Tameside Metropolitan Borough

Tameside **Substance Misuse Needs Assessment 2025**

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Executive Summary

The Substance Misuse Needs Assessment 2025 provides an in-depth analysis of the harms associated with drug and alcohol use in Tameside. It evaluates unmet needs, gaps in provision, and existing interventions while integrating community and stakeholder input. Key findings and recommendations guide strategic actions to reduce substance-related harm, improve health outcomes, and inform service delivery and commissioning frameworks.

Key Highlights:

- **Harm Analysis:** Alcohol misuse affects over 41,000 adults in Tameside, with significant health impacts and hospital admissions above the national average.
- **Drug-related deaths:** in Tameside are nearly double the national average, with opioids and synthetic drugs emerging as key risks. Coroner reports indicate alcohol as an implicated substance in an increasing proportion of deaths.
- **Treatment Provision:** Tameside provides integrated services for adults and young people, including harm reduction, psychosocial interventions, and residential rehabilitation. The unmet need for drug treatment is below the national average. Young people primarily seek treatment for cannabis use, with success rates surpassing national benchmarks.
- **Strategic Approaches:** Emphasis on prevention, early intervention, and community-based recovery is key in Tameside, with the treatment provider sitting on a number of key strategic forums including safeguarding partnerships and groups reporting to the Community Safety Partnership. Strong track record of collaboration with criminal justice systems and health services to enhance treatment pathways.
- **COVID-19 Impacts:** Increased alcohol-related deaths and disruptions to service delivery during the pandemic highlighted the need for resilient systems.

1. Introduction

This strategic needs assessment (SNA) provides an understanding into the scale of harm caused by drug and alcohol use within Tameside. It includes the identification of unmet needs, existing gaps in systems and services, examples of evidence-based good practice, and engagement with service users, professionals and residents to provide key recommendations for local improvement, as well as establishing a framework for future commissioning and service delivery.

The World Health Organisation (WHO) defines harmful alcohol use as a broad concept, covering drinking behaviours that lead to negative health and social impacts for both the individual drinker, those in their vicinity, and society. This includes patterns of drinking associated with heightened risks of adverse health outcomes. The degree of risk for harmful use of alcohol varies with age, sex and other biological characteristics of the consumer as well as with the setting and context in which the drinking takes place. There is also a 'dose-response' relationship around the risk associated with alcohol, with increasing risk, the more someone drinks[1]. Some vulnerable or at-risk groups and individuals have increased susceptibility. The harmful use of alcohol is a major public health issue and is considered the third leading risk factor for preventable poor health globally, leading to morbidity and mortality from cardiovascular diseases, cirrhosis of the liver and various cancers. Strategies to reduce the harmful use of alcohol provide an opportunity to improve health and social well-being and reduce the existing alcohol-attributable disease burden.

The use of psychoactive drugs or narcotic drugs and psychotropic substances without medical supervision is associated with significant health risks and is complex in nature 2Individuals who use drugs face a multitude of health risks beyond drug use disorders. Injecting drug users are particularly vulnerable to blood-borne viruses (BBV) such as HIV and Hepatitis C virus (HCV), and other risks such as tuberculosis infection, potentially fatal overdose, road accidents, cardiovascular and liver issues, violence, being involved in crime and suicides. Drug dependence, notably opioid dependence, significantly reduces life expectancy, leading to premature deaths. Moreover, the relationship between substance use and mental health conditions is intricate. Pre-existing mental health conditions may precede substance use, heightening the risk of developing substance use related behaviours, while substance use can also lead to secondary mental health conditions due to biological changes in the brain. Exposure to drugs during adolescence and young adulthood, before the brain fully matures, significantly increases the risk of drug dependence and psychiatric complications.[2] Drug use imposes a substantial burden on individuals, families, and communities, resulting in lost productivity, heightened healthcare expenditure, and social consequences including involvement in criminal justice systems and reliance on social welfare. Societal factors such as extreme poverty, displacement, and media portrayal of drug use contribute to increased vulnerability to drug use conditions at the community level. Providing effective treatment and care services for drug use conditions within an integrated and coordinated treatment framework is therefore essential.

Such investment not only benefits the health of individuals with drug use conditions but also fosters the healthy and safe development of families, communities, and nations.

In this Needs assessment, unless defined as either drug or alcohol use, 'substance misuse' will refer to the use of substances, including alcohol, adulterated tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects to a individuals physical and mental health, social situation, and responsibilities.

1.2 National context

In 2019 the Home Office and the Department of Health and Social Care commissioned Dame Carol Black to conduct a two-part independent review of substance misuse across England, which included considerations of how drugs fuel violence, drug-related harms, driving forces in addiction, the causes behind recent increases in recreational drug use and the best ways to prevent drug-taking[3]. To effectively tackle the growing issue of drugs, Dame Carol Black highlighted the importance of strong prevention and recovery measures achievable through tougher criminal justice responses to drug-related crime and better support for individuals who misuse substances through quality and competent treatment services. It should be noted that, while this review did refer to integrated drug and alcohol treatment services, there was not a substantial focus on alcohol.

In response to Dame Carol Black's review, the government formulated a 10-year plan to tackle substance misuse. Titled 'From Harm to Hope: A 10-year Plan To Cut Crime and Save Lives', the national drugs strategy outlined three reform objectives relative to substance misuse:

1. **Breaking Supply Chains:** Through a strengthened response to the drug supply chain and county lines operations, the government aims to close 2,000 county lines, disrupt 6,400 organised crime group activities and block further criminal assets.
2. **Deliver a World-Class Treatment and Recovery System:** By investing £780 million across England, the government aims to rebuild substance misuse treatment and recovery services to prevent approximately 1,000 drug-related deaths, provide 54,500 new treatment places and prevent 250,000 instances of acquisitive crime.
3. **Achieve a Generational Shift in Demand for Recreational Drugs:** By strengthening evidence regarding deterrence of recreational drug use, the government aims to reduce overall drug use to a 30-year low within the next ten years.

1.3 Greater Manchester Context

There is a national requirement for local areas to have a Combatting Drugs Partnership (CDP) in place as formal governance to deliver on national ambitions around tackling drug harms. For Greater Manchester there is an established Drug & Alcohol Transformation Board in place, which serves as the CDP for the sub-region. The GM Drug and Alcohol Strategy 2019-2021 sets out a vision to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.

The strategy identifies six priorities for achieving this:

- Prevention and early intervention.
- Reducing drug and alcohol related harm.
- Building recovery in communities.
- Reducing drug and alcohol related crime and disorder.
- Managing availability and accessibility.
- Establishing diverse, vibrant and safe night-time economies.

Work is ongoing to implement these priorities and the Greater Manchester Combined Authority are currently working on an updated strategy, capturing learning from working towards the national drug strategy, as well as an updated drug & alcohol needs assessment which has recently been undertaken for Greater Manchester. Other key strategic priorities can be seen with Greater Manchester Police producing a Drug Strategy and within other organisations including GM NHS ICB and the Director of Public Health for Bury leading on this agenda on behalf of the 10 Local Authorities in Greater Manchester.

1.4 Tameside Context

In response to the extensive harm caused by drug and alcohol use locally, Tameside Metropolitan Borough Council is adopting the GM Strategy at a local level. Recognising locally that substance misuse harm in Tameside is extensive and significantly affects quality of life and perpetuates inequalities for our residents.

Following an independent peer review around substance misuse in late 2018, the Council and local treatment provider Change Grow Live took several steps to improve service offers and tackle drug and alcohol harms in the borough. This included improved strategic partnership working across Tameside including sectors such as the hospital, police, Children's & Adults social care, licensing, and the voluntary sector. There is a wide offer of services across the borough to tackle drug & alcohol harms with an integrated, all-age specialist treatment service (CGL), hospital alcohol liaison service, therapeutic residential supported housing, motivational programmes in community and residential settings, proactive work with licensing colleagues, the Alcohol Exposed Pregnancies work programme, drug & alcohol related deaths multi-agency panel, and dedicated work around the hidden harm to children.

The Tameside Community Safety Partnership (CSP) is the formal governance forum around substance misuse across the borough and the Community Safety Strategy 2022-2025 reflects this with one of the five key priorities being to prevent and reduce the harm caused by drugs & alcohol. The Community Safety Strategy priorities are outlined below:

- Building stronger communities
- Preventing and reducing violent crime, knife crime & domestic abuse
- Preventing and reducing crime & anti-social behaviour
- Preventing and reducing the harm caused by drugs & alcohol
- Protecting vulnerable people and those at risk of exploitation

There are a range of key actions under the priority ‘to prevent and reduce the harm caused by drugs & alcohol’, and these are delivered by a sub-group of the Community Safety Partnership around drugs & alcohol. This is chaired by the Assistant Director of Public Health and brings together key partners to tackle drug and alcohol harms. The findings and recommendations from this SNA will help to inform the priorities and actions for the drug & alcohol sub-group and all partners involved.

2. Aims and Objectives

The aim of this strategic needs assessment (SNA) is to provide an overview of issues relating to substance misuse and drug & alcohol harms across Tameside including prevalence of issues, demand on services, what the current service offers look like, examples of what can be done to tackle these issues, insight from members of the community who are affected by drugs & alcohol, and finally makes recommendations on what further work is needed to prevent and reduce drug & alcohol harms. A public health approach to drug and alcohol harm prevention, intervention and reduction underpins this SNA. It considers localised data, and particularly which communities and individuals are most affected, listens to the voice of local people and communities through surveys, focus groups, drop in's and case studies, assesses the published evidence, and gathers good practice from other areas and within Tameside.

The specific objectives for this strategic needs assessment are:

1. To set out data around drug and alcohol use across Tameside, considering the prevalence and incidence of harm, taking a life-course approach with a focus on the specific populations affected, how this compares to other areas, and the trends over time.
2. To determine the gaps in the existing systems and services in place to tackle drug & alcohol harms, to make recommendations for future action and commissioning.
3. To ensure that community voice and insight is gained to inform the key findings and recommendations of the SNA

This needs assessment is informed by review and analysis of multiple data from the following sources:

- National Drugs Treatment Monitoring System (NDTMS)
- Public Health Outcomes Framework, Local Alcohol Profiles for England (LAPE) and Fingertips Profiles (OHID)
- NHS England
- Greater Manchester Police (GMP)
- Office for National Statistics (ONS)
- Local specialist drug and alcohol treatment service quarterly performance data (held by Tameside Public Health Team)
- Stakeholder, service user and public engagement insight.

3. What the National, Regional and Local data tells us

3.1 Alcohol

3.1.1 Context

The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults (Health Survey for England 2019, NHS Digital) drinking at levels that pose some level of risk to their health; of these, around 1.8 million are higher risk drinkers. Using this insight, we can estimate from the Office of National Statistics mid-year estimates in 2022 that there are around 41,652 adults drinking levels which pose some health risk in Tameside, and among those up to 7,209 higher risk drinkers in the borough.

3.1.2 Wider Alcohol Harm – Hospital Admissions All Age

Hospital Admissions

The data below on hospital admissions is an indicator of the general impact of alcohol on population health. Alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'. The data for admission episodes for alcohol-related conditions has been revised back to 2016-17, using the latest alcohol-attributable fractions, so trend data shown in the tables below is comparable.

Alcohol-specific Hospital Admissions

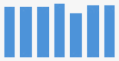
Figure 1 All Ages admission episodes for alcohol-specific conditions in Tameside and England, 2022-23

Admission episodes for alcohol-specific conditions by area	DSR per 100,000	LCI	UCI	Trend 2008/09 to 2022/23
Tameside	856	818	896	
England	581	579	583	

Although the rate in Tameside is significantly higher than the England average, Tameside's overall trend has been decreasing, whereas England's has been increasing.

Alcohol-related Hospital Admissions

Figure 2 Admission episodes for alcohol-related conditions (Broad) for Tameside and England, 2022-23

Admission episodes for alcohol-related conditions (Broad) by area	DSR per 100,000	LCI	UCI	Trend 2016/17 to 2022/23
Tameside	2,104	2,044	2,165	
England	1,705	1,701	1,708	

The rate in Tameside is significantly higher than the England average, Tameside's overall trend is similar to that of England.

Figure 3 Admission episodes for alcohol-related conditions (Narrow) for Tameside and England, 2022-23

Admission episodes for alcohol-related conditions (Narrow) by area	DSR per 100,000	LCI	UCI	Trend 2016/17 to 2022/23
Tameside	2,104	2,044	2,165	
England	1,705	1,701	1,708	

The rate in Tameside is significantly higher than the England average, Tameside's overall trend is similar to that of England.

These indicators are sourced from the Fingertips Public Health Profiles published by OHID, available here: https://fingertips.phe.org.uk/

Alcohol-related conditions

Alcohol has been identified as a factor in more than 60 medical conditions, many leading to hospital admission. The conditions below have been selected because of their high prevalence or because they are of particular concern for some local areas and may be the focus of wider strategic action. Men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (Statistics on alcohol 2019, NHS Digital).
Across the following measures, by gender, Tameside is significantly worse for males and females for the following:

- Admission episodes for alcohol-related cardiovascular disease (Broad) for Tameside, 2022-23
- Admission episodes for alcoholic liver disease (Broad) for Tameside, 2022-23
- Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) for Tameside, 2022-23

For males only in addition to the above, Tameside is significantly worse when compared to the England average for:

- Admission episodes for alcohol-related unintentional injuries (Narrow) for Tameside, 2022-23
- Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) for Tameside, 2022-23
- Incidence rate of alcohol-related cancer for Tameside, 2019-21

Frequent hospital admissions

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions has been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, the interventions delivered have not enabled them to achieve sustained abstinence. The data below shows, for those individuals who had an alcohol specific hospital admission in 2021-22, the number of previous alcohol-specific admissions they had in the preceding 24 months.

Figure 4 Adults (18+) with alcohol-specific hospital admissions in 2021-22, number of admissions in the preceding 24 months for Tameside and England as a Percentage

Type	Tameside	England
No Prior Admission	58.7%	54.9%
1 Prior Admission	20.2%	16.1%
2 Prior Admissions	8.7%	8.5%
3+ Prior Admissions	12.3%	20.5%

When comparing the data Tameside has a higher percentage than the England average for none, 1 and 2 prior admissions. Tameside has a lower proportion however of those with 3 or more admissions.

3.1.3 Alcohol Related Mortality and years of life lost

The level of chronic heavy drinking in the population, which contributes to deaths, is most likely to be found in higher risk drinkers and dependent drinkers.

Years of life lost indicate the contribution of alcohol misuse to premature death. Early death from chronic conditions disproportionately impacts lower socio-economic groups and is likely to place greater demand on health and social care services prior to death. The death of people of working age will additionally impact on productivity.

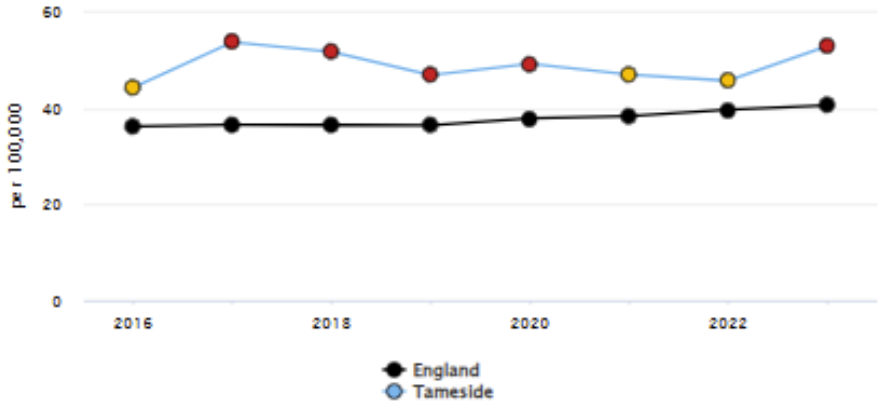
High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a substantial population who have been drinking heavily and persistently over the past 10 - 30 years (obesity is also a key factor for liver disease). Tameside has historically high rates of alcohol-related and alcohol-specific deaths, linked to these high rates of drinking. The high rate of alcohol-specific deaths is mainly due to deaths from alcoholic liver disease. While recent years did see some reductions in alcohol-related deaths, from a peak around 2017, the most recent data shows an increase in alcohol-related deaths in 2023 to 53.0 per 100,000 people. This puts the rate significantly above the national average.

Figure 5 Alcohol-related Mortality (Persons) Trend over time 2016-2023

Alcohol-related mortality

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Tameside Count	Value	95% Lower CI	95% Upper CI	North West	England
2016	●	93	44.4	35.8	54.4	43.9	36.3
2017	●	116	53.9	44.4	64.7	44.2	36.6
2018	●	111	51.8	42.6	62.5	43.6	36.6
2019	●	102	47.0	38.3	57.1	43.9	36.5
2020	●	108	49.3	40.4	59.6	45.5	37.9
2021	●	103	47.1	38.4	57.2	47.7	38.5
2022	●	101	45.8	37.3	55.7	47.6	39.7
2023	●	119	53.0	43.8	63.5	48.7	40.7

Source: OHID, based on Office for National Statistics data

Indicator Definitions and Supporting Information

In Tameside the potential years of life lost owing to alcohol-related conditions is higher for both males and females than the England average. The below table (Figure 6) is taken from fingertips and highlights Tameside is also significantly worse for alcohol-specific mortality, alcohol-related mortality and mortality from chronic liver disease than the England average and has followed the England trend over time. The below table also allows for comparisons across Greater Manchester.

Figure 6 Alcohol Mortality and Potential Years of Life Lost - Data for 2022

Indicator	Period	England	CA-Greater Manchester	Wigan	Trafford	Tameside	Stockport	Salford	Rochdale	Oldham	Manchester	Bury	Bolton
Alcohol-related mortality (Persons)	2022	39.7	48.9	51.0	38.1	45.8	45.3	55.1	55.6	46.6	52.9	50.7	48.8
Alcohol-related mortality (Male)	2022	60.3	73.9	76.0	57.4	73.1	69.0	82.2	83.8	70.0	78.2	79.2	73.4
Alcohol-related mortality (Female)	2022	22.0	27.0	29.1	21.9	21.3	25.3	31.2	31.2	26.1	30.2	25.4	27.0
Alcohol-specific mortality	2022	14.5	19.1	17.7	13.6	16.8	16.4	23.1	23.7	18.9	20.9	23.9	19.3
Under 75 mortality rate from alcoholic liver disease	2022	11.6	-	16.5	10.5	13.0	13.3	18.0	21.2	19.2	18.7	21.8	18.1
Mortality from chronic liver disease, all ages	2022	14.7	20.4	23.2	15.3	14.5	16.3	22.6	26.8	20.3	21.4	22.4	21.5
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2022	1211	1521	1614	1144	1592	1467	1622	1681	1414	1584	1760	1469
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2022	536	665	761	512	533	573	833	771	638	734	663	647
Potential working years of life lost (PWYLL) due to alcohol-related conditions (Male)	2022	484	-	685	458	694	650	634	644	533	586	776	559
Potential working years of life lost (PWYLL) due to alcohol-related conditions (Female)	2022	202	-	313	176	202	176	356	281	214	246	258	221

Additionally, from the time period of June 2023 to May 2024 from NDTMS there were a total of 46 alcohol related deaths at an overall rate of 19.9 per 100,000 population, which is significantly higher than the England average rate of 14.3 per 100,000. Alcoholic liver disease was the highest identified alcohol related death cause at a rate of 17.2 per 100,000 population which is significantly higher than the England average of 11 alcoholic liver disease deaths per 100,000. Since 2019 (the oldest data recorded) the overall trend is an increasing one, with Tameside mirroring the England trend but at a higher rate per 100,000 population.

3.1.4 Alcohol Availability

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However, there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where it can take many years for disease to occur, and particularly any symptoms which lead to identification and treatment. In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should not regularly drink more than 14 units of alcohol a week.

In England, 22% of the population or an estimated 39,843 persons in Tameside are drinking at above low risk levels so may benefit from some level of intervention (weighted estimate from the Health Survey for England (2015-2018 combined, via LAPE, PHE). However, harm can be short-term and instantaneous, due to intoxication, or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence. This requires a multi-component response, and pathways will differ from area to area. The data presented here gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2015-2018 combined, via LAPE, PHE).

In Tameside there is a higher rate of consumption of alcohol above 14 units and binge drinking than the England average, however there is a higher percentage of those who abstain from drinking alcohol in the borough compared to the national average.

Below the table highlights some of the data around availability of alcohol within Tameside.

Figure 7 Consumption and Availability of Alcohol in Tameside, compared with Greater Manchester and England – Source: OHID Fingertips

Indicator	Period	England	CA-Greater Manchester	Wigan	Trafford	Tameside	Stockport	Salford	Rochdale	Oldham	Manchester	Bury	Bolton
Percentage of adults who abstain from drinking alcohol	2015 - 18	16.2	18.6	7.2	12.0	20.0	12.1	9.2	12.0	21.6	31.6	13.7	28.2
Percentage of adults binge drinking on heaviest drinking day	2015 - 18	15.4	18.7	14.4	24.0	23.4	13.9	20.5	18.0	21.2	19.0	18.6	17.8
Percentage of adults drinking over 14 units of alcohol a week	2015 - 18	22.8	26.1	30.2	28.5	26.7	24.6	28.9	21.2	28.7	23.4	28.6	23.1
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	5.5	6.9*	5.4	6.0	8.3	6.0	7.0	7.0	8.1	7.1	7.0	7.6
Volume of pure alcohol sold through the off-trade: beer sales	2014	1.49	2.00*	1.58	1.74	2.41	1.74	2.02	2.04	2.34	2.06	2.03	2.19
Volume of pure alcohol sold through the off-trade: wine sales	2014	2.16	2.44*	1.93	2.13	2.94	2.12	2.47	2.49	2.86	2.52	2.48	2.68
Volume of pure alcohol sold through the off-trade: spirit sales	2014	1.38	1.80*	1.42	1.57	2.17	1.57	1.83	1.84	2.11	1.86	1.83	1.98
Number of premises licensed to sell alcohol per square kilometre	2021/22	1.3*	-	5.1	7.4	6.1	5.4	6.3	3.4	4.1	18.3	5.5	5.1
Percentage of dependent drinkers	2014/15	1.39	1.90*	1.77	1.30	2.16	1.49	2.48	2.01	1.78	2.35	1.48	1.76

Although caution should be applied around the data highlighted above due to the date of the data, it should be noted that from the data Tameside has a significantly higher volume of alcohol sold and number of premises to sell alcohol on and off premises than the England average. The density of premises licensed to sell alcohol within Tameside is greater than both the Greater Manchester and England averages, with more dense concentrations of licensed premises in the most deprived parts of the borough. These are predominantly made up of off license premises, associated with increased availability of low-price alcohol and increased alcohol harms. The majority of violent crime against an individual correlates with the hours in the day when licensed premises are open, and when alcohol can be purchased, more details can be found in Tameside's Serious Violence Needs Assessment[2].

3.1.5 Alcohol Treatment – Unmet Need

These prevalence estimates give an indication of the number of adults in Tameside that are in need of specialist alcohol treatment and the rate of unmet need gives the proportion of those not currently in treatment.

Figure 8 Prevalence estimates and rates of unmet need for alcohol treatment in Tameside and England 2018-19

Area	Local estimate	Local rate per 1,000 of population	No. in treatment*	Unmet need (%)	LCL	UCL
Local	3,125	17.9	1,031	67%	59%	74%
England	602,391	13.7	119,075	80%	76%	84%

According to local estimates within Tameside there is currently a 67% unmet need of those who require alcohol treatment. This is significantly lower than the England average of 80%. This figure is only an estimate and should be treated with some caution (indicated by the wide confidence intervals in the table and the date of the data), however alongside the high availability of alcohol and prevalence of alcohol-related issues, it indicates that treatment services in Tameside are meeting alcohol needs at a better rate than the national average. It should also be noted that the increased numbers of those accessing treatment has in turn reduced the percentage of unmet need in Tameside.

3.1.6 Alcohol Treatment – Prior to Treatment

Of all those adults in treatment 57% were identified as smoking tobacco upon entering treatment in 2021/22.

51% of those entering treatment were consuming between 200-799 units of alcohol in the 28 days prior to treatment entry and 55% of those entering treatment scored a mild to moderate Severity of Alcohol Dependence Questionnaire (SADQ) score, 19% scored a severe – which is comparable to the England average in 2021/22. Of all adults who entered alcohol only treatment in 2021-22 in Tameside, 81% were identified as having a mental health need which is higher than the England average of 70%. Of the 81% identified as having a need, the majority were already engaged with mental health services or in receipt of treatment via their GP.

Upon entering treatment 38% were in regular employment with 26% classified as long term sick unemployed, which is higher than the national average of 18%. This indicates that more of the service users receiving alcohol treatment in Tameside are out of work due to poor health, compared to other areas. Upon exiting treatment 65% were classified as non-working and 34% completing any level of work – irregular to full time work, which is comparable to the England average.

In regard to housing, 84% had no housing problem on entering treatment. Of the remaining people who had a housing problem 71% no longer reported a housing need after successfully completing treatment, which is lower than the England average of 81%. This indicates that housing issues may be more prevalent in Tameside and are less easily resolved compared to other areas.

3.1.7 Alcohol Treatment – Children

The proportion of adults who entered alcohol treatment in 2021/22 who live with children was 24% compared to 21% in England, and the stated number of children who live with them in 2021/22 was 173 overall for those in treatment. 67% have no early help contact or other contact with Children's social care services compared to 72% in England.

3.1.8 Alcohol Treatment – Criminal Justice and Convictions

Below highlights the proportion of adults in treatment with a prior conviction, calculated at the latest available date 2021/22. The cohort is comprised of all adults in treatment at that point but also includes all adults who were in treatment at any point within the preceding year. As a percentage 16% of those in treatment had had prior convictions, compared to 21% in England.

Following the discontinuation of the Drugs Intervention Programme (DIP) in 2012, investment in criminal justice pathways has decreased significantly.

The importance of interventions with this group is recognised in the national drug strategy From Harm to Hope and the current Supplemental Substance Misuse Treatment & Recovery Grant (SSMTRG) which all local authorities receive, including Tameside, provides the opportunity to rebuild these pathways and optimise the opportunity for those with drug problems who are involved in the criminal justice system to access substance misuse services. Improvements to these pathways into treatment are being prioritised through improved collaboration and joint working arrangements with police, Liaison and Diversion schemes, courts, probation, and secure settings to:

- Increase the number of community service treatment requirements particularly DRRs/ATRs and support improved compliance with court mandated orders
- Increase the engagement and retention in community treatment of individuals referred from prison
- Enhance treatment service capacity to undertake police and court custody assessments to improve pathways into treatment

The number of adults who were in contact with both a Criminal Justice Intervention Team (CJIT) and community-based treatment in Tameside for 2021/22 was 9% for alcohol related treatment which is

higher than the England average of 3%.

The proportion of adults in 2021-22, residing in Tameside, who at the point of release from prison were transferred to a community treatment provider for structured drug and alcohol treatment interventions and other support and were successfully engaged, was 56% in 2021/22, which equates to 41 people receiving that support when they came out of prison.

3.1.9 Alcohol Treatment – Interventions

A range of alcohol intervention types are delivered with service users. The proportion of adults in treatment in high level interventions and settings across the treatment journey for Tameside in 2021-22 are outlined in figure 9.

Figure 9 Number and proportion of adults in treatment in high level interventions and settings across the treatment journey for Tameside, 21-22

Setting	Pharmacological		Psychosocial		Recovery Support		Total Individuals**	
Type	Total	%	Total	%	Total	%	Total	%
Community	48	70%	602	99%	600	99%	602	99%
Inpatient Unit	24	35%	24	4%	20	3%	24	4%
Primary Care	0	0%	0	0%	3	0%	3	0%
Residential	0	0%	3	0%	3	0%	3	0%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
*Total**	*69*		*609*		*607*		*609*	

When compared to England Tameside utilises fewer community pharmacological interventions, but a higher proportion of community psychosocial and recovery support interventions. Additionally, within inpatient units Tameside has a higher proportion of pharmacological interventions than the national average.

During 2022/23 the number of adult alcohol-only service users in Tameside who have been to residential rehabilitation during their latest period of treatment (as a proportion of the local alcohol treatment population and against the national proportion) was 1.1%. This is based on a total caseload of 706 persons. This reflects that structured alcohol treatment mostly takes place in the community, near to users' families and support networks and a stay in residential rehabilitation is more appropriate for those with the most complex needs, therefore is not utilised as regularly. Over the last 5 years there have been 24 individuals supported via residential rehabilitation placement for alcohol-only treatment. This proportion is lower than the national average of 1.9%. Having this residential rehabilitation option is in line with NICE recommendations and local areas are encouraged to provide access to this option as part of an integrated recovery-orientated system.

3.1.10 Alcohol Treatment – Adults

The following sections provide detailed information on adults who are receiving structured alcohol treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2021 to 31 March 2022 and adults who cited alcohol as their only substance misuse problem, unless otherwise stated.

Figure 10 Numbers and proportion of adults in alcohol only treatment for Tameside and England by Sex, 2021-22

Area	Total adults	Male (%)	Female (%)	Trend 2009-10 to 2021-22
Local	610	58%	42%	
England	84,697	58%	42%	

The trend over time for the numbers in treatment in Tameside has broadly reflected the national trends however there has been a sharper increase in the numbers in treatment over the last 4 years in Tameside compared to the national average. This is also in the context of lower estimated levels of unmet needs around alcohol treatment in Tameside.

Figure 11 Age of adults in alcohol only treatment for Tameside and England, 2021-22

Age	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
18-29	40	7%	6%	7%	7,539	9%	9%	9%
30-39	136	22%	24%	20%	19,415	23%	23%	23%
40-49	188	31%	29%	33%	23,996	28%	29%	28%
50-59	159	26%	29%	22%	22,313	26%	27%	26%
60-69	68	11%	10%	13%	9,362	11%	11%	11%
70-79	19	3%	3%	4%	1,930	2%	2%	2%
80+	0	0%	0%	0%	142	0%	0%	0%

In Tameside there are higher percentages of those in treatment aged 40-59 than the England average, and lower percentages of those in treatment aged 18-29.

In regard to protected characteristics, 93% of all those in treatment identity as from a White British ethnic group, which is higher than the Tameside ethnicity population average of 82.4% who identify as White British. When comparing to the England average only 82% of those presenting to treatment identify as White British. 59% of new presentations identify as having no religion compared to 57% in England and 89% as heterosexual compared to 88% in England. Additionally, 48% of those new to treatment identify as having any type of disability compared to 66% in England.

People who need alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting times low plays, a vital role in supporting recovery from alcohol dependence (OHID, 2023). In Tameside 99% of all waiting times to intervention starting is under 3 weeks.

When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better – which also benefits the community (Public Health England, 2017). Preventing unplanned drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue.

Figure 12 Early unplanned exits for Tameside and England, 2021-22

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
29	8%	9%	6%	7,845	14%	15%	12%

In Tameside 8% of adults entering treatment in Tameside in 2021-22 left treatment in an unplanned way before 12 weeks, which is significantly below the England average of 14%, as highlighted in the table. This indicates that fewer people in Tameside leave alcohol treatment in an unplanned way compared to the national average, indicating more successful treatment journeys and sustained treatment.

The routes into alcohol treatment in 2022-23 were primarily through self-referrals (56%) with 19% of referrals also being via Social Care, GP's and Hospitals 13% through the Criminal Justice System and the remaining 7% via other substance misuse treatment service and other referral sources. Understanding this, gives an indication of the level of referrals from various settings and agencies into specialist treatment. In regard to hospital referrals 74% come from across the hospital and 26% through the dedicated Hospital Alcohol Liaison service. In 2021/22 no referrals came from A&E, however the need for specialist treatment may have been identified either following intervention from the HALS team or following admission. In relation to GP referrals the overall percentage of those referred to treatment services has remained broadly the same, however the underlying numbers of those referred to treatment have increased over time, with 86 new referrals in 2023/24.

The majority of those in treatment in regard to alcohol are in treatment between 1 and 12 months. This broadly reflects the England average.

At the end of treatment 51% of those at a planned exit from treatment became abstinent from alcohol, this compares to 52% in England in 2023/24 and an increase on the previous year of 49% in Tameside and 50% in England, and the percentage has been steadily increasing over time since 2019/20. When looking at the split by sex females were more likely to become abstinent from alcohol than males, and this has been observed across all time periods. Abstinence of service users in treatment is however below the national average across gender. However, when looking at reduction in the levels of alcohol consumed, Tameside is similar to the England average.

Tameside additionally has similar levels of successful completions, persons leaving treatment and persons leaving treatment successfully as the England average.

Deaths in alcohol treatment for Tameside for 21/22 were slightly above the England average at 2% and is higher than at pre-covid rates.

3.1.11 Young Persons and Alcohol

Hospital Admissions

The indicator below shows a direct health impact of alcohol on the health of under-18s (both males and females). The data is given over three-year periods, the current period is 2018-19 to 2020-21 owing to the small numbers of cases each year, to standardise the variance.

Figure 13 Under 18s admission episodes for alcohol-specific conditions in Tameside and England, 2018-19 to 2020-21 (3-year average)

	Under 18s			
Admission episodes for alcohol-specific conditions* by area	Crude rate per 100,000	LCL	UCL	Trend 2008-09 to 2020-21
Local	33	24	43	
England	29	29	30	

Note:
*Crude rate per 100,000
[1] NA - Data not available

Treatment

In 2022/23 39% of the young people in treatment, were in treatment for alcohol misuse listed as a reported problem with the peak age for young people in treatment aged 14-15.

Smoking tobacco amongst those young persons in treatment in Tameside was 23% for 2022/23 which is lower than the England average of 31%. 63% of those smoking at the start were abstinent at review, compared to the England average of 25%. 69% of young persons engaged in treatment were in mainstream education and 89% living at home with parents. 100% of young persons were in treatment for less than 12 months, with a greater proportion being in treatment less than 12 weeks than the England average (48% compared to 38%). All young persons in treatment have psychosocial interventions and 98% also harm reduction interventions with currently 1% prescribing interventions. This is similar to the England average aside from harm reduction which at an England level is only offered to 70% of all young persons. The highest vulnerability for young persons in treatment was involvement in self-harm at 39% of young persons, compared to 30% across England.

In regard to successful completions, young persons in Tameside have a 74% successful completion rate (higher than the England average) and a 95% non-representing rate which is very slightly lower than the England average at 96%.

3.2 Drugs

3.2.1 Context

The health harms associated with illicit drug use in England are widespread, which poses significant health risks and societal challenges. The associated harms include harms to physical health, mental health and social harms.

Illicit drug use can lead to cardiovascular issues, respiratory problems, infectious diseases (such as HIV and hepatitis from needle sharing), and overdose fatalities. For instance, between 2010 and 2019, age-standardised drug-related mortality rates in England and Wales increased by 61%, from 3.1 to 4.9 per 100,000. Substance misuse is also linked to mental health disorders, including depression, anxiety, and psychosis. Exposure to illicit drugs during adolescence is associated with an increased risk of lifetime drug dependence and mental health problems . Drug misuse contributes to unemployment, homelessness, family breakdown, and criminal activity. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year[4].

Approximately 1 in 12 adults (16 to 59 years old) in England and Wales reported using an illicit drug in the previous year, equating to about 2.7 million individuals. There are around 314,000 crack cocaine or opiate users in England. Notably, the most deprived areas have the highest prevalence of problematic drug misuse[5].

In the year ending June 2022 in England, 2.6% of young persons and adults aged 16 to 59 years were frequent drug users (approximately 3,441 persons in Tameside). Among young adults specifically (aged 16 to 24 years), 4.7% were frequent users (approximately 1,047 young persons in Tameside) .
The below provides key indicators and recovery outcomes information about the drug treatment system in Tameside, with national data for comparison. It presents data from the National Drug Treatment Monitoring System (NDTMS), drug related death data and hospital admission data. Although drug treatment services treat dependence for all drugs, heroin users remain the group with the most complex problems and the majority of those in treatment use heroin and other opioids, so separate data is provided for them.

3.2.2 Emerging Issues

Recent reports indicate a surge in drug-related deaths, particularly involving synthetic opioids and cocaine. In 2023, drug-related deaths in England and Wales reached a record high, with 5,448 fatalities, an 11% increase from the previous year. Cocaine-related deaths rose by 30.5% to 1,118, marking the highest recorded level and the 12th consecutive year of increases[7].

In Tameside, emerging issues regarding illicit drugs have increasingly included concerns about synthetic opioids, particularly nitazenes. These powerful substances, which are often much stronger than fentanyl, have begun to surface in the drug supply, adding a new layer of danger to the existing drug crisis. These synthetic opioids are part of a broader trend where new, potent substances are entering the illicit drug market. Nitazenes, including variants like isotonitazene and etonitazene, have been detected in various parts of the UK, including Tameside. These drugs are concerning due to their high potency and the increased risk of overdose they bring . This emerging risk is of particular concern in Tameside, with nitazene-related deaths already seen locally. The deaths reported in Tameside were during 2024 and insight from these incidents highlighted that both the cohort impacted, and the methods of supply were likely to be different to patters seen with other drug use. These incidents involved younger people and also substances which were purchased online from other countries. These issues pose new challenges in terms of targeting the right support and preventative measures in relation to harm from nitazenes and other synthetic opioids.

3.2.3 Drug Related Deaths

Understanding and preventing drug and alcohol related deaths (DARDs) is an important function of a recovery-orientated drug and alcohol treatment system and the national drug strategy From Harm to Hope has set a key ambition to reverse the upward trend in drug deaths. Locally in Tameside there have been continued long-term increases in drug and alcohol related deaths. Through the period 2020-2022 there were 16.9 deaths related to drug poisoning per 100,000 people which is significantly higher than the England average at 8.1 per 100,000 people and has been on an increasing trend.

The number of people in drug treatment who were recorded as having died while in treatment within the year (based on NDTMS discharge reason field) was 1.2% in all drug groups in Tameside compared to 1.3% nationally in 2022/23.

Information Management System IMS Drug related deaths (DRD) surveillance system

The Information Management System (IMS) Drug Related Death (DRD) surveillance system is a confidential web-based package to record and report all drug and alcohol related deaths (DARD) and mortality in treatment. This enables access for relevant local partners who may have individual level information regarding the circumstances around drug and alcohol related deaths, which are then recorded on the system to draw out key points and learning.

The package is run and provided by Liverpool John Moors University and has been developed in partnership with commissioners and service providers ensuring the system is responsive to local needs and captures information relevant to the local landscape. This is operational in 19 local authorities across England, including all local authorities across Greater Manchester, allowing for comparisons and benchmarking between different areas as well as learning from the circumstances in each case.

To consolidate the information and learning captured in the system, quarterly multi-agency panel meetings are held for Tameside where actions are drawn out for key partners to facilitate learning arising from each DARD and service improvements.

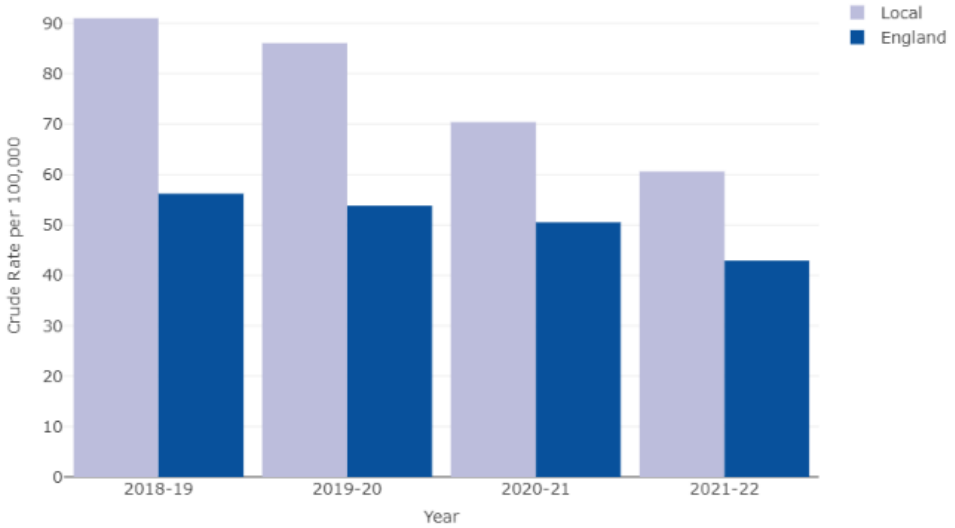
Deaths in treatment include any individuals in drug or alcohol treatment within 6 months of their death as a proportion of the overall treatment population. DARD includes any death where a substance is implicated or where the case is pending inquest. Data for the DARD process and IMS system is fed from notifications of deaths in substance misuse treatment, as well as deaths which occur in the community from the coroner's office. Please note that inquest delays and coroner dataflow disruption may under-represent total DARD for some areas and that the indicators are provisional.

Based on data recorded in the Drug Related Deaths IMS system, Tameside had 20.7 deaths per 1000 people in treatment in 2022, and the average age of those who sadly died was 48 years old. No cases were under 30 years old in this period. Two thirds of these (64.7%) were male. For provider reported cases, there was a 24.4% increase in deaths in 2022 compared to the previous year. Just under half (47%) of provider reported cases were for active clients who engaged with regular contact, but 27.5% were active clients but where recent contact was difficult or infrequent.

3.2.4 Wider Drug Related Harm – Hospital Admissions All Age

As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose[9]. Drug treatment services have a role around assessing and managing overdose (including suicide) risks. Also see naloxone provision in 'Blood-borne virus and overdose death prevention'.

Figure 14 Drug specific hospital admissions Tameside and England 2018/19 - 2021/22



Tameside Metropolitan Borough

Tameside over time has had higher rates of hospital admissions due to drug poisoning when compared to the England average, however these admissions have been on a decreasing trend, at a more rapid rate than seen nationally, therefore closer to closing the gap between the England average and Tameside hospital admissions. This indicates that some of the national and local harm reduction approaches being taken may be effective in reducing drug poisoning admissions.

3.2.5 Drug Treatment – Unmet Need

This section includes the estimated numbers of opiate and / or crack users (OCUs) in Tameside. This also includes estimates of the rate of unmet need, which indicates the number of OCUs who aren't currently identified or supported by the substance misuse treatment service. A number of risk factors and complex support needs are associated with this group including crime, unemployment, safeguarding children and welfare.

Figure 15 Prevalence estimates (2019/20) of Substance Users and Percentage of Unmet Need in 2023/24

	Prevalence Estimate 2019/20	Number in Teatment 2023/24	Unmet Need Percentage 2023/24	
Type	Tameside	Tameside	Tameside	England
Total Opiate and Crack Users (OCU)	1,774	969	45.4%	57.4%
- Opiates Only	843	436	48.3%	60.6%
- Crack only	290	72	75.2%	78.3%
- Both Opiates and Crack	642	461	28.1%	45.8%
Alcohol	3,188	1,249	60.8%	77.8%

Figure 16 Rate of unmet need per 1,000 persons of drug dependent adults for Tameside 2019/20

	Unmet Need Rate per 1,000 2019/20	
Type	Tameside	England
Total Opiate and Crack Users (OCU)	12.4	9.5
- Opiates Only	5.9	4.6
- Crack only	2	1.3
- Both Opiates and Crack	4.5	3.6
Alcohol	18.13	13.75

When compared to the England average, Tameside has a significantly lower rate of unmet need across all drug groups, however Tameside has a higher prevalence rate per 1,000 persons than the England average as highlighted across all groups in the figure above.

3.2.6 Drug Treatment – Prior to Treatment

Overall, the majority of those in treatment are males, which is a longstanding trend and similar to the gender breakdown of people accessing treatment services in other areas. Additionally, for both genders the majority of those in treatment are aged between 30 and 59.

Of all new presentations in 2023/24 87.1% are White British which is slightly over representative of the Tameside population. Other minority ethnic groups make up 12.9% of the new presentations, which is under representative of the Tameside population which as of the Census 2021, 17.6% were from an ethnic minority community (EMC). Additionally, when compared to the England average 21.2% of those in treatment were from an EMC, which is over representative of the 18% EMC identified in the Census 2021.

In regard to religion in 2023/24 the majority 77.7% of new presentations cite they have no religion compared to 62.5% in England.

87.9% of all new presentations are heterosexual, compared to the England average of 73.7%. When comparing the Tameside percentages to the England average, Gay and Bisexual persons are less represented with 2.9% identifying as Gay and 4.9% Bisexual compared to England where 3.7% identify as Gay and 5.9% identify as Bisexual, however only 4% of sexual orientation details were missing in Tameside compared to 15.7% in England.

Overall, in 2023/24, 40.5% state that they have any disability on presentation for treatment compared to 31% in England. In Tameside the most common disability is behaviour at 22.5% compared to England with behaviour also being the most common disability at 16.3%.

The most common substance issue cited amongst those starting treatment is alcohol use, with cannabis as the second most common, the third most common is cocaine and opiates are the fourth most common in 2023/24. Adults starting treatment in 2023/24 as a new presentation accounted for 53% of the overall numbers in treatment in Tameside with the alcohol and non-opiate group being the group with the most new presentations.

Overall, 70.6% of those entering drug treatment identified as smoking tobacco in 2023/24, with no data available on smoking cessation services offered by the 6-month treatment review. At planned exit from treatment services 35% of tobacco users had quit smoking, with an overall 23% less clients using tobacco. However, it should be noted 33 clients (or 6.6% of the total clients exiting treatment) started to use tobacco whilst in treatment, when they were smoke free at the time of treatment starting.

For co-occurring conditions, where substance misuse is present with another condition such as a mental health disorder; overall in 2023/24 68% of those entering drug or alcohol treatment were identified as having a mental health need compared to the England average of 72.1%. Additionally, within Tameside, less clients refuse mental health treatment than observed nationally with 24.9% in Tameside vs 27.4% England average.

In 2023/24, 30.8% of those entering treatment were in education or employment at the start of treatment compared to 27.9% nationally. In relation to housing, 88% of those entering treatment were in stable and suitable accommodation compared to 86% nationally.

3.2.7 Drug Treatment – Adults

The following section provides detailed information on individuals who are receiving structured drug treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this document covers the period 2022-23 and 2023-24 (1 April 2022 to 31 March 2023 and 1 April 2023 to 31 March 2024) and individuals who cited an illicit substance misuse problem. Data within this document presents outcomes for adults during their time in treatment and also longer-term recovery outcomes. The outcomes achieved while in treatment are demonstrated to be very good predictors of successful completion and non-re-presentation, especially in terms of maintaining housing, employment, and abstinence from illicit drug use. In addition, the latest successful completion and non-re-presentation rates are a very good indicator of future performance of Drug and Alcohol Treatment services. Overall, in Tameside there has been an increase of successful completions, non-representations, and the number of overall persons in treatment among service users who fall into all drug categories in the latest data. Contrary to this, new presentations for opiates and non-opiates are down on the previous year.

The most common substance cited problem in all the drug groups (excluding alcohol only) amongst all persons in treatment is opiate use with alcohol as the second most common, the third most common is cannabis. The most common substance cited problem among new presentations in the last 12 months (April 2023- March 2024), across all groups is alcohol followed by Cannabis .This demonstrates that, for opiates, while this is a common drug problem for those in treatment, there is a cohort of individuals with opiate addiction who are receiving more long term support from the treatment service, with other substances driving more of the new addictions and demand into the service, particularly among younger service users.

In regard to treatment length, in Tameside 35.8% of the opiate group are in treatment less than 2 years and 39.2% over 6 years compared to 34.5% and 36.4% respectively nationally (data as at 2023/24). The higher proportion of opiate users maintaining longer term support from the service may be linked to the lower proportion of unplanned exits from treatment compared to the national average, as described further below, however this places an ongoing resource burden on the treatment service.

Overall, all of the new presentation cohort start their intervention under 3 weeks after referral into the service in 2023/24, which is higher than the England average of 99% and indicates that there are no prolonged wait times for service users to access drug treatment support. Just under half of new presentations to treatment self-refer into the service (47.3%) with Health and Social Care being the second most common source of referral at 30.3%%. The England average reflects similar although there are a higher percentage of self-referrals and lower percentage of Health and Social care referrals at 57.4% and 21.6% respectively. Of those that are referred by the criminal justice system CJS the majority are through being in prison or on probation.

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community[10]. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. In total 15.4% of new presentations had an unplanned exit from treatment during 2023/24, which is better than the England average of 17.5%. In recent years, there has been an increase in the proportion of unplanned exits from drug treatment.

In 2020/21 in relation to drugs 12% of the population in treatment are in treatment for illicit use of prescription only medicines or over the counter medicines. 6% of the Tameside drug treatment population also cite club drug usage alongside other drugs they are in treatment for.

The number of adults who entered drug treatment in 2022-23 who live with children was 23%. 244 children are living with a drug user beginning treatment. 70% have no early help contact or other contact with Children's social care services. While some of these families may not meet thresholds for Children's Social Care support, with parents accessing drug treatment services, there are likely to be wider support needs for them and the children in the household, therefore this data indicates there may be more that can be done to enable these households to access help and support.

3.2.8 Drug Treatment – Prevention of Blood Borne Viruses and Death

Sharing of equipment used to take drugs can spread blood-borne viruses including hepatitis B, hepatitis C and HIV. Providing opioid substitution treatments (OST), sterile equipment, naloxone, hepatitis B vaccinations and antiviral treatments protects people who use drugs, protects communities, improves long term health, and reduces spending on subsequent healthcare needs. Hepatitis B vaccination uptake is low, although there are signs over the last year of a slightly increased uptake at 19.1% of all those in treatment offered a vaccination. While there is no vaccination against hepatitis C, eliminating hepatitis C requires the identification and treatment of many more infected people who use drugs, and the prevention of reinfection. Hepatitis C virus (HCV) testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to substance misuse treatment providers and where/how hepatitis C treatment is provided. For this reason, comparisons between national and local data should be treated with caution. The following data outlines Tameside's current position in 2023/24:

- **For Hepatitis B (HBV) vaccination**
  - Of the 137 eligible individuals offered a vaccination only 19.1% accepted one, compared with 26.5% nationally.
  - Those who accepted and completed a course of vaccination stood at 8%; lower than the 16.8% England average.
  - Adults in treatment who accepted and started a course of vaccination stood at 6%, lower than the England average of 8.8%.
  - Overall, there are fluctuations year on year depending on eligible cohorts so a trend line could not be established.

- **For Hepatitis C**
  - 35.5% of eligible adults accepted a test vs 47.4% in England, which is down on previous years in Tameside and has been on a declining trend Nationally in England.
  - The HCV antibody test, sometimes called the anti-HCV test, looks for antibodies to the hepatitis C virus in blood and finds out if someone has been exposed to the virus.21.4% adults eligible had a positive HCV antibody test compared with 21.5% nationally.
  - The HCV PCR test is used to establish if the virus is still active and requires treatment. Adults who have a positive HCV PCR (RNA) test stood at 7% compared with 14.5% nationally.
  - Overall, there are fluctuations year on year depending on eligible cohorts so a trend line could not be established.

- **Naloxone:**
  - Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine and fentanyl). Naloxone is not available over the counter, but substance misuse treatment services are able to supply it without a prescription. It can be administered in an emergency when someone has taken an overdose and can save lives. Distributing naloxone kits to as many eligible service users and front line professionals as possible is a priority for substance misuse treatment services.
  - In Tameside in the last year (2023/24) 51.6% of those eligible were issued naloxone (359 persons) compared to 57.3% nationally.
  - 11.4% of all adults in treatment for opiate use have been administered with naloxone which is higher than the national average (9.1%).
  - 47% of new presentations were issued naloxone compared to 41% nationally (in 2021/22).

- **Injecting Use (in 2022/23):**
  - 49% of the opiate group in Tameside had never previously injected compared to 48% nationally.
  - 18% of the opiate group currently inject compared to 20% nationally.

3.2.9 Drug Treatment – Criminal Justice and Convictions

The proportion of adults in treatment in contact with the criminal justice system, calculated at the latest available date (2023/24) was 18% of those in treatment in Tameside. The cohort is comprised of all adults in treatment at that point but also includes all adults who were in treatment at any point within the preceding year. This is higher than the England average of 13.9%.

Following the discontinuation of the Drugs Intervention Programme (DIP) in 2012, investment in criminal justice pathways has decreased significantly. The importance of interventions with this group is recognised in the national drug strategy From Harm to Hope and the current Supplemental Substance Misuse Treatment & Recovery Grant (SSMTRG) which all local authorities receive, including Tameside, provides the opportunity to rebuild these pathways and optimise the opportunity for those with drug problems who are

involved in the criminal justice system to access substance misuse services. Improvements to these pathways into treatment are being prioritised through improved collaboration and joint working arrangements with police, Liaison and Diversion schemes, courts, probation, and secure settings to:

- Increase the number of community service treatment requirements particularly DRRs/ATRs and support improved compliance with court mandated orders.
- Increase the engagement and retention in community treatment of individuals referred from prison.
- Enhance treatment service capacity to undertake police and court custody assessments to improve pathways into treatment.

This section shows the number of adults who were in contact with both a Criminal Justice Intervention Team (CJIT) and community-based treatment. Also included are the proportion of these adults against the total treatment population and a breakdown by the offence which brought them into the criminal justice referral pathway and how they entered the pathway. Within Tameside 16% of CJIT adults are in contact with the treatment system, with the majority of those that have offended committing an acquisitive offence (such as robbery). 41% of these individuals are referred to treatment through a mandatory pathway, which is higher than the England average. Upon leaving prison in 2023/24 71.6% of those receiving drug treatment support re-engage with substance misuse services locally within Tameside. This is significantly higher than the England average of 50.3%.

3.2.10 Drug Treatment – Interventions

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. The proportion of adults in treatment in high level interventions and settings across the treatment journey for Tameside in 2021-22 are outlined in figure 14.

Figure 17 Number and percentage of adults in treatment in high level interventions and settings across the treatment journey for Tameside, 2021-22.

Setting	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
Type	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	891	98%	1,556	100%	1,556	100%	1,557	100%
Inpatient Unit	33	4%	33	2%	29	2%	33	2%
Primary Care	145	16%	127	8%	101	6%	152	10%
Residential	1	0%	4	0%	3	0%	4	0%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total individuals*	**905**	**100%**	**1,559**	**100%**	**1,559**	**100%**	**1,559**	**100%**

As expected, the vast majority of service users in all groups are receiving community based support, which is the main provision across substance misuse treatment services. For the other settings listed, these represent more intensive intervention such as residential rehabilitation units. There is a slightly higher proportion of those receiving support in primary care often due to the close proximity to the person's home, and ongoing relationship with staff in primary care. The majority of primary care support is pharmacological (prescribed treatments). When compared to England Tameside has more community pharmacological interventions, a higher percentage of community psychosocial interventions and recovery support. Tameside additionally has a higher percentage of pharmacological interventions being delivered by primary care (GP and Pharmacies) than the England average. The proportions columns do not add up to 100% as there is some overlap in the settings groups, with some individuals receiving support in the community and other settings such as primary care.

The percentage of adult drug users in Tameside who have been to residential rehabilitation during their latest period of treatment 2023/24 (as a proportion of the local drug treatment population and against the national proportion) was 3% (65 persons). The use of more intensive residential rehab placements is lower in Tameside, with more people receiving ongoing support via the community based treatment service. The majority of drug treatment takes place in the community, near to users' families and support networks. Residential rehabilitation may be cost effective for someone who is ready for active change and a higher intensity treatment at any stage of their treatment, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system. During 2021/22, 1% of the alcohol and non-opiate drug user group (10 persons) attended residential rehabilitation, which is lower than the England average of 3%. It is worth noting that Tameside offers an alternative to residential rehab in a clinical/hospital setting through the ANEW Community offer, which involves support in a residential setting/housing in the community. From 2025 this provision has been given the same status as other rehabilitation facilities, and the numbers in treatment fields for ANEW have been added to the NDTMS (National Drug Treatment Management System) which will mean Tameside's numbers in treatment for tier 4 will be comparable with other Local Authority areas going forward.

3.2.11 Drug Treatment – Outcomes

The Treatment Outcomes Profile (TOP) tracks the progress drug users make in treatment. This includes information on rates of abstinence from drugs and injecting, and substantial reductions in drug use (based on the Reliable Change Index threshold). Data from NDTMS suggests that adults who stop using illicit opiates in the first six months of treatment are almost five times more likely to complete successfully than those who continue to use.

Within Tameside in 2021/22 at a 6-month review of treatment there was a lower proportion of abstinence than the national average for: alcohol use (as an additional substance alongside other substance use), amphetamine use, cannabis use, cocaine use, crack use and opiate use.

In regard to a significant reduction in drug use, Tameside has a higher percentage of those reducing their usage of amphetamines, cocaine and alcohol (as an additional substance alongside other substance use). However, for the non-opiate and alcohol/non-opiate groups 31% had a successful completion compared to 34.3% nationally. This demonstrates that the lower rate of abstinence seen in Tameside, does correlate to a lower successful completion rate. However, alongside this, the ANEW Community Detox model was passed in December 2024 as eligible for including on NDTMS in the same way a medical detox establishment is coded. It is anticipated that this will have a positive impact on abstinence rates. This is a new development and one which will be monitored closely as there is a causal link between not sending enough of the right people to residential rehab and their likelihood of abstaining. This in turn reduces Tameside's successful completion rate in some substance groups.

Overall, for opiate users 47% of adults were no longer injecting at their 6 month review compared to 57% nationally, however 6.5% of the treatment population for this group had a successful completion compared to 5% nationally. This shows that, despite lower rates of opiate abstinence and higher rates of ongoing injecting in Tameside, there was still a higher proportion of successful completions than the national average during 2021/22. This difference maintains the trend seen in recent years.

For successful completions in 2021/22 of all groups overall 17% of the treatment population successfully completed compared to 14% nationally. The rate of successful completions is a key overarching measure of performance and success within drug and alcohol treatment services and this rate being above the national average indicates that the service is supporting people to complete treatment more successfully than the national average.

Community Pharmacy

In Tameside there are 30 pharmacies who provide supervised consumption as part of Change Grow Live's contract and 16 pharmacies who provide Needle Syringe Provision (NSP). The contract for PharmOutcomes computerised system and invoicing database is held by the ICB (Integrated Care Board), and they produce the data on prescribing and dispensing activity. Invoices are then sent to CGL, as the treatment provider for payment.

As identified in the Tameside Pharmaceutical Needs Assessment 2025-2027 a substantial reduction in the number of pharmacies open 7 days a week has been observed. Therefore, less pharmacies are able to provide supervised consumption for 7 days of the week. There are only a small number additionally who are open 6 days a week. This creates a risk for service users who are titrating on doses (NICE guidance specifies supervised consumption for 4 weeks), and those with specific risks. It also means that for service users with difficulties getting to a particular pharmacy (due to access requirements) CGL often have to make complex assessments around the balance of risks. This can sometimes lead to service users travelling further in order to undertake supervised consumption. There are now fewer service users requiring this 7 day service but should this service reduce its capacity further then this would present a risk.

CGL have good working relationships with the contracted pharmacies and appropriate data sharing agreements, pathways and procedures are in place. Pharmacies share information with CGL around service users missed dispenses and communicate any safeguarding concerns relating to people's health and well-being.

3.2.12 Young Persons and Drugs

Hospital Admissions

The below indicator highlights young people's substance misuse causing hospital admission.

Figure 18 Hospital admissions due to substance misuse (15-24 years) for Tameside and England, 2018-19 to 2020-21

15-24-year-olds

Area	Hospital admissions due to substance misuse, DSR per 100,000	LCL	UCL	Trend 2008-09 to 2010-11 period to 2018-19 to 2020-21 period
Local	95	74	120	
England	81	80	82	

Note:
DSR per 100,000 - Directly Standardised Rate per 100,000 15-24-year-olds.
LCL - 95% Lower Confidence Limit.
UCL - 95% Upper Confidence Limit.

The data highlights that Tameside has a higher rate of hospital admissions than the England average, however Tameside has seen reductions over time in the trend.

Youth Justice

Youth justice, particularly Youth Offending Teams, are a major source of referrals into substance misuse treatment for young people. To improve co-ordination between Youth Offending Teams (YOTs) and substance misuse services a new substance misuse key performance indicator is due to be introduced for YOTs in England covering treatment engagement of YOT service users with substance misuse needs, however owing to data validation and lags, this data is not yet available. The most recent data for 2022 shows the rate of first-time entrants to the youth justice system per 100,000 is 227 in Tameside compared to 149 per 100,000 nationally. This has been increasing in recent years and is significantly above the national average.

Children Looked After

Children looked after by local authority social care are a vulnerable group who are at higher risk of substance misuse. Estimates from a study by (Wilson, 2011) found approximately 5.4% of the 44,200 looked after children in England were identified as having a substance misuse problem. Nationally, 42% of children looked after with an identified substance misuse problem received an intervention, this includes non-structured interventions that aren't included in this documents data sets. Nationally, 8% of young people in community structured substance misuse treatment are children looked after. In Tameside during 2022/23, fewer than 6 children (so numbers/percentages are supressed) of children looked after are identified as having a substance misuse problem which is lower than the 3% average nationally. Due to the very low numbers, any inferences or trends should be treated with caution.

Permanent Exclusions and Suspensions from School

Schools play an important role in the protective factors for children and young people, including in reducing the harms caused by drugs. Good attendance and engagement with school supports young people in building resilience, for early prevention, opportunities to identify substance misuse and refer into specialist substance misuse services where needed. Being excluded and or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse. In 2021/22 for Tameside 3% of suspensions are related to drug and alcohol use compared to 3% nationally. In relation to permanent exclusions 5% in Tameside during 2021/22 are related to drug and alcohol compared to 5% nationally.

Treatment

In 2022/23 87% of the young people in treatment, were in treatment for cannabis use listed as a reported problem, with the second highest problem (excluding alcohol) being for nicotine at 15%. The peak age for young people in treatment is aged 14-15 (47% of those entering treatment) compared to a joint peak of 35% nationally for 14-15 and 16-17 year olds. In relation to new presentations in 2022/23 47% of the newly presented young people were aged 14-15, which is significantly higher proportion in that age group than the England average of 37%. Additionally, both in treatment and new presentations are predominantly males, with 66% of each being male.

Sources of referral for those young people in 2022/23 (under 18) in treatment for Tameside were as follows:

- 38% from education (compared to 32% nationally).
- 23% from youth criminal justice services (compared to 17% nationally).
- 20% from social care (compared to 23% nationally).
- 11% from health services (compared to 13% nationally).
- 5% self or friends and family referral (compared to 11% nationally).

The ethnicity of young persons in 2022/23 were as follows:

- 44% identified as White British (compared to 73% nationally).
- 13% identified as from an Ethnic Minority Community.
- 43% did not state or refused to answer (compared to 4% nationally).

This is a gap in data recording and means that we are less well informed regarding the ethnicity of those accessing substance misuse treatment support, with more work required to increase engagement with ethnicity recording.

Smoking tobacco amongst those young persons in treatment in Tameside was 23% for 2022/23 which is lower than the England average of 42%. 63% of those smoking at the start were abstinent at review, compared to the England average of 25%. This indicates that there is both a lower rate of young people smoking when they enter substance misuse treatment in Tameside, compared to England, and also that there is good engagement with stop smoking support, and success rates in this, with a higher proportion of those young people who are smoking having quit at review. In relation

to co-occurring mental health and substance misuse issues 47% of young people in treatment were identified as having a mental health treatment need at the start of treatment compared to 50% nationally. Additionally, of those identified as having a mental health treatment need, 65% were receiving treatment for their mental health, compared to 61% nationally. While the proportion of young people in treatment with a mental health need and receiving mental health treatment is not substantially different to the national average, this does still indicate a high proportion of young people in treatment with mental health needs, which is an important aspect of their support needs, which services should take account of in terms of pathways, interventions and formal links and joint working with mental healthcare service providers.

During 2022/23 the majority of young persons engaged in treatment (69%) were in mainstream education and 89% were living at home with parents. Over the same period, 100% of young persons were in treatment for less than 12 months, with a greater proportion being in treatment less than 12 weeks than the England average (48% compared to 38%). All young persons in treatment have received psychosocial interventions and 98% received harm reduction interventions. Only 1% received prescribing interventions. This is similar to the England average aside from harm reduction which at an England level is only offered to 70% of all young persons. This difference is because CGL offer 'Harm Reduction' advice to all Children and Young People and provide it to those at risk of using substances/experimenting as an early intervention approach to increase their awareness of the potential harm and educate and inform their choices. CGL will also provide it to those using more problematically to minimise the risk and harm of their current use.

This is included alongside psychosocial interventions. These two interventions are the core elements of the service offer in Tameside and map alongside the support/treatment pathways created for all young people.

It was noted that, during the same period, there was a relatively high proportion of young persons in treatment committing anti-social behaviour at 39% of young persons in treatment, compared to 30% nationally.

In regard to successful completions, young persons in Tameside have a 74% successful completion rate (which is higher than the England average) and a 95% non-representing rate which is similar to the England average (at 96%).

3.2.13 Greater Manchester: Testing and Research on Emergent and New Drugs NO.2 (GM TRENDS) findings 2022 - Summary of Key Drug Trends.

The Greater Manchester Combined Authority (GMCA) commission Manchester Metropolitan University (MMU) to monitor emerging substance use trends and changes in drug markers across Greater Manchester. The GM Trends report findings inform and provide comprehensive intelligence for the Greater Manchester LDIS system and supports to develop a local response across all ten local authority areas of GM.

The GM trends study uses a multi method research approach, including:

- Analysis of existing data sources
- An online survey of 236 Greater Manchester professionals
- An online survey of 386 young people in contact with drug treatment or family services
- An online survey of 173 people who use drugs (PWUD)
- In depth interviews with 80 Key Professional Informants
- 54 interviews (22 young people and 32 adults) with PWUDs with insight into the two areas of focus
- Testing of 217 drug samples using qualitative and quantitative analysis.

Alcohol Use Amongst Adults and Young People

42% of respondents in the professional survey reported an increase in alcohol use among the people they engage with. Alcohol use, along with benzodiazepines was the highest increase reported of the 44-substances covered in the survey and Alcohol use as a self-medicator for depression and anxiety were frequently reported reasons. There continues to be a significant rise in referrals from people new to treatment for alcohol use, in particular young people, professionals and women.

Bury New Road Prescription Drug Market

Greater Manchester continues to have a large market for illicit prescription medication; in particular the Bury New Road area in Cheetham Hill. The two most discussed drugs were benzodiazepines and pregabalin. The biggest concerns is around the variable content of substances in illicit tablets distributed from this area, with tested samples showing a wide variation from no active ingredient to high potency.

Heroin, Fentanyl and New Synthetic Opioids (NSO)

Although most drug poisoning deaths involve more than one drug, over half involve opiates, most predominantly heroin. There has been an increase in local heroin purity across Greater Manchester, along with significant variations in purity levels reported by MANDRAKE analysis in 2022. This increases the risk of unintentional overdoses and highlights the urgent need to widely distribute Naloxone to heroin users, frontline professionals (including police), and the general public to prevent fatal overdoses.

Drug Use Amongst Young People
Alcohol, cannabis, and nicotine (vaping e-cigs) remain the most common substances – used by roughly half of respondents with Cannabis edibles and nitrous oxide as the next most commonly used.

While the findings from the GM TRENDS study outlined above are not specific to Tameside, their prevalence across Greater Manchester does pose a risk to Tameside residents.

3.2.14 2022 Emerging Greater Manchester Trends

Chemsex is the practice of taking drugs whilst engaging in sexual activity, often carried out in party settings. Individuals reported the simultaneous use of substances such as GHB/GBL (referred to collectively as 'G'), crystal methamphetamine ('T'), MDMA, cocaine and ketamine, amongst other drugs whilst taking part in this practice. People who use drugs reported that dealers are offering a multitude of substances as 'party packs'. Due to crystal methamphetamine's street name of 'T', individuals reported taking 'T' without knowing exactly what the substance is. Whilst the key concern of increased crystal methamphetamine use is episodes of psychosis, a further key concern surrounding 'Ts' increased prevalence is that the falling price of the substance will encourage individuals outside of the chemsex scene to begin to take the substance as it becomes increasingly more affordable. While chemsex is not as prevalent in Tameside as neighbouring areas such as Manchester, these findings still represent a risk for Tameside residents.

The surveys also found that nicotine use has increased due to the current popularity of disposable vapes, which contain nicotine. 49.2% of young people reported past-year nicotine use. Additionally, large amounts of young people that reported vape use reported that they had never previously smoked cigarettes. National Government recognise that there is a rise in illicit vapes, however the anecdotal evidence in Tameside shows that Tameside is not an outlier, and the Treatment and Recovery Service have not reported this as an emerging issue.

Although Tameside is not an outlier, there has been a significant increase in the use of vapes by young people across Tameside. In March/April 2023 the proportion of children experimenting with vaping had grown by 50% year on year, from one in thirteen to one in nine according to research from Action on Smoking and Health (ASH) – this aligns to the findings of the GM TRENDS study as well as anecdotal feedback from the treatment service in Tameside.

As a result of the increase in illicit nicotine vapes, we are starting to see more Young People experiment with THC cannabis based vapes and the local young people's treatment service, Branching Out are regularly delivering interventions around this. Feedback from partner agencies in schools, colleges, children's services across Tameside found that these settings and services were also seeing substantial numbers of young people using these vape devices.

It's also very difficult to know what a vape contains. While we know many of them contain very high levels of THC almost 50% of the oils that were tested in 2024 contained at least one synthetic cannabinoid (SPICE) and we also see young people inadvertently using these thinking they are using THC cannabis vapes.

Real THC vapes cost anywhere between £40-60 whereas synthetic vapes cost between £15-30. The survey suggests that more young people in Tameside are purchasing the lower cost vapes.

2% of the 2021 cohort and 15% of the 2022 GMTRENDS cohort reported past-year nitrous oxide (NOS) use. In 2022, 23% of those reporting past year use reportedly used NOS for the first time in the past year – highlighting the increasing prevalence of the substance over a relatively short period.

Additionally, reports suggested that there has been a transition in use from smaller individual canisters weighing at approximately 7 grams to large canisters weighing over 1kg in size.

3.3 COVID-19 Impacts on Drug and Alcohol Use and Services

Like other services, the COVID-19 pandemic has had a lingering effect on drug and alcohol treatment services. In 2020 to 2021, most services had to restrict face-to-face contact, which affected the types of interventions that service users received. COVID-19 related restrictions were still in place in early April 2021, but these began to be gradually relaxed until almost all restrictions were lifted in July 2021. However, COVID-19 had a continued effect on services throughout 2021 to 2022. Effects included:

- Service users testing COVID-positive and not being able to access treatment.
- Covid infection among staff increasing absences, posing service challenges, particularly during peak periods (with Tameside and Greater Manchester also being disproportionately impacted compared to other areas, with very high rates of Covid-19 infection and mortality throughout the pandemic).
- Increased service capacity required for mitigations around Covid risks and infection prevention.
- The above and other factors causing longer waits and reduced access to healthcare.

Therefore, data for the years 2020/21 and 2021/22 will have been affected by COVID-19 with the data after this period forming post COVID-19 baseline and trend.
Analysis of the Wider Impacts of COVID-19 on Health (WICH)[11] data provided by OHID shows a reduction in the rate of unplanned admissions to hospital for alcohol-specific causes in 2020, down by 3.2% across England compared to 2019. All unplanned admissions, irrespective of cause, sharply decreased as the pandemic took hold.

The data reported on WICH also shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, deaths from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019. Between 2019 and 2020, deaths from mental and behavioural disorders due to alcohol use and alcohol poisonings increased by 10.8% and 15.4% respectively, compared to a respective 1.1% increase and 4.5% decrease between 2018 and 2019. In 2020-21, there was a 44% increase at a national level in the number of people recorded as having died while in treatment for alcohol alone.

There is wide local variation in this increase in deaths in treatment. These deaths are not likely to be predominantly attributable to COVID-19 impacts and occurred within the context of an increase in alcohol-specific deaths in the wider population.

The increases seen in alcohol related morbidity and mortality have been linked to a combination of increased alcohol consumption during the pandemic, particularly due to the impact of lockdowns; and also, as a result of a lack of access to elective and preventative healthcare in the same way that residents normally would. This has been seen across a number of risk factors and health services.

In Tameside there was a disproportionate impact of Covid-19 with higher levels of infection, mortality and disruption due to non-pharmaceutical interventions to reduce the spread of infection. This further exacerbated the challenges and harms seen around both drugs & alcohol.

4. Summary of local treatment provision

Change Grow Live, My recovery Tameside (CGL MRT) provide the specialised drug and alcohol treatment services within Tameside. CGL MRT are commissioned as an all-age integrated substance misuse service which has been in place since 2017. The service is person centred, specialist and holistic in nature and is delivered by competent, qualified staff members and management team. The existing offer comprises of a 4 Tier approach including initial assessment, triage, signposting and waiting list management in line with NICE guidance and best practice. CGL now operate drop in sessions for individuals who want to know more about the offer, ask for help and make a self-referral. CGL have reported that these sessions have been well attended and have facilitated better access to the service for people who have not made contact with the service previously. The intention is that this will foster trust and hope for service users from the outset.

The offer is tailored to individual needs and incorporates brief intervention and advice, support planning, structured treatment both on a 1:1 basis and via group sessions, psychosocial interventions, alcohol specific interventions, harm reduction services including needle exchange, assessment and early intervention, as well as prescribing for both opiate users and alcohol users.

The offer also supports the family and friends of those using substances, these are called concerned others and there is a full concerned others programme of support available.

Health and well-being provision is provided via the nursing team, including health checks and there is access to needle & syringe programmes and opiate substitute treatment via community pharmacies, to provide accessible locations for regular harm reduction support across the community.

Residential Rehabilitation, Inpatient Detoxification and Recovery Therapeutic Housing in the community are all offered for service users and the individual's circumstances, health and risk factors will determine which setting and treatment approach is best for that individual.

CGL work with the Criminal Justice System and employ specialist drug workers for those in contact with criminal justice including those in receipt of Community sentences and treatment orders The service provides a targeted offer around AEP (Alcohol Exposed Pregnancy) including the brief intervention prevention programme - embedded within services as part of routine service delivery, including AEP and foetal alcohol spectrum disorder (FASD) awareness sessions and community based support groups for parents/carers and families.

4.1 Funding

The service is predominantly funded from the core Public Health budget within Tameside council. The council's public health team commissions the treatment service. Since 2021 there has also been additional grant funding which the council receives via the Office for Health Improvement and Disparities (OHID), which has been awarded to the MRT service in CGL. This is the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) which was allocated to all areas in the country in response to the national drug strategy "From Harm to Hope". The SSMTRG funding has been renamed from 2025/26 to DATRIG (Drug and Alcohol Treatment and Recovery Improvement Grant) and is currently confirmed up to March 2026.

This additional grant funding has specific conditions and criteria attached to it with a focus on improving workforce capacity, supporting increased numbers in treatment, reducing caseloads, and increasing success for service users. The key areas included in the additional provision set out for Tameside from the menu of interventions for the grant are:

- Enhanced harm reduction provision.
- Increased pharmacological and psychosocial treatment capacity.
- Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment.
- Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest.
- Enhanced recovery support.

There have been challenges nationally in local substance misuse treatment providers being able to increase the number of people receiving treatment as intended, in line with this additional funding, particularly for those who use opiates. While there have been some challenges in Tameside, the performance has been successful in terms of increasing the number of people entering treatment. The OHID North West team have noted the relatively strong performance in Tameside compared to other areas, with particularly strong performance recognised around Continuity of Care (COC), for support with a treatment need of those leaving prison.

4.2 Recovery

4.2.1 LERO (Lived Experience Recovery Organisation)

A lived experience recovery organisation (LERO) is an organisation led by people with lived experience of drug and alcohol recovery. LEROs deliver a range of harm reduction interventions, peer support and recovery support services and they can help people to access and engage in treatment and other support services.

These peer-led initiatives often grow from small local projects delivered by an informal group of people in treatment or recovery, into organisations with formal legal structures and staff and volunteer teams. Some LERO leaders believe that more than half of an organisation's staff and volunteer teams, especially leadership roles, need to have lived experience for it to be defined as a LERO.

A typical LERO will have the following features:

- Peer led by and for those with lived experience with the aim to connect people and support families
- Independent, autonomous and takes an asset based community development approach providing a culture of recovery which reduces stigma and is both diverse and inclusive.
- A LERO should be agile, innovative, entrepreneurial, assessable, flexible and respects individual pathways to recovery.

A condition of the 2024/25 SSMTRG (Supplementary Substance Misuse Treatment Recovery Grant) and the 2025/26 DATRIG (Drug and Alcohol Treatment and Recovery Improvement Grant) is that local authorities are required to deliver a LERO as part of the commissioned provision.
In Tameside we have the '12 step' drug and alcohol peer led support groups. These are volunteer led and include a range of groups and activities including the ART group, wellbeing groups, recovery café, wellbeing walks and events that are organised by those with lived experience and linked to CGL.

These groups provide people with support AFTER they have finished their treatment and can help with continued recovery and with social (re)integration. These skills can also provide people with skills for employment.

4.3 Drug Related Death Surveillance System

The Drug Related Deaths Surveillance System is commissioned by the GMCA from Liverpool John Moores University. The system serves as a response to concerns regarding drug-related deaths, allowing for treatment providers and local authority commissioners to monitor occurrences of drug-related deaths across Greater Manchester. The Tameside Drug Related Death Panel is held on a quarterly basis in order to review key data, have in-depth multi-agency case-based discussions regarding recorded drug and alcohol related deaths, and to share learning between partners with the key objective of preventing future drug related deaths.

It is worth noting that alcohol plays a role in many Drug Related Deaths, often the deceased person will have advanced alcohol related disease, even when they begin engaging and accessing treatment services. It is therefore important to increase overall engagement and opportunities for people to access support around alcohol at an earlier stage.

In an Evaluation by LJMU (Liverpool John Moores University) conducted in 2024, regarding drug related use and deaths the key themes that have been identified are:

Financial: Lack of financial funds to be able to attend appointments and seek support from services resulting in disengagement and disruption to treatment progress. There was also some evidence that benefits processes within the DWP (Department of Work and Pensions) had meant service users were waiting back pay amounts leading to financial hardship and increased stress levels. The evaluation also highlighted issues with individuals leaving prison

having a large amount of rent arrears and the lack ability to pay these debts off and secure suitable tenancies on release.

Harm Reduction: Increased rates of individuals using alone and dying alone. This highlighted a need for the increase in training family and friends how to administer naloxone and ensuring those who need it, has a supply.

Medical and clinical: There has been an increase in the numbers of cocaine relate deaths. There has also been a rise in deaths associated with buying drugs online and these have often contained nitazenes and other adulterated substances. We have also seen through the evaluation the importance of good representation from a range of services at the Drug Related Death panels, as there are lessons to be learnt from how successful service users engage with GP's and pharmacy provision.

Bereavement: One of the most insightful themes that came to light for us in Tameside was the effects of pets passing away, being taken away from their owners and how this loss increased the use of substances as a coping mechanism.

4.4 Early Intervention – Children & Young People

Change Grow Live (CGL) have a specialist young person's service called Branching Out. Branching Out is a trauma informed, person centred service that is focused on early intervention and prevention, as well as providing structured treatment to support young people using substances more problematically. The earlier young people can be supported around substance misuse, the better the outcomes are for them.

This work is delivered across the community in partnership with other agencies and can encompass brief advice/education sessions on a 1-2-1 basis, drop ins at schools and colleges where Branching Out regularly hold information stalls, group work sessions in schools and alternative education provision, harm reduction mail outs to professionals, and social media posts.

Branching Out also deliver free professionals training to upskill the knowledge and confidence in partners so they can identify and appropriately respond to the risks associated with a young person's substance use at the earliest opportunity.

In addition to the core treatment offer for young people around their substance use, Branching Out also offer specialist support for children who are impacted by parental substance use. This is also part of CGL's core offer around early intervention. Exposure to parental substance use and childhood trauma increases the risk of young people going on to use substances themselves. This part of the service offer aims to support these young people at the earliest opportunity to reduce the risk and impact of their family situation and dynamics. The numbers of Children and Young people accessing the service has increased, and they are moving through the service more quickly, showing positive outcomes. CGL has also seen more CYP accessing for support due to parental substance misuse, and an increase in referrals as a result of hidden harm from Children's services. Young people have reported a reduction in substance use, most abstaining from using. The service has also noted children and young people, both those using substances and those affected by parental use, are engaging more with education, which we know is paramount to ensuring children's safety and future opportunities.

PSHE – Drug, Alcohol & Tobacco (DAT) Curriculum

In partnership with Public Health, CGL also developed a full early intervention PSHE DAT curriculum for every school in Tameside (both primary and secondary). The aim is to provide a universal, early education offer to every young person in Tameside around the dangers and risk of substance use and addiction.

This has been used widely and well evaluated in terms of feedback from schools on it's use. This tool is now used in every Primary and Secondary school across Tameside. The Branching Out team within MRT also offer refresher sessions on using the tool, in any setting.

4.5 Strategic Priorities Linked to Substance Misuse

4.5.1 Drugs Early Warning System

Across Greater Manchester, the Greater Manchester Combined Authority have a contract in place for the Drug Early Warning System (DEWS). This provides each Greater Manchester local authority area with a Local Drug Information System (LDIS) where professionals from a range of organisations such as police, schools, hospitals, local authorities, substance misuse services and youth services can submit and receive reports of incidents relating to drugs, and changes to the local market.

This system is utilised to highlight and communicate public health incidents or concerns around potent, adulterated or dangerous drugs. The LDIS facilitates a network of communication between professionals from several sectors such as drug treatment services, mental health services and the police to gather further intelligence surrounding potentially emerging drug-related issues. The GM DEWS also includes the Manchester Drug Analysis & Knowledge Exchange (MANDRAKE) system, which is a facility for samples to be sent for urgent drug testing at Manchester Metropolitan University, to detect high risk substances implicated in incidents including overdoses.

This system is well used across GM and in Tameside, with a range of professionals signed up to receive updates and information cascades through this system. This can also be used as a more urgent cascade of information where high risk situations such as deaths or high-risk overdoses and substances are reported. The aim is to raise awareness of new and emerging risks to prevent further harm such as overdoses. Without this GM system, there would not be a central coordinating point to ensure all relevant services and partners in Tameside can receive this information. The system has been used since 2018/19 in Tameside to highlight incidents of spiking, adulterated drugs that have been tested following a police find or following a person's death. Emerging issues in Tameside have been the rise of etonitazene's within the borough, which are a highly potent synthetic opioid substance, which carries a very high risk of overdose where it may be found in adulterated drugs such as heroin.

4.5.2 HALS (Hospital Alcohol Liaison Service)

In April 2013 the HALS (Hospital Alcohol Liaison Service) was established. The Team consists of a Team Leader Specialist nurse, 2 Alcohol Specialist nurses, Data Administrator and Consultant Gastroenterologist. The Team run a 7 day 8am-8pm service, offering a duty response to all inpatient and outpatient departments within the hospital. In addition to the response work the service also runs a 7/7 Ambulatory Detoxification clinic flexible to patient's needs - this is based at the Hospital. The Team are predominantly based in A&E as a frontline service. This is a core funded service within Tameside & Glossop Integrated Care Foundation Trust. Over time the service has worked more broadly around all addictions, as well as alcohol.

Feedback from the service suggests that this has had a positive impact on the support offered to patients admitted for alcohol misuse, the team have been pivotal in launching and applying the principles of the NICE Alcohol withdrawal guidance through a Chlordiazepoxide prescribing pathway alongside the establishment of an Ambulatory Detoxification Clinic.

The aim of the HALS team is to ensure patients are cared for and supported to understand the effects of alcohol addiction and ensure a plan of care supports their recovery, including links to the community-based treatment service (MRT). The ambition of the Hospital Alcohol Liaison Service was to 'reshape the approach to alcohol' through the utilisation of NICE Guidelines.

The service aims are to work with patients attending the Hospital for urgent and planned care, who are identified as harmful or dependent drinkers and those who attend as a direct result of alcohol related harm.

The overall aims of the service are to reduce the level of alcohol harm suffered by those patients through specialist Acute Alcohol Team assessment and intervention within the Accident and Emergency Department, inpatient wards and at preoperative assessment clinic and where indicated, to initiate a supportive treatment plan. There is an established process for referral into community based alcohol treatment services, for post discharge specialist support. This is the current pathway to CGL (Change Grow Live).

The service initiates appropriate discussion to maximise the opportunity for planned Quick Start detoxification, for patients who require urgent clinical intervention. This is undertaken through a Chlordiazepoxide prescribing pathway which is in line with NICE recommendations.
Parallel to HALS clinic intervention, patients managed through the Ambulatory Protocol are in receipt of psycho-social intervention from ACORN treatment services who reinforce coping strategies for future abstinence. Close management of patients who are identified as 'frequent attenders' to the Accident and Emergency Department, are done so through the Complex Care Identification group

It is recommended that a review is undertaken to look at the pathways from HALS to Community Treatment Service to ensure the patient is treated by the right agency at the right time, that handoff points are reflective of need, and to strengthen follow up pathways with service users.

4.5.3 FDAC (Family Drug and Alcohol Courts)

Family Drug and Alcohol Courts (FDACs) offer an alternative to standard care proceedings involving parental drug or alcohol misuse, using a "problem solving" approach to support parents to reduce their substance misuse issues. The primary aim is to improve outcomes for children and families, ensuring that children can either live safely with parents at the end of care proceedings or, where reunification is not possible, have the best chance for permanency and stability outside the family home.

FDAC is a therapeutic problem-solving court process and is distinctive because it provides:

- Trained judges who motivate parents and a specialist multi-disciplinary FDAC team collaborate to give parents a 'trial for change.'
- Judicial continuity - Judges stay with a case from first to final hearing.
- Non lawyer reviews - Fortnightly review hearings with the judge without lawyers present.
- Parents being subject to regular testing for drug and alcohol use
- A specialist, multi-disciplinary team which assists the judge, delivers interventions and assessment with parents and co-ordinates a network of services to promote change.

The work of the court and the team is underpinned by the belief that parent can change and that the court has a role as an agent of change. Parents are given 'a trial for change' that provides them with the best possible chance of overcoming their substance misuse and other problems within a timescale that is compatible with their child's needs.

The FDAC model strengthens the motivation of parents to overcome their problems and is guided by the driving principle of giving parents an intensive service to help them overcome entrenched difficulties.

The presence of a clinical psychologist is central to formulation and can reduce the burden on parents to complete additional independent psychological assessments. The presence of a highly experienced team enables parents to access specialist support during proceedings at the most critical time and avoid waiting lists.

One of the most important elements of FDAC are the non-lawyer reviews (NLR). The NLR gives parents the opportunity to speak directly with the judge about their progress without lawyers present every 2 weeks. It is also important to note that the programme requires parents to be willing to engage with the approach. This cannot be a mandated programme and requires the consent and willing participation from the parents.

Communities in Tameside face a high degree of harm from the impact of drugs & alcohol use. This also has a disproportionate impact on children when they are living in a household where their parents/carers have drug & alcohol misuse issues. This can be seen in recent benchmarking work which demonstrates that Tameside has much higher numbers of children's social care assessments where drug and alcohol misuse are cited as risks. Recent data from MRT

also demonstrates that 884 service users over the last 12 months reported that they are parents. Of those, 284, or 32% reported that they have children currently living with them.

There is a strong evidence base demonstrating the effectiveness of the FDAC model in terms of supporting parents to address their addictions and care for their children, resulting in fewer children being taken into the care of the local authority. In 2023, Foundations (the national 'What Works Centre' for children & young people) published a national evaluation of FDAC, which compared all cases from 14 FDAC sites with a matched comparison group in the most comprehensive study of the model to date. Children in FDAC sites had a lower probability of being placed in local authority care compared with non-FDAC care proceedings (28.6% versus 54.7%).

In 2024, the case was made to commence a trial period of introducing FDAC in Tameside, which was agreed, to be funded from Public Health budgets for an initial 3-year period. Tameside will commence the FDAC model for appropriate cases, as identified by Children's social care, from Spring 2025. The outcomes and impact of this will be reviewed and evaluated on an ongoing basis.

4.5.4 Stigma

The North West Anti-Stigma Strategy and Action Plan provides a long-term vision for communities affected by substance use in the North West where everyone has equal dignity, value and respect, and opportunities to have a life of personal meaning and purpose. In Tameside we support and pay a contribution to this important work, which is coordinated at a North West region and hosted by colleagues at the Liverpool John Moores University.

Delivery of the Strategy and associated Action Plan will support the following broad objectives:

- Reduce internalised-stigma amongst those who experience or are affected by substance use issues and those who support them, desk-based research to review and synthesise existing international strategies and action plans in related anti-stigma fields (e.g. HIV, mental health)
- Reduce public stigma by changing attitudes and behaviours towards people with personal lived/living experience and carers, families and support people
- Take steps towards eliminating structural stigma and discrimination towards those affected by substance use in identified settings.

4.5.5 Community Safety

The Tameside Community Safety Partnership (CSP) is dedicated to addressing issues related to drug and alcohol use within the borough. One of its key priorities is to "prevent and reduce the harm caused by drugs and alcohol." To achieve this, the CSP has established a sub-group focused specifically on drug and alcohol concerns. Chaired by the Director of Public Health, this sub-group unites key partners to implement actions aimed at mitigating drug and
Several initiatives have been launched to promote community safety and address substance misuse:

- The Safe Squad: This program delivered safety training, covering topics from first aid to online protection, to over 2,382 young people across 59 primary schools in Tameside.
- Arts Awards: Collaborating with schools, this initiative focuses on themes related to safety and the environment, providing young people with nationally recognized qualifications and encouraging engagement in the arts.
- Out Loud: An anti-bullying play performed in schools and Pupil Referral Units, aiming to raise awareness and understanding of diversity and discrimination.

4.5.6 Mental Health

Adults who entered alcohol only treatment in 2021-22 and were identified as having a mental health need for Tameside was at 81% which is higher than the England average of 70%. Of the 81% identified as having a need, the majority were already engaged with mental health services or in receipt of treatment via their GP. For drugs, the co-occurring conditions rate was 81% of those entering drug treatment were identified as having a mental health need compared to the England average of 70%.

For co-occurring conditions overall, where substance misuse is present with another condition such as a mental health disorder; overall in 2023/24 68% of those entering drug or alcohol treatment were identified as having a mental health need compared to the England average of 72.1%. Additionally, within Tameside, fewer clients refuse mental health treatment than observed nationally with 24.9% in Tameside vs 27.4% England average.

While the proportion of young people in treatment with a mental health need and receiving mental health treatment is not substantially different to the national average, this does still indicate a high proportion of young people in treatment with mental health needs, which is an important aspect of their support needs, which services should take account of in terms of pathways and interventions. Branching Out have reported an increase in the number of Young People they are supporting with substance misuse who have low level mental health needs which may not reach the thresholds for structured interventions such as CAMHS.

Tameside is an active partner in the Greater Manchester Co-Occurring Conditions Project which is a partnership between GMCA and the GM ICB. The project team are funded and hosted by Big Life Group which has been commissioned to support the work to improve support for those with Co-occurring Conditions, as well as ensuring that staff/colleagues feel appropriately trained and supported to do this, across all ten Localities. People with mental health issues as an underlying factor to their substance misuse, can often face barriers in accessing the relevant support.

In March 2023 all Localities agreed to produce Locality Action Plans for how they would develop their work on Co-Occurring Conditions around Substance Misuse and Mental Health challenges. These principles echo the aims and objectives of the Community Mental Health Framework and the 10-year National Drug and Alcohol Strategy:

- Developing and supporting a model of integrated care where mental health and alcohol/drug needs are addressed at the same time as part of an integrated package of care.
- Fostering a culture of “shared responsibility” to meet the needs of those with co-occurring conditions.
- Supporting the creation of services based on local need which is informed by sound evidence base.
- Services to respond collaboratively, effectively, and flexibly to presenting needs and prevent exclusion enabling a “no wrong door” approach.
- Compassionate and non-judgemental care from a safe environment centred around the person’s needs.
- Continually striving to understand and improve the provision available.

The Big Life Group also provide a service in Tameside called Living Well. The Living service is for anyone who lives in Tameside or Glossop, or whose GP surgery is based here. There are a number of trained staff who will work with individuals to create a plan that best suits their needs. They provide regular sessions and can be a safe place for mental health support and in appropriate cases an alternative to A&E. The team can help with mental health difficulties including anxiety, depression and can be an excellent resource for those who are also using drugs and alcohol.

The Neighbourhood Mental Health Team offer a range of support that will allow people to talk about difficulties in a non-judgemental and supportive environment, including:

- Information, advice and connecting to other services
- Personalised coaching
- Mental health assessments
- Talking therapies
- Wellbeing and self-care education

Change Grow Live currently employ two Big Life Group Community Navigators who are specialist workers support service with co-occurring conditions.

Given the high prevalence of mental health needs across the treatment population in Tameside, including both young people and adults, it will remain a priority to progress the work around co-occurring conditions and improving the accessibility and pathways between the substance misuse treatment service and local mental healthcare services.

4.5.7 AEP – Foetal Alcohol Spectrum Disorder

Foetal Alcohol Spectrum Disorder (FASD) is caused by alcohol consumption in pregnancy. It is a neurodevelopmental condition with lifelong cognitive, emotional, and behavioural challenges. In addition to the effects on the brain, FASD is a full-body diagnosis that is associated with more than 400 known conditions.

Although we still lack a reliable prevalence estimate, the United Kingdom is estimated to have the 4th highest rate of drinking during pregnancy in the world. Consumption of alcohol during pregnancy may be attributable to a lack of awareness of the zero-

alcohol recommendations. At other times drinking may occur despite warnings from clinicians and public health campaigns. For unplanned pregnancies, women may continue to drink as they are unaware that they are pregnant.

Recent published prevalence research found FASD may affect between 1.8% and 3.6% of children in Greater Manchester (GM). This means each year in Tameside 50 babies may be born with FASD, with a similar number of affected children starting school. Similarly, it can be estimated that 4077 people are living with FASD in Tameside.

Since 2019 CGL MRT have delivered interventions to clients accessing the service to prevent alcohol-exposed pregnancies (AEP). AEP Information and brief advice (IBA) is now part of routine service assessments with it more recently being embedded with the YP service. Where it is identified through IBA that the woman may be at risk of an AEP, a further session related to contraception advice will be delivered and consent obtained for an onward referral to the designated sexual health service provider. CLG MRT have a monthly in house contraception clinic as part of this work stream.

4.5.8 Links to poverty

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood since people on a low income do not tend to consume more alcohol than people from higher socioeconomic groups. This is known as the 'alcohol harm paradox'. The increased risk is likely to relate to the combination of multiple risk factors affecting people in lower socioeconomic groups.

The areas with the lowest rates of alcohol related mortality are mainly found in the south of England. On the contrary, councils with the highest rates are situated predominantly within the North West and North East.

In 2022 Tameside was the 37th most income deprived local authority area and 17.5% of the population was income deprived in 2019. As of July 2022, 4.8% of people in Tameside were in receipt of benefits, compared to just 3.7% of people in Great Britain. The main income replacement benefit for working age people is Universal Credit (UC) which is claimed by 25,581 people in Tameside – the 6th highest as a proportion of population in Greater Manchester.

Tackling alcohol related harm is an important route to reducing health inequalities in general. Alcohol related factors are found across all 4 of the domains in the Public Health Outcomes Framework for England:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

Support to tackle the wider determinants of health such as poverty should continue to be part of the holistic approach to supporting residents through community-based treatment services.

4.5.9 Gambling

Gambling is a health harming activity and has a strong relationship with mental health and wellbeing and substance use dependence. Relationships between mental health, substance misuse and gambling disorder are likely bi-directional, and symptoms may cluster with no single causal factor. Individuals who regularly consume more alcohol than the recommended weekly intake are 3.3x more likely to experience harmful gambling, increasing to 7.8x more likely for the heaviest drinkers (over 50 units per week) (21) Public Health England. Gambling-related harms: evidence review. GOV.UK. 2021.

At least 1 in 15 residents of Greater Manchester are experiencing harm caused by gambling. The Greater Manchester approach describes interventions that will be implemented to prevent and reduce harm in Greater Manchester between 2023 and 2026. Local and regional leaders, decision makers and front-line teams across health, community, voluntary and public services will work together with clinical experts, the research community, people with lived experience, politicians and regulators to deliver this plan.

GaMHive is a lived experience group, set up with the aim to reduce gambling harms in Greater Manchester through improving the effective of treatment pathways, training, raising awareness of harms, campaigning for change and embedding a consciousness of gambling harms in all relevant areas of the community.

In Tameside, Chapter One training for staff, partners and anyone effected by gambling harms is promoted. Chapter One training is information and support for everyone affected by gambling and was created in partnership by GMCA, GM NHS and Gambling with Lives and was first piloted in in Greater Manchester. Information and resources have been co-created with clinical experts and people with lived experience of gambling harms. The training seeks to facilitate better access to evidence-based treatment, with specialist NHS gambling services at the heart of a holistic care and support pathway, provides information and education for the public, free from gambling industry influence.

4.5.10 Alcohol licencing (inc. cumulative impact policy)

The Association of Directors of Public Health Policy Position on alcohol was published in 2024. The key messages were that alcohol consumption and mortality have increased over time, leading to significant financial and social cost across the UK. UK alcohol consumption remains higher than the average for all OECD countries, and there are health inequalities associated with alcohol harm; despite alcohol consumption not being socially patterned, a lower socioeconomic status is associated with higher levels of alcohol-related ill-health and alcohol-attributable mortality. Alcohol policies should move their focus from treatment to prevention to reduce the affordability, availability and appeal of alcohol. Minimum unit pricing was the number one policy priority for ADPH members in a recent policy survey.

In Tameside we support this position and advocate for national policy to regulate the marketing of alcoholic beverages (in particular to younger people), regulate and restrict the availability of alcohol, enact appropriate drink-driving policies, reduce demand through taxation and pricing mechanisms. We also work to raise awareness of the health and social problems for individuals and society at large caused by the harmful use of alcohol, ensure support for effective

alcohol policies, and provide accessible treatment for people with alcohol-use disorders.

While there is national work to support the introduction of health as a licensing objective under the Licensing Act of 2003, locally the Public Health team in Tameside have an active role in submitting representations to relevant new alcohol license applications, reviews and variations, where there is evidence that these may increase alcohol harms in the immediate area. This is based on an indicator matrix of proxy measures of alcohol related harm at small geographical levels within the borough, to enable a ranking of relative harm. This has the intention of reducing the number of licensed premises (particularly off-license premises, which are associated with the highest degree of harm), and the overall availability of alcohol (ie. products sold; hours of sale). This work is ongoing. Wider research around approaches in other areas has highlighted some additional metrics which can be included in alcohol harm matrices, which will be reviewed in Tameside to ensure this toolkit is as robust as possible.

As part of Tameside's Licensing Policies, there are not currently any Cumulative Impact Policies in place for specific locations across the borough, though these have been in place in the past. This should be reviewed to determine whether there is sufficient evidence of existing harm and disruption to the licensing objectives to require a cumulative impact policy in any parts of Tameside. This would require joint working between Tameside council Public Health, Licensing and other partners including Greater Manchester Police.

4.5.11 Serious violence and domestic abuse

In Tameside there is specific targeted support in place for those in contact with probation services who have committed violent crimes, to reduce re-offending. There is a large number of service users in contact with criminal justice and there are high rates of violent crime with drugs and alcohol as a risk factor. Particular needs in this group include substance misuse issues, which is a focus for MRT. The service provides supportive, trauma-responsive interventions for all service users on the criminal justice pathway.

CGL also deliver the ADVANCE programme, which is in place at MRT for Tameside. This is a 16 week perpetrator intervention for men in substance use (alcohol and/or drugs) treatment who use abusive behaviour towards a female (ex)-partner. This behaviour and domestic abuse issues more broadly, are very prevalence in Tameside. This programme was developed by Kings College London based on their extensive research over six years to improve understanding of the risk factors for intimate partner abuse by men in substance use treatment, and how best to address the abuse. The programme requires three facilitators from the substance misuse service to be trained alongside two by parallel partner support workers to ensure victim safety and resilience for delivery. This is now in place at MRT.

4.5.12 Homelessness

Tameside's homelessness team works in partnership with CGL and wider substance misuse support. CGL and the Rough sleepers team work together to ensure effective info sharing across our services in respect of individuals requiring support, and specific pieces of work to improve safety and support for people. CGL have provided training in substance misuse to increase knowledge amongst homelessness staff. CGL have ensured staff have been offered training in the administration of Take-Home Naloxone (opioid antagonist that delays the effects of an opioid overdose) and have been provided with take home naloxone kits. CGL also ensure people who are using opioids have access to Naloxone. CGL have supported people to access their services and have worked closely with the staff when people have needed to make changes to their treatment in order to access accommodation.

CGL have supported the homelessness outreach team when they have completed Rough Sleeper Counts and have supported with ad-hoc outreach to Rough sleeper 'hotspots'.

CGL also work closely with the ANEW homeless provision (Connect Housing) with respect to specific individuals who are accessing both Connect and CGL services. (ANEW provide temporary accommodation for people with housing issues, multiple disadvantage and substance use). Connect staff work closely with CGL to ensure an MDT approach to support people into accessing the appropriate services for their substance use

It is recommended that going forward it would be helpful to have greater co-location across both teams, and to be able to structure this support across the working week.

4.5.13 Alcohol related crime

The highest vulnerability for young persons in treatment was committing anti-social behaviour at 39% of young persons which is 9% higher than the England average. In Tameside we tackle alcohol availability as a risk factor for serious violence across Tameside including a full review of evidence to support cumulative impact policies for alcohol licensing; and a review of the Public Health representations made to the alcohol licensing panel in Tameside.

Issues with alcohol are identified throughout this Strategic Needs Assessment as risk factors contributing to serious violence in Tameside. Wider evidence also suggests that health harming behaviours such as drug use are more common among children and young people who had either experienced or committed violence (Youth Endowment Fund, 2022). Rates of drug use, taken from Crest Advisory two-year study around the drivers of Serious Violence; were significantly higher among both victims and perpetrators of violence, particularly the use of cannabis. 6% of respondents in the study said they had used cannabis within the last 12 months and less than 1% reported using another illegal drug. Gang membership was less common, but a majority of those who reported being part of a gang were also victims of violence. When considering drugs as a driver of violence there was also found to be strong correlation between the growing availability of harmful drugs and the rise in serious violence. (Crest Advisory, 2019)

https://www.tameside.gov.uk/TamesideMBC/media/PublicHealth/Serious-Violence-Needs-Assessment_1.pdf

4.5.14 Hidden harms

Tameside Public Health conducted a hidden harm needs assessment and service review of Change Grow Live. The title of this review was 'People Impacted by Parental Substance Misuse (PIPS)' and was undertaken in autumn 2020. The aim was to gain a better understanding of the scale of hidden harm in Tameside and how to reduce the effects of hidden harm on children and young people by parents who are misusing alcohol and drugs. This review highlighted the important impact of the PIPS service and feedback including the statement 'We can share our secrets…and we can tell you what we are scared of.' Children and young people in service place a high value on the opportunity to have a safe and trusted environment and worker to discuss openly how they are affected by substance misuse. The review also made a series of recommendations around themes of collaboration, relationships and partnerships; communication and marketing; education and training; referrals, pathways and processes; and service delivery.

Since this review was produced CGL have continued to offer training sessions to partner agencies, including supporting the local authority training in the Impact of Parental Substance Use. They have recently been invited to join the Youth Justice Board, which allows CGL the space to share information regarding hidden harm across the partnership. CGL are aware that given some of the changes with CYP services in Tameside, they need to continue to build partnership relationships with Children's services, to ensure our Branching Out services are rooted within place and embedded within the children's partnership.

There were some recommendations that came out of this review which CGL continue to progress and feature in the recommendations of this Needs Assessment. These include:

- Continue to develop joint pathways, processes and protocols for referrals
- Update the resource pack/handbook for partners and include substance misuse and service information, tips on brief advice and referral information, based on emerging drug trends
- Continue to run the lunch and learn sessions for professionals working with Young People
- Community outreach to be delivered in existing appropriate, accessible safe venues for young people.

5. Key Findings

5.1 Alcohol and Drug related cardiovascular disease (CVD)

- Alcohol and drug misuse are significant contributors to cardiovascular disease (CVD), both nationally and within Tameside. Excessive alcohol consumption is linked to various heart-related conditions, including high blood pressure, arrhythmias, and cardiomyopathy, all of which elevate the risk of heart attacks and strokes[12].
- While specific local statistics on alcohol and drug-related CVD in Tameside are limited, national data indicates a concerning rise in alcohol-related deaths. Since 2019, there has been a 42% increase in such deaths in England, with over 8,000 recorded in 2023[13].
- Tameside has had significantly higher rates of identified CVD and CVD related deaths than the England average, and the trend over time has been increasing.

5.2 Unmet need, barriers to access and identifying those hard to reach cohorts

- Alcohol - In regard to protected characteristics, 93% of all those in treatment identity as from a White British ethnic group, which is higher than the Tameside ethnicity population average of 82.4% who identify as White British. 59% of new presentations identify as having no religion and 89% as heterosexual. Additionally, 48% of those new to treatment identify as having any type of disability.
- Drugs - Of all new presentations 88% are White British which is slightly over representative of the Tameside population. Other minority ethnic groups excluding white groups make up 5% of the new presentations, which is under representative of the Tameside population.
- When compared to the England average, Tameside has a significantly lower rate of unmet need across all drug groups, however Tameside has a significantly higher prevalence rate of illicit drug use per 100,000 persons than the England average.

5.3 Strong outreach, pathways and step down processes

- Drug Related Deaths Just under half (47%) of provider reported cases were for active clients who engaged with regular contact, but 27.5% were active clients but where recent contact was difficult or infrequent – a focus on improving engagement with this group, may increase opportunities to prevent future drug-related deaths.
- Drug treatment- In total 11% of new presentations had an unplanned exit from treatment, which is significantly better than the England average of 18%, indicating that the treatment service in Tameside is more effective at keeping people engaged and/or achieving successful completions of treatment.
- Tameside has a high rate of alcohol-specific hospital admissions when compared to the England average. These inpatient admissions are an opportunity to engage with the most frequent users of hospital services, to manage the harm from their alcohol use, even when they have no immediate desire to achieve abstinence. This could be a future focus of work in the HALS

team and the community-based treatment provider (MRT).

- The routes into alcohol treatment in 2021-22 were primarily through self-referrals (55%) with 22% of referrals also being via GP's and Hospitals. In regard to hospital referrals 74% come through the hospital wards and 26% through the HALS team liaison, none of referrals came from A&E.
- Over half of new presentations to treatment self-refer into the service with the criminal justice system (CJS) being the second most common source of referral at 17%.

5.4 Children, YP and supporting families

- The number of adults who entered alcohol treatment in 2021-22 who live with children, and the stated number of children who live with them for 2021/22 was 24% of those entering treatment and 173 overall for those in treatment. 67% have no early help contact or other contact with Children's social care services.
- The number of adults who entered drug treatment in 2021-22 who live with children for 2021/22 was 25% of those entering treatment and 244 children are living with a drug user beginning treatment. 70% have no early help contact or other contact with Children's social care services.
- In Tameside 2% of children looked after are identified as having a substance misuse problem compared to 3% nationally. Of those identified as having a substance misuse problem none received an intervention in 2021/22.
- In Tameside 4% of suspensions are related to drug and alcohol use compared to 3% nationally. In relation to permanent exclusions 14% in Tameside are related to drug and alcohol compared to 8% nationally.
- Based on these trends, ongoing work to strengthen pathways between the treatment service and Children's social care, particularly Early Help services should continue to be prioritised, alongside the trial of the FDAC model.

6. Recommendations

6.1 Partnership & System Working

- **Tackling substance misuse harms should remain a strategic priority in Tameside with accountability across the system for improvement, linked to the national and Greater Manchester policy landscape**

Rationale:
Drug and alcohol harms remain high in Tameside with whole system approaches required to tackle these with appropriate strategic oversight and accountability

Evidence:
Rates of drug and alcohol morbidity and mortality remain high.

Actions:

1. Continue to ensure system-wide accountability and input to tackling substance misuse harms across key forums in Tameside including the Health & Wellbeing Board, Community Safety Partnership, Tameside Strategic Partnership Board, Tameside Safeguarding Children's Partnership, and the Tameside Adult Safeguarding Partnership Board.
2. Tameside should feed into the Greater Manchester Drug & Alcohol Transformation Board (the accountable Combatting Drugs Partnership for GM).
3. Partners across Tameside should feed in to and support delivery of relevant GM strategies and priorities around tackling substance misuse harm (eg. GM Tackling Alcohol Harm Strategy in draft March 2025).
4. Focussed work to be carried out on feeling safe in our communities, with a focus on transport, the night time economy and events such as gatherings and festivals.

- **Partnership working, collaboration, relationship building and communication is key in order to break down barriers and increase access to services.**

Rationale:
Substance misuse is a complex issue that impacts individuals, families, and communities across multiple dimensions, including health, social stability, and economic wellbeing. Partnership working is essential to address this multifaceted challenge effectively. By bringing together health services, social care, law enforcement, education providers, and community organisations, we can deliver comprehensive, coordinated, and person-centred solutions.

Evidence:
Throughout this needs assessment, including learning from Safeguarding Adult Reviews and the Tameside Drug & Alcohol Related Death panel of the importance of multi-agency working to support individuals, and in addition the Hidden Harms Needs Assessment found in appendix 9.2.

Actions:

1. Ensure where appropriate the treatment service are in attendance at key meetings with adult and children's social care services about hidden harm caseloads across adults and CYP. This is important due to the high proportion (c. 70%) of service users who report that they live with Children, whom do not have any form of Children's Services input (eg. Early Help)
2. Ongoing engagement between partner agencies and the treatment service to ensure clarity of roles across the system and appropriate, timely referrals into the treatment service and vice versa.
3. Marketing and communication plan to include a planned programme to promote and raise awareness of the local treatment service, including particular focus on awareness of the dedicated children & young people's offer (currently Branching Out), including the Concerned Others offer, to staff and professionals across relevant partner agencies – with a focus on services available, pathways, referrals.
4. In order to encourage joint ownership and understanding of the hidden harm agenda from all partners and across all substance misuse treatment services, it is vital that partners and professionals have regular education and training around substance misuse, hidden harm and on how to identify potential harm. The training offer around hidden harm should include:

    - Embed hidden harm understanding and awareness into all substance misuse training for partners, including training delivered by the treatment service, and by other agencies.
    - Review and refresh resource packs or handbooks for partners and include substance misuse and service information, tips on brief advice and referral information to accompany training.
    - Training outcomes which ensure that the treatment service workforce are competent and confident to take hidden harm referrals and knowledgeable about the pathways and referral process.
    - Regular review of referral pathways and processes is required to encourage a robust system, which addresses the unmet need. This should be a focussed piece of work both for the treatment service, but also sat with the strategic substance misuse sub-group to ensure system wide ownership and awareness of these pathways and processes with all relevant partners.

In addition to the training approach around hidden harm, it is also recommended that there is dedicated work to identify barriers to hidden harm referrals and operational solutions within the treatment service to enhance the process for all and ensure CYP get the support and service they need. This can be achieved through regular contract management meetings as well through the Tameside Drug and Alcohol Subgroup which meets on a 6-weekly basis. This should also include wider services in Tameside to embed hidden harm into their assessments and interventions e.g. EY and family intervention, women's centre, CAMHS and parenting programmes.

6.2 Harm Reduction

- **There is a case for directing treatment services to engage with the most frequent users of hospital services, to manage the harm from their alcohol use, even when they have no immediate desire to achieve abstinence.**

Rationale:
Individuals with an alcohol dependency often place a heavy burden on health, social, housing, and criminal justice systems, and their recurring issues suggest insufficient prior intervention. Alcohol-specific conditions are a significant cause of hospital admissions and mortality in Tameside.

Evidence:
The report highlights that Tameside has higher rates of alcohol-specific hospital admissions compared to the England average. Frequent admissions often indicate unmet needs for treatment and support (section 3.1.2).

Actions:

1. Implement targeted alcohol reduction campaigns in the hospital.
2. Increase provision of community-based interventions and outreach from the treatment service targeted at high-risk drinkers, particularly those more likely to experience non-elective alcohol-specific hospital admissions.
3. Enhance training for primary care providers to identify and refer individuals at risk.
4. Stronger joint working between the HALS and substance misuse treatment provider, including the new hospital to home rehabilitation offer.

- **Tameside's serious violence Needs Assessment and Strategy highlighted that alcohol is involved in a high proportion of violent crime incidents, and that violence is clustered around locations and times when alcohol is more widely available and consumed (town centres, night-time)**

Rationale:
It is important to ensure a strong enforcement role from the police and that the existing licensing objectives are upheld, to tackle violence as a harm of alcohol.

Evidence:
In 2023 it was reported that 77% of the current violent offender caseload within Tameside Probation service report a current or previous substance misuse issue, inclusive of drugs and alcohol.

Actions:

1. Treatment providers to build and maintain strong links with Greater Manchester Police colleagues to ensure appropriate service referral are made for those wishing to access harm reduction treatment and support.
2. Director of Public Health to regularly attend the Tameside Community Safety Partnership Board to gain intelligence and strategic direction for areas of concern and targeted work needed

3. Tameside alcohol licensing matrix tool to be reviewed to include further metrics of harm which may be available and the Director of Public Health (or substitute) to continue to make representations at licensing panels and to advise on risks to health, safety and harm for individuals engaging in substance misuse in the Tameside locality.
4. Tameside Public Health and other relevant partners to work with Tameside Licensing team to review the need for cumulative impact policies around alcohol licensing across Tameside.

- **Increase Availability of Harm Reduction Measures for Drug Users by expanding access to naloxone, needle exchange programs, and vaccinations for blood-borne viruses (BBVs).**

Rationale:
Harm reduction strategies protect drug users and communities, reduce healthcare costs, and prevent fatal overdoses.

Evidence:
Only 51.6% of eligible individuals in Tameside received naloxone compared to 57.3% nationally. Hepatitis B vaccination rates were also lower than the national average (19.1% vs. 26.5%) (section 3.2.9).

Actions:

1. Broaden naloxone distribution to all eligible service users and frontline professionals, with a clear approach to informing and encouraging service users to carry naloxone.
2. Increase Hepatitis B vaccination coverage among individuals in treatment.
3. Promote safer injecting practices and provide sterile equipment.

- **Continue to prioritise and promote smoking cessation for service users as part of substance misuse treatment offers**

Rationale:
There is a high prevalence of smoking among people who engage with substance misuse treatment services, and this is a key opportunity to support them to quit.

Evidence:
A high proportion of service users in treatment in Tameside are smokers when entering the service (68%) however 35% of those who smoke successfully quit upon exiting the service.

Actions:

1. Continue to prioritise and deliver smoking cessation support within the substance misuse treatment service in Tameside.

6.3 Treatment and Recovery

- **Improve access to substance misuse treatment and enhance support for co-occurring mental health conditions in recovery. Expanding treatment accessibility and enhancing mental health support.**

Rationale:
Many individuals entering substance misuse treatment in Tameside have significant mental health needs, with 68% identified as requiring mental health support in 2023/24. Coordination between substance misuse and mental health services is crucial for successful outcomes.

Evidence:
In Tameside, 68% of service users had a mental health need compared to the England average of 72.1%. Despite a relatively high engagement with mental health services (65% in treatment), gaps in support remain (section 3.16 and 3.26).

Actions:

1. Strengthen partnerships between mental health and substance misuse services. Ensure representation of mental health care services at regular Drug Related Death panels and Tameside's Drug and Alcohol Subgroup
2. Ensure integrated care pathways for individuals with co-occurring conditions through joint working between the substance misuse treatment service and mental health care services in Tameside (ie. Pennine Care; and Big Life).
3. Joint work should be undertaken between the Tameside Community Safety Partnership and the Tameside Adults Safeguarding Partnership Board to better understand the multi-disadvantage cohort (drawing on learning from the Tameside Drug & Alcohol Related Death Panel and recent Safeguarding Adult Reviews) to explore effective partnership approaches to identify substance misuse risks in individuals and families and put trauma-informed approaches in place. This should consider a range of approaches from upskilling of existing front line staff in services such as homelessness, substance misuse, healthcare; through to considering the introduction of bespoke multi-disciplinary holistic approaches to offering support (e.g. Making Every Adult Matter; New Beginnings programmes).

- **Develop recovery-oriented community services to sustain long-term abstinence and integration into society, with a focus on broader aspects of wellbeing including skills, employment and housing.**

Rationale:
Sustained recovery requires a supportive environment, including housing, employment, and community integration.

Evidence:
88% of those entering treatment were in stable accommodation, but only 30.8% were in education or employment. Long-term support is required, especially for opiate users, 39.2% of whom have been in treatment for over six years (section 3.26).

Actions:

1. Increase access to vocational training and employment support. This will be done through the IPS (Individual Placement Support) service which is currently funded by OHID and the DWP. This has been commissioned by Public Health to the treatment service to deliver in Tameside up to 2027.
2. Develop community-based recovery housing programs, as part of the ANEW community housing offer, and ensure the outcome and impact of this approach is robustly evaluated.
3. Foster peer support networks and recovery communities through a focus on LERO's, lived experience volunteers working alongside the treatment service and recognising the benefits that the treatment service brings in its recruitment of staff with lived experience.

- **Continue to prioritise the promotion of treatment services, including the referral pathways and outreach approaches to ensure a good number of those with substance misuse needs engage with treatment services.**

Rationale:
This will continue to keep levels of unmet need in Tameside at lower levels than other areas.

Evidence:
According to local estimates within Tameside there is currently a 67% unmet need of those who require alcohol treatment. Tameside has a significantly lower rate of unmet need across all drug groups, however Tameside has a higher prevalence rate per 1,000 persons than the England average as highlighted across all groups in the figure above.

Actions:

1. Develop targeted action plans to target unmet need of alcohol and crack (opiate) users in Tameside
2. Recruit and train drug and alcohol champions amongst current and past service users locally to identify and work with those who have a drug or alcohol problem.
3. A key drug and alcohol practitioner assigned to work closely with the probation team champion to ensure case finding, referrals and help promote drug and alcohol services amongst probation staff.
4. Explore the need to have drug workers who speak different languages to engage with those who do not speak English as their first language

- **Enhance Engagement of Marginalised Communities in order to tackle inequalities and minimise the level of unmet need around substance misuse across Tameside.**

Rationale:
Addressing disparities and ensuring equitable access to treatment are critical to minimising unmet need, reducing substance harm and improving health outcomes to avoid long term adverse outcomes and deaths.

Evidence:
In 2022/23, 43% of young people accessing treatment in Tameside did not state their ethnicity or this was not recorded, compared to only 4% nationally. Ethnic minority groups were underrepresented in new presentations. (section 3.26). Additionally, insight from cases reviewed by the Tameside Drug & Alcohol Related Death panel and via Safeguarding Adult Reviews has highlighted the risk of adverse outcomes, including death, to service users who struggle to maintain engagement with support.

Actions:

1. Specific resource should be allocated and specified in commissioning of substance misuse treatment services to ensure there is dedicated, protected capacity within treatment services to proactively engage with service users who are at high risk of disengaging with services or who face additional barriers in maintaining active contact with services. This should have a focus within specialist substance misuse treatment services but should also be built into service provision across key partners including hospital based services, social care services, and mental health services, where they are working with people who experience harms due to drug and alcohol use, among other challenges. These approaches may involve capacity around outreach work; joined up conversations with other agencies who may be supporting an individual; and person-centred approaches for those living with multiple disadvantage.
2. Ensure, through robust data collection, that marginalised communities and those who face additional barriers are engaged with by substance misuse services through a range of engagement methods, which are responsive to individuals' financial situations, access requirements, digital inclusion and housing status.
3. Take partnership approaches to reducing stigma and removing barriers to access for some underrepresented communities in treatment services including ethnic minorities and those from the LGBTQ+ community.

6.4 Drug & Alcohol Related Deaths

- **Continue to prioritise work to learn from and reduce the number of drug & alcohol related deaths in Tameside.**

Rationale:
One of the key ambitions in the national drug strategy is to reduce the rate of drug related deaths. Identifying the risk factors involved in drug & alcohol related deaths is complex and requires multi-agency approaches.

Evidence:
Tameside has continued to see increases in drug & alcohol related mortality and has a higher rate than other areas. This is particularly seen in older age groups with more complex needs. There are also several recent cases where individuals who died were actively engaged in support with treatment services, however more recent engagement prior to their death was challenging.

Actions:

1. Continue to commission the Drug & Alcohol Related Death panel for Tameside, with multi-agency engagement and buy-in.
2. Produce regular updates on key themes from DARD panels including the actions taken on the back of these discussions
3. Ensure reporting on DARD in Tameside at both the Community Safety Partnership and via relevant Greater Manchester routes (the GM Combatting Drugs Partnership).

6.5 Emerging Risks

- **Address emerging synthetic drug threats by implementing strategies to monitor and respond to the rise in synthetic opioids and other new psychoactive substances.**

Rationale:
Emerging synthetic drugs like nitazenes and variations of fentanyl pose significant overdose risks, necessitating urgent intervention.

Evidence:
The 2023 Tameside data highlighted the increasing presence of synthetic opioids in the drug supply. Drug-related deaths in Tameside are 16.9 per 100,000, significantly higher than the national average of 8.1 (section 3.22 and 3.23). There have also already been local examples in Tameside of deaths linked to nitazenes.

Actions:

1. Expand drug-checking and monitoring systems to detect new substances through continuation of the provision of drug testing strips, harm reduction leaflets, posters and media sources. This should include continued engagement and cascade via relevant sub-regional systems including the Local Drug Information System (LDIS), the Greater Manchester Drug Early Warning System (DEWS) and the Manchester Drug Analysis and Knowledge Exchange (MANDRAKE) system.
2. Increase distribution of naloxone kits to mitigate overdose risks, to service users, friends and family, Greater Manchester Police, and key individuals in the borough such as supermarket security staff and front of house in relevant buildings and venues.

3. Provide targeted harm reduction education to at-risk populations, which also considers the different cohorts at risk, with local examples of nitazene purchase and exposure being among younger residents, with online purchase more likely than patterns seen with other substances.
4. Due to the risk posed by synthetic opioids (particularly nitazenes) in Tameside, there should remain a strategic focus on addressing this risk with tackling synthetic opioid harm remaining a priority for the Drug & Alcohol Sub-group, with regular reporting into the Community Safety Partnership on this issue, and multi-agency input; and to keep in place an action plan to respond to the circulation of synthetic opioids in Tameside, to be led by the treatment service.

6.6 Youth-Focused Interventions

- **Improve prevention, treatment, and support strategies tailored for young people affected by substance misuse.**

Rationale:
Young people, especially those aged 14-15, represent a vulnerable group with high rates of cannabis and alcohol use.

Evidence:
In 2022/23, 39% of young people in treatment cited cannabis misuse, with alcohol as the next significant substance. Hospital admissions for substance misuse among 15-24-year-olds in Tameside remain higher than the England average (section 3.2.12). Engagement with young people also highlighted at almost half reported drinking alcohol to improve their enjoyment of social events, indicating early alcohol use which may increase and lead to harm throughout life.

Actions:

1. Continue to ensure there is bespoke support in place for children and young people regarding education and awareness raising around the harms of drugs and alcohol, through brief interventions, structured treatment if required and outreach. This can also link to the broader Drug, Alcohol & Tobacco curriculum which is in place and provided for all mainstream education settings in Tameside, to provide broader education and awareness raising.
2. Increase referrals from youth-focused services (e.g., Youth Offending Teams, education providers) to the treatment service. The treatment service should take a lead on this, continuing to build relationships and networks with these teams and services.
3. Expand access to harm reduction and psychosocial interventions for young people by enhancing capacity in the service (with resources such as the DATRIG grant funding); and by reviewing referral pathways.
4. Review and refresh the training offer from Children & Young People teams with the specialist substance misuse treatment provider for staff within Children's Social Care and Early Help

teams, to support them to communicate the risks of alcohol use and drug taking to more vulnerable children & young people, and to identify substance misuse issues at an early stage. This should be coordinated between the Community Safety Partnership and Children's Safeguarding Partnership to ensure buy-in and prioritisation among staff.

5. There has been an increase in the proportion of 16-to-24-year old's reportedly engaging in the taking of cannabis and Ketamine. These trends and the risks around these issues should continue to be highlighted across key partners via the Community Safety Partnership and the Drug and Alcohol Subgroup.
6. Take a targeted approach to implementing interventions and discussions with young people about the harms of drug use by identifying known risk factors for drug use among young people, such as mental health need, social services involvement, and involvement with gangs and also belonging to families who engage with drug use.
7. Detailed and up to date CYP and hidden harm information on trends, awareness raising, training, best practice to be disseminated via a wide range of channels on a regular basis. This should include wide messaging and conversations around the harms of alcohol use, including lower and moderate consumption. This may include a 'make-every-contact-count' approach via existing routes such as school staff to cascade and promote messaging.
8. Continue to promote the risks around vaping, particularly around illicit vapes. This messaging should be targeted at young people due to evidence of the high prevalence of the use of vapes. Existing resources such as the Drug, Alcohol & Tobacco curriculum should be updated to reflect latest guidance around vapes, and further work should be done to understand their use and impact.

6.7 Criminal Justice Pathway

- **Enhance collaboration between substance misuse services and criminal justice systems to support individuals with substance misuse treatment needs who are in contact with the criminal justice system, and particularly those with drug-related offences.**

Rationale:
Criminal justice referrals present an opportunity to engage high-risk individuals in treatment, reducing re-offending and substance misuse.

Evidence:
18% of adults in Tameside's treatment services are in contact with the criminal justice system, higher than the England average (13.9%). Successful post-prison engagement with treatment in Tameside is 71.6%, significantly above the England average of 50.3% (section 3.2.9).

Actions:

1. Expand capacity for assessments in police and court custody settings and explore the use of test on arrest as a referral route into treatment services.
2. Increase the use of community service treatment requirements, including DRRs (Drug Rehabilitation Requirements).
3. Continue to be an exemplar in post-prison support for sustained engagement with treatment services via ongoing dedicated staffing capacity within the treatment service.
4. Specialist substance misuse treatment services should continue to prioritise support into the criminal justice system to ensure that there is a clear, accessible pathway for those people who need support going into and coming out of the criminal justice system. This should also include a 'make every contact count' approach around brief interventions in custody suites and via probation contact.

6.8 Data Collection and Monitoring

- **Strengthen data systems to capture comprehensive and timely information on substance misuse risk factors, trends and treatment outcomes.**

Rationale:
Accurate data is essential for monitoring progress, identifying gaps, and informing future interventions. Data around Children's services and early help is not linked into current data sets.

Evidence:
Ethnicity data for young people accessing services in Tameside is incomplete (43% did not state ethnicity). Trends in Hepatitis C testing and treatment show fluctuations due to data gaps. (section 3.2.8 and section 3.2.12). There is a lack of a clear flow of information from Children's Social Care and Early Help which identifies which Children and families are experiencing substance misuse harm, or where this is a risk.

Actions:

1. Work with Children's Services to improve the understanding of children in care due to familial drug and alcohol problems ensuring appropriate data collation and disaggregation to enable these issues to be identified in Children's Services records. This should also look at the recording and reporting of all families in Tameside in contact with Children's Social Care and Early Help where drug & alcohol issues have been cited.
2. Review data collection approach and the level of data captured in relation to people's ethnicity when coming in to contact with specialist substance misuse treatment services, and other associated services such as the Hospital Alcohol Liaison Service – this is currently poorly recorded within services and therefore levels of service access for ethnic minorities are unclear and estimates of unmet need are likely to be less reliable in some groups.
3. Delivery of parental interventions to families whereby substance misuse is present, which may include a specific offer from the specialist substance misuse treatment service as well as bespoke approaches within Early Help.

4. In family cases whereby substance misuse is present, consider suitability of the Family Drug & Alcohol Court model and adopt this in Tameside to ensure this is an option for eligible families. Ensure that the implementation of this model in Tameside is robustly monitored and evaluated.
5. Work with worklessness services (particularly the Department for Work & Pensions, Job Centre Plus and the Employment & Skills team within Tameside council) to improve the understanding of the proportion of individuals experiencing worklessness with an identified substance misuse need that receive appropriate treatment.
6. Embed a bespoke programme for individuals receiving support from the substance misuse treatment service who are out of work to gain skills and opportunities for employment.

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8. Figures/Tables

9. Appendices

9.1 Appendix 1 – Alcohol Data Terminology

Definitions of Terms within the Data

The below sections outline the definitions of terms contained within the data presented in the needs assessment:

Alcohol-Attributable Fractions (AAFs)
These are the proportion of a health condition or external cause that is attributable to the consumption of alcohol. The fractions are age and sex specific; and range from 0 (no cases attributable to alcohol) to 1 (all cases attributable to alcohol). More information on the AAF can be found here: https://www.gov.uk/government/publications/alcohol-attributable-fractions-for-england-an-update.

Alcohol-specific
These are conditions that are wholly attributable to alcohol, such as alcoholic liver disease and ethanol poisoning. The AAF for these conditions is '1'; and counts as one admission.

Alcohol-related
Alcohol-related conditions include all alcohol-specific conditions (as described above), plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. The AAF for these conditions will be greater than 0 but less than 1. For example, the AAF for mortality from pneumonia among men aged 75 and over is 0.1, because the latest epidemiological data suggest that 10% of pneumonia cases among this population are due to alcohol. The '0.1' counts as 0.1 of an admission.

'Hospital admissions' indicators
These count the number of people who are admitted to hospital in a given year. Each person can only be counted once for each indicator.

'Admission Episode' indicators
These count the number of admissions to hospital in a given year. Every admission is counted, regardless of whether the person has already had a hospital-related admission.

Broad measure
The 'Broad' definitions are similar to the old (NI39) indicator but use updated Alcohol Attributable Fractions (AAF) and European Standard Population. Any diagnosis codes that attract an AAF are counted if they are found in any primary or secondary diagnosis field in an admission episode. The broad definition provides evidence as to the scale of the total burden of alcohol on community and health services but is sensitive to changes in coding practice over time.

Narrow measure
The 'Narrow' definition only counts codes from the primary diagnosis field, or where there is an 'external cause' code in a secondary diagnosis field. This is less sensitive to changes in coding practice but may understate alcohol's part in the admission. PHE suggest this definition offers a fairer comparison between different areas and over time and is more responsive to change resulting from local action on alcohol.

9.2 Appendix 2 – Engagement

Engagement methods

A range of consultation and engagement was carried out during summer/autumn 2024 which has contributed to informing the findings and recommendations in this Needs Assessment. This was carried out using surveys, focus groups, one to one interview's and attending existing groups run by CGL, including the art group, recovery café and also drug and alcohol education sessions being run at the local college in Tameside. There was also a public survey released through the Tameside council consultation channel called the 'Big Conversation'. Engagement was carried out with 321 individuals including professionals, residents, young people, and CGL service users from Tameside were collected

The aim of the engagement was to understand:

- local issues and experiences related to drugs and alcohol
- Identify obstacles and gaps in the current service system and pathway
- Inform the development of recommendations for future commissioning and delivery

Highlights Alcohol

- **49.57% (YP), 37.5% (Public)** of responses stated they drank alcohol to make social gatherings more fun
- **37.5% (YP), 27.8% (Public)** of responses started they do not drink alcohol
- **33.91% (YP), 48.15% (Public)** of respondents stated they drank alcohol because they liked the taste/like the feeling

- Increased risk of liver disease
- Impaired cognitive function
- Negative impact on mental health
- Damaged family relationships
- Increased risk of cancers

Highlights Drugs

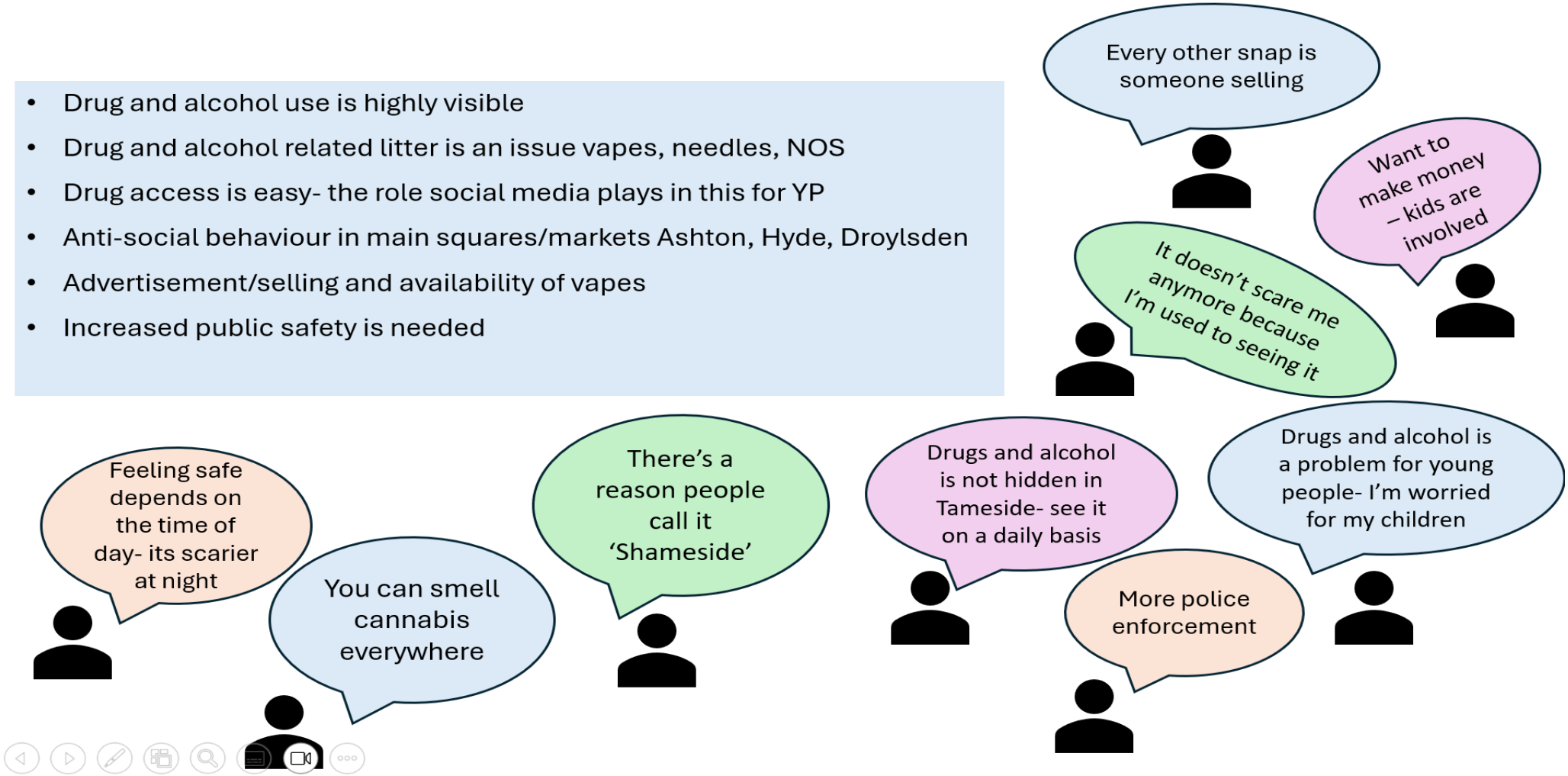
- **65.45% (Public)** stated they knew about the harms of drugs
- **77.39% (YP)** stated they have not used drugs
- **12.17%(YP)** drugs make social gatherings more fun
- **7.83% (YP)** it helps when I'm depressed or nervous

Smoking/Vapes

Focus groups with YP highlighted that there was a high use of vapes within the college cohort. No prior smoking history

Vape advertisement, shops, litter and availability was a concern within all focus groups

- Drug and alcohol use is highly visible
- Drug and alcohol related litter is an issue vapes, needles, NOS
- Drug access is easy- the role social media plays in this for YP
- Anti-social behaviour in main squares/markets Ashton, Hyde, Droylsden
- Advertisement/selling and availability of vapes
- Increased public safety is needed



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- **65% (Public)** contact GP/medical professional if they were concerned about their own/others DA
- **64.39%** professionals know how to refer into CGL
- **90.43% YP** were not aware of CGL

Insights from CGL service users

Going above and beyond

Combat social isolation

Valued and trusted relationships with workers

Experienced, skilled and caring staff

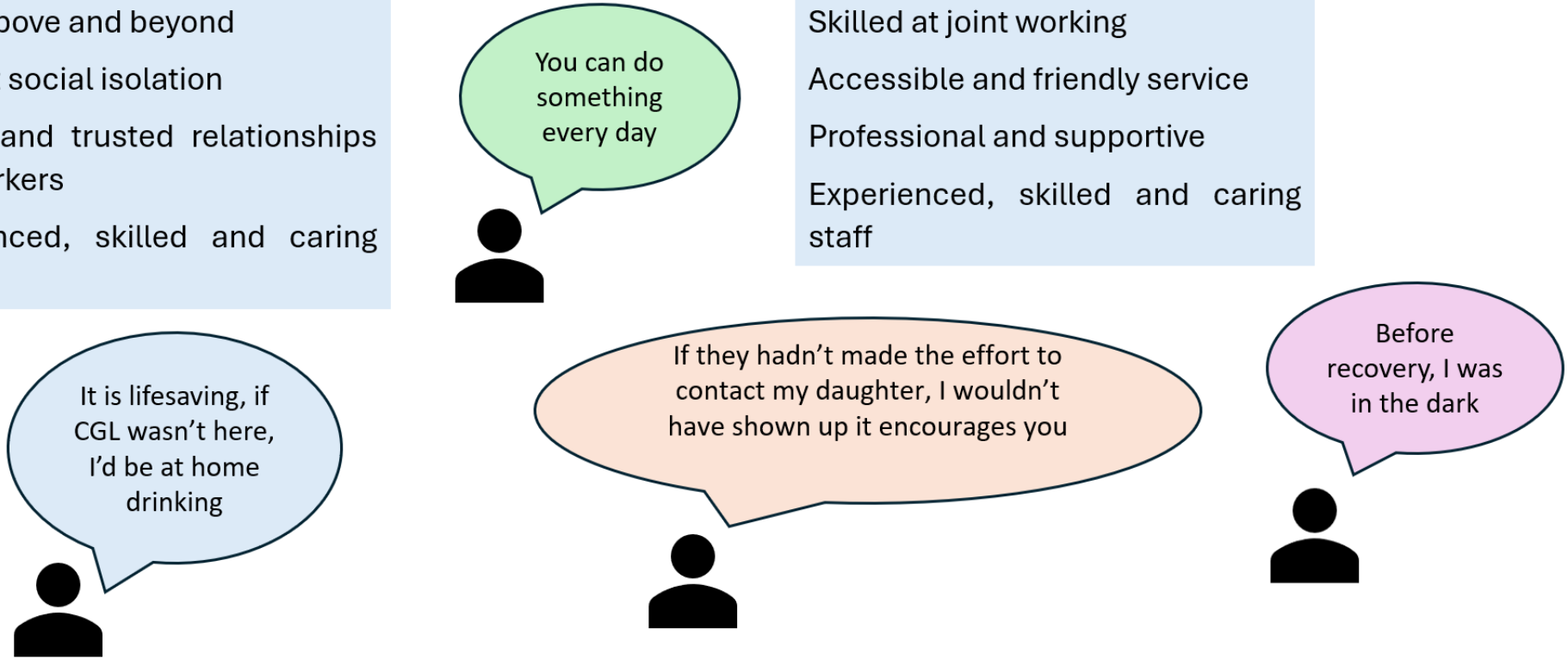
Insights from Professionals

Skilled at joint working

Accessible and friendly service

Professional and supportive

Experienced, skilled and caring staff



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Barriers to accessing services

Professionals

- Flexible/adaptive service or older adults/neuro diverse
- Better feedback and communication channels (particularly in joint working cases)
- Staff turn over- referral awareness
- Perception the service is overwhelmed

Service users

- More visibility and advertisement about the service is needed

Public

Lack of public understanding

Access outside of working hours

Fear of stigma/being judged

YP

Fear of legal consequences

Fear of judgement

Concers of confidentiality

Lack of trust

YP Improvements

- Increased awareness about local services
- Educational materials on effects, long term effects
- Combat underlying problems such as mental health
- Confidential and trusted services
- Online presence to combat drug accessibility
- In favour of an online service, 1-2-1 support or online chat
- Signposting to online material and hub or support
- Learn from individuals with lived experience

Public Improvements

- Increased awareness and visibility
- Access to health facilities at a reduced cost
- Increased police presence

Practitioner Improvements

- Increased awareness and information about the service and offer
- Robust professional education offer
- Increased open communication channels
- Adaptive/flexible service for older adults/neuro diverse
- Dedicated YP space
- The name

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