

# Birmingham Substance Use Needs Assessment

## Executive Summary

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 **Birmingham**  
City Council

## **Acknowledgements**

### **Authors:**

Birmingham Public Health:

Jenny Riley  
Alexander Dallaway  
Gurdeap Kaur  
Muna Mohamed  
Manuela Engelbert  
Jeanette Davis  
Luke Heslop  
Chris Baggott  
(Birmingham Public Health)

### **Infographics:**

Manuela Engelbert

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Change Grow Live  
Aquarius  
Service User Involvement - Change Grow Live  
Change Grow Live Service User Group

### **Contact:**

[Jenny.riley@birmingham.gov.uk](mailto:Jenny.riley@birmingham.gov.uk)

# 1 Introduction

The aim of this needs assessment is to establish an evidence base to support the treatment planning process, including identifying the level of need in the population, and gaps and barriers in service provision prior to re-commissioning substance misuse treatment services.

To achieve the aims, specific objectives were to:

- use epidemiological approaches and a broad range of quantitative and qualitative data sources to comprehensively and comparatively assess the needs of the population of Birmingham in relation to alcohol and drug use,
- identify gaps in service provision and areas of unmet need and inequalities, and
- make recommendations to address the needs of Birmingham in future service commissioning.

With the effects of substance abuse pervading society, the challenges posed are increasingly great at the individual, societal and clinical levels. Substance abuse impacts on physical and mental health, emotional well-being, familial and other relationships, education and career prospects, financial status, and criminal involvement.

The causes and consequences of substance misuse behaviours are complex and interrelated to such a large extent that they are almost impossible to separate. Given the complexity of drug and alcohol addiction and the increasing need to combat endemic substance misuse in Birmingham and indeed nationally, this needs assessment provides a necessary update to the last needs assessment in 2013/14

## 2 Background & Policy<sup>1</sup>

From Harm to Home 2021 was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years.

In 2019, Professor Dame Carol Black was appointed to undertake an independent review of drugs. This was to inform the government's approach to tackling harm caused by drugs. The review examined the challenges posed by drug supply and demand in a £10 billion a year market, with 3 million users, serious violence, harm, and exploitation. It also highlighted the declining quality and capacity of drug treatment services, with disproportionate premature death and entrenched drug use associated with deprivation.

The second part of the review, commissioned by the Department for Health and Social Care, focuses on prevention, treatment, and recovery. The report's aim is to make sure that vulnerable people with substance misuse problems get the support they need. It makes a series of 32 recommendations for Government, Local Government, and other organisations around key themes:

- Radical reform of leadership, funding, and commissioning

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<sup>1</sup> Section 2 of full Birmingham Substance Use Needs Assessment 2021

- Rebuilding services
- Increased focus on primary prevention and early intervention
- Improvements to research and how science informs policy, commissioning, and practice

The review has major implication for future responsibilities and service delivery.

### 3 Key Findings from the Needs Assessment<sup>2</sup>

- Capturing true prevalence of drug and alcohol misuse in the population is challenging and is likely to be much higher than is currently captured.
- Evidence around the impact of the pandemic on substance use is still emerging and the longer-term impact on health and service demand is yet to be realised, however it is an important consideration in planning for future service and resource planning
- 1,140 individuals are in treatment at specialist alcohol misuse services in Birmingham (2019/20), which is almost a 42% reduction since 2016/17
- There are 10,525 problem drug users of opiate and/or crack cocaine (OCU) in Birmingham, of which 8,799 are opiate users and 6,817 are crack cocaine users. The rate of OCU was 14.2 per 1000 people which is significantly higher than the England (8.9) and the West Midlands (9.6) rates
- White men aged 30-49 years made up the highest proportion of CGL clients in treatment for opiate, non-opiate and alcohol problems
- In Birmingham there are an estimated 13,442 dependent drinkers, which represents 1.58% of the adult population (2019/20). This is higher than the England average (1.37%)
- The number of individuals not in contact with drug treatment services for an opiate problem in Birmingham (n = 4,114) has increased by 42.8% since its lowest number in 2012/13. This represents an unmet need of 46.9%, which is comparable to the national figure (46.3%)
- The number of individuals not in contact with drug treatment services for an OCU problem in Birmingham (n = 5,728) has increased by 53.6% since its lowest number in 2012/13. The unmet need (54.4%) is comparable to the national figure (53.4%)
- The number of individuals not in contact with drug treatment services for a crack cocaine problem in Birmingham (n = 3,887) has increased by 14.3% since its lowest number in 2012/13. The unmet need (57.0%) is lower than the national figure (61.3%)
- The number of individuals not in contact with treatment services for an alcohol problem in Birmingham (n = 11,830) has increased by 10.1% since its lowest number in 2014/15. This represents a large unmet need of 88.0%, which is higher than the national figure (83.0%)
- There are several inequalities that predispose marginalised groups to substance misuse. Therefore, there is a need to acknowledge intersectionality in the context of substance misuse to better understand diverse and complex treatment needs.
- Social return on investment is very high in terms of monetary value and reduction in crime
- For every £1 spent on drug and alcohol treatment services in Birmingham, there was an estimated social return on investment of £5.60 for individuals in treatment and £27.10 for individuals in treatment and recovery. The gross benefit per person was £9,640 (in treatment) and £46,761 for long-term gross benefit per person

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<sup>2</sup> Section 11 of full Birmingham Substance Use Needs Assessment 2021

- Substance misuse treatment is estimated to have prevented about 149,000 (a reduction of 29%) crimes committed by drug users and about 2,700 (a reduction of 45%) crimes by alcohol users

## 4 Service Provision in Birmingham<sup>3</sup>

In 2020, Birmingham City Council invested £14.8m in drug and alcohol treatment and support for all ages funded by the public health grant. A single system with a matrix of partnership providers has been commissioned to deliver these services. GP and pharmacy primary care, as well as the third sector, are part of the provider matrix. There is a range of services provided through this partnership including specific service elements focused on mental health, prison release, employment, criminal justice, blood-borne viruses, domestic abuse, acute sector, child protection and homelessness.

Birmingham City Council commissions two service providers to support substance misuse services in the city: Aquarius (Young People) and Change Grow Live (Adults).

### 4.1 Aquarius Young Persons Service

The Young People's Service is delivered by Aquarius. An original 5-year contract ran from March 2015 – February 2020, with the option to extend for additional 1+1 years exercised, to align with re-procurement of the Adult Services.

Aquarius' head office is in Edgbaston. They work with young people aged under 18 years affected by substance misuse; either young people who are drinking or using drugs themselves OR who have a family member who drinks or uses drugs. Types of support can include:

- Information and advice about drinking and drug use
- A drop-in service
- 1:1 advice and interventions for children and young people using or at risk of using substances
- Structured, evidence-based psychological and psychosocial interventions and support
- Group work

Aquarius works in partnership with other organisations to deliver support including:

**Forward Thinking Birmingham** – consisting of a consultant psychiatrist, a clinical nurse specialist, and an assistant psychologist to assess and provide specialist support, including opiate substitute prescribing.

**St Basil's** – to work with young people who are affected by both substance use and homelessness.

**Barnardo's** – Child Sexual Exploitation worker in the Aquarius team for if there are concerns around both substance use and sexual exploitation

**Youth Offending Team** – there's an Aquarius Practitioner based in each of the Youth Offending Teams across Birmingham who work with young people if there are concerns around substance use (even if the offending isn't related to substance use).

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<sup>3</sup> Section 6 of full Birmingham Substance Use Needs Assessment 2021

## 4.2 Change Grow Live

Adult services are commissioned by Birmingham Public Health through a single provider: Change, Grow, Live (CGL). This was originally a 5-year contract March 2015 – February 2020, and a 2-year option to extend via delegated authority was exercised. In February 2021, Cabinet also approved a further 13-month extension due to Public Health supporting the Birmingham City Council COVID-19 response. The new contract end date is 31st March 2023, which aligns with the end of the Young People's contract for joint commissioning to take place.

The service is for adults (aged 18 years and above) experiencing difficulties with drugs or alcohol in Birmingham and has four community hubs across the city:

- South Hub, Bournville
- Central and West Hub, Newtown
- East Hub, Stechford
- North Hub, Great Barr

A further City Centre location – Lonsdale House - is due to open January 2022.

Change Grow Live have the following specialist teams:

- Homeless and Rough Sleeper Team working in partnership with the Rough Sleepers Initiative
- Women and Families Team based in Ladywood, female only access
- Hospital Team working across UHB Hospital Sites and City Hospital
- Criminal Justice Team based within CRC
- Criminal Justice Project
- Programmes and Throughcare Team based in all of the hubs and community venues

### Needle Exchange

Needle Exchange was first introduced in England in 1985 in response to the HIV/AIDS epidemic. It is a facility where injecting drug users can obtain sterile injecting equipment and dispose of used needles in a responsible, hygienic, and safe manner.

## 5 Inequalities and Vulnerable Groups<sup>4</sup>

Institutionalised and cultural norms predispose many groups of people to higher rates of substance abuse, poorer health outcomes and social stigma. The bidirectional nature of the impact of substance abuse further complicates the issue. The consequences of substance misuse may be exacerbated by socioeconomic inequalities whilst psychosocial and environmental consequences may increase vulnerability to inequalities in social determinants of health. The full needs assessment considers demographic differences and vulnerable groups separately to highlight their individual inequalities before drawing together the evidence through an intersectional lens, providing a holistic view across social-structural dimensions.

A review of available evidence showed clear inequalities in sex, age, ethnicity and deprivation, which suggested that services should look to understand the underlying social context for substance misuse, focusing on the role of community social norms in driving behaviours.

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<sup>4</sup> Section 8 of full Birmingham Substance Use Needs Assessment 2021

## Children and Young People

There is increasing evidence that adverse childhood experiences (ACEs) such as living in a household with problem alcohol use can contribute to long-term harms. If a child experiences four or more risk factors during childhood they have a substantially higher risk of developing health-harming behaviors, such as smoking, heavy drinking and cannabis use. Identifying and minimizing risk early on is key to prevention and substance use services should be delivered holistically in partnership with key agencies, addressing wider vulnerabilities as well as misuse.

## Stigma, Discrimination and Complex Needs

The full needs assessment explores the interrelationship between substance misuse and mental health, disability, sexual orientation and gender identity, rough sleeping, sex work and modern slavery. From what we know there are clear inequalities in substance use which also reflect wider health inequalities. However, in most cases epidemiological data is limited which presents a major barrier when establishing health policy priority interventions. What is clear is that one size does not fit all when it comes to service provision, and perceived stigma and discrimination is often a major barrier to engagement with services. Services need to understand complexity and be specialised and accessible with early prevention and joined-up social support.

## 6 Service User Perspective<sup>5</sup>

As part of the needs assessment the voice of services users and people with lived experience is a crucial part of truly understanding need. A user group of past and current service users, facilitated by CGL was held to understand some of the barriers to support and recovery, and what works, and its findings were captured. This exercise revealed some of the barriers to support and recovery which should be explored when developing services.



<sup>5</sup> Section 9 of full Birmingham Substance Use Needs Assessment 2021

## **7 Recommendations<sup>6</sup>**

### **7.1 Recommendations to promote a partnership approach**

- Increase engagement with drug and alcohol users through targeted activity (e.g., women less likely to be picked up by services than men)
- Create/enhance pathways between substance misuse services and other services such as the secondary mental health services, CJS and primary care
- Continuation of specific pathways from police custody (e.g., from police healthcare)
- Data sharing to prevent duplication and more efficient progression through concurrent treatment services
- Continuation of a centralised service that links into related services so that clients with complex needs are offered treatment in a timely and orderly manner
- Specialist services should engage with mainstream treatment providers to encourage engagements and successful completions in treatment
- Embed service user voice in treatment planning, evaluation, and service design
- Substance misuse should be included in future inclusion health (inequalities team) needs assessments and deep dives to highlight inequalities and intersectionality in vulnerable groups. For example: sex workers, mental health. This will lead to increased understanding and awareness of the challenges faced by these vulnerable groups

### **7.2 Recommendations to improve access to services**

- A single case-management system that is used by all service providers across Birmingham. This would improve staff efficiencies, reduce administrative inefficiencies, enhance client engagement, and experience, and improve access to services for potential clients
- Outreach programmes should be developed jointly by service providers, public health officers and substance misuse treatment service commissioners and coordinated between them to maximise contact with hard-to-reach communities
- Promote the presence and involvement of recovery champions across partnership organisations/services
- Locality based service provision for hot spots in the city

### **7.3 Recommendations to reduce harms and improve recovery**

- Person centred approach offering individualised and flexible treatment, whilst acknowledging the socioenvironmental and demographic factors that cause inequalities related to substance misuse
- Promote client recovery through holistic treatment services that address wider determinants of health concerns (e.g., employment, housing)
- Harm reduction, maintenance and palliative care has been the focus within treatment services. More focus on recovery needs to be adopted within treatment services in Birmingham, in line with the National Drug strategy 2010 <sup>[234]</sup>
- More focus on prevention is needed, specifically on gateway drugs and alcohol in younger people and opiates in adults
- Improve awareness and knowledge of substance misuse in frontline (non-substance misuse) services by providing specialist training to staff

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<sup>6</sup> Section 12 of full Birmingham Substance Use Needs Assessment 2021



- Diversity and inclusion training to be a requirement for all staff in substance use service provision
- Ensure resources are distributed according to the level and specificity of substance misuse needs
- Focus on improving health-related outcomes. Spend per head is relatively low in Birmingham for substance misuse services but relatively poor for outcomes in comparison to statistical neighbours and core cities

#### **7.4 Recommendations to improve knowledge and understanding of client base and local prevalence**

- Data collection and quality needs to improve. This could be achieved by working with academic partners to collect qualitative and quantitative data on treatment interventions, outcome monitoring, recovery, and unmet need
- Data should be routinely collected in education settings (young people) to gather information on early substance use, which could improve the effectiveness of preventative programmes
- More representative data are needed to understand the behaviours associated with and the prevalence of substance misuse. The sample nationally and regionally is not representative of the clients in treatment. More research in and engagement with hard-to-reach communities is warranted, as well as in the general population
- More granular data needed on drug types other than opiate and crack cocaine. Targeted research on prevalence of drugs for which the prevalence is not well established (e.g., opiates, crack cocaine, GBL, cannabis and crystal meth)
- A working group should be formed between relevant bodies (e.g., commissioners, subject experts, service professionals, service users) to develop an action plan for the routine collection of specific data
- Undertake robust research on effectiveness of treatment interventions
- Undertake robust research on efficacy of prevalence and substance use monitoring in different settings (e.g., schools)
- Research should be conducted by independent organisations (e.g., academic and 3<sup>rd</sup> sector) to detach from institutions that are perceived negatively by respondents and therefore influence the validity of data (i.e., research should not contain words like “crime” that could have an influence on participants)
- Conduct a deep dive focusing on mental health in relation to substance abuse (dual diagnosis)
- Substance misuse should be included in future inclusion health (inequalities team) needs assessments and deep dives to highlight inequalities and intersectionality in vulnerable groups. For example: sex workers, mental health. This will lead to increased understanding and awareness of the challenges faced by these vulnerable groups

## 8 Limitations<sup>7</sup>

- Prevalence estimates at local authority level for drug types other than opiate, non-opiate and crack cocaine are not currently captured. More granular data are needed on a wider range of drug types
- NDTMS data are not always consistent with Fingertip's data, which leads to ambiguity and potential reporting errors
- High fidelity data are unavailable at a local and national level for prevalence by drug type across all ages
- Readers should be cautious when making generalisations based on the data and evidence in this needs assessment. Some of the data are not representative of the general population. Furthermore, the data were largely derived from PHE fingertips and NDTMS, precluding secondary analysis of the data
- The scale of the problem on substance misuse is likely an underestimate. Unmet need represents the proportion of individuals in need of treatment but who are not currently receiving specialist treatment for substance misuse compared to prevalence. Given the propensity for surveys on substance use prevalence to introduce sources of error and provide underestimates, this would result in a greater unmet need than currently reported
- Unmet need may also be influenced by temporal lag in reporting. NDTMS data for prevalence after 2016/17 is not available. Therefore, estimated prevalence of OCU and alcohol users beyond this year has been based on the 2016/17 prevalence estimate. Adults in treatment is however reported on till 2020/21. The paucity of up-to-date available data may contribute to an underestimated unmet need

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<sup>7</sup> Section 14 of full Birmingham Substance Use Needs Assessment 2021