

West Midlands Combatting Drugs and Alcohol Partnership

Progress Report

Report published on 31st October 2024

1 Background

As part of the 2021 drugs strategy, every local area across England was requested to form a Combatting Drugs Partnership.

These partnerships bring together a range of local partners - including enforcement, treatment, recovery, and prevention – and provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on local context and need.

The West Midlands Combatting Drugs and Alcohol Partnership (WMCDAP) acts as a multi-agency board overseeing the three strands of the 'From Harm to Hope' national drug strategy:

1. break drug supply chains
2. deliver a world-class treatment and recovery system
3. achieve a shift in the demand for drugs

2 The West Midlands Combatting Drugs and Alcohol Partnership

The WMCDAP footprint

The WMCDAP covers the seven local authority areas that make up the West Midlands Metropolitan Area:

- Birmingham City Council
- City of Wolverhampton Council
- Coventry City Council
- Dudley Metropolitan Borough Council
- Sandwell Metropolitan Borough Council
- Solihull Metropolitan Borough Council
- Walsall Metropolitan Borough Council

Scope of WMCDAP activity

The CDAP acts as the strategic oversight board to bring together activity delivered through a number of locality and thematic sub-groups. The CDAP co-ordinates work across all 3 strands of the 'Harm to Hope' strategy ensuring that a cohesive system of provision and activity effectively and efficiently responds to the risk, threat and harm that drugs present across the region. Based on the data indicating an increase in alcohol misuse, CDAP will carry out the same oversight and coordination for alcohol.

Each local authority leads and/or chairs a multi-agency locality sub-group/CDAP, developing a local drug and alcohol strategy, a delivery/commissioning plan, and a local outcomes framework. This is to ensure the needs of the local population are appropriately being met.

As well as the activity undertaken by locality sub-groups, a number of thematic groups have been established where this would add significant value to share learning and address shared challenges common across the region.

Membership

The Police and Crime Commissioner (PCC) Simon Foster is the Chair and Senior Responsible Owner of the Partnership. The membership consists of:

- The PCC and relevant members of his Office (the Head of Policy and the Drug and Alcohol Lead)
- Local authority officials (Director of Public Health and Substance Misuse Leads from each local authority)
- NHS (including strategic and mental health provider representation)
- West Midlands Police
- Probation Service

Substance misuse treatment providers are part of each locality sub-group/CDAP but do not sit on the West Midlands CDAP itself.

In order to ensure effective policies, programmes, services and actions are in place, the CDAP either directly or through its subgroups/locality-based forums, engages with wider partners to ensure maximum input and impact.

Governance

The WMCDAP and its locality/thematic sub-groups sit within a wider array of governance arrangements/boards that collectively seek to improve outcomes for children and vulnerable adults. Linkages will be required (as set out below in figure 1) to ensure holistic provision to our communities.

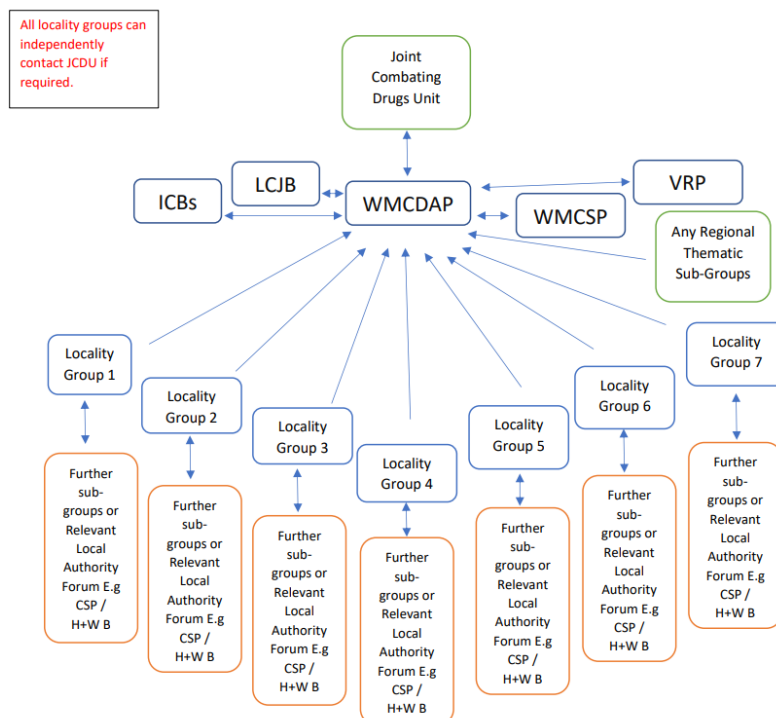


Figure 1. Partnership Meeting Arrangement

WMCSP = West Midlands Community Safety Partnership

VRP = Violence Reduction Partnership

LCJB = Local Criminal Justice Board

ICB = Integrated Care Board

JCDU = Joint Combating Drug Unit

3 The West Midlands Local Needs Assessment

Upon being established in August 2022, WMCDAP immediately undertook the required needs assessment. This covered the situation across West Midlands force area in relation to the aforementioned six strategic outcomes. Data was gathered and analysed at a local authority and force level.

Drug Use

Prevalence data for 2016/17 showed that there were an estimated 21,945 people who use opiates and/or crack cocaine aged 15 to 64 in the West Midlands. Expressed as a rate per 1,000 15 - 64 year olds, West Midlands had a rate of 12.06. This was higher than the 8.85 for England overall. Looking at prevalence rates across local authority areas, Birmingham, Walsall, and Wolverhampton had rates which were significantly higher than the mean.

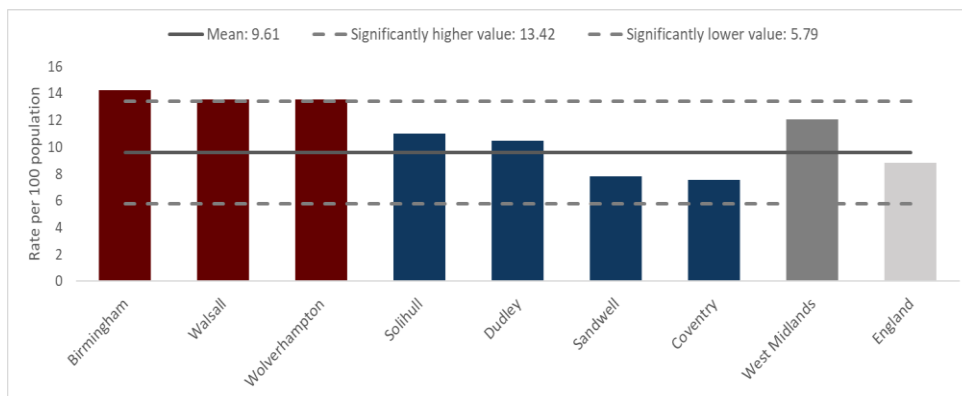


Figure 2. Prevalence data for 2016/17

Reduce drug-related crime

Drug offences within the West Midlands have historically been lower than most similar forces. Drug offences have, however, significantly increased recently when compared with the national baseline – 2021/22 saw an increase of 52% from 5,000 to 7,590 offences.

Rate of drug offences per 1,000 population by police force and financial quarter

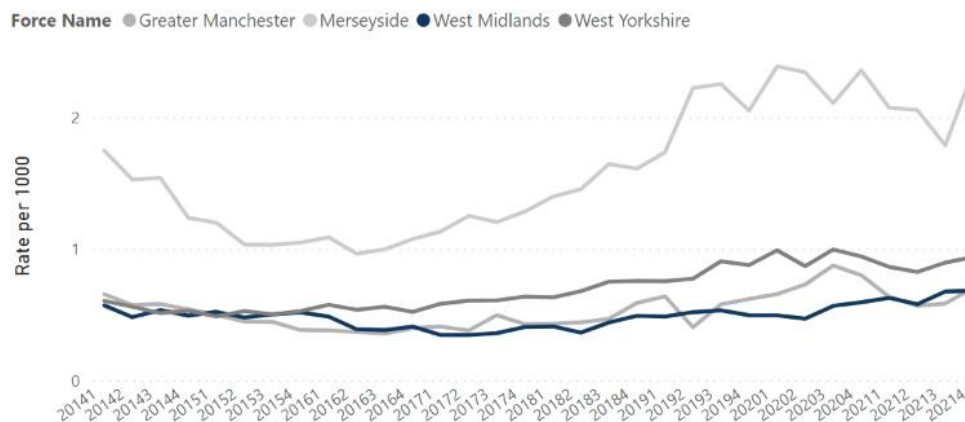


Figure 3. Rate of drug offences per 1,000 population by police force and financial quarter

Drug-related deaths and harm

Rates of drug-misuse deaths varied across the West Midlands. In line with having increased rates of heroin and crack use, Birmingham, Walsall and Wolverhampton experienced the highest rates of drug-misuse deaths, with Birmingham being significantly higher than the national average.

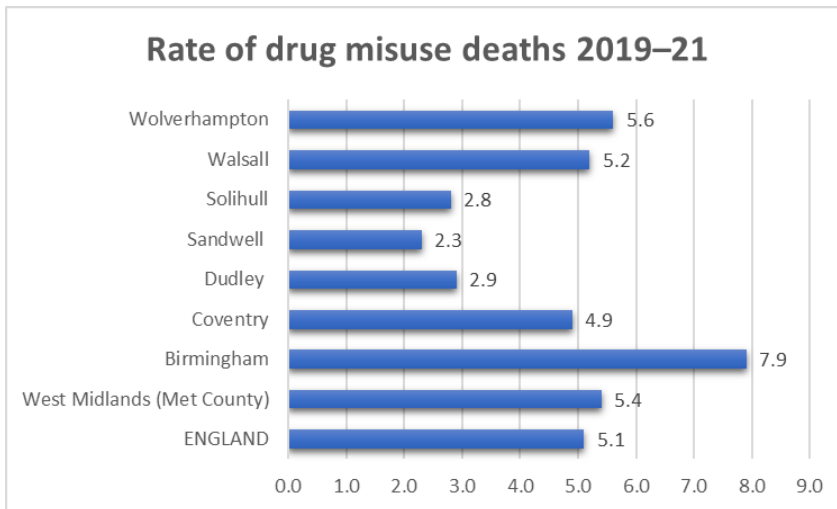


Figure 4. Rate of drug misuse deaths (per 100,000 population) 2019-21

Drug supply

West Midlands is one of the top exporters of drugs within the UK due to the impact of serious organised crime groups operating the county lines dealing methodology. There were 580 positive drug disruptions carried out in 2021/22 by the West Midlands Regional Organised Crime Unit. Of these, 427 County lines disruptions were recorded and 661 arrests made with 188 charges. 379 County Lines were closed during 2021/22.

Increase engagement with treatment

In line with the national picture, due to funding cuts, drug services had experienced a significant decline in the number of people accessing services between 2010 and 2019. Additional funding introduced in 2020 has enabled services to stabilise case-loads and begin to see evidence of numbers increasing.

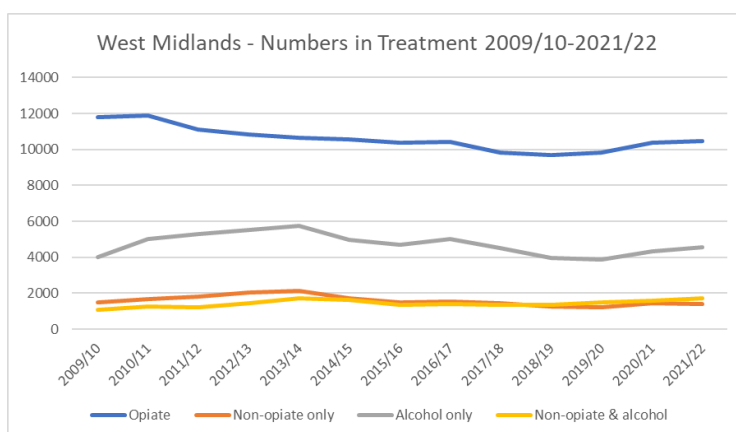


Figure 5. Numbers in Treatment in the West Midlands 2009/10- 2021/22

Improve recovery outcomes

Again, linked to 10 years of funding cuts, recovery outcomes were identified as having fallen over the last 10 years, with increasing numbers of service users dropping out of services rather than leaving in a planned way. This is especially true of opiate users.

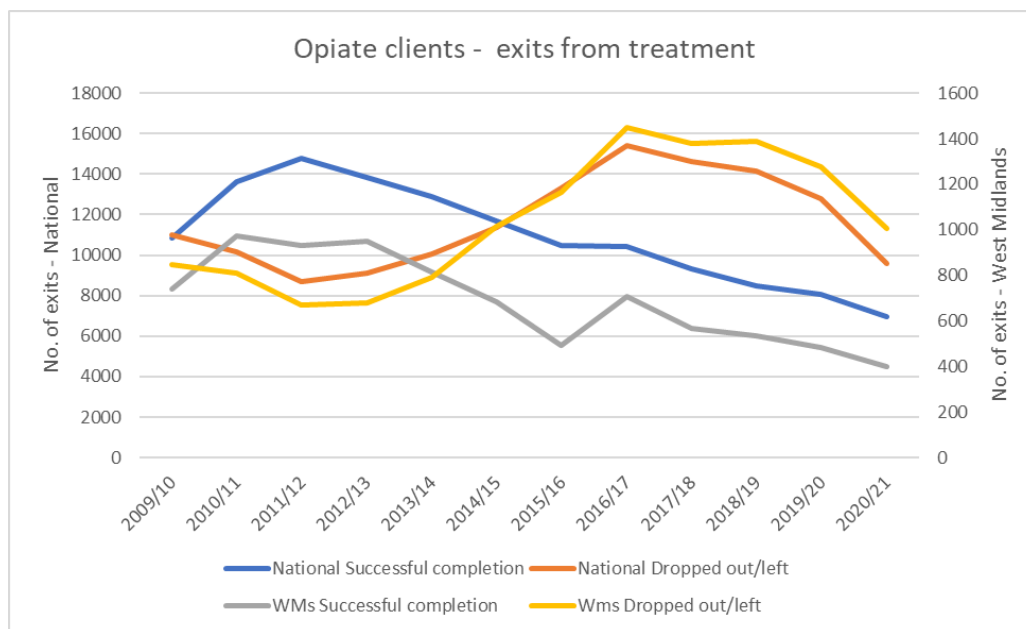


Figure 6. Opiate clients exits from treatment 2009/10 – 2020/21

Since the publication of the needs assessment there has been a significant development in the drugs market that should be noted. The Taliban have banned the growth of opium poppies, the precursor needed to manufacture heroin. This has seen a 90% reduction in the poppy harvest and is already pushing up the price of heroin whilst international drug gangs manage their existing inventories.

At the time the ban was introduced, the main risks were identified as reduction in the purity of heroin; heroin becomes hard to obtain/unavailable; heroin supply becomes adulterated with, or replaced by, synthetic opioids and/or other substances

4 How WMCDAP is addressing drug and alcohol caused harms

The needs assessment became the basis for the development of the WMCDAP delivery plan. The plan identified a number of sub-groups, deep dives and task and finish groups that were needed to be established in order to progress some of the gaps identified in the needs assessment.

Deep dives

- To understand the level and quality of prevention / early intervention work that is happening across the region
- To assess the approach to Integrated Offender Management cohorts across the 7 boroughs
- To understand how prescribed objects (drugs/ weapons/ phones) can make it through to the prison entry point
- To understand the level of use of Nitrous Oxide
- Dual-diagnosis

- To understand the treatment journey, looking into people whose needs are not met by treatment as they do not want a referral or drop out.

Sub-groups

- To reduce drug and alcohol related deaths and harm
- To focus on alcohol licensing and the role public health can play in the processes
- To develop lived experience input into the regional forum

Task and Finish Groups

- To map and consider at WMCDAP how to expand the use of brief interventions for people using drugs non-dependently
- To work towards increasing the number of Community Sentence Treatment Requirements awarded in sentencing
- Police to create a standard approach to involving partners in planning enforcement operations
- To undertake a shared feasibility study regarding the potential for co-commissioned continuity of care provision across the region
- To map and improve referral pathways and joint working between domestic abuse and treatment services

In addition, each local authority area is developing their own Local Drug Information System (LDIS) to share and assess drug information so that reports of new, potent or contaminated drugs can be shared and gathered from a range of sources, and can be verified, and alerts and information can be sent to the right people. Alerts and information shared by each LDIS are shared every WMCDAP meeting. Each area is also developing a Synthetic Opioid Preparedness Plan.

5 West Midlands Drug and Alcohol Data Insights

This report contains data from various time periods, reflecting the availability of published information. As a result, the data presented may not represent a consistent timeframe, but rather a compilation of findings that were accessible at the time of writing. This approach was necessary to ensure a comprehensive overview of the subject matter.

The National Combatting Drugs and Alcohol Framework sets out measures to monitor progress on the delivery of the following: reduce drug use, reduce drug-related crime, reduce drug-related deaths and harms, reduce drug supply, increase engagement in treatment and improve recovery outcomes.

Prevalence of opiate and crack use

(Data sourced from NDTMS, fiscal year 2019/20)

The estimated prevalence of opiate and/or crack cocaine use slightly decreased in 2019/20 in comparison to the data from 2016/17, where the estimate was 21,945 people.

2019/20	Substance	Birmingham	Wolverhampton	Coventry	Dudley	Sandwell	Solihull	Walsall
Prevalence of opiate and crack use	Opiates only	4,085	888	846	530	698	496	909
	Crack only	933	226	321	139	218	137	213
	Opiates and/or Crack	9,909	2,320	2,510	1,392	1,928	1,043	2,051

Figure 7. The prevalence of opiate and crack use 2019/20.

Drug-related homicide

(Data Sourced from WMP, calendar year 2023)

In 2023, more than half of the 43 homicides recorded by police in the West Midlands are estimated to be connected to drug-related activities. This statistic highlights the significant impact that the drug trade and associated violence have on the region, and echoes Government estimates of 50% of homicides being drug-related.

Neighbourhood crime

(Data Sourced from WMP, fiscal years 22/23 compared to 23/24)

Drug-related neighbourhood crime decreased in Birmingham, Wolverhampton, Coventry and Walsall in fiscal year 23/24 compared to 22/23. Dudley, Sandwell and Solihull have all seen an increase.

23/24	Birmingham	Wolverhampton	Coventry	Dudley	Sandwell	Solihull	Walsall
Total records of drug-related neighbourhood crime	500	94	146	93	91	45	87
Percentage Change compared to 22/23	-3%	-6%	-3%	+34%	+4%	+12.5%	-17%

Figure 8. Drug-related neighbourhood crime in the West Midlands 2023/24

Deaths from drug misuse

(Data sourced from Office of National Statistics, 2022 registrations compared to 2021 registrations)

Registered deaths from drug misuse increased in all local authority areas between 2021 and 2022 and drug-related deaths continue to be monitored closely by local authority areas and the WMCDAP.

Deaths from drug misuse	Birmingham	Wolverhampton	Coventry	Dudley	Sandwell	Solihull	Walsall
2022	87	16	18	8	6	9	19
2021	76	12	14	5	5	3	15
Change	+11	+4	+4	+3	+1	+6	+4

Figure 9. Deaths from drug misuse in the West Midlands 2021 and 2022

Hospital admissions for drug misuse

(Data sourced from Department of Health and Social Care, 2020/21 - 2022/23)

Over this two year time period, Wolverhampton had the highest volume of hospital admissions for drug misuse out of the seven West Midlands local authorities, with 57.5 admissions per 100,000, followed by Walsall and Birmingham. Dudley had the lowest volume with 26.5 admissions per 100,000.

2020/21 2022/23	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Hospital Admissions due to substance misuse (15 to 24 years) per 100,000.	38.6	30.3	26.9	38.8	40.9	55	57.5

Figure 10. Hospital Admissions due to Substance Misuse 2020/21 – 2022/23

Number of county lines closed

(Data Sourced from WMP, fiscal Q1 24/25 – Force Area)

In quarter one 24/25, across the West Midlands force area, 17 Brands and 83 Lines were closed and there were 150 drug seizures.

Organised Crime Group Disruptions

(Data Sourced from WMP, fiscal Q1 24/25 – Force Area)

In quarter one 24/25, across the West Midlands force area, there were 101 organised crime disruptions.

Numbers in treatment

(Data sourced from NDTMS, fiscal years 2022/23 and 2023/24). This data is dependent on individuals consenting to having their data shared on NDMTS so might not represent the full picture.

Figure 11 shows the volume of individuals in treatment across the seven local authority areas, opiate, non-opiate, non-opiate and alcohol, alcohol total, and demonstrates an increase in all local authority areas of numbers in treatment.

	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
22/23	8,177	1,824	1,750	1,983	1,075	1,742	1,697
23/24	8,490	2,025	1,777	2,095	1,177	1,785	1,899

Figure 11.

Figure 12 shows the volume of individuals in treatment across the seven local authority areas for opiates. Numbers are similar in all local authority areas with Coventry seeing the biggest increase.

	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
22/23	5,589	963	867	957	367	927	881
23/24	5,573	1,003	854	961	385	939	865

Figure 12.

Figure 13 shows the number of new presentations to treatment, opiate, non-opiate, non-opiate and alcohol, and alcohol total. This shows an increase in the numbers in treatment who had not previously been in treatment in all areas.

	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
22/23	3,319	869	904	773	582	775	835
23/24	3,542	1,049	942	1,093	688	873	1,045

Figure 13.

Treatment progress

(Data sourced from NDTMS, fiscal year 2022/23).

Figure 14 Birmingham, Coventry, Walsall and Wolverhampton had more individuals drop out of treatment in the fiscal year 22/23, opposed to successfully completing treatment. Dudley, Sandwell and Solihull had more successful completions opposed to drop-outs.

	Birmingham	Coventry	Sandwell	Solihull	Walsall	Wolverhampton	Dudley
Treatment Exits - Successful completion	1,175	290	425	370	320	275	400
Treatment Exits - Dropped out/left	1,340	385	375	100	345	300	335

Figure 14.

(Data sourced from NDTMS, 2022 and 2023).

Figures 15, 16 and 17 show the proportion in effective treatment for Opiate, Non-Opiate, and Non-Opiate and Alcohol across all seven local authority areas.

Opiate	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Jan-Dec 22	96	95	93	97	97	93	94
Jan-Dec 23	96	94	96	94	96	93	93

Figure 15.

Non-Opiate	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Jan-Dec 22	84	81	68	94	89	81	64
Jan-Dec 23	83	87	91	92	85	92	64

Figure 16.

Non-Opiate and alcohol	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Jan-Dec 22	91	87	76	98	89	82	80
Jan-Dec 23	81	84	92	92	83	91	78

Figure 17.

6 Lived experience voice in the WMCDAP

Local Lived Experience (LE) Leads within local CDAPs feed up to the WMCDAP things coming out of their groups that cannot be resolved at the local level. WMCDAP feeds down to local LE Leads issues or questions for them to discuss and provide feedback on to support delivery of the WMCDAP Delivery Plan. To support these two mechanisms, a WMCDAP Lived Experience Sub-Group has been established and meets on a quarterly basis. Within the group are local LE Experience Leads as well as representatives from LEROs, Peer Support Services and Treatment Providers. Therefore, within the Sub-Group there are individuals with lived experience.

The LE Sub-Group builds relationships with local LE Leads and group chairs; receives local intelligence reports from LE Leads/groups and feeds this into the appropriate WMCDAP sub-group or WMCDAP itself; and considers where the WMCDAP Delivery Plan would benefit from LE input and proposes this to WMCDAP and the relevant sub-groups. The LE Sub-Group also facilitates WMCDAP and its subgroups to access LE input via the various local LE Leads and groups, supporting with the positioning of issues and/or questions (including through liaison with local LE leads and groups) and providing the responses back.