



Wolverhampton Joint Strategic Needs Assessment



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Purpose

The Alcohol and Other Drugs Joint Strategic Needs Assessment (JSNA) aims to provide an analysis of the current impact of substance misuse in the City of Wolverhampton and to review specific aspects of alcohol and other drugs service delivery.

The overall purpose of this needs assessment is to provide clear, high-quality evidence regarding the needs and inequalities pertaining to substance use to improve support services across Wolverhampton in the future.

In addition, the needs assessment will review the scale of demand and how this compares to the level of unmet need seen within the city, assessing whether the current treatment offer is providing an effective service that tackles the scale of unmet need across Wolverhampton.

Findings from the needs assessment will inform commissioning, planning and decision making, and will also contribute to the general monitoring, evaluation, development, and learning for organisations delivering services.

Executive Summary

Introduction:

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, and is often shaped by a complex interplay of biology, social and economic factors. These may include socioeconomic disadvantage, adverse childhood experiences, mental health conditions, and limited access to healthcare services. Substance misuse has far-reaching impacts on individuals, families, and communities, limiting economic and social opportunities, contributing to poor health outcomes, and reducing both quality of life and life expectancy.

Local context:

Wolverhampton is a diverse and multicultural city, with nearly a third (31%) of the population identifying as Black or Asian, and around 1 in 10 (9%) identifying as Mixed (5%) or of 'Other' (4%) ethnicity. Sikhism is the second-largest religion in Wolverhampton after Christianity, with 12% of the population identifying as Sikh, making Wolverhampton home to the second highest proportion of Sikh residents in the UK. Although the Sikh faith encourages abstinence, those that do drink do so more heavily than other non-white minority ethnic and religious groups¹. The city also faces significant socioeconomic challenges. The Index of Multiple Deprivation (IMD) ranks Wolverhampton as the 24th most deprived local authority area, out of all 317 local authorities in England, and also the second most deprived area in the Black Country². Several of Wolverhampton's neighbourhoods fall within England's 20% most deprived communities.

The combination of socio-economic disadvantage and cultural factors makes Wolverhampton particularly vulnerable to substance misuse and highlights the need for culturally sensitive approaches to substance misuse prevention and intervention.

¹ [Sikh Recovery Network, Impacts of alcohol consumption amongst Sikhs \(2022\).](#)

² [Indices of Multiple Deprivation, 2019 - ActiveBlackCountry](#)

Key Findings

Substance Misuse Treatment data:

- **Almost 1,900 people were in treatment during 2023/2024 mainly for support with opiates, followed by alcohol.** This equates to an increase of around 200 new presentations from the previous year, most of which were for alcohol. Roughly two thirds of those in treatment are White British males. 16% of those in treatment are Indian, much higher than what is seen regionally and nationally ranging between 2-4%. 10% of individuals in treatment are Sikh, a slight under representation compared to the local population (12%). Over half of those engaged in treatment are aged 30-49 years, followed by 50+ years as the 2nd largest age group. The 18-29 age group are the lowest represented group in treatment.
- **47% of referrals to the specialist treatment and recovery provider are via self-referrals.** Positively, this is followed by 43% from health and social care services.
- **Wolverhampton has higher representation rates and lower successful completion rates than the national average and nearest neighbours.** This may be partially attributable to the local risk management approach with clients.

Unmet need:

- **Alcohol-specific mortality and hospital admission rates are significantly higher than the regional and national average.** It is crucial that those with an alcohol need are identified much earlier to try and reduce hospital admissions and deaths.
- **Deaths from alcohol and hospital admissions are significantly higher** than the regional and national averages.
- Analysis of unmet need data indicates **only 23% of those dependent on alcohol are accessing treatment services**, with unmet needs especially pronounced in the 18-24 and 25-34 age groups.
- **Unmet need analysis for those estimated to be using opiates indicates better engagement with services at 39%**, however, this is lower than the regional and national averages.
- **Wolverhampton has a higher age-standardised mortality rate for drug misuse deaths** compared to regional and national rates, as well as the highest in the Black Country.

Service Engagement and Success Rates:

- Over the past year, **there has been an increase in the number of alcohol users accessing services** which has been the result of targeted work to address unmet need including support to GP practices, liver fibro scanning in the community and regular targeted outreach provision.
- **Drug-related hospital admissions for mental and behavioural disorders are significantly lower than regional and national rates and have reduced greatly since 2018/19.** Hospital admissions for drug poisoning are comparable to regional and national rates.
- **More than half (55%) of Wolverhampton residents leaving prison continued their drug or alcohol treatment in the community**, higher than the national and regional average.
- **There are excellent examples of joint working between services addressing drug and alcohol needs in Wolverhampton.** Recovery Near You, the specialist treatment and recovery provider, work closely with lived experience recovery organisations, prisons, probation, outreach teams and have a co-located specialist employment support programme on site.

- There are further opportunities to develop partnership working approaches with services, such as mental health teams and primary care. **An indication of the link between mental health needs and substance misuse is over 50% of new presentations to treatment required support for a mental health need.**
- For those who want to achieve and stay in recovery, **a wide range of structured and unstructured group programmes and peer support is offered through the specialist services and lived experience recovery organisation SUIT.**

Recommendations

Following a review of the findings in the needs assessment, the recommendations below are made:

1) Address Unmet Need

Engagement with 'By and For' Organisations: More engagement is needed with 'by and for' organisations to enable improved pathways into support and a provision of a tailored offer to key underrepresented groups, including women, minoritised ethnic groups, LGBTQ+ communities, and the homeless.

Primary care interventions: screening for alcohol use and offering brief interventions in primary care is under-utilised and is an ideal opportunity to further identify unmet need. Work should be undertaken with GP's and pharmacies to screen for alcohol use, offer brief and extended interventions and actively make referrals to specialist services where needed.

Outreach for vulnerable groups: Expand staff to enhance outreach efforts, targeting populations such as sex workers, people in unstable housing, and non-English speaking communities. (e.g. Eastern European).

LGBTQ+ Engagement: Map and engage with LGBTQ+ organisations for potential collaborative initiatives.

Health Checks: Consideration of a monthly health check and liver fibroscans programme in targeted settings such as Gurdwaras.

Underrepresented Groups – Young people and women are underrepresented in the treatment population in Wolverhampton. The Drug and Alcohol Partnership should explore the reasons for this and identify with treatment providers and partners a set of actions that will improve treatment uptake amongst both groups.

2) Enhance Access to Services

Single Online Referral Portal: Consider introducing a single online portal for agencies to make referrals to treatment and for self-referrals.

3) Strengthen Treatment Services

System map: commissioner and service providers to develop a treatment system map which details and explains the current system: (i) for professionals and (ii) for service users, to help people navigate this.

Shared care: Explore the potential to introduce shared care for alcohol to build additional capacity into the system for those dependent on alcohol (based on the shared care model for opiates).

Dual Diagnosis Support: Create more meaningful dual diagnosis support based around the individual and their needs *not* the needs of services. Therefore, this will need to involve people with lived experience and commissioners and service providers from substance misuse and mental health commissioners. This should involve the following elements:

- Building on the findings from the Dual Diagnosis Quality Improvement Project
- The development and adoption of clear pathways, training and tools (inc. self-help tools) where gaps exist.

Detox: Expand community detox capacity in primary care supported by Recovery Near You nurses.

Rehabilitation: Explore a 'dayhab' version of rehab to expand and future proof the offer in the absence of SSMTRG funding.

Representations: Explore the underlying issues and motivations behind the increasing number of representations.

4) Promote Harm Reduction

Needle and Syringe Provision: Use the Pharmacy Needs Assessment to help strategically plan and improve the access to community pharmacy Needle Exchange and provision of naloxone from pharmacies. The possibility of lived experience recovery organisations distributing NSP and naloxone should also be explored.

Drug related deaths: enable lived experience recovery organisations to distribute naloxone.

5) Support Families, Children and Young People

Training: Ensure a consistent training programme is available for frontline staff in key agencies on identification and support pathways. Priority groups include children's and adults social care workers.

Children and Young People: for the drug and alcohol partnership to develop a specific substance misuse strategy for children and young people. Additionally, it would be useful to review the delivery model for the children and young people service for under 18s and a transitions support offer in treatment services. Closer integration with other/wider children and young people services providing targeted youth support, education and social care.

6) Expand Recovery Support

Recovery: Increase and expand the recovery offer including aftercare, making it more accessible and more varied. Consideration could be given to setting up venues to run services from, or development of community cafes and other social enterprises to create employment opportunities. This approach could see service users able to build their own personalised programmes with support and ensure that recovery is made more visible. Good practice examples that could be learned from include the Halifax Recovery Café, Liverpool Recovery Village, Glasgow, and Red Rose Recovery.

Increase capacity of the recovery community: including peer support, and volunteers to develop recovery and aftercare provision. Ensure appropriate training, support and incentives are given to ensure this provision is of the best quality.

7) Strengthen Data and Surveillance

Coroner data: Liaise with the Black Country Coroner office to obtain the outcome of drug related death certificates prior to inquest to facilitate a speedier response to emerging issues and substances.

Real time death surveillance data: A data system has been purchased to gain a better picture of where, when and why deaths unknown to treatment services occur. Recommendation to explore the feasibility of recruiting West Midlands Police (WMP) as a key first responder, paying special consideration to current WMP reporting practice and ensuring there is no duplication.

8) Primary Prevention

Prevention: To reduce the demand for specialist drug and alcohol services and the harms associated with drug and alcohol misuse, there needs to be a greater focus on preventing people from misusing drugs and alcohol.

More prevention services that focus all the way through middle childhood, early adolescence and teenage years should be considered. Within existing prevention delivery, there are opportunities for some standardisation of approaches across all partners, including schools, who deliver drug and alcohol education as part of their approach to Relationships, health, and Sexual Education. There is an opportunity to build on work with Wolverhampton University health champions and the student union also.

Introduction

Substances can change a person's mental or physical state. They can affect the way your brain works, how you feel and behave, level of understanding and sensory responses. This makes them unpredictable and dangerous, especially for young people.

The harms of alcohol and other drugs can be acute or chronic. This includes increasing risk of health morbidities, reduced life expectancy, lower quality of life, as well as a range of social and economic issues such as unemployment, homelessness, exposure to criminal activity, violence and modern slavery.

There is a clear association between poverty and substance misuse³. Whilst alcohol and drug dependence can affect anyone, we know those with a background of childhood abuse, neglect, trauma, poverty or mental health problems are disproportionately likely to be affected. Equally, children of dependent alcohol and other drug users have a higher likelihood of experiencing developmental and social issues as well as poor outcomes. Studies have shown the links between social exclusion and drug use, suggesting children in care, offenders, parental drug use and school truants report higher rates of drug use⁴.

Substance use is associated with cyclical exploitation, i.e. exploited individuals recruiting and targeting other vulnerable people. The impact of drug and alcohol use is far reaching, affecting the life outcomes of individuals, wider family members and communities. There are strong linkages between substance use and health inequalities and poverty. Drug and alcohol use requires interventions based on national guidance and policies and community-level treatment, prevention and recovery programmes that address the needs of substance users holistically.

Alcohol is a legal, socially acceptable substance which is seen as an integral part of daily life and is used to celebrate, commiserate, and socialise. Its ready availability from supermarkets and off licences to sports events, cinemas, coffee shops and bars/pubs, creates the impression that alcohol is a normal part of everyday life. In reality, alcohol is a toxic substance, with dose-response effects, where increased consumption raises the risk of dependence and can lead to progressively serious health and social problems.

Policies and legislation

The following section details key local and national policies.

National

*From Harm to Hope: a 10-year drugs plan to cut crime and save lives*⁵

In December 2021, the government published a new 10-year national drug strategy '*From Harm to Hope – a 10-year drugs plan to cut crime and save lives*' (HM Government, 2021).

From Harm to Hope is underpinned by three strategic priorities:

- breaking drug supply chains
- delivering a world class treatment and recovery system; and

³ [Health inequalities substance misuse.pdf](#)

⁴ [Reuter, P. University of Maryland & , Stevens, A, University of Kent, An Analysis of UK Drug Policy \(2007\).](#)

⁵ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#)

- achieving a shift in the demand for recreational drugs.

The strategy follows a series of independent reviews carried out by Dame Carol Black, where it was concluded that, despite ongoing efforts, the scale of drug-related harm in the UK was at a record high. Notably, the configuration of the national treatment system was declared neither fit for purpose nor able to meet the scale of need. As a result, additional funding has been committed by the Government to local areas under the expectation that treatment and recovery services will both improve and innovate. The alcohol and other drugs JSNA will be a vital tool in informing local reconfiguration of treatment and recovery services.

The governments alcohol strategy⁶

In March 2012 the government produced its 'alcohol strategy'. The aim of the strategy was to radically reshape the approach to alcohol, reducing the number of people drinking excessively. However, this strategy has not been updated since its publication in 2012.

Local Policies

Our City: Our Plan 2024/25⁷

The City of Wolverhampton's Council Plan has six key priorities which support the central mission that "Wulfrunians will live longer, healthier lives". The JSNA aims to identify the unmet need in the city and gaps in service provision so that we can work towards the council priorities of having healthy, inclusive communities, fulfilled lives for all and strong families where children can reach their full potential.

Wolverhampton Joint Local Health and Wellbeing Strategy 2023-2028⁸

The Wolverhampton Joint Local Health and Wellbeing Strategy 2023-2028, has set out a number of key priorities aimed at tackling health inequalities, including 'reducing addiction harm'. Addiction, disproportionately impacts disadvantaged people and communities, widening health inequality, life expectancy and healthy life expectancy. A set of robust actions are aligned to both drugs and alcohol to reduce the level of harm across the city.

The vision for Public Health 2030⁹

The vision for Wolverhampton by 2030, will be a healthy, thriving city of opportunity where we are serious about improving health and wellbeing outcomes. The city faces similar public health challenges to other local authorities, including high obesity levels, alcohol misuse, poor mental health and an unhealthy population. Although harmful alcohol use is common across varying social groups, people with low incomes are more likely to be admitted to hospital with alcohol-related conditions. Harmful alcohol use is exacerbated by poor mental health.

West Midlands – Reducing re-offending Plan (2022-25)¹⁰

The West Midlands – Reducing re-offending plan (2022-25) identifies that risk factors such as employment and education, accommodation and drugs and alcohol can significantly increase the risk of reoffending. Consequently, there is a commitment across the region to develop and deliver a minimum support offer with regards to housing, training and employment to reduce this risk.

⁶ [Home Office Alcohol Strategy \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁷ [City of Wolverhampton Council, Our City our Plan, 2024/25.](#)

⁸ [City of Wolverhampton Council, Wolverhampton Joint Local Health and Wellbeing Strategy, 2023-2028.](#)

⁹ [City of Wolverhampton Council, The vision for Public Health, 2030.](#)

¹⁰ [Reducing Reoffending Plan 2022-25 for the West Midlands](#)

Community Safety Partnership: Strategic Needs Assessment 2024/25

There are associations with criminality, and substance misusers as well as deprivation and substance misusers. Safer Wolverhampton Partnership comprises of a range of partners who aim to collectively tackle issues of crime and community safety to deliver a coordinated response. The Community Partnership: Strategic Needs Assessment (2024/25) strategic priorities include reducing offending, preventing violence and harm reduction. The aim is to identify individuals at risk of criminality and offer support at the earliest stage to try and prevent violence, criminality, and harm. The current strategy is currently under consultation.

Legal Framework

The Misuse of Drugs Act 1971

The Misuse of Drugs Act 1971 is the primary legislation for the control of drugs in the United Kingdom. The 1971 Act controls drugs that are 'dangerous or otherwise harmful' when misused, under a three-tier system of classification (Class A, B and C). This framework sets criminal penalties with reference to the harm a drug has, or is capable of having, when misused and the type of illegal activity undertaken in regard to that drug.

The Psychoactive Substances Act 2016

The Psychoactive Substances Act 2016 is an Act of the Parliament of the United Kingdom intended to restrict the production, sale and supply of psychoactive substances often referred to as "legal highs".

Local Demographics

Wolverhampton is a city located in the West Midlands, consisting of 20 wards with a population of over 260,000 residents. The city has a growing population, specifically from the Black and Minority Ethnic community. The city celebrates its diversity, with a range of languages that are drawn from around the world, with varying faiths that are followed. In addition, Wolverhampton boasts the second-highest proportion of Sikh residents in England.

Population

Wolverhampton has a population of 263,700¹¹ an increase of 5.7% from 2011, this is lower than the West Midlands (6.2%) and England increase (6.6%).

¹¹ [Wolverhampton population change, Census 2021 – ONS](#)

Figure 1: level of density of the population of Wolverhampton ¹²



Age and Gender

Wolverhampton's population is evenly split, with 50.9% (134,175) females and 49.1% (129,552) males¹³. The median age of Wolverhampton residents is 38 years of age. The number of people aged 50-64 years rose 18% between 2011 to 2021, however the number of residents aged 20-24 decreased by 12.2% in the same time period, suggesting an ageing population¹⁴.

Ethnicity and Religion

The city is diverse, with 61% of residents of White ethnicity, 30% of Black and Asian ethnicity, and 9% of Mixed or Other ethnic groups. By comparison, England as a whole has a population that is approximately 81% White, 14% Black and Asian, and around 5% Mixed or from 'Other' ethnicities.

The wards with the highest proportion of Black and Asian ethnic groups are Blakenhall (64.6%), Ettingshall (49.5%), St Peter's (48.7%) and Graiseley (43.1%). Wards with the highest proportion of those from Mixed or 'Other' ethnic groups included Bushbury South (7.3%), Heath Town (6.8%), East Park (6.7%), Oxley (6.5%), Ettingshall (6.4%).

Christianity is the most common religion in the city (43.8%), although this has decreased from 2011 (55.5%). Sikhism is the second largest religion (12%), which has increased from 2011 (9%). This proportion is significantly higher than the national average of just under 1%, highlighting the city's diverse communities.

Deprivation

In the 2019 indices of deprivation, Wolverhampton was ranked the 24th most deprived of England's 317 local authorities and is the fourth most deprived authority in the West Midlands region¹⁵. The Government's Drug Strategy makes clear that deprivation is linked to higher levels of drugs and substance misuse¹⁶.

¹² [How life has changed in Wolverhampton: Census 2021 \(ons.gov.uk\)](#)

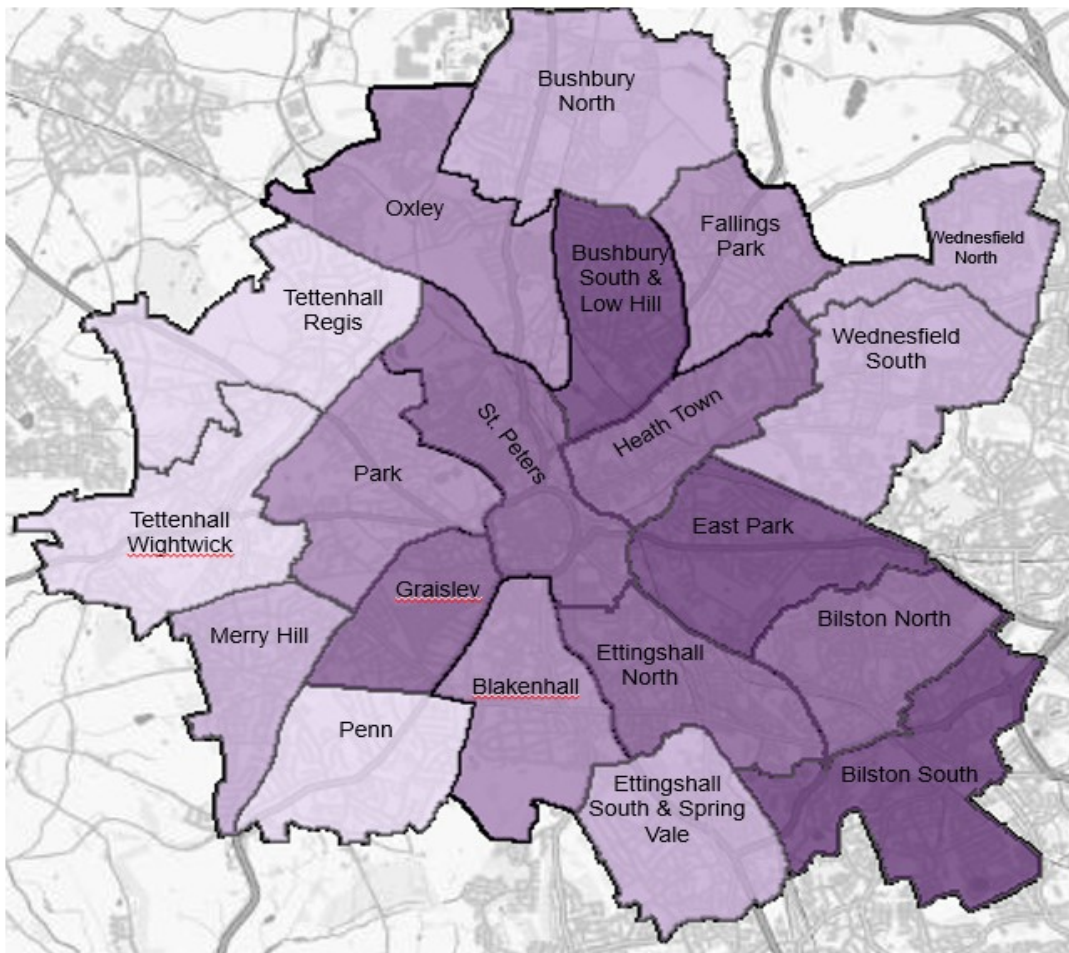
¹³ [City of Wolverhampton Council, WV Insight - Population.](#)

¹⁴ [How life has changed in Wolverhampton: Census 2021](#)

¹⁵ [Fingertips | Department of Health and Social Care](#)

¹⁶ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](#)

Figure 2: Map of Wolverhampton deprivation levels Source: Financial Wellbeing Strategy¹⁷



Note: Darker colour to indicate higher level of deprivation.

Figure 2 shows that deprivation is disproportionately concentrated in the central and southeastern wards of the city. Wards with higher levels of deprivation include Bilston South, Bushbury South & Low Hill, and East Park, where residents live in the 20% most deprived communities across the country. By contrast, the western part of the city, which includes Tettenhall Regis, Penn and Tettenhall Wightwick, experience lower levels of deprivation.

Individuals experiencing higher deprivation show greater susceptibility to the harmful effects of drugs and alcohol and are more likely to die or suffer from a disease relating to their substance use¹⁸.

Evidence - what works

It is evident that there are multiple groups and communities who are at higher risk of substance misuse. Engaging with treatment and recovery services is crucial to reduce the level of harm experienced by individuals and increases the chances of tackling dependency. However, specialist services cannot work in isolation and require partnership working to address the wider social determinants of health. The overview below provides a summary of the

¹⁷ [City of Wolverhampton Council, Wolverhampton Financial Wellbeing Strategy, 2022-2025.](#)

recommended interventions a treatment service should implement to reduce the harms caused by substances and support individuals to reduce or become abstinent of their drug/alcohol addiction.

Harm Reduction

Harm reduction refers to policies and practices that try to reduce the harm that people do to themselves or others from their drug use. It can be contrasted with primary prevention which tries to prevent people using drugs in the first place, or to stop them using once they've started.

Opiate Substitute Therapy

People who become dependent on heroin or other illicit opioids often benefit from opioid substitution treatment (OST). OST has 2 core elements: pharmacological and psychosocial. The pharmacological element involves replacing illicit opioids with a prescribed replacement opioid, such as methadone or buprenorphine. The psychosocial (talking) element supports people to stabilise on the replacement opioid and to then make positive changes to their lives and recover from their drug use. The long-term aim of OST is for the service user to completely stop using illicit opioids. In the shorter term, reduced illicit opioid use can reduce risk. OST is effective in reducing:

- illicit opioid use
- drug-related injecting
- blood-borne virus (BBV) transmission
- offending
- premature mortality (early death)

The [national clinical guidelines on drug misuse and dependence](#) outline best practice for OST.

Long-acting Buprenorphine

Long-acting Buprenorphine is a prolonged-release injection of OST. Maintenance of buprenorphine enables the person to stabilise while they make positive changes in their lives. Injections weekly or monthly reduce the need for daily pick-up of other substitute medications, making it easier for people to engage in everyday life such as work or study¹⁹.

Naloxone

Naloxone is a drug that reverses the effects of an opioid overdose, and therefore can help to prevent overdose deaths. It is a crucial medication and is widely distributed from treatment and recovery services mainly amongst clients engaged in treatment. However, it is particularly vital for outreach workers and front-line services to increase access amongst those who aren't in treatment to prevent drug-related deaths. Naloxone for use in the community currently comes in 2 forms:

- Prenoxad, a pre-filled syringe
- Nyxoid, a nasal spray

In May 2024, The Department of Health and Social Care updated the professionals that who can supply take home Naloxone without the need for prescription, these include armed

¹⁹ [Buprenorphine - Long Acting Injectable - Alcohol and Drug Foundation](#)

forces, the Police force, prison staff, probation officers and registered health care professionals²⁰.

Outreach

Outreach work enables workers to actively engage with vulnerable individuals within the community. It provides a flexible way of contacting, connecting and working with clients who have never accessed treatment services or who may have dropped out. Outreach presents an opportunity to offer advice, support and encouragement to dependent drug and alcohol users who don't know about or need to re-engage with services to access the treatment they need.

Specialist Treatment and Recovery Services

Drug and alcohol treatment services primarily support people to:

- reduce harm
- stabilise, reduce and in some cases stop problematic alcohol and drug use
- promote recovery

A person's initial treatment and recovery care plan typically involves reducing or abstaining from alcohol or drug use. From the outset, care plans should also seek to identify and build upon a person's recovery capital to support positive outcomes from treatment²¹.

NDTMS define the recovery support interventions provided while someone is in treatment as a range of non-structured interventions that run alongside or after structured treatment and are designed to reinforce the gains made in structured treatment and improve the client's quality of life in general. Recovery support can include mutual aid and peer support and practical help such as housing or employment support.

Recovery Near You (Wolverhampton Substance Misuse Service) is a free, confidential service for anyone in Wolverhampton concerned about their own or someone else's drinking or drug use. The service support people to put their drug and alcohol problems behind them, move on to find a job and rebuild their relationships. Working in both one-to-one and group settings, staff help people to improve their health and wellbeing. In addition, they provide clinical and psychosocial interventions.

Shared Care

GPs and pharmacists can play a crucial role for patients, with substance misuse issues, as many individuals would prefer to receive their treatment in primary care settings within the community. This may result in the GP being the keyworker or alternatively that role could be provided by a drug worker supporting the GP in a shared care arrangement.

Peer led Recovery

Peer-led initiatives help sustain an individual's recovery and strengthen their sense of purpose and direction. This approach unites people through common experiences and focuses on personal growth. It recognises the needs of people with lived and living experience, by actively checking in on each other, and employing models of co-production

²⁰ [Proposals to expand access to take-home naloxone supplies - GOV.UK](#)

²¹ [Part 1: introducing recovery, peer support and lived experience initiatives - GOV.UK](#)

within the community, the service learns and acquires shared knowledge from experienced peers.

Online support

The option of online support for people accessing drug and alcohol treatment services has been utilised steadily over recent times, however the need for online support was exacerbated due to the coronavirus pandemic²². Since the pandemic, many treatment services have implemented and maintained online support as part of their core services, utilising platforms such as Zoom and Microsoft Teams. The option of online support is both a way of cutting costs, as well as providing services at times that were convenient to their service users, when people are working during the day and treatment services may not provide services outside of the general 9am-5pm hours. Recovery Near You, continue to provide this option for their clients, however face to face interaction continues to be the preferred method of engagement.

Drug Prevention

Dame Carol Black's Independent Review of Drugs²³ highlighted the need for stronger evidence base for drug prevention work. This review came to three main conclusions:

- Focus on vulnerable 'groups will limit the reach of prevention activities; however, interventions should be inclusive of risk factors, contexts and behaviours, all of which could make individuals vulnerable. Strategies to reduce vulnerability must also target structural and social determinants of health, well-being and drug use.
- Although there is a strong evidence base of 'what works' the UK lacks a functioning drug prevention system, with workforce competency a key failing in current provision.
- Improving system resilience will require, long-term public investment and coordination of the whole range of services that aimed at increasing the likelihood of healthy development of children and young people across a range of domains, including efforts to address inequalities, social capital, and social norms.

²² [EMCDDA Papers-Health applications_Final.pdf](#)

²³ [Independent review of drugs: part 2 – prevention, treatment and recovery \(call for evidence\) - GOV.UK](#)

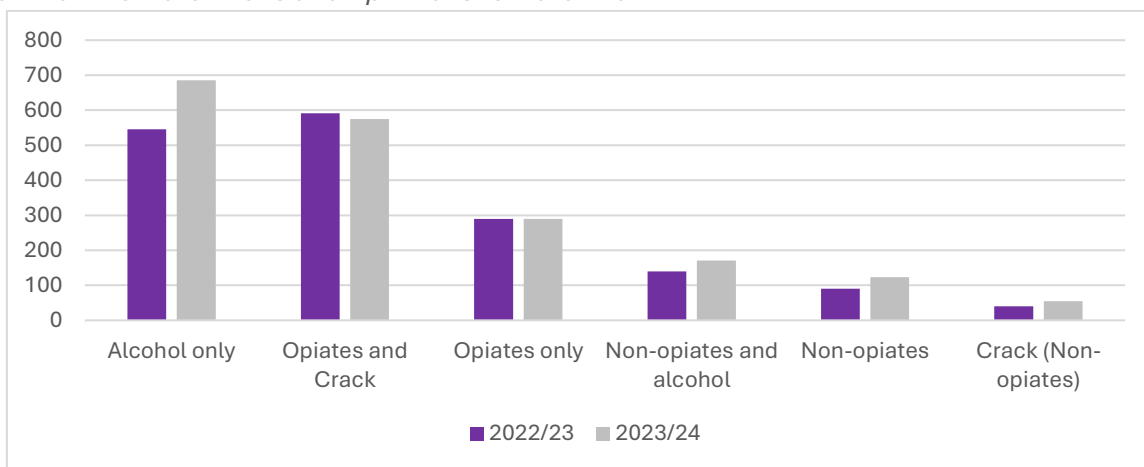
Data Profiles

The data profiles will outline the impact of substance misuse and summarise the findings.

Drugs and Alcohol – overall treatment picture

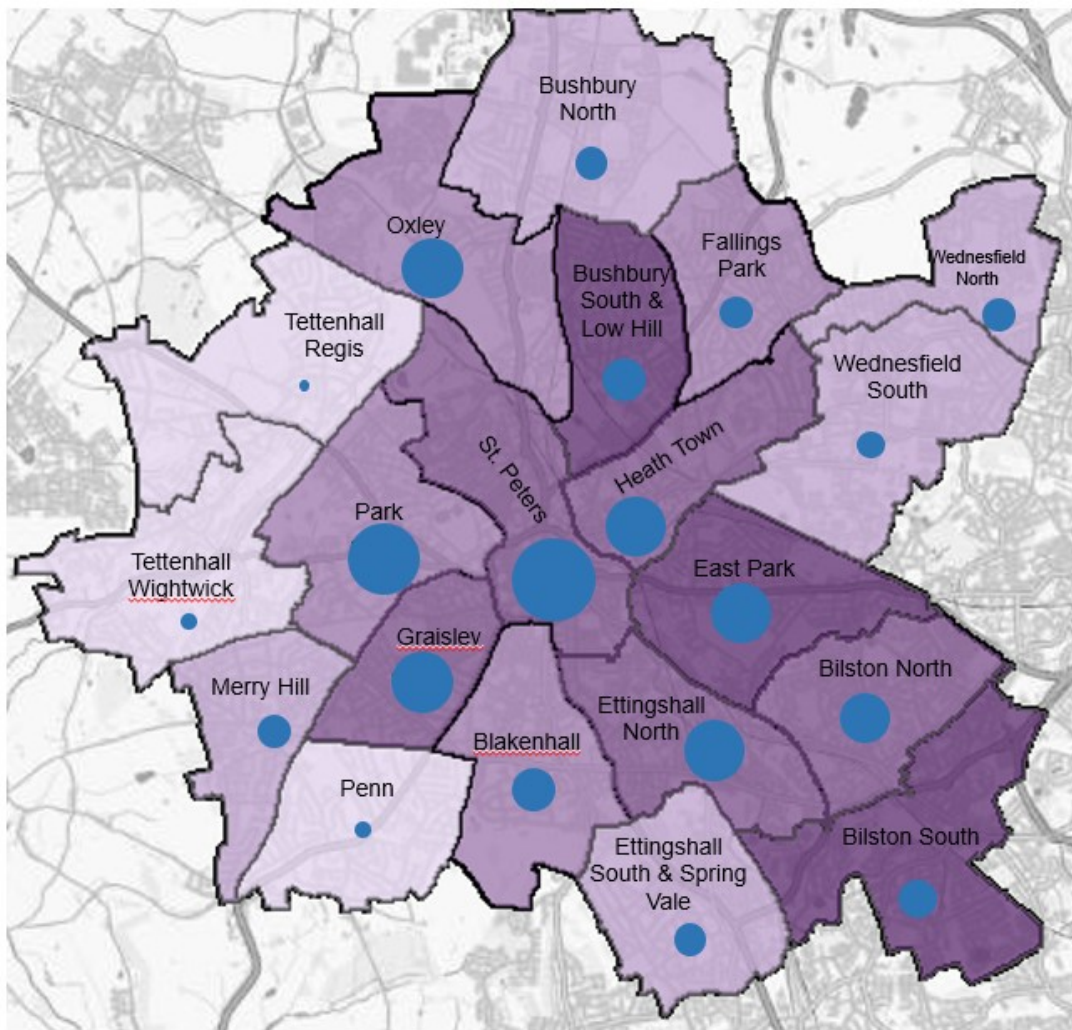
At the end of the reporting year April 2023 to March 2024 there were a total of 1,899 people in treatment for drugs and alcohol use. In comparison to 1697 people who were in treatment during 2022/23, equating to an increase of 202 people over a 12-month period. Those accessing treatment for alcohol only represent the largest increase of the additional 202 people accessing treatment (69%). In comparison, those accessing treatment for opiates and crack, and opiates only have either seen a decrease or stayed the same.

Figure 3: Number in treatment for substance misuse broken down by substance type during from April 2022 to March 2023 and April 2023 to March 2024



When reviewing those in treatment across the city for substance misuse, it is evident there are wards within the city experiencing disproportionate harms (figure 4).

Figure 4: The locality of those in treatment and level of prevalence by ward



The circles represent the proportion of those in treatment by ward, the larger the circle the higher the number of people in treatment within that ward. When overlaid with deprivation the ward map shows that those from lower socio-economic areas of the city are affected by higher levels of substance misuse, compared to the less deprived wards experiencing significantly less levels of harm.

St Peters (130), Park (125) and Graisleley (118) wards experience higher levels of harm, when reviewing the number of individuals in treatment. The ward map identifies that central areas within the city are significantly affected by substance misuse, when compared to western areas of the city such as Tettenhall Regis (33) and Tettenhall Wightwick (41).

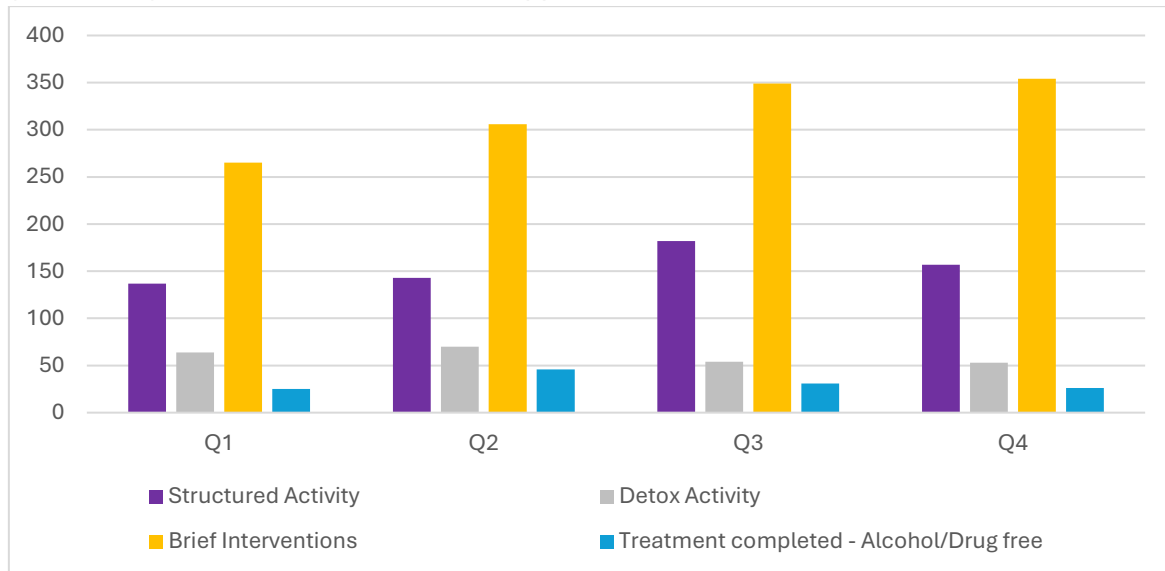
Drug and Alcohol Liaison Team (DALT)

The drug and alcohol liaison team (DALT) supports patients who may be experiencing substance misuse issues when presenting in hospital. This support involves:

- assessing the patient
- providing brief and structured interventions
- liaising with community services
- assisting with managing withdrawals and detoxes
- assessing whether admission is the best outcome for the patient

There was a total of 1,893 individuals supported in Structured, Brief Interventions, or Detoxed within the period via DALT for drugs and alcohol during 2022/23. A high proportion of those were in relation to alcohol use (1,529) including both alcohol only and alcohol and non-opiates. The remaining 364 engaged with DALT due to drug use. This further emphasises the scale of the prevalence of alcohol harm seen within the city.

Figure 5: Drug and Alcohol Liaison Team Support 2022/23



There was a total of 241 detoxes during the 2022/23 period, of those 180 were a Wolverhampton resident, however just under ¼ of those successful completions were residents out of area.

Substance use and pregnancy

Drinking alcohol during pregnancy increases the risk of causing harm to the unborn baby, sometimes resulting in mental and physical problems called Foetal Alcohol Spectrum Disorder²⁴.

To support expectant mothers, a joint pathway has been developed between maternity and specialist substance misuse services via DALT to ensure those who may be affected are identified, case managed and supported. The DALT team provide advice and support, highlighting the significant risks associated with substance use whilst pregnant.

During 2023 there were a total of 41 individual cases in Wolverhampton, with 12 cases where the person was out of area.

Alcohol

Scale of the issue - national and regional

In England there are over 10 million people consuming alcohol at levels above the Chief Medical Officers recommended 14 units per week²⁵. In addition, there is an estimated 608,416 adult's dependent on alcohol across England in 2019/20, an increase of 1% from 2018/19²⁶.

²⁴ [Drinking alcohol while pregnant - NHS](#)

²⁵ [Alcohol: applying All Our Health - GOV.UK](#)

²⁶ [Estimates of alcohol dependent adults in England: summary - GOV.UK](#)

Alcohol is and continues to be the leading risk factor for ill-health, early mortality, and disability among those aged 15 to 49 years, and among all ages, the fifth leading risk factor²⁷. Whilst the average age of death from all causes in England is 77.6 years, the average age of those dying from an alcohol-specific cause is 54.3 years²⁸. Alcohol harm affects younger age groups, with more working years of life lost (YLL) in England to alcohol than from the 10 most frequent cancer types combined²⁹.

It is estimated that 14.3 per 1,000 population are alcohol dependent on alcohol in the West Midlands, higher than the national estimate (13.7 per 1,000)³⁰. In addition, the rates of hospital admissions within the region are above average national rates for alcohol-specific conditions, which are driven by high rates in areas such Birmingham, Coventry, Sandwell and Wolverhampton.

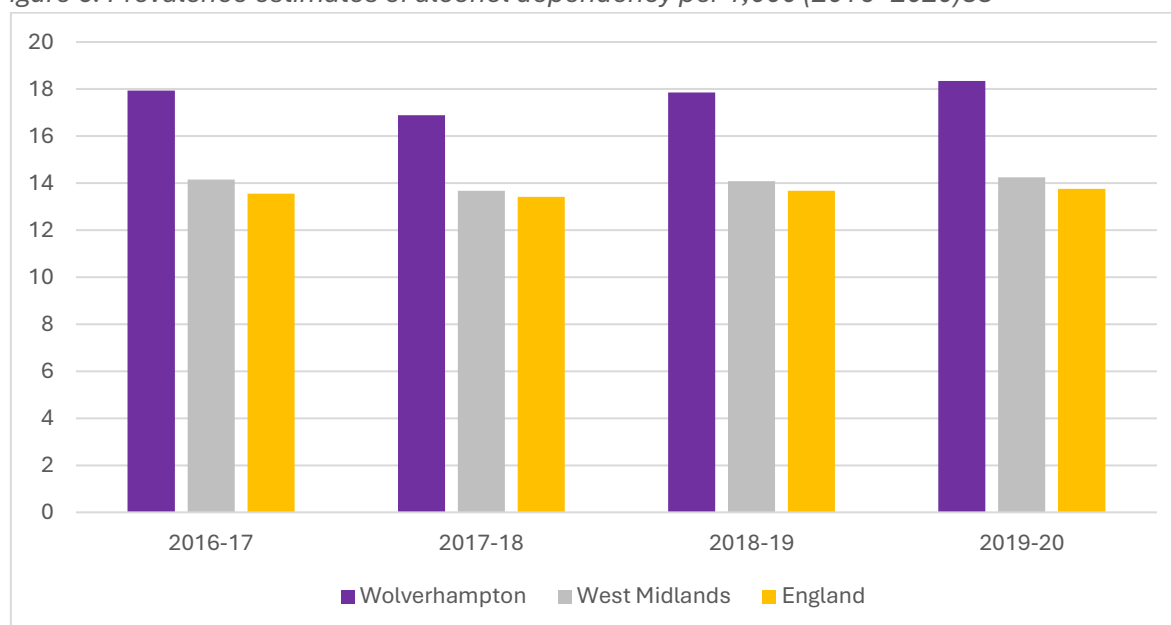
However, most of these areas also have a higher-than-average percentage of adults who abstain from drinking altogether, which may reflect the cultural diversity of localities. The rate of alcohol-specific admissions for under 18s is also lower than average overall. Furthermore, it is found the percentage of adults drinking above the recommended 14 units per week is similar to or lower than the England average across the region, alarmingly this still relates nearly 1 in 5 adults in the West Midlands drinking over the recommended units per week³¹.

Local Prevalence and Unmet need

Prevalence

Alcohol prevalence is the estimated number of people dependent on alcohol. The most current prevalence data available (2019-20) suggests that 18.35 per 1,000 population are alcohol dependent in Wolverhampton, compared to 14.25 regionally and 13.75 nationally during the same time period. These rates have shown marginal changes between 2016 to 2020³².

Figure 6: Prevalence estimates of alcohol dependency per 1,000 (2016 -2020)³³



²⁷ [Alcohol public health burden evidence review 2016](#)

²⁸ [Alcohol public health burden evidence review 2016](#)

²⁹ [Alcohol Profiles for England: short statistical commentary, May 2024 - GOV.UK](#)

³⁰ [Estimates of alcohol dependent adults in England: summary - GOV.UK](#)

³¹ [West Midlands Combined Authority, Health of the region, 2020.](#)

³² [NDTMS - Treatment and recovery unmet need toolkit](#)

³³ [NDTMS - Treatment and recovery unmet need toolkit](#)

The prevalence estimates for males per 1,000 population (30.45) are much higher than females (6.5) in Wolverhampton. Although the rates seen regionally and nationally aren't as high, trends show there appears to be stark disparities between males and females both in the West Midlands (Males, 22.45 and Females, 6.36) and England (Males, 21.54 and Females 6.27)³⁴.

Table 1: Alcohol prevalence estimates by age for 2019-20

Wolverhampton Alcohol estimates	Age group			
	18-24	25-34	35-54	55+
% of Wolverhampton population who are Alcohol dependent	11.1%	23.1%	49.9%	15.9%
Rate of alcohol dependency per 1000 population	19.23	22.39	26.87	8.02
Alcohol dependency by number	410	853	1841	587
Alcohol unmet treatment need	92.4%	82.9%	71.9%	64.4%

When reviewing prevalence by age groups it is evident that those aged 35-54 years have a higher alcohol dependency than other identified age groups. However, in contrast this age group has a lower unmet treatment need in comparison to younger age groups.

Unmet treatment need

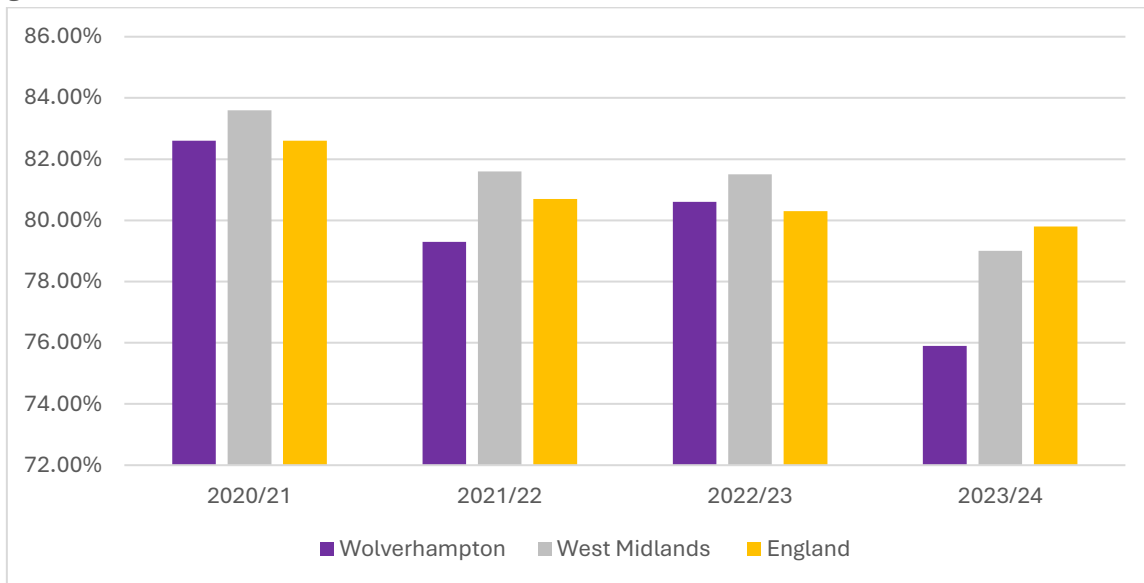
Unmet need is the proportion of adults with alcohol dependency who would benefit from but are not currently engaged with treatment.

There are significant levels of unmet need for people living with alcohol dependency not currently engaged with treatment within Wolverhampton. The current unmet need of alcohol dependency in Wolverhampton is 77.1%, which is slightly below the regional average at 79.5% and the national average at 78.4%³⁵.

³⁴ [NDTMS - Treatment and recovery unmet need toolkit](#)

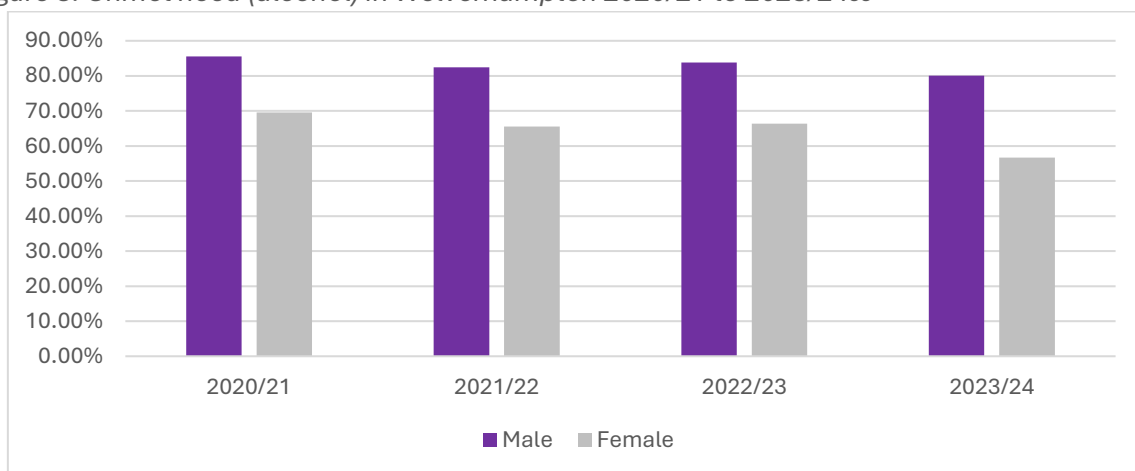
³⁵ [NDTMS - Treatment and recovery unmet need toolkit](#)

Figure 7: Comparable unmet Alcohol need between Wolverhampton, West Midlands and England between 2020/21-2023/24³⁶



The level of unmet need in Wolverhampton has declined since 2020/2021 (82.6%), a decrease of 6.7% over a two-year period. There can be two contributing factors to this (1) the decline in unmet need associated to women (over 10% in that time period) and (2) the increase in people accessing treatment for alcohol consumption, which has rose 21% from 2022/23 to 2023/24³⁷.

Figure 8: Unmet need (alcohol) in Wolverhampton 2020/21 to 2023/24³⁸



Whilst there are significant differences in unmet treatment need for males (80.1%) and females (56.7%) in Wolverhampton, there is much greater unmet need seen within females regionally (66.7%) and nationally (65.2%). Unmet need for males in Wolverhampton is comparable both regionally (82.7%) and nationally (81.6%)³⁹.

The chart below shows the numbers of those in treatment during the 2023/24 period against the prevalence estimates for 2019/20 and demonstrates the significant level of unmet need. There is a disproportionate number of people with a treatment need compared to the numbers of people engaged in treatment.

³⁶ [NDTMS - Treatment and recovery unmet need toolkit](#)

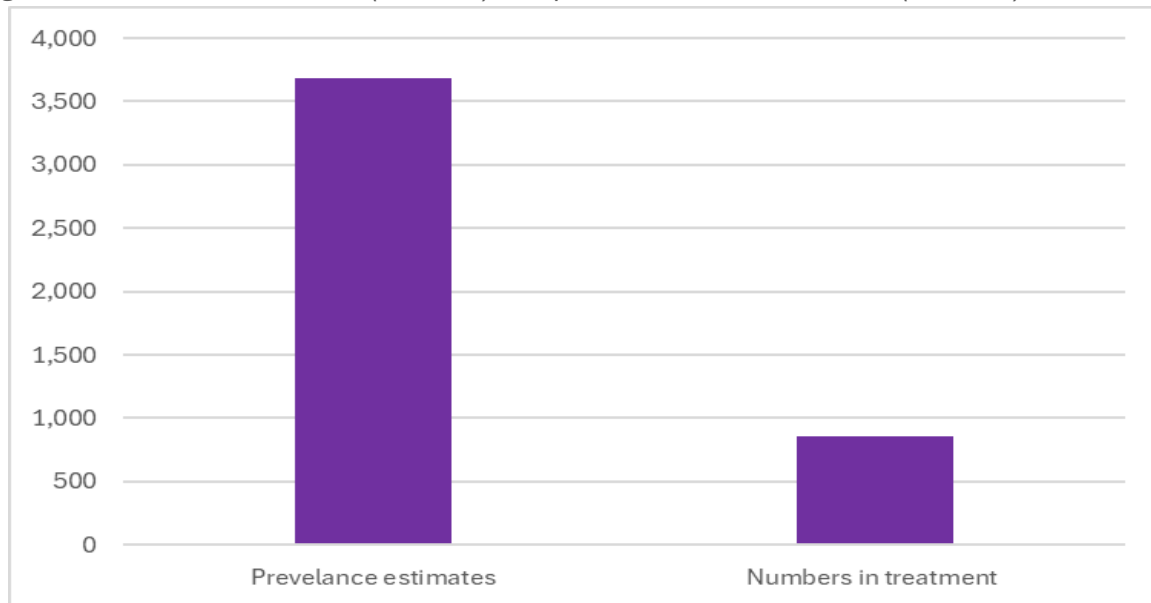
³⁷ [NDTMS - Treatment and recovery unmet need toolkit](#)

³⁸ [NDTMS - Treatment and recovery unmet need toolkit](#)

³⁹ [NDTMS - Treatment and recovery unmet need toolkit](#)

There is a total of 856 people in treatment for their alcohol use, however, prevalence estimates suggest that around 3688 people require treatment.

Figure 9: Prevalence estimates (2019/20) compared to those in treatment (2023/24)⁴⁰



The level of unmet need in those aged 35-54 years is evident, with only 521 people accessing treatment. There are similar instances of unmet need compared to those in treatment across all age groups, although the level of unmet need in those aged 55+ years is much less than other represented age groups.

Hospital admissions

In recent years, many indicators of alcohol-related harm have increased. Nationally, there are now over 1 million hospital admissions relating to alcohol each year, half of which occur in the lowest three socioeconomic deciles⁴¹.

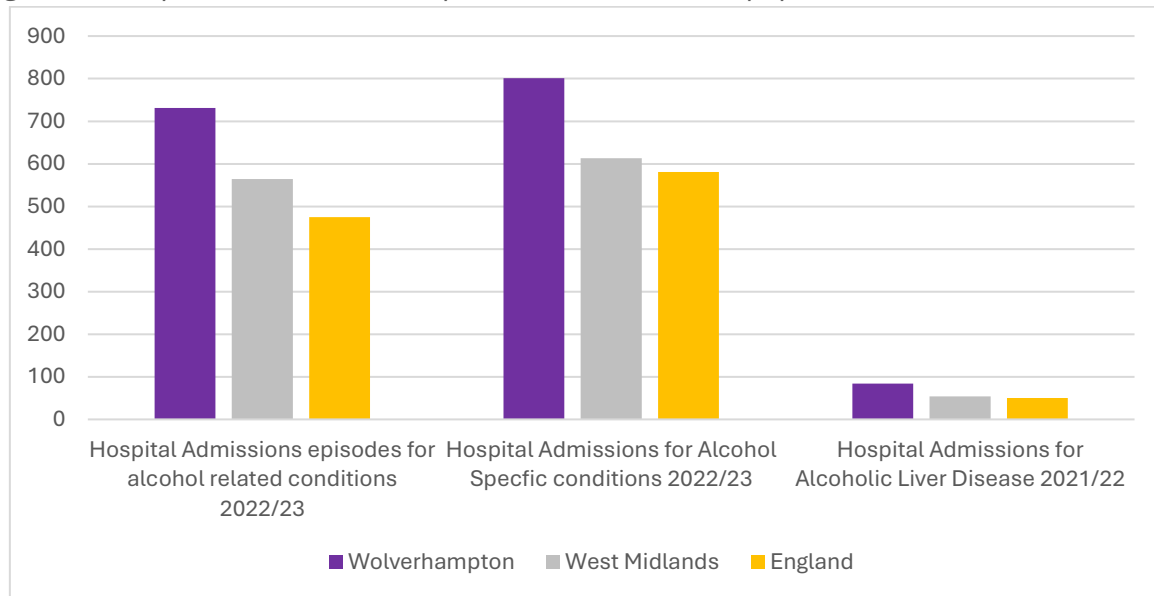
In Wolverhampton hospital admissions for both alcohol related (731 per 100,000 population) and alcohol specific (801 per 100,000 population) were higher than regional and national admissions during the 2022/23 reporting period. In addition, admissions for alcoholic liver disease were 83.9 per 100,000 population, again higher than both regional and national admission rates⁴².

⁴⁰ [NDTMS - Treatment and recovery unmet need toolkit](#)

⁴¹ [Alcohol public health burden evidence review 2016](#)

⁴² [Department of Health and Social Care, Hospital admissions rates per 100,000](#)

Figure 10: Hospital admissions rates per 100,000 of the adult population⁴³



Conversely, admission episodes for alcohol-specific conditions for under 18's in Wolverhampton is 18.7 per 100,000 population, this is less than what seen in the region (20.4) and nationally (26.0)⁴⁴.

Deaths from alcohol

Alcohol-specific deaths only include those health conditions where each death is a direct consequence of alcohol (that is, wholly attributable causes such as alcoholic liver disease). It does not include all deaths that can be attributed to alcohol (alcohol-related deaths).

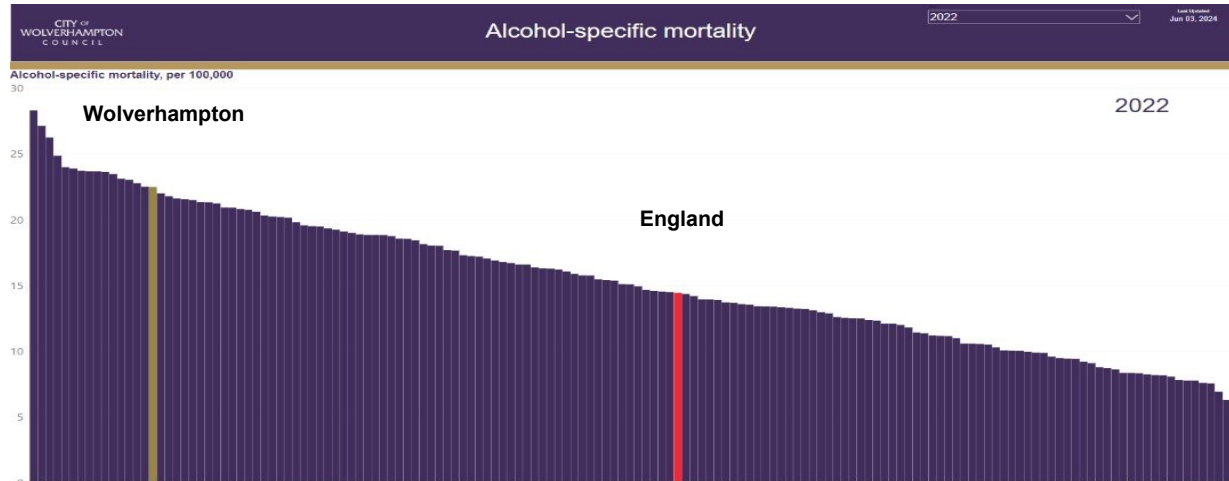
The graph below indicates that Wolverhampton sits at 22.5 per 100,000 population for alcohol specific mortality in 2022, in comparison to regional (15.8 per 100,000) and national (13.9 per 100,000) rates. However, Wolverhampton has seen a significant drop since 2020 (29.01 per 100,000) at which point Wolverhampton had the highest rate per 100,000 population in the UK⁴⁵.

⁴³ [Department of Health and Social Care, Hospital admissions rates per 100,000](#)

⁴⁴ [Department of Health and Social Care, Hospital admission episodes for Under 18's alcohol specific.](#)

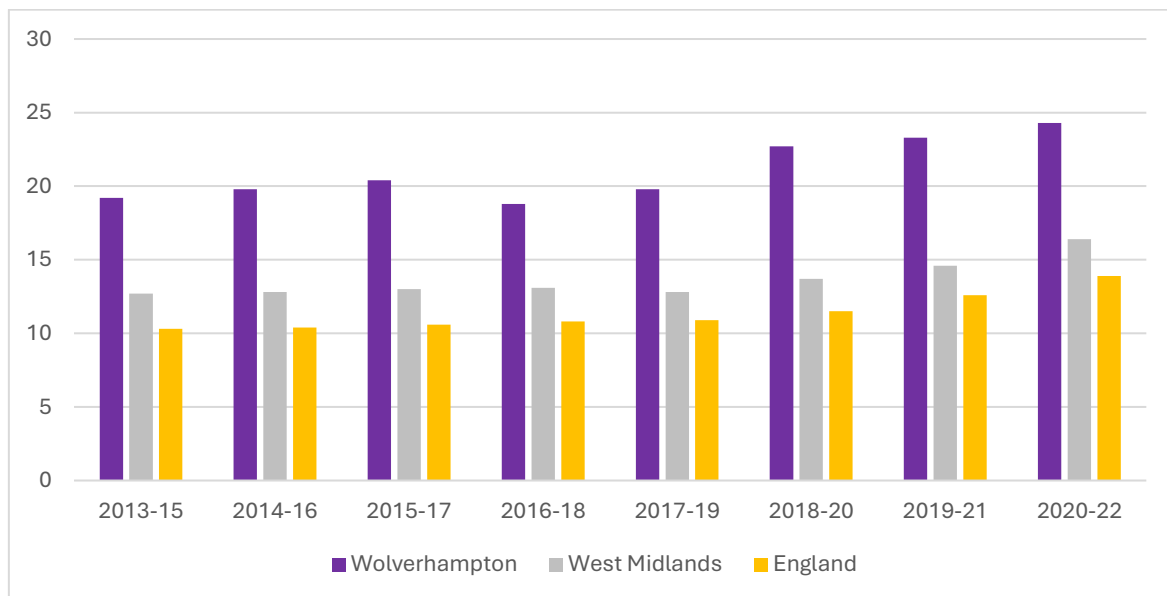
⁴⁵ [Department of Health and Social Care, Alcohol Specific Deaths.](#)

Figure 11: Alcohol Specific Mortality rate (1 year range) per 100,000 population 2022⁴⁶



Rates of deaths specifically related to alcohol across England have continued to increase year upon year since 2013-2015, rates in the West Midlands have shown similar lines of increase to national rates⁴⁷. In Wolverhampton the 3-year rate of deaths specific to alcohol have continually been higher than regional and national averages with a rate of 24.3 per 100,000 population (2020-2022), significantly higher than the West Midlands (16.4) and England (13.9)⁴⁸.

Figure 12: Alcohol specific (3-year range) rates per 100,000 population (2013-2022)⁴⁹



When reviewing deaths on a ward level between 2019-2023 of over 300 alcohol specific deaths that occurred in Wolverhampton, the most common wards of residence were Graiseley (22), Bushbury South and Low Hill (21), Park (20), Bilston North (19), Oxley (19), Ettingshall South and Spring Vale (19) and Heath Town (19).

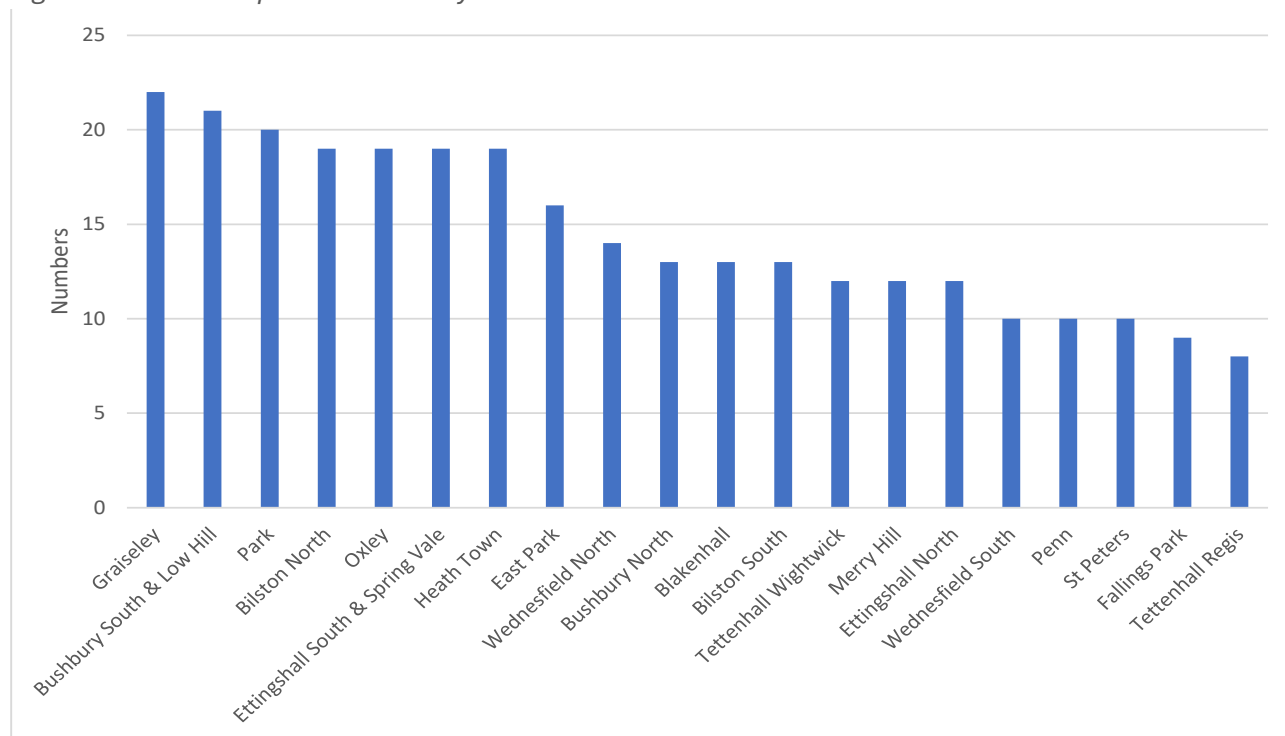
⁴⁶ [Department of Health and Social Care, Alcohol Specific Mortality \(1 year range\).](#)

⁴⁷ [Alcohol-specific deaths in England and Wales by local authority - Office for National Statistics \(ons.gov.uk\)](#)

⁴⁸ [Alcohol-specific deaths in England and Wales by local authority - Office for National Statistics \(ons.gov.uk\)](#)

⁴⁹ [Alcohol-specific deaths in England and Wales by local authority - Office for National Statistics \(ons.gov.uk\)](#)

Figure 13: Alcohol Specific deaths by ward 2019-2023



This data clearly highlights the impact of excessive alcohol consumption across the local population, within areas of high deprivation.

Deaths in treatment

During the 2023/24 reporting period, there were a total of 14 people that died whilst in treatment from alcohol-specific conditions, this accounts for 1.63% of all individuals in treatment (NDTMS). This slightly exceeds what is seen nationally (1.01%) during this same period. The larger number of those deaths in treatment for alcohol-specific conditions were male (13) with one person female⁵⁰. When reviewing deaths that occurred in treatment for alcohol and non-opiates and alcohol, those aged 50+ were most at risk, with 8 of the 14 deaths occurring within this age group. Six of those deaths were found to be aged between 30-49 years⁵¹.

Identification of alcohol harm

Screening of alcohol consumption is crucial to identify where individuals may be drinking at harmful levels. Screening in primary care is predominantly undertaken as part of NHS Health checks and the new patient registration process. Screening occurs across all Primary Care Networks in Wolverhampton to varying levels.

The most common screening tool used to review an individuals' level of alcohol consumption is the Audit-C tool, a 3-item questionnaire. Should the initial score indicate harmful drinking levels the individual will undertake the full Alcohol Use Disorders Identification Test (AUDIT) a 10-item screening tool, to assess the risk of harm and whether further support is needed.

NHS Health Checks

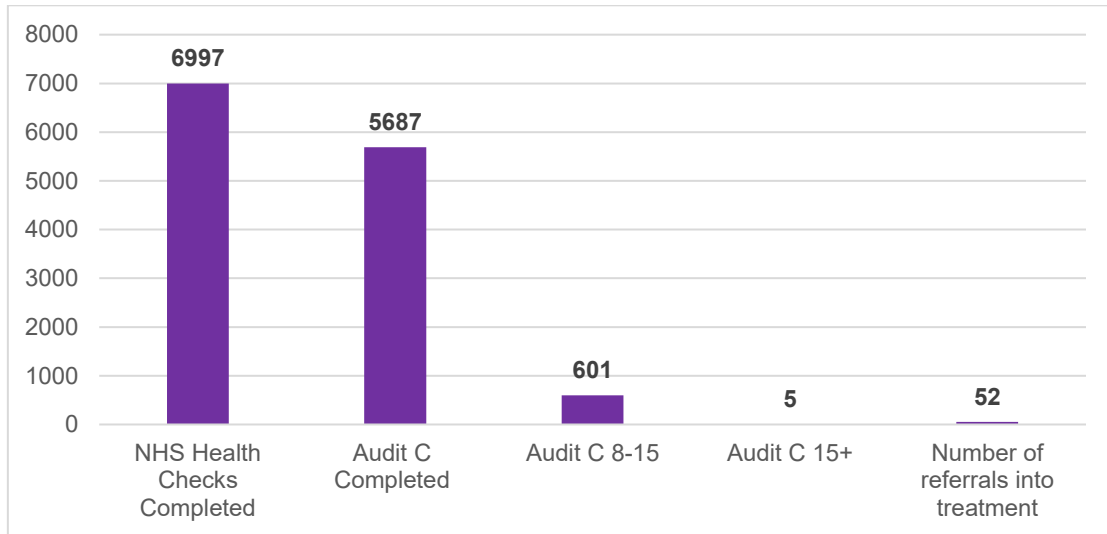
There was a total of 6997 NHS Health Checks completed in Wolverhampton during 2023/24. Of those who completed an NHS Health Check, 5687 completed an Audit-C. As a result, 601

⁵⁰ [NDTMS - Local Outcomes Framework](#)

⁵¹ [NDTMS - Local Outcomes Framework](#)

people screened positive (scoring 15-18), suggesting they were drinking at increasing or high-risk levels. A further 5 people scored 15+, indicating alcohol dependence. A total of 52 referrals were made to alcohol support services.

Figure 14: NHS Health check screening 2023/24 using Audit/ Audit C

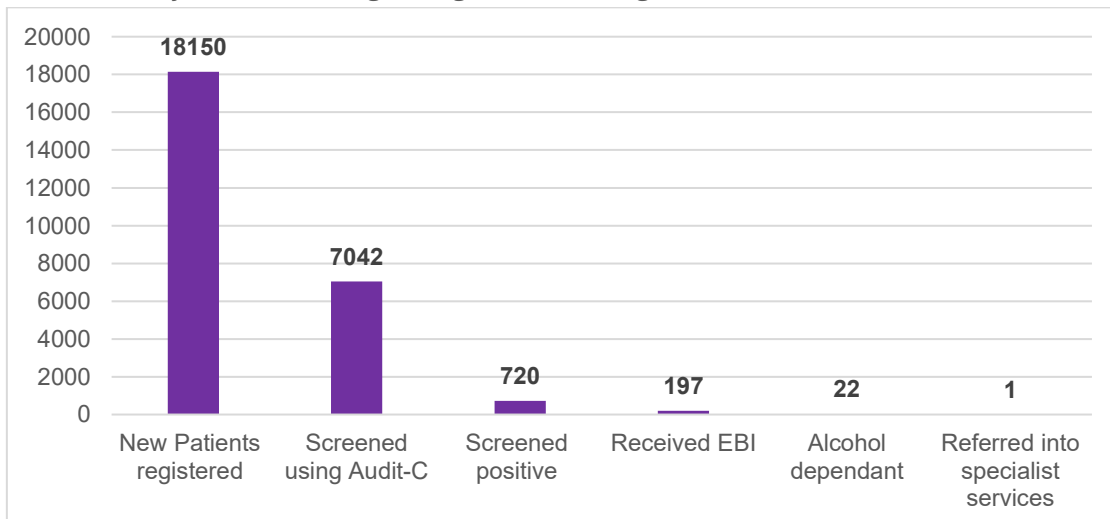


Screening in Primary Care

A total of 18,150 new patients were registered across GP practices between April 2022 – March 2023 in Wolverhampton, of those newly registered patients a total of 7047 people were screened using the short audit tool (Audit-C).

Of those screened, a total of 720 screened positive (score of 5+), a total of 197 were identified as drinking at increasing risk or higher risk and received a brief intervention to reduce their alcohol risk. The remaining 22 individuals indicated potential alcohol dependence, following a full AUDIT assessment, however only 1 person was referred to specialist alcohol support services.

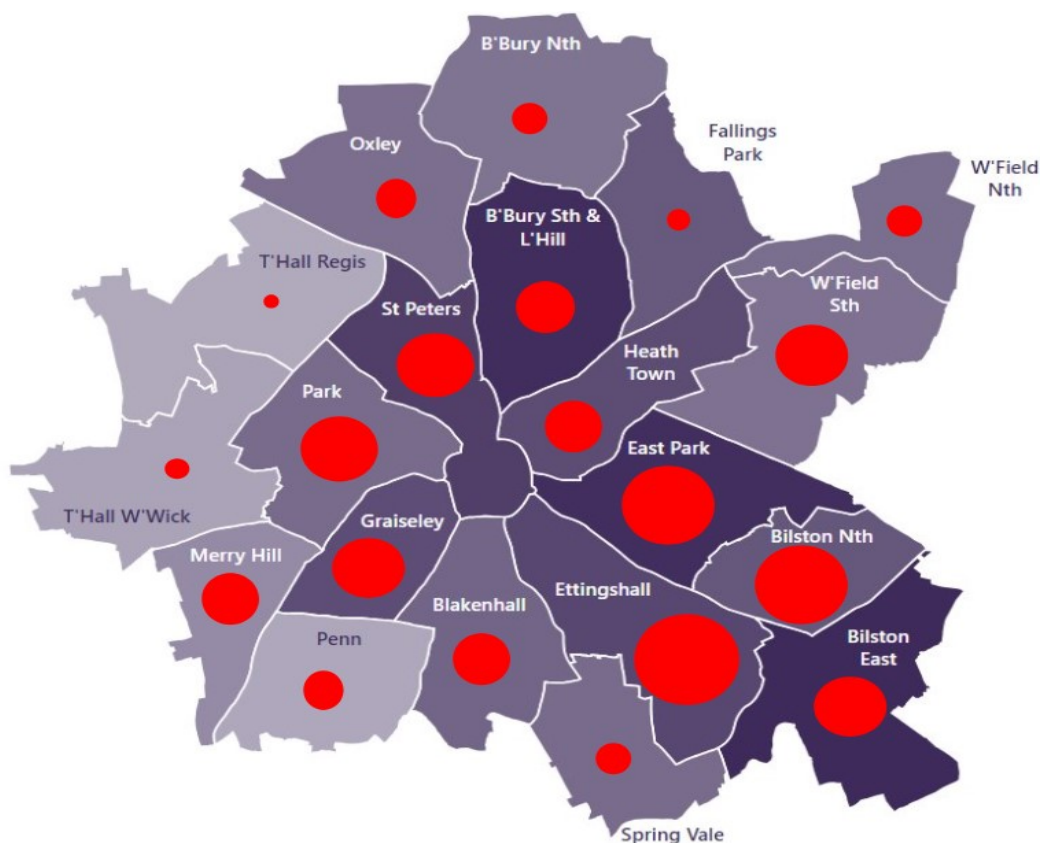
Figure 15: Primary Care screening during 2022/23 using AUDIT/AUDIT-C or FAST



Treatment data

Between April 2023 – March 2024, there were 308,607 adults in contact with drug and alcohol services across the UK, those in treatment specifically for alcohol alone make up 42% of all adults in treatment⁵². When reviewing the total number in treatment for all substances in Wolverhampton, those in treatment for alcohol make up 45%, this is comparable with what is seen nationally and regionally⁵³.

Figure 16: Those in treatment for alcohol use overlaid with deprivation 2023/24



In Wolverhampton, the total number of people in treatment for alcohol during 2023/24 was 856 this is a significant increase of 148 (21%) from 2022/23 when there were 708 people in treatment for alcohol use. When reviewing the locality of those in treatment for alcohol use, it is evident that wards within the city are disproportionately affected, with Eastern areas of the city experiencing higher numbers of people accessing treatment.

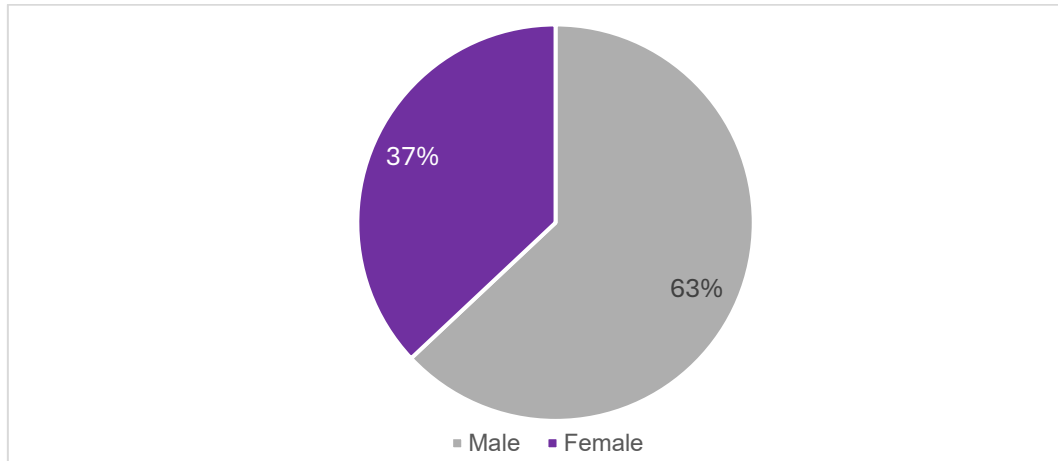
The majority of those in treatment for alcohol are male (63%), with 37% females⁵⁴.

⁵² [NDTMS - Local Outcomes Framework](#)

⁵³ [NDTMS - Local Outcomes Framework](#)

⁵⁴ [NDTMS - Local Outcomes Framework](#)

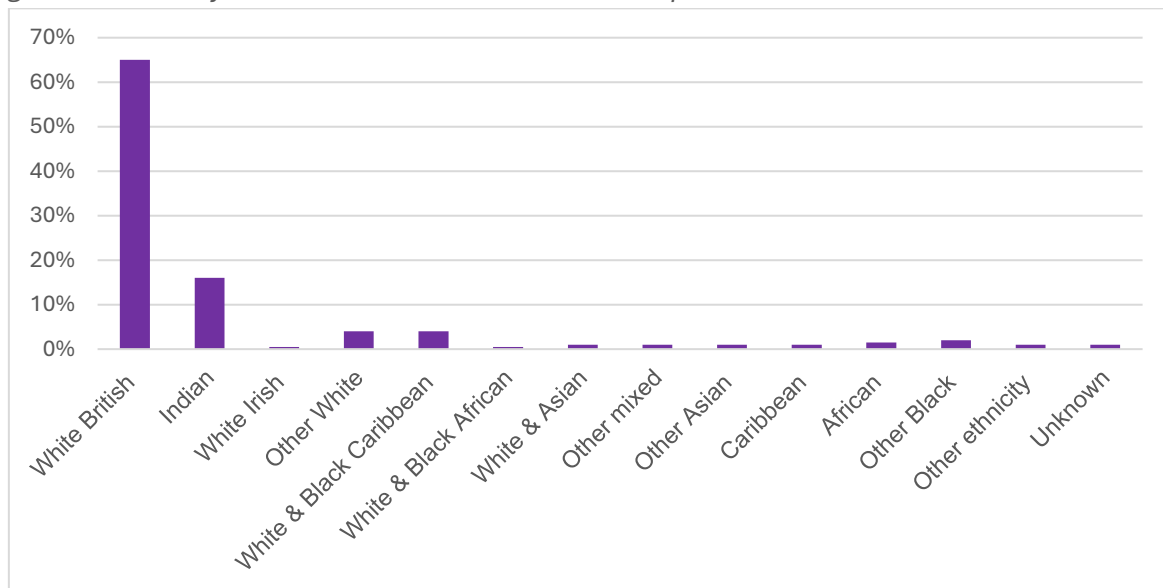
Figure 17: Gender breakdown for those in treatment within Wolverhampton 2023/2455



When reviewing those in treatment by age, those aged 30-49 years made up over half of those in treatment (54%), with ages 50+ making up 37% in treatment. The younger age demographic, aged 18-29, made up only 8% of those in treatment, the lowest represented group in treatment⁵⁶.

The highest percentage of those in treatment identify as White British (65%), followed by Indian (16%), this is a significant difference when comparing to those identifying as Indian in treatment regionally (4%) and nationally (2%)⁵⁷.

Figure 18: Ethnicity of those in treatment in Wolverhampton between 2023/24 58



The highest proportion of those in treatment identify as having no religious status (31%), followed by Christian (20%) and unknown religion at 9%⁵⁹.

10% of those in treatment identified as Sikh, this highlights a small underrepresentation of the local population, when compared to the local profile for the City of Wolverhampton (12%)⁶⁰.

⁵⁵ [NDTMS - Local Outcomes Framework](#)

⁵⁶ [NDTMS - Local Outcomes Framework](#)

⁵⁷ [NDTMS - Local Outcomes Framework](#)

⁵⁸ [NDTMS - Local Outcomes Framework](#)

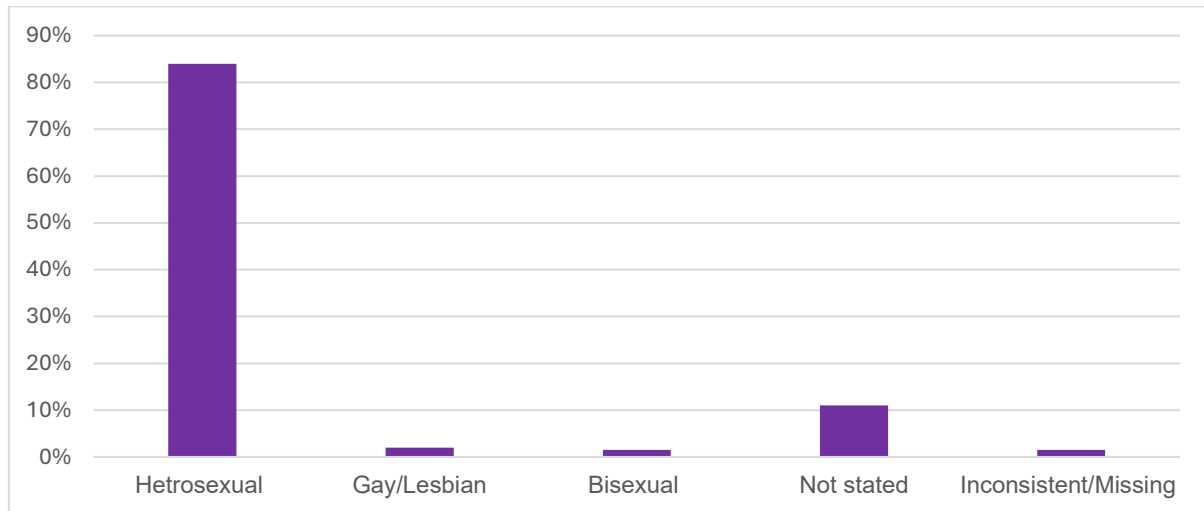
⁵⁹ [NDTMS - Local Outcomes Framework](#)

⁶⁰ [Equalities - WVInsight](#)

Although the Sikh faith encourages abstinence from alcohol, the British Sikh report found that 64% of males and 56% of females reported they drink alcohol⁶¹.

Most of those adults in treatment identify as Heterosexual (84%), 11% of those in treatment did not state their sexuality. It appears there is a representative percentage of those in treatment from the LGBTQ+ community, with 4% of those in treatment identifying as Gay/Lesbian or Bisexual, this is comparable with Wolverhampton population data (3.17%), according to Sexual Orientation by age and sex (census 2021)⁶².

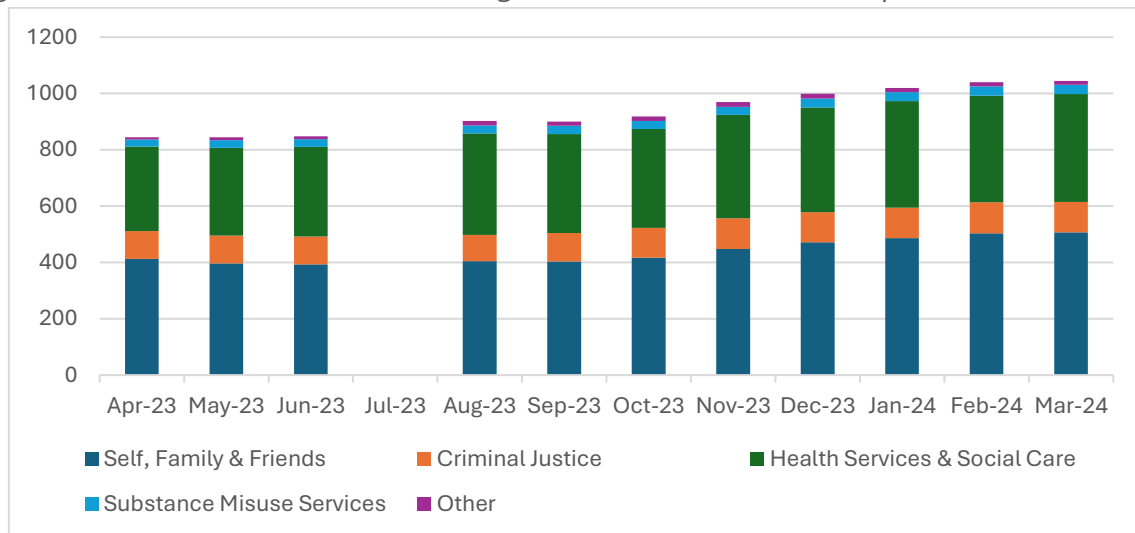
Figure 19: Sexuality of those in treatment in Wolverhampton between 2023/2463



Referrals into treatment

The graph below identifies the main referral sources for those accessing alcohol treatment within Wolverhampton between April 2023 – March 2024. The most common referral source was Self, Family and Friend (47%), followed by Health and Social Care (43%)⁶⁴.

Figure 20: Referral data for those accessing alcohol treatment between April 2023 – March 2024



⁶¹ [Sikh Recovery Network, Impacts of alcohol consumption amongst Sikhs, 2022](#)

⁶² [Equalities - WVInsight](#)

⁶³ [NDTMS - Local Outcomes Framework](#)

⁶⁴ [NDTMS - Local Outcomes Framework](#)

Length of time in treatment

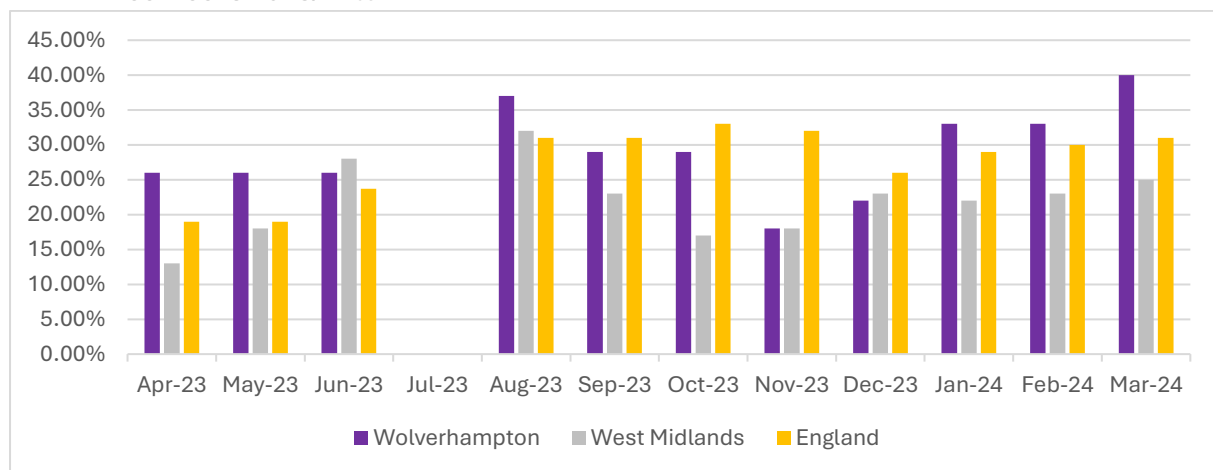
A review of client time in treatment for alcohol use, suggests that 8.9% of the clients have been in treatment for two or more years, the average time in treatment being 8 months.

Continuity of Care

It is crucial that people leaving prison with a treatment need, engage with community treatment services following release from prison. This appointment should be within 3 weeks of leaving prison for the person's care to be classed as continuity of care. Treatment engagement and continuity of care is vital to reducing their risk of death and in supporting them from reoffending.

The continuity of care indicator measures how well community treatment providers engage with people leaving prison in a timely fashion. The national target for 2024/25 is to engage with at least 75% of individuals leaving prison within three weeks of release (pick-up rate).

Figure 21: The percentage of prison leavers with a treatment need picked up in the community within three weeks 2023/24⁶⁵



Parents Living with Children

92 (18%) of new presentations in treatment for Alcohol, were from adults living with a child under the age of 18, this is lower than what is seen nationally (23%). However, new presentations in treatment for adults living with children under 18 for Alcohol and Non-opiates in Wolverhampton (25%) is higher than that seen nationally (20%)⁶⁶.

Of those in treatment who were living with a child under the age of 18, over 1 in 3 adults successfully completed alcohol treatment in Wolverhampton (34%), in comparison, this is lower than what is seen nationally (40%). For Alcohol and Non-opiates, 1 in 4 adults in Wolverhampton complete successfully compared to 1 in 3 nationally⁶⁷.

Detox

Detox can be a key stage in achieving abstinence for people who are dependent on drugs or alcohol. Detox is the safe and effective discontinuation of a dependent substance.

A total of 212 people accessed inpatient detox during 2023/24 for alcohol use, 75% (160) of those were male and 25% (52) female. When reviewing the ethnicity of those accessing inpatient detox, a high proportion of those were White British (73%), with a further 18%

⁶⁵ [NDTMS - Local Outcomes Framework](#)

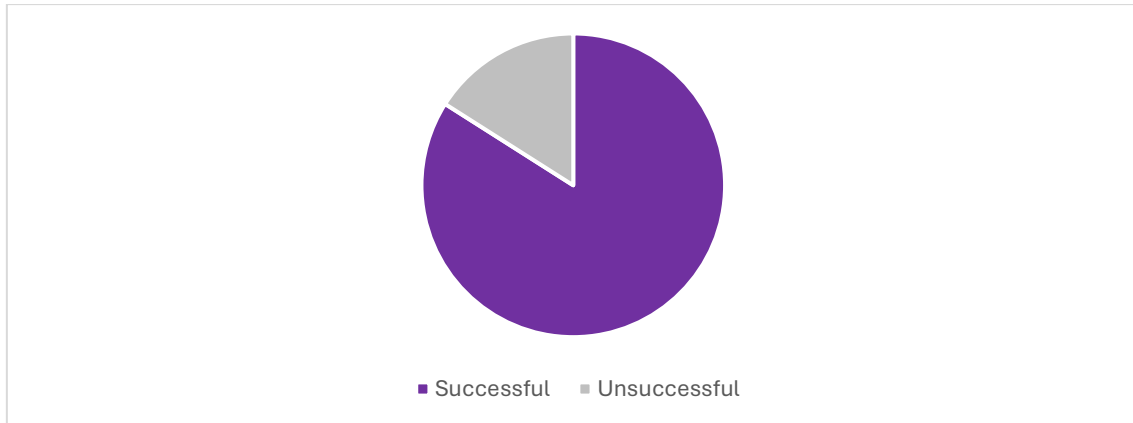
⁶⁶ [NDTMS - Local Outcomes Framework](#)

⁶⁷ [NDTMS - Local Outcomes Framework](#)

identifying as Indian. Those aged 35-44 (101) and 50+ (101) years were more likely to access in-patient detox.

Of the 212 people that accessed inpatient detox, 84% completed successfully, with the remaining 16% unsuccessful in their in-patient detox.

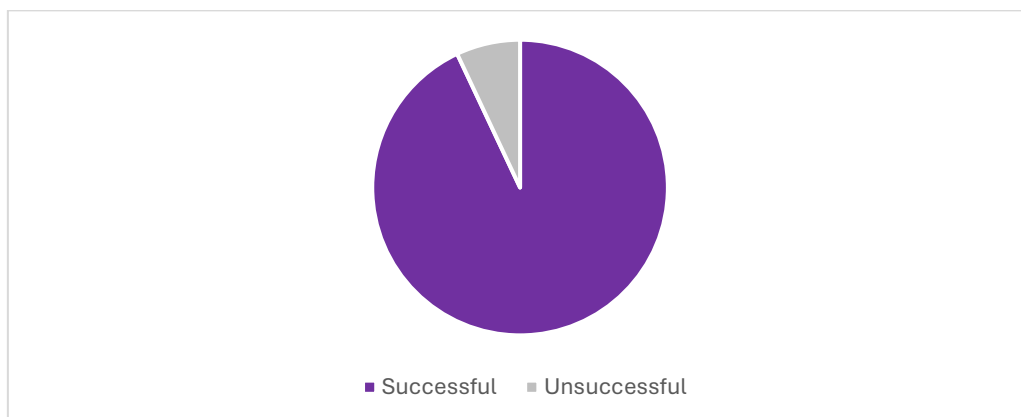
Figure 22: Outcome of inpatient detoxes 2023/24



In addition to inpatient detoxes, detoxes are also offered in the community for moderately dependent drinkers who score between 15-29 on the severity of alcohol dependence questionnaire. During 2023/24 a total of 61 people accessed community detox, 66% identifying as male with 34% reported as female. One person was pregnant and one person a veteran.

When reviewing the ethnicity of those accessing community detox, the high proportion of those were White British (75%) with a further 13% identifying as Indian. Those aged 35-44 years more likely to access community detox. Of the 61 people accessing community detox, 93% completed successfully, with the remaining 7% unsuccessful in their community detox.

Figure 23: Successful/unsuccessful community detoxes 2023/24



Residential Rehab

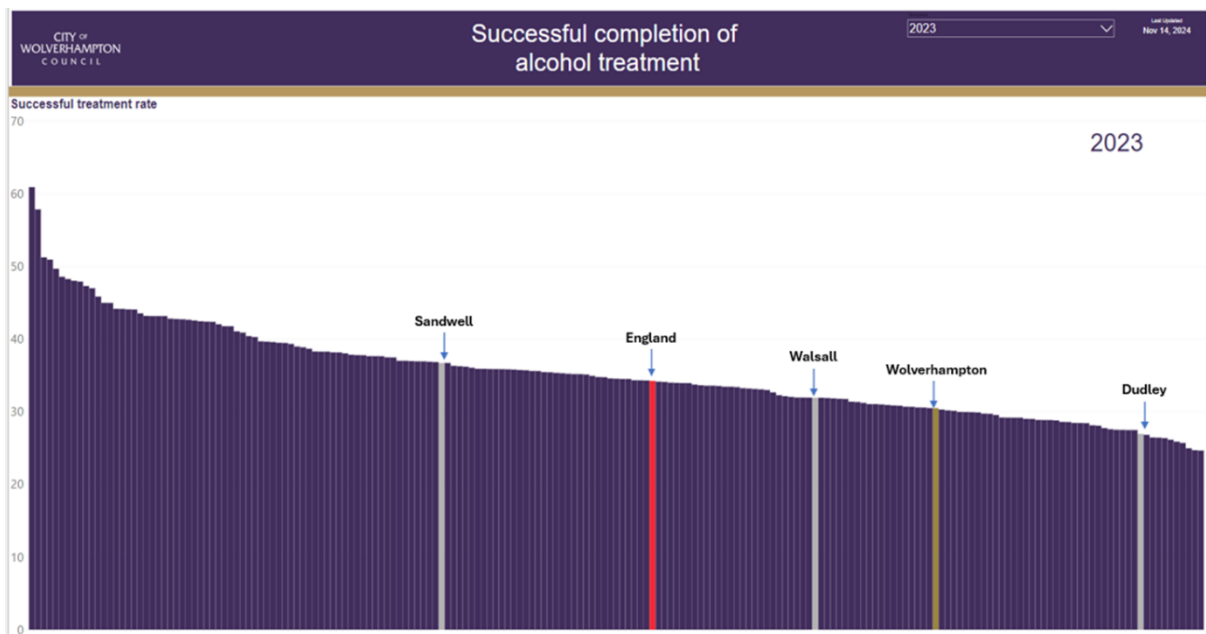
Residential rehabilitative treatment provides a safe and structured environment alongside multiple interventions and can support recovery in some people with substance use disorders who have not responded well to or benefitted from other treatment options.

In Wolverhampton there were a total of 3 people (2 males and 1 female) accessing residential rehab during the 2023/24 reporting period due to their alcohol dependency. All those accessing residential rehab aged between 30-49 years.

Treatment Outcomes

The graph below indicates the comparable successful completions of alcohol treatment across all local authorities in England. Wolverhampton's successful completions rate (30.5%) is lower than that of the England average (34.2%) and also lower than that in the West Midlands (34.3). The successful completion rate in Wolverhampton has seen a significant decrease compared to the 2021/22 reporting period (44.00%)⁶⁸.

Figure 24: Successful alcohol completion during the 2022/23 reporting period ⁶⁹



Abstinence

Abstinence rates in Wolverhampton during 2023/24 were at 23% following six monthly reviews.

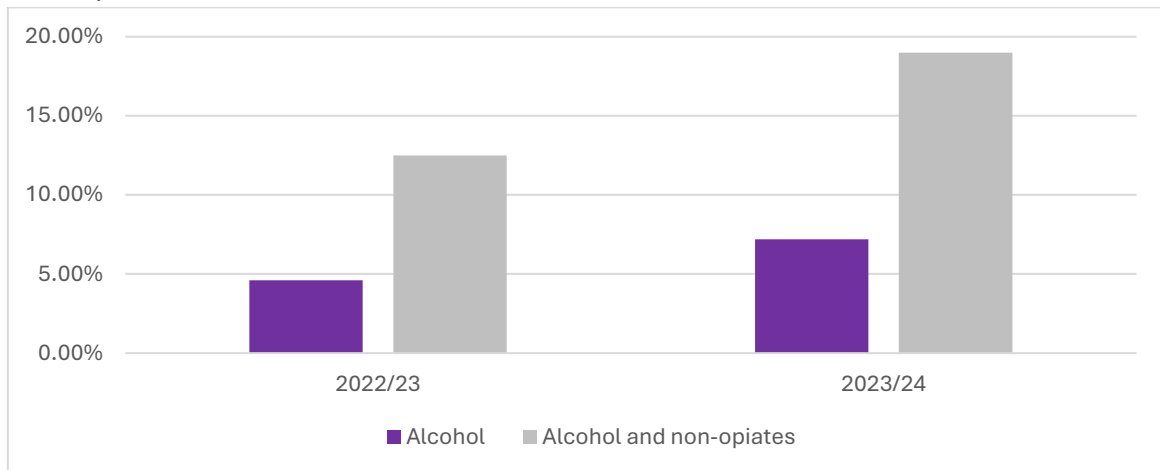
Representations

Representations indicate individuals that have successfully completed treatment and represented within a 6-month period, although this can be seen as an indication of relapse and the individual potentially leaving service too early on their treatment journey, it is positive in relation to a person/s experience and that they are willing to re-enter treatment.

⁶⁸ [Department of Health and Social Care, Successful Alcohol Completions](#)

⁶⁹ [Department of Health and Social Care, Successful Alcohol Completions](#)

Figure 25: Proportion of those who successfully completed treatment and represented within a 6-month period 2022/23 to 2023/24⁷⁰

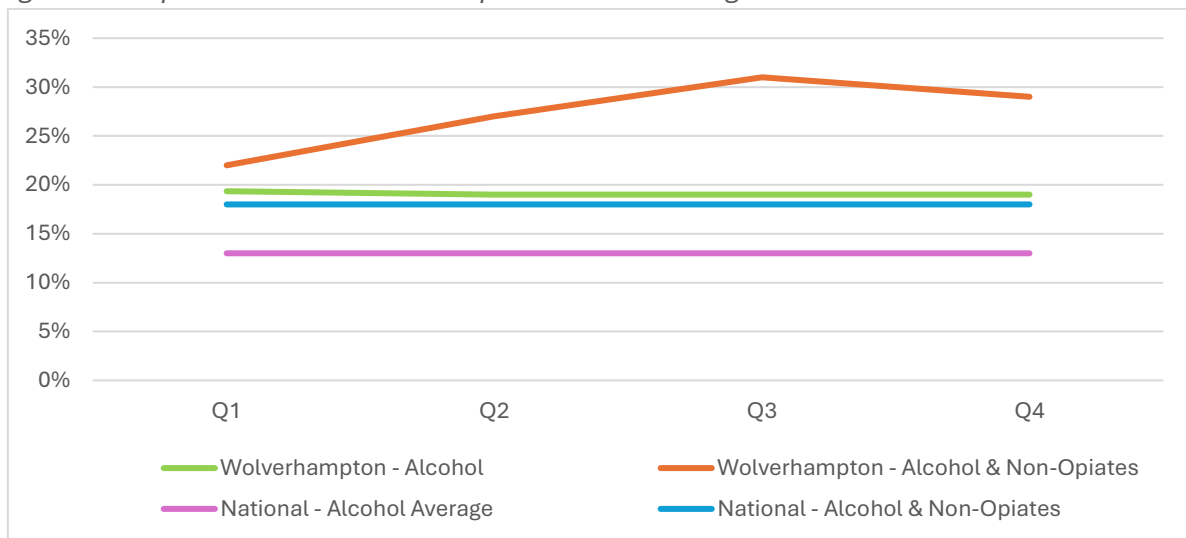


During 2023/24 there has been a significant increase of individuals representing within 6 months of successful completion for both alcohol and alcohol and non-opiates, compared to that of the 2022/23 reporting period.

Unplanned Exits

A total of 163 people who were receiving support for their alcohol and alcohol and non-opiate use left treatment early with an unplanned exit⁷¹.

Figure 26: Unplanned exit rates of new presentations during 2023/24⁷²



Wolverhampton's rates of unplanned exits for both alcohol (21%) and alcohol and non-opiates (29%) were higher than rates seen nationally (alcohol 13% & alcohol and non-opiates 18%).

Proportion of exits by reason

When comparing the numbers that left treatment successfully in relation to becoming abstinent from alcohol during the 2023/24 period, the proportion of those leaving treatment were

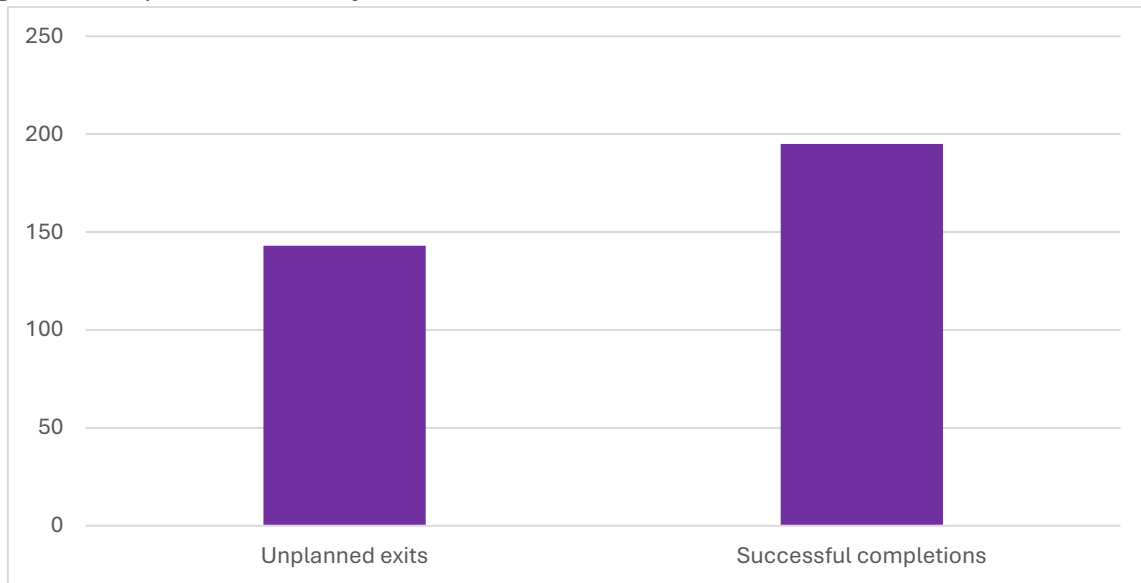
⁷⁰ [NDTMS - Local Outcomes Framework](#)

⁷¹ [NDTMS - Local Outcomes Framework](#)

⁷² [NDTMS - Local Outcomes Framework](#)

relatively similar to the numbers of people leaving treatment successfully, compared to those leaving treatment early.

Figure 27: Proportion of exits by reason 2023/24⁷³



Drugs

Scale of the issue - National and regional

During 2023, 3.1 million people in England and Wales aged 16-59 years reported using drugs in the previous 12 months, 1 million of those being aged 16-24 years⁷⁴.

Since 2010, drug poisoning rates increased by 60.9%. Additionally, during 2020, drug poisoning deaths rose from 4,393 to 4,561, the highest recorded number since records began in 1993⁷⁵.

Cannabis continues to be the most common drug used in England and Wales, with 7.6% of those aged 16-59 years reporting use. This figure doubles to 15.4% when reviewing those aged 16-24 years⁷⁶. Powdered cocaine use is less common than cannabis, however, in those aged 16-24 years (5.1%) it is much more common than the wider age bracket of 16-59 years (2.4%)⁷⁷.

Those with household incomes of less than £10,400 per year were more likely to use any drug in the last year (13.6%), and in particular cannabis (11.6%), than those with higher incomes. However, those earning between £10,400 and £20,800, were suggested to use any drugs inclusive of cannabis⁷⁸.

Drug use estimates in the West Midlands area in 2018/19 suggested 230,000 adults had used an illegal drug, equating to 7.9% of the West Midlands population. In addition, 72,912 reported

⁷³ [NDTMS - Local Outcomes Framework](#)

⁷⁴ [Drug misuse in England and Wales - Office for National Statistics](#)

⁷⁵ [Deaths related to drug poisoning in England and Wales - Office for National Statistics](#)

⁷⁶ [Drug misuse in England and Wales - Office for National Statistics](#)

⁷⁷ [Drug misuse in England and Wales - Office for National Statistics](#)

⁷⁸ [Drug misuse in England and Wales - Office for National Statistics](#)

using a class A drug use (cocaine, crack, heroin and methamphetamine), equating to 2.5% of the regional population⁷⁹.

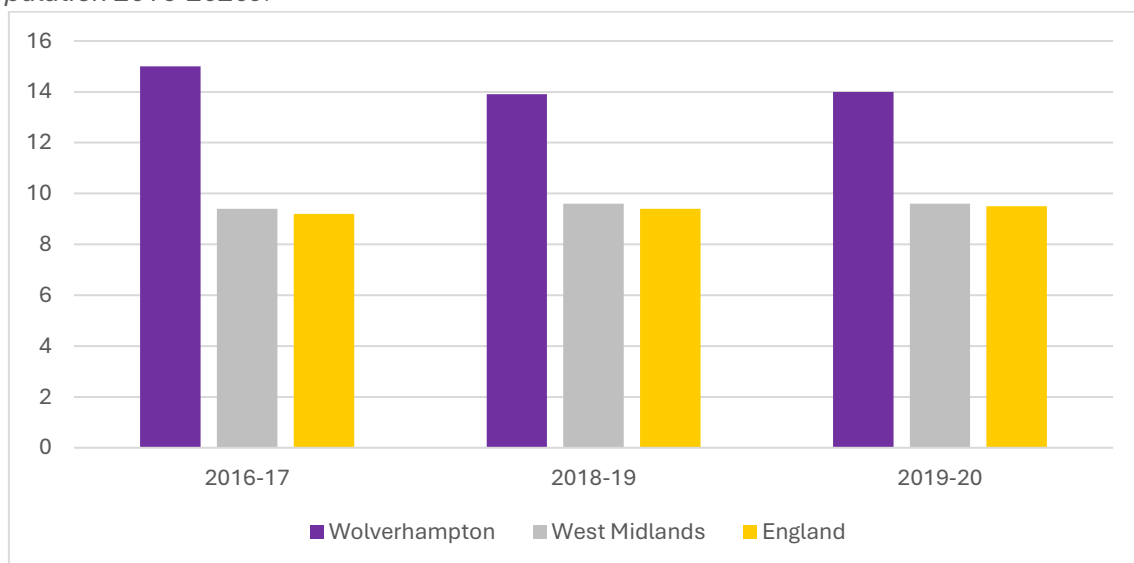
Local Prevalence and Unmet need

Prevalence

The prevalence of illicit opiate and crack use is the estimated number of users between the ages of 15-64 years in the population.

Latest prevalence data is for 2019/20 and indicates that 14 per 1,000 population in Wolverhampton are using opiates and crack (OCU), this is higher than both the West Midlands regional rate of 9.6 and 9.5 nationally. Wolverhampton has continued to have a significantly higher prevalence rate for OCU than West Midlands and England between 2016-2020⁸⁰.

Figure 28: Prevalence estimates for illicit opiate and/or crack cocaine use (OCU) per 1,000 population 2016-2020⁸¹



When reviewing specific substance groups, both opiates only (5.3) and crack only (1.4) are also higher than regional and national estimates of per 1,000 population, these rates have shown marginal changes between 2016 to 2020⁸².

In addition, prevalence estimates for illicit opiate and/or crack cocaine use (OCU) is higher in males (21.9 per 1,000) compared to females (5.9 per 1,000) according to 2019-20 data. This is higher than both the West Midlands per 1,000 (4.1 females and 15.0 males) and England per 1,000 (4.0 females and 15.1 males) for both gender groups⁸³.

⁷⁹ [West Midlands Police and Crime Commissioner, Out of Harms way, 2020](#)

⁸⁰ [NDTMS - Treatment and recovery unmet need toolkit](#)

⁸¹ [NDTMS - Treatment and recovery unmet need toolkit](#)

⁸² [NDTMS - Treatment and recovery unmet need toolkit](#)

⁸³ [NDTMS - Treatment and recovery unmet need toolkit](#)

Table 2: OCU estimates by age for 2019-20

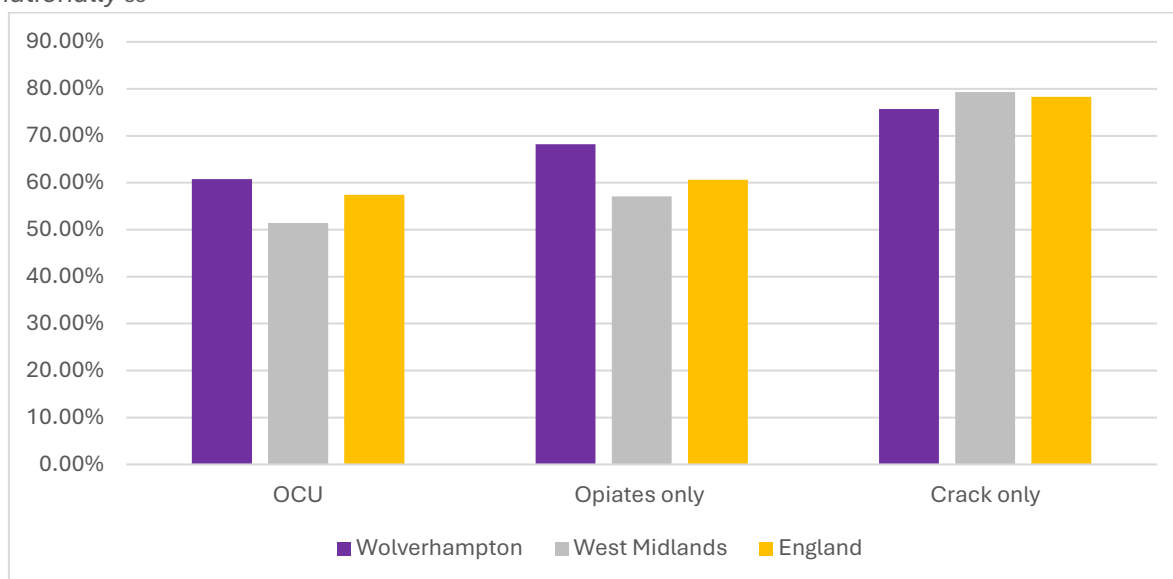
Wolverhampton OCU estimates	Age group		
	15-24	25-34	35-64
% of Wolverhampton population who are OCU	7.05%	22.4%	70.2%
Rate of OCU per 1000 population	5.4	13.7	16.7
OCU by number	162	522	1633
OCU unmet treatment need	94.5%	78%	51.9%

When reviewing prevalence by age groups, those aged 35-64 have a higher OCU prevalence than other identified age groups. However, the 35-64 age group has a significantly lower unmet treatment need in comparison to younger age groups.

Unmet treatment need

There are stark estimates of unmet need in Wolverhampton, between 2023/24 there was an estimated 60.8% opiate and crack users (OCU) with a treatment need, who were not accessing treatment, this is higher than what is seen regionally (51.4%) and nationally (57.4%). This is also replicated for opiates only, with rates higher in Wolverhampton⁸⁴.

Figure 29: Unmet drug need 2023/24 within Wolverhampton, comparable regionally and nationally⁸⁵



However, although rates for those with a treatment need not accessing treatment for crack only in Wolverhampton is high at 75.7%, this is slightly lower than what is seen regionally (79.3%) and nationally (78.3%)⁸⁶.

⁸⁴ [NDTMS - Treatment and recovery unmet need toolkit](#)

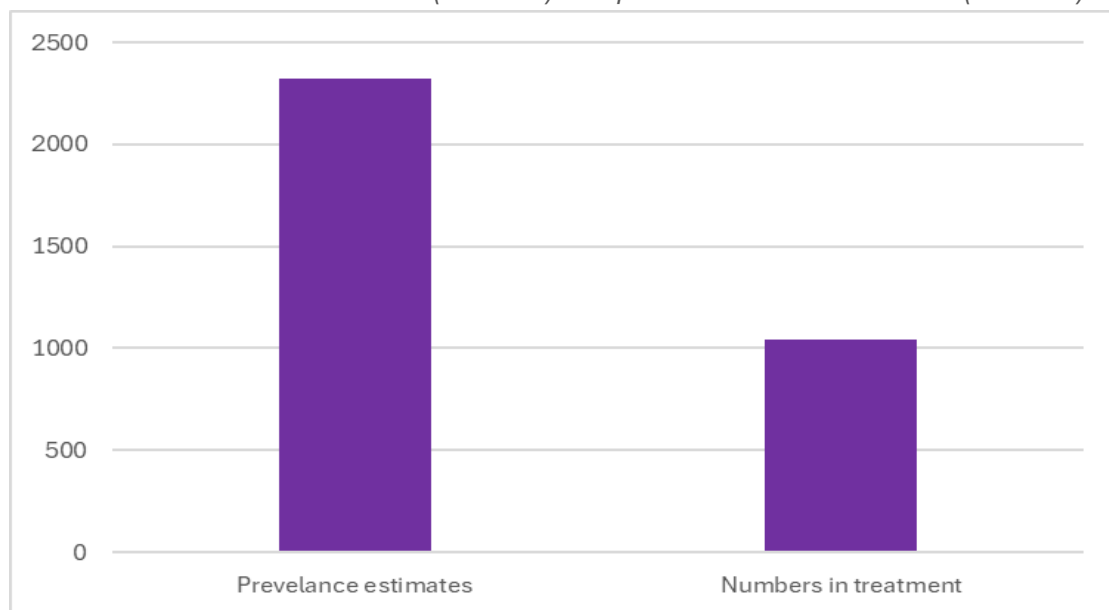
⁸⁵ [NDTMS - Treatment and recovery unmet need toolkit](#)

⁸⁶ [NDTMS - Treatment and recovery unmet need toolkit](#)

The rates of OCU and opiates only in Wolverhampton have remained similar since March 2022, however, the rates of unmet need for crack only have fallen 9% from 84.1% in the past 24 months to 75.70%⁸⁷.

It is evident that the level of unmet need in males is higher across all substance types compared to females. However, the difference in the levels of unmet need between males and females is minimal for OCU and opiates only (3%), as opposed to crack only, where males are 14% higher than females⁸⁸.

Figure 30: OCU Prevalence estimates (2019/20) compared to those in treatment (2023/24) ⁸⁹



The chart above shows the numbers of those in treatment during the 2023/24 period against the prevalence estimates for 2019/20 and demonstrates the significant level of unmet need. There is a disproportionate number of people with a treatment need compared to the numbers of people in treatment.

There are a total of 1043 people in treatment, however, prevalence estimates suggest that 2,324 people require treatment for their drug use.

Drug related Hospital Admissions

Drug related hospital admissions outline the number of hospital admissions (inpatient only) related to drug misuse. Two measures for the number of drug-related hospital admissions are presented using Hospital Episode Statistics (HES) data.

- Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders – referred to as **admissions for drug-related mental and behavioural disorders**.
- Hospital admissions with a primary diagnosis of poisoning by drugs, that are listed as controlled under the Misuse of Drugs Act 1971 (includes both intentional and unintentional poisoning) – referred to as **admissions for poisoning by drug misuse**.

⁸⁷ [NDTMS - Treatment and recovery unmet need toolkit](#)

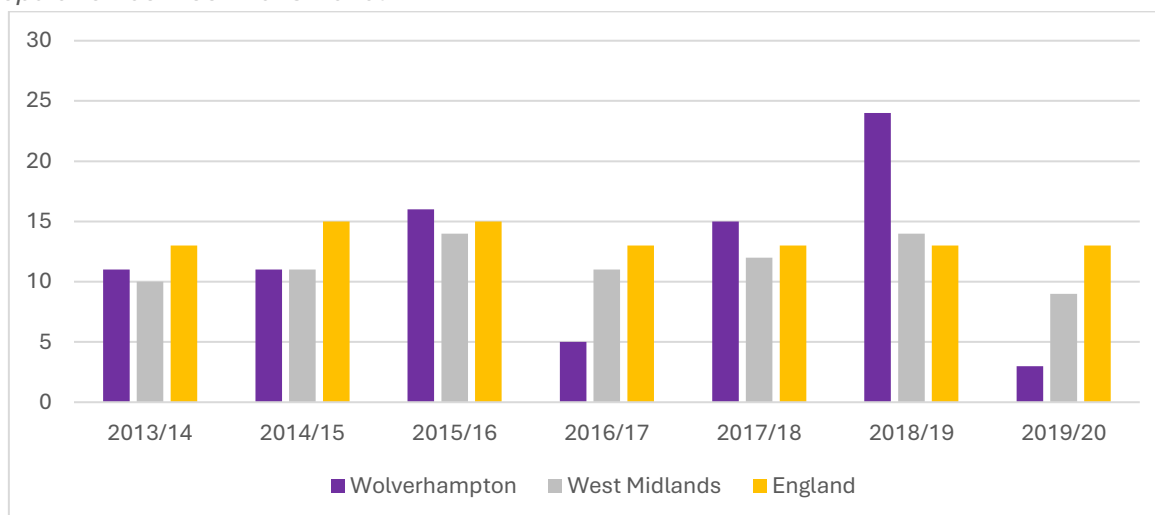
⁸⁸ [NDTMS - Treatment and recovery unmet need toolkit](#)

⁸⁹ [NDTMS - Treatment and recovery unmet need toolkit](#)

Drug related mental and behavioural disorders admissions

Admission rates for drug related mental and behavioural disorders in 2019/20 within Wolverhampton (3 per 100,000 population) were significantly lower compared to the West Midlands (9 per 100,000) and England (13 per 100,000). This is a significant reduction from 24 per 100,000 in 2018/19⁹⁰.

Figure 31: Drug related mental and behavioural disorders hospital admissions per 100,000 population between 2013-2020⁹¹



Drug poisoning admissions

There was a total of 85 hospital admissions in Wolverhampton during 2019/20 for drug poisoning, accounting for 32 per 100,000 population. This is comparable with both the West Midlands 29 per 100,000 and England 31 per 100,000 population.

There was a total of 16,994 admissions for poisoning by drug misuse in England during 2019/20, this represents a 6% decrease on 2018/19 (18,053), but 9% higher than in 2012/13 (15,580). There is an even split between males (49%) and females (51%), with those aged 25-34 years the most common age group^{92 93}.

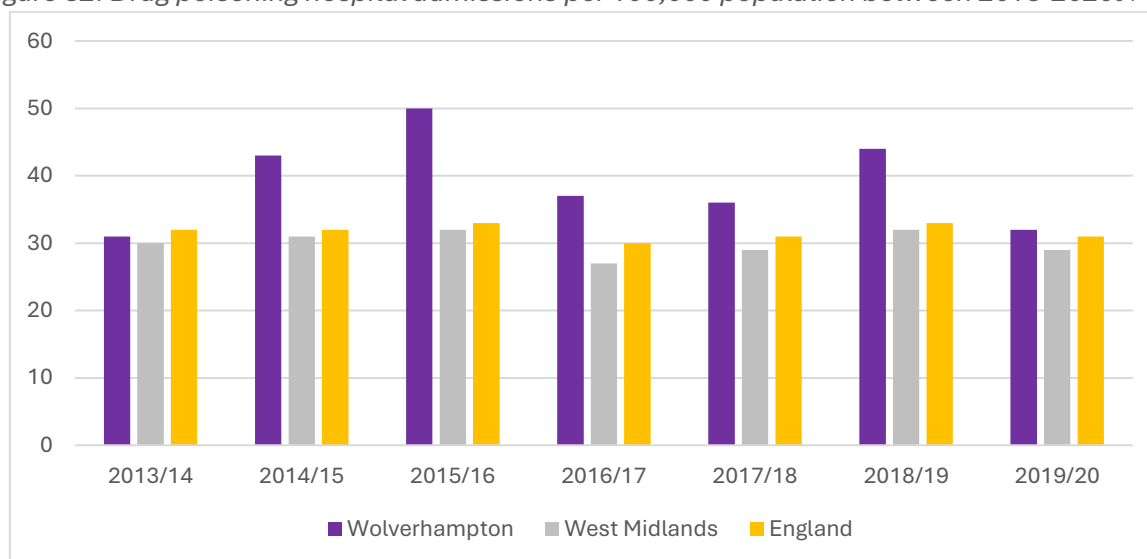
⁹⁰ [NHS England, Statistics on Drug Misuse, 2020](#)

⁹¹ [NHS, Hospital admissions related to drug misuse – England, 2019/20](#)

⁹² [Part 1: Hospital admissions related to drug misuse - NHS England Digital](#)

⁹³ [NHS, Hospital admissions related to drug misuse – England, 2019/20](#)

Figure 32: Drug poisoning hospital admissions per 100,000 population between 2013-2020⁹⁴



Drug related deaths

Statistics on drug-related deaths (DRDs) in the UK are produced by the Office for National Statistics (ONS). The drug misuse classification is used and is defined as:

Deaths classified as drug misuse must be a drug poisoning and meet either one (or both) of the following conditions:

- the underlying cause is drug abuse or drug dependence
- or any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

The age-standardised mortality rate for deaths related to drugs have risen every year since 2012⁹⁵. In England and Wales, there were 4,907 registered drug poisoning deaths in 2022, of those, 3,127 were identified as drug misuse⁹⁶. In 2022, the highest number of drug misuse deaths was found in males (6,106) compared to females (2,476). Cocaine continues to be the substance accounting for largest number of drug related deaths accounting for 78% of male deaths⁹⁷.

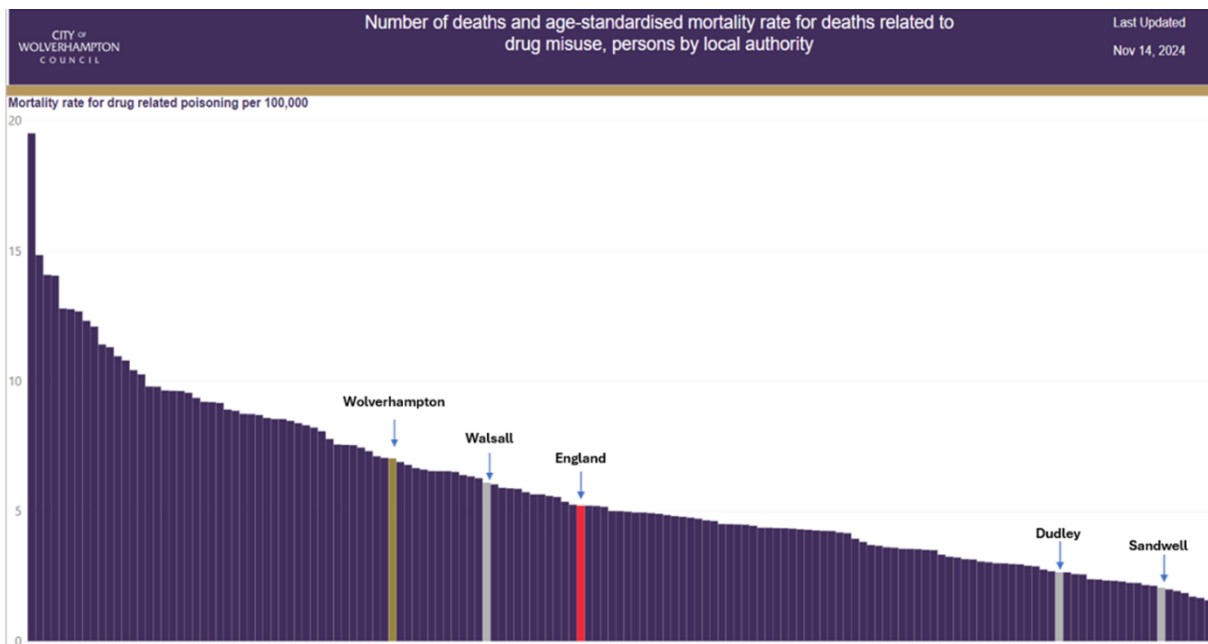
⁹⁴ [NHS, Hospital admissions related to drug misuse – England, 2019/20](#)

⁹⁵ [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

⁹⁶ [Deaths related to drug poisoning in England and Wales - Office for National Statistics](#)

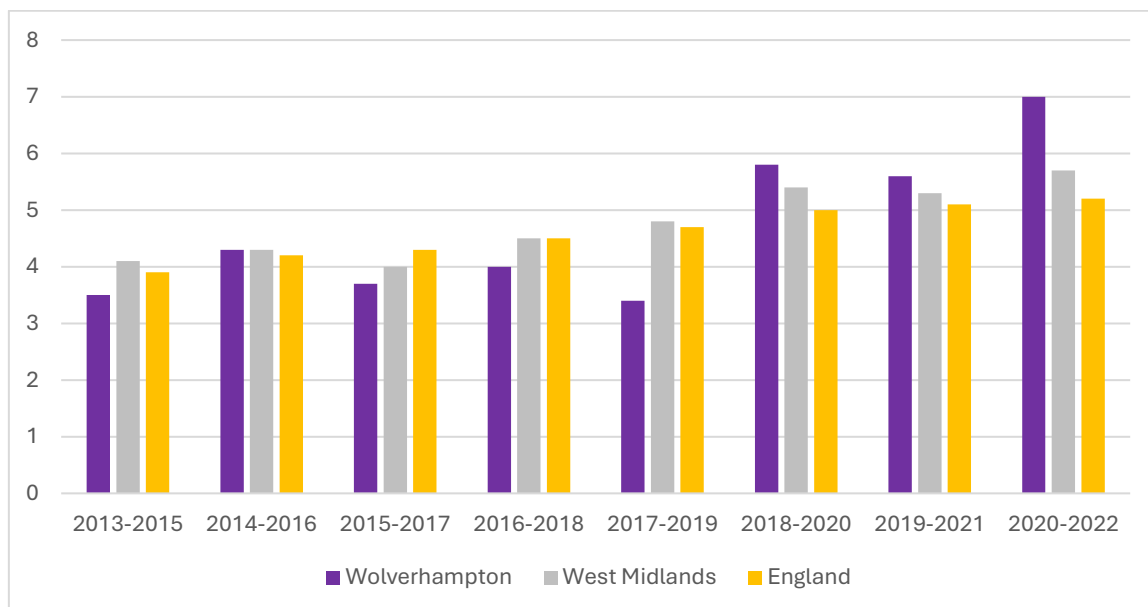
⁹⁷ [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Figure 33: Deaths from drug misuse 2020-2022 comparable with all local authorities 98



In Wolverhampton, deaths from drug misuse (2020-2022), sits at 7.0 per 100,000 population, this is above both regional (5.3) and national (5.2) rates, and significantly higher than other Local Authorities within the Black Country, however these rates are far lower than that of alcohol specific mortality rates⁹⁹.

Figure 34: Mortality rates per 100,000 population related to drug misuse 2013-2022 100



Rates of drug deaths across England have continued to increase year upon year since 2013-2015, rates in the West Midlands have shown similar direction of travel to that of the national rates. In Wolverhampton rates of deaths related to drugs have fluctuated, however, the rates

⁹⁸ [Department of Health and Social Care, Deaths from Drug misuse](#)

⁹⁹ [Department of Health and Social Care, Deaths from Drug misuse](#)

¹⁰⁰ [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

have been consistently rising since 2017-19 (3.4) to 2020-22 (7.0) and are now higher than both regional and national rates¹⁰¹.

Deaths in treatment

During April 2023 to March 2024, a total of 16 people died whilst in treatment for their drug use. This accounts for 1.53% of those in treatment for substance misuse¹⁰².

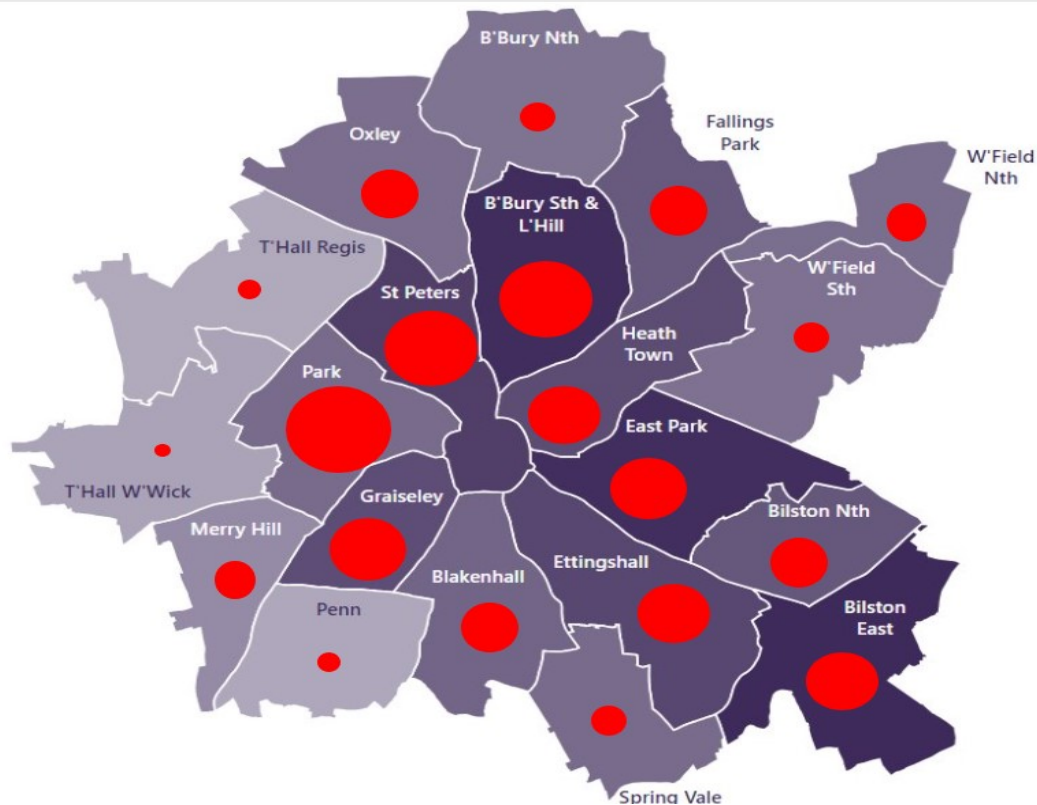
This is marginally above deaths in treatment seen regionally (1.40%) and nationally (1.48%) during this period. There were significantly more males (13) that died in treatment in relation to their drug use, compared females (3)¹⁰³.

Of the deaths that occurred in drug treatment, those aged 50+ were most at risk, with 50% occurring within this age group. 44% of those deaths were found to be aged between 30-49 years, with 6% deaths reported in treatment for those aged 18-29 years¹⁰⁴.

Treatment data

Between April 2023 – March 2024, there were a total of 1,043 people in treatment for their drug use in Wolverhampton. This is on par with the baseline from March 2022 (1,021). When reviewing the locality of those in treatment for drug use, specific wards within the city are disproportionately affected, with Central and Eastern parts of the city experiencing higher numbers of people accessing treatment.

Figure 35: Those in treatment for drug use overlaid with deprivation 2023/24



¹⁰¹ [Office for National Statistics, Deaths related to drug poisoning by local authority, England and Wales, 2024](#)

¹⁰² [NDTMS - Local Outcomes Framework](#)

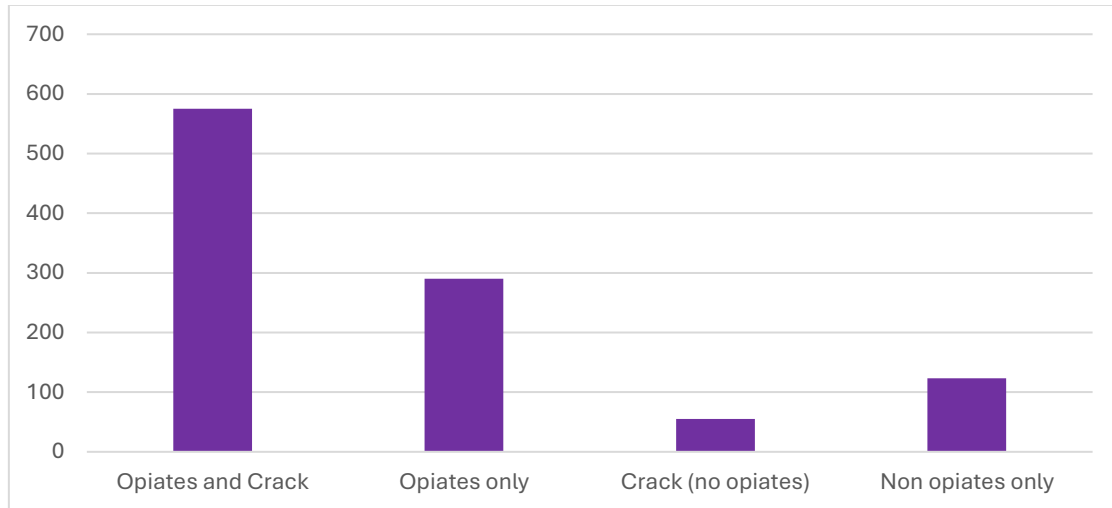
¹⁰³ [NDTMS - Local Outcomes Framework](#)

¹⁰⁴ [NDTMS - Local Outcomes Framework](#)

The larger circles represent a higher number in treatment - Park (9.5%), St Peters (7.9%) and Bushbury South and Low Hill (7.7%) make up one quarter of those in treatment. In comparison, less deprived wards on the west of the city make up just 5% of those in treatment (Tettenhall Wightwick 1.4%, Tettenhall Regis 1.7% and Penn 1.9%).

When reviewing drug type, those in treatment for opiates and crack (575) were the most common, followed by opiates only (290), non-opiates (123) and crack (no opiates) (55)¹⁰⁵.

Figure 36: The number of people in treatment for drug use between April 2023 – March 2024¹⁰⁶



During the period outlined, 77% of those in treatment were male, with 23% female, this differs from those receiving alcohol treatment, identifying that males within the city are more likely to be affected by drug use than females¹⁰⁷.

When reviewing the ages of those in drug treatment, the most common age group is those aged between 30-49 years (725), followed by aged 50+ (220), with those aged 18-29 (81) the least common age group to be accessing treatment¹⁰⁸.

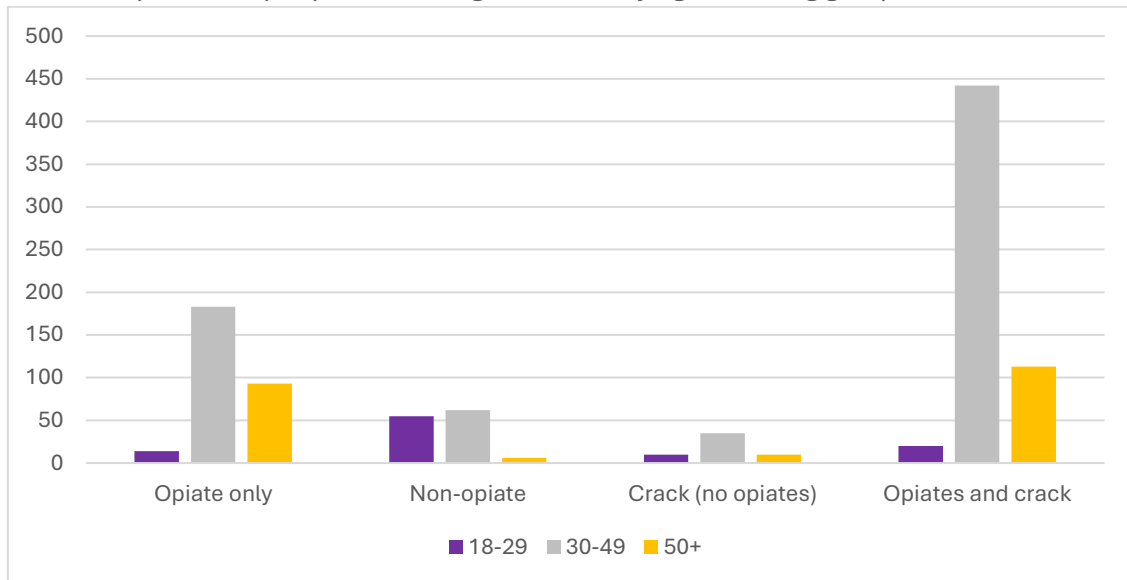
¹⁰⁵ [NDTMS - Local Outcomes Framework](#)

¹⁰⁶ [NDTMS - Local Outcomes Framework](#)

¹⁰⁷ [NDTMS - Local Outcomes Framework](#)

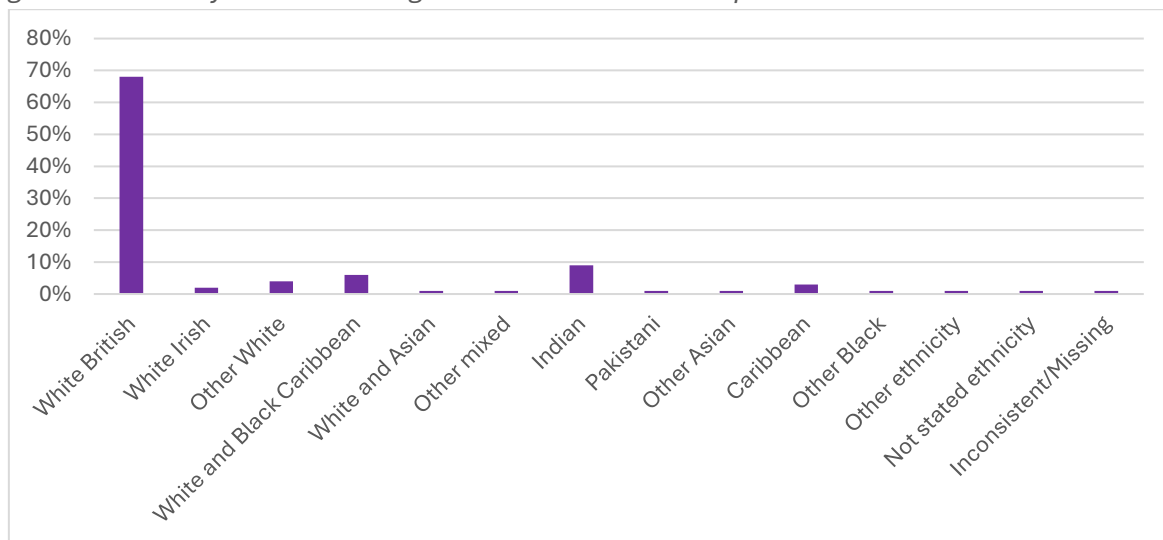
¹⁰⁸ [NDTMS - Local Outcomes Framework](#)

Figure 37: Proportion of people accessing treatment by age and drug group¹⁰⁹



When reviewing those accessing treatment by age and drug group, certain drug types are more popular with some age groups. The number of 30-49 years accessing treatment for opiates and crack is significantly higher than those aged 18-29 years and 50+ years. However, the number of non-opiate clients aged 18-29 (55) is comparable with those aged 30-49 years (62)¹¹⁰.

Figure 38: Ethnicity of those in drug treatment in Wolverhampton between 2023/24¹¹¹



Those who identify as White British (68%) are the highest represented ethnicity within drug treatment, followed by Indian (9%) as the second highest. Almost 1/3 of those in drug treatment indicated they have no religion (33%), 11% indicated their religion as Christianity, with a further 8% stating their religious status is unknown¹¹².

The common sexuality within drug treatment is Heterosexual (90%), followed by those that did not state their sexuality (5%) and those that identified from the LGBTQ+ community 4%. This

¹⁰⁹ [NDTMS - Local Outcomes Framework](#)

¹¹⁰ [NDTMS - Local Outcomes Framework](#)

¹¹¹ [NDTMS - Local Outcomes Framework](#)

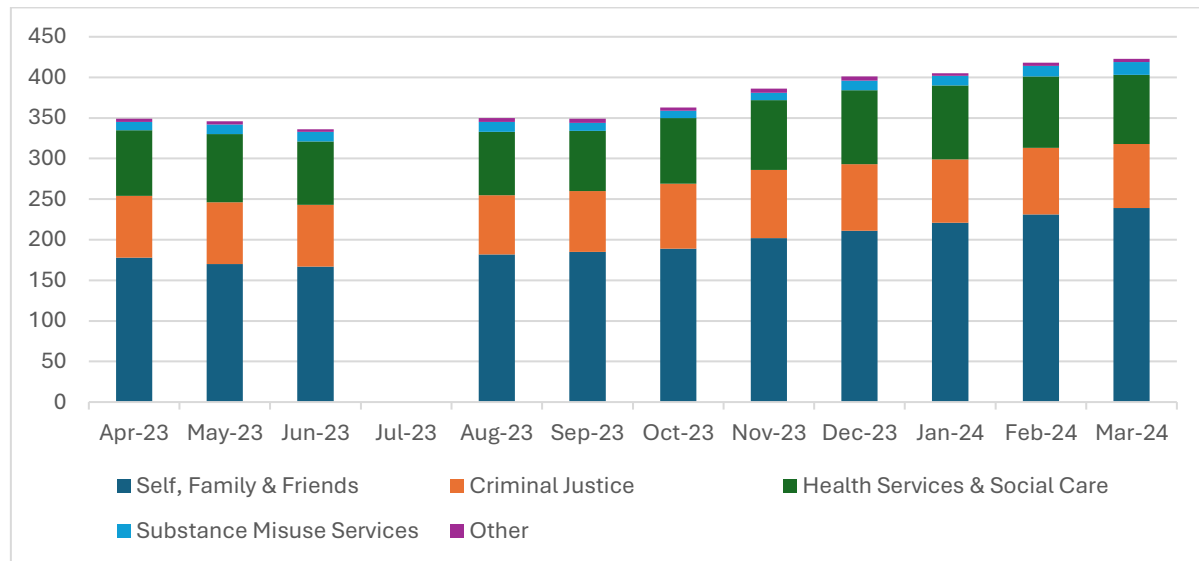
¹¹² [NDTMS - Local Outcomes Framework](#)

is seen to be representative of the local population demographic from the LGBTQ+ community in Wolverhampton (3%)¹¹³.

Referrals into treatment

The graph below identifies the main referral sources for those accessing drug treatment within Wolverhampton between April 2023 – March 2024. The most common referral source was Self, Family and Friends (50%) followed by Health Services and Social Care (22%) and Criminal Justice (21%) and Substance Misuse services (5%) and other (2%)¹¹⁴.

Figure 39: Referral trends for those accessing drugs treatment between April 2023 – March 2024¹¹⁵



Reviewing referral data between that of alcohol and drugs, highlights the significant proportion of the population that are referred via Hospital and social care for alcohol, compared to that for drugs. It is evident, that a prominent source of referral being the Criminal Justice System, emphasises the link between drugs and crime.

Length of time in treatment

A review of client time in treatment for Opiate use, suggests that 41% of the clients have been in treatment for under 2 years, this is above the national average (34.5%). In comparison, 31% of opiate clients have been in treatment for 6 or more years in Wolverhampton, this is below the national average 36.5%. In addition, 6% of non-opiates only clients have been in treatment for over 2 years, this above the national average (4.2%)¹¹⁶.

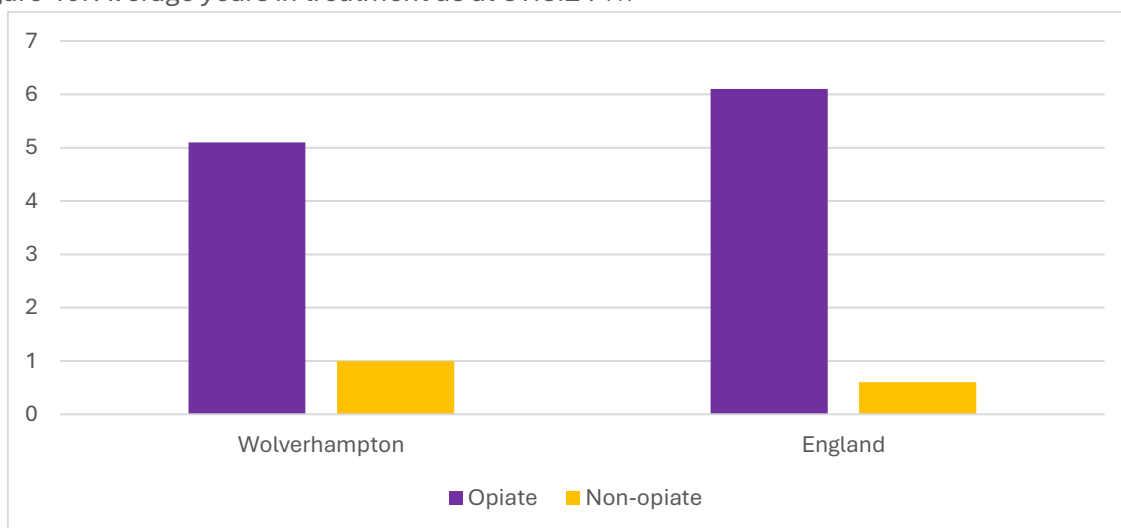
¹¹³ [Equalities - WVInsight](#)

¹¹⁴ [NDTMS - Local Outcomes Framework](#)

¹¹⁵ [NDTMS - Local Outcomes Framework](#)

¹¹⁶ [NDTMS - Local Outcomes Framework](#)

Figure 40: Average years in treatment as at 31.3.24 ¹¹⁷



Harm reduction - Naloxone

During the reporting period of 2023/24 a total of 641 kits have been distributed across Wolverhampton, this is a substantial increase when comparing the number of kits distributed during 2022/23 (351).

Given the potential for reversing opioid overdoses to save lives, training in the use of naloxone should be widespread, particularly amongst first responders likely to be available to administer naloxone. For the purposes of saving a life, legislation allows anyone to use naloxone in an emergency to reverse a suspected opioid overdose¹¹⁸.

During 2023/24 a total of 186 people were trained and received naloxone kits within Wolverhampton. Services include West Midlands Police, Probation, P3, Changing Lives and Good Shepherd. This significantly increased from 2018-2022 where a total of 64 people received training. This was largely influenced by the increase in drug related deaths that occurred across the West Midlands and surrounding areas during summer 2023. During 2023 a total of 7 nasal naloxone kits were reissued in the event of the previous kit having been used. Six were reissued for this reason during 2024.

Continuity of Care

It is vital that people leaving prison with a treatment need, engage with community treatment services following release from prison. This appointment should be within 3 weeks of leaving prison for the person's care to be classed as continuity of care. Treatment engagement and continuity of care is crucial to reducing their risk of death and supporting them from reoffending.

The continuity of care indicator measures how well community treatment providers engage with people leaving prison in a timely fashion. The national target for 2024/25 is to engage with at least 75% of individuals leaving prison within three weeks of release (pick-up rate).

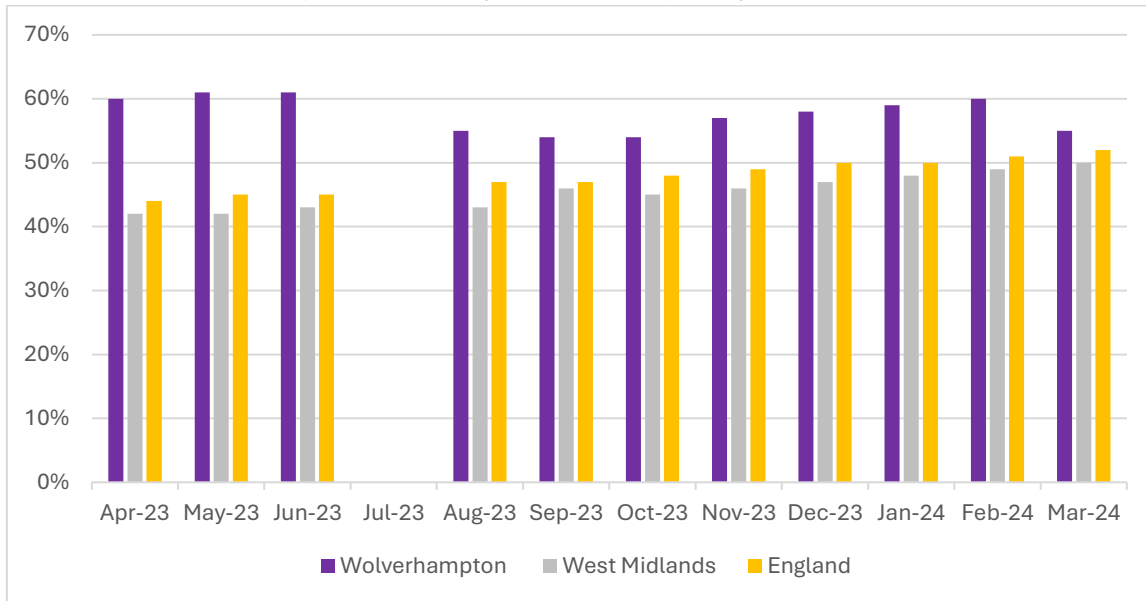
The pick-up rate for 2023/24 is 55% in Wolverhampton, this higher than both the regional (50%) and national (52%) averages. Wolverhampton has consistently been achieving higher rates month on month in comparison to regional and national averages. It is also evident that pick

¹¹⁷ [NDTMS - Local Outcomes Framework](#)

¹¹⁸ [Widening the availability of naloxone - GOV.UK](#)

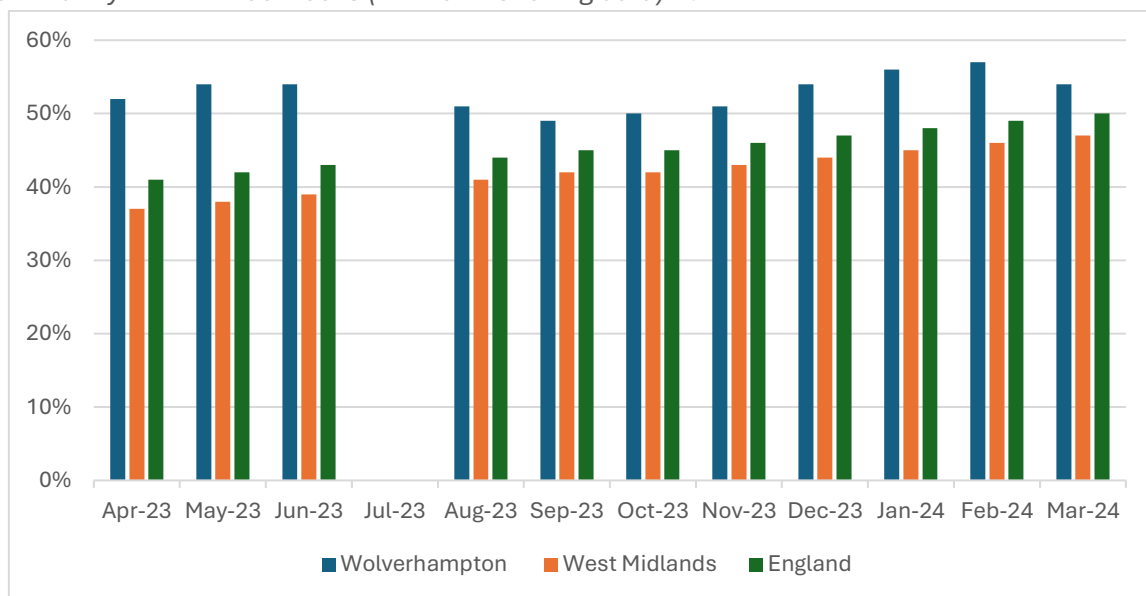
up rates for drug groups differ- opiates only 60%, crack (no opiates) 67% and opiates and crack 55%.

Figure 41: The percentage of prison leavers with a treatment need picked up in the community within three weeks for drug use 2023/24 (3 month rolling data)



Wolverhampton’s 12 month rolling data for prison exits between April 2023 to March 2024, is 54% across all substances, this is higher than both the regional (47%) and national (50%) figures seen.

Figure 42: The percentage of prison leavers with a continued treatment need picked up in the community within three weeks (12 months rolling data)¹¹⁹



Pickup rates seen between females (50%) and males (55%) in Wolverhampton are very similar, 56% of Males are picked up within three weeks compared to 36% of females. There is also evidence to suggest that younger adults are less likely to engage with community services

¹¹⁹ [NDTMS - Local Outcomes Framework](#)

within three weeks of release, only 45% of 18-29 years being seen within three weeks, compared to 52% of 30-49 years and 78% of those aged 50+.

Similarly, when comparing substance type, it is evident that those with an alcohol treatment need are less likely to engage within community services, with 40% of those seen within three weeks compared to 55% for those that have drug use related treatment need in Wolverhampton, however this is comparable with what seen regionally (17%) and nationally (25%).

Parental substance misuse

Parents Living with Children

According to treatment data for 2023/24, 7% of those in treatment for opiate use were living with a child/young person under the age of 18, this is lower than what is seen nationally (9%). However, those in treatment for non-opiates in Wolverhampton (27%) is higher than national (24%)¹²⁰.

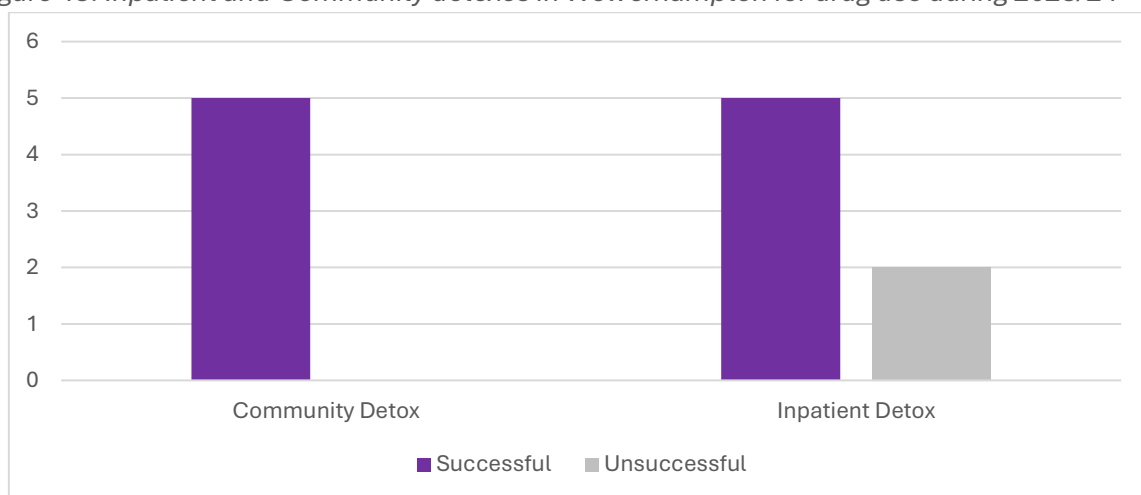
Of those in treatment for non-opiate use, who were living with a child/young person under the age of 18, over 1 in 4 adults successfully completed treatment in Wolverhampton (28%), this is lower than what is seen nationally (38%)¹²¹.

For those living with a young person/child, successful completion rates for opiates are much lower at just over 1 in 10 adults in Wolverhampton (11%), however this is higher than what is seen nationally, with the figure being closer to 1 in 20 (6%)¹²².

In addition, representations in parents living with children varied, 33% of those who had completed treatment for opiate use, re-presented in 6 months, this is much higher than national average (13.6%). However, zero non-opiate clients represented, whereas the national average was 6.9%¹²³.

Detox

Figure 43: *Inpatient and Community detoxes in Wolverhampton for drug use during 2023/24*



The number of people accessing detox in Wolverhampton for drug use, is considerably less than the numbers for alcohol. Across inpatient and community detox a total of 12 people

¹²⁰ [NDTMS - Local Outcomes Framework](#)

¹²¹ [NDTMS - Local Outcomes Framework](#)

¹²² [NDTMS - Local Outcomes Framework](#)

¹²³ [NDTMS - Local Outcomes Framework](#)

accessed detox during 2023/24. 10 of those individuals successfully completed, with two inpatient clients unsuccessfully completing.

A higher proportion of males (11) accessed detox for their drug use compared to females (1). In addition, a larger proportion identify as White British (8) compared to other ethnicities. There is an even split across all age groups for those accessing detox, 4 people aged 35-44 years, 4 people aged 45-54 years and 4 people aged 55-64 years.

Residential Rehabilitation

Residential rehabilitative treatment provides a scheduled structure of interventions in a safe environment aimed at supporting recovery in people with drug use disorders who have not benefitted from other treatment options.

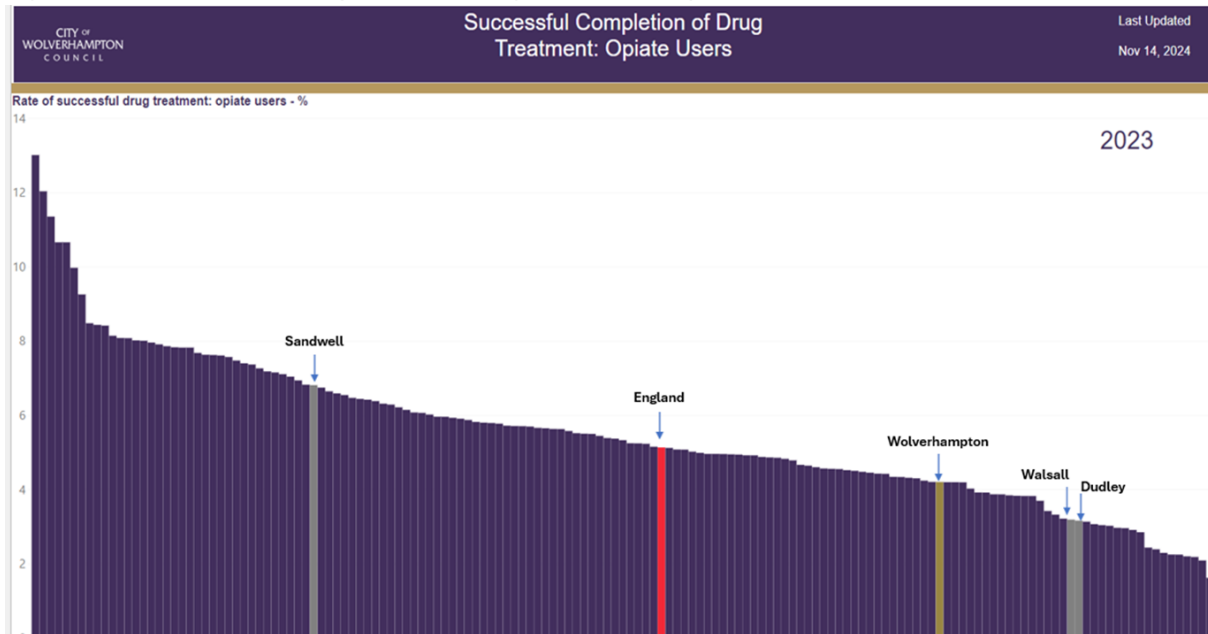
In Wolverhampton there were a total of 4 people (3 males and 1 female) accessing residential rehab during the 2023/24 reporting period for drug use, all of which were for opiates and crack addiction.

Treatment Outcomes

The chart below shows the rate of opiate users that left drug treatment successfully during 2022 according to the Public Health Outcomes Framework (who do not represent to treatment within 6 months) as a percentage of the total number of opiate users in treatment. Wolverhampton's rate at 4.2 puts the city below both the West Midlands (4.7) and National (5.1) rates¹²⁴. It should be noted rates can fluctuate greatly due to the small number of completions.

Opiates

Figure 44: Successful Completion of Drug Treatment: opiate use 125



¹²⁴ [Department of Health and Social Care, Successful completion of drug treatment](#)

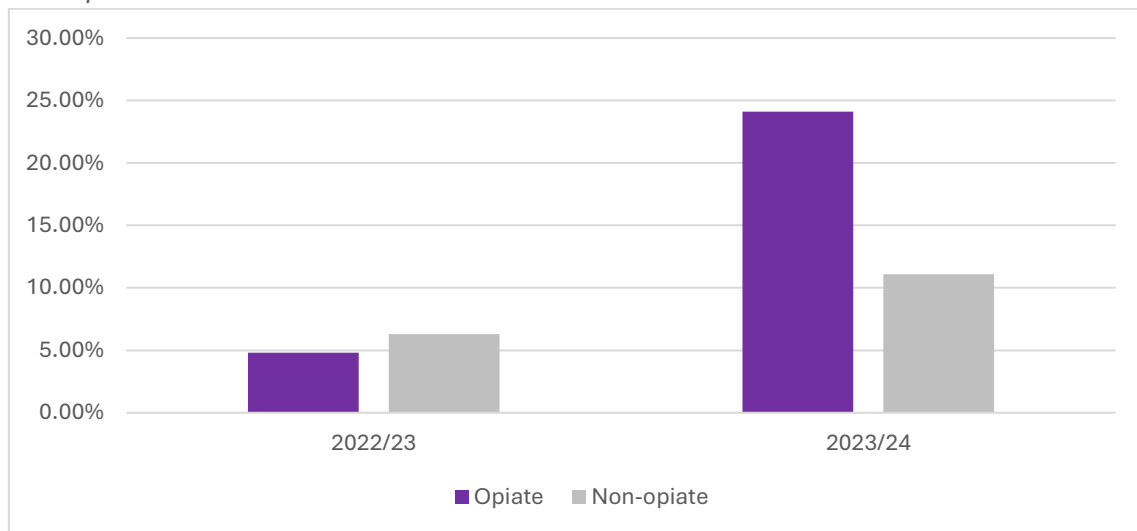
¹²⁵ [Department of Health and Social Care, Successful completion of drug treatment](#)

Non- opiates

Successful completions of of non-opiates for 2023 puts Wolverhampton's rate at 18.5, this puts the city below the regional (29.1) and national (29.5) averages¹²⁶. However, it should be noted the numbers are minimal and therefore can see significant fluctuation.

Representations

Figure 45: Proportion of those who successfully completed treatment and represented within a 6-month period ¹²⁷



The significant increase in non-opiate and more specifically opiate clients suggests a greater number of people are leaving treatment before they are ready when comparing 2023/24 to the previous year.

Abstinence

Abstinence rates for drugs varies across substances. Abstinence rates for Crack in Wolverhampton were at 27% during the 2023/24 reporting period following a 6-month review. However, the rates for opiates (43%) and cocaine (67%) were much higher, suggesting longer sustained behaviour change and greater outcomes for those who have been using cocaine or opiates when accessing treatment¹²⁸.

Unplanned Exits

The range of unplanned exits of new presentations from treatment for opiates and non-opiates during 2023/24 identified a disproportionate number of early exits from treatment in Wolverhampton, dependent on the substance a person uses. Over 1 in 5 people left treatment unplanned for opiates in Wolverhampton (21%), this is comparable with national rates of 19.7%. However, the rates for unplanned exits associated to non-opiates is far higher in Wolverhampton (41%)¹²⁹.

The line chart indicates an increase of 10% of individuals leaving treatment early during the reporting period. Nationally the number of non-opiate clients leaving treatment is 19.1%, the

¹²⁶ [Department of Health and Social Care, Successful completion of drug treatment](#)

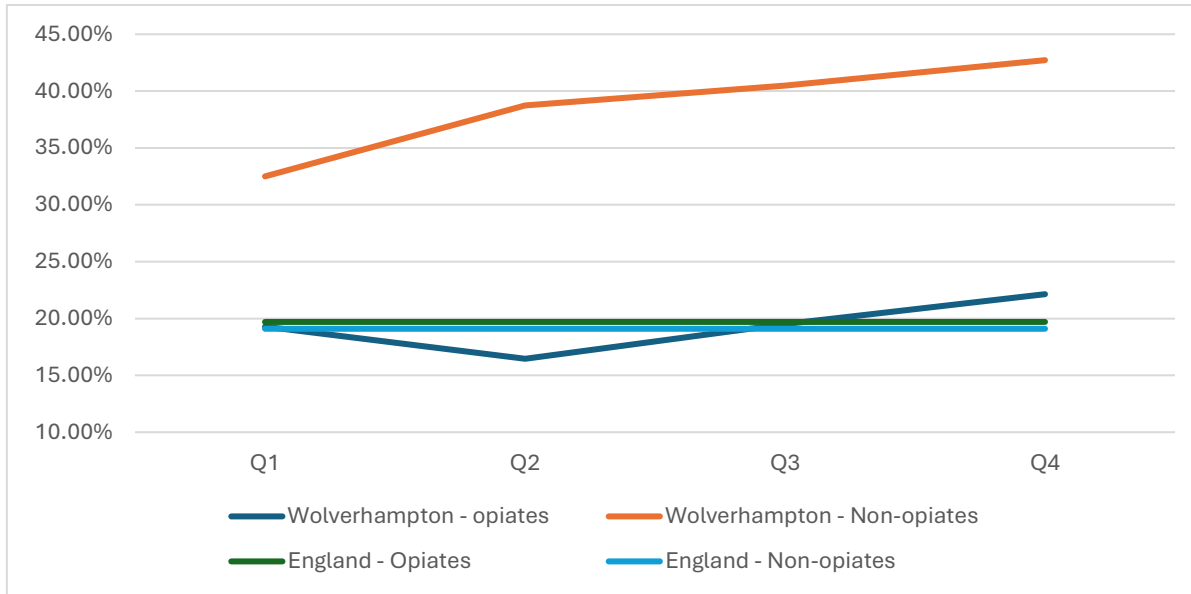
¹²⁷ [NDTMS - Local Outcomes Framework](#)

¹²⁸ [NDTMS - Local Outcomes Framework](#)

¹²⁹ [NDTMS - Local Outcomes Framework](#)

rates in Wolverhampton more than double this, placing increased risk of harm on those individuals requiring support for non-opiate substance use¹³⁰.

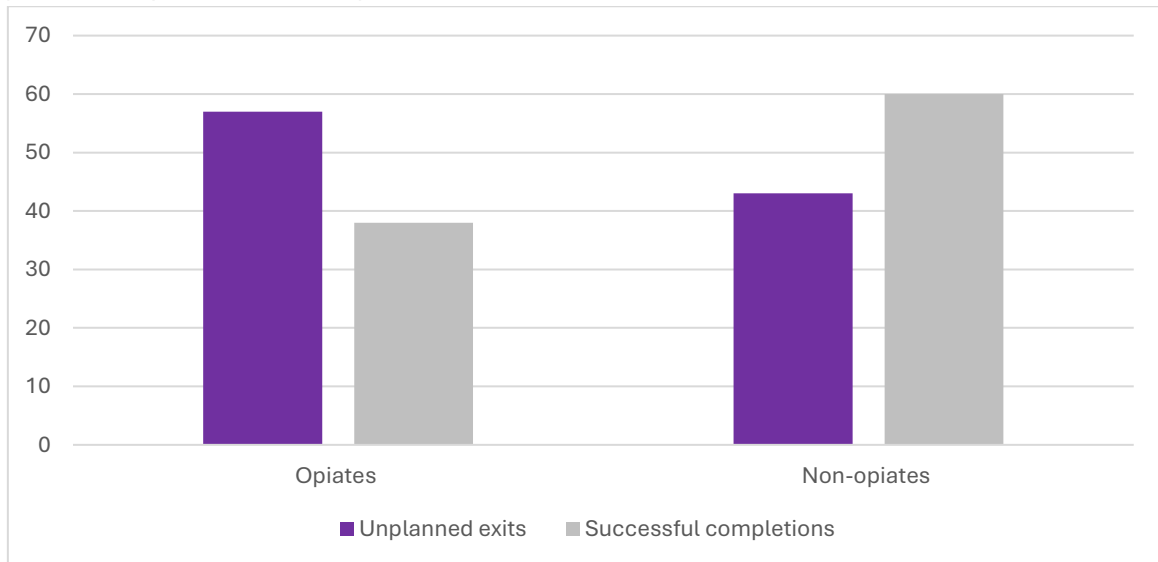
Figure 46: *Unplanned exit rates of new presentations during 2023/24*¹³¹



Proportion of exits by reason

When comparing the numbers that left treatment successfully in relation to their drug use during the 2023/24 period, those leaving treatment for non-opiate use were more likely to successfully complete than leave treatment unplanned. However, those accessing treatment for their opiate use were less likely to leave treatment successfully and more likely to leave treatment unplanned¹³².

Figure 47: *Proportion of exits by reason 2023/24* ¹³³



¹³⁰ [NDTMS - Local Outcomes Framework](#)

¹³¹ [NDTMS - Local Outcomes Framework](#)

¹³² [NDTMS - Local Outcomes Framework](#)

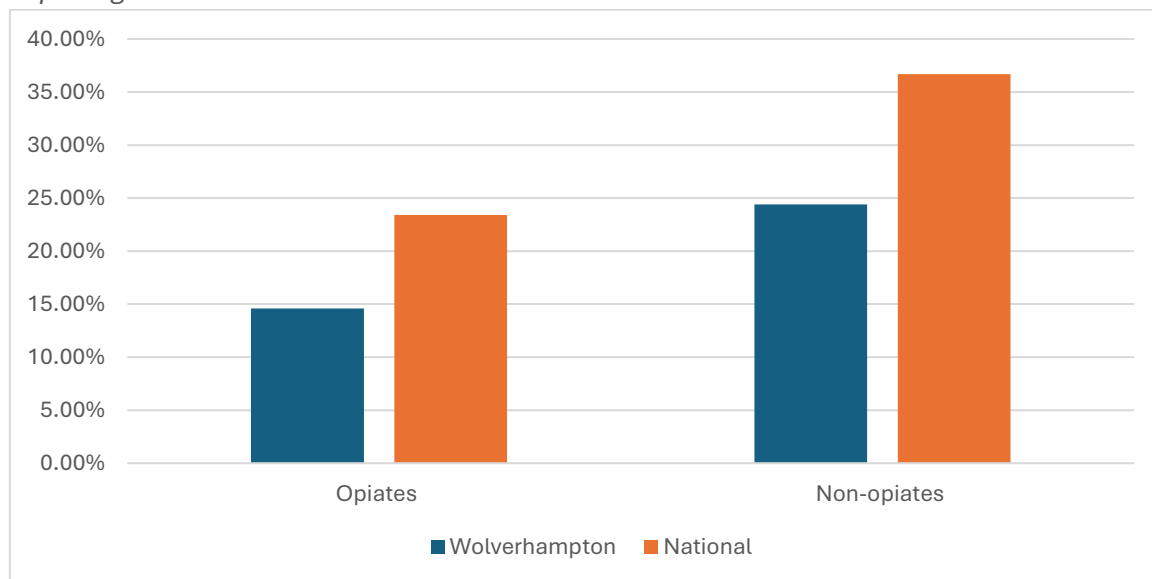
¹³³ [NDTMS - Local Outcomes Framework](#)

Employment

The importance of supporting individuals in substance misuse treatment into employment is widely acknowledged. Employment is associated with improved treatment outcomes as well as a range of other personal gains, such as greater independence, financial resilience and new social networks. These gains can strengthen the benefits of treatment for an individual long after the treatment ends¹³⁴.

During 2023/24 at point of successful completion from treatment 14.6% of opiate clients were working over 10 days in the last 28 days, this less than what is seen nationally. Similarly, the percentage of non-opiates clients were less likely to be in employment than what is seen nationally¹³⁵.

Figure 48: The number of clients working 10 days in the last 28 days, when successfully completing treatment 2023/24¹³⁶



Children and Young People

There were 14,015 young people (under the age of 18) in contact with alcohol and drug services between April 2023 and March 2024 across the UK. This is a 13% increase from the previous year (12,418)¹³⁷.

Nearly half (48%) of young people starting treatment this year said they had a mental health treatment need. This has risen each year since 2018 to 2019, when 32% had a mental health treatment need. A higher proportion of girls reported a mental health treatment need than boys (65% compared to 39%)¹³⁸.

¹³⁴ [Supporting people from substance misuse treatment into employment – UK Health Security Agency \(blog.gov.uk\)](#)

¹³⁵ [NDTMS - Local Outcomes Framework](#)

¹³⁶ [NDTMS - Local Outcomes Framework](#)

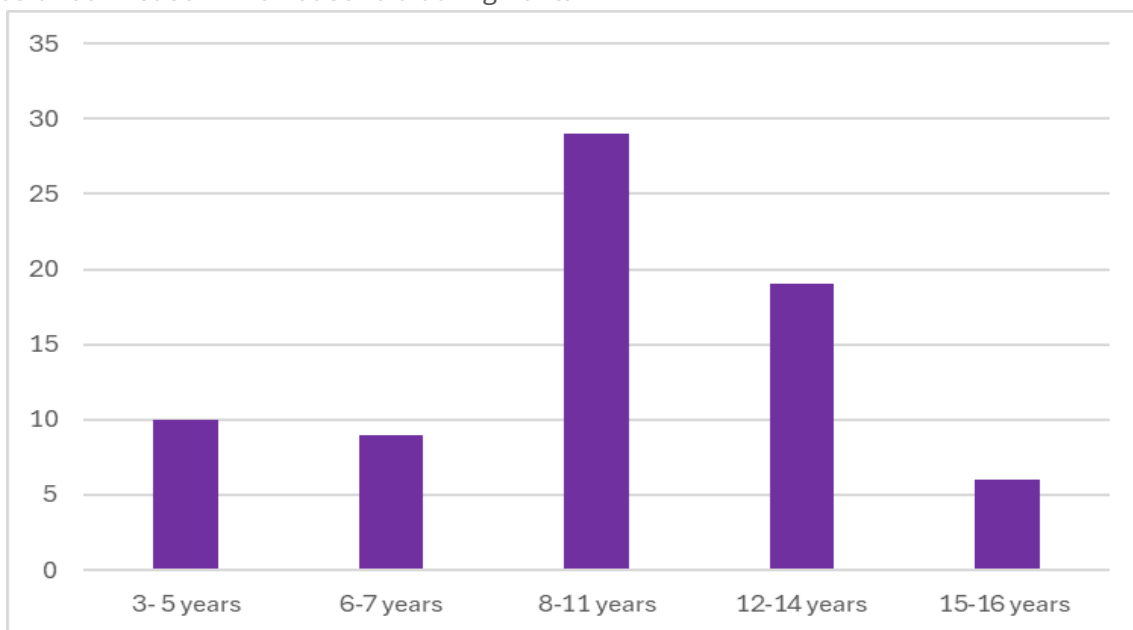
The commissioned drug and alcohol treatment service for young people in Wolverhampton, is W360. The service supports children and young people who maybe directly affected by substance misuse or indirectly, due to someone else's substance misuse (affected other).

Each young person receives bespoke support including one to one and family interventions. Engagement with young people takes place both in schools and community settings as well as in young people's homes and at the Recovery Hub at Connaught Road.

Affected others service

W360 supported a total of 73 young people due to someone else's substance misuse in the household, of those being supported, the majority were female (42) with 31 males.

Figure 49: Age breakdown of those young people supported by W360 due to someone else's substance misuse in the household during 2023/24



The majority of young people who accessed the service were aged 8-11 years (29), with those aged 12-14 years (19) the next largest age group. Those aged 3-5 years (10), 6-7 years (9) and 15-16 years (6) formed the remainder of those accessing the service.

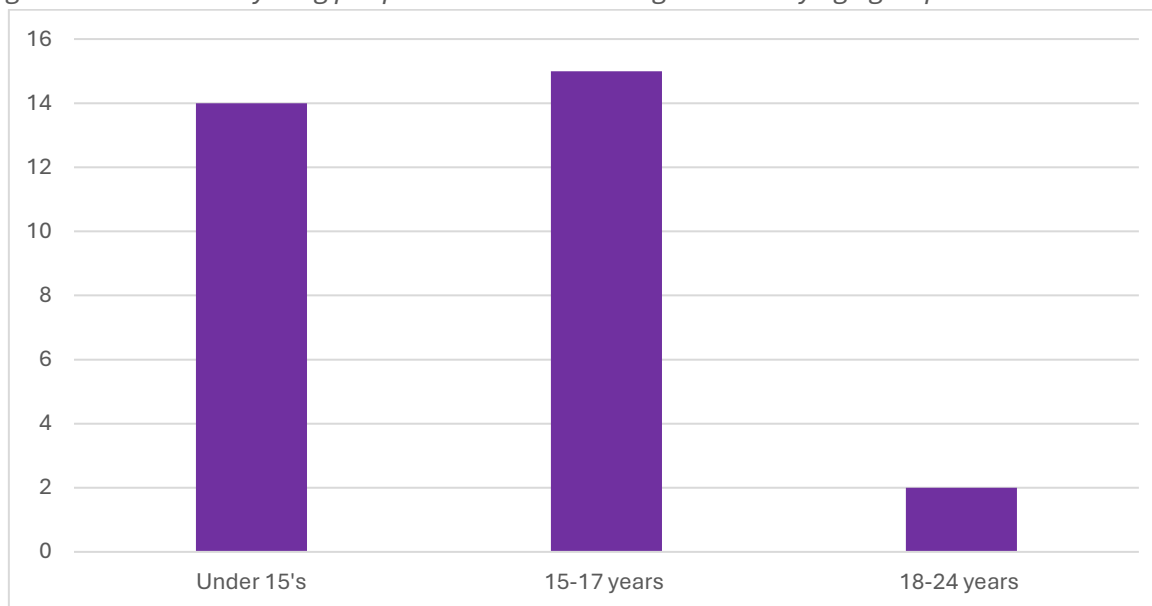
Evidence shows that risk taking behaviour among young people is declining at a population level. Teenagers are less likely to take drugs, to smoke, to drink alcohol or to become pregnant than the generation before them. However, levels of alcohol consumption amongst young people in the UK are higher than the European average and there are cohorts of young people who are taking risks and experiencing harm¹³⁹.

Young people in structured treatment

During the 2023/24 reporting period there were a total of 29 young people in treatment, with further 2 young people aged 18-24 with additional need requirements. A higher proportion of those in treatment were female (18) compared to 13 males.

¹³⁹ [Public Health England, Data intelligence summary: Alcohol consumption and harm among under 18 years olds, 2016](#)

Figure 50: Number of young people in treatment during 2023/24 by age groups¹⁴⁰



Of those in treatment, 15 were aged 15-17 years with the remainder (14) under the age of 15. The most common substance for those in treatment was cannabis, cited in up to 97% of reasons for accessing treatment. Furthermore, evidence suggests that young people who occasionally or regularly use cannabis were more likely to progress to more harmful substances in early adulthood. This further emphasises not only the important role of prevention, but also the need for support services for young people to encourage behaviour change to reduce the risk of significant mental and physical health issues arising as a result¹⁴¹.

Youth offending

Wolverhampton's Youth Justice Service (YJS) is a co-located multi-agency team employing a holistic approach to working with children, young people, adults and their families. They support young people aged 10 to 18 who are involved in the criminal justice system, from early stages of intervention in pre-court disposals to intensive orders (up to 25 hours per week) and custodial sentences.

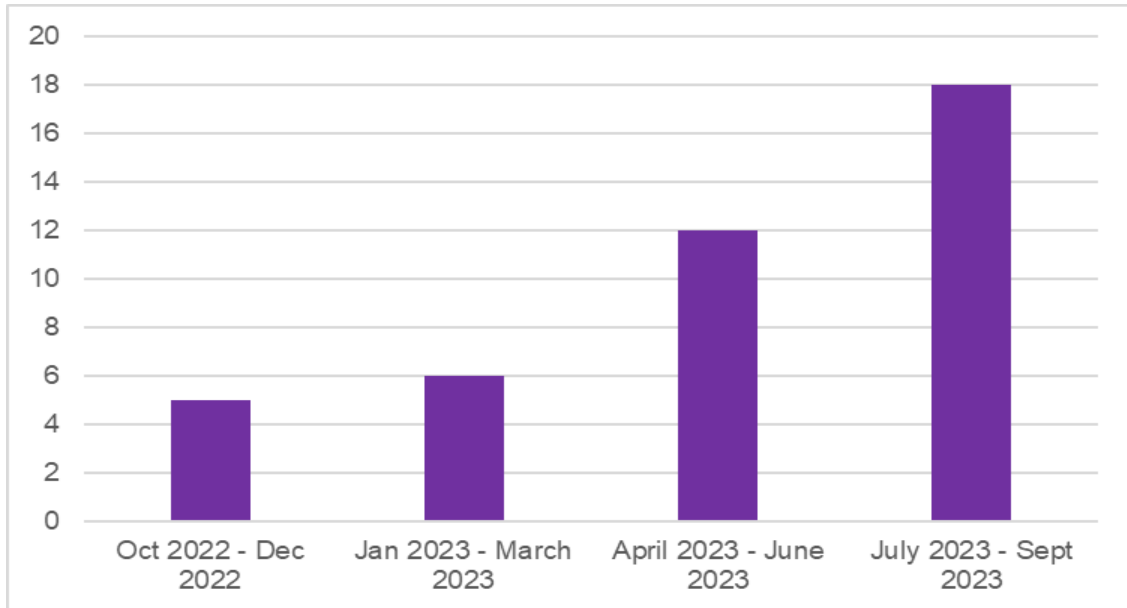
A total of 264 referrals were made to the YJS during the 2022/23 reporting period, of those 264 referrals, 238 referrals were accepted onto the service. A high proportion of those referrals were male (70%), white and aged 16 years. The most common offence type being 'assault a person, thereby occasioning them actual bodily harm'.

Of the referrals into YJS, a total of 41 referrals were made to Wolverhampton 360 (W360), between October 2022 to September 2023 with all 41 of those individuals accepted into the service.

¹⁴⁰ [NDTMS - Local Outcomes Framework](#)

¹⁴¹ [Patterns of cannabis use during adolescence and their association with harmful substance use behaviour: findings from a UK birth cohort | Journal of Epidemiology & Community Health](#)

Figure 51: Referrals from YJS into W360 between October 2022 to September 2023



The majority of those accessing the service were males (80%), white and aged 16 years. The common offence type being 'Violence against a person' (55%). Cannabis (61%) being the most common substance type, alcohol (19%) being the second most common.

There was a total of 22 closures during that period, the higher proportion of those closures completed successfully (50%), however, there were a further 31% that were incomplete and did not engage. The remaining 19% 'moved out of area' (13%) or refused treatment (7%).

Exploitation

Drug and alcohol misuse can sometimes be an indicator of exploitation. Additionally, it can be used as a coping mechanism to deal with the trauma of being exploited. Perpetrators can often pressure victims into drinking alcohol or taking drugs, but they can also give substances as gifts and make it seem glamorous and attractive.

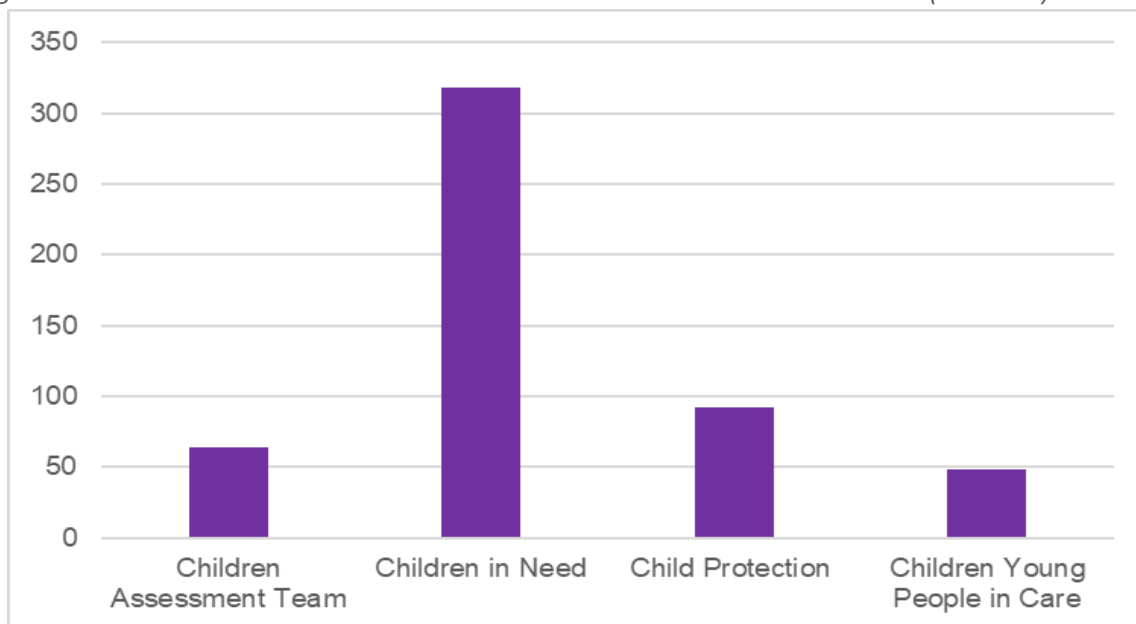
The Exploitation Profile 2023 for Wolverhampton identifies 13% (62) of young people were identified as misusing or experimenting with alcohol. This has decreased over the last 2 years from 20% identified in 2021 and 15% in 2022. The profile also identified 37% (178) to be using substances such as Cannabis, Marijuana, Vape, Black Mamba, Ecstasy, and Cocaine. Unlike alcohol, this has increased from 33% in 2021 and 35% in 2022. In addition, 42 (9%) of young people were identified as having parents with known drug misuse in 2023.

During 2023, 68 young people with exploitation risks received interventions through Wolverhampton 360. In partnership with the exploitation hub, Wolverhampton 360 facilitated an awareness session for the workforce and relevant partnerships to promote the importance of recognising the links between substance misuse and child and adult exploitation.

Safeguarding

The chart below outlines the number of safeguarding cases who have been marked as having a substance misuse risk the during 2022/23 reporting period. Substance misuse is common denominator within families under the supervision of support services, undertaking MASH assessment within city of Wolverhampton.

Figure 52: CYP with substance misuse risk identified via MASH assessments (2022/23)



The table above shows the majority of those with an identified substance misuse risk in safeguarding cases is in relation to Children in Need (318) which make up 61%. Child Protection identified 92 cases, with 64 cases in the Child Assessment Team. In addition, a further 49 children and young people in care identified a substance misuse risk.

Health Related Behaviour Survey (HRBS)

The Health-Related Behaviour Survey (HRBS) has been running in Wolverhampton since 2006. The survey is carried out as a way of consulting with pupils and collecting robust information about young people's health and wellbeing.

The survey is conducted with pupils in primary and secondary phase settings across Wolverhampton, who are asked to complete an anonymous on-line version of the survey appropriate for their age group. HRBS 2024 was completed by a total of 12,611 pupils across primary school, secondary and special school settings¹⁴².

Included within the survey are questions in relation to substances, Children and young people in Wolverhampton reported in the 2024 HRBS, that 24% of secondary aged school young people (11-16 years) had drunk alcohol (just a sip or taste), this has decreased significantly from 48% in 2010, showing consistent decline over the past 14 years. However, there are instances of self-reported alcohol consumption being considerably higher for Pupil Referral Units and College students, rising significantly up to 70% and up to 20% reporting they had been drunk¹⁴³.

Furthermore, despite only 5% of Year 10 pupils having used drugs, there are concerns for children and young people who identify as Transgender as intel suggests they are more than twice as likely to have used drugs (13%). This is very similar for Year 8 pupils with 2% suggesting they have used drugs, whilst those identifying as Transgender, again are more than twice as likely to have used drugs (5%)¹⁴⁴.

¹⁴² [wolverhampton-smoking-andf-substances-2024.pdf](#)

¹⁴³ [wolverhampton-smoking-andf-substances-2024.pdf](#)

¹⁴⁴ [wolverhampton-smoking-andf-substances-2024.pdf](#)

Data indicates that although substance misuse among young people is relatively low in Wolverhampton, there are vulnerable groups who are exposed to and engage in risky behaviour related to drugs and alcohol, highlighting the need for targeted education and prevention.

Prevention - personal, social, health and economic education (PSHE)

Schools must now cover drug and alcohol education as part of statutory Health Education, Relationships Education/RSE requirements. In Wolverhampton, Public Health have a dedicated PSHE advisory teacher supporting schools to develop their PSHE/RSE curriculum, this includes drug and alcohol education across all key stage groups across primary and secondary schools. In addition to these training resources for teachers to utilise within PSHE/RSE lessons, professionals have also received training and educational workshops via Alcohol Education Trust as well as local insight and education via the local treatment provider.

Wider Impacts

As well as health and social harms, the impacts of substance use are far reaching and include mental health, criminality, suicidality, financial difficulties, gambling, social support needs and homelessness to name a few.

Health & Socioeconomic Factors

Health

People who frequently misuse substances often have one or more associated health issues such as lung or heart disease, stroke, cancer or mental health conditions. The health consequences of drug use will vary depending on the type of drugs, the method of administration and the frequency and length of time a person misuses drugs.

Homelessness and rough sleeping

Substance Misuse dependency can impact employment and subsequently lead to housing problems, homelessness or rough sleeping. It can be both a cause and consequence, with substances being used as a coping mechanism to deal with the issues associated with homelessness and/or rough sleeping. Estimating drug prevalence among this cohort is difficult but evidence suggests they are at increased risk of problematic drug use and drug-related death¹⁴⁵.

A rough sleeping questionnaire carried out in 2020 found that at least 43% of respondents who had a drug need developed their dependency prior to first sleeping and 17% afterwards¹⁴⁶.

Alcohol and drug abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths¹⁴⁷.

¹⁴⁵ [Drug-related harms in homeless populations.pdf](#)

¹⁴⁶ [Rough Sleeping Questionnaire: initial findings](#)

¹⁴⁷ [Homelessness: A Silent killer](#)

A Homeless Health Needs Audit (HHNA) was conducted in 2023, working with several partners across the Rough Sleeper Partnership, a total of 137 participants took part¹⁴⁸.

Figure 53: Percentage of homeless people engaging in illicit drug use

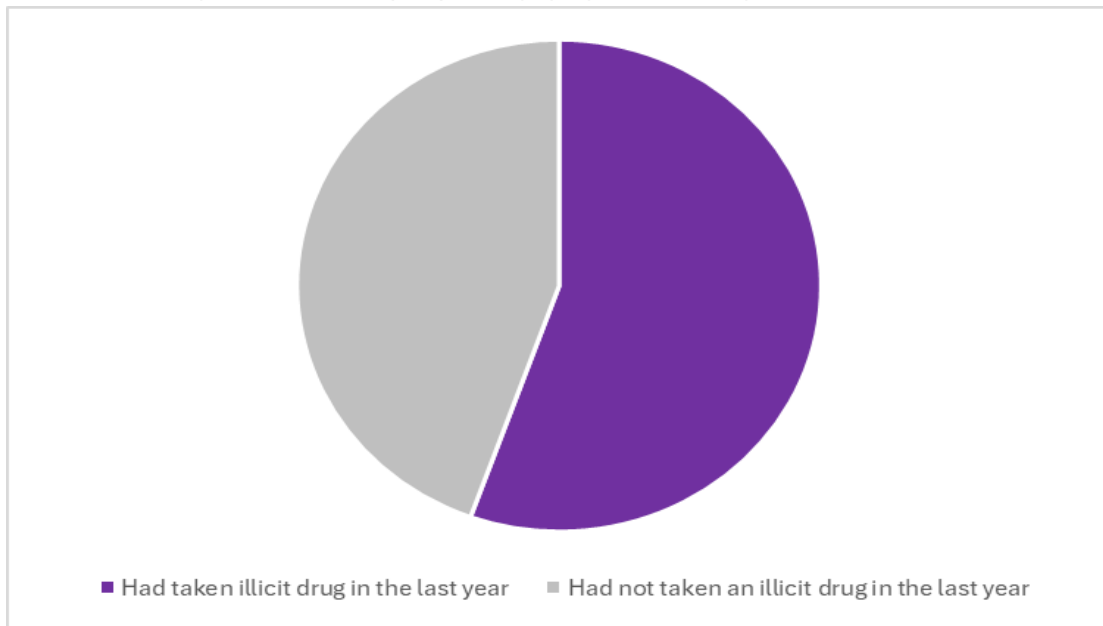
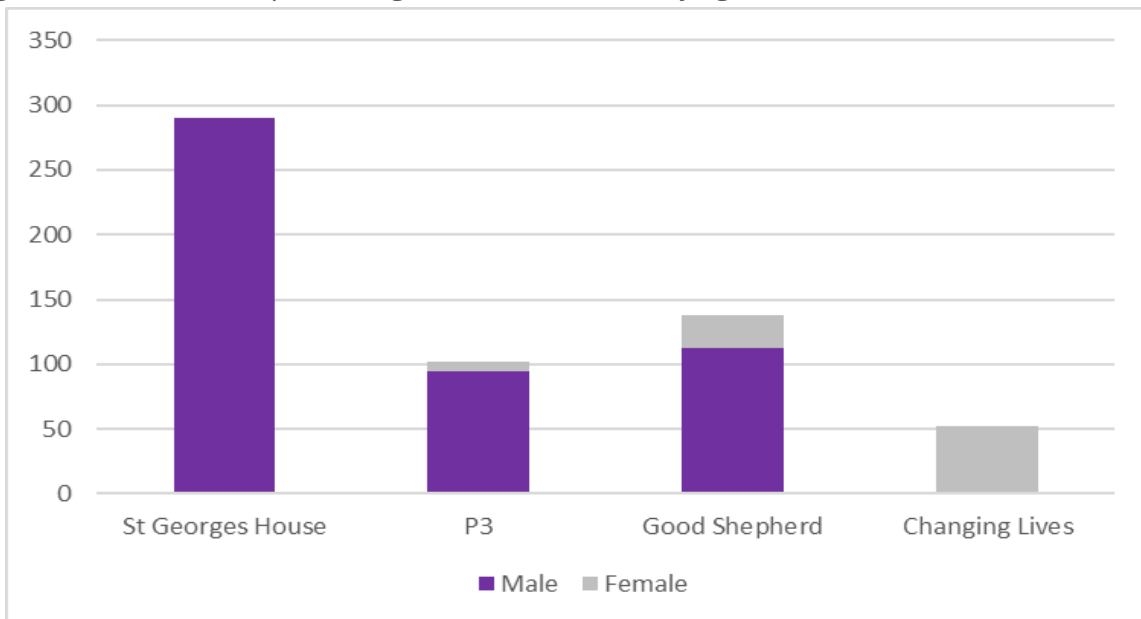


Figure 54: Individuals experiencing homelessness identifying a substance issue



A larger proportion of males' experience homelessness when substance misuse is prevalent. Almost 50% of those identified were of a White British background, with the most common age group being those aged 30-44 years making up almost 1/3 of those seeking support. Over 1 in 5 of those experiencing homelessness at the time of registration had drug or alcohol misuse as one of their main support needs, with similar demographics.

These findings demonstrate how disproportionately affected the homelessness population are in Wolverhampton by substance misuse, recommendations from the HHNA identify the need

¹⁴⁸ [City of Wolverhampton Council, JSNA – Homeless Health Needs Audit, 2023](#)

for further investigation into reported alcohol consumption and ensuring a fast-track referral pathway into specialised drug and alcohol treatment services.

Blood borne viruses (BBV)

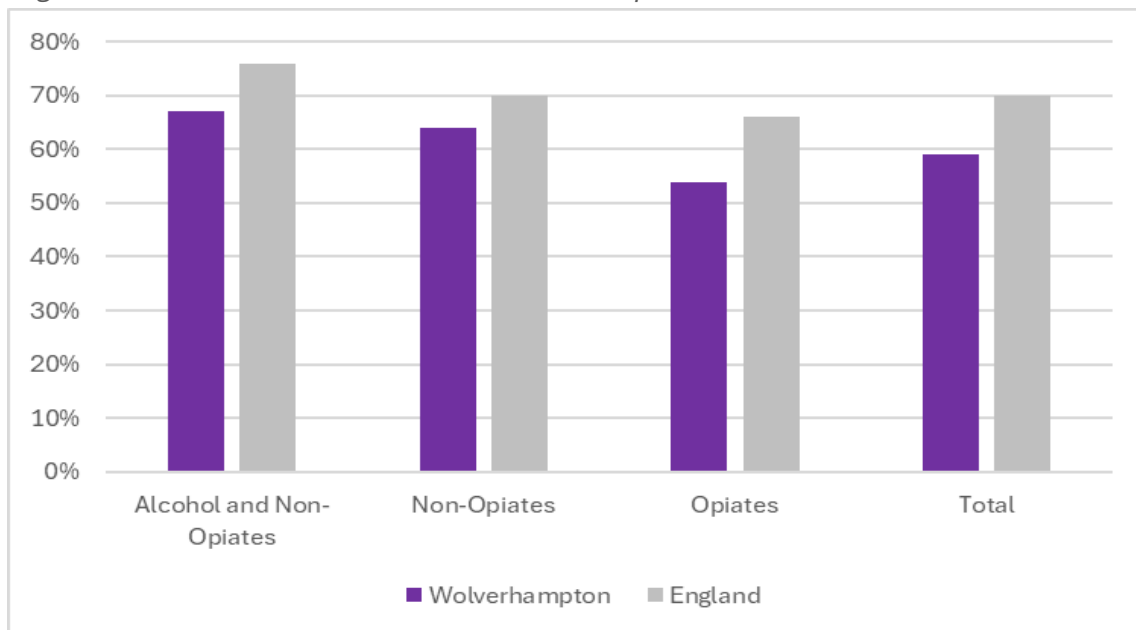
People who inject drugs (PWID) often experience worse health outcomes than the general population. These health harms include transmission of blood borne viruses such as Hepatitis B, Hepatitis C virus (HCV) and HIV through the sharing of injecting equipment, bacterial infections, sepsis, overdose and death.

Mental health

Drug use can affect mental health and wellbeing in many ways. Use of cannabis can affect increase the risk of anxiety or depression, the use of more potent cannabis is linked to the development of psychosis and schizophrenia. Stimulant drugs can make a person feel anxious, depressed and paranoid¹⁴⁹.

Alcohol or drugs abuse often contributes to or co-exists with mental health problems and leads to poorer outcomes. Treatment data for Wolverhampton shows over 50% of those new presentations require support for a mental health treatment need, this is higher in both Alcohol and Non-opiates¹⁵⁰.

Figure 55: Proportion of new presentations for a drug treatment need who were identified as having a mental health treatment need in Wolverhampton 2021/22 ¹⁵¹

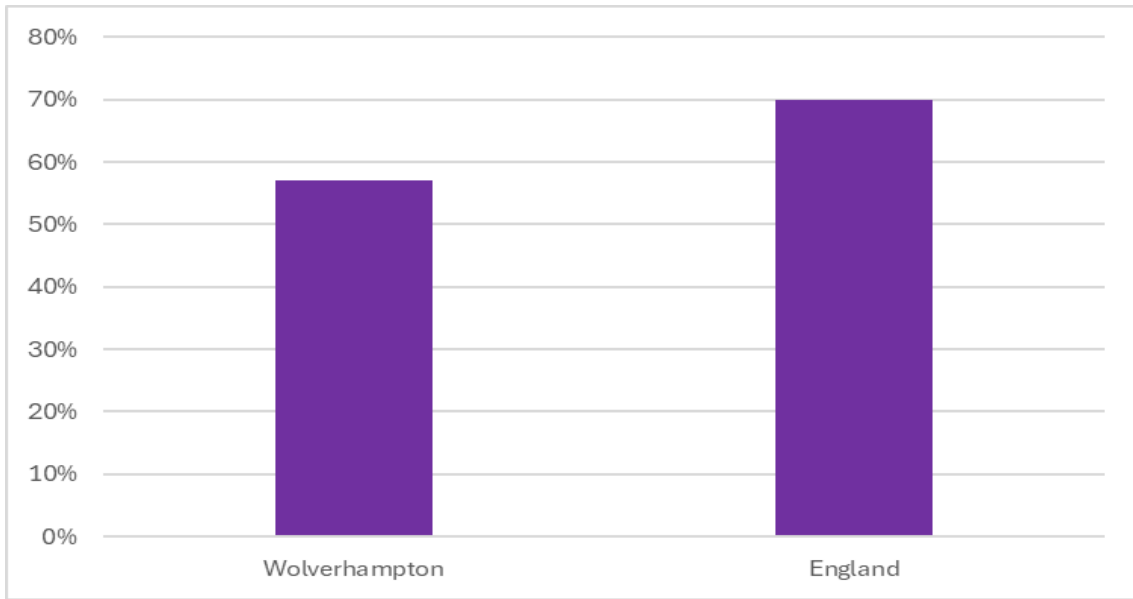


¹⁴⁹ [Mental Health Foundation, Drug and Mental Health \(2021\)](#)

¹⁵⁰ [NDTMS - Local Outcomes Framework](#)

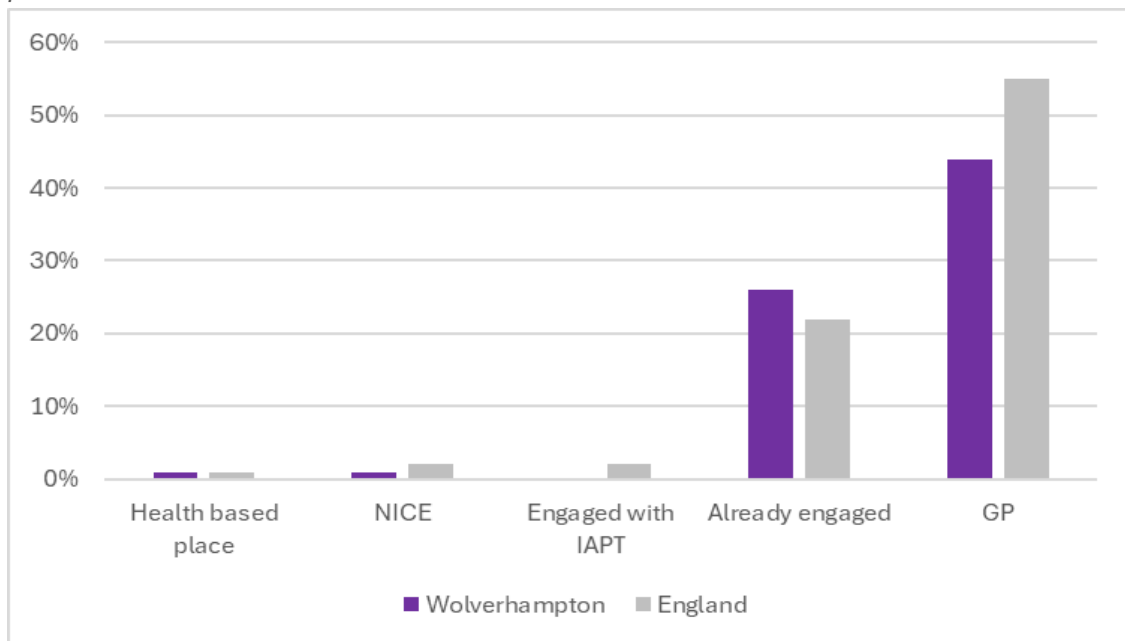
¹⁵¹ [NDTMS - Local Outcomes Framework](#)

Figure 56: The proportion of new presentations for an alcohol treatment need who were identified as having a mental health treatment need in Wolverhampton 2021/22



When reviewing those that have received treatment, 57% of those that identified a mental health treatment need were in receipt of the required support, this reflects what is seen nationally (70%). The bar chart below shows which mental health services were accessed¹⁵².

Figure 57: Proportion of adults in treatment and recovery services accessing mental health support 2021/22 ¹⁵³



Most treatment for mental health issues was provided through the GP, followed by those already engaged in mental health treatment.

¹⁵² [NDTMS - Local Outcomes Framework](#)

¹⁵³ [NDTMS - Local Outcomes Framework](#)

Criminal Justice

Arrest Referral Service

The arrest referral service is situated within all six police custody blocks across the region (Oldbury, Birmingham, Coventry, Wolverhampton, Bloxwich and Stechford) and provides assessments to offenders covering all aspects of their lifestyle including use of alcohol and other drugs. The service incorporates mandatory assessments for all individuals who test positive for drugs under the Drug Test on Arrest (DToA) programme within custody, whilst also providing assessments, support, harm reduction advice and equipment to all individuals in police custody.

The key aims of the service are to:

- Improve pathways to drug and/or alcohol treatment
- Provide harm reduction advice and supplies including Naloxone and needle syringe programme (NSP) on release from police custody.
- Improve screening for additional vulnerabilities, including mental health, sex work, domestic abuse, and gambling.
- Refer and signpost to specialist community support
- Improve health outcomes for offenders.
- Improve understanding of the impact of alcohol and other drug use on crime.
- Improve the effectiveness of community sentencing measures.
- Reduce re-offending.

Community Sentence Treatment Requirements

Upon sentence at Court, a Community Sentence Treatment Requirements (CSTR) can be introduced to reduce reoffending and reduce short term custodial sentences by addressing the health and social care issues of the offender, this can be in combination with a Mental Health Treatment Requirement (MHTR) which is one of three possible treatment requirements, along with the Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR), which may be made part of a Community Order. A DRR and ATR can also be combined with an MHTR. This enables people on probation to engage with local treatment services, often as an alternative to a custodial sentence.

A larger number of DRR suitability assessments (125) have been undertaken in comparison to ATR's (33). When reviewing those that are recorded suitable the percentage of DRR's drops to 79, however the drop off for ATR is much less from 33 to 29. The number of DRR's granted from the original DRR suitability assessments is 19, which shows a significant disconnect between what has been proposed by the arrest referral team and what has been granted by the judiciary system.

The number of ATR's granted shows a smaller drop from the original suitability assessments completed, however, only 1/3 of those were granted. Whilst some people are assessed as suitable for a DRR, they would not always be eligible for this intervention, based on the seriousness of the index offence.

Probation Service

The Probation Service works with individuals who have been sentenced by the Courts following conviction of a criminal offence. The aim is to safely manage risks posed by individuals to others and themselves, reduce reoffending and provide opportunities for rehabilitation and deliver interventions.

Probation work in partnership to improve continuity of care and promote a more holistic approach to people being released from custody. Treatment and recovery services are able to undertake gate picks up from custody to provide additional support and practitioners will consider substance use related licence conditions upon release, to encourage engagement with treatment services.

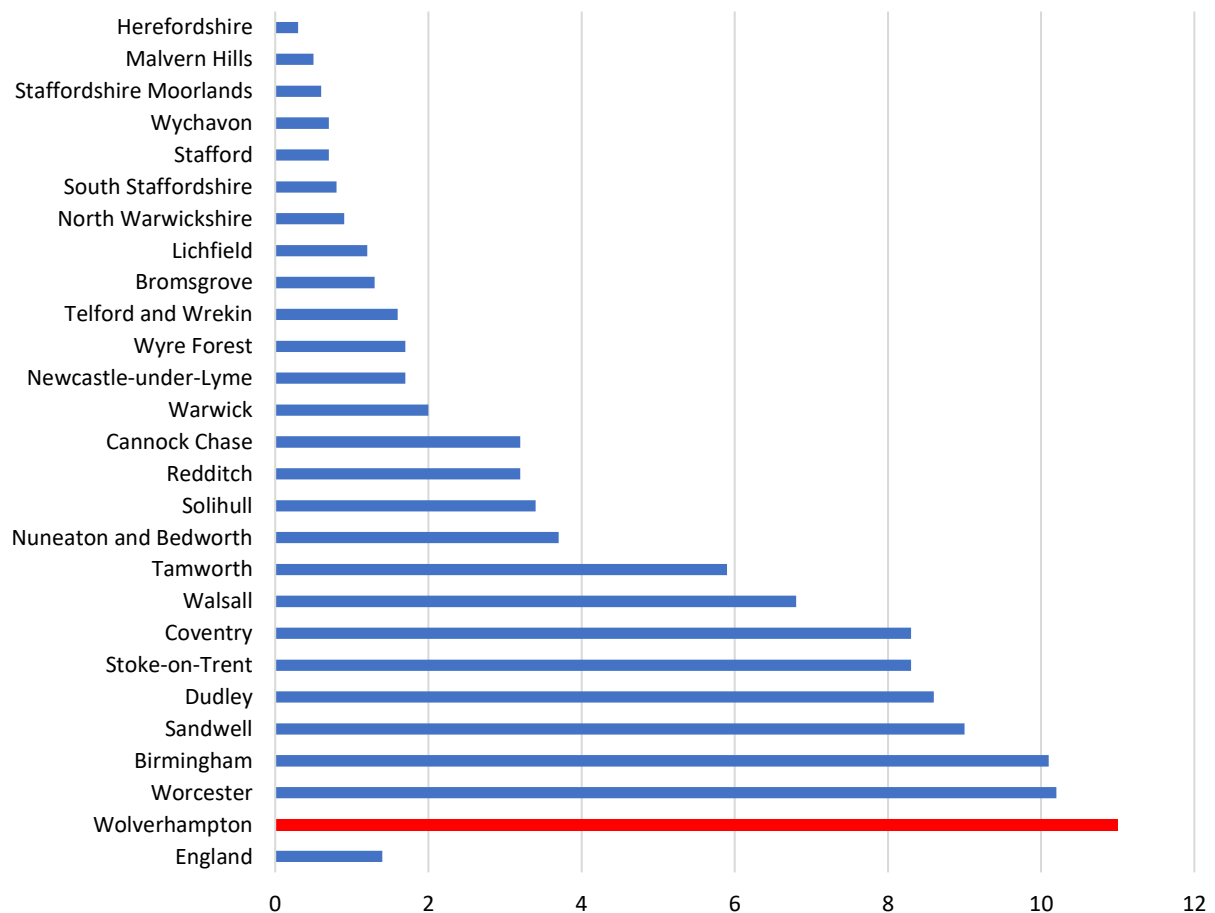
Licensed premises - Alcohol

When an application is submitted for the sale of alcohol under the Licensing Act 2003, Public Health as a responsible authority, are consulted and can make representations to the granting of the application provided the representation is in line with the four licensing objectives.

Evidence suggests that alcohol outlet density is related to alcohol consumption and alcohol-related harm. It is also an indicator of availability and exposure to alcohol (Public Health England, 2016). Therefore, special consideration is given to the granting of licences in Wolverhampton, given the high incidence of alcohol related harm in the city.

According to the most recent data available (2017/18), Wolverhampton has the highest number of premises licensed to sell alcohol per square kilometres (11.0) in the West Midlands and much higher than the national average of 1.3.

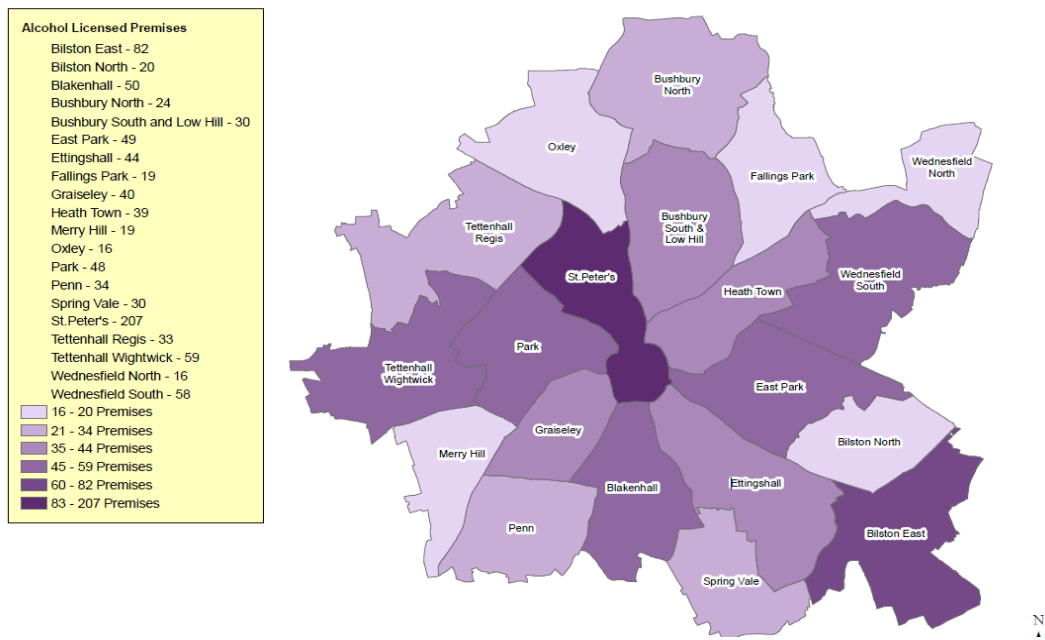
Figure 58: Number of premises licensed to sell alcohol per square kilometre 2017/18 ¹⁵⁴



In 2017/18, Wolverhampton had a total of 917 licensed premises to sell alcohol, there has been an increase in the number of licensed premises in 2023/24, rising to 936.

¹⁵⁴ [Department of Health and Social Care, Alcohol licensed premises](#)

Figure 59: Heat map of licensed premises to sell alcohol in Wolverhampton



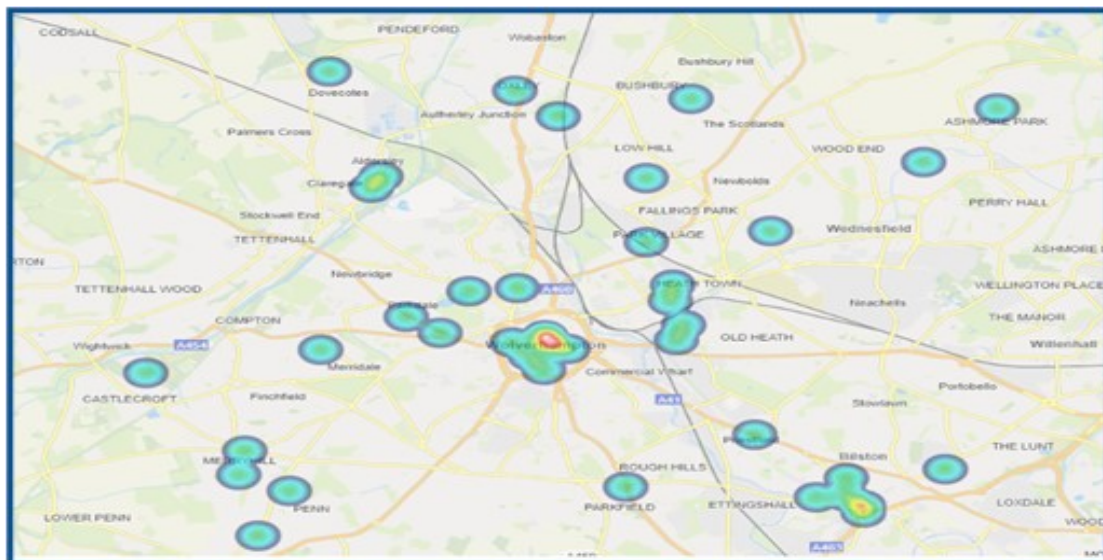
There are a total of 577 premises licensed for off sales in the city with a further 359 premises licensed for on sales only.

Crime

Drug offences

In 2023, Wolverhampton recorded 242 drug offences across all age groups (0-99 years). Specifically, there were 31 drug offences among those aged 0-18 years, with 29 related to Cannabis (two with intent to supply) and two Class A drug offences (1 Heroin, 1 other).

Figure 60: City map of drug offences that occurred during 2023, those aged 0-18 years – Data supplied by West Midlands Police

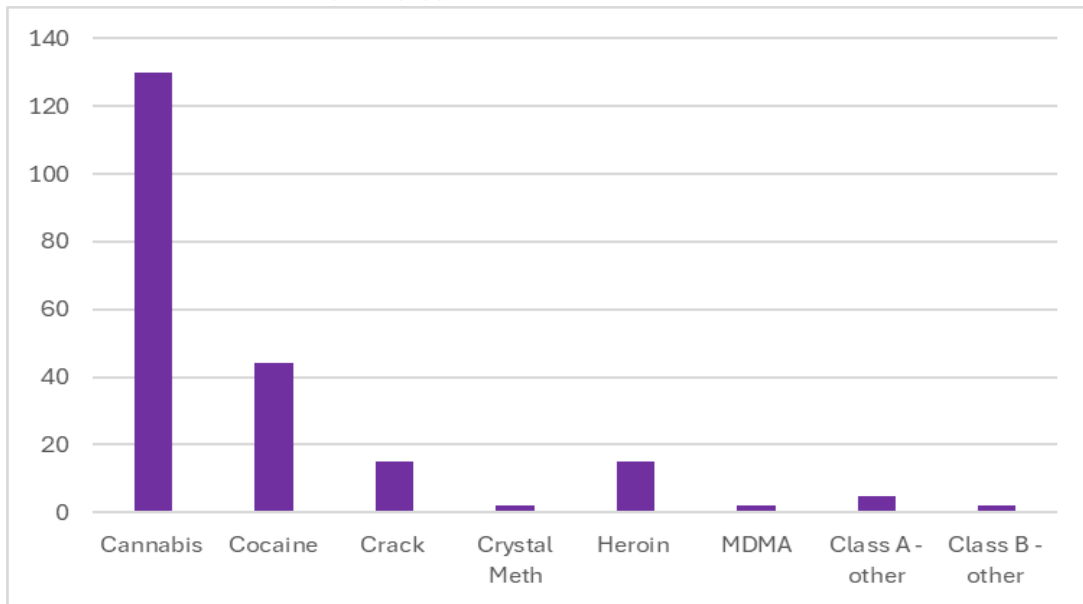


The map shows a high concentration of offences in St Peters ward (9), with a wide geographical spread. Individuals of black ethnicity were mainly involved in offences in

Bushbury South and Low Hill and Park wards, while White British individuals were primarily involved in St Peters ward.

In comparison, there were a total of 211 drug related offences during 2023, associated to those between the ages of 19-99 years. 130 of those drug offences were in relation to Cannabis, the high proportion being possession. In addition, there was a wider range of drugs recorded including Crack, Cocaine, Heroin, with isolated incidents of Crystal Meth and MDMA.

Figure 61: Number of offences by drug type in 2023

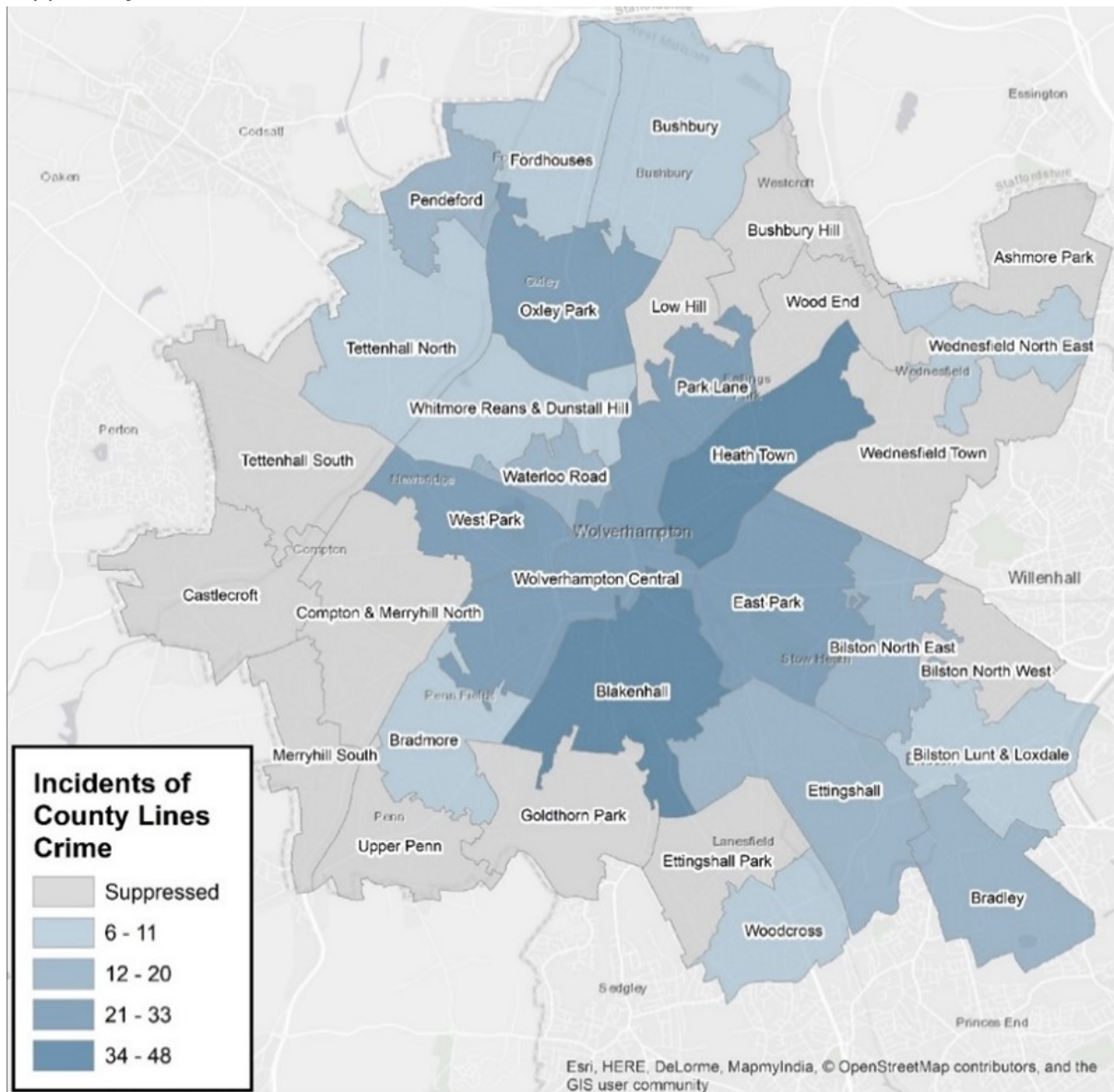


County Lines

The ward map below identifies the number of county line crimes that have occurred in Wolverhampton between October 2021- September 2023. In this period, both Heath Town and Blakenhall are prevalent locations within which county lines crimes have occurred. High crime levels are seen in Oxley Park, West Park and East Park.

The map shows county line activities in the west have been suppressed, further highlighting the stark health inequalities between high-deprivation areas and more affluent ones.

Figure 62: County line crimes between October 2021 – September 2023 (Wolverhampton) – Data supplied by West Midlands Police



In Wolverhampton, West Midlands Police, have vastly increased the number of county lines closed during 2023-24. This compares to 16 lines closed in 2022-2023 and 19 lines closed in 2021-2022.

Domestic abuse

In the UK, almost a fifth of women and 10% of men aged 16-59 have been victims of physical domestic violence. Alcohol is a factor in a third of domestic violence incidents, with many aggressors having consumed alcohol prior to the assault. Victims may also use alcohol as a coping mechanism, which violent partners might exploit as an excuse for continued abuse¹⁵⁵.

During 2021-22 in Wolverhampton, there were 4,231 alcohol-related offences, an 89.6%

¹⁵⁵ [Finney, A. University of Bristol, Alcohol and intimate partner violence: key findings from research 2004](#)

increase from 2020/21. Of these, 1,884 were linked to domestic violence, a 56% increase from the previous period.

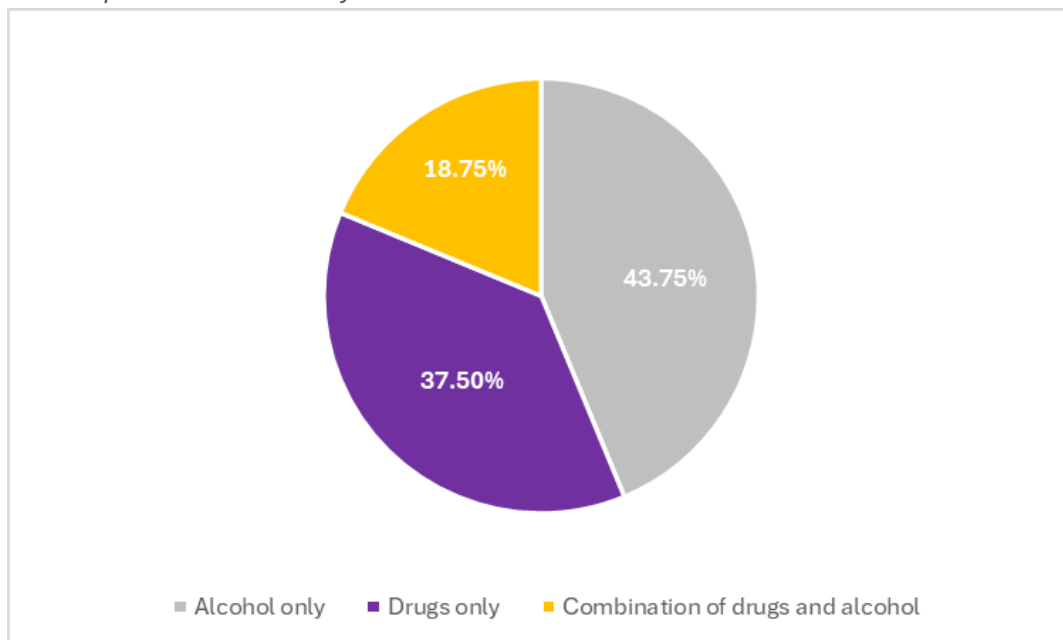
Suicide Prevention

Increased alcohol consumption can lead to increased risk taking such as suicidality and may also be used to ease the distress associated with the act of suicide.

Suicide rates in Wolverhampton have declined over the past two decades and are currently at their lowest point (7.9 per 100,000 population). The current rate is significantly below the national average (10.4 per 100,000) and the lowest among all areas in the West Midlands region (10.7 per 100,000)¹⁵⁶.

Between September 2019- November 2023, 28.6% of the 56 suicide cases in Wolverhampton had a known history of substance or alcohol misuse. The chart below shows the substance breakdown of deaths.

Figure 63: Proportion of deaths by suicide attributed to substance misuse



An evidence review of the relationship between alcohol use and suicide recommends that people with alcohol dependence or depression should be screened for other psychiatric symptoms and for suicidality, and programmes for suicide prevention must consider drinking habits and should reinforce healthy behaviour patterns¹⁵⁷.

Gambling

Prevalence of problem gambling in patients with a substance misuse disorder are higher than the general population with reported ranges from 20.5% to 55%^{158 159}.

¹⁵⁶ [wolverhampton_suicide_prevention_jsna_report_2023.pdf](#)

¹⁵⁷ [Suicidal behaviour and alcohol abuse - PubMed](#)

¹⁵⁸ [Analyses related to the development of DSM-5 criteria for substance use related disorders: 3. An assessment of Pathological Gambling criteria - PubMed](#)

¹⁵⁹ [An empirical evaluation of proposed changes for gambling diagnosis in the DSM-5 - PubMed](#)

A recent Gambling evidence review¹⁶⁰ found that there was a clear pattern of increased participation in gambling, at-risk gambling, and problem gambling as the number of alcohol units consumed per week increased. This was most noticeable at extreme levels of consumption, with 74.4% of those consuming over 50 units a week participating in gambling and 11.4% at-risk or problem gamblers (compared to 35.4% and 2.1% of non-drinkers respectively). There was little difference in overall gambling participation between smokers and non-smokers, but current smokers had a higher prevalence of at-risk and problem gambling (8.5%) compared to non-smokers (1.9%).

Covid 19 impact on drugs and alcohol

Covid 19 significantly impacted the behaviour of communities in relation to alcohol and the drugs due to the lockdown restrictions that were imposed as well as the closure of non-essential businesses such as on sale alcohol premises (pubs, bars, clubs etc). Data from a consumer purchasing panel that measures off-trade volume sales of alcohol shows that between 2019 and 2020 volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020¹⁶¹.

Like other services, drug and alcohol treatment services were affected by the need to protect their service users and staff in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. Fewer service users were able to access detoxes and testing and treatment for blood-borne viruses and liver disease also greatly reduced. These, and other changes to service provision, will have impacted on many of the indicators included in this report.

In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019. We also saw significantly higher rates from May 2020 onwards (33.0% of deaths occurred in the most deprived group)¹⁶². The upward trend in total alcohol specific deaths was brought about by increases in deaths from alcoholic liver disease. Alcoholic liver deaths accounted for 80.3% of total alcohol specific deaths in 2020 and saw a 20.8% increase between 2019 and 2020. From July 2020 onwards, rates of alcoholic liver disease deaths were significantly and consistently higher than baseline¹⁶³.

Recovery

Recovery is a process which involves achieving or maintaining outcomes in several domains, not just overcoming dependence on drugs or alcohol. People generally are not able to sustain drug and alcohol outcomes without having gained or maintained recovery capital in other domains such as having positive relationships, having a sense of wellbeing, meaningful occupation of their time, adequate housing, etc¹⁶⁴.

Individual Placement Support (IPS) Employment

The IPS Programme for Substance Misuse is a specialised employment support initiative to assist individuals grappling with substance misuse issues in their pursuit of sustainable employment opportunities. This initiative aims to empower individuals dealing with substance misuse by providing them with tailored support and comprehensive employment

¹⁶⁰ [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England](#)

¹⁶¹ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

¹⁶² [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

¹⁶³ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

¹⁶⁴ [Recovery Committee: second report \(publishing.service.gov.uk\)](#)

opportunities, ensuring a pathway toward sustainable recovery and success in the workforce.

As of May 2023, when the programme was launched, there has been a total of 128 referrals made into the service, 53 of those have started with the programme with a further 25 referrals in progress. 17 people have commenced with employment thus far, 3 of those holding a second job with one person holding a third job.

Lived Experience Recovery Organisation

In Wolverhampton, the Service User Involvement Team (SUIT), provide a unique service offering people living with drug and alcohol addiction the opportunity to connect positively on their recovery journey. The SUIT team have lived experience from drug and alcohol addiction, whether that be a personal journey or family related.

SUIT work closely with Recovery Near You, supporting individuals as part of their recovery, by providing opportunities to volunteer and support others that may be struggling with their addiction.

SUIT provide peer support and tailored wraparound recovery support to individuals, including help accessing housing support, healthcare, welfare, employment, and within criminal justice settings.

SUIT deliver important outreach with the vision of training recovering addicts and empowering those that are suffering from addiction to move forward with their lives, contributing positively to themselves and society as a whole. By attending local, regional, and national events and meetings, volunteers and clients can use their voice to make a difference to themselves and others around them. These experiences identify and build upon a person's recovery capital to support positive outcomes from treatment.

SUIT deliver weekly art groups, exploring creative interest, workshops, and informal meetings, this in turn has allowed individuals to experience opportunity in spaces previously unavailable to them. During the 2023/24 period, service users have been in a number of creative opportunities across the city from attending the Wolverhampton Literature Festival 'Voice for recovery', Wolverhampton Arts Festival, as well as the production of the 'Alcohol Awareness Week Film – Narratives of Recovery'.

“Lived experience service-user involvement working alongside clinical treatment is undoubtedly the most important ingredient for the optimum outcome in the battle against addiction” (Marcus Johnson) Manager of SUIT.

An individual that has accessed the support services available from SUIT has provided an insight into the support they received which empowered them to take the necessary steps on their recovery journey.

‘I have such connection with the team. I know there’s been so much change in my life so quickly, but I’m ready now. I’m excited for the changes’.

Coming to SUIT and listening to other people who had also suffered through addiction...for a long time I felt I was on my own even though I knew so many people, I always felt like I didn't fit in anywhere. It felt like mental torment. Coming to SUIT finding other people who wanted to change their life and be happy too, gave me inspiration. It gave me the motivation to realise that I'm a good person and I'm worth saving'.

Mutual Aid, aftercare and step-down support

Mutual aid

Mutual Aid is a social, emotional and information support service and aims to support a person through every stage of their recovery. When individuals are actively changing their behaviour within a group network this programme is referred to as Mutual aid.

Those involved within such groups could include:

- who are abstinent and want help to remain so.
- People who are thinking about stopping and/or actively trying to stop their drug and alcohol use.
- As well as families, children and friends affected by substance misuse.

The most common mutual aid groups in England include 12-step fellowships and SMART Recovery. The fellowships (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and Al-Anon) are based on a 12-step self-help philosophy developed in the 1930s. SMART Recovery applies cognitive behavioural techniques and therapeutic lifestyle change to its mutual aid groups to manage their recovery¹⁶⁵.

There are several mutual aid support networks located in Wolverhampton, there are five Alcoholics Anonymous groups operating within the city weekly¹⁶⁶, both during the week and weekends as well as evenings and during the day. In addition, Recovery Near You offer mutual aid groups specifically for drugs across multiple locations and days during the week, ensuring that support is available where and when a person/s would require.

Aftercare and step-down support

Step down care happens in phases. Step-down programs often include continued counselling sessions and support groups to help individuals address any challenges they may face outside of treatment. Whether it's coping with cravings, managing stress, or repairing relationships, ongoing therapy provides a vital lifeline during the transition period. It also allows for the processing of thoughts and feelings that may arise during the transition. This is a proactive measure against triggers and relapse.

Overarching findings from the Treatment System

Lived Experience Advisory Group

The lived experience advisory group (LEAG) was set up by SUIT to facilitate co-creation and amplify the importance of the voice of those with lived experience of substance misuse and/or the treatment and recovery system.

The LEAG forum has highlighted the need for a more consistent point of contact in the initial treatment stages. An interim keyworker or Peer Support Worker to assist clients from intake until they are assigned a stable keyworker has been suggested and would potentially reduce the risk of disengagement due to delays.

¹⁶⁵ [Public Health England, A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid, 2013](#)

¹⁶⁶ [Alcoholics Anonymous](#)

During the last 12 months, several LEAG forums have been held and have utilised mixed methodologies to obtain feedback from those with lived experience.

Overall, most participants rated the services received as very good or excellent, however, there were instances of poor service received. Similarly, whilst the majority of respondents felt their key worker had the right skills to support them through recovery, there were instances where this was stated not to be the case.

The provision of evening and weekend groups unanimously highlighted as a gap by participants.

Clients expressed a clear desire to be supported by practitioners with lived experience.

Concerns were also raised about frequent staff turnover and insufficient follow-up which can disrupt clients' recovery journeys and often require them to retell their stories, contributing to frustration and a sense of being burdensome.

For programmes like SMART Recovery, attendees emphasised the need for stability in group facilitation. They advocated for a model in which staff consistently lead groups with support from trained volunteers, allowing clients to build trust and continuity in these crucial support sessions. There was also discussion on the benefits and drawbacks of Zoom meetings, where some clients find accessibility in virtual sessions, but others risk isolating or concealing their struggles.

Suggestions were made in relation to raising community awareness and engagement with a desire to see increased treatment options available through outreach initiatives, such as QR codes, community events, and public art projects. It was felt this could help reach underserved populations, many of whom remain unaware of available recovery services or are hesitant to seek help.

Review of substance misuse services in Wolverhampton

During summer 2024 a targeted review of drug and alcohol service provision was undertaken which specifically focused on access and aftercare. The review aimed to explore:

- the current state of rapid access to treatment services through lived experience.
- wider barriers to access, particularly for individuals not currently engaged with treatment.
- the robustness of pathways and identify any potential gaps.
- any gaps in aftercare offerings and establish principles and guidelines to enhance the aftercare journey across various domains, including housing, employability, health (both physical and mental), education, social networks, and other associated areas.

In summary the review concluded there was a need to further ensure the different elements of the system (access, treatment and aftercare) were joined up. Additionally, whilst there are a range of access points, several participants reported difficulties in accessing services rapidly.

Despite lived experience being valued, the positive impact and value that it can have on the treatment system (both operational and strategic) appears to be unrealised. The offer of engaging with individuals with lived experience from the outset of first contact with treatment and recovery services is vital and could positively impact treatment engagement rates.

Drug and alcohol outreach activities are welcomed by partners, and this seems to be an effective route in engaging people not currently in services.

The treatment system needs to improve levels of cultural competence to attract and engage with marginalised and minoritised communities.

The effectiveness of aftercare support is hindered by a lack of coordination amongst the providers and poor aftercare referral processes.

The current treatment system has many positive elements, and the review reported how it had helped individuals to better manage their relationship with drugs/and or alcohol. To ensure that drug and alcohol treatment can meet local demand, there should be an improved approach to involving lived experience in the planning, delivery (access, throughcare and aftercare) and evaluation of services.

Outreach work is a key pathway to accessing treatment, particularly for those experiencing multiple disadvantage, and other barriers to access. The utilisation of digital and social platforms is key to improving engagement. The continual feedback of those accessing the services should be used to iterate and make ongoing improvements where required.

Conclusion

Wolverhampton has significantly higher associated harms from alcohol when comparing insight nationally and regionally. Rates of alcohol-specific mortality sit at 21.7 per 100,000 of the population, although Wolverhampton are still within the upper quintile of the worst in the country, this is a significant drop since 2020 (29.9) where Wolverhampton had the highest rate per 100,000 population in the UK.

Amidst this backdrop of harm, the UK has one of the highest drug-related death rates in Europe with the greatest burden of harm falling on those who live in the most deprived areas of the UK (HM Government, 2021). Although there appears to be lower prevalence of drugs within the city, when comparing to alcohol, the city still faces significant challenges regarding deaths from drug misuse (7.0 per 100,000 population) when comparing this to the region (5.3) and national (5.2).

The local area profile below for Wolverhampton summarises the significant drug and alcohol related harms within the city and provides regional and national comparisons.

Table 3: Local area profiles (Public Health Fingertips)

INDICATOR PER 100,000 population *unless stated otherwise	Period	England	West Midlands	Wolverhampton
Deaths from Drug Misuse	2020-22	5.2	5.3	7.0
Successful completion of drug treatment: opiate users	2023	5.1	4.7	4.2
Successful completion of drug users: Non-opiate users	2023	29.5	29.1	18.5
Adults in treatment at specialist drug misuse services per 1,000 population*	2020/21	4.5	4.7	5.6
Alcohol specific mortality (1 year range)	2022	13.9	15.8	22.5

Alcohol specific mortality (3 year range)	2020-22	13.8	18.8**	24.3
Successful completion of alcohol treatment	2023	34.2	34.3	30.5
Admission episodes for alcohol specific conditions	2022/23	581	613	801
Admission episodes for alcohol related conditions (Narrow)	2022/23	475	564	731
Hospital admissions rate for alcoholic liver disease	2021/22	50.3	53.9	83.9
Number of premises licensed to sell alcohol per square kilometre	2017/18	1.3*	1.3*	11.0

Aggregated from all known lower geography values

*** Met County*