

Drugs & Alcohol Needs Assessment- Bury Council

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Alcohol

Bury

Prevalence ⁸: estimated 14.5 adults per 1,000 population need specialist alcohol treatment – **higher than national** 13.7 per 1,000 population

- 2,135 adults need specialist alcohol treatment ► 555 in treatment = **74% unmet need**

- **Hospital admissions** ⁶⁻⁹ : alcohol-related admissions are low across Bury, with lower rates in 40-64 years and 65+ years compared with national rates. Rates are double in males than females. Rates increase with age, with highest rates in 65+ year olds. Bury has high rate of alcohol-related cardiovascular disease admissions rates and low alcohol-attributable mental and behavioural disorder hospital admission rates. Frequency and prior admissions are low.

- **Treatment** ¹⁰ : 397 people were in specialist alcohol treatment, with a general increase from 2010. In 2023/24, 53% of clients showed treatment progress in Bury compared with 47% in England. Compared with baseline of March 2022, there was a 4% percentage point decrease in clients showing treatment progress in Bury compared with 1% in England. 328 people entered alcohol treatment in the year, with 1% waiting more than 3 weeks to access treatment. ¹¹

- **Demography of new presentations to treatment** ¹¹: more males than female with slightly higher proportion of males than nationally. Fairly similar age, sexuality and religious profiles to England. Higher proportion of 'White' and 'Christian' adults.

- **Wider determinants** ¹²⁻¹⁵: lower regular employment, slightly higher unemployment and high long term sick or disabled. Similar housing needs with slightly higher proportion with urgent housing needs. Lower proportion of statutory homelessness with a duty owed with alcohol dependency support needs compared with Calderdale, North West and England. Similar proportion of parents in treatment living with children, with a high proportion with no early help.

- **Co-occurring mental health** ¹⁶: higher proportion identified as having a mental health need, with a higher proportion already receiving treatment for their mental health, predominantly through GPs.

- **Routes into treatment** ¹⁷ : Majority self-referrals (lower than England), 20% of referrals were through health services and social care (national average 26%). Higher males than females through Criminal Justice System.

- **High level interventions** ¹⁸ : Almost all adults seen within the community. Higher proportion of adults with a pharmacological intervention for withdrawal and relapse intervention.

- **Treatment progress** ¹⁹: Lower proportion of clients showed treatment progress in Bury compared. Compared with baseline of March 2022, there was a 1% percentage increase in clients showing treatment progress in Bury compared with 1% decrease in England.

- **Length of time in treatment** ²⁰: Slightly lower length of stay in treatment (191 days). Lower proportion of Bury adults had been in treatment for longer than a year compared to England

- **Successful completions** ²¹: Almost 65% of adults who exited treatment were successful (free of dependence), higher proportion to England. Nearly half (47%) did not re-present within 6 months, higher than England. Successful completions who did not return within 6 months increased over the last three years from 2019/20 to 2021/22.

- **Abstinence and day drinking** ²²: Higher proportion of adults became abstinent in Bury. The average number of days that clients were drinking alcohol at the start of their treatment (within the previous 28 days) and within the 4 weeks before their planned exit notably decreased in Bury, where there was an average of 10.6 days reduction.

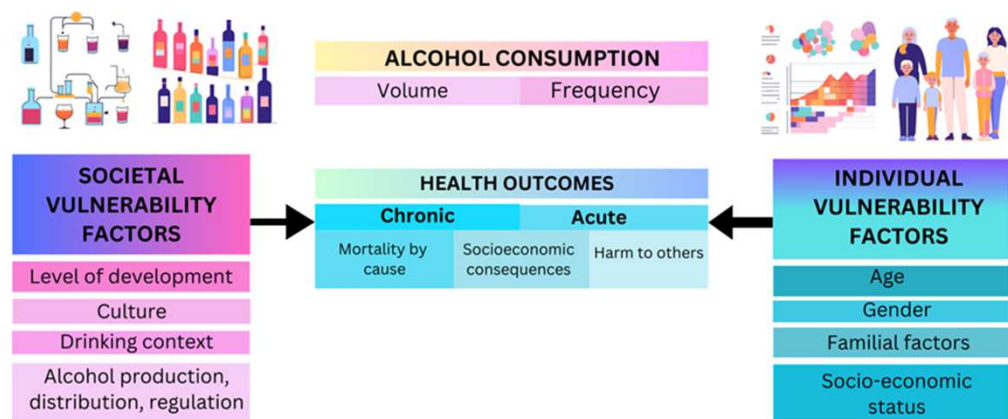
- **Alcohol-related mortality** ²³: 78 alcohol-related deaths in 2021, with three-quarters in males. Rates are similar to national average for males and females. Nationally, increasing alcohol-related mortality rates are linked to increasing levels of relative deprivation.

Risk factors	Alcohol related harm	Alcohol
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While the adverse effects of alcohol increase with both volume and frequency of consumption, several risk factors influence the extent of harm experienced by individuals:

- **Age:** Children and young people are particularly susceptible to alcohol-related harm.
- **Gender:** Women are more vulnerable to harm from higher levels of alcohol consumption or specific drinking patterns.
- **Familial risk factors:** Exposure to abuse and neglect during childhood and a family history of alcohol use disorders (AUD) significantly increase vulnerability.
- **Socioeconomic status:** Individuals with lower socioeconomic status face considerably higher levels of alcohol-related harm.
- **Culture and context:** The risk of harm varies depending on the cultural and contextual factors surrounding drinking, such as the severe penalties and dangers associated with drink-driving.
- **Alcohol control and regulation:** The level and effectiveness of alcohol control and regulations in a country are crucial in determining the extent of alcohol-related harm.

Conceptual framework of the harm caused by alcohol



The public health burden of alcohol is extensive, including health, social, and economic harms.

These harms can be divided into three main categories:

- **Direct economic costs:** Expenses related to health and social care, the police and criminal justice system, and the unemployment and welfare systems. In England, healthcare costs for alcohol-related treatments are estimated at £4.91 billion annually, criminal justice costs at £14.58 billion, and social services costs at £2.89 billion.
- **Indirect costs:** Lost productivity due to absenteeism, unemployment, decreased output, reduced earning potential, and lost working years due to early retirement or death. This costs the wider economy £5.06 billion annually in England.
- **Intangible costs:** Involves the pain and suffering experienced, poor quality of life, and financial strain on families where money spent on alcohol could have been used for other essential needs.

Prevalence	Prevalence and unmet need in adults aged 18+ years	Alcohol
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Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. The risk of harm is directly related to levels and patterns of consumption. There can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the delay can be many years.

In England, it is estimated that just under a quarter of the population (23%*) are drinking above the 14 units per week level and so may benefit from some level of intervention. 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. The official alcohol commissioning support guidance recommends a range of different interventions:

- Effective population-level actions to control supply and marketing
- Large scale delivery of targeted brief advice
- Specialist alcohol care services for people in hospital
- Quick access to effective, evidence-based alcohol treatment

Estimated prevalence and unmet need

Area	Alcohol Treatment			
	Estimated number in need of specialist alcohol treatment		Number in Treatment (n) 2023/24	Unmet need (%) 2023/24
	Number (n) 2023/24	Rate per 1000 population 2019/20		
Bury	2,135	14.45	555	74%
England	608,416	13.75	136,371	78%

The Health Survey for England for 2015-2018 * estimated that 29% of adults in Bury drink over 14 units a week, higher than England (23%) and the North West (26%).

Highlights

Prevalence estimates from the year 2019/20 suggest that Bury has a slightly higher rate of adults in need of alcohol treatment compared with England average. Approximately three out of four alcohol users (74%) in Bury for the year 2023/24 have their needs unmet.

There has been an increase in rate of alcohol users from 13.9 per 1000 in 2015/16 to 15 per 1000 in 2018/19, followed by slight decrease to 14.5 in 2019/20. Rates in England have remained relatively stable during this time period.

Note: prevalence estimates relate to 2019/20 and unmet need relates to 2023/24 data

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Comments relate to statistically significant differences to England

Hospital admissions	Admission episodes for alcohol-related conditions (Narrow *)	Alcohol
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Admission episodes for alcohol-related conditions (Narrow) by sex for Bury, Calderdale, North West and England, 2023/24. Directly age standardised rate per 100,000 population

Area	Persons			Male			Female		
	Number	Rate	Trend	Number	Rate	Trend	Number	Rate	Trend
Bury	773	409	→	539	592	→	235	243	→
Calderdale	1,033	494	→	673	673	↓	360	335	→
North West	36,748	501	↓	25,439	718	→	11,309	302	↓
England	280,747	504	→	183,644	686	→	97,103	326	→

● Worse 95% ○ Not applicable
 ● Better 95% ● Similar
 → No significant change ↑ Increasing & getting worse ↓ Decreasing & getting better

Admission episodes for alcohol-related conditions by age band for Bury, Calderdale, North West and England, 2023/24. Directly age standardised rate per 100,000 population

Area	Under 40 years old			40-64 years old			65+ years old		
	Number	Rate	Trend	Number	Rate	Trend	Number	Rate	Trend
Bury	122	133.5	→	339	625	→	252	700	→
Calderdale	122	134.5	↓	548	770	→	362	887	→
North West	5,576	153.5	↓	19,324	798	↓	11,848	829	→
England	39,746	142.6	↓	148,688	802	→	92,313	864	↑

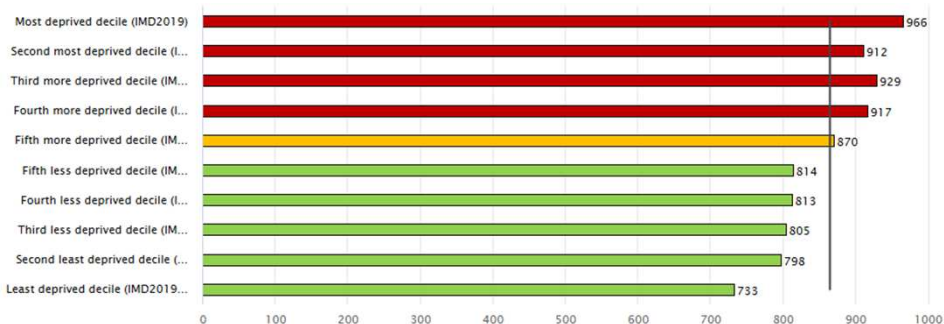
● Worse 95% ○ Not applicable
 ● Better 95% ● Similar
 → No significant change ↑ Increasing & getting worse ↓ Decreasing & getting better

* Narrow definition: A measure of hospital admissions where the **primary** diagnosis (main reason for admission) is an alcohol-related condition

Highlights

- Admission rates in males are more than twice that of females.
- Rates for males and females in Bury are better than the England average.
- Male and female admission rates in Bury have remained stable consistent with the national trend.
- In general, admission rates appear to increase with age.
- All areas have low admission rates in people aged under 40 years
- Bury has lower rates than England average for 40-64 years old and 65+ years old age group.
- Trends have remained stable in Bury across all age bands. Under 40 years old admission rate is improving regionally and nationally, where as 65+ years old rates have an increasing and worsening trend nationally.
- At a national level, alcohol-related hospital admissions are linked to deprivation, with higher rates in more relatively deprived areas.

Alcohol-related hospital admission rates, England, 2023/24 – deprivation (based on district and UA)



Hospital admissions	Admission episodes for alcohol-related conditions by condition	Alcohol
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Unintentional injuries (2023/24) ¹

Area	Persons		
	Number	Rate	Trend
Bury	133	70.1	→
Calderdale	135	64.6	→
North West	5,130	69.6	→
England	34,412	61.6	→

Mental and behavioural disorders (2023/24) ¹

Area	Persons		
	Number	Rate	Trend
Bury	83	44	↓
Calderdale	84	42.1	↓
North West	6,114	84.6	↓
England	34,808	62.8	↓

Intentional self-poisoning (2023/24) ¹

Area	Persons		
	Number	Rate	Trend
Bury	43	22.5	↓
Calderdale	40	20.3	↓
North West	1,869	25.3	↓
England	12,879	22.7	↓

Cardiovascular disease (2023/24) ²

Area	Persons		
	Number	Rate	Trend
Bury	1,699	897	↑
Calderdale	1,793	846	↑
North West	67,819	912	↑
England	469,821	837	↑

Alcoholic liver disease (2023/24) ²

Area	Persons		
	Number	Rate	Trend
Bury	301	161	→
Calderdale	407	192.4	→
North West	14,415	197.4	↑
England	90,312	163.4	↑

● Worse 95%
○ Not applicable

● Better 95%
● Similar

→ No significant change
↑ Increasing & getting worse
↓ Decreasing & getting better

Directly age standardised rates per 100,000 population, all ages

Highlights

Bury has a high rate of alcohol-related cardiovascular disease admissions rates and low alcohol-attributable mental and behavioural disorder hospital admission rates compared to England.

Trends data for Bury, North West and England suggests:

- alcohol-attributable mental and behavioural disorder hospital admission rates and intentional self poisoning rates are decreasing and getting better.
- alcohol-attributable mental and behavioural disorder hospital admission rates are increasing and getting worse.
- no significant change in trend of admission episodes for alcoholic liver disease in bury but an increasing and worsening trend both nationally and regionally.

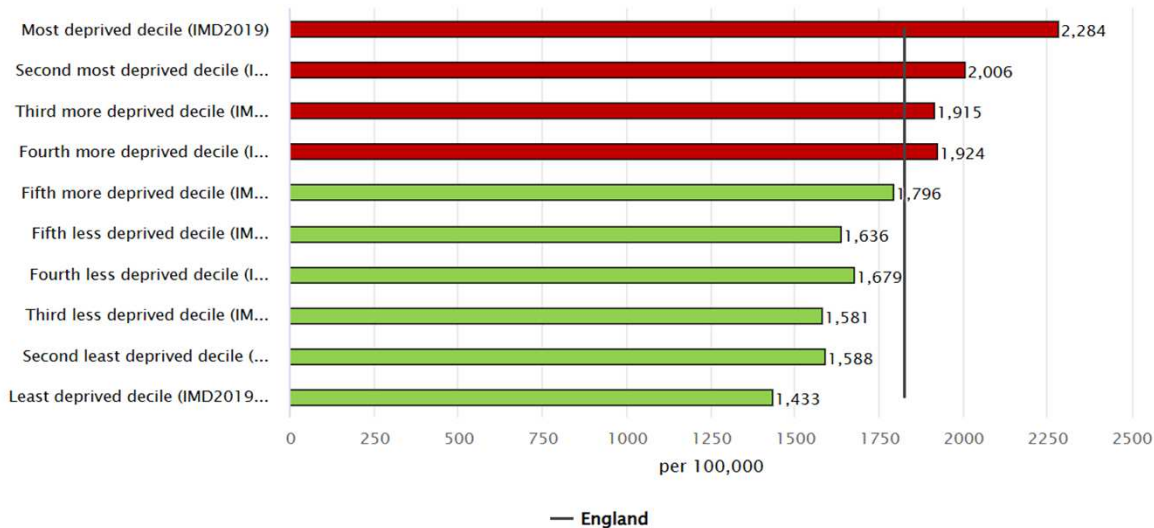
Nationally, rates for all these conditions are highest in areas of greater relative deprivation.

¹ Narrow definition: A measure of hospital admissions where the **primary** diagnosis (main reason for admission) is an alcohol-related condition
² Broad definition: A measure of hospital admissions where either the **primary** diagnosis (main reason for admission) or one of the **secondary** (contributory) diagnoses is an alcohol-related condition

Admission episodes for alcohol-related conditions (Broad) for Bury, Calderdale, North West and England, 2023/24.
Directly age standardised rate per 100,000 population

Area	Persons			Male			Female		
	Number	Rate	Trend	Number	Rate	Trend	Number	Rate	Trend
Bury	3,428	1,815	→	2,570	2,880	→	859	882	→
Calderdale	3,854	1,832	→	2,826	2,854	→	1,028	946	→
North West	151,409	2,053	→	111,721	3,186	→	39,688	1,047	→
England	101,8986	1,824	→	748,350	2,837	→	270,636	935	→

Alcohol-related hospital admission rates, England, 2023/24 – deprivation (based on districts)



Directly age standardised rates per 100,000 population, all ages

* Broad definition: A measure of hospital admissions where either the **primary** diagnosis (main reason for admission) or one of the **secondary** (contributory) diagnoses is an alcohol-related condition

Highlights

Bury and Calderdale have similar alcohol-related hospital admissions, based on the broad definition, compared to England.

Overall rates are higher in males compared to females for all geographies, with admission rates in males approximately treble that of females.

Admission rates in North West for all persons, males and females are higher and worse (statistically significant) that England average.

Nationally, alcohol-related hospital admissions are higher in more relatively deprived areas.

Hospital admissions	Admission episodes for alcohol-specific * conditions	Alcohol
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Admission episodes for alcohol-specific conditions* for Bury, Calderdale, North West and England, 2023/24. Directly age standardised rate per 100,000 population

Area	Persons			Male			Female		
	Number	Rate	Trend	Number	Rate	Trend	Number	Rate	Trend
Bury	1,129	601	→	735	803	→	394	412	→
Calderdale	1,265	607	→	854	847	→	411	384	→
North West	58,180	769	↓	38,942	1,096	→	19,238	515	↓
England	339,916	612	→	233,053	868	→	106,863	373	→

● Worse 95% ○ Not applicable
 ● Better 95% ● Similar
 → No significant change ↑ Increasing & getting worse ↓ Decreasing & getting better

Frequent hospital admissions, adults (18+ years) with alcohol-specific hospital admissions and number of admissions in the preceding 24 months

Type	Bury		England	
	Number	Rate per 100,000	Number	Rate per 100,000
No prior admission	360	240	110,951	248
1 prior admission	115	77	32,572	73
2 prior admissions	55	37	17,106	38
3+ prior admissions	100	67	41,533	93

Directly age standardised rates per 100,000 population, all ages

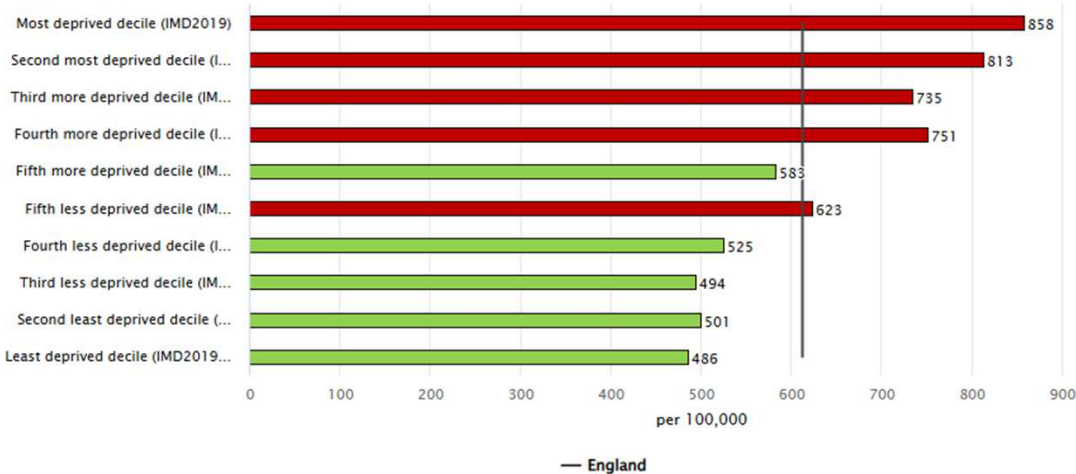
* Primary diagnosis or any of the secondary diagnoses are wholly attributable to an alcohol-specific condition

Highlights

Alcohol-specific hospital admission episode rates (persons) in Bury are similar to England average. Male rates in Bury are better than England average and are decreasing and getting better. Rates in males across all geographies are nearly twice that of females. Northwest rates are worse than England average but are decreasing and getting better. Rates in Males have shown no significant change in the North West but are decreasing and getting better for females. Admission rates in England show no significant change.

Frequency of admissions are similar to England average. However, Bury has lower rate of three or more admissions compared with England.

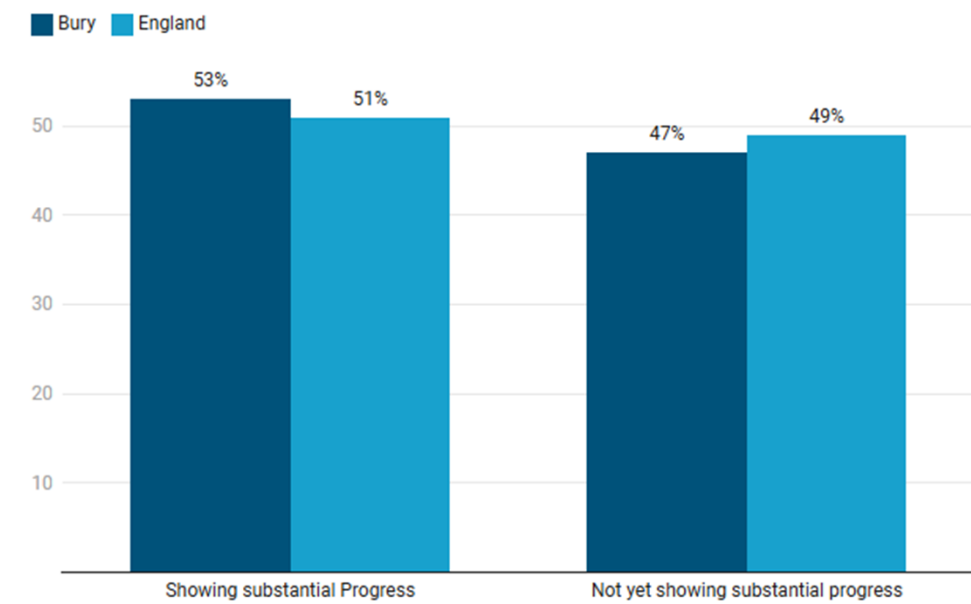
Admission episodes for alcohol-specific conditions, 2023/24 – England, deprivation



Treatment	Alcohol Treatment – summary					Alcohol
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Area	Number in treatment at specialist alcohol misuse services	Proportion waiting more than 6 weeks for alcohol treatment	Successful completion of alcohol treatment		Deaths in alcohol treatment	
			Number	%	Number	Mortality Ratio
	2023/24	2022/23	2023/24		2023/24	
Bury	397	2%	151	61%	-	18.6
England	98,358	1%	33,278	58%	1,055	14.1

Treatment Progress (%) ‘Alcohol only’ in Bury , 2023/24



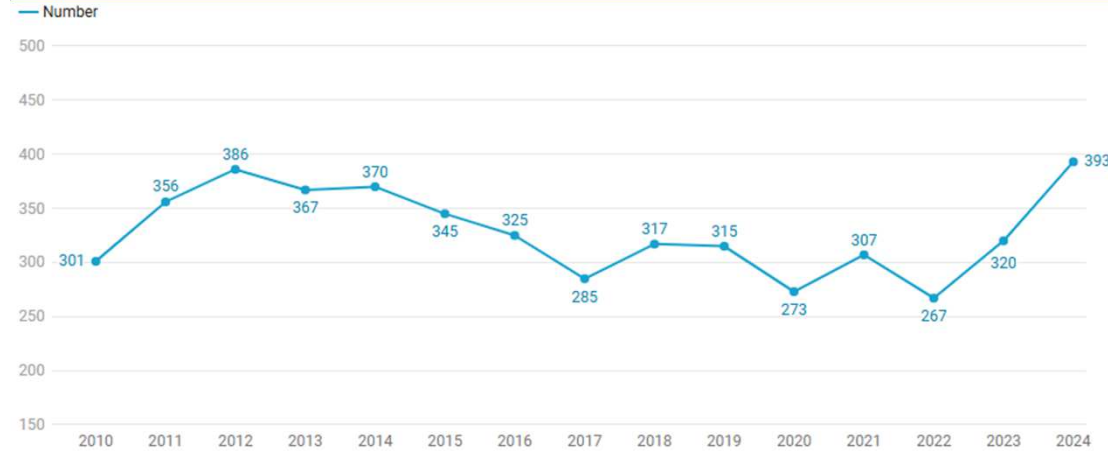
Highlights

In 2023/24, specialist alcohol services in Bury provided treatment to 397 individuals. Around 2% (small numbers) of clients experienced a waiting period exceeding six weeks for alcohol treatment, in comparison to the national average of 1%. Additionally, 61% of clients in Bury successfully completed their alcohol treatment during this period, compared with national completion rate of 58%. Examining trends in the number of adults in alcohol treatment in Bury, the numbers in treatment declined from 301 in the year 2010 (with fluctuations) to 267 in 2022, Over the last two data point, the numbers have risen to 320 in the year 2023 and 393 in the year 2024.

Due to small numbers, deaths in alcohol treatment cannot be reported for Bury. The mortality ratio in Bury was similar to the England average.

The Treatment Progress Measure provides a detailed view of treatment progress by combining data from treatment reviews and exits. It focuses individual's latest treatment journey, often involving multiple overlapping episodes at different services. This measure applies only to adults in community treatment services, including residential and inpatient settings, and excludes data from secure settings. Service users will be classified as showing substantial progress if they successfully completed treatment in the latest reporting period, are still in treatment and not using their problem substances or are still in treatment and have substantially reduced their use of problem substances. In 2023/24, 53% of clients showed treatment progress in Bury compared with 47% in England. Compared with baseline of March 2022, there was a 4% percentage point decrease in clients showing treatment progress in Bury compared with 1% in England.

Number of Adults in alcohol treatment in Bury from 2010-2024



Treatment	Alcohol Treatment – New Presentations, 2023/24	Alcohol
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Demographics		Bury	England
Number of new presentations		252	65,441
Sex	Male	65%	61%
	Female	35%	39%
Age	18-29 years	8%	9%
	30-49 years	49%	50%
	50+ years	43%	41%
Ethnicity	White	94%	88%
	Mixed	0%	2%
	Asian	3%	4%
	Black	2%	3%
	Other	0%	1%
	Not stated/Unknown	1%	2%
Sexuality (where stated)	Heterosexual	89%	89%
	Gay/Lesbian	4%	3%
	Bisexual	0%	2%
	Other sexual orientation	0%	2%
	Person asked and does not know or is not sure	0%	0%
	Not stated sexual orientation	6%	4%
	Inconsistent/Missing sexual orientation	1%	2%
Religion (where stated)	Christian	29%	24%
	Jewish	1%	0%
	Muslim	2%	2%
	Other religions	2%	6%
	No religion	62%	57%
	Undisclosed	4%	11%

Highlights

In general, significant portion of new presentations for alcohol treatment in Bury and England are 30-49 years olds. Despite the higher representation in the 30-49 years age group, the 50+ years age group still represents a significant portion of new presentations to alcohol treatment.

There were more males than females in treatment. In Bury, almost two-thirds (65%) of adults in treatment were male compared to 61% in England.

Bury had a higher proportion of White clients compared to England and slightly lower proportion across all other ethnic groups compared to England.

The majority of new presentations to alcohol treatment are from heterosexual individuals (89% in both areas). There is a small representation of gay/lesbian individuals.

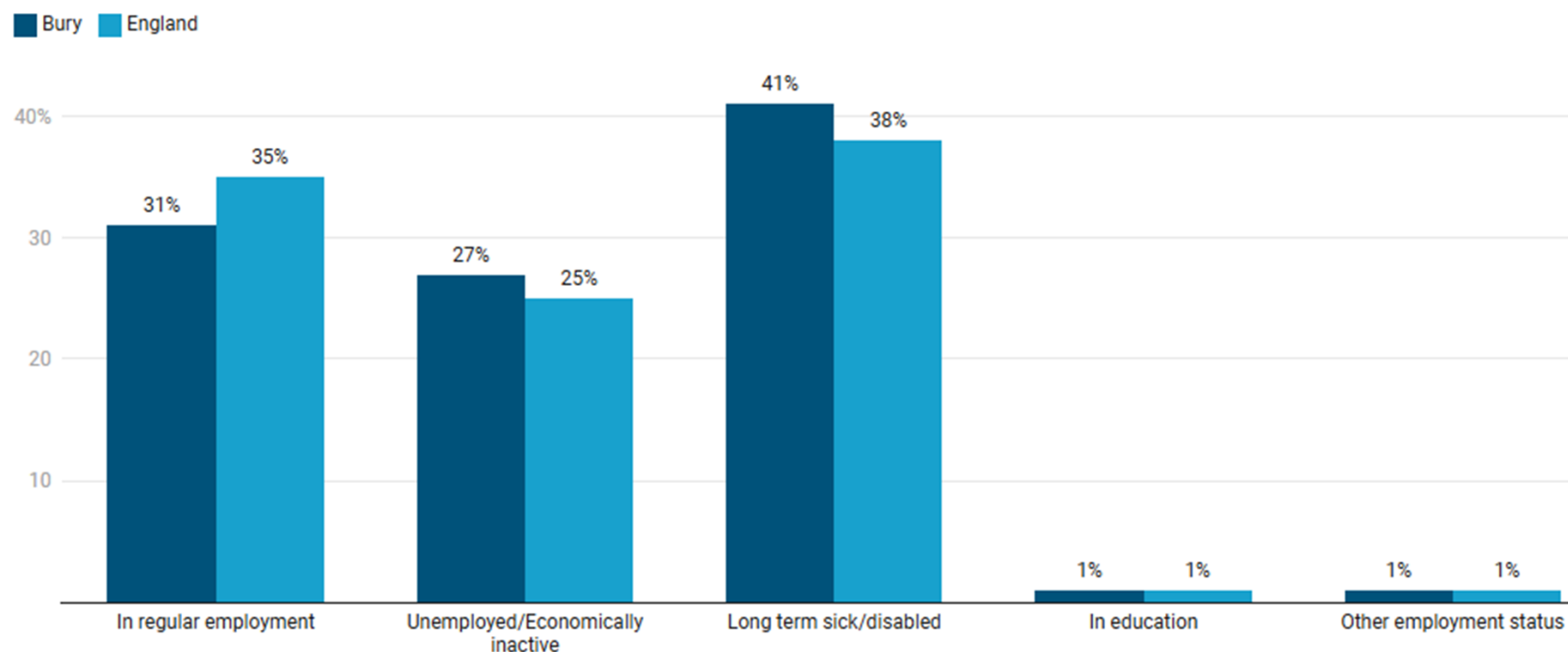
In both Bury and England, the majority of new presentations to alcohol treatment reported having no religion. A higher proportion of clients in Bury reported being 'Christian' or having 'No religion' compared to those in England.

Treatment	Employment- New presentations 2023/24	Alcohol
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Highlights

- In 2023/24, 41% of adults who started alcohol treatment in Bury and 38% in England were long term sick/disabled.
- Bury had lower proportions (31%) of regularly employed adults starting treatment compared to England (35%) and a slightly higher proportion (27%) of unemployed/economically inactive compared to England (25%).

Adults in alcohol treatment at the start of treatment by employment status in Bury and England, 2023/24

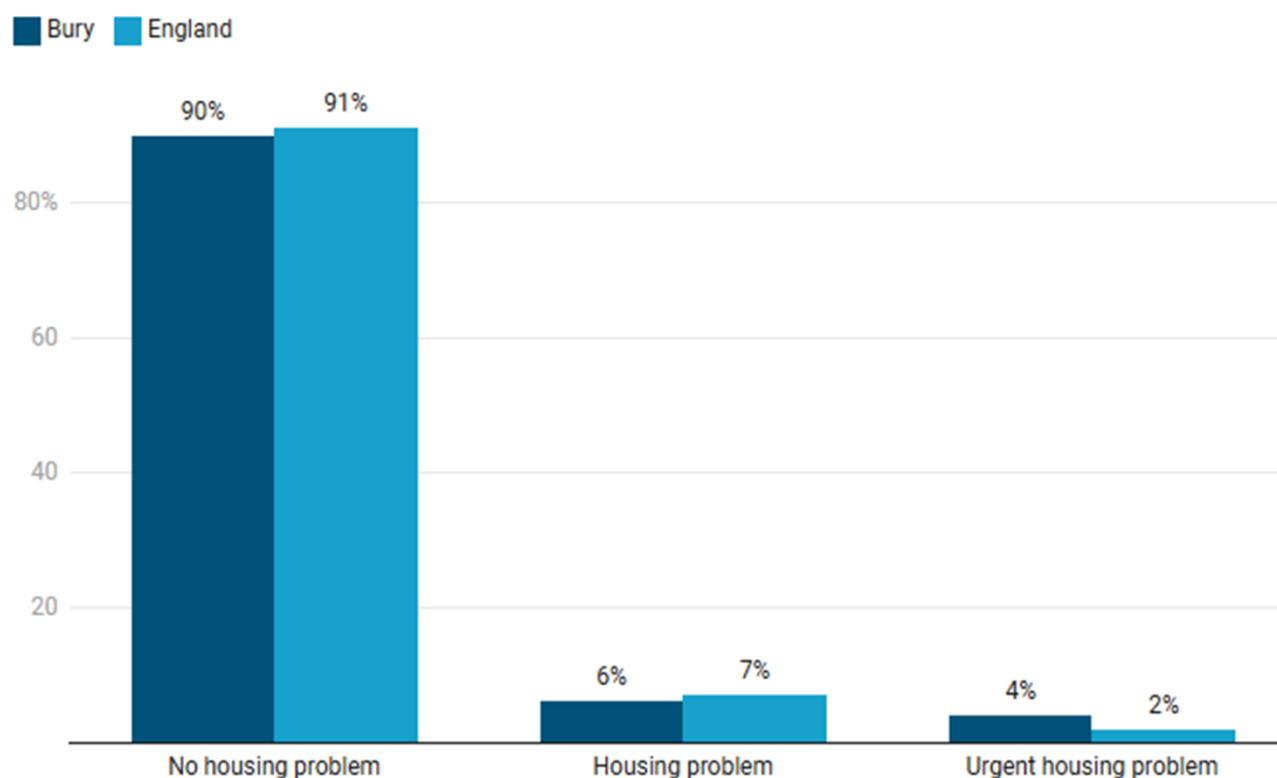


Treatment	Housing - accommodation status	Alcohol
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Highlights

In 2021/22, Majority of adults reported no housing problem at the start of treatment in Bury (90%) and England (91%). Bury had slightly higher proportion of adults reporting urgent housing problem (4%) compared to England (2%), but this can be due to small numbers.

Adults in alcohol treatment at the start of treatment by accommodation status in Bury and England, 2021/22



Homelessness	Statutory homelessness duties owed – alcohol dependency	Alcohol
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Support needs of households owed a prevention or relief duty for Bury, Calderdale, North West and England, 2023/24

Area	Total households assessed as owed a duty	Alcohol dependency support needs	
		Number	%
Bury	1,120	32	2.9%
Calderdale	1,106	72	6.4%
North West	48,230	25,590	5.4%
England	324,990	14,580	4.5%

Highlights

In 2023/24, 2.9% of households in Bury assessed as owed a duty have alcohol dependency support needs, which is lower than Calderdale (6.4%), the North West (5.4%), and England (4.6%)

Treatment	Adults who are parents/carers and their children – New presentations	Alcohol
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Adults who are parents/carers and their children		Bury	England
Parental status (where known) (2023/24)	Parent living with children	21%	21%
	Not a parent & living with children	0%	2%
	Parent not living with children	10%	10%
	Not a parent and not living with children	68%	67%
Children living with adults entering alcohol only treatment (2023/24)		316	64,737
Early help and children's social care (where known)	No early help	91%	72%
	Child protection plan in place	9%	10%
	Child in need	6%	8%
	Looked after child	8%	4%
	Early help	6%	7%

Highlights

In 2023/24, 21% of adults presenting to alcohol treatment were parents living with children in Bury, similar to England (21%). A similar proportion (10%) of adults in treatment were parents not living with children in Bury and England.

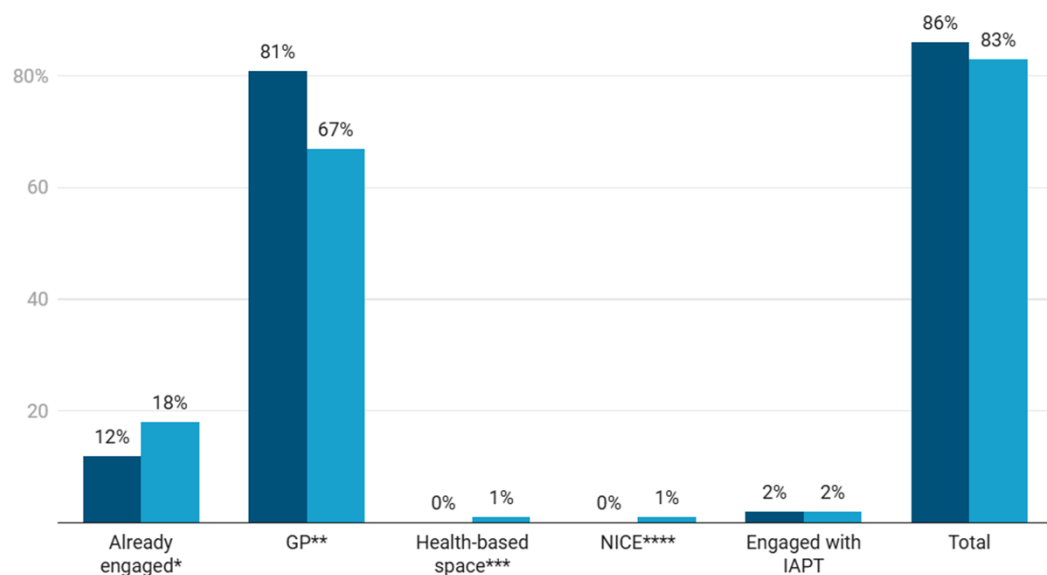
In Bury, there was a higher proportion (91%) of client's children not receiving early help compared to 72% nationally.

Treatment	Co-occurring mental health conditions		Alcohol
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Adults who entered alcohol only treatment and were identified as having a mental health treatment need, 2021/22	Number	% of new presentations	% receiving treatment for their mental health
Bury	152	80%	86%
England	39,707	70%	83%

Adults in alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Bury and England, 2021-22

■ Bury ■ England



*Already engaged - Already engaged with the Community Mental Health Team/Other mental health services

**GP - Receiving mental health treatment from GP

***Health-based space - Has an identified space in a health-based place of safety for mental health crises

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

Highlights

Around 8 in 10 adults (80%) in Bury who entered alcohol treatment in 2021/22 were identified as having a mental health treatment need, higher than the national average of 70%.

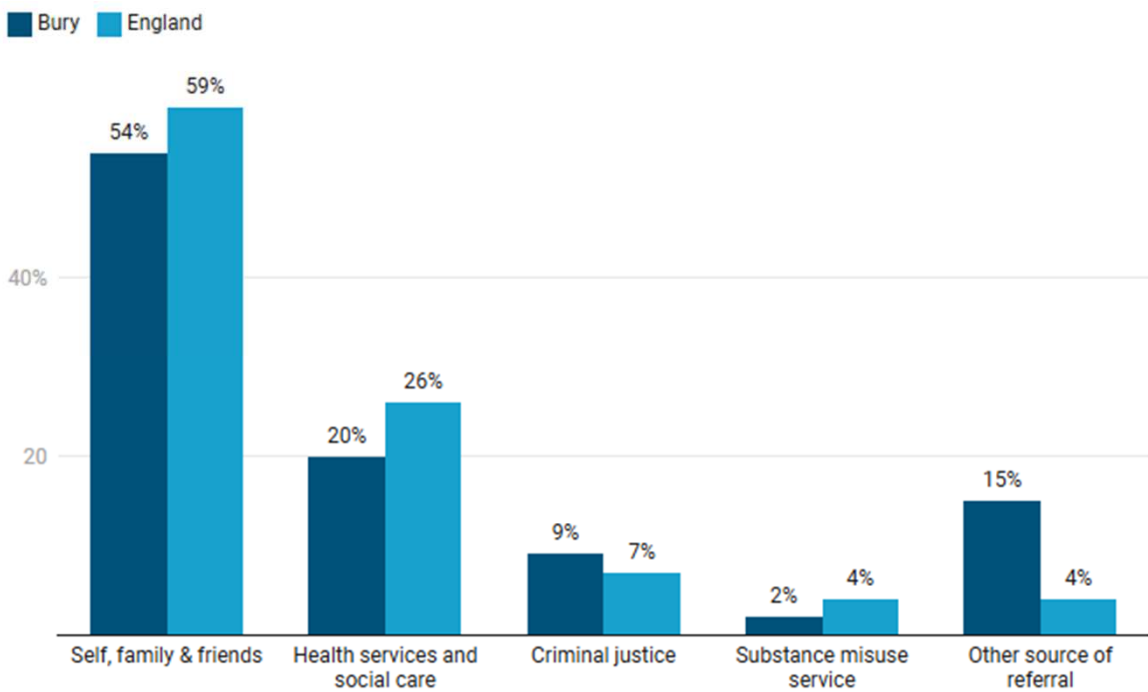
Of those identified as having a need in Bury, 86% were already receiving treatment, mainly through their GP (81%). Nationally, 83% were receiving treatment, with the majority also seeing their GP (67%).

Treatment	Access - routes into treatment	Alcohol
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Bury

- In the year 2023/24:
- 54% of referrals were self-referrals; lower than the national average of 59%
 - 20% of referrals were through health services and social care (national average 26%)
 - 9% of referrals from CJS compared to 7% nationally
 - A higher proportion of males (11%) were referred through the Criminal Justice System than females (4%)
 - A higher proportion of females (60%) were referred through self referrals than males (51%)

New presentations by referral source, 2023/24



Treatment	High level interventions						Alcohol
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Adults in treatment in high level interventions and settings, 2023/24		Pharmacological		Psychosocial		Total	
		Number	%*	Number	%*	Number	%*
Bury	Community	47	63%	387	98%	387	98%
	Inpatient Unit	38	51%	38	10%	38	10%
	Primary Care	-	-	-	1%	-	1%
	Residential	-	4%	-	2%	-	2%
England	Community	12,194	77%	92,238	99%	92,393	99%
	Inpatient Unit	4,244	25%	3,932	4%	4,363	5%
	Primary Care	129	1%	311	0%	373	0%
	Residential	-	-	-	-	-	-

Adults with a pharmacological intervention type, 2021/22	Bury		England	
	Number	Proportion	Number	Proportion
Withdrawal	16	57%	3,810	28%
Relapse intervention	16	57%	6,117	45%

Highlights

Almost all adults in treatment in 2023/24 were seen within the community in Bury. Of the interventions received in the inpatient unit, 10% were Psychosocial, 51% were Pharmacological and 10% of all interventions received were received in the inpatient unit.

Treatment received in primary care and residential were too small to report.

Most recent data for 2021/22 suggests that Bury had higher proportions of adults with a pharmacological intervention for withdrawal and relapse intervention compared to England.

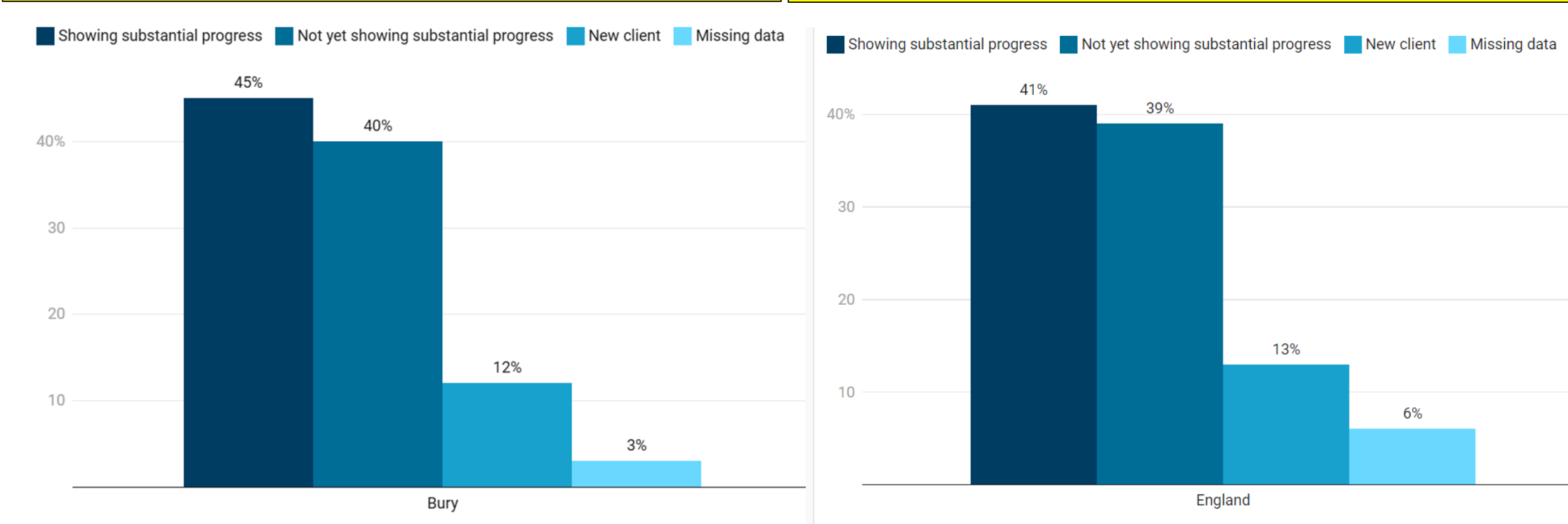
*The proportion of interventions received within the selected treatment setting i.e. of the interventions received within the setting of community what proportion of those were Psychosocial, Pharmacological or the total of all interventions received irrespective of whether they were Psychosocial or Pharmacological.

Thus, for example, of those interventions received in Bury for 2023/24 with the Community treatment setting 98% were Psychosocial, 63% were Pharmacological and 98% of all interventions received were received in the Community setting.

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Treatment Progress	Alcohol
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Treatment Progress (%) 'alcohol only' in Bury , 2023/24	Treatment Progress (%) 'alcohol only' in England , 2023/24
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Highlights

The Treatment Progress Measure provides a detailed view of treatment progress by combining data from treatment reviews and exits. It focuses on each individual's latest treatment journey, often involving multiple overlapping episodes at different services. This measure applies only to adults in community treatment services, including residential and inpatient settings, and excludes data from secure settings. Service users will be classified as showing substantial progress if they successfully completed treatment in the latest reporting period, are still in treatment and not using their problem substances or are still in treatment and have substantially reduced their use of problem substances. The measure presented above relates to 'alcohol only'.

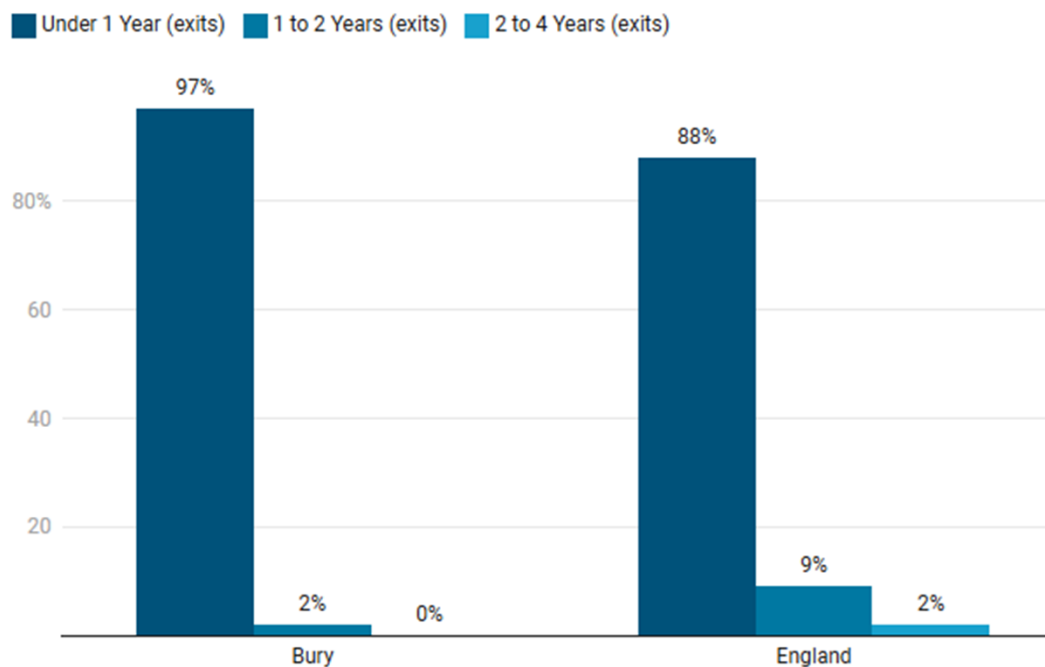
In 2023/24, 45% of clients showed treatment progress in Bury compared with 41% in England. Compared with baseline of March 2022, there was a 1% percentage increase in clients showing treatment progress in Bury compared with 1% decrease in England.

Treatment	Length of time in treatment	Alcohol
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Length of time in treatment for adults in alcohol only treatment for exits, 2021/22	Average days
Bury	191
England	194

Highlights
<p>The length of a typical treatment period was just over 6 months (191 days) in 2021/22. Retaining adults for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.</p> <p>Almost 3% of Bury adults had been in treatment for longer than a year, compared to 12% in England.</p>

Length of time in treatment for adults in alcohol only treatment for exits in Bury and England, 2023/24



Treatment	Successful completions & Deaths in Treatment	Alcohol
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Adults successfully completing alcohol treatment, 2021/22	Bury	England
Total leaving treatment - % of treatment population	175 66%	53,180 63%
Leaving treatment successfully - % of all in treatment - % of those exiting treatment	113 42% 65%	31,611 37% 59%
Not representing within 6 months - % non-representing	136 47%	30,785 37%

Highlights

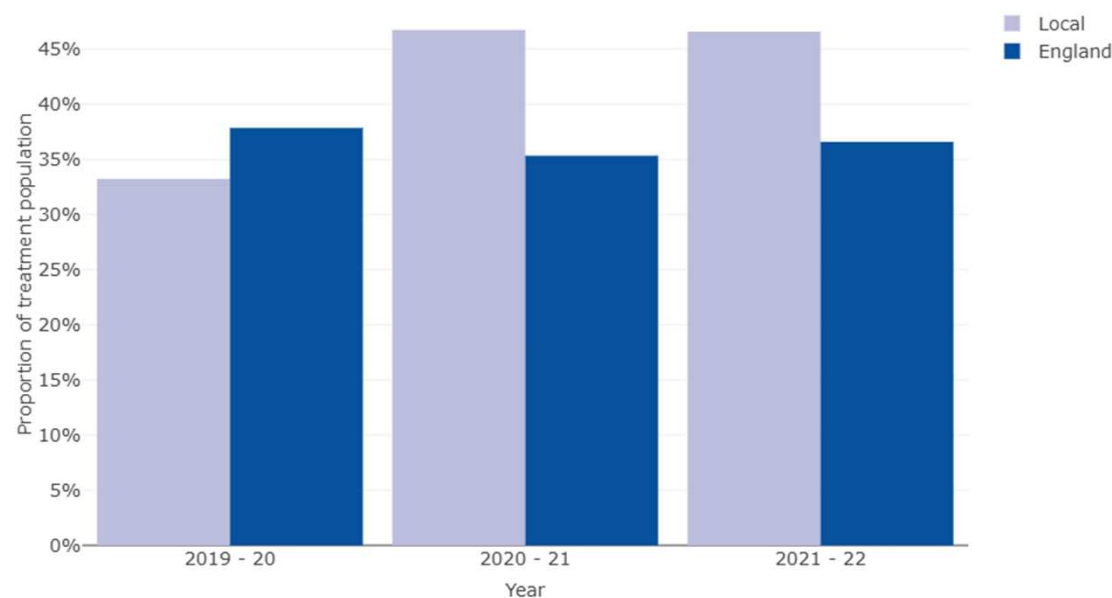
65% of adults who left treatment in 2021/22 were successful (dependent free) in Bury, compared to 59% nationally.

Approximately half (47%) of adults who successfully completed treatment in Bury did not re-present to treatment within 6 months, similar to the national average.

There has been a notable increase in non-representation within 6 months in Bury over the last three data points.

In 2023/24, Deaths in treatment in Bury are slightly higher (1.8%) compared to England (1.2%). Numbers are small

Proportion of all in treatment who completed successfully and did not return within 6 months for Bury and England, 2019-20 to 2021-22



Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Abstinence and days drinking				Alcohol
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Adults who became abstinent at planned exit and average days drinking, 2021/22	Abstinence rates		Days of drinking	
	Number	% of new presentations	Average days at start	Average days at end
Bury	110	56%	21.9	11.3
England	27,172	50%	20.5	11.5

Abstinence rates at planned exit: The number of clients who reported drinking alcohol at treatment start and then reported no drinking in the 28 days before planned exit.

Days of drinking: The number of clients and their average days of drinking alcohol at treatment start and in the 28 days before planned exit.

Highlights
In 2021/22, over half of adults (56%) became abstinent in Bury, higher than the proportion for England (50%)
The average number of days that clients were drinking alcohol at the start of their treatment (within the previous 28 days) and within the 4 weeks before their planned exit notably decreased in Bury, where there was an average of 10.6 days reduction.

Mortality	Alcohol-related mortality *	Alcohol
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Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population, 2023

Area	Persons			Male			Female		
	Number	Rate	Trend	Number	Rate	Trend	Number	Rate	Trend
Bury	78	41.7	→	59	67.6	→	19	19.4	→
Calderdale	103	49	→	68	68.8	→	35	31.9	→
North West	3,571	48.7	↑	2,550	73.7	↑	1,002	26.9	→
England	22,644	40.7	↑	16,194	62.1	↑	6,449	22.1	↑

Highlights

In 2023, there were 78 alcohol-related deaths in Bury and 103 in Calderdale, with the majority in males; 76% in Bury and 66% in Calderdale.

Bury and Calderdale have similar alcohol-related mortality rates compared to England, with North West rates higher than England average.

Potential Years of Life Lost (PYLL) is a measure of the potential number of years lost when a person dies prematurely (based on national life expectancy. North West has higher PYLL for make and female and they are increasing and getting worse.

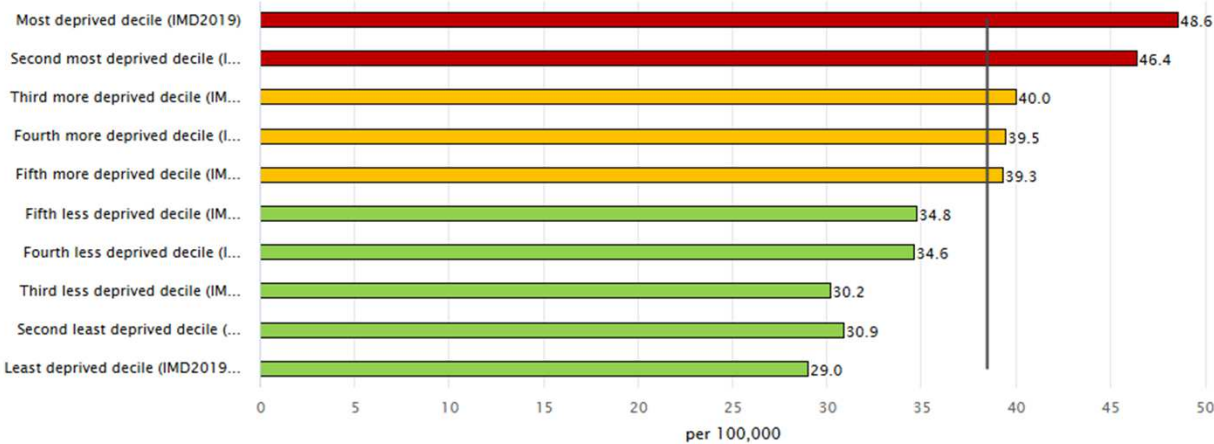
Nationally, increasing alcohol-related mortality rates are linked to increasing levels of relative deprivation.

Potential years of life lost (PYLL) due to alcohol-related conditions, 2023

Area	Male			Female		
	Number	Rate	Trend	Number	Rate	Trend
Bury	1,225	1,347	→	432	449	→
Calderdale	1,355	1,328	→	771	718	→
North West	53,431	1,507	↑	24,894	674	→
England	334,421	1,246	↑	151,594	553	↑



Alcohol-related mortality, 2021 Deprivation rates – England (based on districts)



Drug summary for 2023/24

Drugs

Bury

Prevalence ⁶: Estimated:

- 10.7 per 1,000 adults opiate and/or crack users – similar to England ► **61% unmet need**
- 4.5 per 1,000 adults opiate users – similar to England ► **58% unmet need**
- 2.3 per 1,000 adults crack users – similar to England ► **86% unmet need**
- 3.9 per 1,000 adults both opiates and crack users– similar to England ► **51% unmet need**

(note: prevalence estimates relate to 2019/20 and unmet need relates to 2023/24 data)

- **Hospital admissions** ⁷ : 75 drug poisoning admissions, with lower rates. There has been a sharp decline in rates from 2020/21 to 2021/22 in Bury, followed by a slight increase before becoming relatively stable. Nationally, the rates have been declining.

- **Drug Crimes** ⁸: Number of crimes linked to influence of drugs in Bury is following an upwards trend. Drug related stop searches in Bury following a downward trend.

- **Treatment** ^{9-10,12-13,15}: 749 in treatment, 384 new presentations in 2023/24. Decreasing number of adults in treatment for opiates in Bury but remains the highest drug for treatment need, especially for those in treatment. Two thirds of those in treatment were due to opiates. Bury saw an increase in adults in drug treatment for all substance groups from the baseline of March 2022 to Dec 2023/ Nov 2024, except for 'opiates and crack' users where there was a decrease of 3%. A third of all new presentations to treatment in 2023/24 were due to non-opiates, but overall non-opiates only accounted for 16% of all those in treatment, as a result of a higher successful completion rate compared to opiates. 21% (162) of new presentations to treatment in 2023/24 were due to non-opiates and alcohol combined, with a 40% increase from the previous year. non-opiate' and 'non-opiate and alcohol' remained relatively stable with some fluctuations from 2010 to 2023 before a sharp rise in both substance groups in 2024. Similar pattern is seen nationally. Opiates, cannabis, alcohol, cocaine and crack cocaine are the most commonly cited substances for new presentations..

- **Demography of new presentations to treatment** ^{11-12,14} : Higher proportion of males compared to England but sex profile similar. 79% male, 60% aged 30-49 years. Majority of new presentations in younger age groups. Slightly lower proportion of 30-49 year olds and a higher proportion of 50+ years in drug treatment. More females in the 30-49 years age group. Of those who started treatment in the year there was a higher proportion of White British, Other White and Pakistani. Highest proportion reporting No Religion in Bury and nationally. A higher proportion of people reporting Christianity as their religion and fairly similar sexuality profile. There was a similar proportion reporting no disability, and of those reporting a disability, the majority were for behaviour, mobility and learning.

- **Wider determinants** ¹⁶⁻¹⁹: lower proportion of unemployed and higher proportion of long term sick or disabled starting treatment compared to England. Overall housing status in Bury better than experienced nationally.. Bury has the lowest statutory homelessness duty owed where there are drug dependency support need when compared with Calderdale, North West and England. Higher proportion of parents living with children. Higher proportion of no early help. Where help is provided lower proportion of children protection plans in place and higher proportion of child in need.

- **Co-occurring mental health** ²⁰: Around 8 in 10 people (80%) who entered drug treatment in 2021/22 were identified as having a mental health treatment need in Bury compared with 7 in 10 people (70%) for England. Around one third (71%) of those were receiving mental health treatment, primarily from their GPs compared with nearly half in England (55%). Non-opiate users in Bury had the lowest proportion of co-occurring mental health, with 'opiates' and 'non-opiates and alcohol' the highest.

- **Routes into treatment** ²¹⁻²³ : 99% of referrals seen within 3 weeks. Highest proportion of referrals through self, family and friends in both Bury and England. Differences in gender, with self-referral and referred through Criminal Justice System as the main source of referral for both sexes. Three times the proportion of males (26%) to females (8%) were referred through CJS in Bury. Higher proportion of adults referred from the Criminal Justice System (27% in Bury compared to 21% in England), most notably for opiate and non-opiates and alcohol.

- **High level interventions** ²⁴: almost all adults were seen within community settings. Lower proportion of methadone interventions (66% vs 71% nationally) and higher proportion of unsupervised interventions (93% vs 78% nationally). Higher proportion of clients, who had a prescribing intention, on maintenance methadone, maintenance buprenorphine and a lower proportion with an unspecified opioid substance therapy.

- **Vaccination** ²⁵: Lower Hepatitis B and C vaccination uptake and Hepatitis C testing.

- **Overdose prevention** ²⁵: 1 in 5 of opiate adults in treatment in Bury were issued with naloxone (22%), lower than the national average of 40%. In Bury, the highest proportion of treatments was nasal (29%) in Bury, whereas in England it was injectable (26%).

- **Injecting use** ²⁵ : higher portions of currently injecting and lower proportion of having previously injected.

Note: superscript numbers relates to slide number.

Comparisons are made to England, Excludes alcohol only

Drug summary for 2023/24

Drugs

Bury (2)

- **Treatment progress** ²⁶: In 2023/24, 41% of clients showed treatment progress in Bury compared with 44% in England. Compared with baseline of March 2022, there was a 9% percentage point decrease in clients showing treatment progress in Bury compared with 3% in England. Opiates-only clients have the highest proportion 'showing substantial progress' in both Bury and England but the proportion in Bury (46%) is lower than England (51%). Opiates and crack clients show greatest challenges across all substance groups in both Bury and England in achieving positive outcomes with a higher proportion 65% 'not yet showing substantial progress' in Bury compared with 55% in England. Crack (no opiates) clients in Bury (56%) have higher proportion (32%) showing substantial progress compared with 24% in England.
- **Engagement** ²⁷: There is a higher proportion of early unplanned exits in Bury (23%), around a quarter of all new presentations, compared to England, and in all drug groups. The highest proportion of early unplanned exits are in non-opiate (29% vs 20% nationally).
- **Length of time in treatment** ²⁸: Bury had a slightly higher proportion of adults in opiate treatment for less than 2 years (42%) compared to the England average (44%). Conversely, Bury had a lower proportion of adults in treatment for over 6 years (23%) compared to the England average (28%).
- **Successful completions** ²⁹: In 2023, there were 27 successful (dependent free) treatment completions for opiate users and 91 for non-opiate users in Bury. Bury had similar treatment completion rates to England but the trend in successful completions for non-opiates users is decreasing and getting worse in Bury. Bury, North West and England are experiencing decreasing and worsening trends in successful completion of non-opiate users treatment. There were higher proportions (statistically significant) of adults with drug and alcohol treatment need who successfully engage in community-based structured treatment following release from prison in Bury (69.5%) compared with England. Bury, North West and England are experiencing increasing and getting better trends in proportion of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- **Mortality** ³⁰: The drug misuse mortality rate in Bury (7.5 per 100,000) is statistically similar to the national average of 5.5 per 100,000. No data are available for northwest but Calderdale (Bury's closest statistical neighbour) has a mortality rate of 5.5 per 100,000 worse than the England average. Nationally, data from fingertips for the period 2018-20 suggests that drug misuse mortality is highest in the most deprived districts of England. Deaths in drug treatment (3%) in Bury are slightly lower than Northwest (4%) and England (4%)

Note: superscript numbers relates to slide number

Comparisons are made to England. Opiates includes opiates only, opiates and alcohol and/or opiate and non-opiates

Risk factors	Drug misuse risk factors	Drugs
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Who is at risk

People from every part of society use, misuse, and become dependent on drugs. Groups that are likely to have higher levels of problematic drug use include:

- People with **coexisting physical and mental health problems**
- People with **Blood Borne Viruses**
- People who experience **homelessness**
- People **Not in Employment, Education and Training**
- People in contact with the **Criminal Justice System**
- People who are victims/survivors and perpetrators of **domestic abuse**
- People living in more **deprived areas**
- **Young people** – especially in contact with Youth Offending Services, Looked After Children, excluded from school and not in formal education, employment or training, those involved with County Lines drug dealing
- Families – **family member's use of drugs and/or alcohol** often has a range of different impacts on a family including on their emotional wellbeing and finances
- **Steroid users**
- **Sex workers**
- **Chemsex**

What works

Harm reduction including Naloxone, long lasting Buprenorphine and outreach work, health promotion and education

Drug treatment and recovery for adults including peer-led recovery communities, online support

Drug treatment and recovery for young people – including a co-ordinated approach across Children's social services, youth offending services, Child and Adolescent Mental Health services and specialist drug and alcohol youth services. As a minimum, should integrate support for emotional wellbeing, unhealthy relationships and sexual health.

Drug prevention including preventions on risk factors, contexts and behaviours that make individuals vulnerable.

Prevalence	Drug misuse in England and Wales	Drugs
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Drug misuse in England and Wales – year ending June 2022

Drug use	Approximately 1 in 11 adults aged 16 to 59 years (9.2%)	no change compared with the year ending March 2020
	Approximately 1 in 5 adults aged 16 to 24 years (18.6%)	no change compared with the year ending March 2020
Class A drug use	2.7% of adults aged 16 to 59 years	a significant decrease from the year ending March 2020 when this was 3.4%
	4.7% of adults aged 16 to 24 years	a significant decrease from the year ending March 2020 when this was 7.4%,
Frequent users (any drug, more than once a month in the past year)	2.6% of adults aged 16 to 59 years	similar to the year ending March 2020 when this was 2.1%

Year ending June 2022 compared to year ending March 2022:

There were **no changes** in last year drug use **for the majority of individual drugs** except:

- **prevalence of ecstasy use decreased** (from 1.4% to 0.7% in adults aged 16 to 59 years and from 4.0% to 1.1% in adults aged 16 to 24 years)
- **prevalence of nitrous oxide decreased** (from 2.4% to 1.3% for adults aged 16 to 59 years and from 8.7% to 3.9% for adults aged 16 to 24 years)

Note: decreases in the use of Class A drugs, ecstasy and nitrous oxide may have been a result of the coronavirus (COVID-19) pandemic and restrictions on social contact

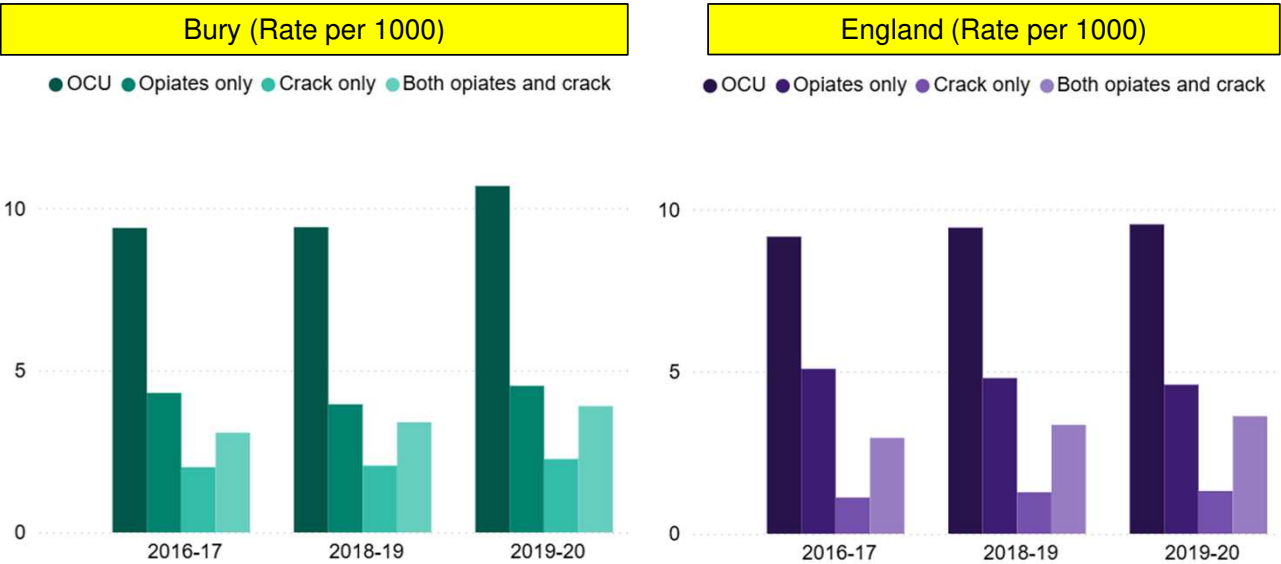
Prevalence	Prevalence and unmet need in adults aged 18+ years	Drugs
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Unmet need	Drug Dependent Adults							
	Opiates and/or crack users		Opiates only		Crack only		Both opiates and crack	
	Rate per 1000	Unmet need (%)	Rate per 1000	Unmet need (%)	Rate per 1000	Unmet need (%)	Rate per 1000	Unmet need (%)
Bury	10.7	61.3	4.5	57.8	2.3	85.6	3.9	51.4
England	9.5	57.2	4.6	60.6	1.3	78.1	3.6	45.4

Highlights

Prevalence estimates from the year 2019/20 suggest that Bury has a slightly higher prevalence of Opiate and/or crack users, crack only and both opiates and crack compared with England average. Over half of Opiate and/or crack users and both opiates and crack users and over 85% of crack only users have their needs unmet.

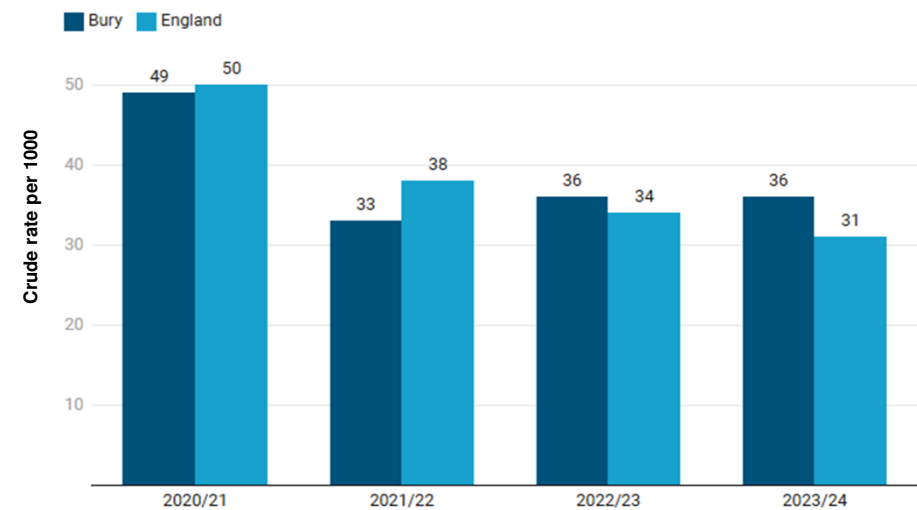
There has been an increase across all substance groups in Bury in the year 2019/20



Hospital admissions due to drug poisoning (Crude rate per 100,000)

Area	Persons	
	Number	Rate per 1000
Bury	75	36
Calderdale	120	34
North West	NA	38
England	NA	31

Trends in hospital admissions due to drug poisoning- Bury and England

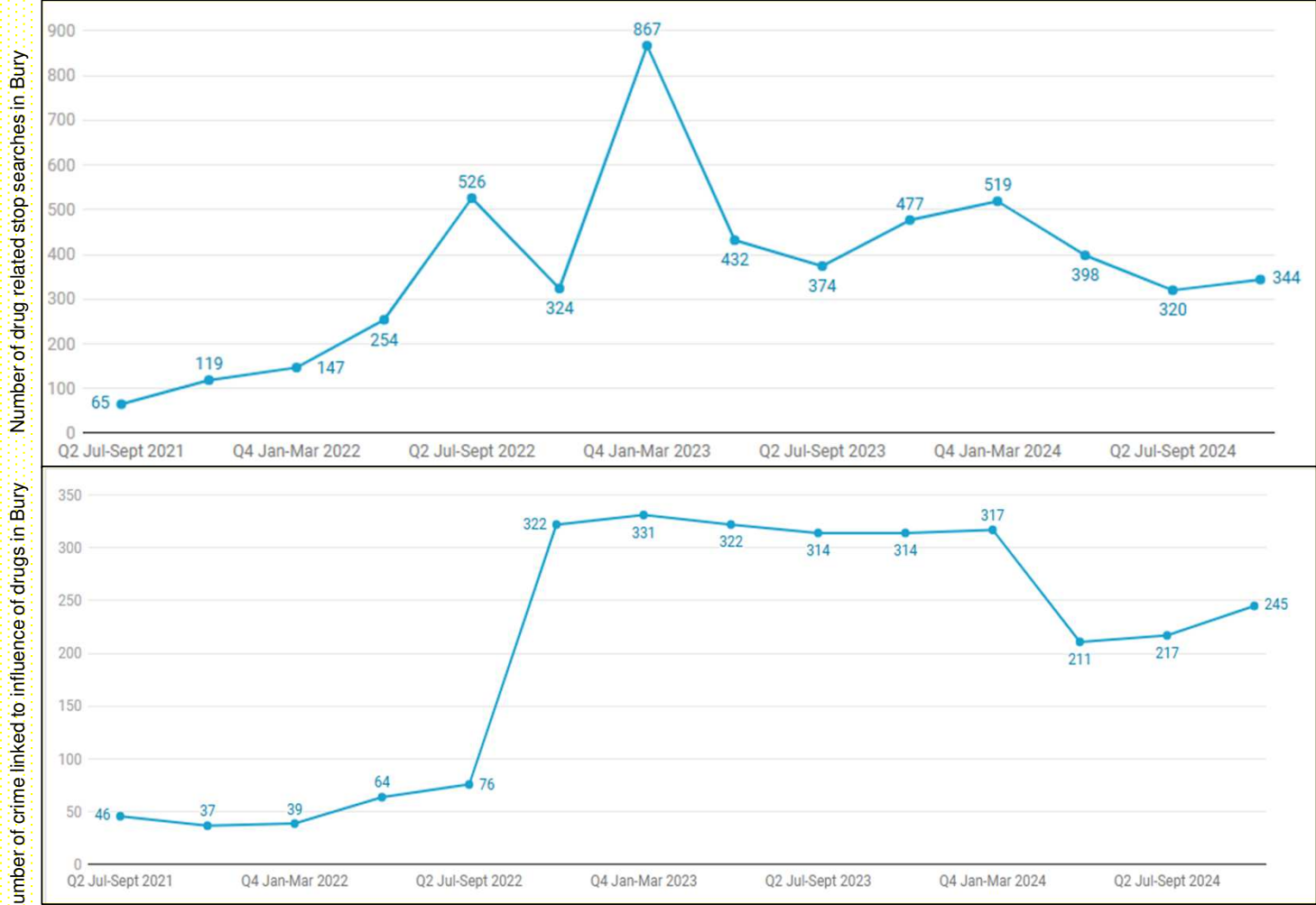


Highlights

In 2021/22, there were 75 admissions to hospital specifically relating to drugs in Bury, similar rate to England.

Drug poisoning hospital admission rates in Bury sharp decline from 2020/21 to 2021/22 and then increase slightly before becoming relatively stable. Nationally, the rates have been declining.

Note: Drug specific hospital admissions (Crude rate per 100,000) relate to 2021/22 and rates relates to Aug 2023/July 2024 data



Highlights

Drug related stop searches in Bury are following a downward trend.

Number of crimes linked to influence of drugs in Bury is following an upwards trend.

There was a sharp increase in drug-related stop searches in bury from July-Sep 2021 to Jan-Mar 023, followed by a period of steady decline to July-Sep 2024 and a slight increase to 344 in Oct-Dec 2024.

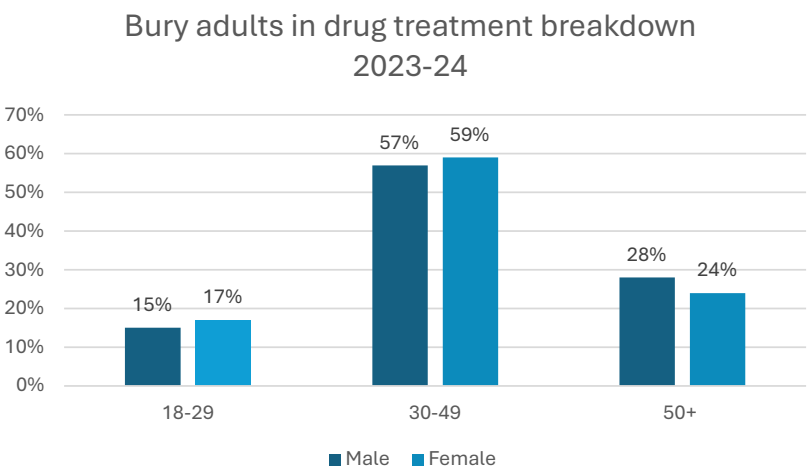
Number of crimes linked to influence of drugs increased by almost seven times from July-Sep 2021 to July-Sep 2022, followed by stable numbers till Jan-March 2024, then a decline in April-June 2024 followed by steady rise to 245 in Oct-Dec 2024.

Treatment	Demographics (drugs treatment)		Drugs
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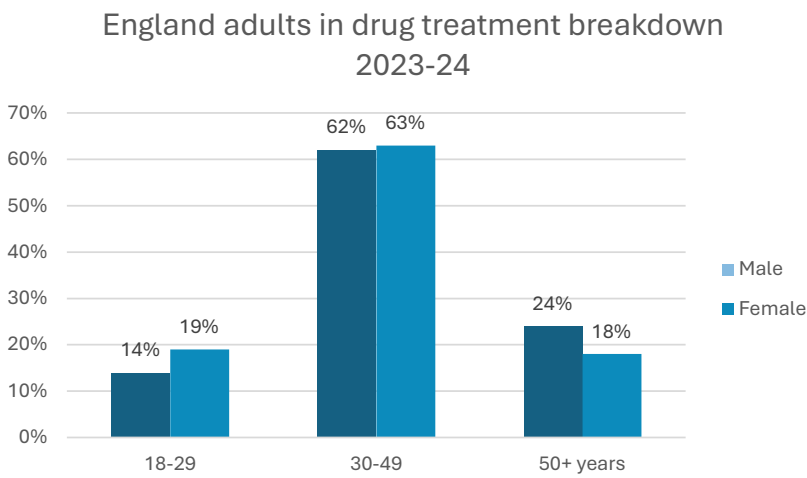
Adults in drug treatment, April 2023 – March 2024		In treatment	
		Bury	England
Number		763	215,173
Sex	Male	76%	72%
	Female	24%	28%
Age	18-29 years	16%	15%
	30-49 years	57%	62%
	50+ years	27%	23%

Highlights
<p>In 2023/24, Bury had a higher proportion of males in drug treatment than England, and a lower proportion of 30-49 year olds than England. Bury had a higher proportion of 50+ years in drug treatment compared to England.</p> <p>In line with the national pattern, there were a higher proportion of females in younger age groups and a higher proportion of males in the older ages groups in Bury.</p>

Bury



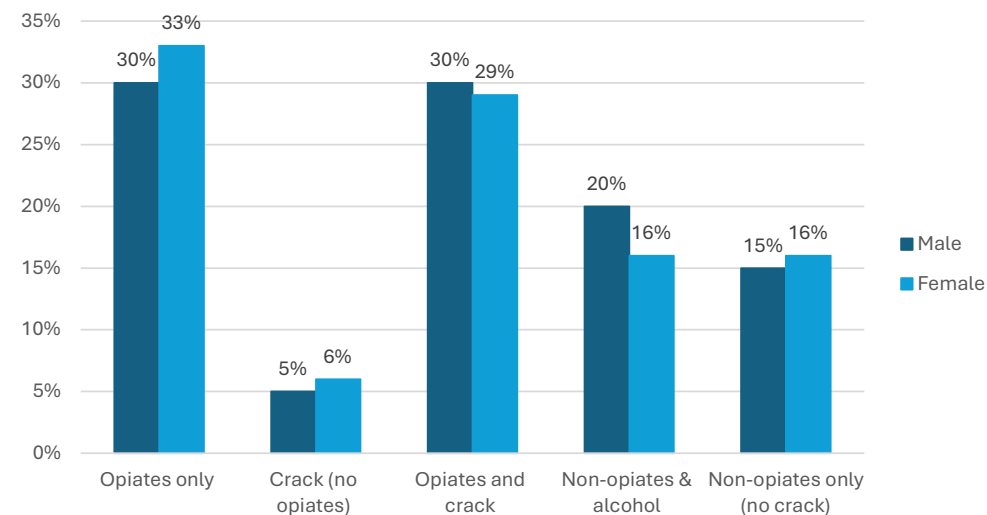
England



Treatment	Adults in drug treatment	Drugs
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Proportion of adults in drug treatment by substance group, April 2023–March 2024	Proportion of adults in drug treatment by sex in Bury, April 2023–March 2024
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Adults in drug treatment	Bury 2023-24			England 2023-24
	Number	%	Change from March 2022 (%)	%
Opiates only	235	31%	3%	31%
Crack (no opiates)	38	5%	11%	5%
Opiates and crack	227	30%	-3%	33%
Non-opiates and alcohol	146	19%	2%	17%
Non-opiates only (no crack)	117	15%	-3%	14%
Total	763	100%	10%	100%



Highlights

In 2023/24, there were 763 adults in drug treatment in Bury.

The highest proportion of adults on treatment in Bury were for ‘opiates only’ and ‘opiates and crack’, the same as seen nationally. Bury has slightly higher proportions of adults in treatment for ‘opiates only’ and ‘non-opiates and alcohol’ and slightly lower proportions of adults in treatment for ‘opiates and crack’ than England.

Around 76% of adults in drug treatment in Bury were males. The highest proportion of females in treatment were for ‘Crack (no opiates)’.

Bury experienced increases in adults in drug treatment between December 2023/March 2024 and the baseline of March 2022, in all substance groups except ‘opiates and crack’ and non-opiates only (no crack) which both saw a slight decrease.

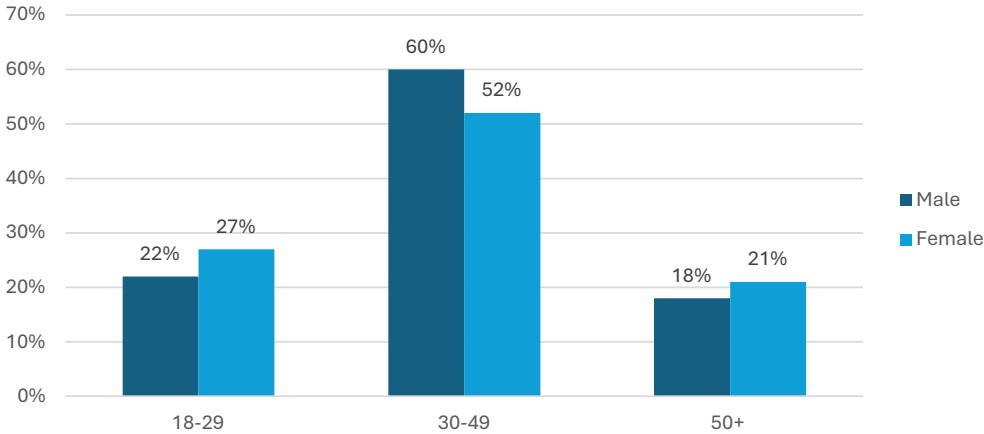
Treatment	Demographics (new presentations to drugs treatment)		Drugs
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New presentations to treatment, April 2023–March 2024		New Presentations	
		Bury	England
Number		382	92,276
Sex	Male	72%	72%
	Female	28%	28%
Age	18-29 years	24%	24%
	30-49 years	58%	62%
	50+ years	18%	14%

Highlights
<p>In 2023/24, Bury had the same proportion of males in new presentations to drug treatment as England, but a slightly lower proportion of 30-49 year olds than England. Bury had a higher proportion of 50+ years in drug treatment compared to England.</p> <p>In line with the national pattern, there were a similar proportion of females in 18-29 years age group. Bury had a higher proportion of females in drug treatment in the 50+ years ages group. For 30-49 years age group, Bury had a similar proportion of males in drug treatment compared to the England average.</p>

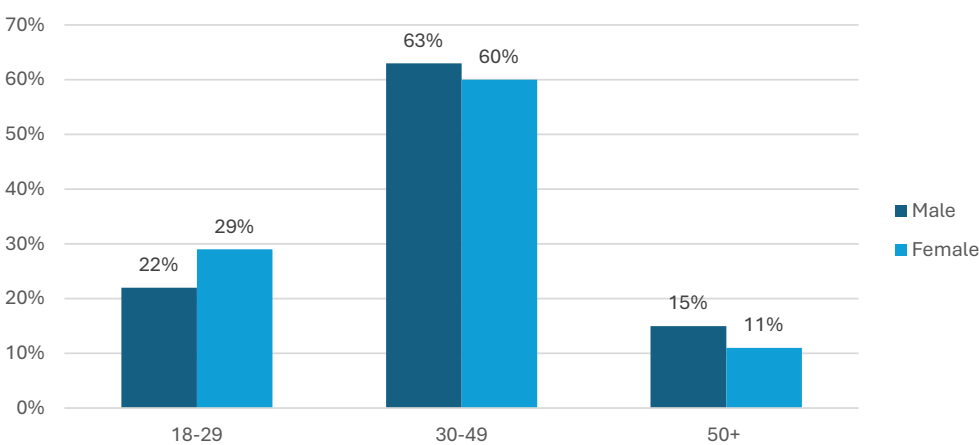
Bury

Bury new presentations to drug treatment by age 2023-2024



England

England new presentations to drug treatment by age 2023-2024

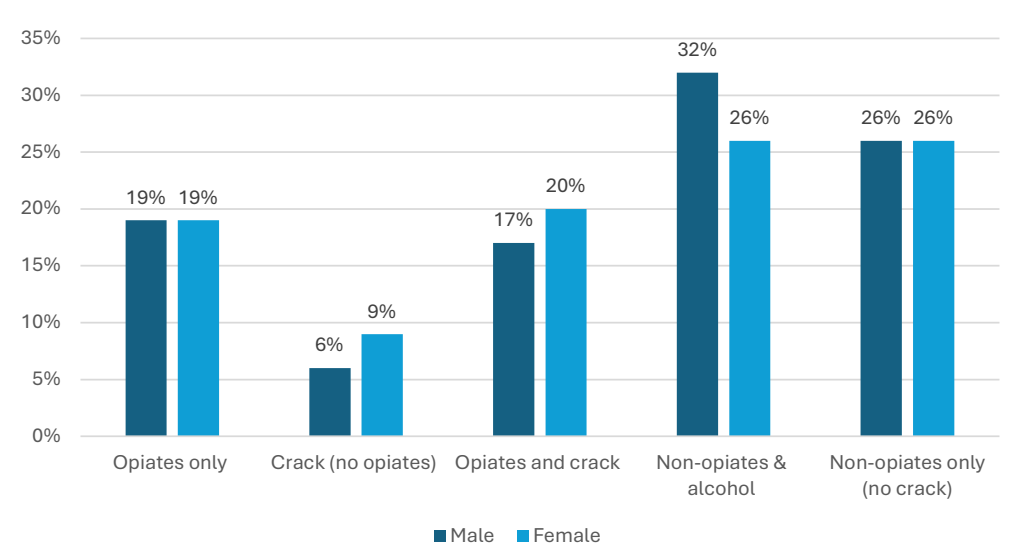


Treatment	New presentations to drug treatment			Drugs
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Proportion of new presentations to treatment by substance group, April 2023–March 2024

New presentations to treatment by substance group	Bury 2023-24			England 2023-24
	Number	%	Change from March 2022 (%)	%
Opiates only	73	19%	1%	15%
Crack (no opiates)	27	7%	1%	8%
Opiates and crack	66	17%	5%	24%
Non-opiates and alcohol	117	31%	-4%	28%
Non-opiates only (no crack)	99	26%	-4%	25%
Total	382	100%	-1%	100%

Bury proportion of new presentations to treatment by gender 2023-2024



Highlights

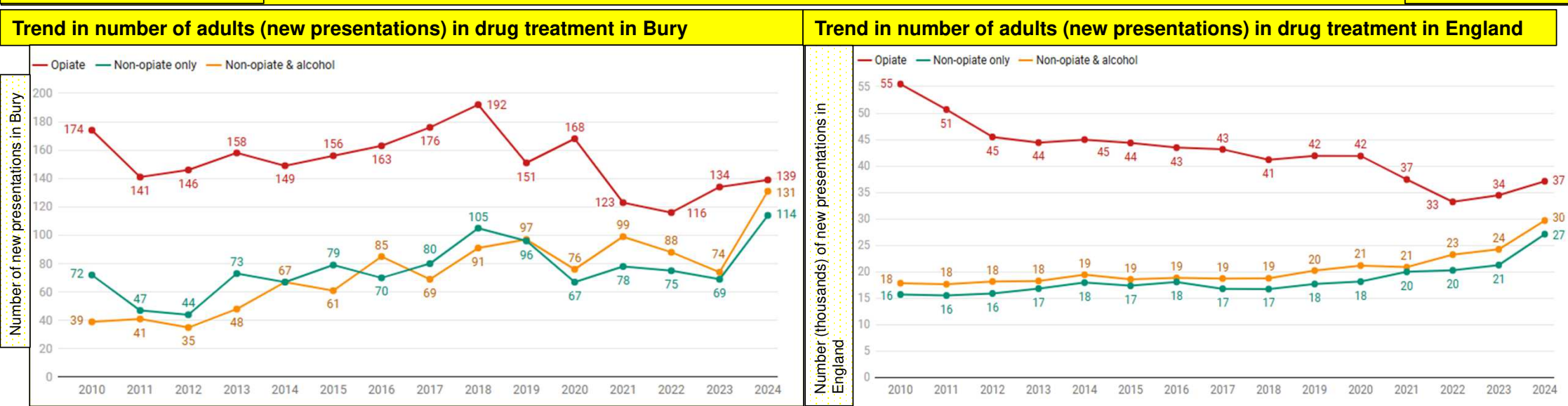
In 2023/24, there were 382 new presentations to treatment in Bury.

The highest proportion of new presentations of adults in drug treatment in Bury were for ‘non-opiates and alcohol’ and ‘non-opiates only (no crack)’, the same as seen nationally. Bury has higher proportions of adults in treatment for ‘opiates only’ and lower proportions of adults in treatment for ‘opiates and crack’ than England.

Around 65% of adults new into drug treatment in Bury were males. The highest proportion of females in treatment were for ‘non-opiates only’ and ‘non-opiates and alcohol’.

Bury experienced increases in adults in drug treatment between December 2023/March 2024 and the baseline of March 2022, with the highest increase in ‘non-opiates only (no crack)’ and ‘non-opiates and alcohol’.

Treatment	Adults in drug treatment (New Presentations)	Drugs
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Highlights

Opiates are by far the highest drug group for adults in treatment in Bury and England. Overall numbers in treatment for 'opiate' have decreased over the last 14 years for 'opiate' in Bury and England.

Adults in treatment in Bury for 'non-opiate' and 'non-opiate and alcohol' remained relatively stable with some fluctuations from 2010 to 2023 before a sharp rise in both substance groups in 2024. Similar pattern is seen nationally.

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities. Opiates includes opiates only, opiates and alcohol and/or opiate and non-opiates

Treatment	Protected characteristics		Drugs
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Protected characteristics of adults presenting to treatment, 2023/24		New presentations	
		Bury	England
Number % of all in treatment		331 44%	76,709 44%
Sex	Male	79%	72%
	Female	21%	28%
Age	18-29 years	24%	24%
	30-49 years	60%	62%
	50+ years	16%	14%
Ethnicity (where known)	White British	87.8%	79.6%
	White Irish	2.1%	1.1%
	Other White	2.1%	5%
	White and Black Caribbean	1.2%	1.3%
	White and Black African	0.2%	0.4%
	White and Asian	0.3%	0.4%
	Other mixed	0.2%	1%
	Indian	0.5%	1.6%
	Pakistani	1.5%	0.9%
	Other Asian	0.9%	1%
	African	0.9%	1.4%
Sexuality (where known)	Heterosexual	87%	86.3%
	Gay/Lesbian	2.6%	2.9%
	Bi-sexual	1.2%	2.6%
Disability (where known)	No disability	63.5%	63.9%
	Any disability	33.5%	32.1%
	Declared disability		
	- Behaviour	15.8%	16.9%
	- Mobility	5.2%	6.7%
	- Learning	3.6%	3.8%
Religion (where known)	None	59.5%	58.6%
	Christian	26.8%	20.9%
	Muslim	1.9%	2.9%

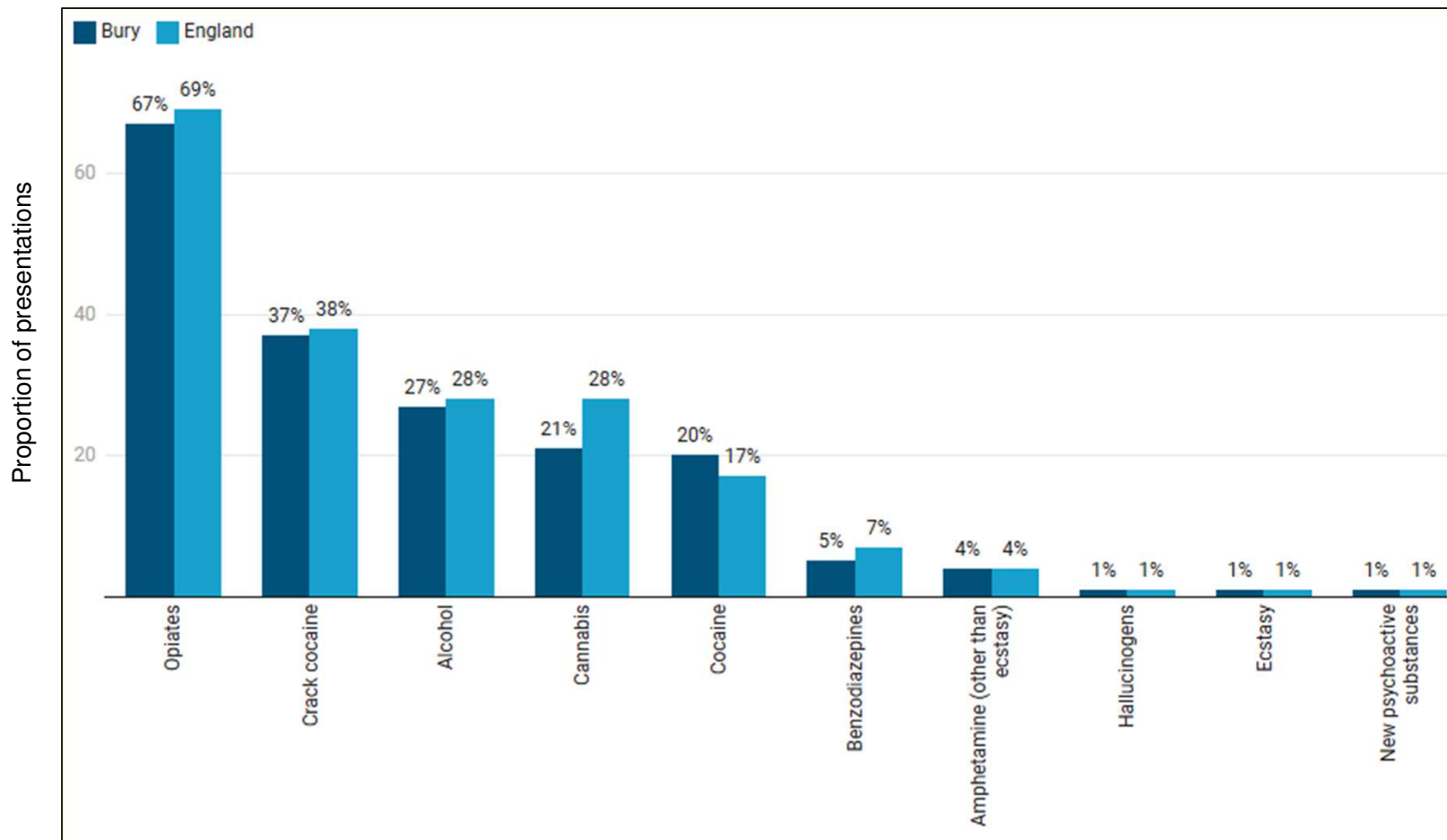
Highlights
<p>In 2023/24, there were 331 new presentations to treatment in Bury, 44% of all in treatment. The majority of new presentations were male.</p> <p>Bury had a slightly lower proportion of 30-49 year olds and a higher proportion of 50+ years in drug treatment compared to England.</p> <p>In Bury, the majority of people were White British and a notable proportion of 'White Irish' and 'Other White',. Bury has a higher proportion of Pakistani clients compared to the national average (small numbers).</p> <p>Most people reported that they were heterosexual, which is in line with the national average.</p> <p>Bury had a similar proportion of clients who reported having a disability compared to England. Of those who declared a disability, the highest were reported as 'behaviour'.</p> <p>Most people reported 'None' to religion in both Bury and England. Bury reported higher proportion of Christian adults and lower proportion of Muslim adults presenting to drug treatment than England.</p>

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Most commonly cited problem substances	Drugs
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Most commonly cited problem substances of all adults in treatment for problems with all drugs for Bury and England, 2021-22.

Highlights



Opiates, crack cocaine, alcohol, cannabis and cocaine are the most commonly cited substances for both Bury and England.

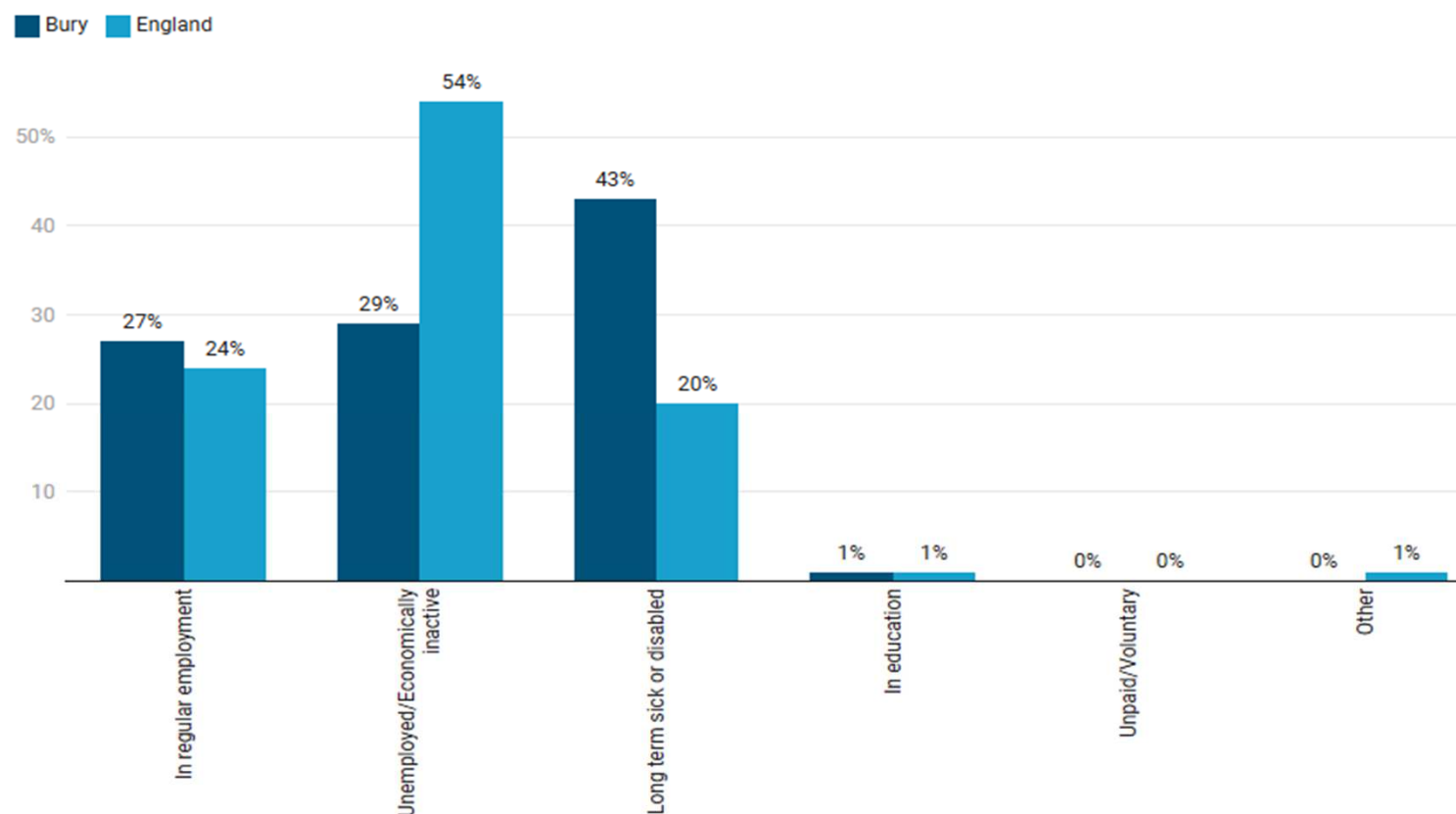
Bury has a higher proportion of 'cocaine' as the most commonly cited problem substance of all adults in treatment for problems with all drugs compared with England. For all other substances, Bury is either lower or similar to England.

Treatment	Employment*	Drugs
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Highlights

- In 2023/24, 29% of adults who started alcohol treatment in Bury were unemployed/economically inactive, lower than the national average of 54%.
- Bury had a much higher percentage of long-term sick or disabled individuals (43%) starting treatment compared to England (20%).
- Both Bury and England reported having lower proportions of adults in education starting treatment (1%).

Figure: Adults in drug treatment at the start of treatment by employment status for Bury and England, 2023/24



***Excludes alcohol only**

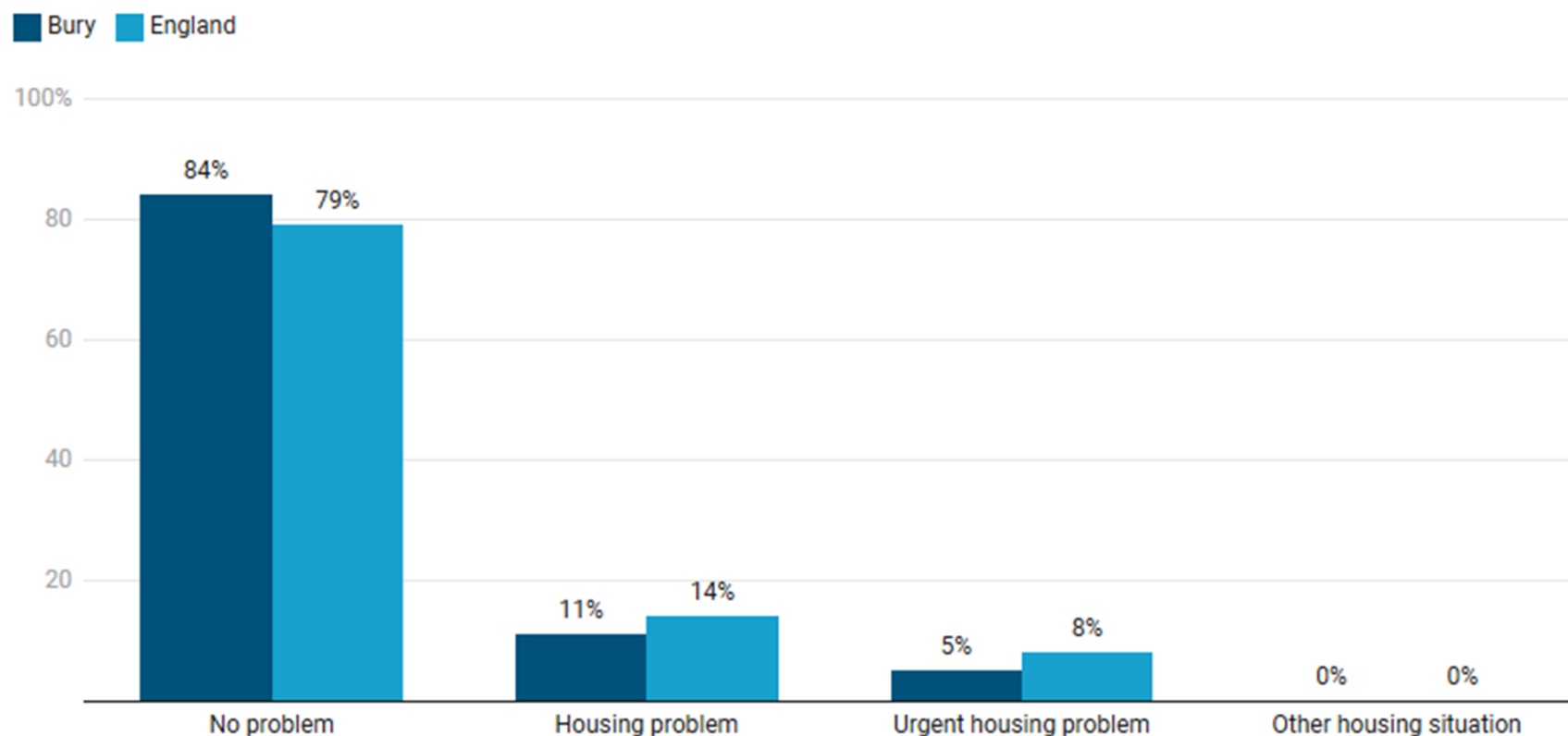
Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Housing - accommodation status	Drugs
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Highlights

In 2021/22, overall housing status in Bury was better than experienced nationally. Around 84% of Bury clients reported having 'No housing problems', higher than the national average of 79%. Proportion of those with a housing problem (11%) urgent housing problem (5%) was also lower than England.

Figure: Adults in drug treatment at the start of treatment by Housing- accommodation status for Bury and England, 2021/22



***Excludes alcohol only**

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Homelessness	Statutory homelessness duties owed – drug dependency	Drugs
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Table: Initial assessments of statutory homelessness duties owed and Drug dependency support needs of households owed a prevention or relief duty, 2022/23

Area	Total households assessed as owed a duty	Drug dependency support needs	
		Number	%
Bury	961	40	4.2%
Calderdale	804	99	12.3%
North West	44,930	3,410	7.6%
England	298,430	18,190	6.1%

Highlights

In 2022/23, 4.2% of households who had an initial assessment of statutory homelessness owed a prevention or relief duty had a drug dependency need in Bury. This was lower than Calderdale (12.3%), North West (7.6%) and England (6.1%)

Treatment	Adults who are parents/carers and their children	Drugs
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Adults who are parents/carers and their children		Bury	England
Parental status (where known), 2023/24	Number	700	158,051
	Living with children	19%	16%
	Not a parent and living with children	1%	2%
	Parent not living with children	13%	13%
	Not a parent and not living with children	67%	67%
Living with children, 2021/22	Number of children living with drug users	114	25,402
Clients' children receiving early help or in contact with children's social care (where known), 2021/22	No early help	82%	64%
	Child protection plan in place	11%	14%
	Child in need	11%	8%
	Looked after child	10%	9%
	Early help	10%	6%
New female presentations who were pregnant, 2021/22	Not applicable	6%	5%

Highlights

In 2023/24, a fifth of adults presenting to drug treatment in Bury were parents living with children, a higher proportion than England (16%).

In 2021/22, 13% of parents in Bury were not living with children, similar to national average (13%).

In Bury, there was a higher proportion of client's children receiving no early help (82%) compared to nationally (64%) and lower proportion of child protection plan in place (11% vs 14% nationally)

Treatment	Co-occurring mental health and drug use	Drugs
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Adults in drug treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Bury and England, 2021-22.

Adults who entered drug treatment and were identified as having mental health treatment need, 2021/22		Bury		England
		Number	Proportion of new presentations	Proportion of new presentations
Drug group	Total	223	80%	70%
	Opiates	93	80%	66%
	Non opiates	57	76%	70%
	Alcohol and non-opiates	73	83%	76%
Mental health treatment received	Total	178	80%	75%
	GP	159	71%	55%
	Already engaged	36	16%	22%
	Engaged with IAPT	-	2%	2%
	NICE	-	2%	2%
	Health-based place	-	1%	1%

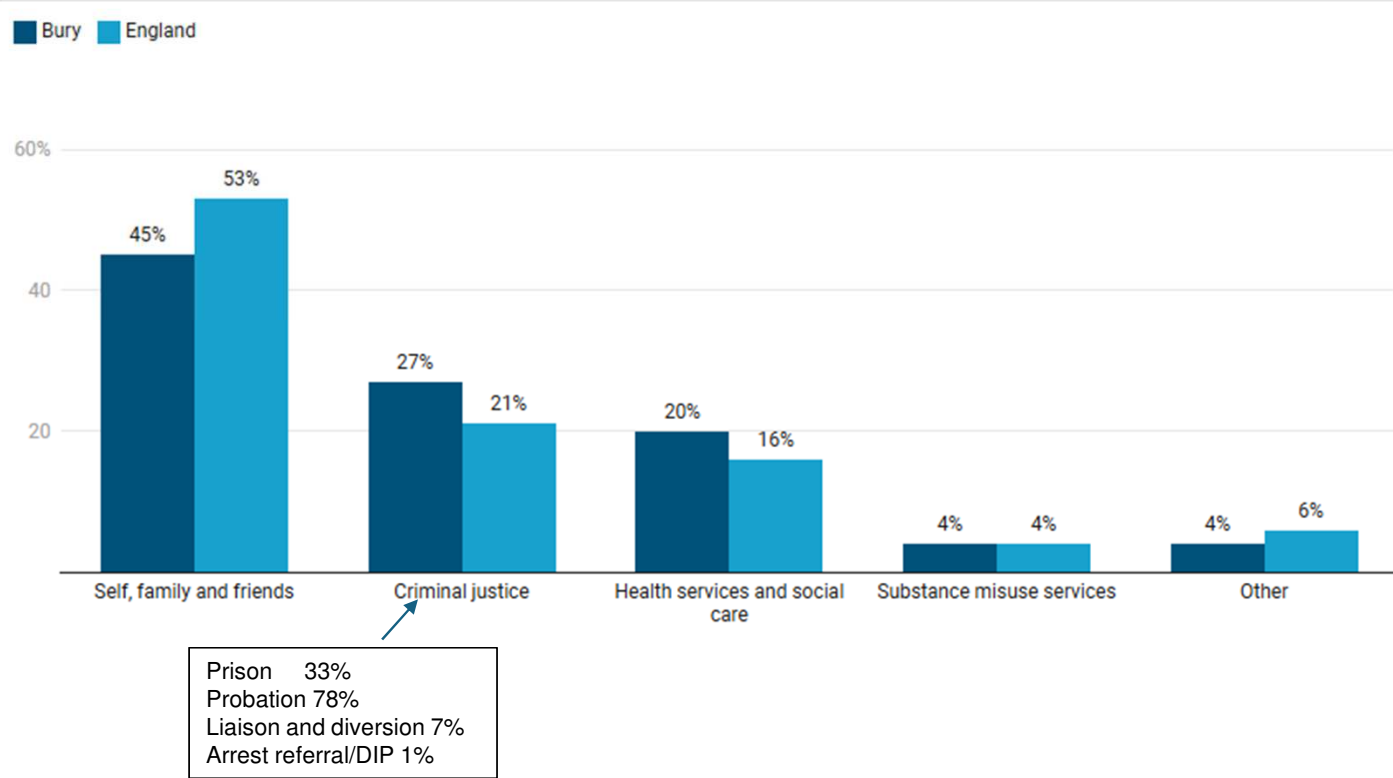
Highlights

Around 8 in 10 people (80%) who entered drug treatment in 2021/22 were identified as having a mental health treatment need in Bury compared with 7 in 10 people (70%) for England.

Around one third (71%) of those were receiving mental health treatment, primarily from their GPs compared with nearly half in England (55%).

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities. Opiates includes opiates only, opiates and alcohol and/or opiate and non-opiates

New presentations by referral source, 2023/24

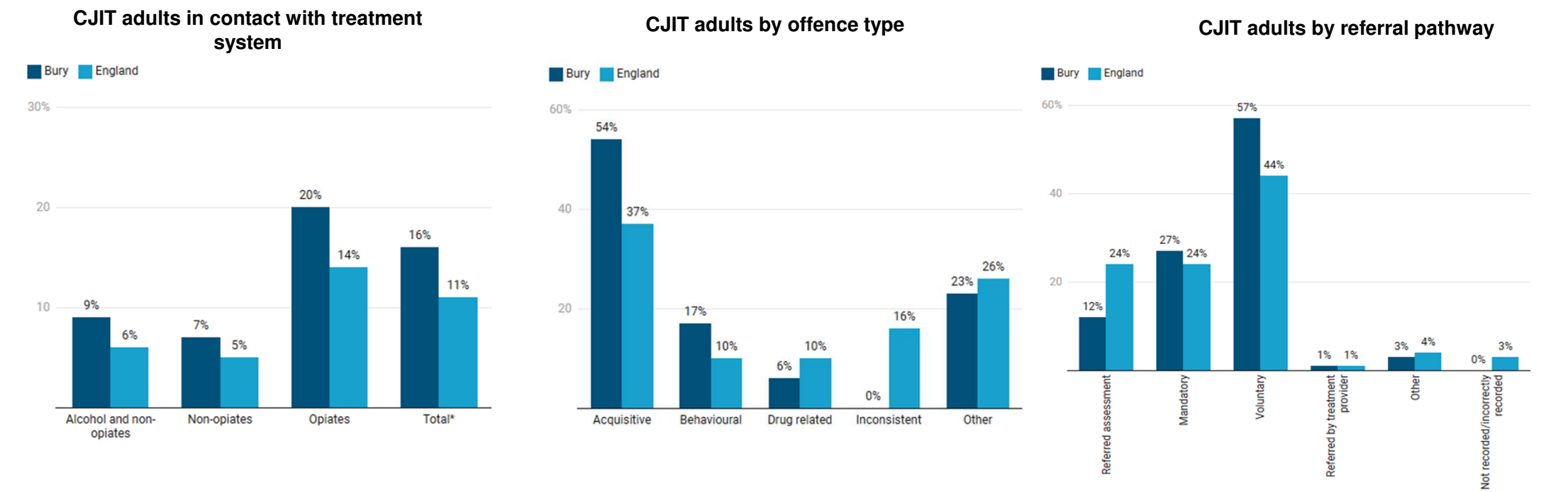


- 99% of Bury clients were seen within 3 weeks from referral for their first intervention in 2023/24
- Lower proportion of clients self-referred compared to England, at 45% compared to 53%, with a higher proportion referred from the Criminal Justice System (27% compared to 21%).
- Three times the proportion of males (26%) to females (8%) were referred through CJS in Bury
- Female referrals were higher from self, family and friends (57% compared to 46% in males) and health services and social care (28% compared to 24% in males)

*Excludes alcohol only

Treatment	Criminal Justice Integrated Teams(CJIT) – in contact with services	Drugs
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Clients who were in contact with Criminal Justice Integrated Teams (CJIT) and community-based treatment, 2021/22*



Highlights

- A higher proportion of CJIT adults were in contact with the treatment system in Bury compared to the national average.
- A higher proportion of adults were due to acquisitive and behavioural offences in Bury compared to England.
- There was a notably high proportion of voluntary referrals in Bury (57%) compared to England (44%), and also a lower proportion of referred assessments (12%) compared to England (24%)..

Criminal Justice Integrated Teams (CJIT) were established in 2003 as part of the Drug Interventions Programme (DIP) as a dedicated resource refer, assess and case manage substance misusing offenders into treatment. When DIP was discontinued as a centrally funded national programme in 2012, some local authorities continued to maintain dedicated teams while others integrated CJIT posts into mainstream community-based treatment services

Treatment	Criminal Justice Pathway – release from prison	Drugs
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Adults with drug and alcohol treatment need who successfully engage in community based structured treatment following release from prison, 2023/24

Area	Persons		
	Number	Proportion	Trend
Bury	41	69.5%	↑
Calderdale	51	52%	→
North West	1,737	66.1%	↑
England	10,052	53.3%	↑

Legend

- Worse 95% ○ Not applicable
- Better 95% ● Similar
- No significant change
- ↑ Increasing & getting worse
- ↓ Decreasing & getting better

Highlights

Drug and alcohol use among the prison population is considerably higher in comparison to drug and alcohol use in the general population. National prison estimates suggest 81% of prisoners reported using illicit drugs at some point prior to entering prison, including 64% within the month before entering prison.

In 2023/24, 60 adults were released from prison and transferred to a community treatment provider for structured treatment in Bury, with nearly 70% successfully engaged; higher than the North West (66.1%) and England average (53.3%).

Trend data for Bury, North West and England suggests that the proportion engaging in community based structured treatment following release from prison is increasing and getting better

Treatment	High level interventions						Drugs
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Adults in treatment in high level interventions and settings, 2023/24		Pharmacological		Psychosocial		Total- Community	
		Number	%	Number	%	Number	%
Bury	Community	759	99%	441	96%	759	99%
	Inpatient Unit	59	13%	59	8%	59	8%
	Primary Care	-	7%	-	-	31	4%
	Residential	-	1%	-	-	-	1%
England	Community	130,695	96%	211,107	98%	212,981	98%
	Inpatient Unit	6,640	5%	6,290	3%	6,851	3%
	Primary Care	14,388	11%	8,448	4%	15,065	7%
	Residential	3,346	1%	3,154	1%	3,346	2%

Adults who were in treatment for opiates and had pharmacological sub-interventions, 2021/22			Bury	England
Opioid substance therapy (OST) interventions	All prescribing interventions (number)		428	131,005
	Any OST interventions		91%	89%
	Methadone intervention		66%	71%
	Buprenorphine intervention		28%	28%
	Buprenorphine with naloxone intervention		11%	6%
OST Supervision status	All clients with an OST supervised status (number)		37	115,130
	Any supervised OST		28%	59%
	Any unsupervised OST		93%	78%
	Supervised methadone		23%	49%
	Unsupervised methadone		67%	62%
OST Prescribing intention	All clients with an OST prescribing intention (number)		389	116,859
	Methadone	Maintenance	71%	68%
		Assessment & stabilisation	6%	26%
		Withdrawal	15%	14%
	Buprenorphine	Maintenance	30%	24%
		Assessment & stabilisation	2%	10%
		Withdrawal	9%	5%
	Unspecified OST	Maintenance	24%	54%
		Assessment & stabilisation	5%	30%
		Withdrawal	6%	15%

Highlights

Almost all adults in treatment are seen within a community setting, and for both pharmacological and psychosocial intervention. Bury had a higher proportion of any unsupervised OST (93%) compared with England (78%).

Bury had a higher proportion of clients who had a prescribing intention on maintenance methadone (71% vs 68% nationally), buprenorphine maintenance (30% vs 24% nationally) and a lower proportion with an unspecified opioid substance therapy (24% vs 54% nationally).

Treatment	Blood-borne virus and overdose death prevention	Drugs
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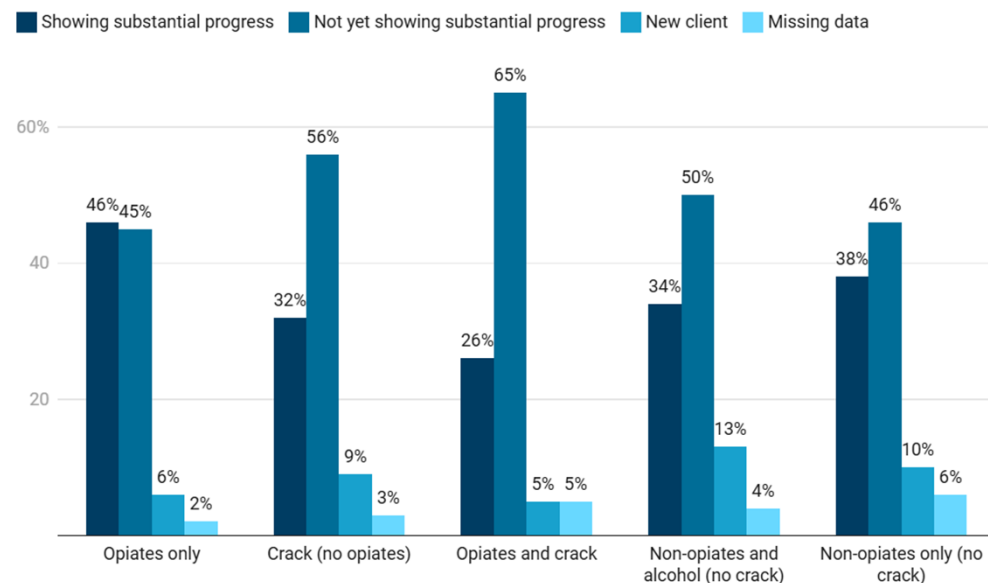
It is estimated that over one quarter (29%) of people aged 15 to 64 who use opioids and/or crack cocaine in England inject drugs. People who inject drugs are vulnerable to a wide range of health harms which can result in high levels of morbidity and mortality, including blood borne viral infections, bacterial infections, and overdose

Prevention, 2021/22			Bury		England
			Number	Proportion of eligible adults	Proportion of eligible adults
Hepatitis B	Adults eligible for HBV vaccination and accepted one		25	13%	28%
	Accepted and completed course		-	8%	12%
	Accepted and started		-	-	8%
Hepatitis C	Adults eligible for HCV test who accepted one		82	37%	45%
	Adults who have a positive HCV antibody test		25	35%	21%
Naloxone issued	All opiate adults in treatment issued		98	22%	40%
	Issued	Injectable	-	3%	36%
		Nasal	34	29%	5%
		Both	-	-	-
	Not issued	Client already has naxolone	42	36%	20%
Assessed as not appropriate		34	29%	24%	
Naloxone administered			14	3%	6%
Injecting use	Never injected		175	65%	72%
	Previously injected		51	45%	17%
	Currently injecting		26	23%	10%

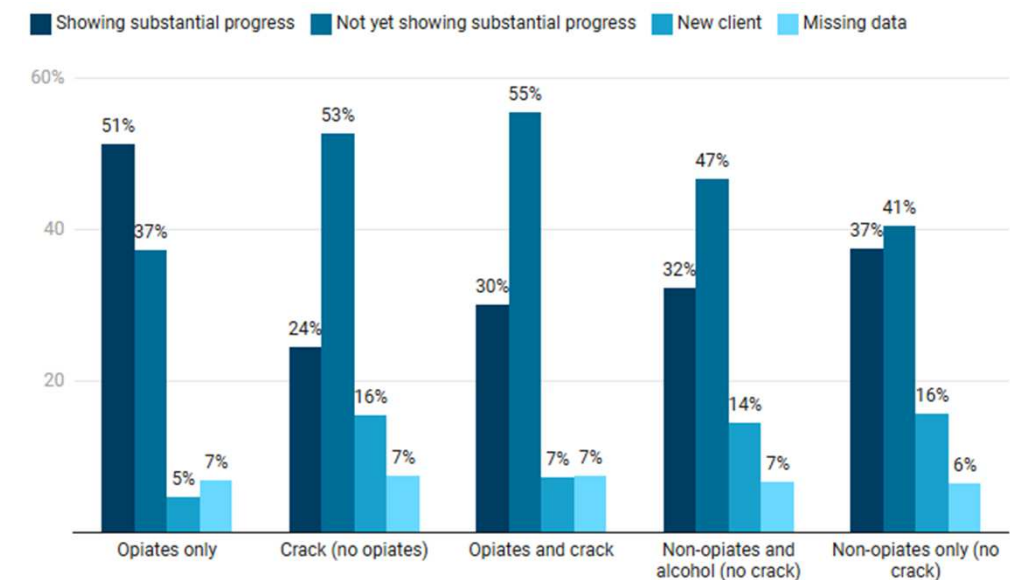
Highlights
<p>Vaccination uptake for Hepatitis B 13% vs 28% nationally) and C (37% vs 45% nationally) in Bury was lower than seen nationally.</p> <p>Bury has lower proportion of adults eligible for HCV test who accepted one (37%) compared with the national average (45%).</p> <p>1 in 5 of opiate adults in treatment in Bury were issued with naloxone (22%), lower than the national average of 40%.</p> <p>In Bury, the highest proportion of treatments was nasal (29%) in Bury, whereas in England it was injectable (26%).</p> <p>Bury had a lower proportion of clients who had never injected, at 65% compared to 72% in England. Bury also had a notably high proportion of adults who are currently injecting (23% vs 10% nationally)</p>

Treatment	Treatment Progress	Drugs
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Treatment Progress (%) by Substance group in Bury , 2023/24



Treatment Progress (%) by Substance group in England , 2023/24



Highlights

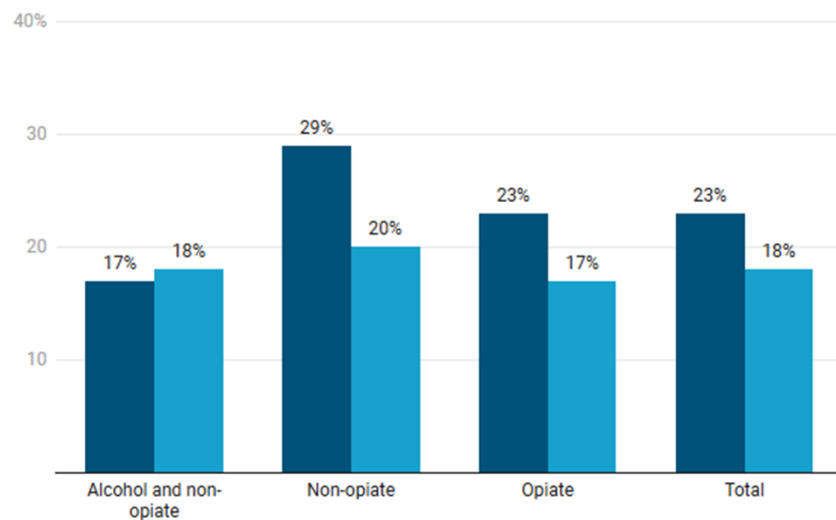
The Treatment Progress Measure provides a detailed view of treatment progress by combining data from treatment reviews and exits. It focuses on each individual's latest treatment journey, often involving multiple overlapping episodes at different services. This measure applies only to adults in community treatment services, including residential and inpatient settings, and excludes data from secure settings. Service users will be classified as showing substantial progress if they successfully completed treatment in the latest reporting period, are still in treatment and not using their problem substances or are still in treatment and have substantially reduced their use of problem substances. In 2023/24, 41% of clients showed treatment progress in Bury compared with 44% in England. Compared with baseline of March 2022, there was a 9% percentage point decrease in clients showing treatment progress in Bury compared with 3% in England. Opiates-only clients have the highest proportion 'showing substantial progress' in both Bury and England but the proportion in Bury (46%) is lower than England (51%). Opiates and crack clients show greatest challenges across all substance groups in both Bury and England in achieving positive outcomes with a higher proportion 65% 'not yet showing substantial progress' in Bury compared with 55% in England. Crack (no opiates) clients in Bury (56%) have higher proportion (32%) showing substantial progress compared with 24% in England.

Treatment	Engagement - early unplanned exits	Drugs
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Early unplanned exits 2021/22	Bury	England
Number	64	13,647
Opiate	23%	17%
Non-opiate	29%	20%
Alcohol and non-opiate	17%	18%
Total	23%	18%

Early unplanned exits as a proportion of new presentations, 2021/22

■ Bury ■ England



Highlights

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. 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

There is a higher proportion of early unplanned exits in Bury (23%), around a quarter of all new presentations, compared to England, and in all drug groups.

The highest proportion of early unplanned exits are in non-opiate (29% vs 20% nationally).

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities. Opiates includes opiates only, opiates and alcohol and/or opiate and non-opiates

Treatment	Length of time in treatment, 2021/22	Drugs
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Drug group	Length of time	Bury		England	
		Number	% of all in treatment	Number	% of all in treatment
Opiates	< 2 years	198	44%	58,986	42%
	6+ years	106	23%	39,671	28%
Non-opiates	2+ years	-	-	892	3%
Non-opiates and alcohol	2+ years	19	2%	1,396	4%

Highlights

Bury had a slightly higher proportion of adults in opiate treatment for less than 2 years (42%) compared to the England average (44%). Conversely, Bury had a lower proportion of adults in treatment for over 6 years (23%) compared to the England average (28%).

Treatment	Successful * completion of drug treatment	Drugs
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Opiate Users, 2023

Area	Persons		
	Number	Proportion	Trend
Bury	27	5.7%	→
Calderdale	29	4.6%	→
North West	1,225	5%	→
England	7,102	5.1%	→

Non- Opiate Users, 2023

Area	Persons		
	Number	Proportion	Trend
Bury	91	31.1%	↓
Calderdale	148	37.9%	→
North West	4,837	31.9%	↓
England	22,250	29.5%	↓

Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

Area	Persons		
	Number	Proportion	Trend
Bury	41	69.5%	↑
Calderdale	51	52%	→
North West	1,737	66.1%	↑
England	10,052	53.3%	↑

Legend

- Worse 95% ○ Not applicable
- Better 95% ● Similar
- ↑ Increasing & getting better
- ↓ Decreasing & getting worse
- No significant change
- ↗ Increasing & getting worse
- ↘ Decreasing & getting better

Highlights

In 2023, there were 27 successful (dependent free) treatment completions for opiate users and 91 for non-opiate users in Bury. Bury had similar treatment completion rates to England but the trend in successful completions for non-opiates users is decreasing and getting worse in Bury. Bury, North West and England are experiencing decreasing and worsening trends in successful completion of non-opiate users treatment.

There were higher proportions (statistically significant) of adults with a drug and/or alcohol treatment need who successfully engage in community-based structured treatment following release from prison in Bury (69.5%) compared with England. . Bury, North West and England are experiencing increasing and getting better trends in proportion of adults with drug/alcohol treatment need who successfully engage in community-based structured treatment following release from prison

* Free of dependence

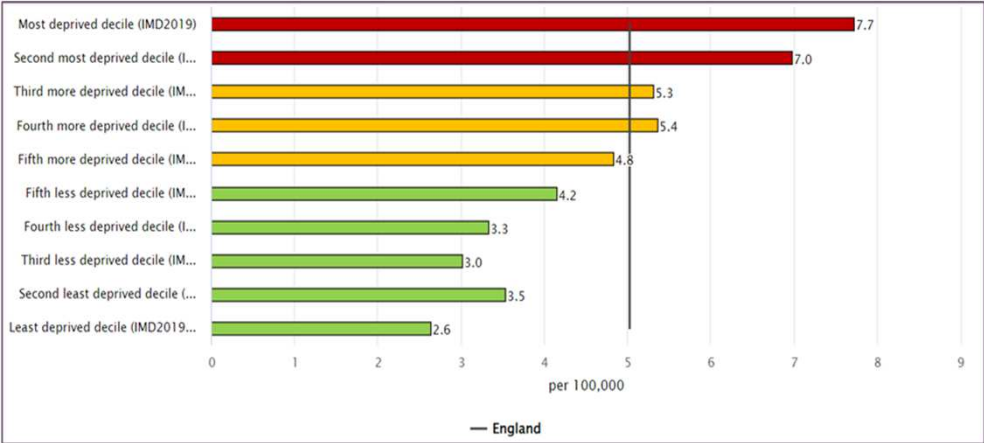
Deaths from drug misuse, directly age standardised rate per 100,000 population, 2021-2023

Area	Rate per 100,000
Bury	7.5
Calderdale	11
England	5.5

Proportion of Deaths in drug treatment *

Area	Proportion (%)
Bury	3%
Calderdale	3%
North West	4%
England	4%

Deaths from drug misuse - deprivation rates – England (based on districts)



Highlights

The drug misuse mortality rate in Bury (7.5 per 100,000) is statistically similar to the national average of 5.5 per 100,000. No data are available for northwest but Calderdale (Bury’s closest statistical neighbour) has a mortality rate of 5.5 per 100,00o worse than the England average.

Nationally, data from fingertips for the period 2018-20 suggests that drug misuse mortality is highest in the most deprived districts of England.

Deaths in drug treatment (3%) in Bury are slightly lower than Northwest (4%) and England (4%)

Children and Young People

Bury

Risk factors

- High rate of first time entrants to youth justice system but trend remained stable ⁵⁷
- Slightly higher suspensions from school for drug and alcohol issues ⁵⁸

Treatment

- 141 children and young people in treatment and 92 new presentations, higher in treatment for males than females and higher proportion of 18-24 year olds ^{59,64}
- High proportion of White British ⁶⁰
- Higher proportion of cannabis and alcohol ⁶¹
- All young people in treatment in Bury were not parents but high proportion were living with children⁶²
- High proportion of no early help ⁶²
- Higher proportion of referrals education, health services and young criminal justice. Highest from social care. ⁶⁵
- Lower proportion in mainstream education, higher proportions in 'alternative education', 'Not in education, employment or training' and 'persistent absentee/excluded' ⁶⁶
- Higher proportion living with parents ⁶⁷
- Lower proportion identified as having a mental health need and high proportion receiving treatment ⁶⁸
- Longer lengths of treatment ⁶⁹
- High harm reduction interventions ⁶⁹
- High early onset (started before 15 years) and using two or more substances (including alcohol) ⁷⁰
- High involvement in self-harm, anti-social behaviour and child in need ⁷¹
- Almost all successful completions (98%) did not re-present in 6 months ⁷²

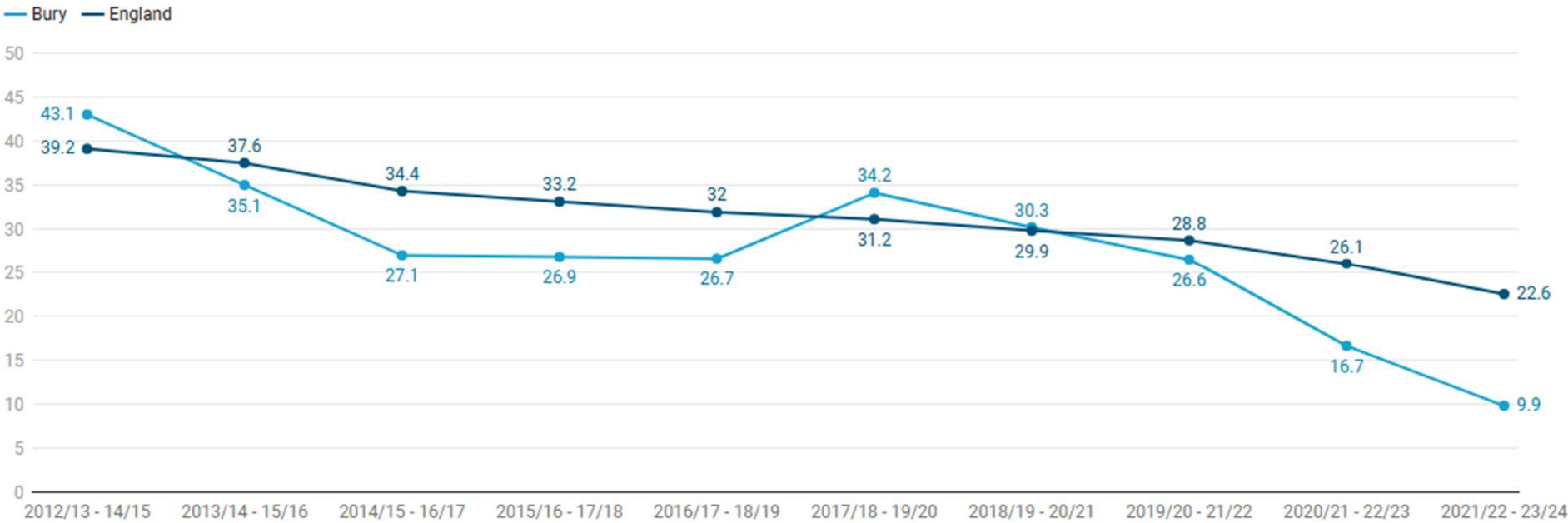
Hospital admission episodes for alcohol-specific conditions, Under 18 years olds, 2021/22– 2023/24 (crude rate)

Area	Number	Rate per 100,000
Bury	13	9.9
Calderdale	32	23.7
North West	1,213	25.6
England	8,043	22.6

Highlights

Bury had a low rate of alcohol specific hospital admissions in under 18 year olds compared to England, and has experienced decreases in rates from 34.2 per 100,000 in 2017/18-19/20 to 9.9 in 2021/22-23/24.

Trend in admission episodes for alcohol-specific conditions - Under 18s



Hospital admissions	Drug/Alcohol (15-24 years)	Drugs
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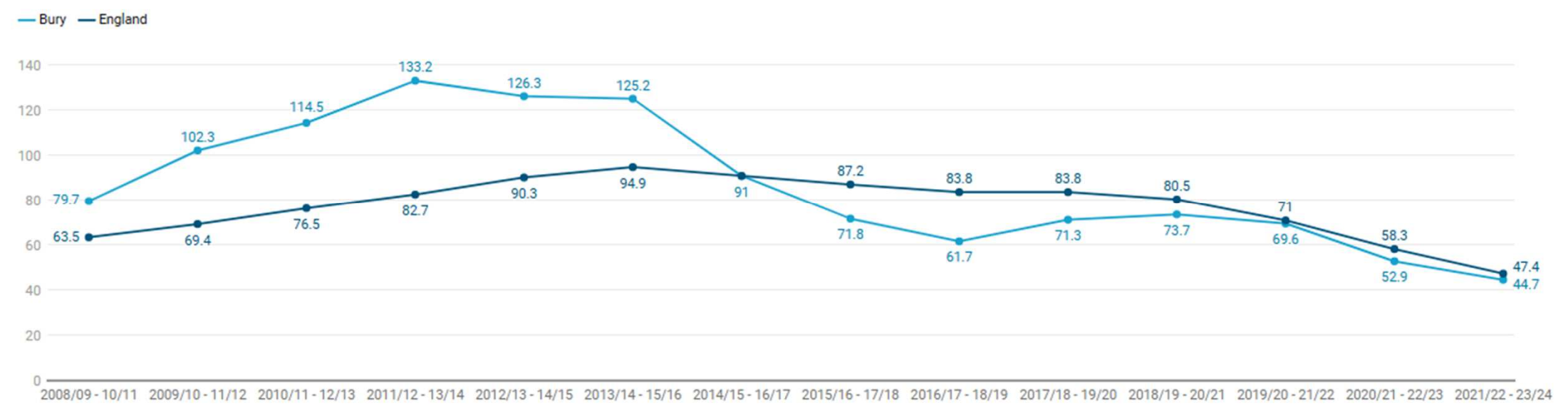
Hospital admissions due to substance misuse (15-24 years), 2021/22-2023/24 (Directly standardised rate)

Area	Number	Rate per 100,000
Bury	30	44.7
Calderdale	30	45.8
North West	1,360	49.9
England	9,596	47.4

Highlights

Bury had similar drug/alcohol hospital admission in young people(15-24 years) compared to England. There has been a notable decrease in rates in Bury, with rates in 2009/12 to 2015/16 being significantly higher than England average. Since then rates have steadily declined but remain similar to England average.

Trends in hospital admissions due to drug/alcohol use (15-24 years), 2008/09-10/11 to 2021/22-23/24 (Directly standardised rate)



Offending	First time entrants to the youth justice system	Drugs
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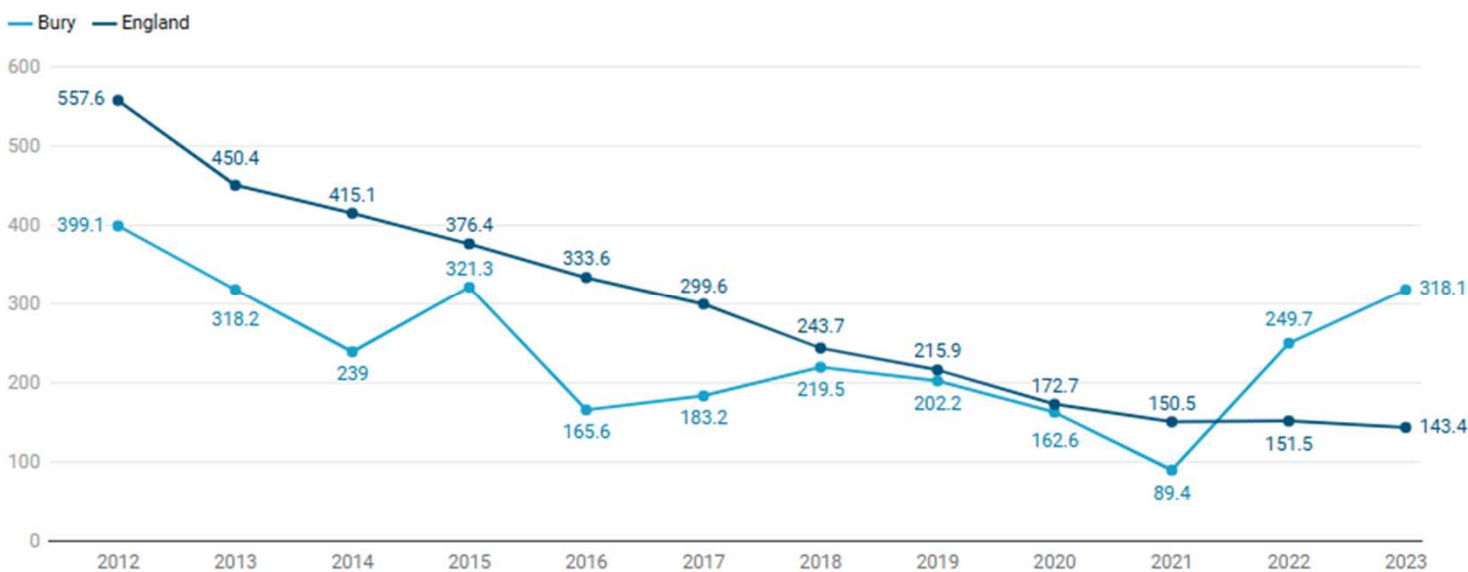
First time entrants to the youth justice system, under 18's, 2023 (Crude rate per 100,000) 10 to 17 year old population

Area	Number	Rate per 100,000	Trend
Bury	66	318.1	→
Calderdale	53	248.4	→
North West	1,283	175.9	→
England	7,856	143.4	↓

Highlights

Bury had high rate of first time entrants to the youth justice system in children and young people aged under 18 years compared to England and had the highest rate in its group of similar local authorities. For the years 2022 and 2023, the rates in Bury have risen and are higher and worse than England average.

First time entrants to the youth justice system, under 18's, 2023 (Crude rate per 100,000)



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 drug and alcohol services a new substance use key performance indicator will be introduced for YOTs in England from April 2023 covering treatment engagement of YOT service users with drug and alcohol needs.

Suspensions from school related to drugs and alcohol, 2021/22

Area	Number	% of all suspensions
Bury	86	4%
England	22,714	3%

Highlights

Schools are an important part of any young people’s drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist drug and alcohol treatment services. Being excluded or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

In England, there were 8,689 permanent exclusions and 676,718 suspensions from state-funded schools in the 2021-22 academic year, including 452 drug and alcohol related permanent exclusions and 22,714 drug and alcohol related suspensions. In 2021/22, 86 suspensions from school in Bury were related to drugs and alcohol.

In total 4% of Bury’s permanent exclusions related to drugs and alcohol, but numbers are very small (too small to report here).

Treatment	Children and young people in treatment	Drugs
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Young people in treatment, March 2023 – April 2024		In treatment	
		Bury	England
Number		130	17,886
Sex	Male	63%	61%
	Female	37%	39%
Age	Under 15 years	18%	22%
	15 years	23%	21%
	16 years	12%	18%
	17 years	13%	17%
	18-24 years	34%	22%

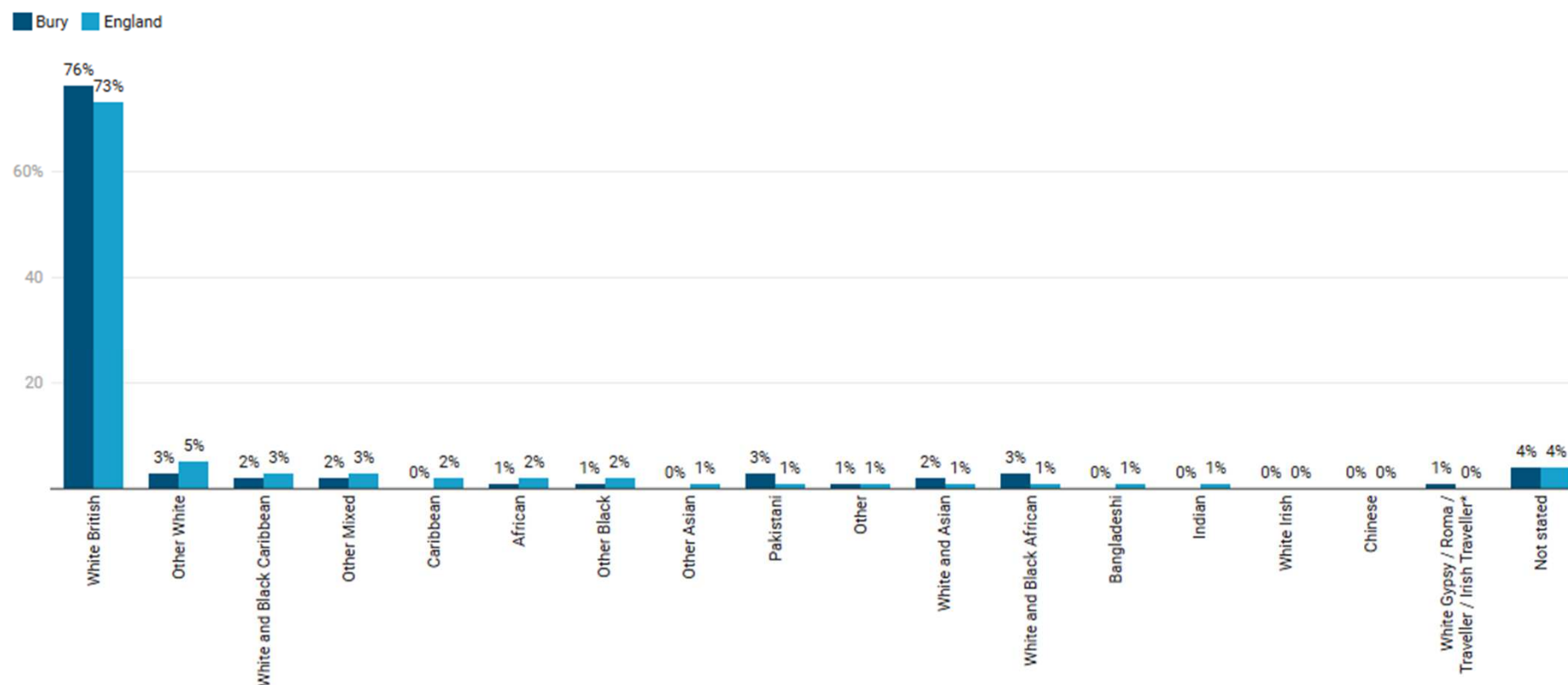
Highlights

In 2023/24, there were 130 young people aged under 25 years in specialist drug and alcohol treatment and recovery services in Bury, with 63% being male. Bury had higher proportion aged 18-24 years (34% vs 22% in England) and lower proportion aged 17 years (13% vs 17% in England).

Treatment	Children and young people – ethnicity	Drugs
Young people in treatment by ethnicity, 2022/23		

- Bury had a higher proportion of White British children and young people in treatment compared to England (76% compared to 73%)
- Bury had a higher proportion of Pakistani children and young people in treatment compared to England (3% compared to 1%) but numbers are small.

Proportion of young people (under 18) in treatment by ethnicity for Bury and England, 2022-23



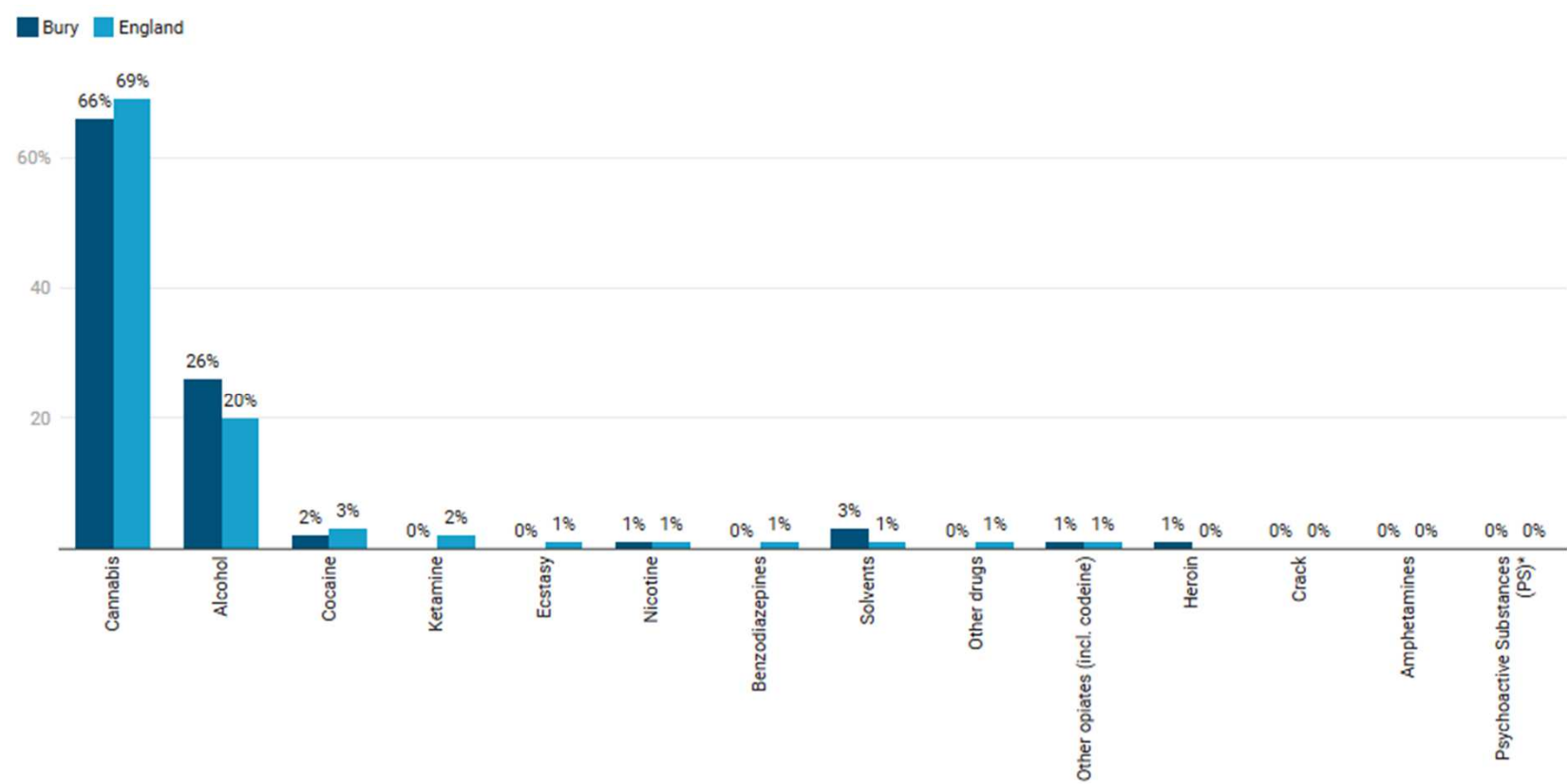
Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Children and young people – substance	Drugs
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Young people (including 18-24 year in young people’s services) in drug and alcohol treatment by reported primary problem substance, 2022/23

- The highest proportion of children and young people in drug and alcohol treatment were for Cannabis use with 66% in Bury and 69% in England. Almost a quarter (26%) were in treatment for alcohol use , slightly higher than a fifth nationally (20%).

Proportion of young people (including 18-24 in young people’s services) in treatment reporting problem substances for Bury and England, 2022-23



Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Young people who are parents/carers and their children	Drugs
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Young people who are parents/carers and their children, 2022/23		Bury	England
Number		96	12,418
Parental status (where known)	Not a parent, not living with children	46%	58%
	Not a parent, living with children	54%	38%
	Parent, not living with children	-	2%
	Parent, living with children	-	1%
Living with children	Number of children living with young people in treatment	85	7,485
Early help and children's social care (where known)	No early help	62%	59%
	Early help	11%	10%
	Child in Need	11%	7%
	Looked after child	9%	4%
	Child protection plan in place	4%	4%
	Other early help	-	1%
	Missing	-	15%

Highlights

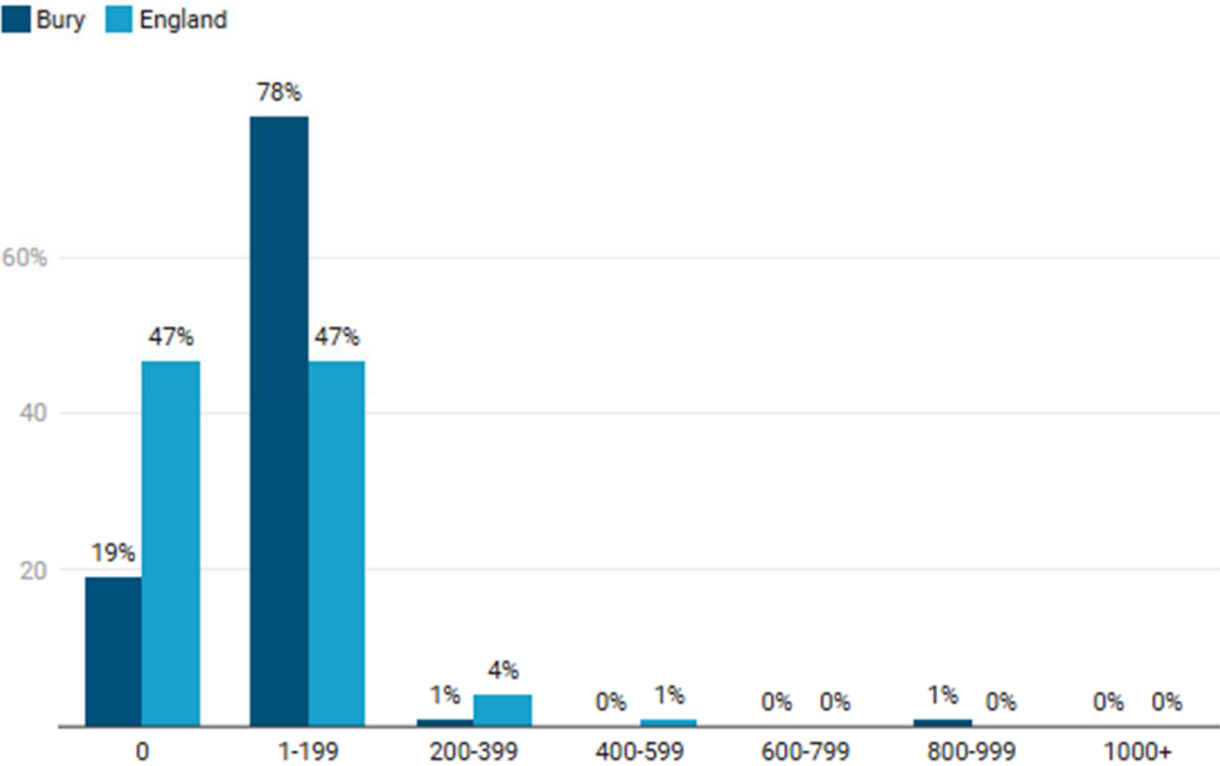
In 2022/23, all young people in treatment in Bury were not parents, however 54% of young people in Bury were living with children; higher than the national average of 38%. High proportion with no early help (62%) compared to England (59%)

Treatment	Children and young people – drinking levels	Alcohol
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Young people (aged under 18 years) in treatment by drinking level units (28 days prior to starting treatment)

- Bury had a higher proportion (78%) of young people aged under 18 years who consumed between 1 and 199 drinking units compared to England (47%)

Number and proportion of young people (under 18) in treatment by drinking level units for Bury and England, 2022-23



Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Children and young people new to treatment	Alcohol
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Age and Sex of young people and young adults newly presenting to treatment for Bury and England, 2022-23

Young people new to treatment, 2022/23		New to treatment	
		Bury	England
Number		92	11,131
Sex	Male	65%	62%
	Female	35%	38%
Age	Under 14 years	11%	8%
	14-15 years	35%	37%
	16-17 years	34%	35%
	18-24 years	21%	20%

Highlights

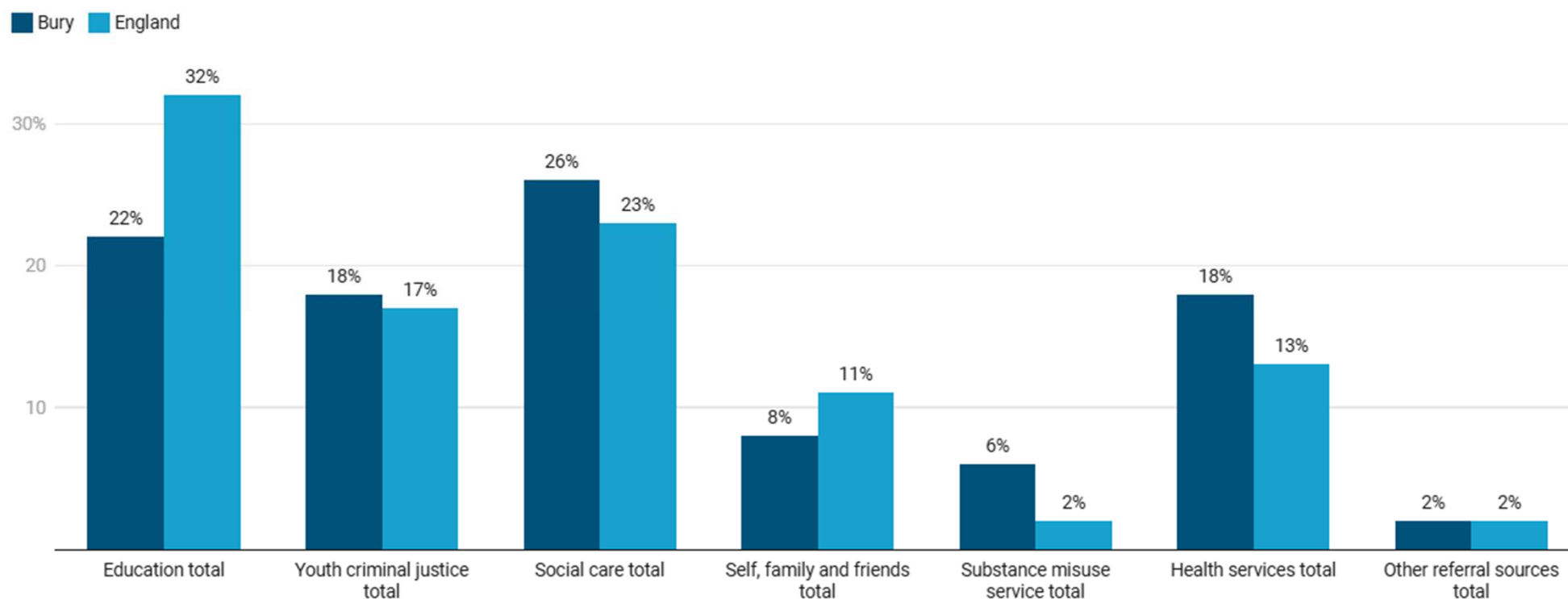
In 2022/23, there were 92 new presentations to treatment in Bury, with a higher proportion of males (65%) compared to females (35%).

Age and sex distribution in Bury and England were fairly similar with Bury have slighter higher proportion of males and under 14 years newly presenting to treatment compared to England.

Treatment	Children and young people – routes into treatment	Drugs
Source of referral for those aged under 18 years who are in treatment, 2022/23		

- In Bury, the highest proportion of referrals were from social care (26%). Around 22% of referrals were from education, 18% for both health services and young criminal justice.
- Referral rates from education services, as well as self, family, and friends, were lower than the national average, while referrals from health services were higher.

Sources of referral for those young people (under 18) in treatment for Bury and England, 2022-23

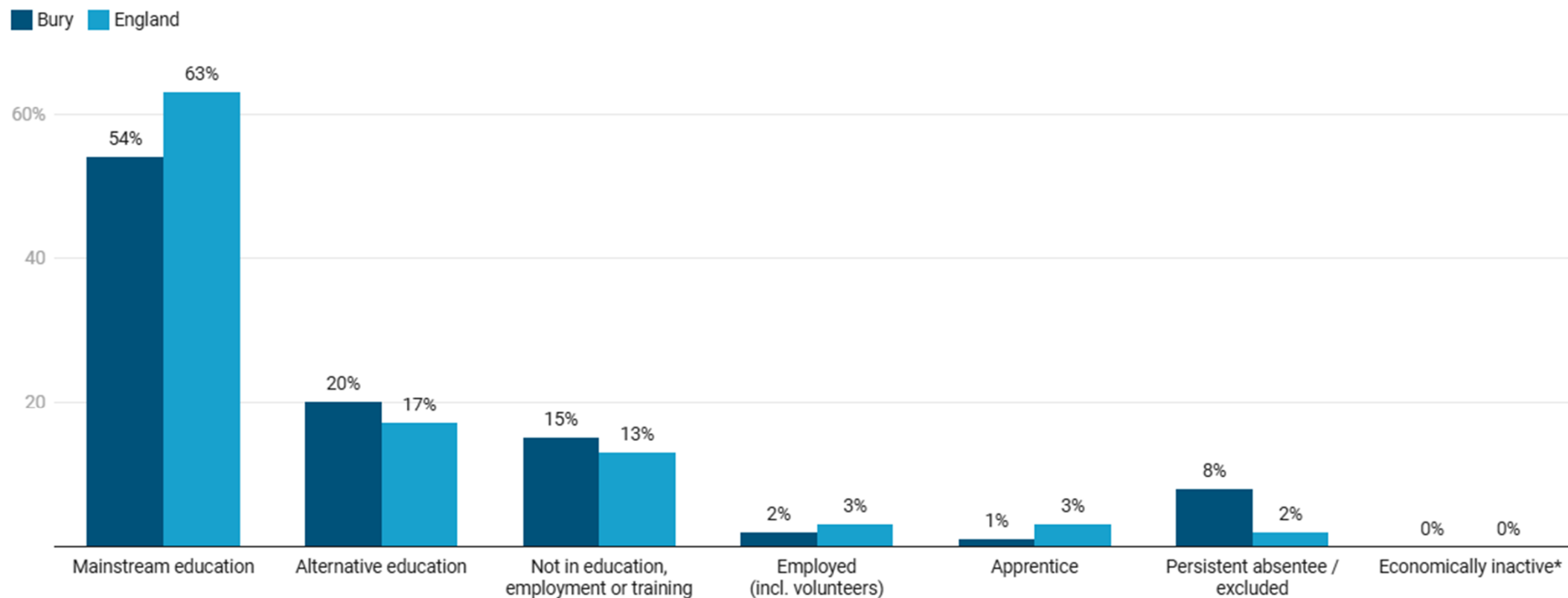


Treatment	Education	Drugs
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Highlights

- For children and young people in treatment, Bury had a lower proportion in mainstream education than England (54% compared to 63%), higher proportions in 'alternative education' (20% compared to 17%), 'Not in education, employment or training' (15% compared to 13%) and 'persistent absentee/excluded' (8% vs 2%).

Education and employment status for young people (under 18) in treatment at the start of their treatment for Bury and England, 2022-23



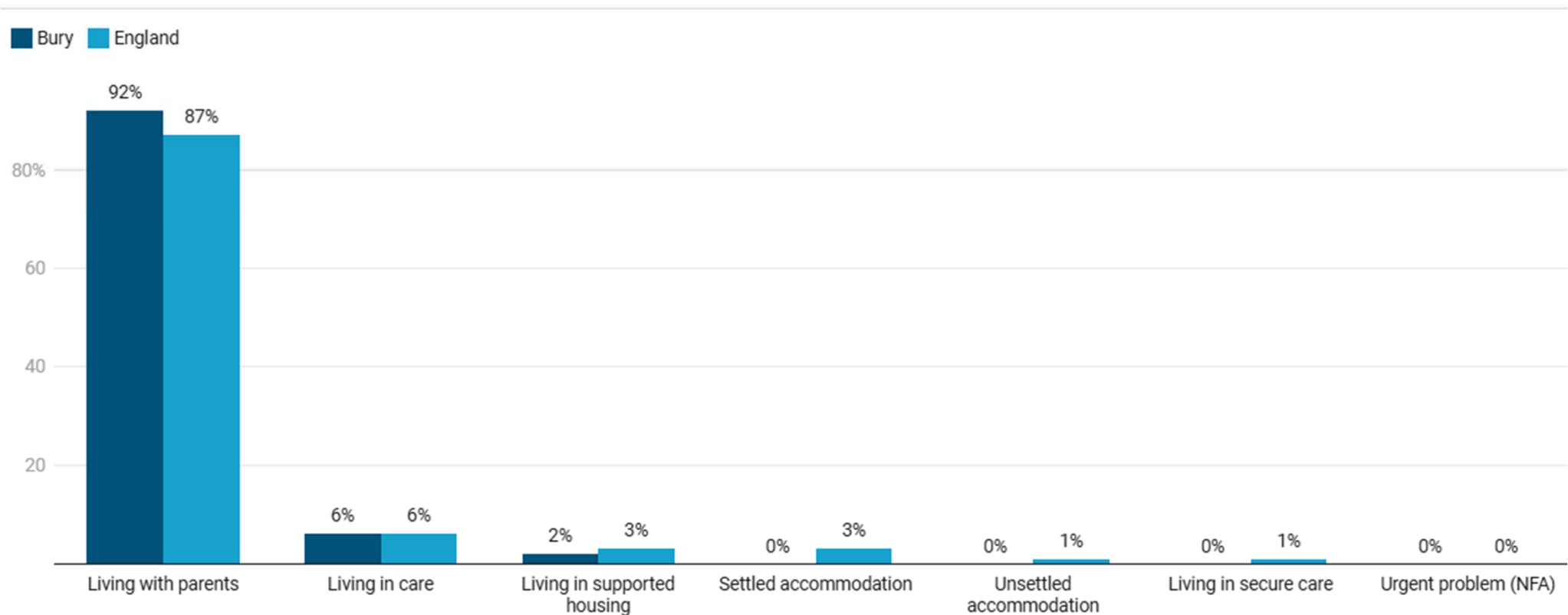
Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Housing - accommodation status	Drugs
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Highlights

In Bury for the year 2022/23, 92% of children and young people in treatment lived with their parents, which is higher than the England average of 87%. Bury had a similar proportion of children living in care (6%) compared to the national average, and a lower proportion living in supported housing (2% vs. 3% for England).

Accommodation status of all young people (under 18) in treatment at the start of their treatment for Bury and England, 2022-23



Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Children and young people - co-occurring mental health and drug and alcohol use

Drugs

Young people (under 18 years) who entered drug treatment and were identified as having mental health treatment need, 2022/23		Bury		England
		Number	Proportion of in treatment	Proportion of in treatment
Total		42	44%	50%
Mental health treatment received	Total	33	79%	72%
	Already engaged with Community Health Team	33	79%	61%
	GP	-	0%	12%
	NICE	-	0%	5%
	Engaged with IAPT	-	2%	2%
	Place of safety	-	12%	2%

Highlights

A lower proportion of children and young people (44%) in treatment in Bury had an identified mental health need compared to England (50%).

79% of those identified as having mental health treatment need in Bury received treatment compared to 72% for England. Majority of young people (89%) engaged with Community Mental Health Teams. There was a higher proportion of children and young people with an identified space in a health-based place of safety for mental health crises compared to England (12% compared to 2%).

It is important to note that numbers are small.

Already engaged with CMHT - Already engaged with the Community Mental Health Team/Other mental health services

GP - Receiving mental health treatment from GP

NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services

IAPT - Improved Access to Psychological Therapies

Place of safety - An identified space in a health-based place of safety for mental health crises

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Children and young people – length of time in treatment and interventions	Drugs
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Length of time in treatment for young people (aged under 18 years) exiting treatment, 2022/23	Bury	England
Number	61	7,974
12 weeks and under	36%	38%
13 to 26 weeks	26%	35%
27 to 52 weeks	26%	20%
53 weeks and over	11%	7%

Highlights
<p>Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer.</p> <p>36% of young people (aged under 18 years) spent 12 and weeks and under in treatment, lower than England average of 38%, 26% spent 13 to 26 weeks (lower than 35% for England), 26% spent 27 to 52 weeks (higher than 20% for England) and 11% spent 53 weeks and over (higher than 7% for England).</p>

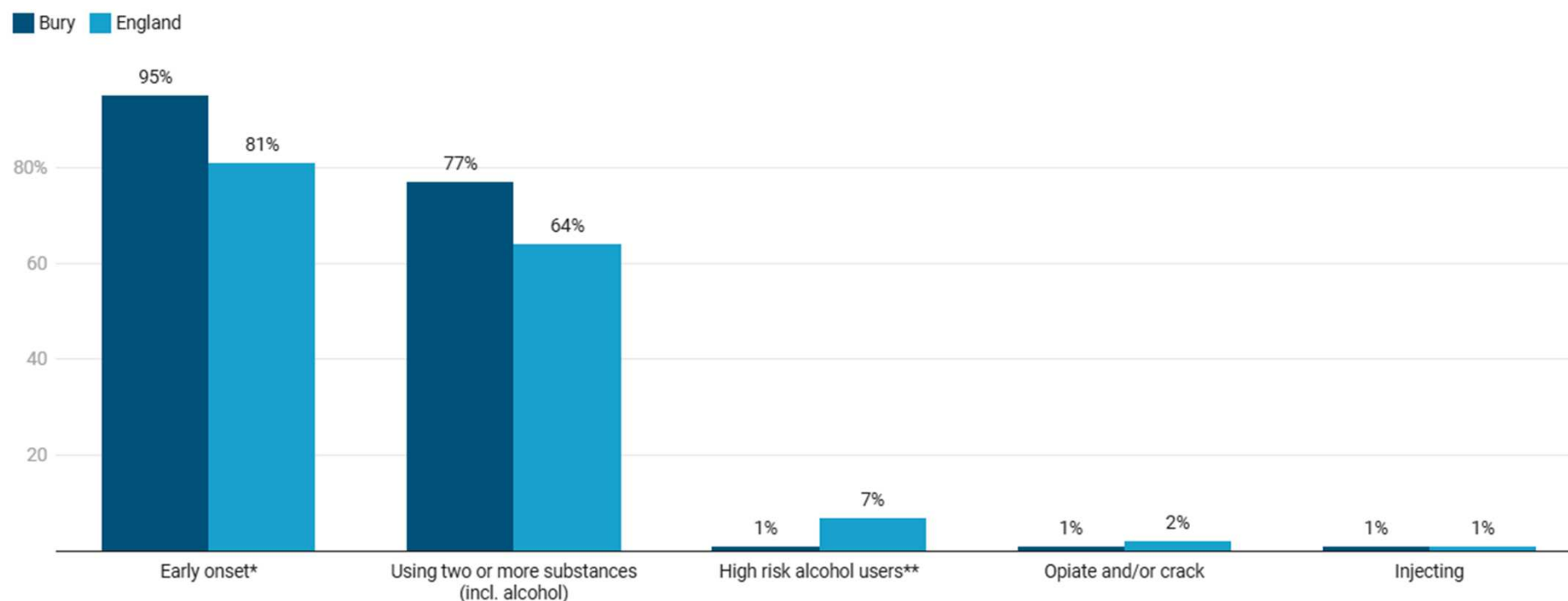
Young people (aged under 18 years) in treatment by high level intervention across the treatment journey, 2022/23	Bury	England
Psychosocial	100%	100%
Harm reduction	99%	70%
Prescribing	0%	0%

Highlights
<p>All young people in treatment in Bury and England received psychosocial interventions. 99% received harm reduction interventions in Bury compared to 70% in England.</p>

Treatment	Children and young people – substance specific vulnerabilities	Drugs
Young people (aged under 18 years) in treatment by substance specific vulnerabilities		

- In Bury, 95% of children and young people in treatment started substance use before age 15 (early onset) and 77% were using two or more substances (including alcohol). These proportions are higher than the national averages of 81% and 64% respectively.

Young people (under 18) starting treatment by substance specific vulnerabilities for England, 2022-23



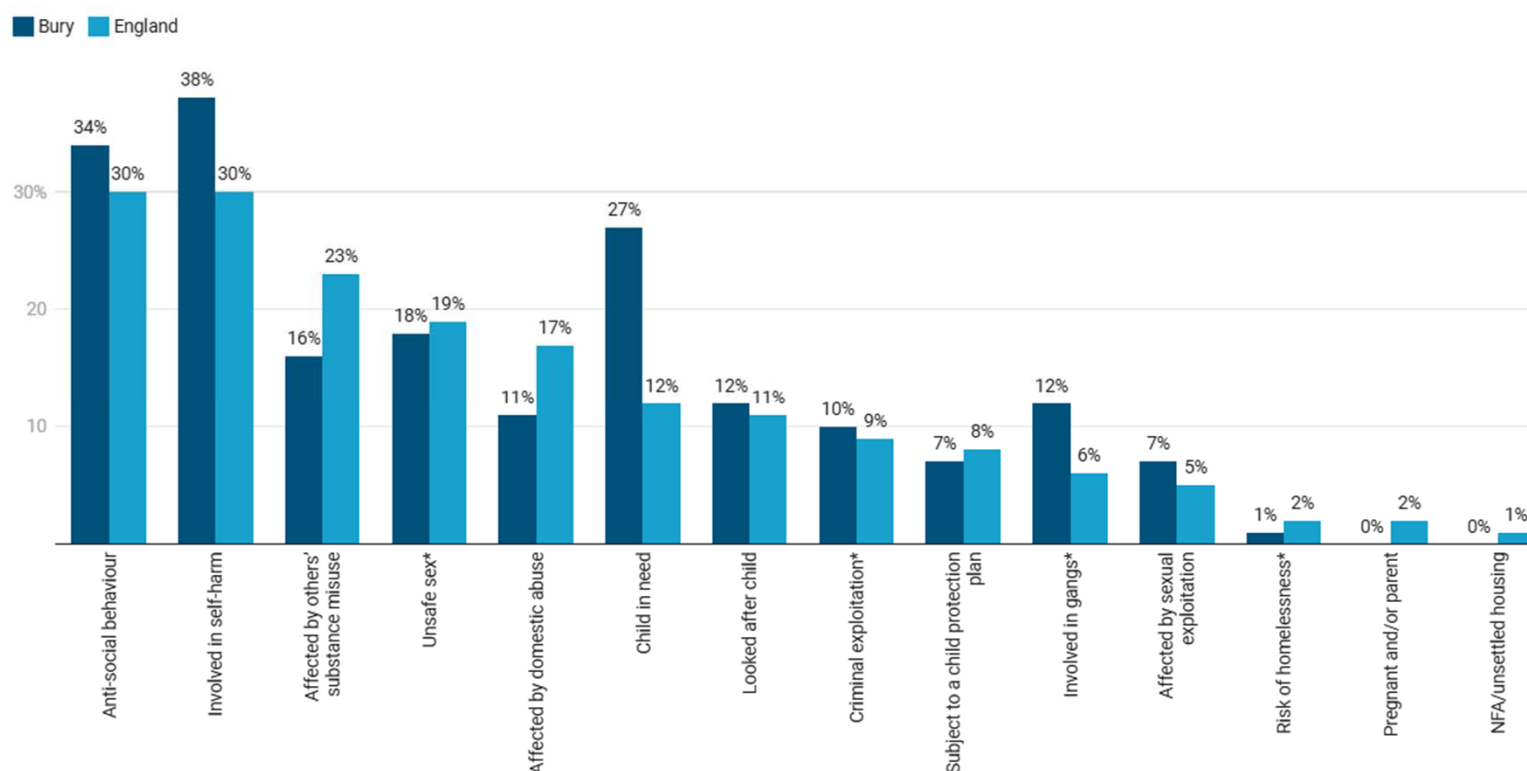
*Early onset means substance use starting before age 15, either by the age of first use of their reported primary substance, a substance they are currently using.

**There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week. This measure captures young people drinking on an almost daily basis (27+ days out of 28) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.

Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Children and young people – wider vulnerabilities	Drugs
Young people (aged under 18 years) in treatment by substance specific vulnerabilities, 2022/23		

- Over a third of children and young people in treatment (38%) reported being involved with self-harm; notably higher than the national average of 30%.
- Around one third (34%) reported anti-social behaviour, compared to 30% nationally
- 11% reported being affected by domestic abuse compared to 17% nationally
- Almost a sixth (16%) reported being affected by others' substance abuse



Source: National Drug Treatment Monitoring System (NDTMS), Office for Health Improvement & Disparities

Treatment	Children and young people – successful completions	Drugs
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Young people aged under 18 years successfully completing treatment, 2022/23	Bury	England
Total leaving treatment - % of treatment population	61 64%	7,974 64%
Leaving treatment successfully - % of treatment population - % of exiting treatment	50 52% 82%	6,600 53% 83%
Not representing within 6 months - % non-representing	48 98%	6,176 96%

Highlights
<p>In 2022/23, Bury had a similar proportion of children and young people leaving treatment (64%) as England and a slightly lower proportion having successful completion compared to England (82% and 83% respectively).</p> <p>Bury had a lower proportion of males leaving treatment than females. With 62% of males leaving treatment in 2022/23 compared to 66% of females. Of those leaving treatment 82% of males had a successful exit, slightly lower than 83% of females.</p>