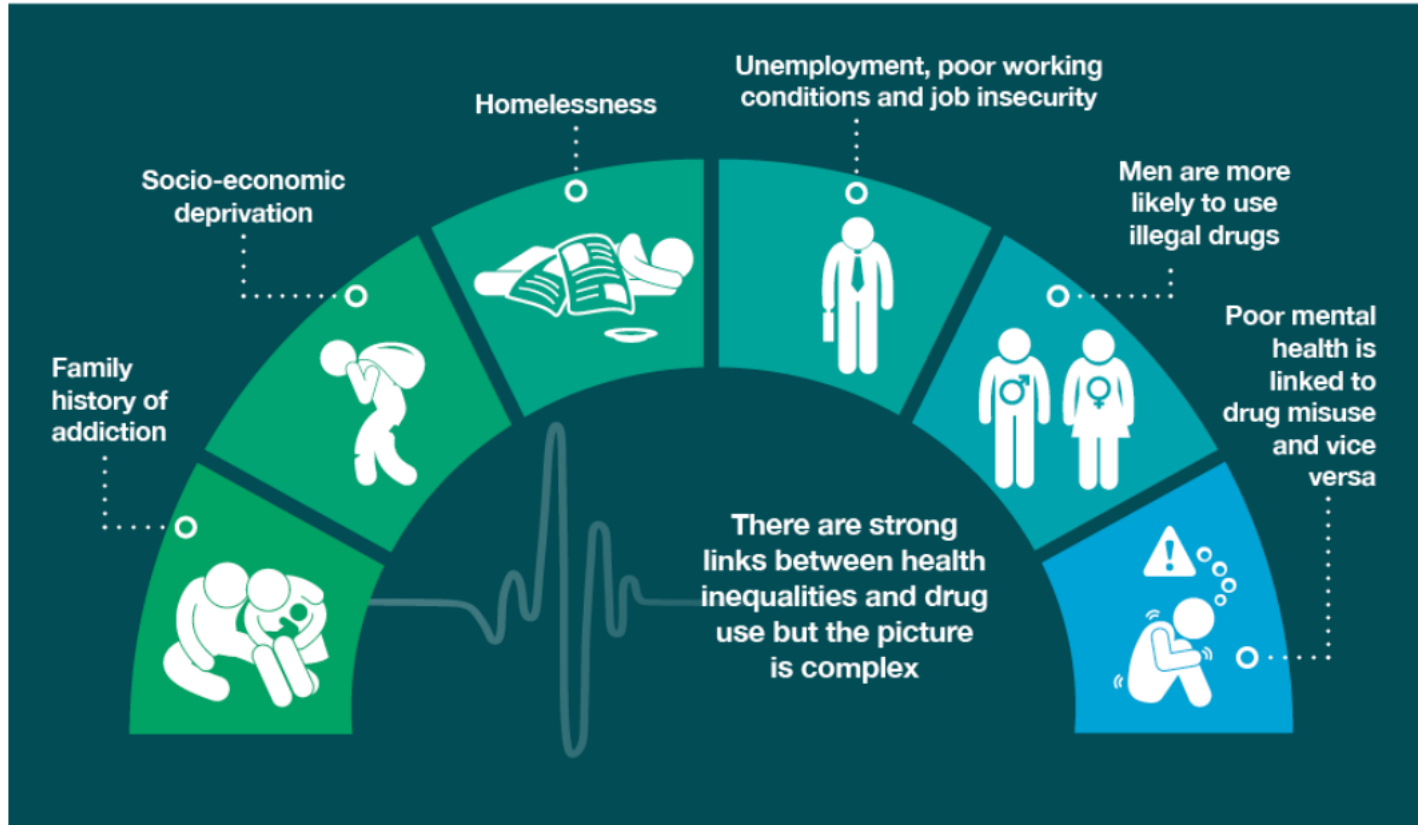
What makes some people more susceptible?

- All people who misuse substances, whether alcohol or drugs, risk acute substance-related harms. However, the factors that lead to longer-term problems such as substance use disorders are complex. These include:
 - sociodemographic factors;
 - age of initiation;
 - the substance used, experiences of use, and polysubstance use;
 - exposure to preventive interventions and environments; and
 - the influence of the risk and protective factors
- Whether someone is **vulnerable or resilient** depends on the **balance of exposure to risk factors** (those things that predict or increase the likelihood of the use of substances or experiencing harm) **and protective factors** (things that influence the effects of exposure to risk factors and lead to differences in outcomes among those exposed to the risk factors).
- Many of these factors influence treatment outcomes as well.
- There are different models and ways of classifying these factors, but they are essentially: **who you are; where you live; what you do for a living; how you see yourself; your relationships; how you interact with the world; laws and policies.**

Substance use is a source of health inequality, and some research suggest that this is greater than the impact of socioeconomic inequality ¹

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf

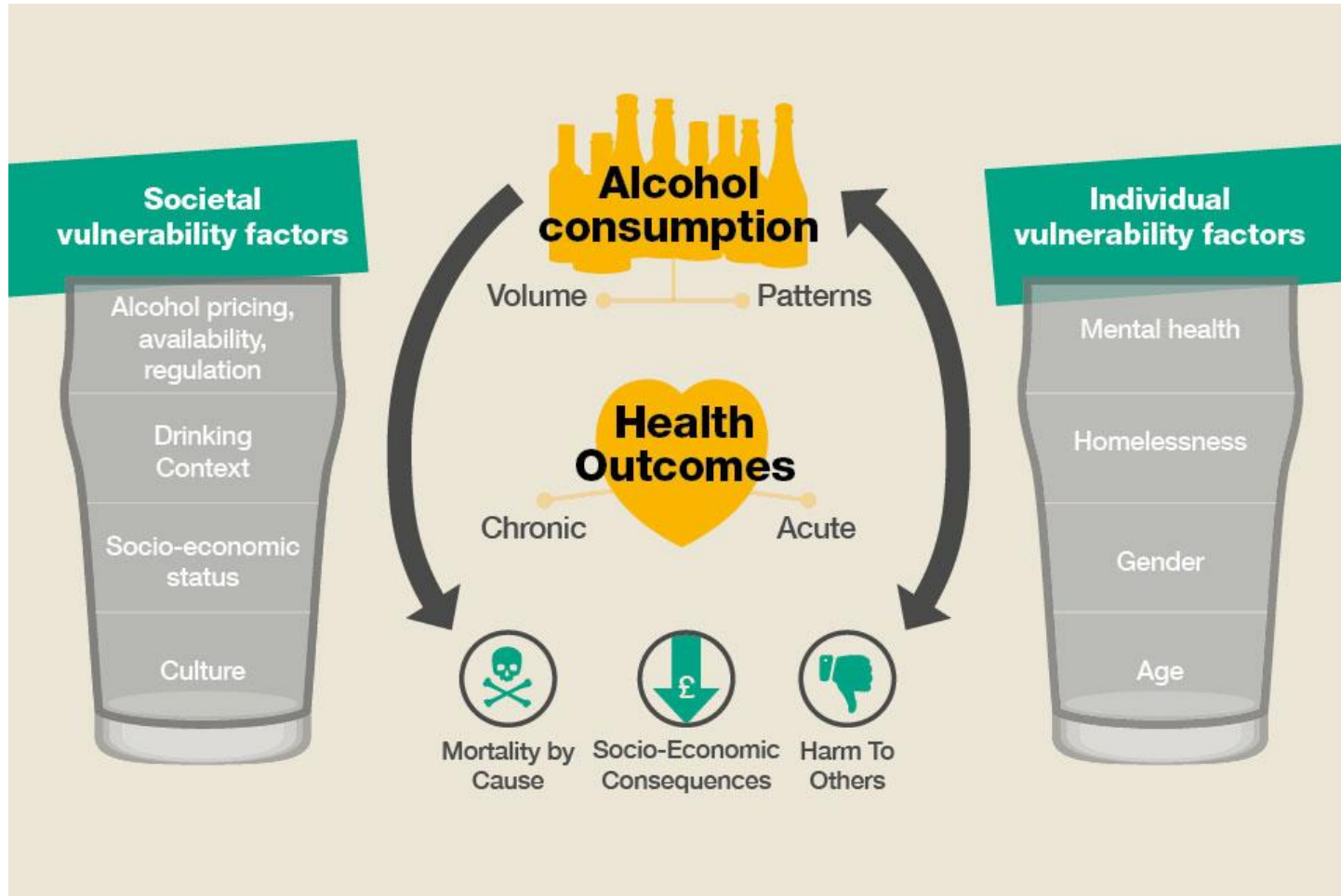
Risk factors for drug misuse



Vulnerability is not a fixed characteristic. People may become more susceptible to risk factors at transition stages in their lives: either key developmental stages, such as in infancy and early childhood and at the transition from childhood to adolescence or during certain transitions or life events such as moving in /out of local authority care, prisons or secure settings, becoming homeless, moving between educational levels (i.e., from primary to secondary school, from secondary school to university) moving from the parental home, ending a relationship /divorce and becoming unemployed.

UNODC & WHO (2018) 'International Standards on Drug Use Prevention' (2nd updated edition). United Nations Office on Drugs and Crime and the World Health Organization https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf

Risk factors for alcohol



Many of the risk factors are the same for both alcohol and substance misuse. Risk factors are complex and interact with each other to benefit or disadvantage a person or groups of people.

However, because alcohol can be legally purchased by adults, more individuals are exposed to drinking, and for many it is a social norm. Drinking behaviours are not fixed or unchanging but shift in response to changes in social attitudes, marketing and legislation. These changes may also vary across different groups: age groups may have different attitudes towards alcohol, or average consumption in one region may differ substantially from another or abstinence for religious reasons.

Understanding local risk and protective factors at a population level, help us to identify geographies and groups of more susceptible individuals. On an individual level, treatment services need to know more about a person's life and experiences as these factors can impact on treatment outcomes.

1. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

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Wider determinants of health – deprivation (1)

People who misuse substances are more likely to live in areas of high socio-economic deprivation and to experience a range of other risk factors, including adverse childhood experiences (ACEs), housing problems and homelessness, unemployment and crime¹. Drug misuse is highest among groups with a household income of less than £10,000 or more than £50,000, but the substances of choice are very different².

Both deaths from drug misuse and treatment success are dependent on deprivation; areas in the most deprived 10% nationally have significantly worse outcomes (red colouration in the table on the right) than those in the least deprived³.

Since affordability is a key driver of alcohol consumption, generally people on low incomes drink less than people on higher incomes. However, people living in deprived areas are more likely to experience an alcohol-related hospital admission or die of an alcohol-related cause. This 'harm paradox' is in part explained by the fact that although there are higher levels of non-drinking in more deprived areas, there are also higher levels of very heavy drinking.

The Local Alcohol Profiles allow you to look at several key alcohol indicators by deprivation. They show that alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient with deprivation (County & UA deprivation deciles in England, IMD 2019, 4/21 geography)⁴.

Key Indicators	Year	England	Most deprived decile (IMD2019)	Least deprived decile (IMD2019)
Successful completion of drug treatment: opiate users %	2021	5.0	3.8	6.5
Successful completion of drug treatment: non opiate users %	2021	34.3	33.4	40.8
Deaths from drug misuse (DSR per 100,000)	2018 - 20	5.0	8.4	3.2

DSR = Directly Standardised Rate

Key Indicators - DSR per 100,000 population	Year	England	Most deprived decile (IMD2019)	Least deprived decile (IMD2019)
Admission episodes for alcohol-related conditions (Broad)	2021/22	1734.5	2141.5	1466.4
Admission episodes for alcohol-related conditions (Narrow)	2021/22	494.0	565.9	399.2
Admission episodes for alcohol-specific conditions	2021/22	626.1	848.5	487.6
Alcohol-related mortality	2021	38.5	50.5	30.4
Alcohol-specific mortality	2006 - 08	10.9	18.5	7.7

1. Advisory Council on the Misuse of Drugs (ACMD), Drug misuse prevention review, May 22 <https://www.gov.uk/government/publications/drug-misuse-prevention-review/acmd-drug-misuse-prevention-review-accessible#vulnerability>
2. National Crime Survey for England and Wales, [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) [accessed 20 March 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. Public Health Profiles accessed on 16/06/23
4. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 16th June 2023]

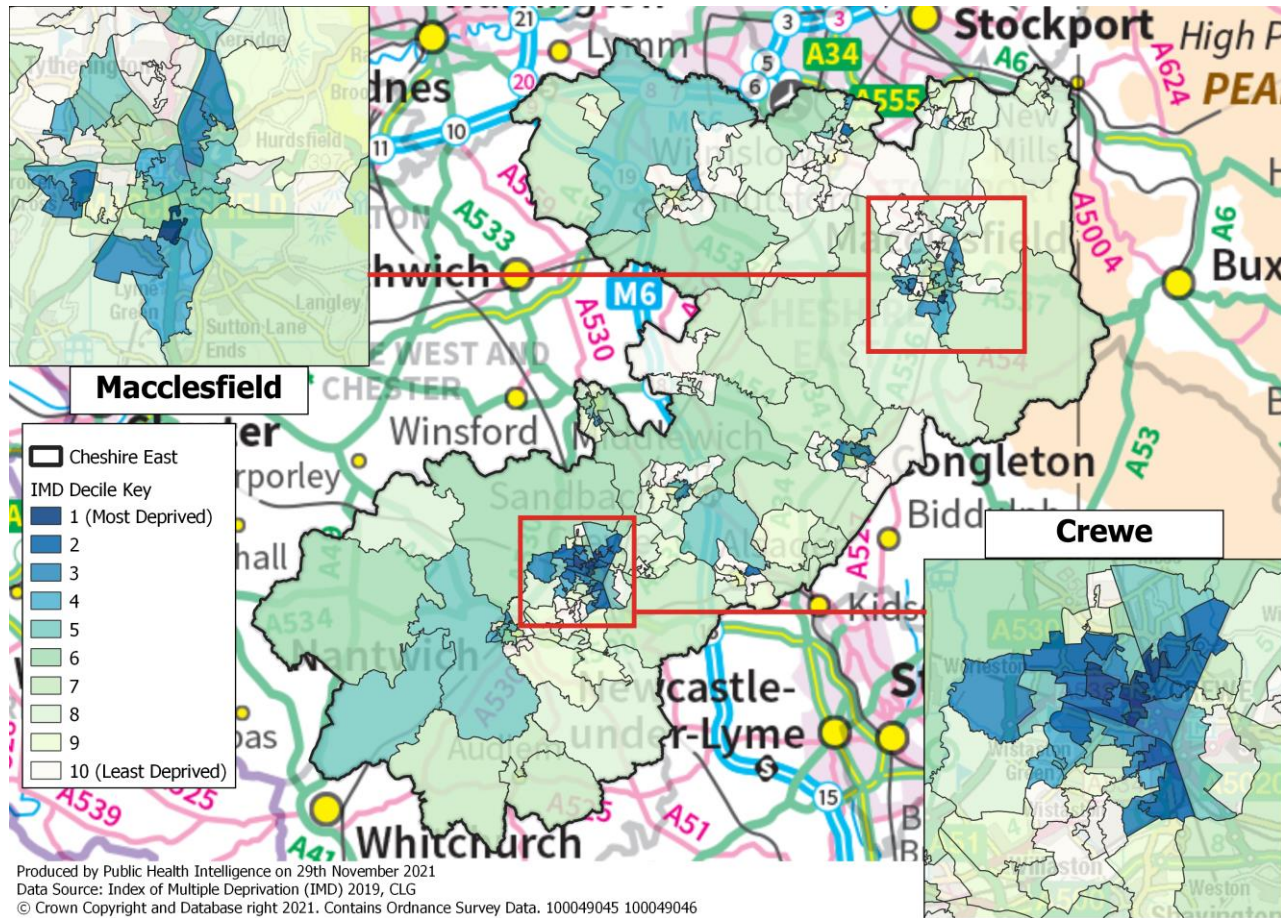
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Wider determinants of health – deprivation (2)

Cheshire East Deprivation Map IMD 2019¹ - National Decile



The type of area you live and work in can affect your lifestyle choices and can be both a risk and a protective factor.

The index of Multiple Deprivation (IMD) combines information relating to income, employment, socioeconomic status or class (often based on job type), education, housing and ownership of specific goods or items to produce an overall relative measure of deprivation¹.

As a local authority, Cheshire East is relatively affluent, but this conceals pockets of deprivation. Four LSOAs in Cheshire East are in the most deprived 10% nationally; three of these are in Crewe and one in Macclesfield. Eighteen LSOAs are in the most deprived 20% nationally; thirteen of these are in Crewe with the other five spread across Macclesfield, Congleton, Handforth and Alsager.

The map on the left highlights these areas in dark blue.

1. Available from: - <https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c>
2. Map taken from the 2022 Pharmacy Needs Assessment (page 69). <https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/cheshire-east-pna-2022-final-report-27-september-2022.pdf>

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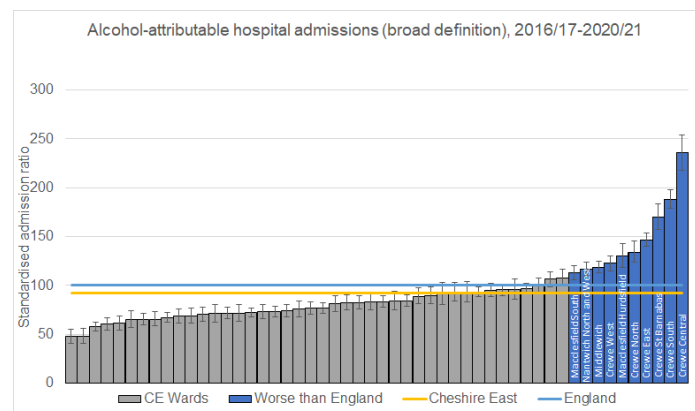
Wider determinants of health – deprivation (3)

We can see an internal relationship between income deprivation & alcohol admissions.

Despite Cheshire East alcohol-attributable admission rates being significantly lower than the England average since 2016/17, internally, rates vary¹.

The following wards had rates significantly higher than the England average, ranked from worst :

Worst performing wards	deprivation relating to low income (IMD2019)	
	% proportion of the population	Rank (1=most deprived)
Crewe Central	22%	2
Crewe South	16%	5
Crewe St Barnabas	25%	1
Crewe East	14%	8
Crewe North	16%	4
Macclesfield Hurdfield	17%	3
Crewe West	13%	10
Middlewich	9%	18
Nantwich North and West	12%	11
Macclesfield South	14%	7



See slides for [Alcohol-attributable hospital admissions \(Narrow\)](#) and [Alcohol-attributable hospital admissions \(Broad\)](#)

Unemployment - Studies from both Europe and the US conclude that alcohol misuse is more likely to start or escalate after unemployment begins².

Harmful drinking and the associated increased risk of mental health problems can make it harder for people with alcohol dependence issues to find work again².

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#); [Local Health - Small Area Public Health Data - Data - OHID \(phe.org.uk\)](#) [accessed 21 March 2023]
2. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

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Gender as a risk factor

The Local Alcohol Profiles allow you to look at several key alcohol indicators by gender for Cheshire East. These show that alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient by gender; data for males is always significantly higher than for females¹.

Key Indicators - DSR per 100,000 population	Year	Cheshire East - Males	Cheshire East - Females
Admission episodes for alcohol-related conditions (Broad)	2021/22	2374.6	849.5
Admission episodes for alcohol-related conditions (Narrow)	2021/22	622.6	289.9
Admission episodes for alcohol-specific conditions	2021/22	868.1	480.7
Alcohol-related mortality	2021	54.5	21.5
Alcohol-specific mortality	2006 - 08	12.2	5.8

Nationally, men were nearly twice as likely as women to have taken any drug in the last 12 months.

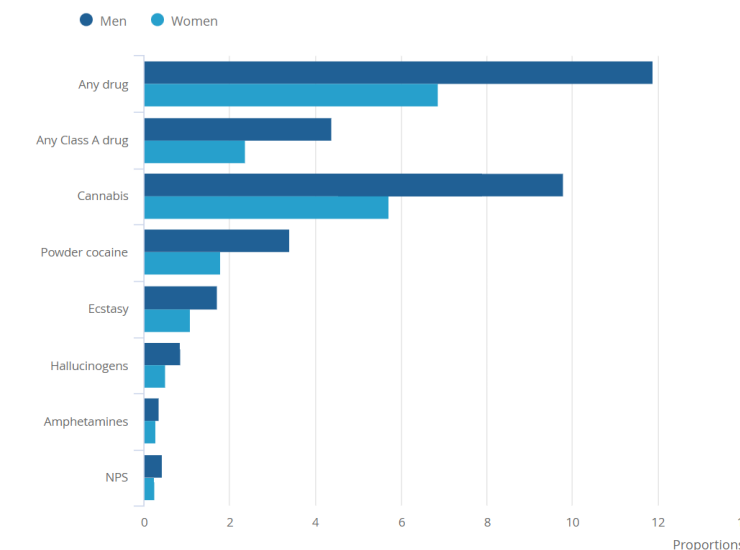
Nearly 12% (1 in 8) of men aged 16 to 59 years reported having taken any drug in 2019/20 compared to women of the same age (6.9%).

A similar pattern is seen when data by individual drug types is analysed².

The only drug indicator available by gender for Cheshire East, is deaths from drug misuse. The male rate is higher, but not significantly.

Service users in Cheshire East were more likely to be male: with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population^{4,5}. In England, the proportions were 67% for all substances, 72% for opiates, 70% for non-opiates and 58% for alcohol³.

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

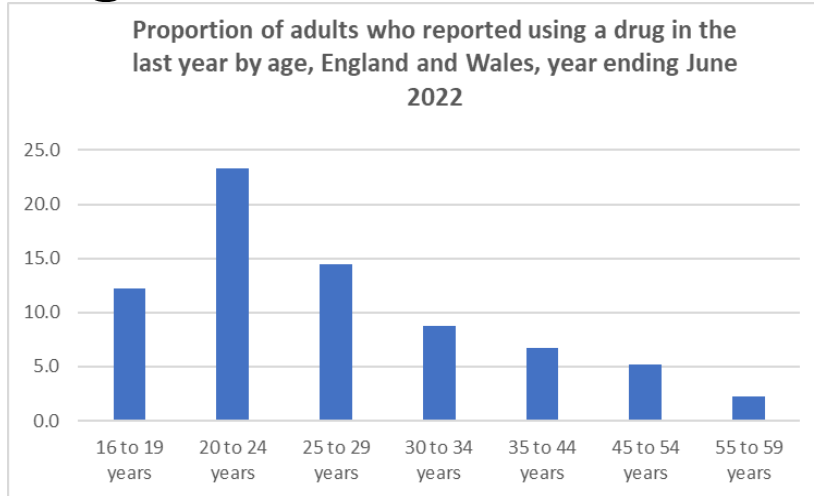
1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 16th June 2023]
2. Office for National Statistics – Crime Survey for England and Wales 2020
3. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>
4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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Age as a risk factor



Illicit drug use is more prominent among the under 30s than older age groups, peaking in 20–24-year-olds for Class A and all drugs¹. Drug use is also linked to the night-time economy and particularly to night club use. This may not, however, be an independent association, since younger people are more likely to frequent night clubs¹. Most people who use drugs use them only occasionally – in the case of ecstasy and powder cocaine typically only once or twice per year – and most have ceased to use them once they enter their thirties².

There is not such a clear differential by age for alcohol as the type of drinking can be different within different age groups. Young people are more likely to binge, drinking excessively on Friday or Saturday nights. The most harmful drinking tends to be among middle-aged drinkers. Teetotalism has generally increased among those aged 16 to 64 years, while decreasing in those over 65. This decrease is largely explained by a significant reduction in self-reported teetotalism among women over 65³.

1. Office for National Statistics (2022), Crime survey for England and Wales (CSEW)

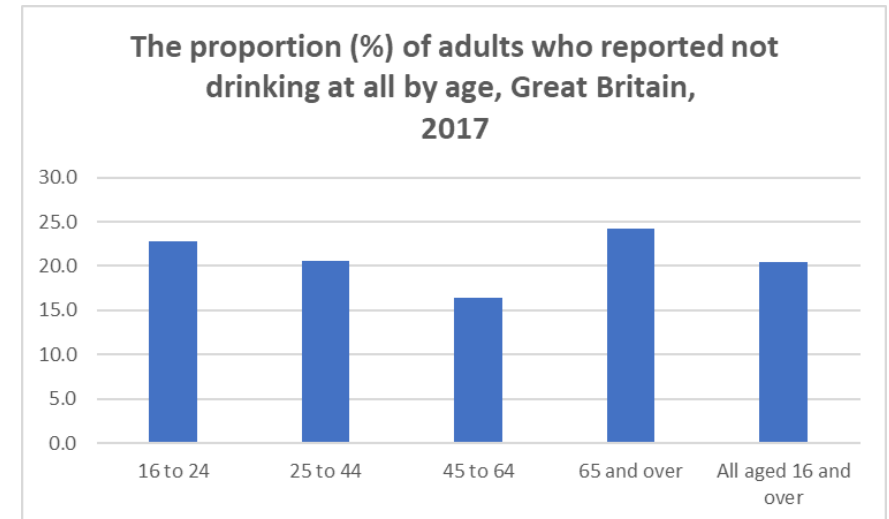
[Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

2. Black, C. (2020), Review of drugs – evidence relating to drug use, supply and effects, including current trends and future risks, https://www.drugsandalcohol.ie/31655/2/Review_of_Drugs_Evidence_Pack_UK.pdf.

3. ONS Adult drinking habits in Great Britain:

2017, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017>

Opinions and Lifestyle Survey and General Household Survey 2017; Office for National Statistics



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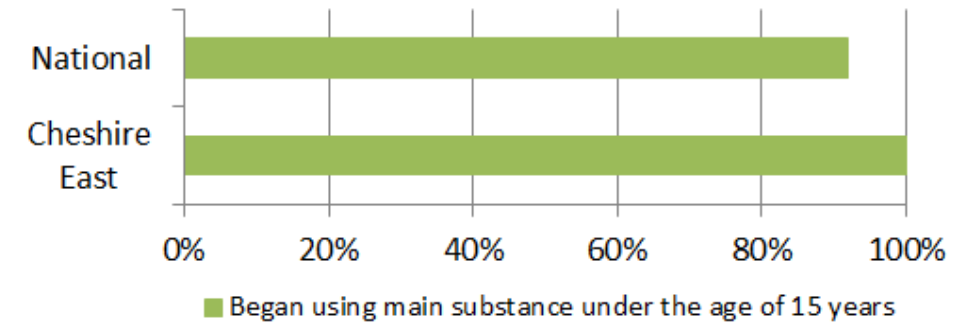
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Age at initiation of substance use

Evidence suggests that age at initiation is a strong predictor of future substance misuse, particularly for alcohol^{1,2}. However, this rarely occurs in isolation, with many of those who start using substances in late childhood or early adolescence having co-existing risk factors, such as parental substance misuse³.

In 2017/18 100% of young people who accessed the Cheshire East Substance Misuse Service began using their main substance under the age of 15 years, compared to 92% nationally⁴.



Source: Young People Substance Misuse JSNA Support Pack 2017/18

Nationally, the proportion of young people who say they have ever had an alcoholic drink has been declining since 2003^{2,5}. Yet this does not seem to be the case locally. Data from 2014/15 indicated that 15-year-olds in Cheshire East had rates of regular drinking and being drunk within the past 4 weeks that were significantly worse than the national average⁶. Rates of alcohol-specific hospital admissions are also higher⁷.

1. Robins, L.N., Przybeck, (1985) Age of onset of drug use as a factor in drug and other disorders, NIDA Research Monologue 56: 178-92 [Aetiology of Drug Abuse: Implications for Prevention, 56 \(psu.edu\)](#) [accessed 23rd June 2023]
2. Public Health England (2016), Data Intelligence Summary: alcohol consumption and harm among under 18-year-olds, [Factsheet \(publishing.service.gov.uk\)](#), [accessed 23rd June 2023]
3. Dube, R *et al*, (2006), Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence, Journal of Adolescent Health 38(4);444e1-10, [Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence - PubMed \(nih.gov\)](#) [accessed 23rd June 2023]
4. Young People Substance Misuse JSNA Support Pack 2017/18
5. Smoking, drinking and drug use among young people 2021, [Smoking, Drinking and Drug Use among Young People in England, 2021: Data tables - NHS Digital](#) [accessed 26th May 2023]
6. About YOUth (WAY) survey 2014/15 [Health and Wellbeing of 15 year olds in England: Smoking Prevalence - Findings from the What About YOUth? Survey 2014 - NHS Digital](#)
7. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 16th June 2023]

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Ethnicity as a risk factor

Findings from the Adult Psychiatric Morbidity Survey 2014 showed that nationally^{1,2} :-

- White British adults 30.8% and Black adults were more likely to have used illicit drugs in the year before being surveyed than Asian adults.
- Drug dependency in Black men aged 16 and over (11.5%) is almost triple that in White British males (4%). This is due to cannabis use amongst this group.
- White British men were more likely to have used illicit drugs compared with white British women.
- Black women, white British women and women from the White Other group were more likely to have used illicit drugs, compared with Asian women.
- White British people were more likely to drink alcohol at levels classed as 'hazardous, harmful or dependent' than all other ethnic groups, among both men and women.
- a higher percentage of men than women drank alcohol at 'harmful or dependent' levels in all ethnic groups, however sample sizes were small, and any generalisations are unreliable.

Survey data for 2017 showed that the level of teetotalism was lower amongst those who are White (15.8%) compared with all other ethnicity groups (50.6%)³.

In Cheshire East in 2021-22, new presentations to treatment for drug and alcohol services were more likely to be white British, White Irish or Other White^{4,5}. This is similar to nationally. For non-opiates, national data suggests that service users were slightly less likely to be white British⁶.

1. <https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/harmful-and-probable-dependent-drinking-in-adults/latest>

2. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014

3. ONS Adult drinking habits in Great Britain: 2017

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017>

4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East

5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East

6. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

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Housing and homelessness a risk factor

A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People who are homeless and who have drug use issues are likely to have a range of needs cutting across health and social care, substance use and criminal justice.

"Homelessness and substance use are mutually reinforcing problems, often occurring with and exacerbated by mental ill health and physical health needs"³.

The Advisory Council on the Misuse of Drugs (ACMD) published a report in 2019, which looked specifically at Drug-related harms in homeless populations¹. Some of the key conclusions were:-

- It is difficult to estimate the number of drug users among homeless populations, however, there is evidence that suggests a strong reciprocal association between being homeless and having an increased risk of problematic drug use.
- There is a higher rate of drug-related deaths among homeless populations compared with the general population.
 - Drug poisonings now contribute to two-fifths of deaths among the homeless population³
- Alcohol and drug abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths².
- There is strong evidence of high rates of multiple morbidities, i.e., severe mental illness and long-term physical health conditions among homeless people who use drugs and alcohol.
- A high proportion of people who are homeless and who have drug use issues have experienced multiple adverse childhood experiences (ACEs).

Current service data shows that a smaller percentage of clients have a housing need at the start of treatment in Cheshire East compared to the national average. (see slide on Service user housing status)

1. ACMD (2019) Drug-related harms in homeless populations and how they can be reduced. London, Home Office, Advisory Council on the Misuse of Drugs. Available from: <https://www.gov.uk/government/publications/acmd-report-drug-related-harms-in-homeless-populations>
2. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>
3. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023] , p.92

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Social networks as a protective factor

There is a high prevalence of co-morbidity in those attending mental health services and both drug and alcohol treatment services.

An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year¹.

Positive social networks and support are crucial for mental wellbeing. Mental illness can affect recovery outcomes. It seems reasonable to connect social capital with substance misuse.

Social connections may influence a person's risk of alcohol dependency, and their ability to respond to treatment².

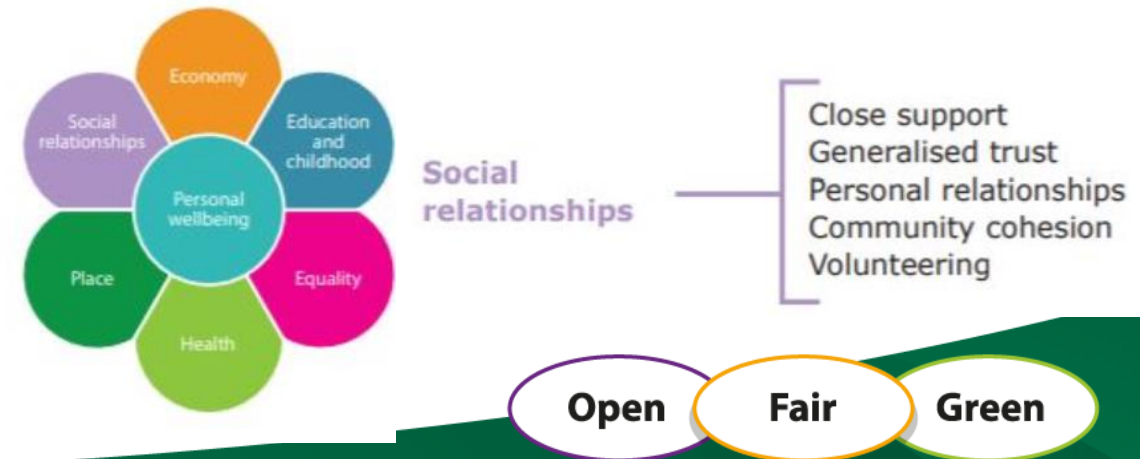
Many qualitative studies have shown the positive impacts of close relatives or friends on motivating clients to quit substance use.

In Cheshire East, 81% of adult residents surveyed in the Annual Population Survey (APS) 2021/22 survey, expressed a high level of satisfaction with their lives, scoring life satisfaction as 'high' or 'very high' and only 4.5% reported low satisfaction³.

These estimates are based on a small sample of residents, interviewed with a mix of both face-to-face and telephone interviews*, so may not reflect the views of all residents.

*It was also found that the collection method affected the response: Higher than average ratings for the life satisfaction question were provided by respondents interviewed via the telephone compared to those who were asked face-to-face.

1. PHE Health matters: harmful drinking and alcohol dependence, Jan 2016 <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence#Summary>
2. Understanding local needs for wellbeing: data measures and indicators scoping report co-commissioned by the ONS and Public Health England (PHE), Nov 2017 <https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data/>
3. Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]



Mental wellbeing

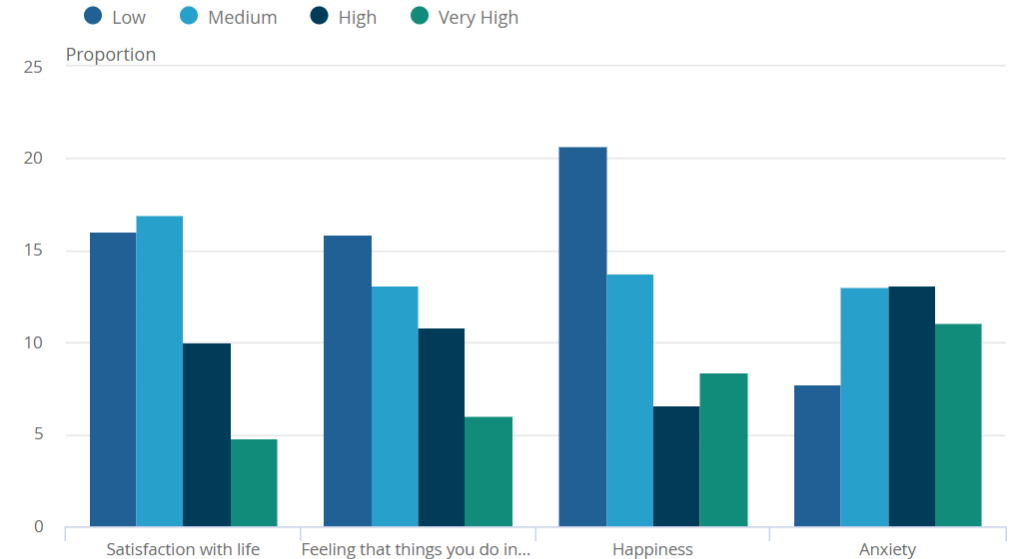
Poor mental health is a risk factor for substance misuse. People with co-existing mental health problems and substance misuse issues often also have physical health problems, social issues, such as debt, unemployment or homelessness, and are at greater risk of hospitalisation, self-harm and suicide. In addition, they may fall between services, unable to access NHS mental health services due to alcohol or drug use and excluded from local authority substance misuse services due to severe mental illness¹.

The Crime Survey for England and Wales showed that drug misuse varied across several measures of personal well-being such as satisfaction with life, feeling that things you do in your life are worthwhile and happiness².

Those individuals who reported lower personal well-being across these measures were more likely to have used an illicit drug in the last year.

A quarter of those people in England who are dependent on alcohol are likely to be receiving mental health medication; mostly for anxiety and depression, but also for sleep problems, psychosis and bipolar disorder.³

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by personal well-being, England and Wales, year ending June 2022



Source: Office for National Statistics – Crime Survey for England and Wales (CSEW)

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, p.90 [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]

2. Office for National Statistics (2022), Crime survey for England and Wales (CSEW) [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)





3. Adult Psychiatric Morbidity Survey (APMS) : Survey of Mental Health and Wellbeing, England, 2014
Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital

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Alcohol Sales – a proxy for consumption

Indicator	Period	Chesh East			Neighbrs average	England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range		Best
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	1,813,106	6.1	6.0*	5.5	9.4			2.9
Volume of pure alcohol sold through the off-trade: beer sales	2014	–	526,557	1.76	1.65*	1.49	2.79			0.68
Volume of pure alcohol sold through the off-trade: wine sales	2014	–	643,245	2.15	2.25*	2.16	3.96			1.30
Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	474,900	1.59	1.49*	1.38	2.46			0.70

The overall volume of alcohol sales average was similar to England and the nearest neighbouring boroughs* average in 2014. However, the beer and spirit sales were significantly higher than the England average¹. Surveys are known to underestimate alcohol consumption, with tax and sales data representing a better proxy, albeit with some caveats, including no account taken of underage consumption, illegal alcohol or alcohol which is purchased but not consumed¹. Studies have demonstrated a positive association between off-trade sales and alcohol-specific hospital admissions¹.

Minimum Unit Pricing (MUP) for alcohol was introduced in Scotland in 2019, at a rate of 50p per unit of pure alcohol. Early studies have shown significant improvement in alcohol-specific hospital admissions and deaths and, to a lesser extent, alcohol-related hospital admissions and deaths. Furthermore, the greatest improvements have been seen in the areas of highest socio-economic deprivation².

* CIPFA Nearest Neighbours Model used for comparative purposes: [Nearest Neighbour Model \(cipfa.org\)](https://www.cipfa.org.uk/nearest-neighbour-model)

1. Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright 2022. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk/local-alcohol-profiles-for-england) [accessed 20th February 2023]
2. Public Health Scotland, 2023, Evaluating the impact of alcohol minimum unit pricing (MUP) on alcohol-attributable deaths and hospital admissions in Scotland: Briefing paper, [Evaluating the impact of alcohol minimum unit pricing \(MUP\) on alcohol-attributable deaths and hospital admissions in Scotland: Briefing paper \(publichealthscotland.scot\)](https://publichealthscotland.scot/publications/briefing-papers/evaluating-the-impact-of-alcohol-minimum-unit-pricing-mup-on-alcohol-attributable-deaths-and-hospital-admissions-in-scotland/) [accessed 5th June 2023]

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Parental substance misuse

The National Association for Children of Alcoholics has identified evidence of the **risks of parental substance misuse on children**, with most of the research focusing on the **increased risk of children developing drinking problems themselves**¹. One study indicates that there is a 2-10 fold increased risk compared to children who do not have a parent with an alcohol problem². **Other risks identified include premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, parental violence and family separation.** Parental substance use can also impact on the age of initiation.

- National Drug Treatment Monitoring System (NDTMS) data indicates that 24.1% (103/427) of alcohol users and 8.5% (16/188) of opiate users new to treatment in Cheshire East were **living with children – see table above**. Those in non-opiate treatment are more likely to be living with children (36.6%) compared to the national average (25.7%).
- Additionally, in 2019/20, 30% of new presentations to treatment were parents who did not live with children³.
- A high proportion of parents with substance misuse issues are not known to services – it is estimated that of the 743 parents in Cheshire East predicted to be alcohol dependent, 81% are not known to services³. It is not possible to produce a similar estimate for opiate use locally, but nationally unmet need for parents is thought to be about 58%³.

1. [Research – Nacoa](#)

2. Lieberman, D.Z. (2000). Children of alcoholics: An update. Current Opinion in Pediatrics, 12, 336-340

3. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

Proportion of new presentations to treatment who live with children (2021-22)

Treatment Type	Cheshire East		National Average
	(%)	(n)	(%)
Opiate	8.5%	16/188	10.4%
Non Opiate	36.6%	30/82	25.7%
Alcohol	24.1%	103/427	23.2%
Alcohol & Non Opiate	20.0%	23/115	20.2%

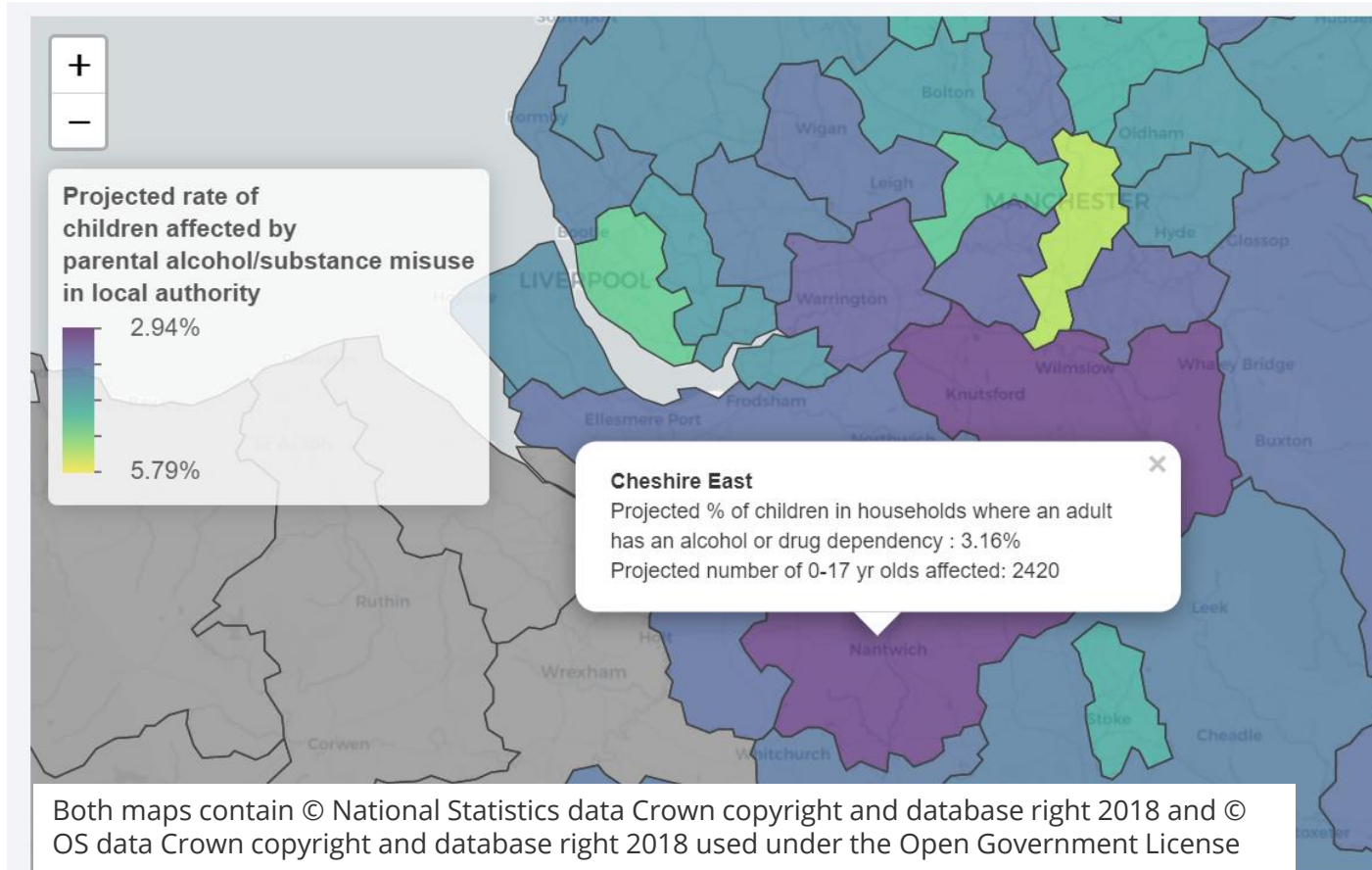
Source: Domes Q4 2021/2022 Report, NDTMS

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Estimates of total numbers of children affected by parental substance misuse



- Whilst overall across Cheshire East the numbers of parents having treatment for substance misuse is low¹, the estimated number of children affected by parental substance misuse is thought to be much higher².
- An estimated 2,420 under 18-year-olds are affected across Cheshire East.
- In 2019/20, 21.8% (499) of children in need referrals in Cheshire East identified alcohol misuse by a parent or another adult living with the child; 19% (435) of assessments identified drug misuse of a parent or another adult in the household as a factor. Both of these figures were above the national average³.

1. Domes Q4 2021/22 Report, NDTMS
2. Children's Commissioner. Children in families at risk – Local area maps. Available from: Children in families at risk - Local area maps | Children's Commissioner for England (childrenscommissioner.gov.uk) ([CHLDNRN - Local and national data on childhood vulnerability | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#) [Accessed 22 December 2022]).
3. Public Health England. NDTMS. [Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020](#). [Accessed 26 May 2023]

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Risk factors for substance misuse in young people

Adverse Childhood Experiences (ACEs) are highly stressful events or situations that occur during childhood and/or adolescence. A child's economic status, family history, and the kind of community they grow up in all come into play. ACEs can affect a child's ability to recognise and manage emotions; make it difficult to make and keep healthy friendships and relationships; manage their behaviour in school settings, This can thus impact on a young person's self-worth and mental health resilience and ultimately lead to risk taking behaviours including substance misuse.

Below are some of the factors that make a child more likely to experience an ACE taken from Office for Health Improvement & Disparities. Public Health Profiles:-

Indicator	Period	Chesh East			Region		England			Best/ Highest
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	➡	-	66.1%	61.7%	65.2%	53.1%		80.0%	
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2021	➡	-	2.0%	4.9%	4.7%	14.7%		0.0%	
Mean score of the 14 WEMWBS statements at age 15 (Persons, 15 yrs)	2014/15	—	-	48.0	47.8	47.6	45.4		48.9	
Percentage with 3 or more risky behaviours at age 15 (Persons, 15 yrs)	2014/15	—	-	15.2%	16.9%	15.9%	23.8%		3.2%	
Looked after children aged 10-15 (Persons, 10-15 yrs)	2021	➡	223	82.5	112.2	76.9*	243.3		21.6	
Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 yrs)	2021/22	➡	60	36.0%	33.0%	37.0%	64.0%		16.0%	
Children leaving care: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017/18	➡	146	19.3	29.9	25.2	9.3		160.6	
Children entering the youth justice system (10-17 yrs) (Persons, 10-17 yrs)	2020/21	⬇	161	1.6*	2.4	2.8	5.7		1.1	
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	—	-	24.1*	32.5	30.8	12.3		45.2	

For more detailed information on these factors, please look at other JSNA chapters: Poverty; Children and Young People's Mental Health; Cared for Children and care leavers, Child maltreatment and Domestic abuse.

Appendix B - Estimated prevalence

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Estimated prevalence of alcohol misuse and opiate or crack cocaine use - adults

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use

Definition: Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and **England only**.

Definition: The estimated number of adults with an alcohol dependency. Monitored by local authority, England only. [additional OHID supporting measure]

Cheshire East Opiate and Crack Use (OCU)

Numbers engaged in Treatment (2021/22)¹ 860 (62%)

Estimated OCU use³ 1,398

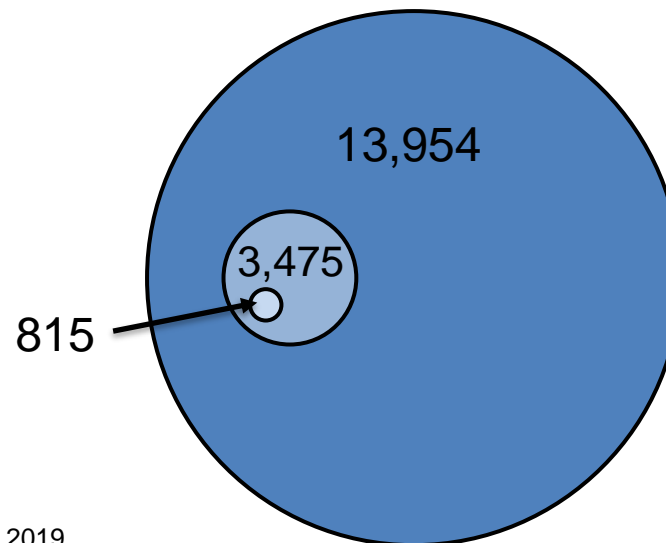
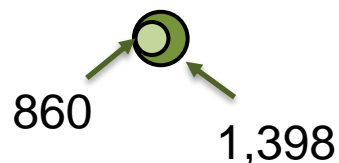
Cheshire East Dependent and Harmful Drinkers

Numbers engaged in Treatment (2021/22)² 815* (23.5%)

Estimated number of 'Dependent' drinkers⁴ 3,475

Estimated number of 'Higher Risk' drinkers⁵ 13,954

The infographic indicates that a high proportion of those expected to have a substance misuse issue involving opiates or crack cocaine (OCU) are engaged with treatment services. This is not, however, the case for alcohol.



For definitions of harmful and dependent drinking, see [Appendix I](#)

There are estimated to be 743 parents in Cheshire East who are dependent drinkers (493 males and 250 females)⁶.

Note: * includes alcohol and alcohol and non-opiate service users.

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data
2. OHID, Adult Alcohol Commissioning Support Pack: 2023-24: Key Data
3. 2016/17, Estimates of Opiate and Crack Cocaine Prevalence, Liverpool John Moores University, PHE, 2019
4. 2018/19, Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment, University of Sheffield
5. Local Alcohol Profiles, Topography of drinking behaviours, Liverpool John Moores University, 2011, applied to mid-2020 population aged 16+
6. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

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Unmet need – alcohol and opiate and crack cocaine (OCU) treatment

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use

Definition: Unmet need for OCU treatment, based on a comparison of the opiate and crack use prevalence and numbers in treatment measures. **England only.**

Definition: Unmet need for alcohol treatment, based on a comparison of the alcohol prevalence and numbers in treatment measures. **England only.**

- Unmet need for OCU is estimated at 38% and unmet need for alcohol as 77%.^{1,2}
- Unmet need for parents with an alcohol issue in Cheshire East is estimated to be 81%. It is not possible to produce a local estimate for parents who are OCU, but national estimates suggest that it is 2 per 1000 population³.

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data

2. OHID, Adult Alcohol Commissioning Support Pack: 2023-24: Key Data

3. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

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Estimated drug use in children aged 11-15 years old

From Harm to Hope: a 10-year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use

Definition: Proportion of pupils aged 11-15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity)

- **In 2021, 18% of young people aged 11-15 reported that they had ever taken drugs¹.** The figure was 17% for boys and 19% for girls. Prevalence increased with age so that 9% of 11-year-old boys and 5% of 11-year-old girls said that they had ever taken drugs; rising to 30% and 34% respectively for 15-year-olds.
- 12% (11% of boys and 13% of girls) had taken drugs in the last year and 6% had taken drugs in the last month - this was the same for both boys and girls.
- Of young people who had taken drugs in the last year, 5.6% had taken cannabis, 1.9% had taken stimulants, 1.6% psychedelics, 3.2% had taken psychoactive substances (made up of 1.8% Nitrous Oxide and 1.7% of drugs formerly known as legal highs and 2.4% had taken Class A drugs*).
- If these figures are applied to the population of Cheshire East, then this would mean that approximately 1100 boys and approximately 1233 girls had taken drugs in the past year.

*See [Appendix I](#)

1. Smoking, Drinking and Drug Use among Young People in England, 2021, [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](#) [accessed 24 January 2023]

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Estimated prevalence of alcohol misuse - young people

Trading Standards Northwest survey – Cheshire East findings

Every 2 years since 2005 Trading Standards in the Northwest have conducted a survey of 14- to 17- year-olds. The most recent survey was undertaken between November 2022 and the end of February 2023. In total there were 13,981 responses, with 841 from Cheshire East. The survey asked questions in relation to attitudes towards alcohol, smoking, vaping, shisha, knife crime and ID/legislation.

The key findings in relation to attitudes towards alcohol in Cheshire East are:

- More than half of the young people questioned view drinking alcohol as normal and fun, and more than 2 in 5 are not worried about the long-term health effects of drinking.
- The percentage of young people in Cheshire East who claim to drink alcohol at least once a week has remained at similar levels for the last 7-8 years. 6% drink alcohol once a week and a further 6% drink twice a week or more.
- Binge drinking in those who consume alcohol remains low at 7%.
- The prevalence of drinking alcohol is lower among the youngest respondents and those whose ethnicity is not white British.
- Young people were asked where they mostly drink alcohol (multiple responses allowed). The top 3 responses are at home with parents (73%), functions/special occasions (45%) and at a friend's house with parents in (37%). One in five drink outside (streets, parks, etc.).
- There has been a large increase in the percentage of under-age drinkers claiming to buy alcohol for themselves at 27%, compared to 16% in the previous survey in 2020. Young people get alcohol from parents/guardians (76%) followed by shops (18%).
- There is generally a good understanding of the law around alcohol among young people in Cheshire East, but 35% still did not believe that it was an offence for people under the age of 18 to attempt to buy alcohol.






Source: Mustard 2023, Evaluating the changing attitudes and behaviour towards drinking, smoking, vaping and knives amongst 14-17 year olds in the North West of England – Cheshire East Report.

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What about youth (WAY) survey 2014/15

Indicator	Period	Chesh East			Your area list	England	England		
		Recent Trend	Count	Value			Worst	Range	Best
Percentage who have been drunk in the last 4 weeks at age 15 (Persons, 15 yrs)	2014/15	–	-	19.1%	-	14.6%	27.0%		
Percentage who have ever had an alcoholic drink at age 15 (Persons, 15 yrs)	2014/15	–	-	73.3%	-	62.4%	77.6%		
Percentage who have taken drugs (excluding cannabis) in the last month at age 15 (Persons, 15 yrs)	2014/15	–	-	0.2%	-	0.9%	4.2%		0.1%
Percentage who have ever tried cannabis at age 15 (Persons, 15 yrs)	2014/15	–	-	9.9%	-	10.7%	24.2%		4.9%
Percentage who have taken cannabis in the last month at age 15 (Persons, 15 yrs)	2014/15	–	-	3.1%	-	4.6%	14.4%		1.6%

The WAY survey still provides useful information about young people’s use of substances. Cheshire East performed particularly badly in the alcohol indicators, with the proportion of 15-year-olds who had ever had an alcoholic drink or been drunk in the past 4 weeks both significantly higher than the England average. The fact that Cheshire East continues to have high admission rates for alcohol-specific conditions among under 18-year-olds suggests that these issues persist.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from:
<https://fingertips.phe.org.uk> © Crown copyright 2023.
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#) [accessed 20th February 2023]

Estimated drug use by type of drug

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use

Definition: Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required)

According to the National Crime Survey for England and Wales¹, 7.6% of 16–74-year-olds have used drugs in the past year (April 2019 to March 2020).

- This equates to nearly 21,000 people living in Cheshire East (ONS mid-2020 population estimates). Nearly 7,000 of these were aged 16-24.
- **Cannabis was the most used drug** among 16–59-year-olds, followed by **powder cocaine, ecstasy and ketamine**.
- **The pattern for 16–24-year-olds was similar, but with nitrous oxide the most popular choice after cannabis.**
- The dangers of nitrous oxide were recently highlighted in a joint letter from the National Police Chiefs Council and the Office for Health Inequalities and Disparities (OHID). There is particular concern that the availability of larger canisters is causing greater harm, particularly due to effects on the nervous system, which can be permanent². The government has since announced plans to make possession of nitrous oxide a criminal offence³.

1. National Crime Survey for England and Wales, [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) [accessed 20 March 2023]

2. Office for Health Improvement and Disparities (OHID) and National Police Chiefs Council (NPCC), December 2022, joint letter to Police and Crime Commissioners, Chief Constables and Directors of Public Health

3. [Nitrous oxide: Possession of laughing gas to be criminal offence - BBC News](#) [accessed 23 May 2023]

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Appendix C - Substance misuse and crime

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Drug related crime

From Harm to Hope: a 10-year drugs plan to cut crime and save lives National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug-related crime:

Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is 'drug-related' if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds; drug related. England and Wales.

Drug-related homicide

Drug use is a factor in half of all homicides¹. However, Holland *et al* (2022) point out that this “implies causation” yet, “in most cases, the victim or perpetrator was known to use or deal drugs, sometimes recently”². For the year April 2021 to March 2022, 2 homicides were recorded in Cheshire Constabulary area. An equivalent figure for Cheshire East cannot be provided³. In England and Wales, 52% of homicides involved drug users or dealers or were related to drugs in some way.

1. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#) [accessed 20 February 2023]

2. Holland, A. *et al* (2022), Analysis of the UK government's 10 year drugs strategy – a resource for practitioners and policy makers, Journal of Public Health, pp. 1-10, [Analysis of the UK Government's 10-Year Drugs Strategy—a resource for practitioners and policymakers \(silverchair.com\)](#) [accessed 19 January 2023]

3. Homicide in England and Wales year ending March 2022. [Appendix tables: homicide in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) [accessed 20 February 2023]

Drug related crime in Cheshire East

From Harm to Hope: a 10-year drugs plan to cut crime and save lives

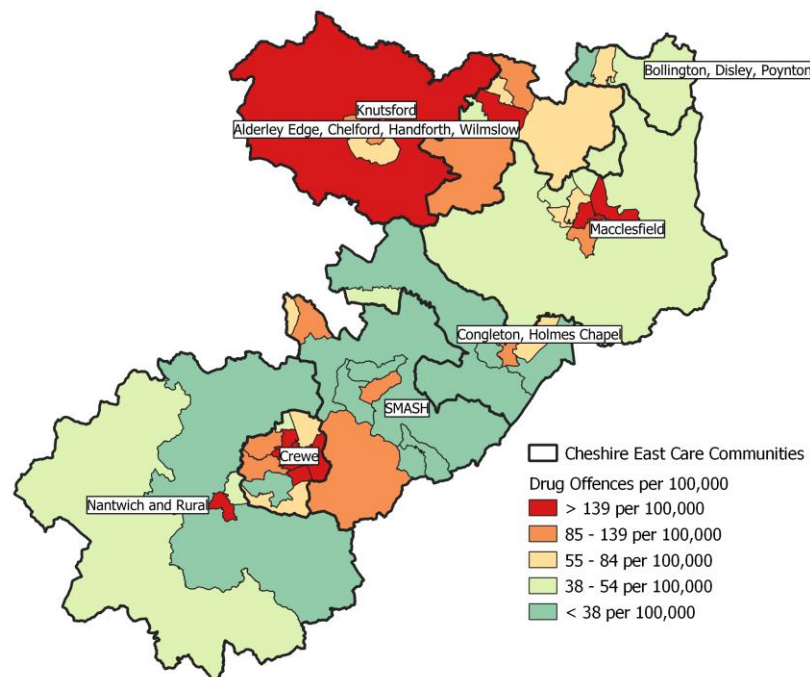
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug-related crime

Definition: Neighbourhood crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person

Definition: Police recorded trafficking of drugs and possession of drugs offences. Monitored by adult/juvenile national and police force area. **England and Wales.**

Cheshire East Drug Offences, September 2019-August 2022, Rate per 100,000



Cheshire East Council Public Health Intelligence Team. © Crown Copyright and database right 2022. Ordnance Survey data 100049045

Whilst it is possible to map neighbourhood crime, it is not possible to identify which crimes are drug related.

Instead, we have mapped drug offences per 100,000 population from data.police.uk ([Police API Documentation](#) | [data.police.uk](#)), but this is only a small proportion of drug related crime as described above. A drug offence is a recorded crime for possession or trafficking of an illegal drug.

In 2021/22 451 drug offence incidents were recorded in Cheshire East. The majority (77%) involved cannabis. 19% of incidents were classed as trafficking in controlled drugs and 81% as possession¹.

1. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East

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Organised Crime Groups (OCGs)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug supply

Definition: Number of moderate and major drug disruptions against organised criminals. Major: Significant disruptive impact on an OCG, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat.

- An organised crime group (OCG) is defined as “individuals, normally working with others, with the capacity and capability to commit serious crime on a continuing basis”. A serious crime is defined by Section 93(4) of the Police Act 1997 as “crime that involves the use of violence, results in substantial financial gain or is conducted by a large number of persons in pursuit of a common purpose”¹.
- This type of crime would normally carry a sentence of at least three years for an adult.
- As of March 2022, **Cheshire Constabulary was managing 54 active OCGs, nine of these were believed to be having an impact on Cheshire East.** Drugs are central to a number of these OCGs, with heroin and crack cocaine being the main focus. OCGs involved in drug crime control the operation of county lines.
- **Ten businesses in Cheshire East were known to be linked to the operation of OCGs.**

¹ Cheshire Constabulary, Serious and Organised Crime Profile 2021/22, Cheshire East

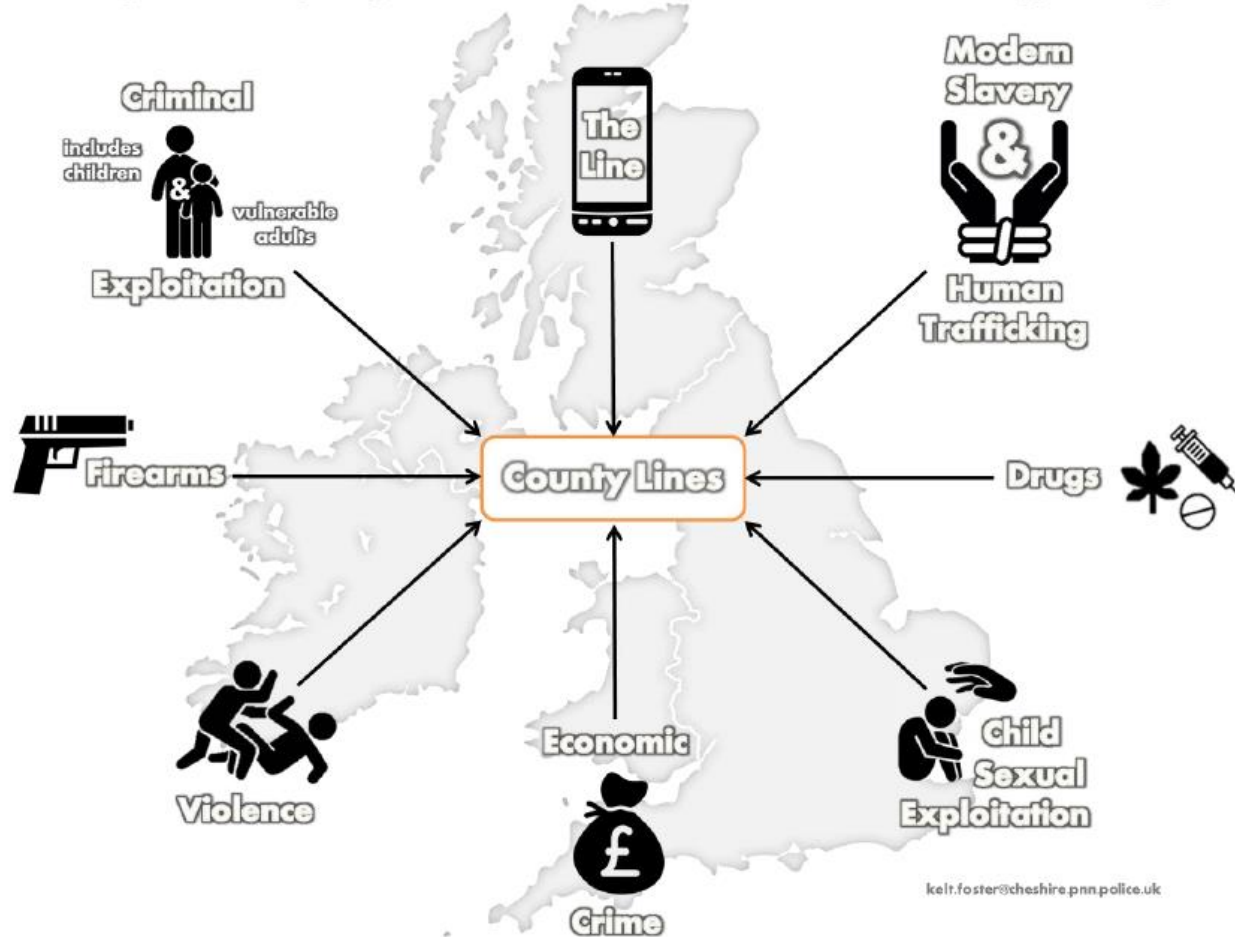
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County Lines

'County Lines' is not solely a drugs issue as it cross cuts a number of other thematic areas and crime types, including:



“County Lines is a term used to describe **gangs and organised criminal networks** involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of ‘deal line’. A line is defined as a branded team using **a specific telephone number to arrange the sale of drugs**. The controller of this phone will generally sit remotely away from the force area it is operating in.”¹

1. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East. Diagram reproduced with the kind permission of Cheshire Constabulary.

County Lines in Cheshire East

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing supply

Definition: Number of county lines closed through the County Lines Programme. **England only.**

- **As of March 2022, Cheshire had mapped 66 county lines teams. 17 of these were seen to be having an impact on Cheshire East.**
- Cheshire is seen as an “importer” of county lines, with most of the lines originating in Manchester and Merseyside. The county lines mainly deal in heroin and crack cocaine and would expect to earn £1000-£2000 per day.
- County lines gangs exploit vulnerable adults and children.
- Four of the county lines gangs mapped by Cheshire and operating in Cheshire East had links to child criminal exploitation (CCE), as well as an additional five mapped by other forces.
- In 2021/2022, Cheshire Constabulary made 33 referrals of vulnerable adults exploited by county lines – so called “cuckooing” - to other agencies.

Source: Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East

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Cheshire Youth Justice Services (YJS)

- In a recent health needs assessment¹ (completed March 2023), Cheshire Youth Justice Services (YJS) found that higher proportions of young people they engaged with had ever used or were currently using drugs and/or alcohol when compared to national averages. For example, 70.4% of 11–15-year-olds in a sample of statutory cases had ever used drugs compared to a national prevalence of 24.0% for this age group.
- Among statutory cases in young people aged 10-18 years it was also found that they were more likely to have ever used (79.0%) or currently used (58.0%) drugs when compared with alcohol (45.4% & 30.3% respectively). Of those who currently used drugs, mixed drug use* (56.5%) and cannabis alone (43.5%) were found to be the most prevalent.
- Additionally, their qualitative research involving engagement with stakeholders supported these conclusions. Concerns were raised about the increased prevalence of cannabis use among young people entering the criminal justice system and the associated negative impact on their physical health, mental health, communication and relationships. Also highlighted was their increased risk of criminal exploitation (including county lines involvement).
- The assessment highlights that some young people are not getting the support they need (including with substance misuse) until they have offended and entered the criminal justice system. Earlier interventions could have prevented them from getting to the point of offending in the first place and so improved their life chances.

*See [Appendix I](#)

Note: The health needs assessment referred to covered Cheshire East, Cheshire West & Chester, Halton, and Warrington.

1. Public Health Institute, Liverpool John Moores University. Cheshire Youth Justice Services Health Needs Assessment – full technical report (March 2023)

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Substance misuse and prisons



There are three overlapping prison cohorts – those imprisoned for drug offences, those using drugs while in prison and those in prison-based drug treatment (see diagram left)¹. Not all of those imprisoned for drug offences are drug users.

Many of those in prison-based drug treatment are serving sentences of less than six months. These shorter sentences are typically given for offences such as shoplifting and burglary, which are commonly committed to fund a drug habit. Many of these people become locked into a cycle of crime and intermittent prison-based drug treatment and then fail to engage with or are not eligible for structured treatment on release¹.

According to the Black Report, there was a fall in positive drugs tests in prisons between 1999 and 2015, but positive tests have increased again since 2015 with approximately 10% of prisoners testing positive for drugs. The most commonly detected drugs are cannabinoids and opioids¹. A 2017/18 prison drug survey found that 42% of men and 28% of women entering prison had a drug problem. In addition, 13% of men and 8% of women developed a drug problem while in prison, although there is no detail about the nature of the problem or whether the respondents had a previous history of drug use¹.

1.Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]

HM Prison and Probation Service

Health and Justice Partnership Coordinators (HJPCs) work strategically to support access to appropriate support and treatment once someone is released from prison. The HJPCs build connections between commissioners and providers across substance misuse and mental health services in the community to ensure clear pathways into treatment are in place for all offenders leaving prison. This includes those with coexisting needs.¹

Substance misuse related priorities from the Health & Justice Partnership Coordinators/Managers Strategic Framework 2023/24²:

- We will increase the percentage of prison leavers who have an ongoing substance misuse treatment need to access community services within 3 weeks of release.
- We will work with probation colleagues and substance misuse partners to increase the number of Drug Rehabilitation Requirements (DRRs).
- We will proactively engage with Combatting Drugs Partnerships (CDP) to support the delivery of the 10-Year Drugs Strategy at a local level.
- We will support people on probation to access and engage with substance misuse and health services in the community to reduce health inequalities.

National targets²:

- Improve the percentage of prison leavers who have an ongoing substance misuse treatment need to engage with community treatment providers within 3 weeks of release. Ambition 75%.
- Increase the number of people who are sentenced to a DRR, reaching the volume targets set in each region.

Probation services have prioritised substance misuse and mental health need and as of March 2023 were working with 179 individuals in Cheshire East with an index offence relating to alcohol or drugs (15.4% of total caseload).¹ It is important to note, however, that substance misuse may be a feature of other offences, such as violence, some offences (e.g. burglary) may be committed to fund substance misuse, and individuals with index offences unrelated to drugs or alcohol may have a substance misuse need.

¹ Information received from David Teese, HM Prisons and Probation, 28th April 2023

² Health & Justice Partnership Coordinators/Managers Strategic Framework 2023/24. HM Prison & Probation Service

Appendix D - Services to support people affected by substance misuse and wider challenges

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Cheshire East services and advice for people experiencing substance misuse

Substance misuse service asset mapping

Substance misuse specific 'assets' such as specialist treatment services should be seen in conjunction with wider community assets including libraries, faith organisations, sports groups and parks etc. Participation in positive social networks or relationships enhance and improve recovery outcomes. These relationships can come from the workplace, volunteering, leisure-time groups, peer support, mutual aid, mentors, friends and families.

Livewell Cheshire East brings together information about service offer and location in an online mapping tool: <https://www.cheshireeast.gov.uk/livewell/livewell.aspx>

Residents and service providers can search the directory to find information by topic or location. In addition, it is possible to search the directory for wider community assets in a particular community/neighbourhood. We are encouraging providers to continue to add and amend to their listings to build a complete picture of the assets within communities.

Alcohol misuse specific assets: [Alcohol \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

Signposts to NHS alcohol support pages.

Drug and substance misuse specific assets: [Drug and substance misuse \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

Current drug and alcohol misuse services are provided by [Change Grow Live](#) (CGL) which is a health and social care charity that works with individuals who want to change their lives for the better and achieve positive and life affirming goals.

[Reach Out and Recover](#) (ROAR), based in Macclesfield, provides 24-month residential support for people struggling with addiction and other issues.

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Cheshire and Merseyside (CHaMPS) activity to support people experiencing substance misuse

Alcohol harm reduction is a priority for Cheshire and Merseyside Health Care Partnership and for every Health and Wellbeing Board in Cheshire and Merseyside. The work is led by the Cheshire and Merseyside Alcohol Prevention Board and their priorities are:

1. **Implementation of the national pathway for alcohol care and the standards** for Alcohol Care Teams (ACTs) across Cheshire and Merseyside, to reduce unwarranted variation and drive-up standards in alcohol care.
2. Establishment of a common **Acute Alcohol Competency Programme** to improve workforce alcohol-prevention capabilities, within Alcohol Care Teams and beyond.
3. Creation of a Cheshire & Merseyside **alcohol harm-reduction dashboard** to identify variation in key metrics across the area and enable the targeting of activities to reduce unwarranted variation.
4. **Strengthening alcohol IBA (Identification and Brief Advice)** activities to promote early detection of harmful drinking levels and Alcohol Related Liver Disease, enabling early treatment and prevention of cirrhosis.
5. Building on recent NIHR-funded modelling research to advocate for the introduction of **alcohol minimum unit pricing** (MUP) across Cheshire and Merseyside.

Services provided by Change Grow Live (CGL) in Cheshire East

- Integrated Adult and Young Peoples Drug and Alcohol Service
- Criminal justice teams
- Lift Project - assists males leaving Altcourse prison to access services and supported accommodation in Cheshire East (subject to criteria being met)
- Psychosocial interventions
- Medical interventions, including community and inpatient detox
- Access to rehab
- Group work
- Volunteering / service user forum / building communities
- Employment / training work (including referrals to the [New Leaf Program](#))
- Recovery support
- Liaise with supported housing
- Harm reduction
- Needle exchange
- Blood borne virus (BBV) screening and treatment
- Naloxone distribution (Naloxone reverses the effects of opioid overdose)

Data Source: information provided by Change Grow Live (CGL), <https://www.changegrowlive.org/>

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Services provided for young people by Change Grow Live (CGL) in Cheshire East

- Offer a **detailed training course to teachers and school staff** and other professionals working with children and young people, including Child and Adolescent Mental Health Services (CAMHS), Social Care, Youth Offending Team, hospitals, youth services and organisations such as the Scouts. This has enabled children and young people who are affected by substance use to be **identified and signposted to the Young Persons (YP) service**. This has also increased awareness of children affected by someone else's substance use leading to referral to CGL's **Hidden Harm Service**.
- Work with **schools to deliver age-appropriate education and awareness sessions** which include drug and alcohol awareness, the effects of substances on the body, the risks associated with substances and the law, including drug categories.
- Have developed **drug and alcohol awareness sessions suitable for primary school children** in years 5 and 6 (10-11- year-olds)
- Provide **parents awareness sessions** to inform parents about the education provided to support their children.
- Have **training sessions to support secondary schools with Personal, Social, Health and Economic (PSHE) lessons**.
- Have developed **shorter focused group work** to support schools with smaller groups of young people. These sessions are developed to the needs of the individuals, typically focusing on a specific drug each session. Sessions have looked at vaping, ketamine, cocaine, heroin, cannabis and alcohol and explore substances in a greater detail, supporting young people to access the YP service when required.
- Have a **Child Exploitation Worker**, who may also attend these sessions to raise awareness and identify anyone who requires individual focused support in relation to exploitation.
- Work within **Crewe, Macclesfield and Reaseheath College (Nantwich)**, providing drug and alcohol awareness training sessions and regular drop-in sessions for staff and young people.
- Provide focused work to school **6th forms** around keeping safe at festivals.
- Attend **community events, summer festivals and Pride events** to provide awareness and support.

Data Source: information provided by Helen Richards, Quality Lead, Change Grow Live (CGL)

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Appendix E - Substance misuse treatment and service delivery

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Cost of substance misuse and funding of services

- During the 2000s national funding for substance misuse treatment increased substantially, from around £50 million to around £500 million. However, in 2015 substance misuse services were transferred from the NHS to local authorities, with funding coming from the Public Health ring-fenced grant. This was linked to a large reduction in funding¹.
- The cost of substance misuse treatment has remained relatively constant against a backdrop of increasing opiate and crack cocaine use. This means that whilst prevalence is increasing, fewer people can access treatment, leading to an increase in unmet need¹.
- New government funding – as part of the 'From harm to hope' combating drugs programme - is designed to redress the balance but it remains to be seen whether this will be adequate².

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]
2. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#) [accessed 20 February 2023]

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Misuse of prescription drugs and club drug use by residents presenting for treatment

Prescription and over the counter medication

The table below shows the proportion of new presentations to drug treatment services who misuse prescription only medication (POM) or over the counter (OTC) medications.

No illicit use indicates that these are the only drugs they misuse whereas illicit use indicates that they use them alongside other drugs.

16% of people presenting to drug services misused OTC or POM medication during 2021-22.

Table 8.19.1 Number of adults in drug treatment citing POM/OTC use, for Cheshire East and England, 2021-22.

POM/OTC Use	Local (n)	Proportion of treatment population	Male (n)	Female (n)	England (n)	Proportion of treatment population
Illicit use	104	10%	66	38	18,814	9%
No illicit use	59	6%	34	25	8,081	4%

Club drug use

Very few new presentations to treatment services cite club drugs as their main substance. Of those who do, the main drugs of choice are ketamine and ecstasy. Most club drug users use these substances intermittently and do not require drug treatment services¹. Club drug use is also more prominent in the under 30 age group. This does not mean, however, that these drugs do not cause harm.

Data Source: OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]

Variation by protected characteristic – age and sex

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- During 2021-2022, there were 730 opiate service users, 319 non-opiate service users and 217 alcohol service users in treatment in Cheshire East¹.
- 47 of these were under the age of 18 and an additional 33 were adults engaged with young people's services².
- In Cheshire East in 2021/22, the highest proportion of people in drug treatment (36%) were aged 40-49, followed by 30–39-year-olds (32%). A higher proportion (36%) of the female treatment population was in this age bracket. A much smaller proportion was aged 60 and over (2%)³. Nationally, the highest proportion (17.2%) of the treatment population was aged 40-44, followed by 35-39 (15.9%)⁴.
- There is no local information by age and substance group, but nationally non-opiate and non-opiate and alcohol service users are, in general, younger, with 71.6% of non-opiate and 62.9% of non-opiate and alcohol service users aged 20-39⁴.
- In Cheshire East, the highest proportion (31%) of the alcohol treatment population was aged 40-49. Proportions by age are similar for males and females and the pattern by age is similar to England⁵.
- In 2021/22 55% of the alcohol treatment population and 69% of the drug treatment population in Cheshire East was male - 61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate^{5,3}. In England, 58% of alcohol service users, 72% of opiate service users and 70% of non-opiate and alcohol service users were male^{4,5}.

1. NDTMS Cheshire East DOMES Executive Summary Q2 2022-23

2. NDTMS YP Executive Summary 2022-23 Q2

3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

4. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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Variation by protected characteristic - ethnicity

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021-22, 87% of new presentations to treatment were white British, 3% were white (other) and 1% white and black Caribbean. However, 2% did not give their ethnicity and for a further 5% it was unknown¹.
- New presentations to alcohol treatment in Cheshire East were more likely to be white British (89%), with 6% giving their ethnicity as 'other white' and 1% as 'white Irish'; 3% was 'unknown'².
- Nationally, 82.6% of people in treatment were white British. 4.3% gave their ethnicity as 'other white', 1.3% as 'Indian', 1.2% as 'white Irish', 1.1% as 'white and black Caribbean' and another 1.1% as Caribbean. The ethnicity profile was similar across all drug types except non-opiates, where service users were slightly less likely (78%) to be white British. Here, the ethnicities of 'other white' (4%), 'white and black Caribbean' (1.9%), 'Caribbean' (2.1%), 'Pakistani' (1.3%), African (1.5%), 'other mixed' (1.4%) and 'other black' (1.3%) were all greater than 1%³. Nationally, 82% of those presenting to alcohol treatment were 'white British', 5% were 'other white' and 2% were 'Indian'².

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data

2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

3. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

3. 2021 Census. [Disability in England and Wales, 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/disabilityandlongtermhealth/disabilityinenglandandwales)

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Variation by protected characteristic - religion

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 59% of new presentations to drug treatment had no religion, 10% were Christian and 2% were other. There was a high proportion (28%) of missing or unknown/inconsistent responses. For new presentations to drug treatment nationally, 60% stated that they had no religion, 19% were Christian, 3% other and 1% Sikh; 11% of responses were missing or 'unknown/inconsistent'¹.
- Nationally, 60% of all drug treatment service users had no religion, 21.9% gave their religion as Christian and 2.5% as Muslim. A slightly higher proportion of opiate and non-opiate users were Muslim (3.9% in both cases), and a slightly higher proportion of alcohol service users (25%) were Christian².
- In Cheshire East in 2021/22, 60% of new presentations to alcohol treatment said that they had no religion; 15% were Christian and 1% 'other' but 23% of responses were unknown or missing. Nationally, 57% had no religion, 25% were Christian, 3% 'other', 1% Muslim and 1% Sikh and 9% of responses were unknown or missing³.

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data

2. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

3. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

Variation by protected characteristic - disability

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 19% of new presentations to drug treatment stated that they had a disability; this compares to 29% nationally. However, for 17% of Cheshire East responses it was either not stated or missing¹. In Cheshire East in 2021/22, 21% of new presentations to alcohol treatment stated that they had a disability, compared to 29% nationally. The response was not stated or missing for 10%².
- Nationally, 28.8% of service users stated that they had a disability, which is higher than the 17.7% who classed themselves as disabled at the 2021 Census^{3,4}. For service users, behaviour and emotional (15.5%) was the most reported disability, followed by mobility and gross motor (5.9%), progressive conditions and physical health (5.3%) and learning disability (3.1%). These proportions were similar across substance groups, with a slightly higher proportion (17.8%) of the non-opiate and alcohol group reporting behavioural and emotional problems³.

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data

2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

3. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

2021 Census. [Disability in England and Wales, 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/disabilityandlongtermhealth/bulletins/disabilityinenglandandwales/2021)

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Variation by protected characteristic - sexuality

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 74% of new presentations to drug treatment stated that they were 'heterosexual', 2% were gay or lesbian and a further 2% bisexual; 21% of responses were not stated or missing/inconsistent. Nationally, 85% were heterosexual, 3% gay or lesbian and 3% bisexual but there was a smaller percentage of missing responses¹.
- Nationally, 90.5% of all those in drug treatment gave their sexual orientation as heterosexual, 2.9% as gay or lesbian and 2.3% as bisexual. Lower proportions of non-opiate and non-opiate and alcohol service users stated that they were heterosexual – 87.6% and 89% respectively².
- In Cheshire East in 2021/22, 82% of new presentations to alcohol treatment gave their sexuality as heterosexual, 3% were gay or lesbian and 1% bisexual. 13% of responses were not stated or missing/inconsistent. Nationally, 88% of new presentations to alcohol treatment were heterosexual, 3% were gay or lesbian and 2% bisexual. 6% of responses were not stated or missing/inconsistent³.
- There is no information about substance misuse and gender reassignment.

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data

2. Adult substance misuse treatment statistics 2021-2022 <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022>

3. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

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Variation by protected characteristic – pregnancy and maternity

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 7% of new female presentations to drug treatment and a small proportion of new presentations to alcohol treatment were pregnant^{1,2}.
- Change Grow Live (CGL) provide services for pregnant people, but there are no services targeted specifically at those who are pregnant³.
- In Cheshire East in 2021/22, for new presentations to drug treatment living with children, 5% were in receipt of early help, 6% child in need, 14% had a child protection plan in place and 8% had a looked after child, but children can be in more than one category; 74% had no early help¹. For new presentations to alcohol treatment living with children in Cheshire East in 2021/22, 6% were open to early help, 9% to child in need, 10% had a child protection plan in place and 4% had a looked after child; 78% had no early help².

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data

2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

3. Information received from Gary Marshall, Service Manager, Change Grow Live (CGL)

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Service user employment status

Self-reported employment status at the start of drug and alcohol treatment (2021-22) - adults^{1&2}

Employment status at the start of treatment	Proportion of New Presentations to Treatment							
	Drugs (Cheshire East)		Drugs (National)		Alcohol (Cheshire East)		Alcohol (National)	
Regular employment	26%	106	24%	18,770	43%	182	37%	21,267
Unemployed/Economically inactive	54%	216	48%	36,723	46%	199	40%	22,690
Unpaid voluntary work	0%	0	0%	154	0%	0	0%	173
Long term sick or disabled	11%	45	20%	15,437	9%	38	18%	10,280
In education	0%	0	1%	747	0%	0	1%	365
Other	<5%	s	1%	722	<5%	s	1%	522
Missing / Incomplete	7%	30	5%	4,156	2%	7	3%	1,698



Evidence suggests that improving employment outcomes for drug and alcohol users is key to sustaining recovery. This requires improved multi-agency responses for example with Jobcentre Plus and Work Programme providers.

Data from the National Drug Treatment Monitoring System (NDTMS)^{1&2} indicates that more people in Cheshire East are in employment when they start treatment compared to the national average. The situation has changed slightly since 2015-16 data was presented on the previous JSNA when people starting treatment in Cheshire East were less likely to be in employment compared to the national average.

¹ Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
² Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: s = suppression



Service user housing status

Housing and homelessness – accommodation status at the start of drug and alcohol treatment (2021-22) – adults^{1&2}



Accommodation status at the start of treatment	Proportion of New Presentations to Treatment							
	Drugs (Cheshire East)		Drugs (National)		Alcohol (Cheshire East)		Alcohol (National)	
Urgent problem (NFA)	5%	21	7%	5,621	2%	10	2%	1,112
Housing problem	10%	39	13%	10,160	4%	15	7%	3,919
No housing problem	83%	333	76%	58,196	93%	396	87%	49,869
Other	0%	0	0%	38	0%	0	0%	2
Missing / Incomplete	2%	8	4%	2,694	2%	7	4%	2,093

NDTMS data shows that a smaller percentage have a housing need at the start of treatment in Cheshire East compared to the national average. Again, this is a change from the 2015-16 data presented in the previous JSNA when those in Cheshire East were more likely to have a housing need compared to the national figures.

In 2021/22, 6 service users used inpatient residential rehabilitation placements^{1,2}. [Reach Out and Recover \(ROAR\)](#) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues.

1 Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
2 Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: NFA = no fixed abode



Mental Health

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Improving drug recovery outcomes

Definition: Adults: the percentage of adults in treatment who reported a mental health need and received mental health treatment or interventions.

Adults in treatment identified as having a mental health need and receiving treatment for their mental health, for Cheshire East, 2021/22^{2,3}

Treatment type	% of new presentations - drugs	% of new presentations - alcohol
Already engaged*	17%	11%
GP	68%	85%
Health-based space**	1%	0%
NICE***	1%	1%
Engaged with IAPT****	2%	2%
Total	82%	93%

In 2021/22, 79% of service users entering drug treatment in Cheshire East were identified as having a mental health need; the equivalent proportion for England was 70%. In Cheshire East, 82% of those identified received treatment compared with 75% in England as a whole². For those entering alcohol treatment, the figures were 83% and 70% respectively, with 93% of these receiving treatment in Cheshire East and 83% in England³.

Most people receiving structured treatment who also have a mental health need accessed support via their GP.

Notes: some service users may be receiving more than one type of treatment.

*Already engaged with community mental health team or other service

** has an identified place in a health-based place of safety for mental health crises

*** receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health condition

****IAPT – [Improving Access to Psychological Therapies Program](#)

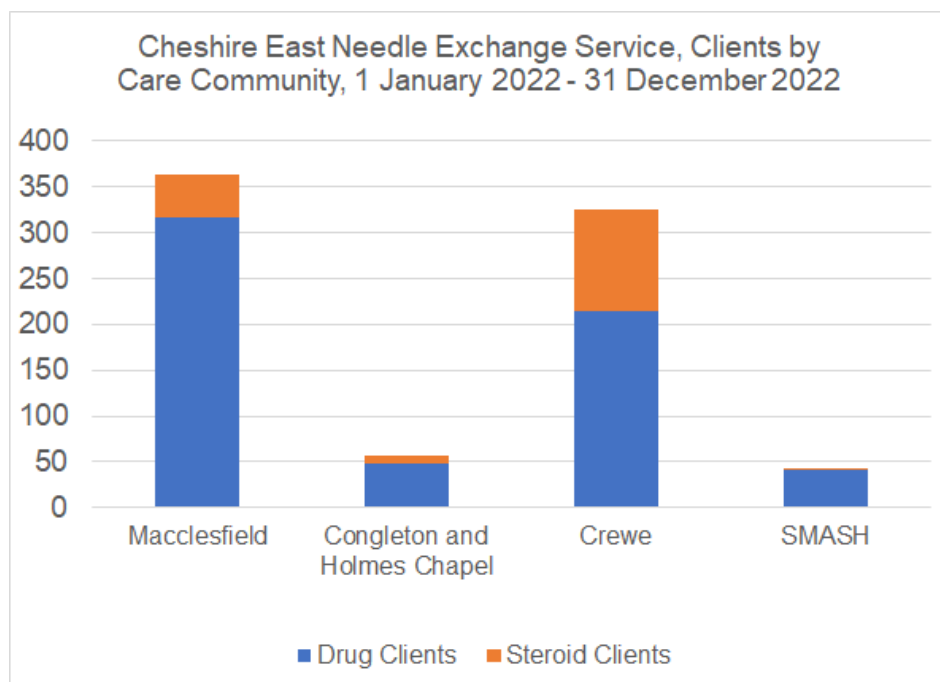
1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, p.90 [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]

2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

Needle and syringe (NSP) exchange

Cheshire East's Needle and Syringe Exchange Programme (NSP) is delivered through pharmacies and CGL, with CGL providing services in Macclesfield and Crewe and pharmacy provision in all Care Communities except Bollington, Disley and Poynton.



Service	All NSP Clients
CHE30386 Crewe Drug & Alcohol Service: CGL	179
CHE30387 Macclesfield Drug & Alcohol Service: CGL	12
CHE50022 Boots (2017) - Nantwich Swine Mkt	s*
CHE50175 Clear Pharmacy - Crewe	147
CHE50340 Andrews Pharmacy - Macclesfield	18
CHE50405 CGL Cheshire East NSPdirect	36
CHE50632 Rowlands (1534) - Oaklands, Middlewich	5
CHE50803 Boots (2039) - Sandbach High St	10
CHE50805 Mannings Chemist, Knutsford	s*
CHE50816 Well (224193) - Park Lane, Macclesfield	26
CHE50840 Assura (706) - Cohens Macclesfield	272
CHE50849 Peak Pharmacy, Macclesfield	s*
CHE50874 Alsager Pharmacy, Lawton Road, Stoke	27
CHE50876 Lloyds - Wilmslow (Branch: 7374)	s*
CHE50883 AJ Hodgson T/A London Road Pharmacy, Mac	33
CHE57006 Salus Pharmacy - Congleton	56
Grand Total	827

Notes: *s = suppressed. Only Care Communities with >5 service users are included in the graph

Data Source: IMS Needle and Syringe Programme Activity Workbook, PHI Monitoring Team, Public Health Institute, Liverpool John Moores University

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Young people in treatment

- In the year to September 2022, there were 58 young people in treatment in Cheshire East. Between April and September 2022, there were 24 new presentations. The majority were referred from Youth Justice Services (9) and Children and Family Services (7)¹.
- Of these, 84% had a planned exit from services, which is similar to the England average. Of the new presentations, 32% of service users were female and 68% were male. The majority were aged 15-17¹.
- 89% of service users had used cannabis, 38% alcohol, 13% cocaine and 15% other substances¹.

Note: Suppression may be applied where numbers are low

Appendix F- Recovery outcomes

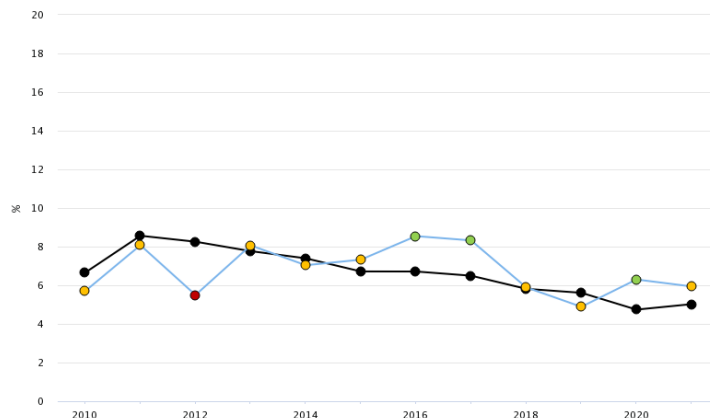
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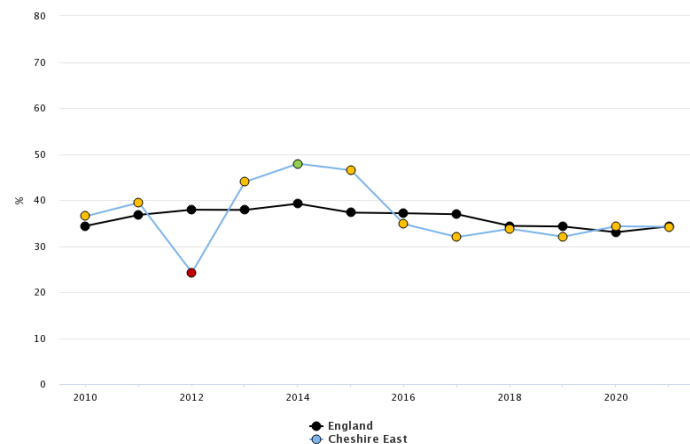
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Successful completion of drug treatment

Successful completion of drug treatment: opiate users for Cheshire East



Successful completion of drug treatment: non opiate users for Cheshire East



- In 2021, 43 (5.9%) opiate users successfully completed drug treatment. This is similar to the England and North West averages¹.
- In 2021, 109 (34.2%) non-opiate users successfully completed drug treatment. This is similar to the England and North West averages².

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 21 March 2023]

2. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 21 March 2023]

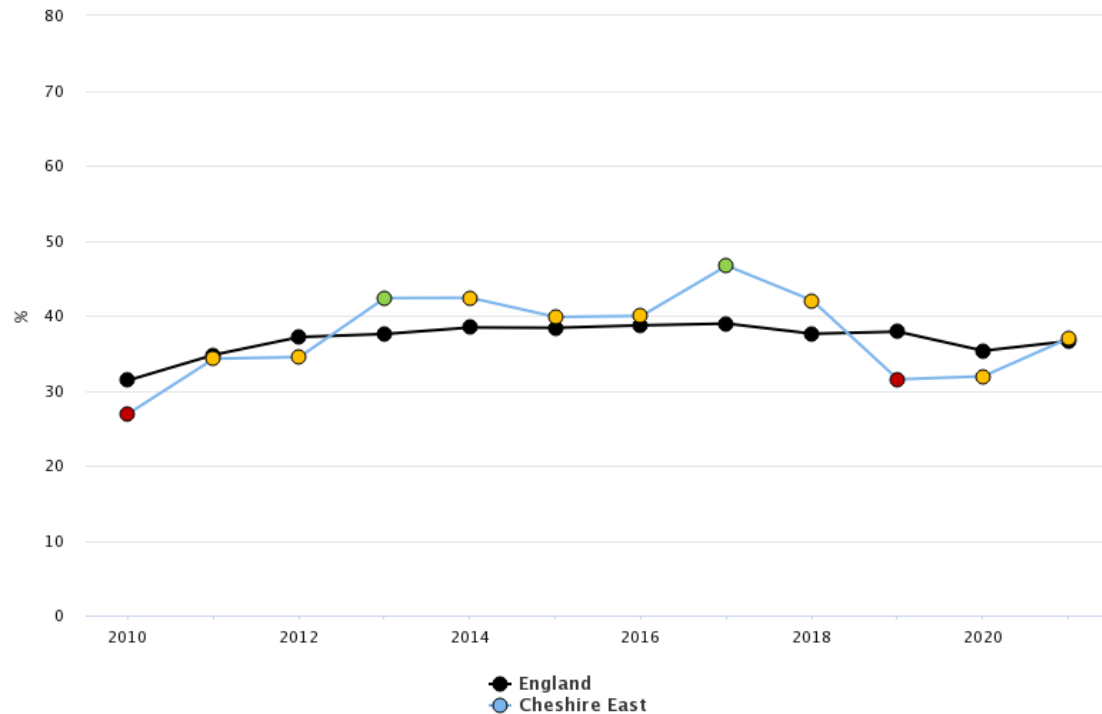
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Successful completion of alcohol treatment

Successful completion of alcohol treatment for Cheshire East



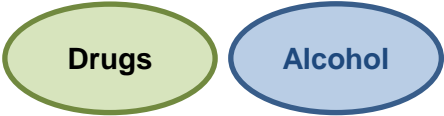
In 2021, 228 (37.0%) alcohol service users successfully completed treatment. This is similar to the England average of 36.6% but lower than the North West (40%)¹. Successful completions of alcohol treatment in Cheshire East have seen an increasing trend since 2010. The rate fell significantly below the England average in 2019, possibly representing the transition to a new provider but has since increased again.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) [accessed 21 March 2023]

Recovery outcomes at planned exit from treatment (2021-22) – adults

Accommodation status^{1&2}

	Proportion who no longer report a housing need	
	Drugs	Alcohol (n)
Cheshire East	67% (s)	67% (s)
National	83% (2,223)	81% (1,231)



The data shows that housing outcomes improve at planned exit from treatment, although for those in treatment in Cheshire East there is less improvement when compared to the national average.

Employment outcomes – alcohol^{1&2}

Employment	Cheshire East		England	
	Start	Planned exit	Start	Planned exit
Irregular (1-7 days)	2% (5)	<5% (s)	2% (581)	2% (496)
Part-time (8-15 days)	9% (18)	9% (19)	5% (1,571)	5% (1,460)
Full time (16+ days)	25% (52)	32% (66)	27% (7,679)	30% (8,691)
Not working	64% (131)	57% (118)	66% (18,890)	63% (18,074)

Employment outcomes in Cheshire East are also shown to improve over the period of treatment. The data indicates that these improvements are above the national average for those in full-time work at planned exit for both alcohol and drug treatment.

Employment outcomes – drugs^{1&2}

Employment	Cheshire East		England	
	Start	Planned exit	Start	Planned exit
Irregular (1-7 days)	<5% (s)	<5% (s)	2% (581)	2% (430)
Part-time (8-15 days)	7% (7)	7% (7)	5% (1,187)	5% (1,165)
Full time (16+ days)	27% (26)	36% (35)	24% (6,028)	29% (7,425)
Not working	64% (62)	54% (52)	69% (17,390)	64% (16,166)

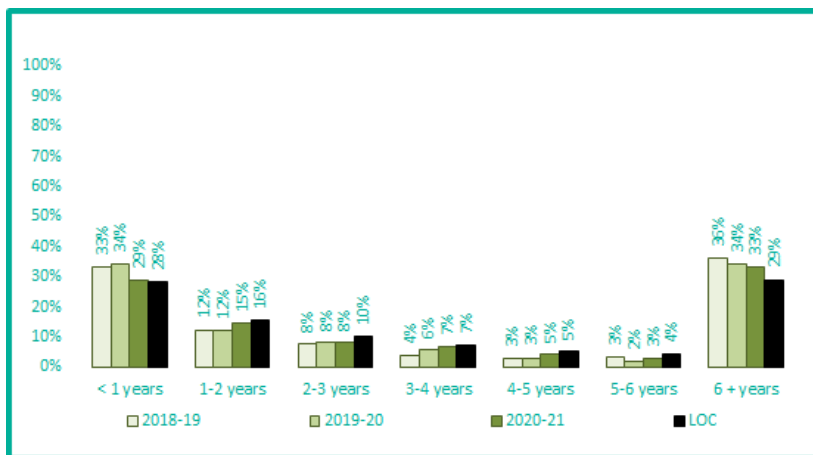
¹ Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
² Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: Suppression may be applied where numbers are low

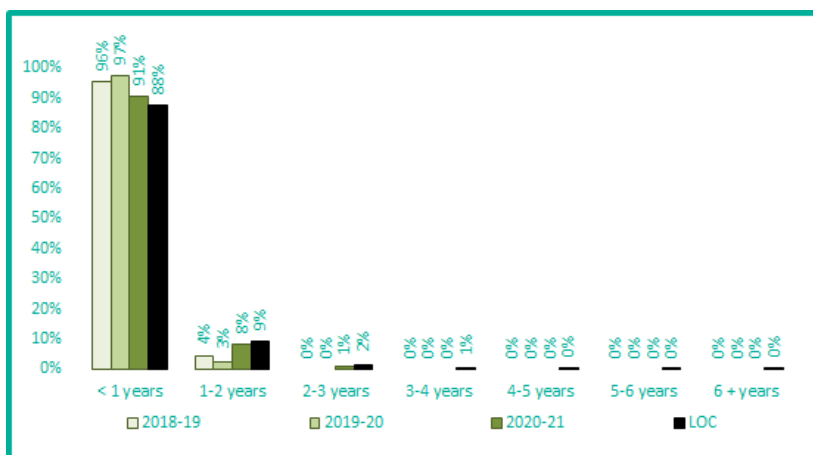


Length of time in treatment

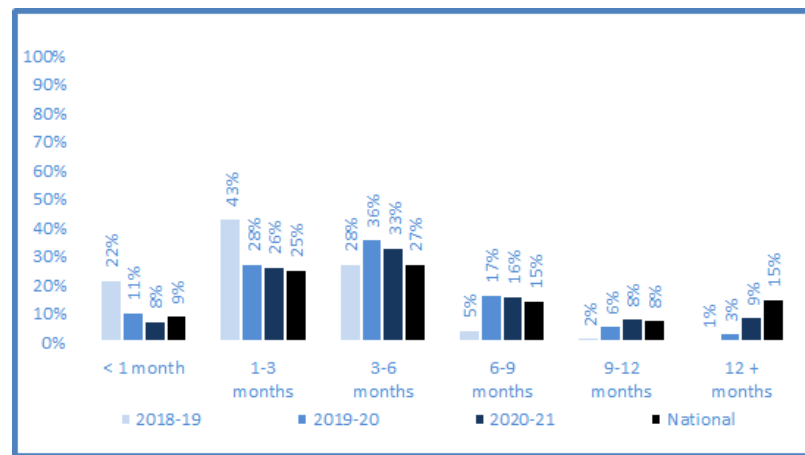
Opiate service users



Non-opiate service users



Alcohol service users



Service users who have been in treatment continuously for four years or more or who have long drug or treatment histories are more likely to remain in treatment. Sometimes, this is appropriate, for example, where the client has concurrent physical health problems (although these might be better met by primary care). Other service users may have started treatment with low levels of recovery capital or not have been challenged enough or received a sufficiently personal package of care.

In general, opiate service users remain in treatment longer than non-opiate service users and alcohol service users.

A typical treatment journey for an alcohol or non-opiate service user is less than 12 months, whereas opiate service users may remain in treatment for many years.

However, the proportion of service users with a length of time in treatment of 6 or more years has reduced over time.

Notes: LOC = Local Outcome Comparator. Each area will be compared to the 32 areas deemed most similar to them in terms of complexity. Non-opiate includes non-opiate and alcohol service users

Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

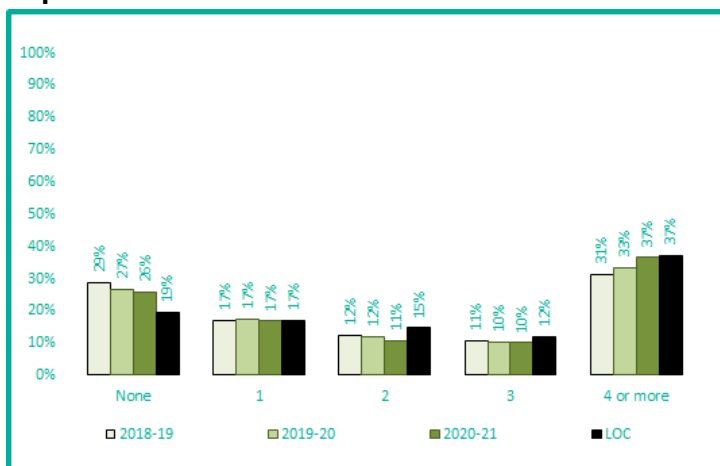
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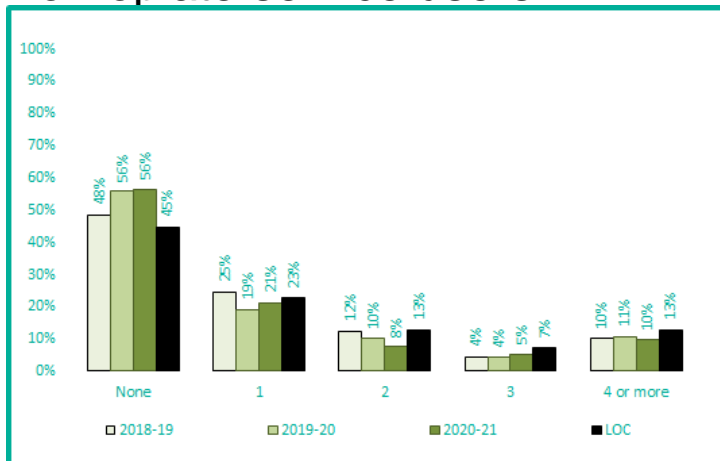
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Treatment journeys

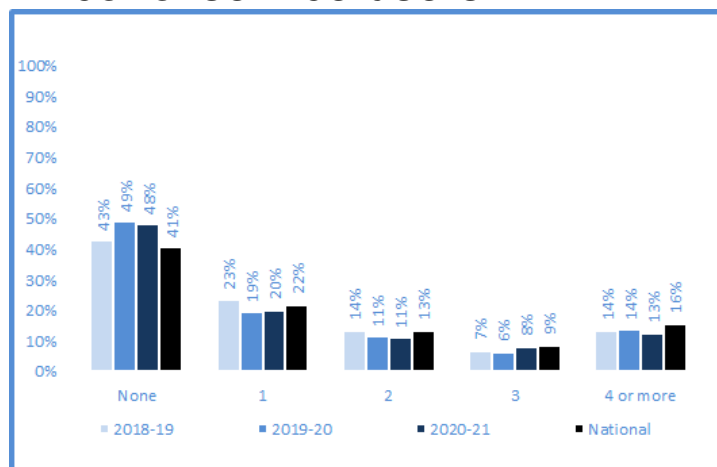
Opiate service users



Non-opiate service users



Alcohol service users



Service users who re-present* to treatment are less likely to successfully complete treatment, especially if they have previous unsuccessful treatment journeys. This can happen when service users are more complex, when they believe that treatment will not work for them or become demoralised by previous failures. Opiate service users are more likely to re-present to treatment, with 37% being re-presentations in the most recent year.

In 2020/21, there was a re-representation rate (the number of re-presentations as a proportion of completions) of 11% for opiate service users, compared with 4% of non-opiate service users and 6% of alcohol service users.

Over the same time period, 25% of opiate service users were treatment naïve, compared with 56% of non-opiate service users and 47% of alcohol service users.

*See [Appendix I](#)

Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

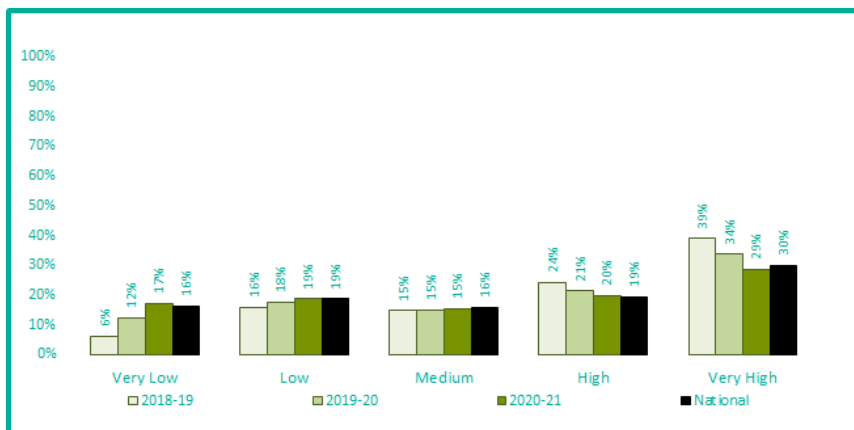
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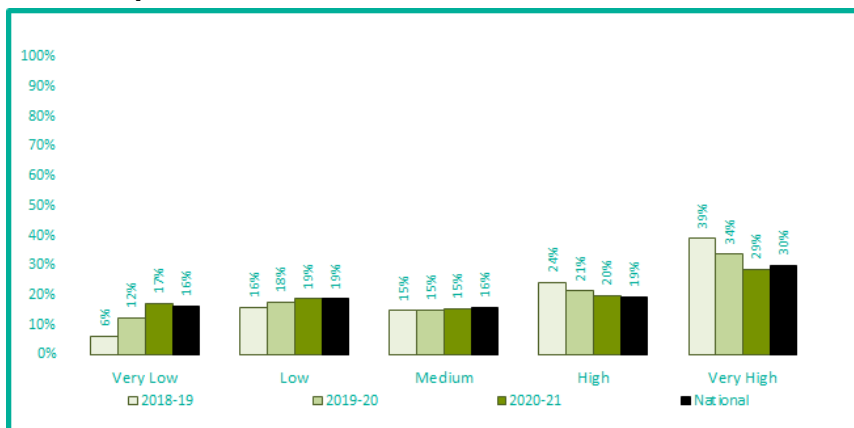
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Complexity

Opiate service users



Non-opiate service users



More complex service users are less likely to complete treatment successfully. The complexity index for drugs takes into account housing status, education, employment, life scores, social support, and physical and mental health issues. These service users struggle as they potentially have low levels of recovery capital, low expectations of success or may have a history of failure and re-presentation. It may also be that the local system has been unable to meet their needs.

There is currently no complexity index for alcohol, although this is under consideration.

Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

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Smoking

High risk drinkers are more likely to smoke and their attempts to quit smoking are less likely to be successful.



Despite high levels of smoking, nationally only 3% of service users were offered a stop smoking intervention. In the year to September 2022, no service users identified as smokers in Cheshire East received a stop smoking intervention¹ (NDTMS, DOMES Executive Summary Q2 2022-2023). CGL is working with One You, our local provider of lifestyle services to improve uptake.

Data Source: Office for Health Improvement and Disparities, [Tobacco Control Dashboard](#). © Crown Copyright 2022 [accessed 17th February 2023]

1. NDTMS, DOMES Executive Summary Q2 2022-2023

[Link to Smoking JSNA](#)

Transfers to community providers

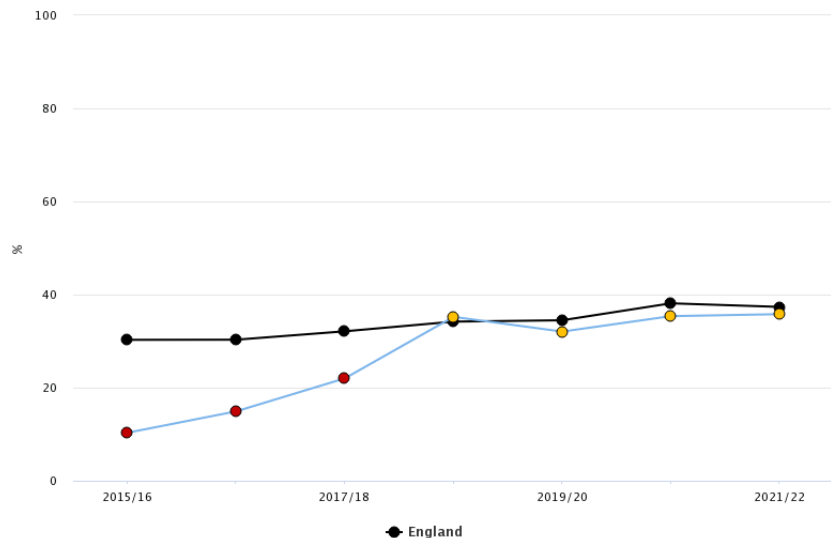
From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. **England only.**

C20 – Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison for Cheshire East



34 (35.8%) adults with a substance misuse need had successfully engaged with community-based structured treatment following release from prison in 2021/22. This is similar to the England average of 37.4%¹

Successful engagement varied by substance, with 41% of opiate service users engaged, but much lower proportions for non-opiate, non-opiate and alcohol and alcohol only^{2,3}. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22⁴. Low transfer and success rates may be linked to the types of offences committed and subsequent length of the sentences received⁵.

1. OHID, Fingertips, [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#) [accessed 12 May 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East
4. NDTMS DOMES Executive Summary Q4 2021-2022
5. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, [PowerPoint Presentation \(drugsandalcohol.ie\)](#) [accessed 9th June 2023]

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Appendix G - Substance misuse related ill health and deaths

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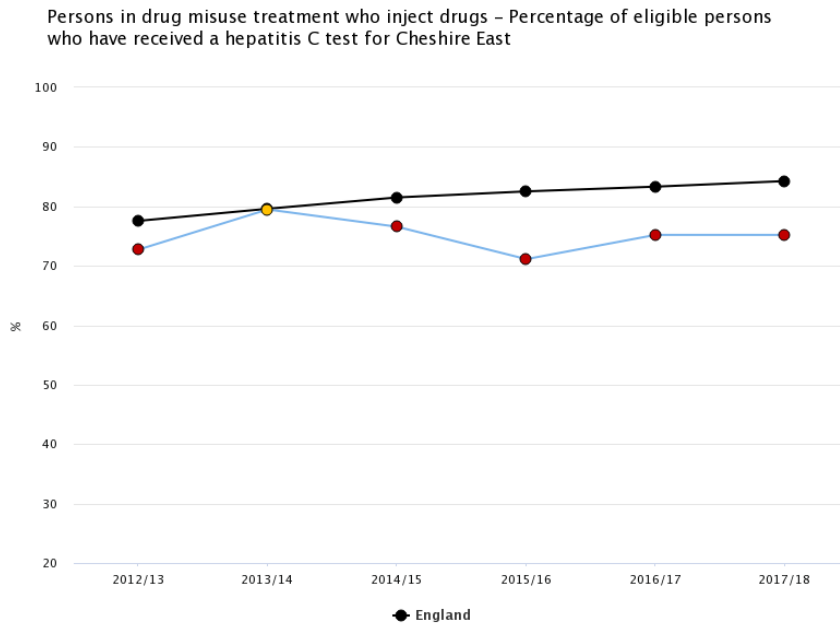
Hepatitis C infection

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug related deaths and harm

Definition: Hepatitis C prevalence (chronic infection) in people who inject drugs: England only.



- In 2017 (the most recent year for which data is available), Cheshire East had a Hepatitis C detection rate of 8.6 per 100,000, which is similar to the England average of 8.4 per 100,000. This represents 29 cases of Hepatitis C¹.
- There has been a slight upward trend in the percentage of eligible service users who receive a Hepatitis C test in Cheshire East, but Cheshire East remains significantly below the England average (see graph)². This means that people in Cheshire East may be missing out on interventions to prevent future liver disease.
- In 2021/22, 97 (27%) of those eligible for a HCV test accepted one; 23 (18%) had a positive antibody test and 10 (8%) tested positive for Hepatitis C³.

1. OHID, Fingertips, [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) [accessed 23 May 2023]
2. OHID, Fingertips, [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/), [accessed 2 February 2023]
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

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Admission episodes for alcohol-specific conditions

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

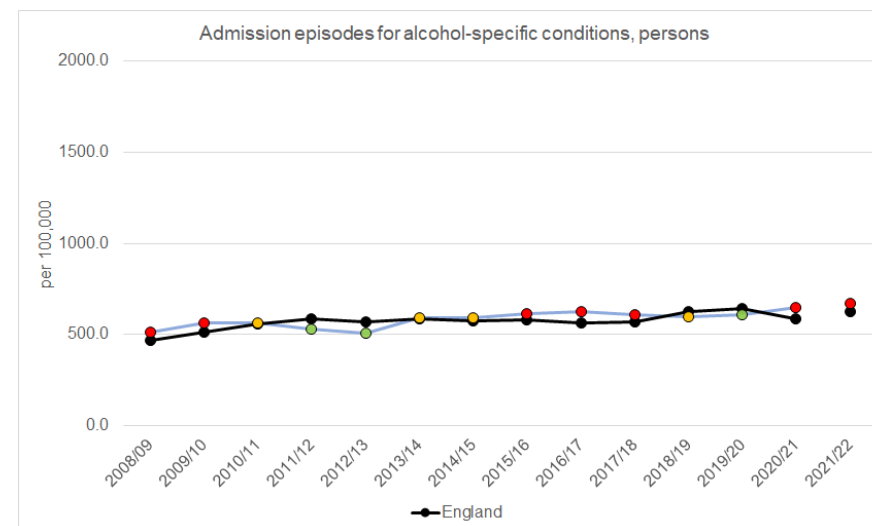
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug related deaths and harm

Definition: Admissions to hospital where the primary reason for admission was attributable to alcohol, and admissions to hospital where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol. Monitored by local authority. **England only.**

Admission episodes for alcohol-specific conditions (persons) for Cheshire East

Time period	Cheshire East				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2008/09	1901	510.3	487.4	533.9	739.7	465.2
2009/10	2078	562.0	538.0	586.9	831.3	515.4
2010/11	2090	562.9	538.9	587.7	879.7	555.4
2011/12	1964	527.2	503.9	551.2	907.0	586.7
2012/13	1897	505.0	482.4	528.4	873.6	567.7
2013/14	2221	591.3	566.7	616.6	907.5	584.2
2014/15	2245	592.8	568.4	618.1	906.8	575.6
2015/16	2327	615.7	590.8	641.5	891.2	583.2
2016/17	2380	627.8	602.6	653.8	841.9	563.3
2017/18	2315	606.2	581.5	631.6	818.4	570.0
2018/19	2295	600.1	575.5	625.5	883.4	626.3
2019/20	2365	609.3	584.7	634.7	890.6	644.1
2020/21	2540	650.2	624.8	676.3	794.9	586.6
2021/22	2745	668.3	643.3	694.0	814.9	626.1



- There has been an upward trend in admissions for alcohol-specific conditions in Cheshire East*.
- In 2021/22, the directly standardised admission rate for Cheshire East was significantly worse than the England average, at 668 per 100,000, compared with 626 for England.
- Alcohol-specific conditions are caused directly by alcohol. See [Appendix J](#) for a list of alcohol-specific conditions.

Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 19th May 2023]

* Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

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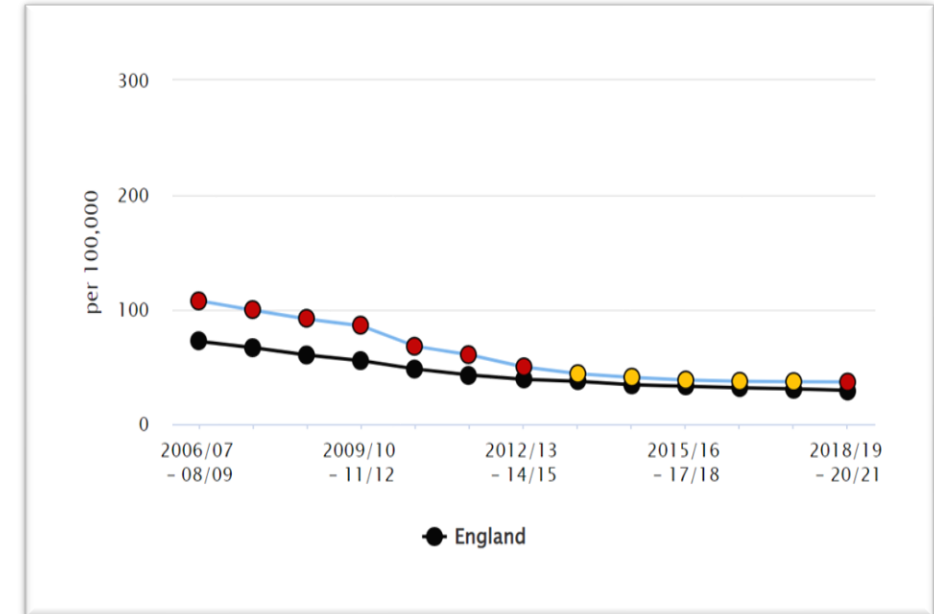
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Admission episodes for alcohol-specific conditions (Under 18s)

Recent trend: Could not be calculated

Period	Cheshire East				North West	England
		Count	Value	95% Lower CI 95% Upper CI		
2006/07 - 08/09	●	248	107.7	94.7 121.9	125.5	72.1
2007/08 - 09/10	●	228	99.4	86.9 113.1	112.6	66.7
2008/09 - 10/11	●	209	91.7	79.7 105.0	103.2	60.3
2009/10 - 11/12	●	194	85.8	74.1 98.7	92.7	55.4
2010/11 - 12/13	●	153	67.9	57.6 79.6	78.6	48.0
2011/12 - 13/14	●	136	60.5	50.7 71.5	65.5	42.8
2012/13 - 14/15	●	112	49.8	41.0 59.9	57.9	39.0
2013/14 - 15/16	●	99	44.0	35.8 53.6	54.1	37.4
2014/15 - 16/17	●	92	40.8	32.9 50.0	49.5	34.2
2015/16 - 17/18	●	87	38.4	30.8 47.4	47.6	32.9
2016/17 - 18/19	●	85	37.3	29.8 46.1	45.9	31.5
2017/18 - 19/20	●	85	37.0	30.3 46.7	43.6	30.6
2018/19 - 20/21	●	85	36.7	30.1 46.3	40.1	29.3

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.



- The rate of hospital admissions for alcohol-specific conditions in children and young people has decreased since 2006/07 - 08/09 in both Cheshire East and England.
- However, the trend has plateaued since 2014/15-2016/17 and the admission rate in the latest period (2018/19 - 20/21) is 36.7 per 100,000 population, which is significantly higher than the England average.

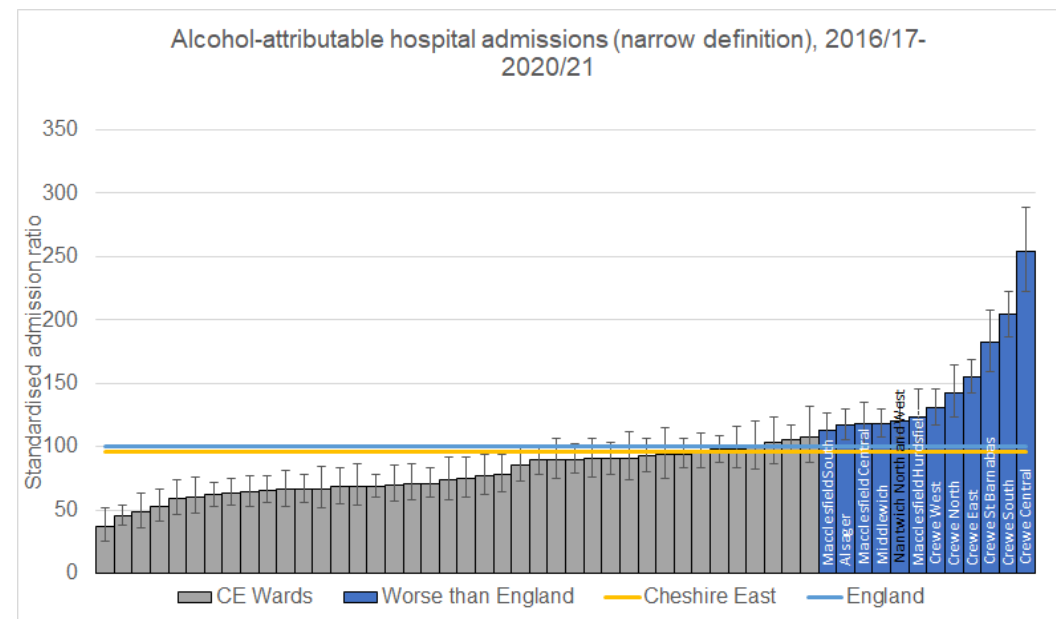
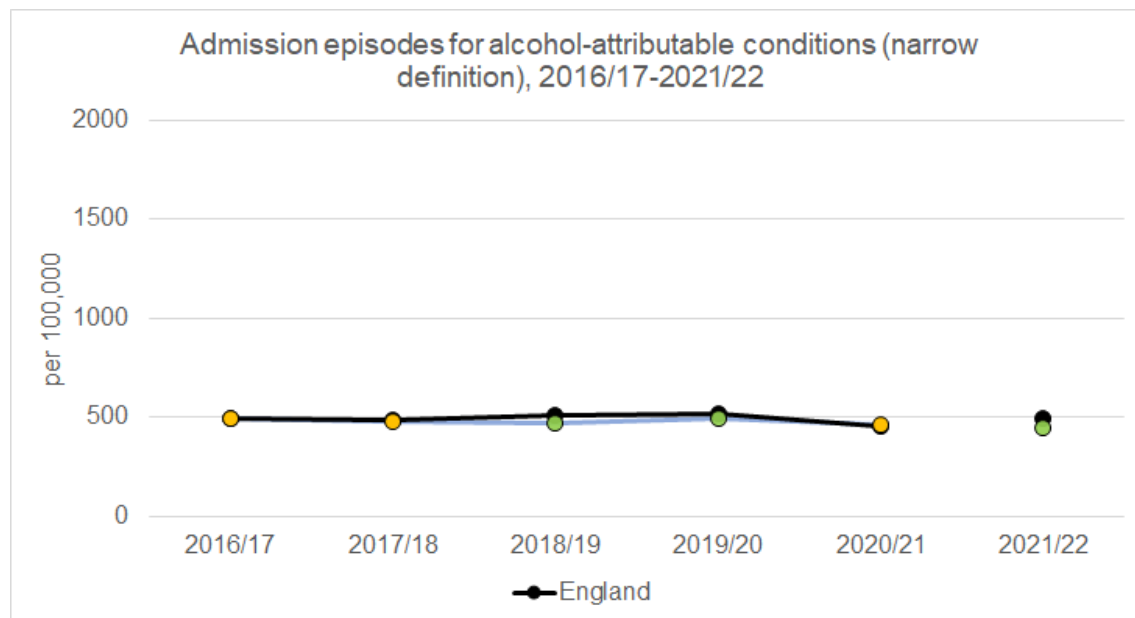
Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk) [accessed 23rd January 2023]

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Alcohol-attributable hospital admissions (Narrow)



- Alcohol-attributable hospital admissions (also referred to as alcohol-related hospital admissions) are defined as admissions due to an alcohol-attributable condition (denoted by the alcohol fraction rate*). The narrow definition includes only the primary diagnosis so is less sensitive to coding practices but may under-represent the volume of alcohol-related admissions.
- In Cheshire East during 2021/22 there were 449 admissions per 100,000, compared to an England rate of 494, using this definition.**
- This rate is significantly better than the England average and has been quite stable since 2016/17.
- Rates of alcohol-attributable admission vary across Cheshire East, but the following wards had rates significantly higher than the England average: Macclesfield South, Macclesfield Central, Macclesfield Hurdsfield, Alsager, Middlewich, Nantwich North and West, Crewe West, Crewe North, Crewe East, Crewe St Barnabas, Crewe South and Crewe Central.

* See [Appendix J](#)

** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#); [Local Health - Small Area Public Health Data - Data - OHID \(phe.org.uk\)](#)

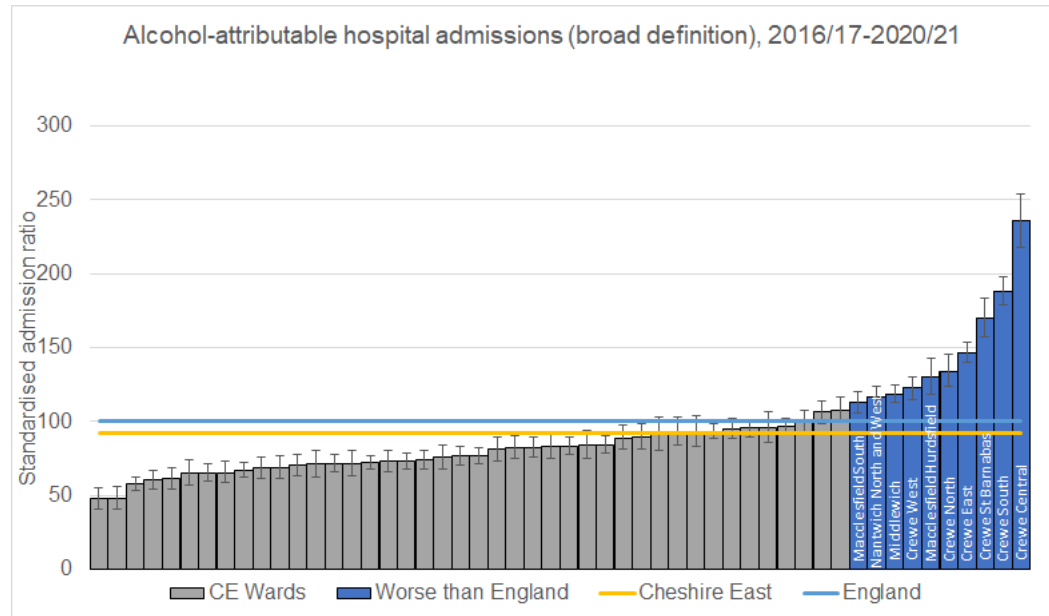
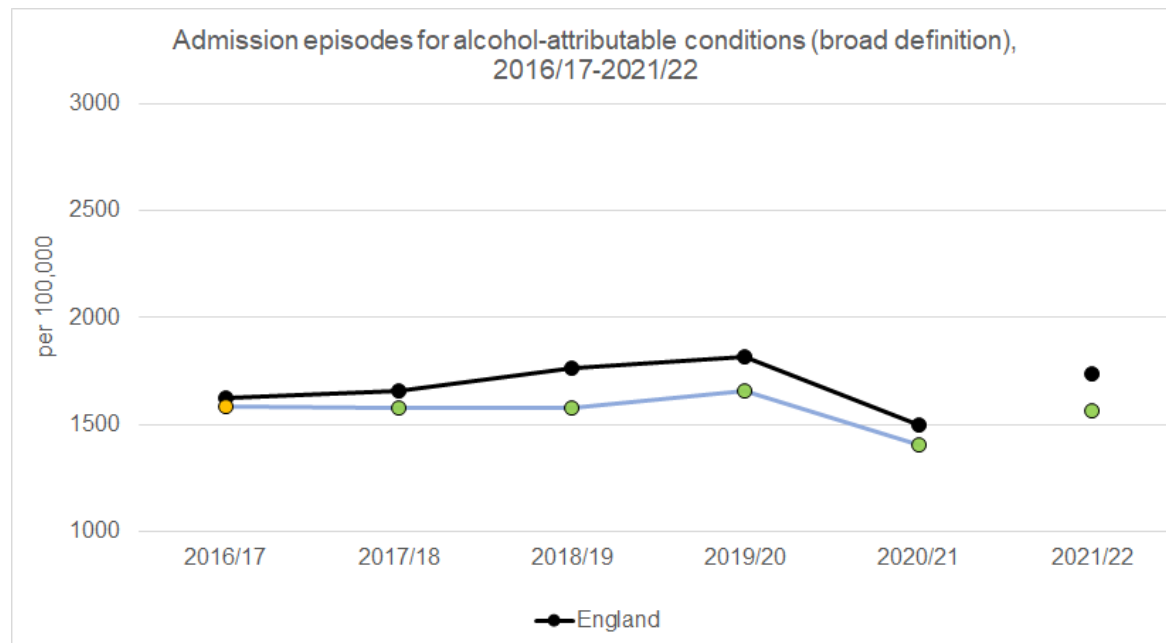
[accessed 21 March 2023]

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Green

Alcohol-attributable hospital admissions (broad)



- Alcohol-attributable hospital admissions (also called alcohol-related admissions) are defined as admissions due to an alcohol-attributable condition (denoted by the alcohol fraction rate*). The narrow definition includes only the primary diagnosis so is less sensitive to coding practices but may under-represent the volume of alcohol-related admissions.
- In Cheshire East in 2021/22 Cheshire East had a rate of 1,564 admissions per 100,000, using the broad definition**.
- Cheshire East has seen rates which are significantly lower than the England average since 2016/17.
- However, rates of alcohol-attributable admission vary across Cheshire East and the following wards had rates significantly higher than the England average: Macclesfield South, Macclesfield Hurdsfield, Middlewich, Nantwich North and West, Crewe West, Crewe North, Crewe East, Crewe St Barnabas, Crewe South and Crewe Central.

* See [Appendix J](#)

** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#); [Local Health - Small Area Public Health Data - Data - OHID \(phe.org.uk\)](#)

[accessed 21 March 2023]

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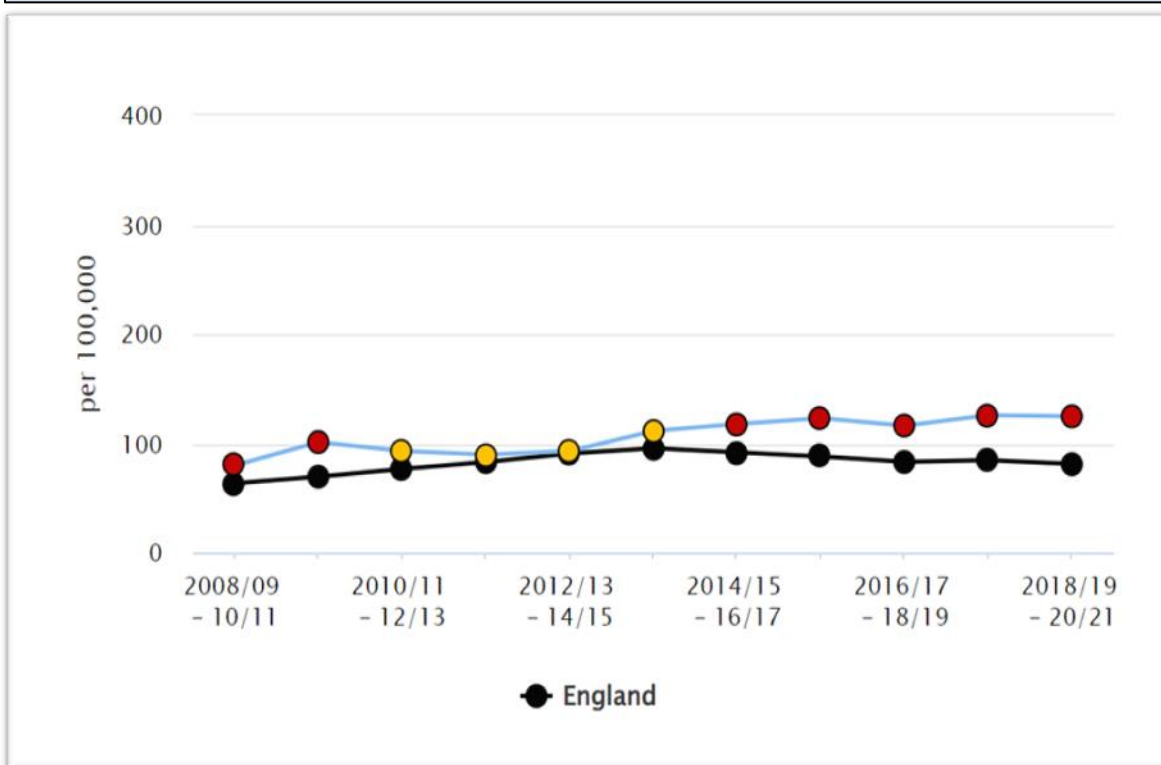
Hospital admission due to substance misuse (15-24yrs)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm

Definition: Admissions to hospital where the primary or secondary reason was due to substance misuse in those aged 15 to 24. Monitored by local authority. **England only.**



- The rate of young people being admitted to hospital as a result of substance misuse in Cheshire East is 124.6 (per 100,000 population).
- The admission rate in the latest period is significantly worse than the England average (81.2) and the North West region (106.0).
- The gap between Cheshire East and the England average has been widening since 2014-15/16 - 17.

Office for Health Improvement and Disparities. Public health profiles. 2023

<https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 23/01/2023]

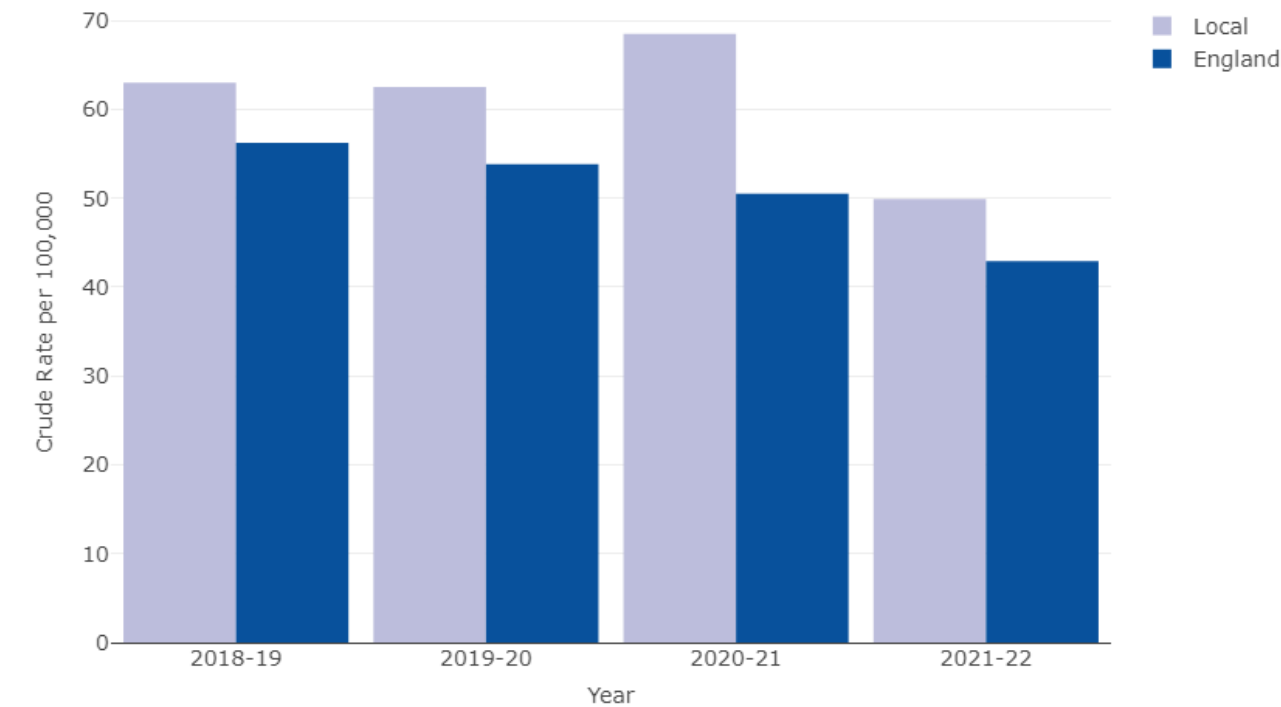
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Hospital admissions due to drug poisoning

Hospital admissions*	Local				England			
	Number of admissions	Rate	LCL	UCL	Number of admissions	Rate	LCL	UCL
Hospital admissions for drug poisoning**	200	49.9	43.7	57.9	24,266	42.9	42.4	43.5



Hospital admissions for drug poisoning are an important predictor of future fatal overdose. Non-fatal overdoses are at an all-time high among people who inject drugs¹. The rate of admissions for drug poisoning in Cheshire East has consistently been above the England average and the most recent time period is significantly higher.

1. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East

Mortality due to drug misuse (1)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

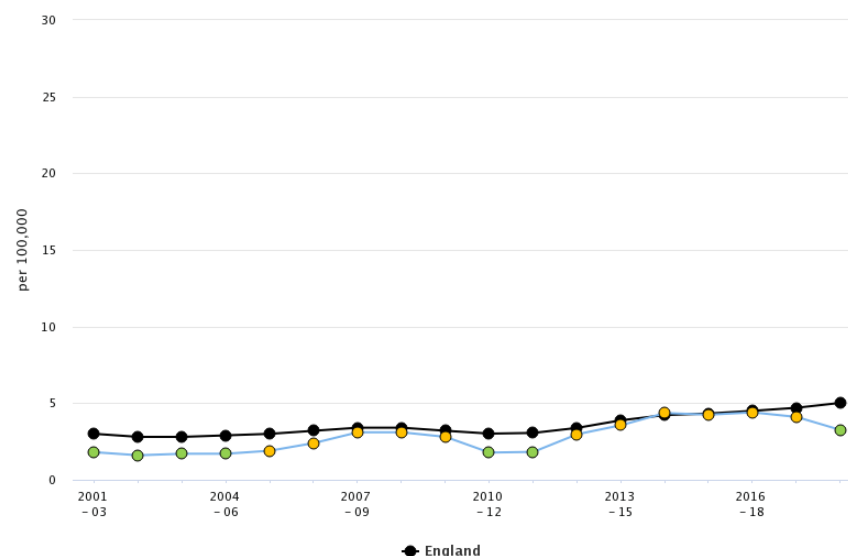
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm

Definition: Deaths related to drug misuse in **England only**. Monitored by English region, date of death and date of registration.

- There is an upward trend in mortality rates from drug misuse.
- The directly standardised mortality rates in Cheshire East have remained lower than the England average, but have still risen since 2001-03, although there was a sharp drop in 2018-20, the most recent time period.
- In 2018-20, the directly standardised mortality rate for deaths from drug misuse was 3.3 per 100,000, significantly lower than the England average of 5 per 100,000.
- It is often argued that increases in deaths from drug misuse are due to an ageing cohort of drug users. Two recent studies have suggested that the reality is more complex¹, citing:
 - increases in poly drug use
 - rising rates of homelessness and incarceration among drug users, bringing with them increased transmission of Hepatitis C and HIV
 - and changing patterns of socio-economic deprivation.

Deaths from drug misuse for Cheshire East



Office for Health Improvement and Disparities. Public health profiles. 2023
<https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 23/01/2023]

1. Holland, A. *et al* (2022), Analysis of the UK government's 10 year drugs strategy – a resource for practitioners and policy makers, Journal of Public Health, pp. 1-10, [Analysis of the UK Government's 10-Year Drugs Strategy—a resource for practitioners and policymakers \(silverchair.com\)](#) [accessed 19 January 2023]

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Mortality due to drug misuse (2)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm

Definition: The number and percentage of people in treatment who have died during their time in contact with the treatment system. Monitored by local authority. **England only.**

- Nationally, there was a 'surge' in drug related deaths, following the Covid-19 pandemic. This was most likely due to problems accessing treatment during this time¹.
- Due to changes in the definition used it is harder to replicate death rates for drug misuse locally.
- Between April 2019 and March 2022, Cheshire East experienced 38 deaths in drug treatment, which is the same as the number expected (Substance Misuse Treatment for Adults: statistics 2021 to 2022)².

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data

2. [Alcohol and drug misuse and treatment statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/alcohol-and-drug-misuse-and-treatment-statistics)

Alcohol-specific Mortality

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

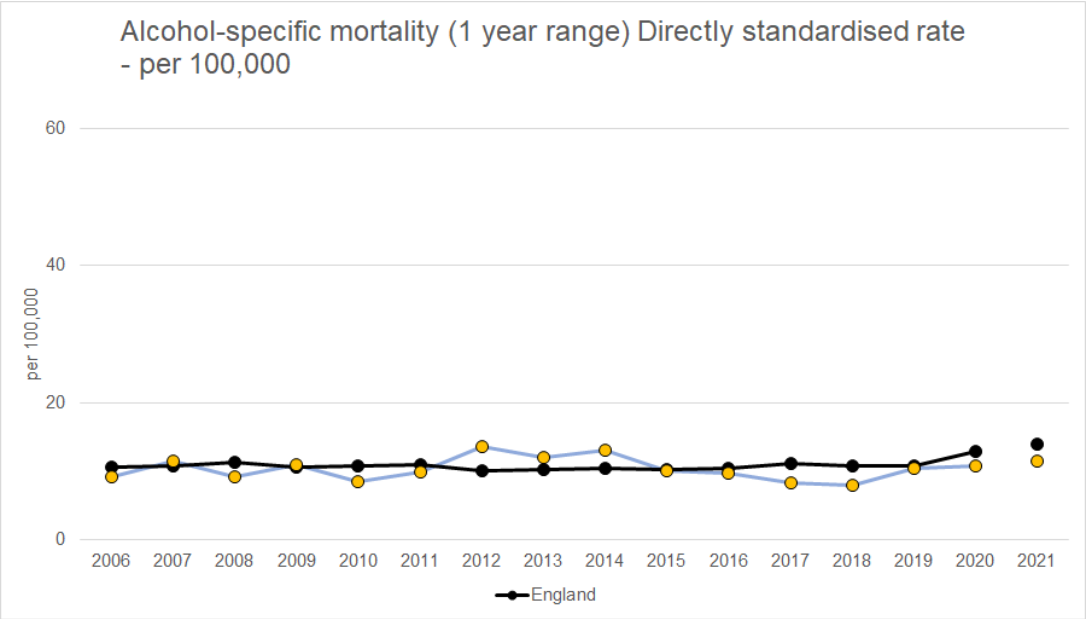
Reduce drug-related deaths and harm

Definition: The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority. **England only.**

- In 2021, Cheshire East had an alcohol-specific mortality rate of 11.5 per 100,000, which is similar to the England average of 13.9 per 100,000 and lower than the North West Region (18.7 per 100,000).
- Alcohol-specific conditions are caused directly by alcohol and have an alcohol-attributable fraction (AAF) rate of 1. See [Appendix J](#) for a list of alcohol-specific conditions.

Alcohol-specific mortality (1 year range) Directly standardised rate - per 100,000

Time period	Cheshire East				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2006	35	9.2	6.4	12.9	14.8	10.7
2007	43	11.4	8.3	15.4	16.3	10.8
2008	35	9.3	6.4	13.0	16.2	11.3
2009	42	11.0	7.9	14.8	15.6	10.6
2010	33	8.6	5.9	12.1	15.2	10.8
2011	37	9.9	6.9	13.6	15.5	10.9
2012	51	13.6	10.1	17.9	15.2	10.0
2013	46	12.0	8.8	16.1	14.4	10.2
2014	52	13.0	9.7	17.1	15.4	10.5
2015	41	10.2	7.3	13.8	14.5	10.3
2016	39	9.8	6.9	13.4	14.8	10.5
2017	34	8.3	5.8	11.7	15.1	11.1
2018	32	8.0	5.5	11.3	14.2	10.7
2019	42	10.4	7.5	14.1	14.4	10.9
2020	42	10.8	7.7	14.6	17.2	13.0
2021	48	11.5	8.5	15.3	18.7	13.9



Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Public health profiles - OHID \(phe.org.uk\)](#) [accessed 23/01/2023]

** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)



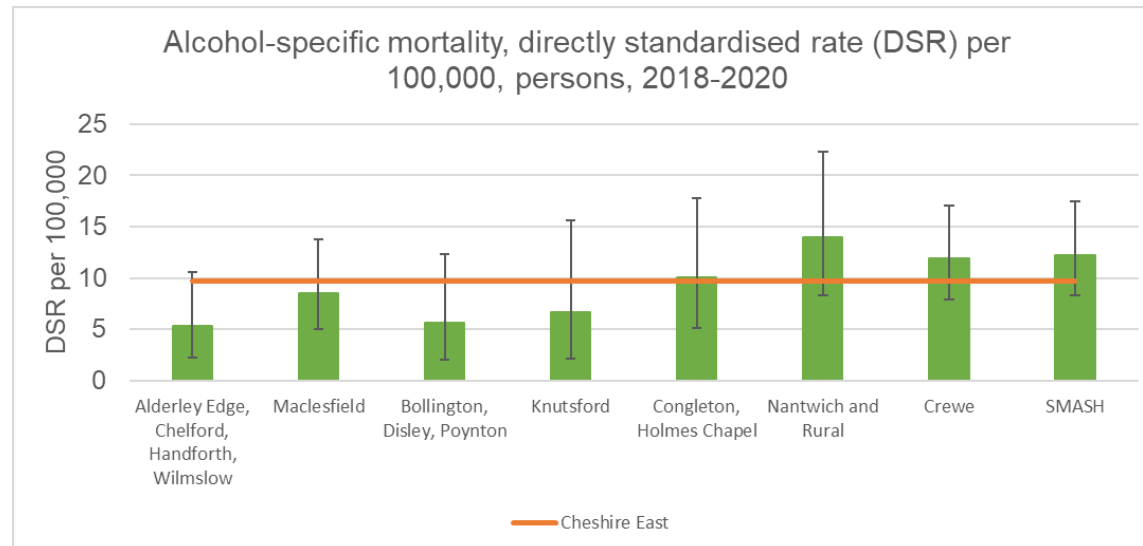
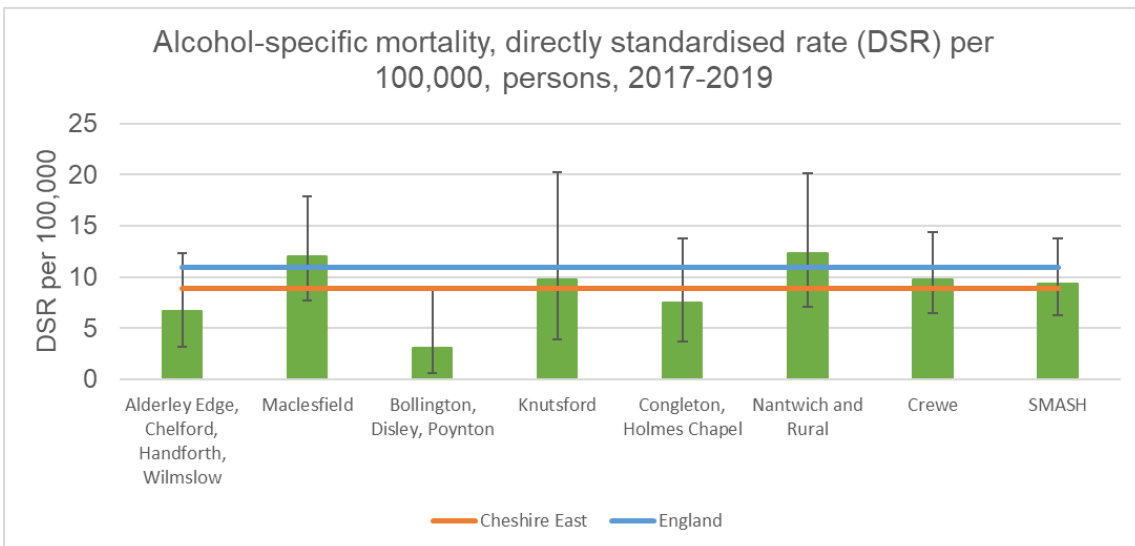
Alcohol-specific mortality in Cheshire East

From Harm to Hope: a 10 year drugs plan to cut crime and save lives

National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm

Definition: The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority. **England only.**



Alcohol-specific mortality in Cheshire East is significantly lower than the England average for the most recent time periods (2016-2018 and 2017-2019), but this masks differences across the authority. Although no Care Community is statistically different from the Cheshire East or England average, the mortality rate from alcohol-specific conditions is higher in the South of the borough – in Nantwich and Rural, Crewe and SMASH – particularly for the 2018-2020 time period. Smaller area analysis shows that the directly standardised mortality rate for the most deprived area – the Crewe 6 group of wards – is even higher at 17.0 per 100,000 in 2018-2020. This represents a 41% increase from 12.1 per 100,000 in 2017-2019.

The latest available data from OHID is 2017-2019 so it is not yet possible to make comparisons with national data for the 2018-2020 time period.

Source: Cheshire East Public Health Intelligence Team. Directly standardised mortality rates calculated from the Primary Care Mortality Database (PCMD), ONS mid year population estimates.

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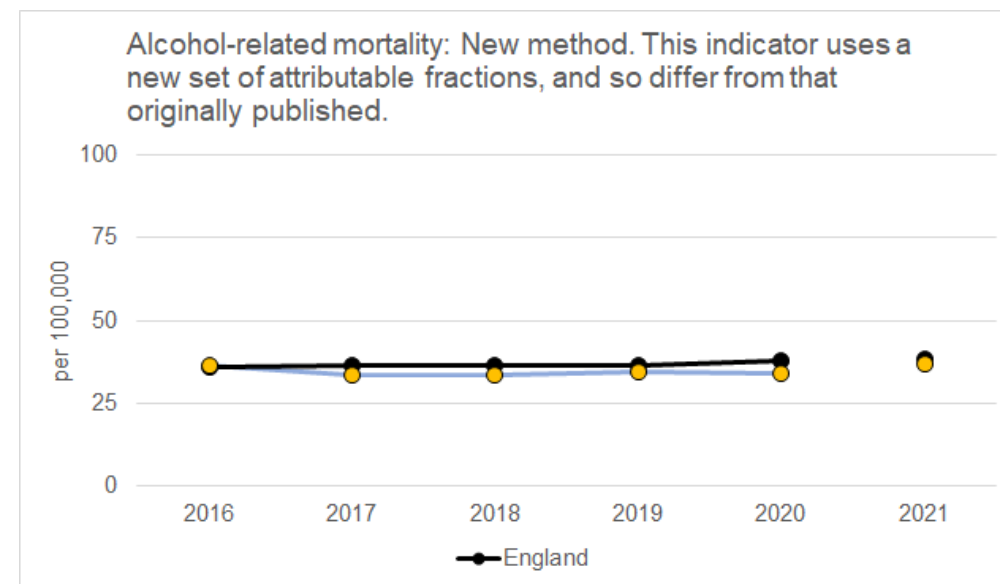
Green

Alcohol - related mortality

- Mortality from alcohol-related conditions is calculated using the alcohol-attributable fraction (AAF) rate. Alcohol-specific conditions, caused directly by alcohol have a fraction rate of 1 and all other conditions a fraction rate of between 0 and 1. See [Appendix J](#).
- The directly standardised alcohol-related mortality rate has been similar to the England average since 2016. The most recent rate of 36.8 per 100,000 population is lower than the England average of 38.5 per 100,000, but not significantly so.

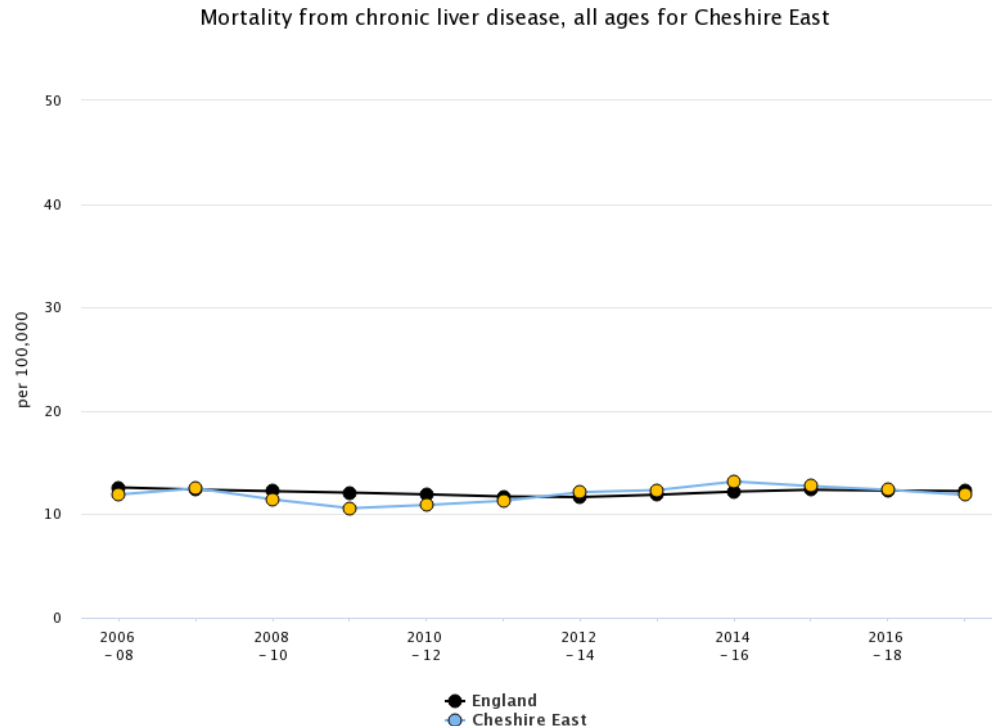
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

Time period		Cheshire East				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2016	●	149	36.5	30.9	42.9	44.0	36.2
2017	●	139	33.8	28.4	40.0	44.4	36.5
2018	●	141	33.7	28.3	39.8	43.8	36.5
2019	●	148	34.7	29.3	40.8	44.1	36.4
2020	●	146	34.1	28.7	40.1	45.7	37.8
2021	●	161	36.8	31.3	43.0	47.8	38.5



** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

Chronic liver disease mortality



- Chronic liver disease is largely preventable and is driven by alcohol consumption and obesity, which are both amenable to public health intervention¹.
- The trend in the mortality rate from chronic liver disease has been similar to that for England.
- Between 2017-2019, the directly standardised mortality rate was 11.9 per 100,000, compared with 12.2 for England and 16.8 the North West.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) [accessed 10 March 2023]

Child deaths associated with substance misuse across Cheshire, Warrington and Halton

There is a statutory requirement for the statutory partners to make arrangements to carry out child death reviews. For the deaths of all infants and children aged up to 18 years old in Cheshire East, Cheshire West and Chester, Halton and Warrington, this is undertaken by the Cheshire Child Death Overview Panel.

During 2021/22, for 12 children (40% of deaths reviewed), modifiable factors were identified which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths (this compares to 37% nationally).

Although numbers are very small, the following factors were most frequently identified:

- Mental health issues (parent or child).
- Smoking by the mother / parent / or carer during pregnancy or in the first few years of a child's life.
- **Alcohol / substance misuse (13.3% compared to 12.5% during 2020/21).**
- High maternal body mass index (BMI).
- Unsafe sleeping.

Appendix H - Impact of Covid-19

Open

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Green

The impact of COVID-19 pandemic lockdown on alcohol sales (1)

- Research^{1,2} has found that whilst there was **no overall increase in the volume of alcohol** sold during periods of Covid-19 lockdown compared with what would have been expected based on pre Covid-19 trends; off-trade sales of alcohol increased by 29% following the closure of on-trade premises.
- When focusing on the increase in off-trade sales, the UK Health Security Agency (UKHSA) reported³ that **the heaviest buying quintile pre-pandemic increased their buying the most (14.3%) following the implementation of covid restrictions**. This accounted for 42% of the total increase in off-trade sales. When looking at the top two quintiles together, this proportion rose to 68.3% of the total increase.
- Other research¹ has also found that **excess purchases of alcohol varied by region of Great Britain**, with the highest being found in the north of England and the lowest in Scotland and Wales. It was also found that excess purchases were greater in the most deprived households when compared to the least deprived.

¹ Anderson P, O'Donnell A, Jane Llopis, E, Kaner, E (2022). **The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019**. *PLoS ONE [Electronic Resource]* 17(1) e0261609. 10.1371/journal.pone.0261609

² Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. (2021) **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020**. Edinburgh, UK: Public Health Scotland

³ Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#) [accessed 23 March 2023]

The impact of the COVID-19 pandemic lockdown on alcohol sales (2)

- Further studies have found a shift in the types of alcohol sold. One study¹ found that 19% less pure alcohol was sold as beer and 8% less was sold as wine in England and Wales. Sales of pure alcohol as spirits were found not to have changed significantly.
- UKHSA reported² that duty-paid wine increased by 8.9% and spirits increased by 7.3% in 2020-21 compared with the previous year (pre-pandemic). Duty paid beer and cider was seen to decrease over the same period (-14.0% and -16.7% respectively). This is likely to be because beer and cider are more often bought in on-trade settings, so were probably more affected by the closure of pubs and other hospitality venues during Covid-19 lockdowns. The increases for duty-paid wine and spirits could be due to people switching from buying beer or cider to wine or spirits. It could also be that those who buy wine and spirits have bought more of them. It is likely that both reasons are related to the increase.

¹ Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020.** Edinburgh, UK: Public Health Scotland; 2021.

² Public Health England. 2021. **Monitoring alcohol consumption and harm during the COVID-19 pandemic.** [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Has alcohol consumption increased since Covid-19? (1)

- There is some evidence from market research data¹ that the periods of lockdown restriction led to changes in average weekly alcohol consumption (including the number of units consumed) with a proportion exceeding the recommended limit of 14 units, number of heavy drinking occasions and number of drinking days.
- There is also some suggestion^{2,3,4} that higher risk and dependent drinking increased during periods of Covid-19 lockdown compared with pre-pandemic.
- It has also been observed^{5,6,7} that those considered to be the heaviest drinkers pre-pandemic were more likely to have increased their drinking during periods of lockdown, therefore increasing their risk of developing alcohol related health problems in the future. In general, there appears to have been a polarisation in drinking behaviour, with roughly equal numbers reporting increased and decreased drinking⁶.

¹ Hardie I, Stevely AK, Sasso A, Meier PS, Holmes J. (2022) **The impact of changes in COVID-19 lockdown restrictions on alcohol consumption and drinking occasion characteristics in Scotland and England in 2020: an interrupted time-series analysis.** *Addiction*. 117:1622–39. <https://doi.org/10.1111/add.15794>

² Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data.** *Addiction* 116(5) 1233-1244. 10.1111/add.15295

³ Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample.** *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256

⁴ Daly, M & Robinson, E. (2021). **High-Risk Drinking in Midlife Before Versus During the COVID-19 Crisis: Longitudinal Evidence From the United Kingdom.** *American Journal of Preventive Medicine* 60(2) 294-297. 10.1016/j.amepre.2020.09.004

⁵ Alcohol Change UK. (2020). **Research: drinking in the UK during lockdown and beyond.** Available at <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond> (accessed 20th February 2023)

⁶ Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic.** [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/monitoring-alcohol-consumption-and-harm-during-the-covid-19-pandemic)

⁷ Irizar P, Jones A, Christiansen P, Goodwin L, et al. (2021). **Longitudinal associations with alcohol consumption during the first COVID-19 lockdown: Associations with mood, drinking motives, context of drinking, and mental health.** *Drug & Alcohol Dependence* 226 108913. <https://dx.doi.org/10.1016/j.drugalcdep.2021.108913>

Open

Fair

Green

Has alcohol consumption increased since Covid-19? (2)

- It is possible that Covid restrictions reinforced pre-lockdown alcohol consumption tendencies in higher risk drinkers, with them more likely to use alcohol as a coping mechanism due to the increased stressors associated with the imposed lockdowns.¹
- Therefore, consideration should be given to the specific origins of these stressors which have been found to be associated with the increased prevalence of higher risk and dependent drinking. These include the following:
 - Employment situation (i.e. becoming unemployed, furloughed or working from home).^{2,3}
 - Worsened financial situation.^{1,3}
 - Changes to home environment / caring responsibilities (i.e. children at home more due to school closures).^{3,4}
 - Deterioration of living conditions.³
 - Deterioration in physical health.³
 - Deterioration in psychological wellbeing.^{3,4}
 - Covid-19 specific concerns (i.e. becoming seriously ill from catching the virus).^{1,4}
- Those living in the most deprived households may have been disproportionately affected by these stressors and therefore more likely to increase their drinking.⁵

¹ Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK.** *Drug & Alcohol Dependence* 219 108461. [10.1016/j.drugalcdep.2020.108461](https://doi.org/10.1016/j.drugalcdep.2020.108461)

² Drinkaware. (2020). **Furloughed workers drinking more on lockdown.** Available at: <https://www.drinkaware.co.uk/professionals/press/employers-urged-to-support-staff-well-being-as-research-reveals-furloughed-workersdrinking-more-on-lockdown> (accessed 28 February 2023)

³ Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample.** *Drug & Alcohol Review* 40(6) 890-899. [10.1111/dar.13256](https://doi.org/10.1111/dar.13256)

⁴ Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms.** *BMJ Open* 2020;10:e044276. [doi:10.1136/bmjopen-2020-044276](https://doi.org/10.1136/bmjopen-2020-044276)

⁵ Jackson SE, Beard E, Angus C, Field M, Brown J. (2022). **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England.** *Addiction*. (2022);117:772–783. <https://doi.org/10.1111/add.15656>

Open

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Green

Has alcohol consumption increased since Covid-19? (3)

- Some studies^{1,2,3} have found that high-risk drinking increased more in women than in men as a result of the covid restrictions. It has been suggested^{1,2} that this could be related to additional stress which women experienced during the pandemic due to higher rates of job loss and taking on a disproportionate share of childcare and home-schooling.
- People of white ethnicity were more likely to increase their drinking during lockdown.^{1,5}
- Additionally, it has been reported that those with a diagnosed anxiety disorder or depression may have been more susceptible to increased drinking in terms of using it as a coping mechanism.^{2,4}
- Whilst there was an increase in high-risk drinkers attempting to reduce their intake or quit following the initial lockdown, there was a reduction in access to face-to-face support. The uptake of remote methods of support (via telephone, websites and apps) did not compensate for this.⁵
- Research¹ has also found that the increased rate of drinkers trying to reduce or quit their drinking was only observed among more advanced social grades. This suggests that those from a more deprived background were less likely to try and reduce their drinking following the initial lockdown.

¹ Jackson SE, Beard E, Angus C, Field M, Brown J.(2022) **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England.** *Addiction*.117:772–783. <https://doi.org/10.1111/add.15656>

² Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK.** *Drug & Alcohol Dependence* 219 108461. 10.1016/j.drugalcdep.2020.108461

³ Rao R, Mueller C, Broadbent M.(2022). **Risky alcohol consumption in older people before and during the COVID-19 pandemic in the United Kingdom.** *Journal of Substance Use* 27(2) 212-217. <https://dx.doi.org/10.1080/14659891.2021.1916851>

⁴ Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms.** *BMJ Open* 10:e044276. doi:10.1136/bmjopen-2020-044276

⁵ Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data.** *Addiction* 116(5) 1233-1244. 10.1111/add.15295

Open

Fair

Green

Has alcohol consumption increased since Covid-19? (4)

Long-term effects on Public Health

- The institute of Alcohol Studies (IAS) carried out a modelling study¹ using a range of surveys, including the Alcohol Toolkit Study (ATS) and healthcare data in conjunction with a microsimulation model. They modelled how changes in alcohol consumption during the Covid-19 pandemic restrictions might impact on future alcohol related harm up to the year 2035.
- The study looked at how increased consumption of alcohol would affect the rates of nine of the main alcohol related diseases (high blood pressure, stroke, liver disease, and six forms of cancer).
- To account for uncertainty regarding future trends in alcohol consumption, the researchers created three different scenarios and separate results were provided for each one:
 - Short-term scenario – alcohol consumption returns to 2019 levels after 2022.
 - Medium-term scenario – alcohol consumption returns to 2019 levels after 2024.
 - Long-term scenario – alcohol consumption does not return to 2019 levels.

¹ Institute of Alcohol Studies & Health Lumen (2022) **The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic.** Available at: [The-COVID-Hangover-report-July-2022.pdf \(ias.org.uk\)](https://ias.org.uk/The-COVID-Hangover-report-July-2022.pdf)

Has alcohol consumption increased since Covid-19? (5)

Long-term effects on Public Health (continued)

- The study¹ projected that by 2035 for the nine alcohol related diseases there could be:
 - Short-term scenario: 2,860 additional cases and 2,431 additional premature (before age 75) deaths. Additional cumulative healthcare costs of £363 million.
 - Medium-term scenario: 24,706 additional cases and 3,725 additional premature deaths. Additional cumulative healthcare costs of £568 million.
 - Long-term scenario: 147,892 additional cases and 9,914 additional premature deaths. Additional cumulative healthcare costs of £1.2 billion.
- It was also found that the projected rate of additional premature deaths was higher in lower occupational social grade groups than higher occupational social grade groups. This suggests that populations living in more deprived areas will continue to be at more risk of alcohol harm in the future.

¹ Institute of Alcohol Studies & HealthLumen (2022). **The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic.** Available at: [The-COVID-Hangover-report-July-2022.pdf \(ias.org.uk\)](#)

Appendix I - Glossary of terms

- **Alcohol-attributable fraction:** the proportion of disease attributable to alcohol is calculated using a relative risk (a fraction between 0 and 1) specific to each disease, age group and sex combined with the prevalence of alcohol consumption in the population. Updated alcohol attributable fractions, based on new relative risks from 'Alcohol-attributable fractions for England: an update' were published by PHE in 2020.
- **Class A drugs:** The Misuse of Drugs Act (1971) defined three categories of illegal drug – A, B, and C, with Class A seen as the most likely to cause serious harm. Class A drugs include cocaine (powder and crack cocaine), ecstasy (MDMA), heroin, magic mushrooms, methadone and LSD.
- **Crack cocaine:** the smokeable version of the drug, which comes as crystals, known as rocks or stones.
- **Complexity:** a score calculated for individuals in drug treatment. It is not calculated separately for opiate and non-opiate service users as opiate use is one of the key indicators. The higher the score, the more complex the needs of the service user. Individuals defined as 'complex' may struggle to complete treatment and remain in treatment for many years with a pattern of relapse and 're-presentation'.
- **Dependent drinking:** "Alcohol dependence involves a range of symptoms that do not all necessarily happen at the same time. A person who is dependent on alcohol may feel a strong desire to drink and may have difficulty in controlling how much they drink. They may keep drinking despite knowing about or experiencing harmful effects. The body may become more tolerant to the effects of alcohol over time, which can lead to a person needing to drink more to feel an effect. If a person becomes dependent on alcohol, they can develop withdrawal symptoms if they stop or reduce their drinking suddenly". (NICE (2011) Clinical Guideline 115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence)
- **Harmful drinking:** "Drinking is considered harmful when it leads to physical or mental health problems such as alcohol-related injury, inflammation of the liver or pancreas, or depression. In the longer term the person may develop high blood pressure, cirrhosis of the liver, heart disease, some types of cancer or brain damage because of their drinking. Heavy drinking can also lead to relationship problems, problems at work, college or school, or violence" (NICE (2011) Clinical Guideline 115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence)
- **Morbidity:** to be suffering from a disease or medical condition.
- **Mortality:** deaths, e.g. deaths from a disease or medical condition.
- **Opiate:** an opiate is a substance derived from opium, found in the opium poppy plant (*papaver somniferum*). Modern usage includes all natural and synthetic substances that bind to the opium receptors in the brain. Heroin, codeine, morphine, methadone and fentanyl are all opiates.
- **Planned/unplanned exit:** a planned exit is when a service user leaves the service at the end of a treatment journey. An unplanned exit is when a service user leaves before the treatment journey is complete.
- **Polydrug use/ mixed drug use:** using more than one type of drug concurrently or sequentially. Polydrug use can involve combinations of legal and illegal substances, including prescription medicines and alcohol.
- **Recovery capital:** resources needed to start and maintain recovery from substance misuse.
- **Re-presentation:** a service user who starts a new treatment journey within six months of having completed a previous journey.
- **Treatment naïve:** a service user who has not been in treatment before.

The image shows three overlapping circles at the bottom right of the page. The leftmost circle is purple and labeled 'Open'. The middle circle is orange and labeled 'Fair'. The rightmost circle is green and labeled 'Green'. They are arranged in a horizontal row, with the 'Fair' circle partially overlapping the other two.

Open

Fair

Green

Appendix J- List of Alcohol-Specific Conditions

Condition	ICD10 code(s)
<i>Alcohol-induced pseudo-Cushing's syndrome</i>	E24.4
<i>Mental and behavioural disorders due to use of alcohol</i>	F10
<i>Degeneration of nervous system due to alcohol</i>	G31.2
<i>Alcoholic polyneuropathy</i>	G62.1
<i>Alcoholic myopathy</i>	G72.1
<i>Alcoholic cardiomyopathy</i>	I42.6
<i>Alcoholic gastritis</i>	K29.2
<i>Alcoholic liver disease</i>	K70
<i>Alcohol-induced chronic pancreatitis</i>	K86.0
<i>Ethanol poisoning</i>	T51.0
<i>Methanol poisoning</i>	T51.1
<i>Toxic effect of alcohol, unspecified</i>	T51.9
<i>Accidental poisoning by and exposure to alcohol</i>	X45
<i>Intentional self-poisoning by and exposure to alcohol</i>	X65

Condition	ICD10 code(s)
<i>Poisoning by and exposure to alcohol, undetermined intent</i>	Y15
<i>Alcohol-induced acute pancreatitis</i>	K85.2
<i>Fetal alcohol syndrome (dysmorphic)</i>	Q86.0
<i>Excess alcohol blood levels</i>	R78.0
<i>Evidence of alcohol involvement determined by blood alcohol level</i>	Y90
<i>Evidence of alcohol involvement determined by level of intoxication</i>	Y91

Data Source: Public Health England, Alcohol-attributable fractions for England: an update. © Crown Copyright 2020. [Alcohol-attributable fractions for England: An update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) [accessed 13 February 2023]







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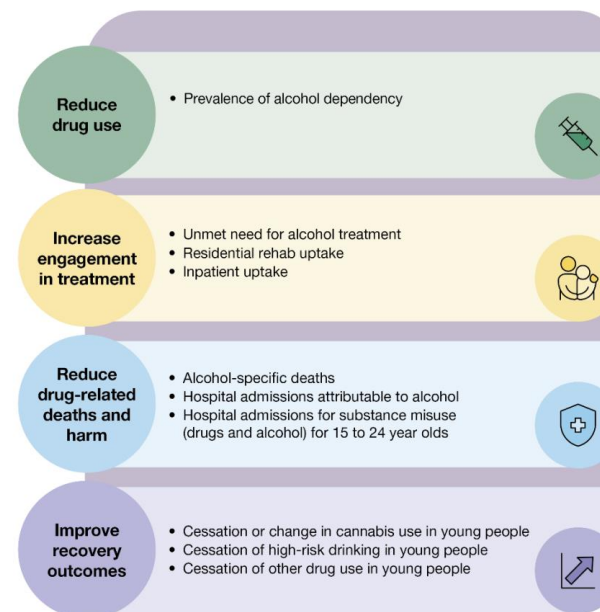
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Appendix K - National Combating Drugs Outcomes Framework

Outcomes Framework. May 2023

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

Additional OHID indicators, May 2023



[National Combating Drugs Outcomes Framework: supporting metrics and technical guidance \(publishing.service.gov.uk\)](#)

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Drafts have been reviewed by the Cheshire East Combating Drugs Partnership, which includes representation from:

- Cheshire East Council
 - Public Health
 - Cheshire Police
 - Housing
 - Education
 - Community Safety
 - Early Help and Prevention
 - Adult Safeguarding
 - Commissioning
- Change Grow Live-drug and alcohol services
- Healthwatch Cheshire East
- Cheshire Fire and Rescue
- Cheshire and Merseyside Integrated Care Board
- Cheshire East/West Drug Related Deaths Panel
- Cheshire Youth Justice Service
- Cheshire Probation Service

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