



ST HELENS
BOROUGH COUNCIL

Drugs & Alcohol

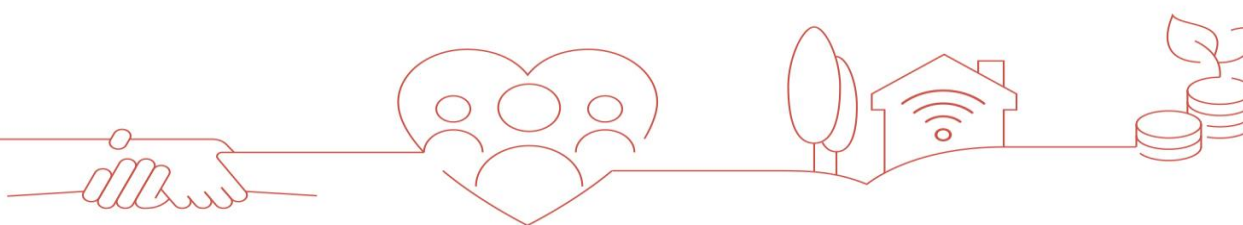
Joint Strategic Needs Assessment

Public Health

2025

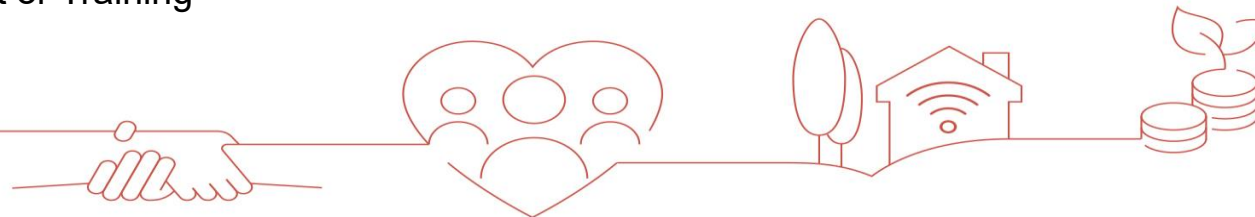
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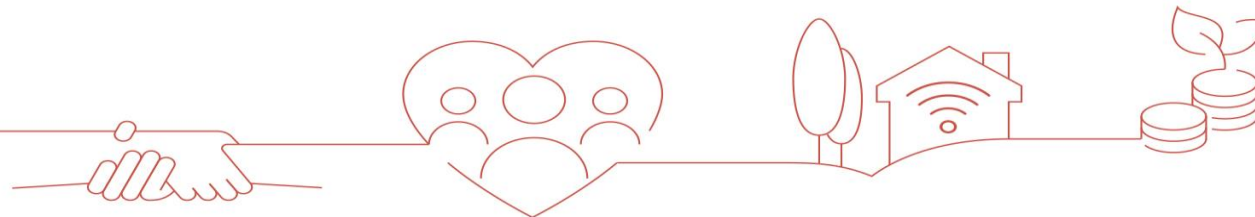
Abbreviations

- ACE – Adverse Childhood Experiences
- ADDER – Addiction, Diversion, Disruption, Enforcement and Recovery
- APS – Annual Population Survey
- CGL – Change Grow Live
- Club Drugs and NPS – Club Drugs and New Psychoactive Substances
- DfE – Department for Education
- HES – Hospital Episode Statistics
- IMD – Index of Multiple Deprivation
- JSNA – Joint Strategic Needs Assessment
- LERO – Lived Experience Recovery Organisation
- LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Queer
- LSOA – Lower Super Output Area
- MHCLG – Ministry of Housing, Communities and Local Government
- NEET – Not in Education, Employment or Training
- NDTMS – National Drug Treatment Monitoring System
- NOMIS – National Online Manpower Information System
- NW – North West
- OCG – Organised Crime Group
- OCU – Opiate and/or Crack cocaine Use
- OHID – Office for Health Improvement and Disparities
- ONS – Office for National Statistics
- PCMD – Primary Care Mortality Database
- PGSI – Problem Gambling Severity Index
- SSMTR – Supplementary Substance Misuse, Treatment and Recovery
- TSNW – Trading Standards North West
- UKHSA – UK Health Security Agency
- YPDAAT – Young People’s Drug and Alcohol Team



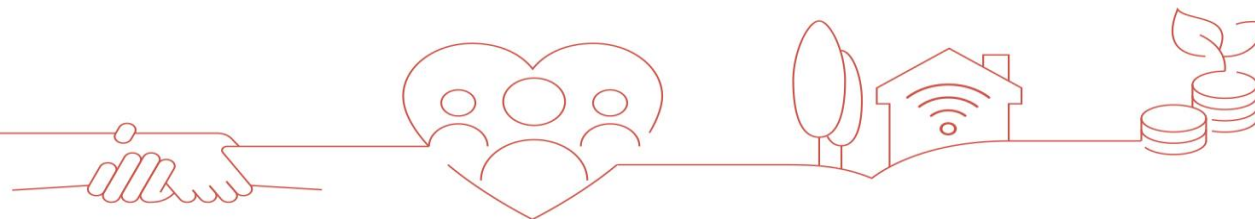
Summary of key findings

- ▶ **Higher prevalence of alcohol and drug use:** St Helens reports higher overall rates of alcohol and drug use than both regional and national averages, across adults and young people. This includes elevated levels of alcohol dependence (18.5 per 1,000) and opioid and crack cocaine use (12.3 per 1,000). Opioid and crack cocaine use is 3.5 times higher in males than in females. This JSNA also highlights the paradox that although the least deprived drink more, it is those living in the most deprivation who experience more of the alcohol related harms.
- ▶ **Disability and substance dependence:** In St Helens, 58% of people who are drug treatment entrants have a disability, compared to 14.1% nationally. Behavioural, emotional, and progressive physical disabilities are notably overrepresented, indicating a strong local link to substance dependence.
- ▶ **Emerging drug trends:** The borough faces rising substance use issues, notably among young people, with ketamine-related treatment needs increasing to 27% (up by 21%) far exceeding national trends.
- ▶ **Problem gambling:** Problem gambling affects an estimated 4,200 people in St Helens, with around 21,000 at risk. Despite the scale, there is a gap in early intervention services for low to moderate risk gamblers.
- ▶ **Underlying risk factors for substance misuse:** The data for St Helens indicates we have higher levels of risk factors for substance misuse than regional and national averages, with higher rates of mental health issues, chronic illnesses, unemployment, adverse childhood experiences, and deprivation, all contributing to an increased risk of substance misuse.
- ▶ **Alcohol-related morbidity and mortality:** The borough faces higher alcohol related morbidity, with increased hospital admissions for conditions such as cancer, cardiovascular and liver disease, and self-poisoning, especially among females. Mortality is also above regional and national averages, with 22 alcohol specific deaths per 100,000 in 2023.



Summary of key findings

- ▶ **Increasing drug-related deaths:** In recent years, drug related deaths in St Helens have risen sharply, surpassing regional and national rates for the first time. This includes notable increases in drug poisoning deaths, with over 80 recorded between 2021 and 2023.
- ▶ **Drug-related crime and anti-social behaviour:** Drug-related crime in St Helens has decreased in recent years but remains a significant concern, particularly in the Town Centre, which also has high rates of street drinking and anti-social behaviour.
- ▶ **Parental substance misuse and child welfare:** Parental substance misuse is a growing issue, with 57% of child social care assessments in 2024 showing alcohol and drug misuse, far exceeding regional and national levels
- ▶ **Success in drug treatment, but unmet needs persist:** St Helens has shown significant success in drug treatment, with high rates of treatment initiation within 3 weeks and successful completions, particularly among under-18s. However, unmet treatment needs remain a concern.
- ▶ **Impact of COVID-19 on substance misuse and housing needs:** The impact of COVID-19 on substance misuse in St Helens showed a slight increase in new treatment presentations and no significant disruption to the successful treatment completion rate. However, there was an increase in the need for housing support following treatment completion, highlighting post-pandemic challenges.



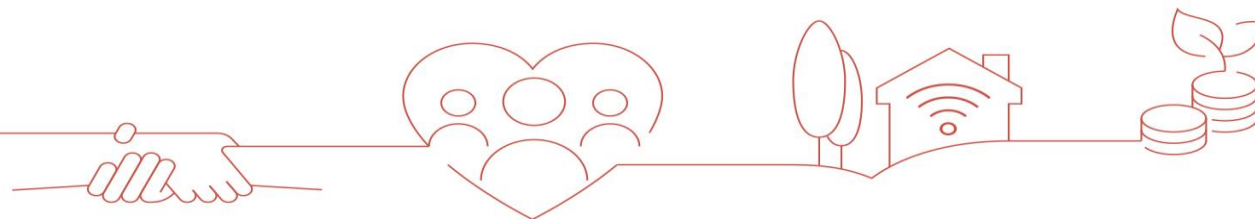
Introduction

The St Helens Drug and Alcohol Joint Strategic Needs Assessment (JSNA) provides a comprehensive assessment of the health, wellbeing and social effects of drug use across the Borough.

The report aims to quantify the burden of drugs and alcohol among young people and adults to understand local issues and patterns of drug and alcohol harm. The JSNA also aims to explore the picture in relation to emerging substances, gambling, identify gaps in current service provision, and make recommendations for changes to meet people's needs. Aligned with the national 10-year plan, it supports efforts to reduce drug supply and demand, cut drug-related crime, and enhance treatment and recovery services.

The JSNA draws on existing information and intelligence from across all partners including national datasets and public health tools, local public health data e.g. hospital episode statistics (HES) and the Primary Care Mortality Database (PCMD), Safer Communities, and Merseyside Police.

The JSNA will be used to inform decision making on planning, commissioning, and delivering effective services.



National and local policy context

National 10 Year Drug Strategy

3 strategic priorities of the national strategy:

- ▶ Break drug supply chains
- ▶ Deliver a world-class treatment and recovery system
- ▶ Achieve a generational shift in the demand for recreational drugs



[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

[National Combating Drugs Outcomes Framework: supporting metrics and technical guidance](#)

St Helens Combatting Drugs Partnership

A local partnership of stakeholders collaborating to implement national strategies while leveraging local intelligence to tailor responses to drug and alcohol misuse.



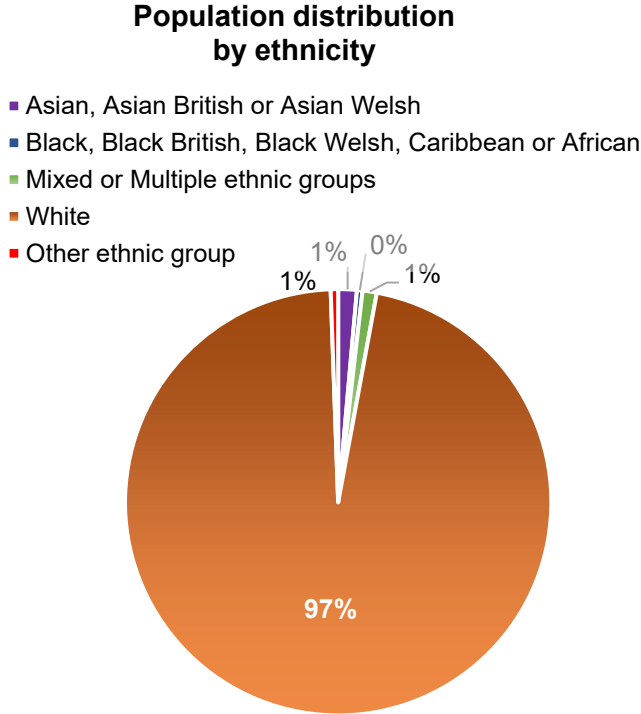
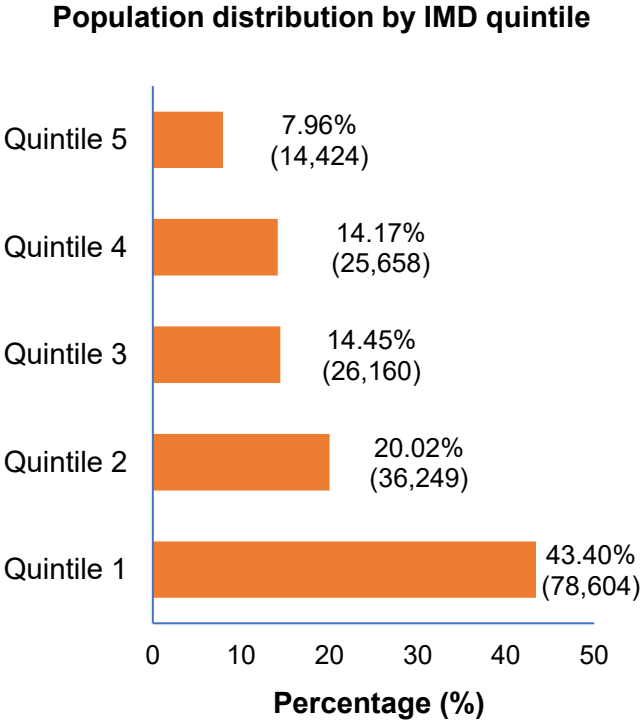
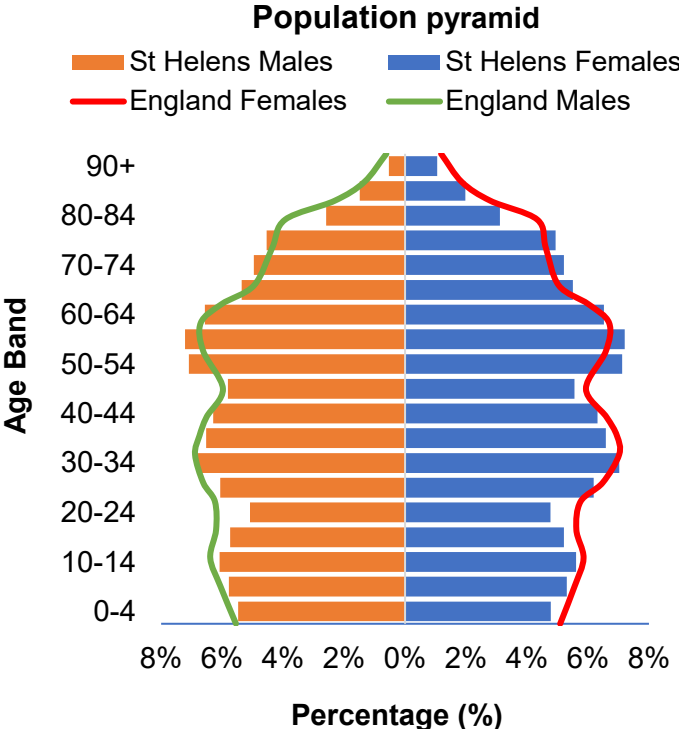
(See appendix for overview of partner activities)



St Helens demographic snapshot

Figure 1 presents a demographic snapshot of St Helens. As illustrated in the population pyramid, St Helens has a higher proportion of the population aged 50 – 74 compared to England. St Helens has 43.4% of the population who live in the 20% most deprived neighbourhoods nationally, and 97% of the population are White ethnicity.

Figure 1: St Helens demographic snapshot



Sources: Ethnicity: Census 2021, Population Pyramid: ONS, IMD Population: MHCLG



St Helens demographic snapshot

Both males and females in St Helens have a lower life expectancy at birth compared to the England average. St Helens has a lower mean annual income compared to England, a higher percentage of economic activity and a higher rate of estimated rough sleepers compared to England.



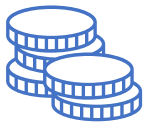
Female life expectancy at birth (2021-23)
80.5 years (England: 83 years)



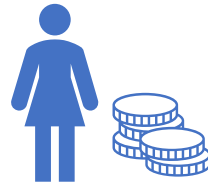
Male life expectancy at birth (2021-23)
76.8 years (England: 79.1 years)



Unemployment (2022)
3.6% (England: 3.7%)



Median gross full time annual pay (2024)
£31,651 (England: £37,630)



Female median gross full time annual pay (2024)
£26,495 (England: £33,988)



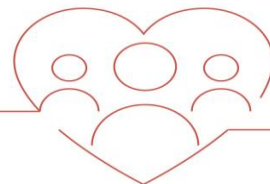
Male median gross full time annual pay (2024)
£33,386 (England: £40,447)



Economic activity (2023) **22.7%**
(England: 21%)



Estimated rough sleepers (2024)
8.6 per 100,000 (England: 8.1 per 100,000)



Prevalence, trends and risk factors

This section explores patterns of alcohol and drug use in St Helens, highlighting who is most affected and what factors increase risk. It includes:

- **Prevalence of alcohol and drug use** in adults and young people
- **Trends** over time in use and dependence
- **Demographic differences** by age and sex
- **Emerging issues** such as ketamine and gambling
- **Key risk factors**, including mental health, physical illness, deprivation, adverse childhood experiences, and housing instability

Alcohol use prevalence in St Helens

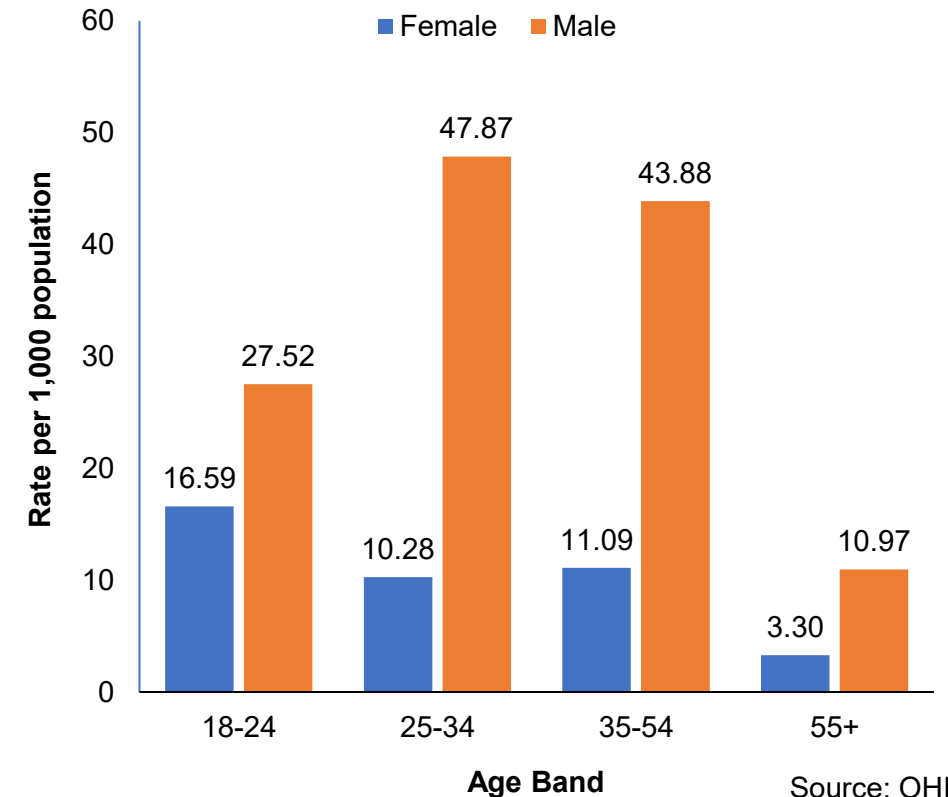
Adults

- ▶ St Helens ranks 11th nationally for alcohol consumption, with 91.6% of adults drinking. 23% exceed 14 units weekly, and 20.6% binge drinking.
- ▶ Additionally, 18.5 per 1,000 adults are alcohol-dependent and may require specialist treatment, placing St Helens among the worst 15% of local authorities (England 13.8; North West 17.4) for alcohol dependence.
- ▶ Alcohol dependence is particularly high among women aged 18–24 and men aged 25–54 (Fig. 2).

Young People

- ▶ In St Helens, 57% of young people (14-17) have consumed alcohol at least once (higher than the North West average of 52%), with 28% drinking monthly, 6% binge drinking regularly, and 37% binge drinking occasionally.
- ▶ 38% report getting drunk in the past month, compared to 42% in the North West.
- ▶ Nationally, 1 in 4 children aged 12 have tried alcohol (NHS Digital, 2021).

Figure 2: Estimated alcohol dependence prevalence by age and sex per 1,000 population in St Helens (2019/20)*



*2019/20 data are the most recent published

Trends in alcohol dependence prevalence estimates

From 2015/16 to 2019/20, alcohol dependence rate showed a steady decline, however St Helens consistently has rates higher than regional and national averages (Fig. 3 & 4).

Figure 3: Estimates of alcohol dependence per 1,000 adults aged 18+ (2015-16 to 2019-20)

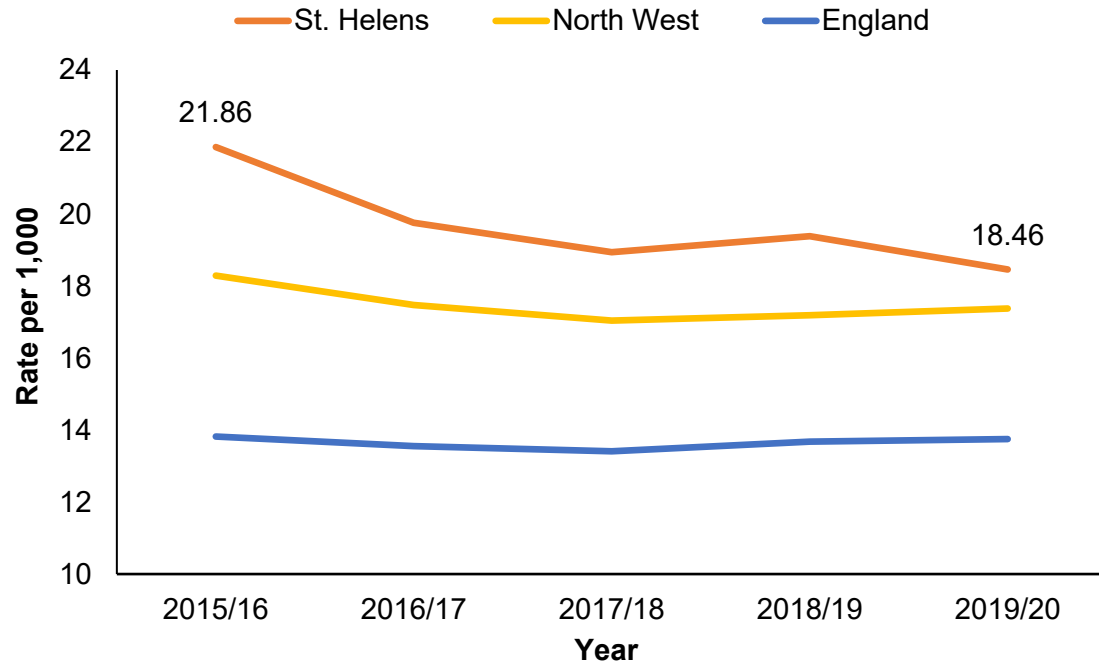
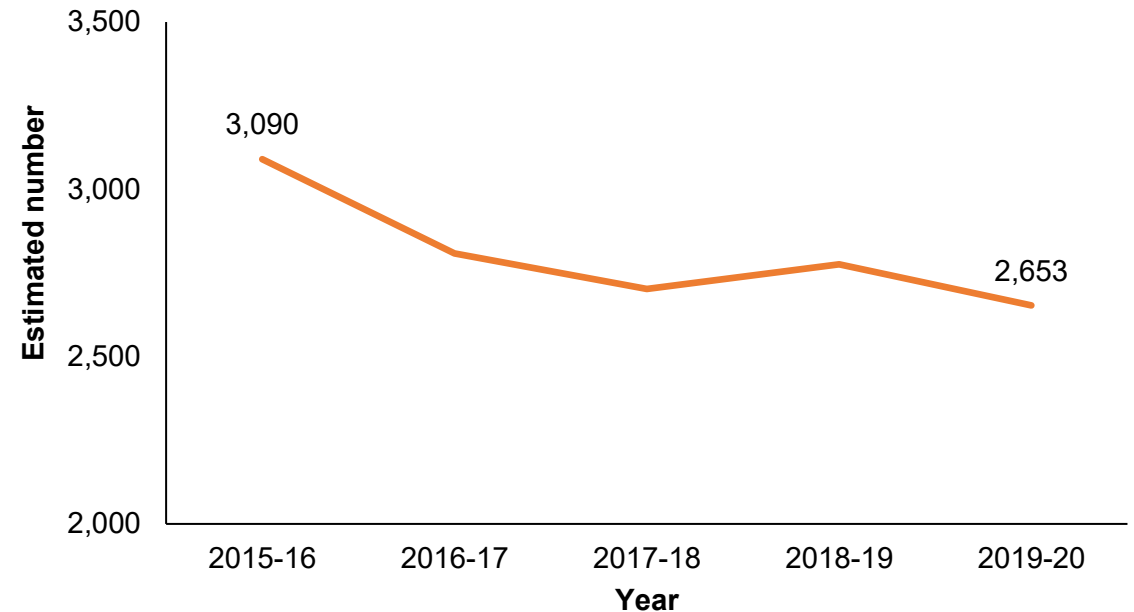


Figure 4: Estimated numbers of alcohol dependence in St Helens Adults aged 18+ (2015-16 to 2019-20)

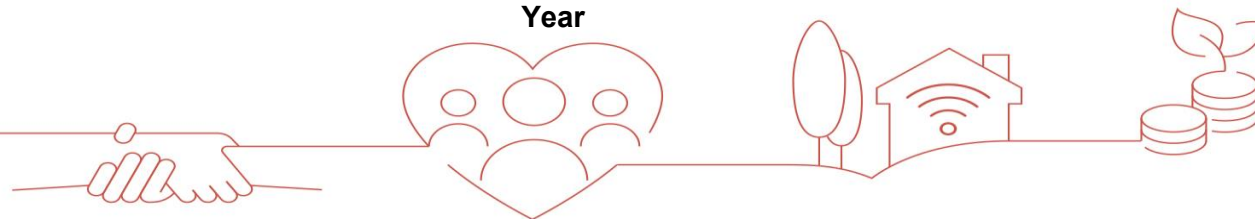
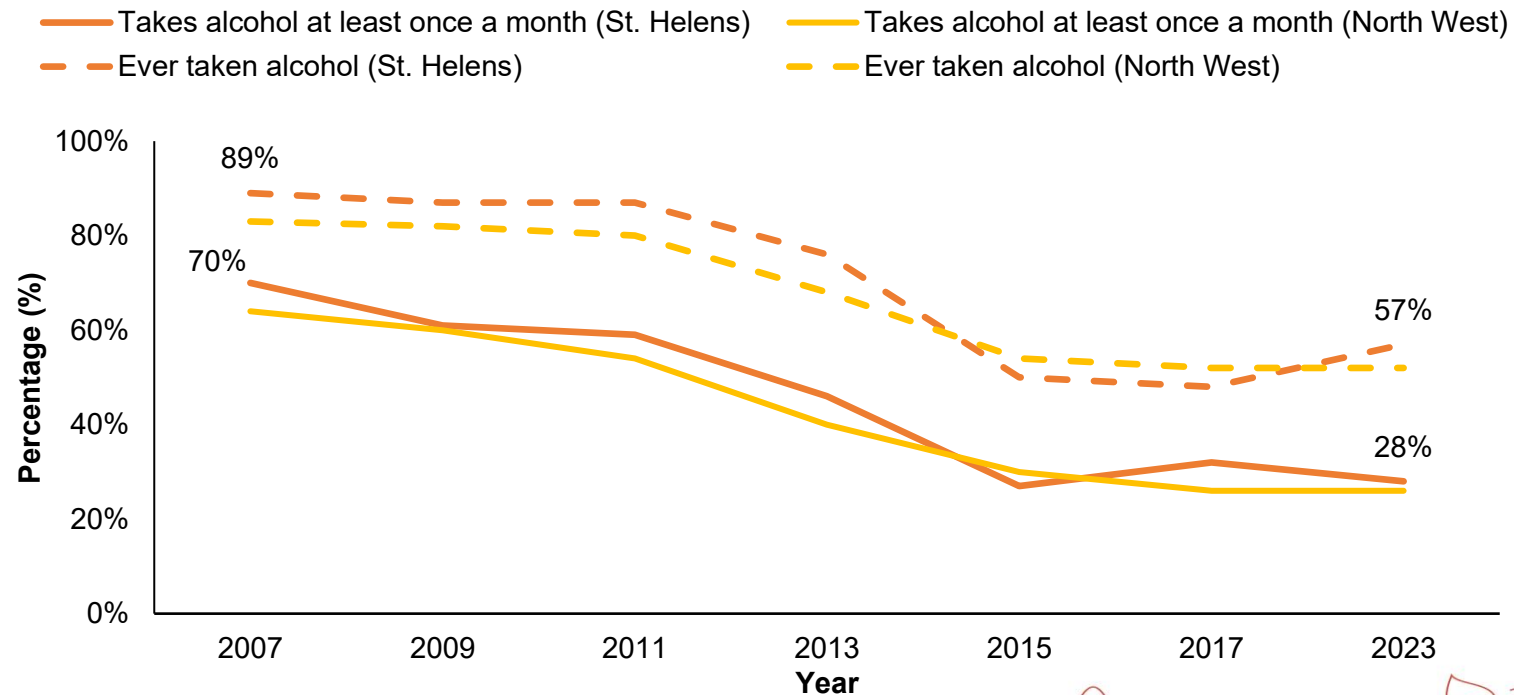


*2019/20 data are the most recent published

Trends in alcohol use in young people (local and regional) ST HELENS BOROUGH COUNCIL

Overall, both regular drinking and the proportion of young people aged 14–17 who have ever tried alcohol have declined since 2007. Alcohol consumption in this age group dropped sharply between 2011 and 2015, then plateaued. However, there was a slight increase in 2023, with approximately 57% reporting that they had ever consumed alcohol (Fig. 5).

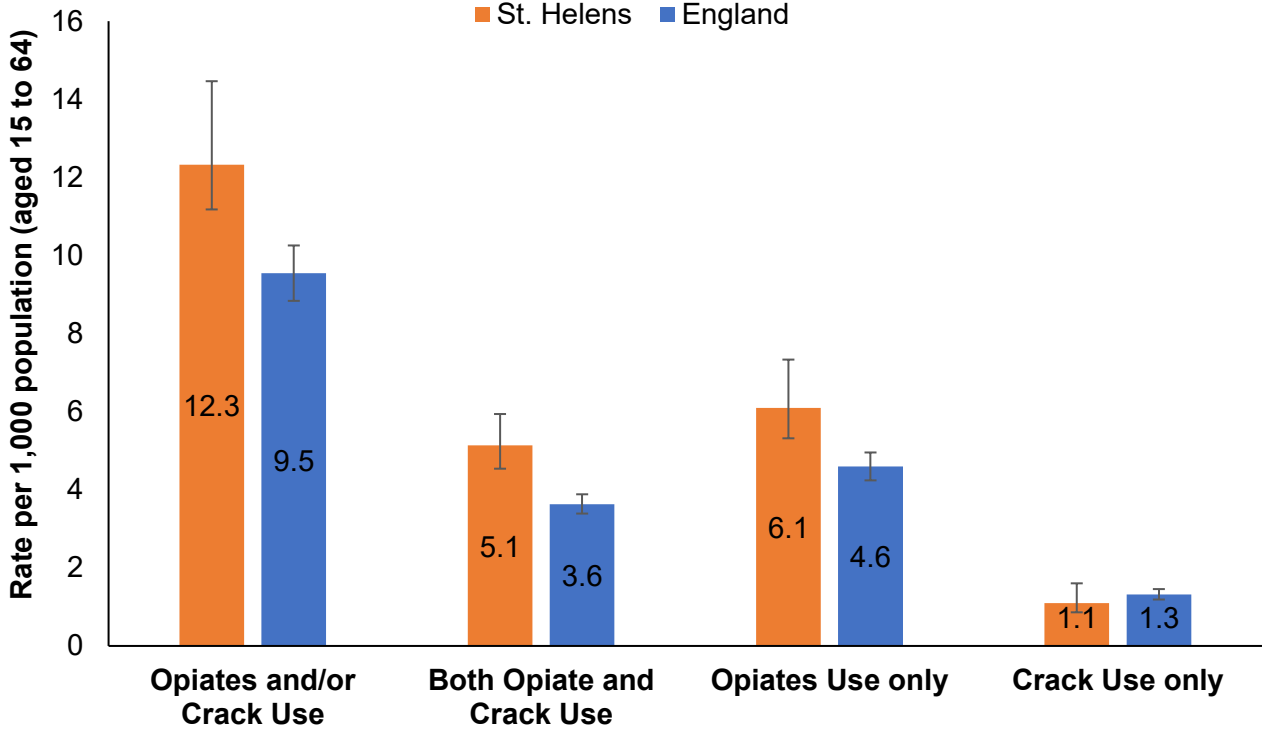
Figure 5: Percentage of 14–17-year-olds drinking monthly/ever tried alcohol in St Helens and North West (2007 – 2023)



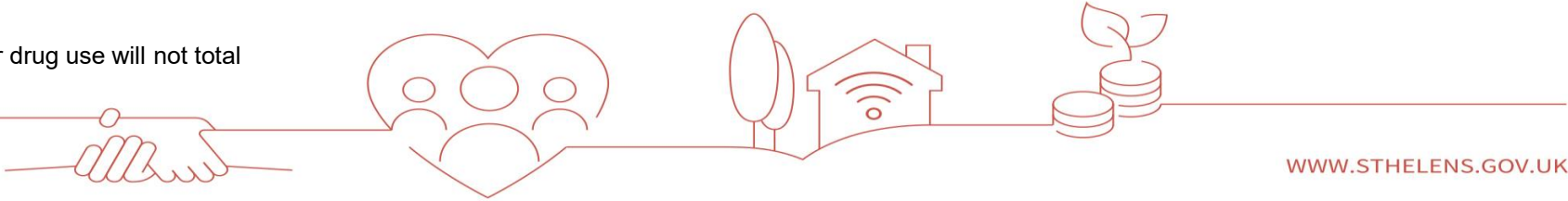
Prevalence of illicit drug use in adults (local and national)

- ▶ In 2023/24, 8.8% of adults (16-59) in England and Wales used illicit drugs, equating to ~16,100 in St Helens (ONS Drugs misuse in England and Wales - 2023).
- ▶ The most common illicit drugs were cannabis (77%), cocaine (24%), hallucinogens (14%), and ecstasy (14%)*.
- ▶ St Helens has a significantly higher estimated prevalence of opiate and/or crack cocaine use (12.3 per 1,000) compared to the national average (9.5) (Fig. 6).
- ▶ Overall, the estimated use of both opiates and crack cocaine is more prevalent in St Helens (5.1 per 1,000) than nationally (3.6) (Fig. 6).

Figure 6: Estimates of opiate and/or crack use in St Helens and England, rate per 1,000 population aged 15 to 64 (2019/20)



*Users may use more than one illicit drug, so percentages for drug use will not total 100%



Drug use prevalence (young people)

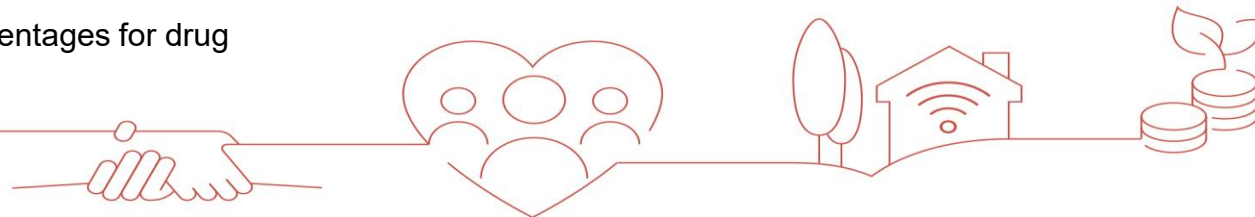
Young people aged 16-24 years

- ▶ In 2019/20, 17.6% of young adults (16-24) in England and Wales used illicit drugs, equating to ~3,000 in St Helens.
- ▶ Among users in England and Wales, cannabis (88%), cocaine (29%), nitrous oxide (24%), and ketamine (22%) were the most common drugs.*
- ▶ In 2019/20, an estimated 66 young people (aged 15-24) in St Helens used opiates, crack cocaine, or both (3.51 per 1,000), with 30 (46%) using opiates only, 18 (27%) both, and 18 (27%) crack only.

Young people aged 11-15 years

- ▶ In 2021, 12% of young people (11-15) in England and Wales used illicit drugs, equating to ~1,300 in St Helens.
- ▶ Among users in England and Wales, the most common drugs were cannabis (38%), volatile substances (37%), nitrous oxide (16%), and new psychoactive substances (15%).*
- ▶ Additionally, 4 in 1,000 (equating to 43 in St Helens) used opiates, crack cocaine, or both in the last month.

*Users may use more than one illicit drug, so percentages for drug use will not total 100%



Drug use prevalence by age

- ▶ Drug use declines with age as depicted in national trends (Fig. 7).
- ▶ However, local data shows opioid and crack cocaine use (OCU) prevalence estimates increases with age, with the largest rise between ages 15-24 and 25-34, where the prevalence estimate rate more than triples from 3.5% to 10.9% (Fig. 8).

Figure 7: Percentage (%) of people reporting any drug use in the past year, by age (England)

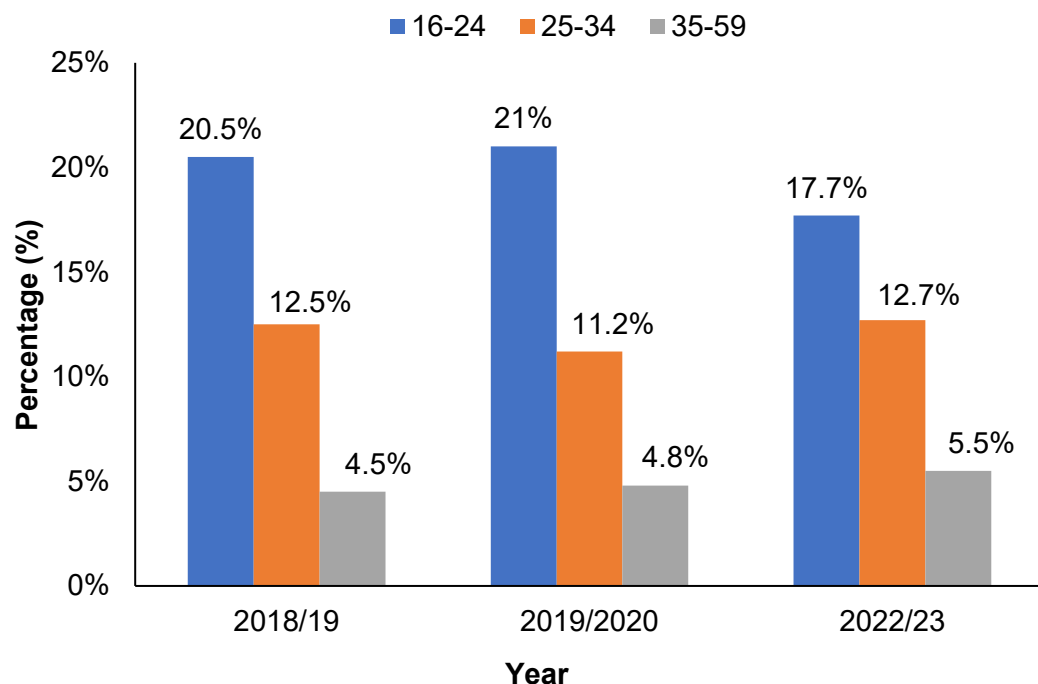
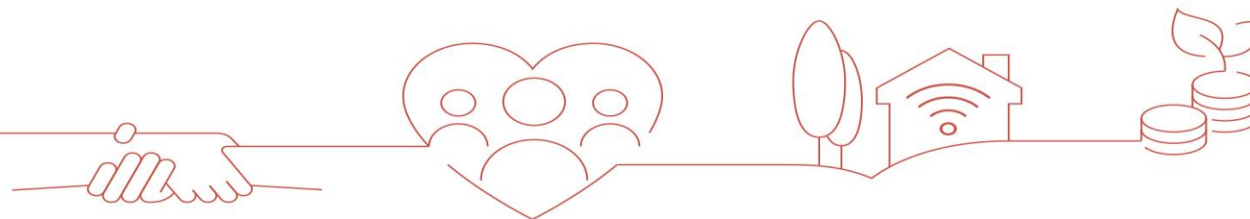
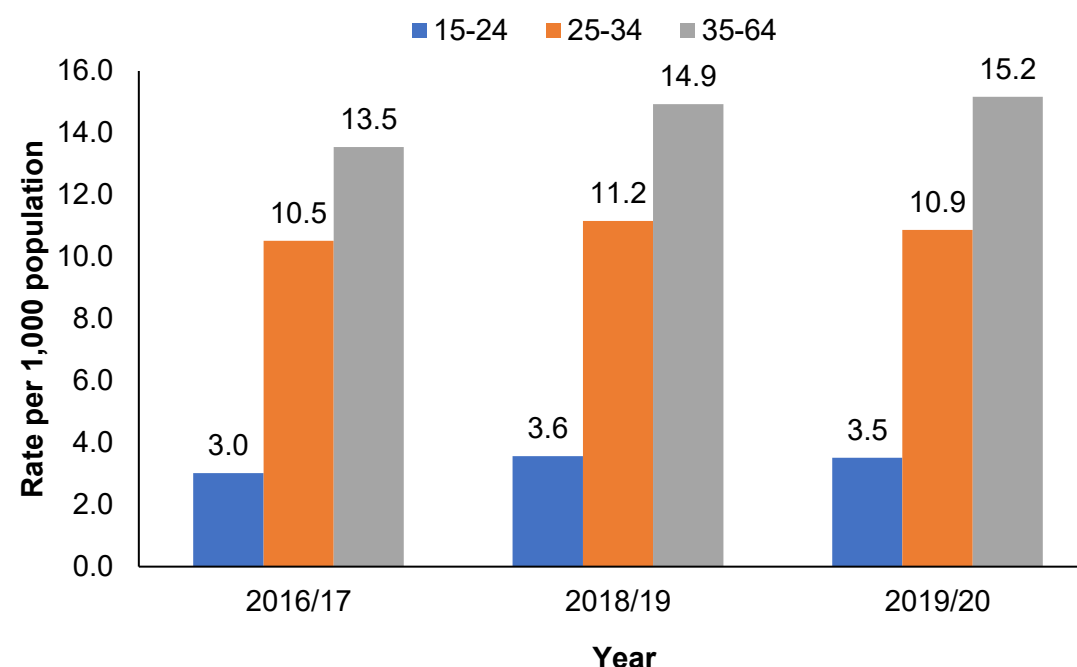


Figure 8: OCU prevalence estimates in St Helens by age per 1,000 population



Drug use prevalence by sex

- ▶ There is a slight upward trend in OCU prevalence estimates over time for both men and women in St Helens, with men disproportionately affected, having a prevalence rate 3.5 times higher than women (Fig. 9).
- ▶ Overall, OCU prevalence estimates is higher in St Helens than in England, with rates of 17.4 per 1,000 for males and 5.0 per 1,000 for females, compared to 13.9 per 1,000 and 3.7 per 1,000 in England, respectively (Fig. 10).

Figure 9: OCU prevalence estimates in St Helens by sex per 1,000 population aged 15 - 64 (2016/17 to 2019/20)

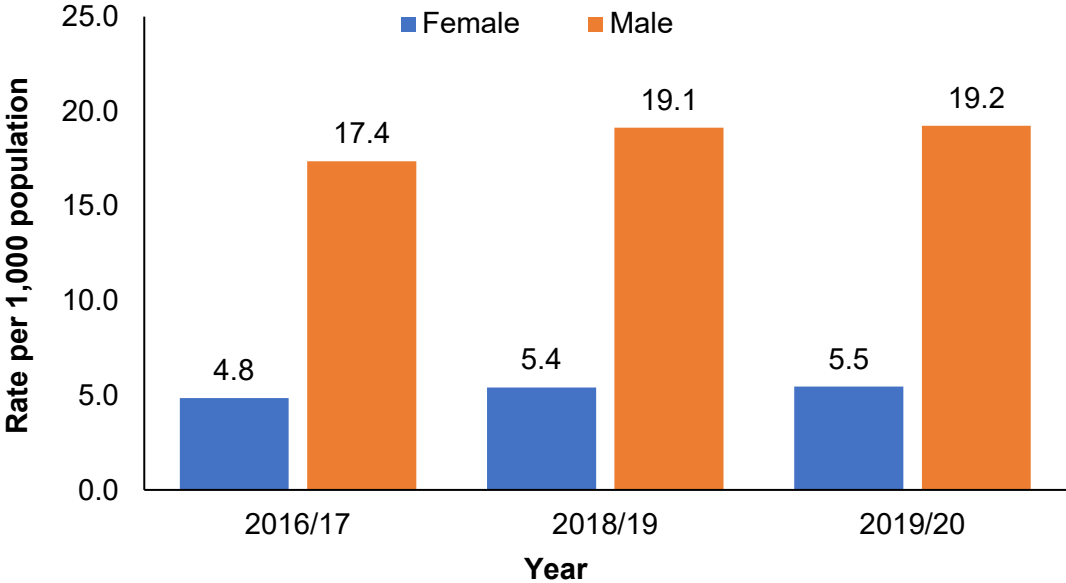
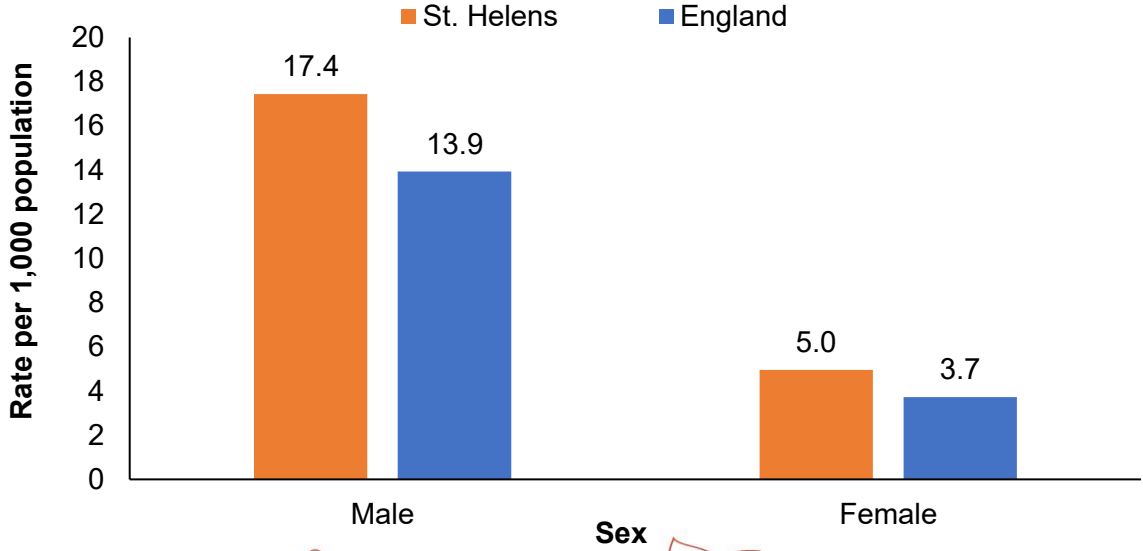


Figure 10: OCU prevalence estimates in St Helens and England by sex per 1,000 population aged 15 – 64 (2019-20)



Trend of estimated OCU prevalence

- ▶ While the prevalence estimates of OCU is rising nationally, St Helens continues to report a higher rate, with a more pronounced increase compared to both the North West and England overall (Fig. 11).
- ▶ St Helens has lower OCU prevalence estimates than regional and national averages among young persons aged 15 to 24 and there appears to be a downward trend in OCU prevalence estimates despite an initial increase between 2016 and 2018 (Fig. 12).

Figure 11: Estimated opiates and crack use prevalence per 1,000 population (15 – 64 years)

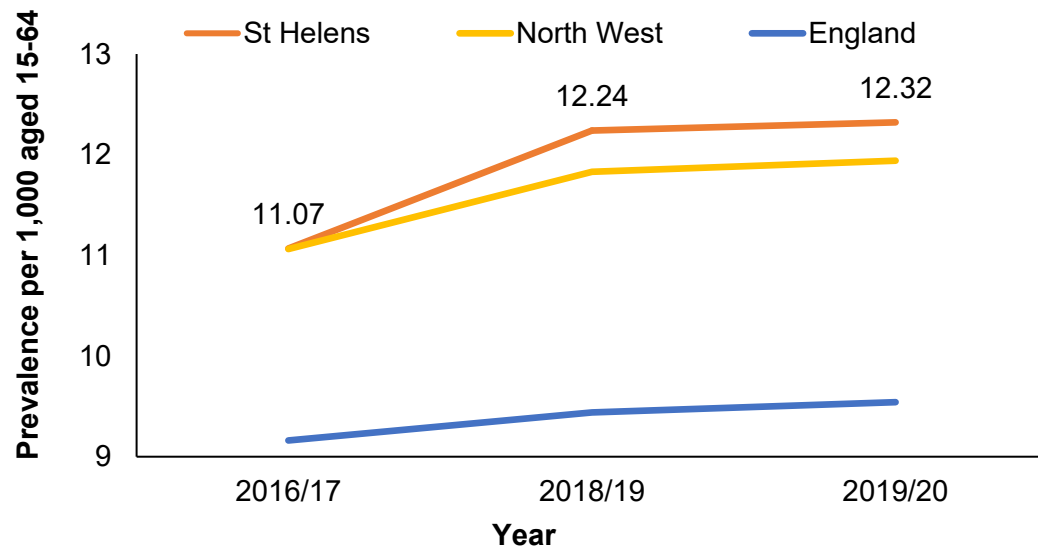
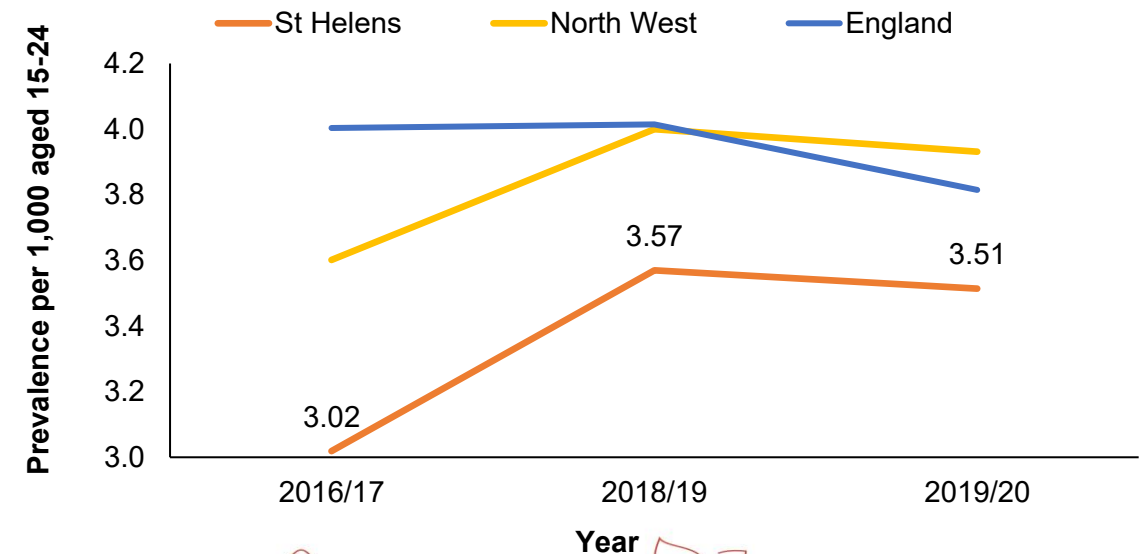


Figure 12: Estimated opiates and crack use prevalence per 1,000 population in St Helens (15 - 24 years)



Demographics of adults using community drug & alcohol services in St Helens (2023/24)

Disability (new presentations)

58% Any disability
37% Behaviour / emotional
25% Progressive conditions and physical health
7% Mobility and gross motor
2% Learning
2% Other disability
1% Sight
1% Hearing
1% Personal, self-care, confidence
1% Disability not stated

Sexual orientation (new presentations)

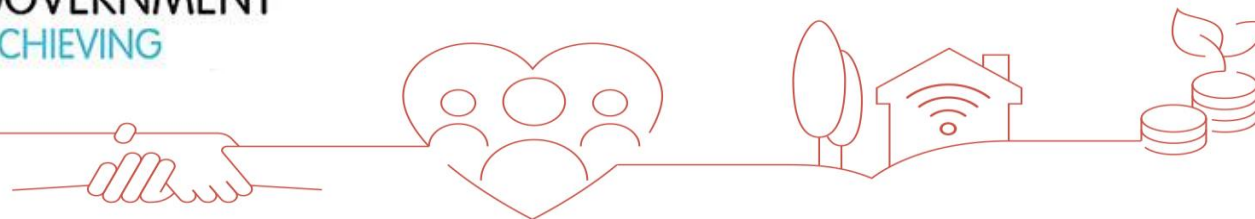
92% Heterosexual
3% Gay/Lesbian
2% Not stated
1% Bisexual

Ethnicity (all in treatment)

99% White
1% Mixed



- ▶ In 2023/24, there were 2045 adults aged 18+ in treatment consisting of 689 females and 1356 males. 307 clients were between the ages of 18 and 29, 1175 between the ages of 30 and 49 and others above 50.
- ▶ St Helens' drug service users are predominantly White, aligning with national trends on higher drug use in White and Mixed ethnic groups. However, the lack of diversity in the St Helens dataset may also reflect the area's population composition rather than usage rates.
- ▶ Disability rates among St Helens service users (58%) are significantly higher than national drug use prevalence among people with disabilities (14.1%), suggesting a strong link between disability and substance dependence in St Helens.
- ▶ LGBTQ+ individuals have higher national drug use rates but are underrepresented among St Helens' service users, possibly due to local demographics, stigma or barriers to accessing services.



Emerging issues – Gambling

- ▶ There is a well-established connection between substance use (drugs and alcohol) and gambling, as both share similar risk factors and can reinforce each other.
- ▶ In 2023, 2.3% of the St Helens adult population (around 4,200 people) experience problem gambling, while 11.5% (approximately 21,000) are considered at risk (Fig. 13).
- ▶ St Helens exceeds the national average for ‘problem’ gambler treatment access but falls slightly behind for ‘moderate-risk’ gamblers, highlighting a need for improved early intervention (Fig. 14).

Problem Gambling Severity Index (PGSI)

- ⦿ Non-Problem Gambler (Score: 0) – No negative consequences.
- ⦿ Low-Risk Gambler (Score: 1–2) – Occasional overspending or guilt, but minimal harm.
- ⦿ Moderate-Risk Gambler (Score: 3–7) – Some negative consequences, like overspending, time loss, or guilt.
- ⦿ Problem Gambler (Score: 8+) – Significant harm, loss of control, chasing losses, and gambling-related stress.

Figure 13: Percentage prevalence of gambling behaviour by PGSI in St Helens and Great Britain (2023)

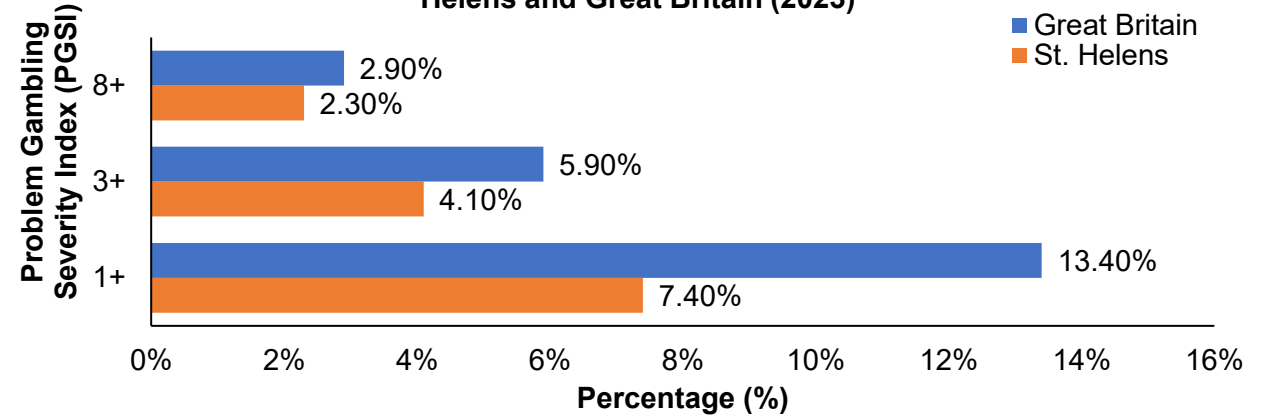
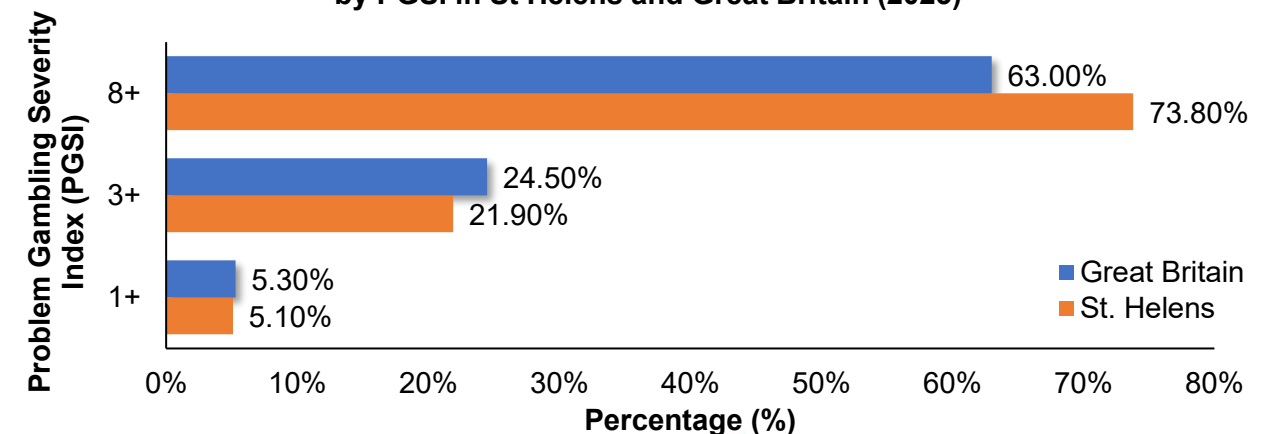


Figure 14: Percentage of people accessing treatment, support or advice by PGSI in St Helens and Great Britain (2023)



Emerging issues – Ketamine

- ▶ Ketamine use is rising nationally (Fig. 15), and this is reflected in treatment cases increasing to 6% in 2023 from <1% in 2006.
- ▶ In 2023/24, 79% of adults in treatment for *Club drugs and NPS* in St Helens reported ketamine use, surpassing the 47% national average. This group made up 4% of all adults in drug treatment in St Helens (Fig. 16).

Figure 15: Percentage (%) of persons reporting Ketamine use in England (2006 - 2023)

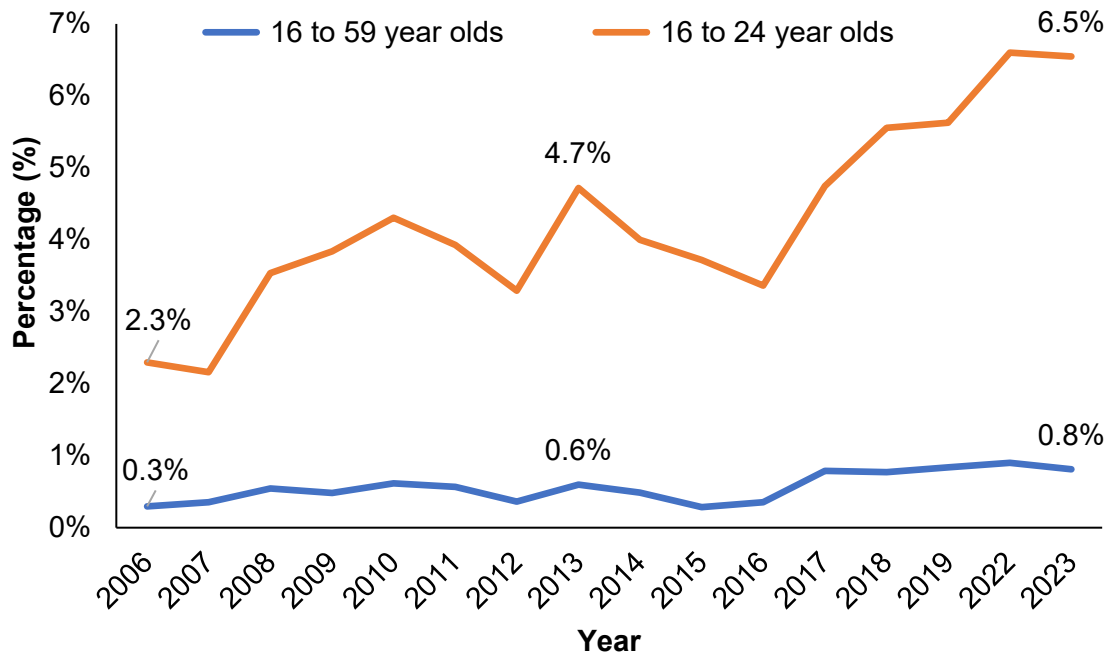
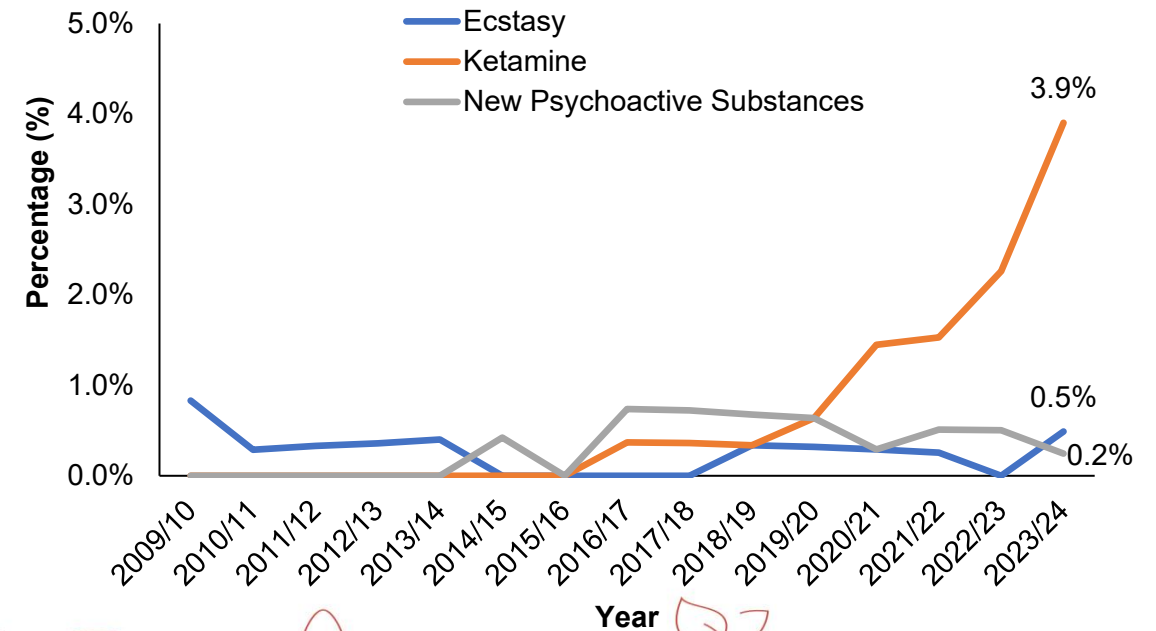
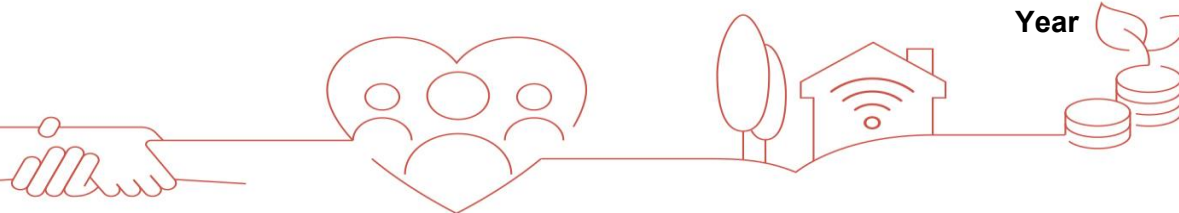


Figure 16: Need by Club Drug type (%) of adults in treatment for drug and alcohol in St Helens (2009/10 – 2023/24)



Sources: ONS, NDTMS

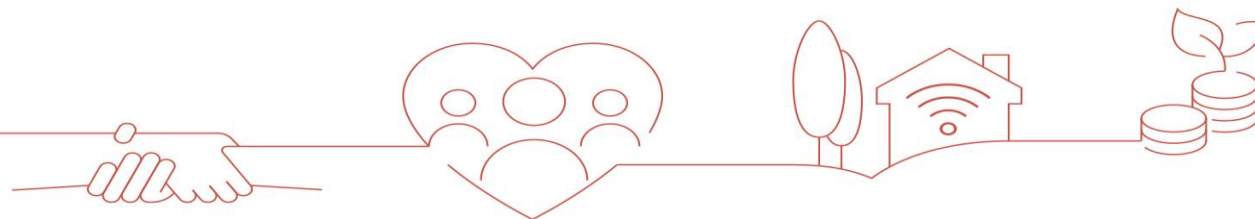
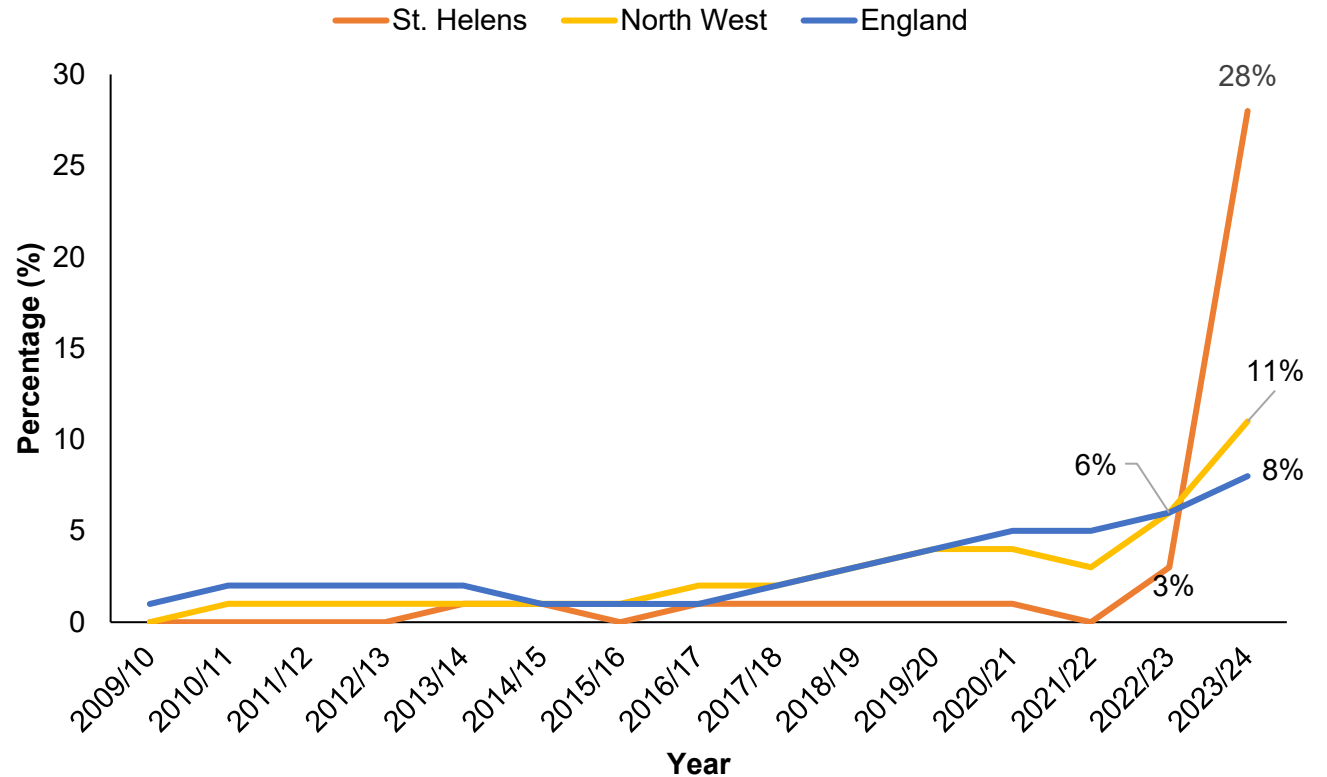
"Club drugs and NPS" is a collective term for a number of different substances typically used in bars and nightclubs, concerts and parties, before and after a night out like Ecstasy, Ketamine, Methamphetamine, and other new substances designed to give similar effects.



Emerging issues – Ketamine surge in young people

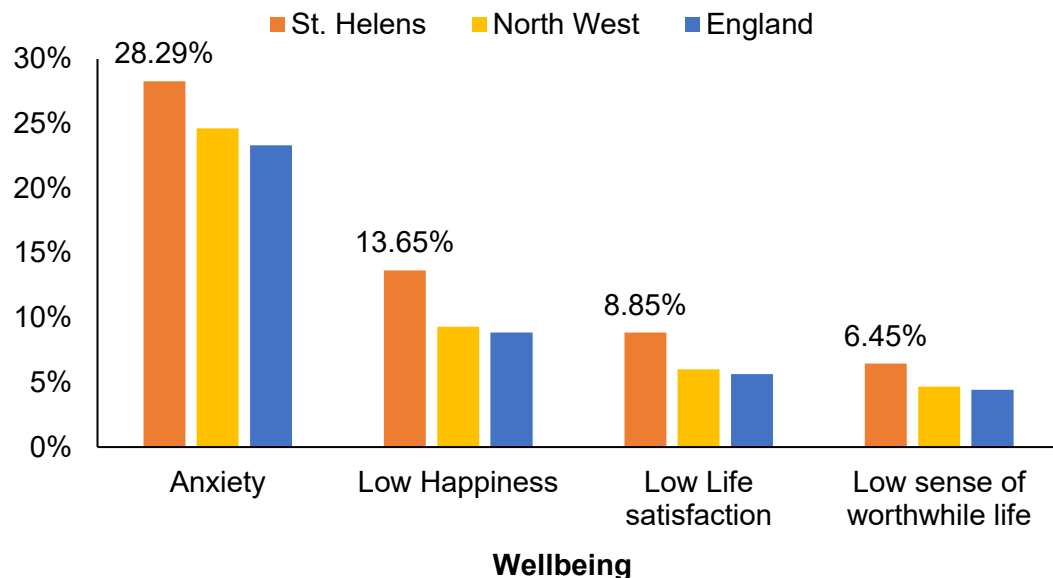
- ▶ Between 2022/23 and 2023/24, the proportion of young people in treatment citing ketamine use in St Helens rose sharply to 28% (up 25%), compared to smaller increases regionally (6% to 11%) and nationally (6% to 8%) (Fig. 17 NDTMS).
- ▶ This percentage represents 46 young people under 18 in treatment in St Helens but likely underestimates true ketamine use, as it excludes those with multiple substance use who did not list ketamine and those not in treatment at all.
- ▶ Regular ketamine use can cause serious and sometimes irreversible physical and mental health problems, including bladder, kidney and liver damage, memory loss, depression and severe abdominal pain.

Figure 17: Ketamine use (%) reported by young people under 18 in treatment for drug and alcohol (2009/10 – 2023/24)



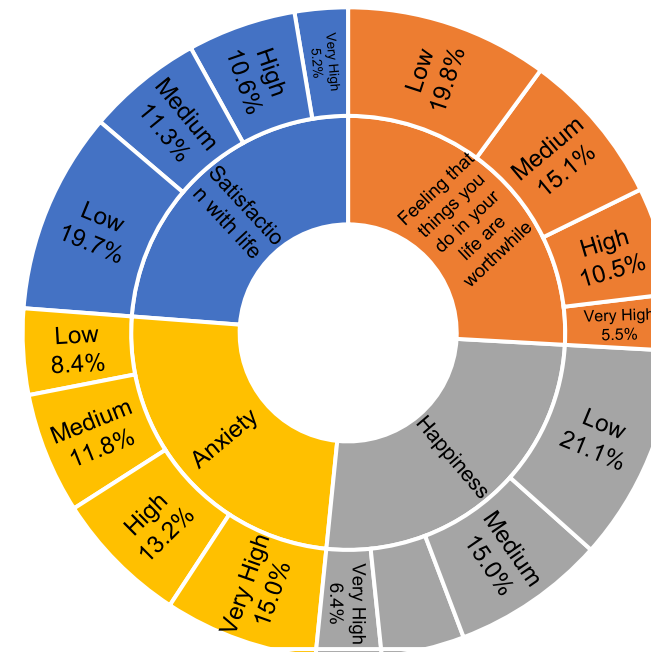
Risk factors – Health-related

Figure 18: Levels (%) of poor personal wellbeing in adults (2023)



St Helens has higher levels of poor personal wellbeing in adults compared to the national average, with the greatest disparity in anxiety levels (28.3% St Helens – 23.3% England). Additionally, St Helens exceeds the national average on several mental health indicators, including depression prevalence at 18.7% (England 13.2%) (Fig. 18).

Figure 19: Proportion (%) of drug use by self-reported wellbeing measures in England (2023)



Substance use is 2–3 times higher among those with the poorest self-reported mental wellbeing (data for England, Fig. 19)

Additionally, poor physical health increases substance misuse risk, often linked to stress and mental health issues. In St Helens chronic illnesses, including hypertension (18.3% vs. 14.8%) and diabetes (8.5% vs. 7.7%), exceed national rates indicating a heightened health-related risk.



Risk factors – Deprivation and the alcohol harm paradox

In England, people in more deprived groups experience higher levels of alcohol-related harm despite drinking less overall (although similar rates of binge drinking and exceeding 14 units per week) as more affluent groups. This paradox underscores the complex links between alcohol consumption, multiple deprivation across social determinants of health, and vulnerability to alcohol-related problems (Fig. 20 & 21).

Figure 20: Percentage (%) of adults who take alcohol in England by IMD decile (2015 - 2017)

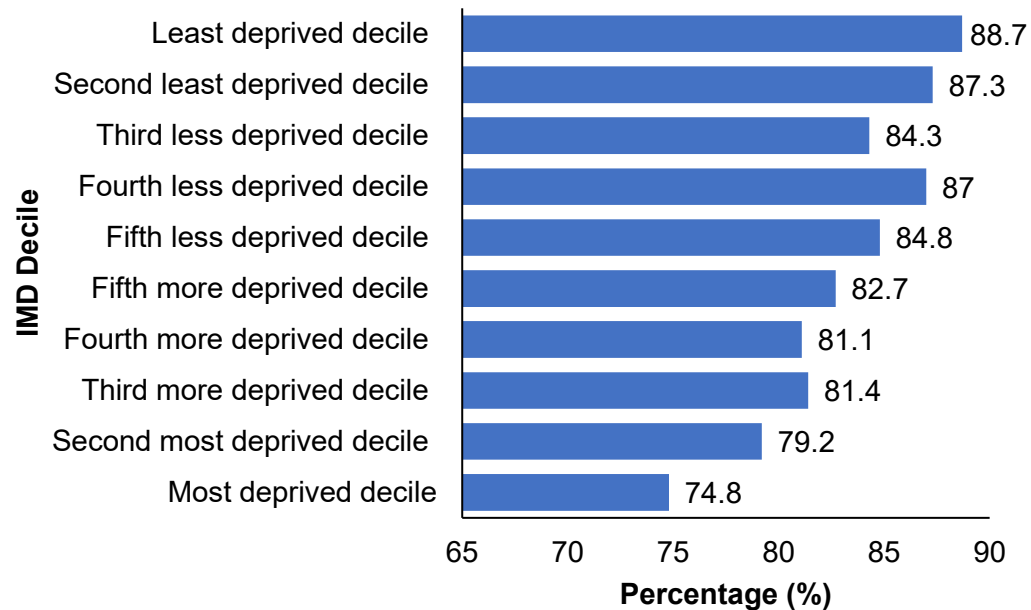
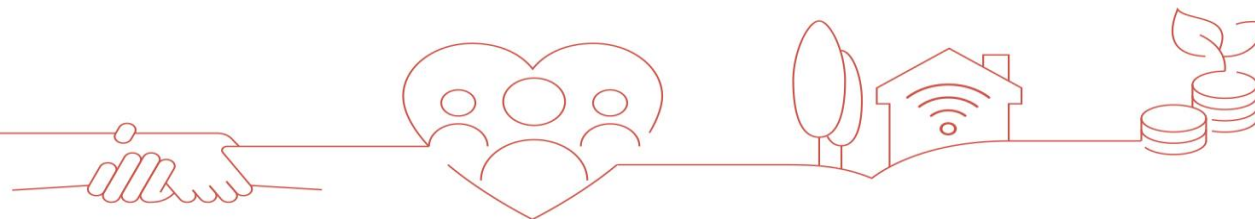
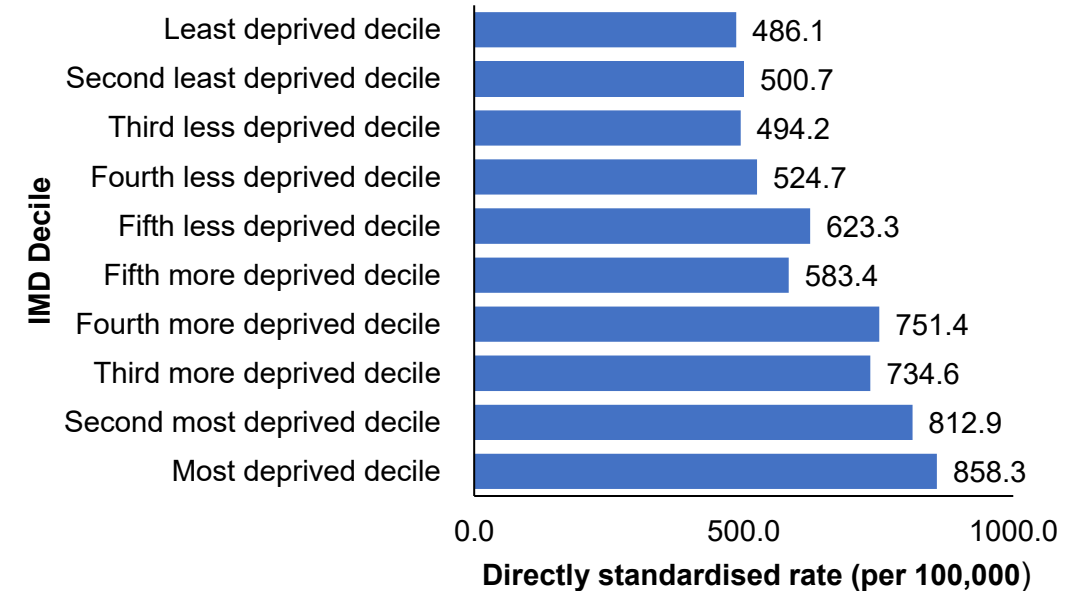


Figure 21: Admission episodes for alcohol-specific conditions in England by IMD decile, directly standardised rate per 100,000 (2023/24)



Risk factors – Adverse Childhood Experiences

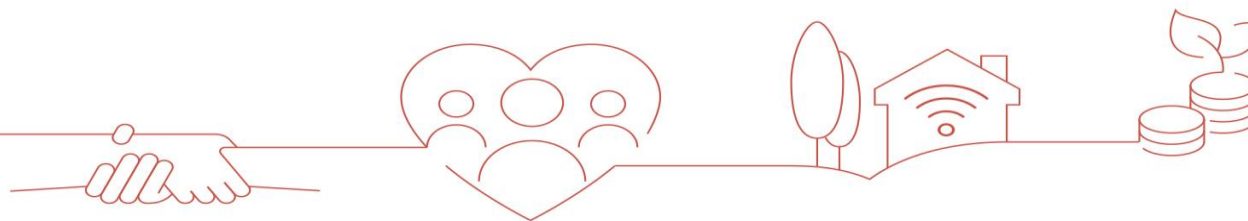
- ▶ Adverse Childhood Experiences (ACEs) in the UK refer to stressful or traumatic experiences that can significantly impact a child's development and well-being
- ▶ Exposure to ACEs can increase long-term harm and raise the risk of substance misuse later in life through learned behaviour or trauma coping.
- ▶ In St Helens, 228.1 per 10,000 children are in need due to abuse or neglect, above the national rate of 181.4 (Fig. 22).
- ▶ 15% of children in St Helens live with an adult with severe mental illness, 6.6% are affected by domestic abuse, and 3.8% live with alcohol or drug dependency.
- ▶ Overall, 19.4% of children in St Helens experience at least one of the above risk factors, 5.1% experience two, and 1.1% are exposed to all three.

Figure 22: Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years (2018)



Risk factors – Other social factors/wider determinants

- ▶ **Parental substance use:** In St Helens, 23.2% of adults in treatment live with children (higher than 20.3% in England), while 107 per 1,000 children live in households with reported substance misuse, and 38 per 1,000 in households with drug or alcohol dependence, both similar to national and regional rates.
- ▶ **Extremes of income:** In England & Wales, drug use declines with rising income but surges in the highest earners (£52,000+), with the highest use among those earning £10,400 or less, while ecstasy, hallucinogens, and ketamine use increase with income.
- ▶ **Unemployment:** In England & Wales, drug use is significantly higher among unemployed individuals (24.5%) compared to those employed (8.7%). While St Helens has a 3.6% unemployment rate (slightly lower than national and regional averages) it has a higher economic inactivity rate (24%) compared to England (21.2%).
- ▶ **Homelessness:** In 2022-23, 834 families in St Helens (4.7 per 1,000) faced homelessness, lower than the regional (6.3) and national (5.6) rates, while 20% of those entering treatment had housing issues or no fixed abode, highlighting homelessness as both a risk factor and consequence of substance use.



Health impact

This section focuses on the health impact of alcohol in St Helens and covers:

- Alcohol-related hospital admissions (including under-18s and condition-specific data)
- Alcohol and mental health
- Substance misuse and drug-related harm
- Alcohol-specific and alcohol-related mortality
- Trends by age, gender, and deprivation

Definitions

- **Alcohol-specific mortality:** Deaths wholly caused by alcohol (e.g. alcoholic liver disease, alcohol poisoning)
- **Alcohol-related mortality:** Includes alcohol-specific deaths plus those where alcohol is a contributing factor (e.g. certain cancers, injuries)

Hospital admissions due to alcohol

- ▶ St Helens has a significantly higher rate of alcohol-specific hospital admissions than both the North West and England, with a recent upward trend (Fig. 23). St Helens ranks as 12th highest in England and 4th highest in the North West for all-age alcohol-specific admissions.
- ▶ Male admissions in St Helens have consistently been higher than female admissions and have increased steadily, peaking in 2023/24 (Fig. 24). Nationally, St Helens ranks 12th for female alcohol-specific admissions and 13th for male admissions.

Figure 23: Directly standardised rate (per 100,000) of alcohol-specific admissions (all ages) (2016/17 – 2023/24)

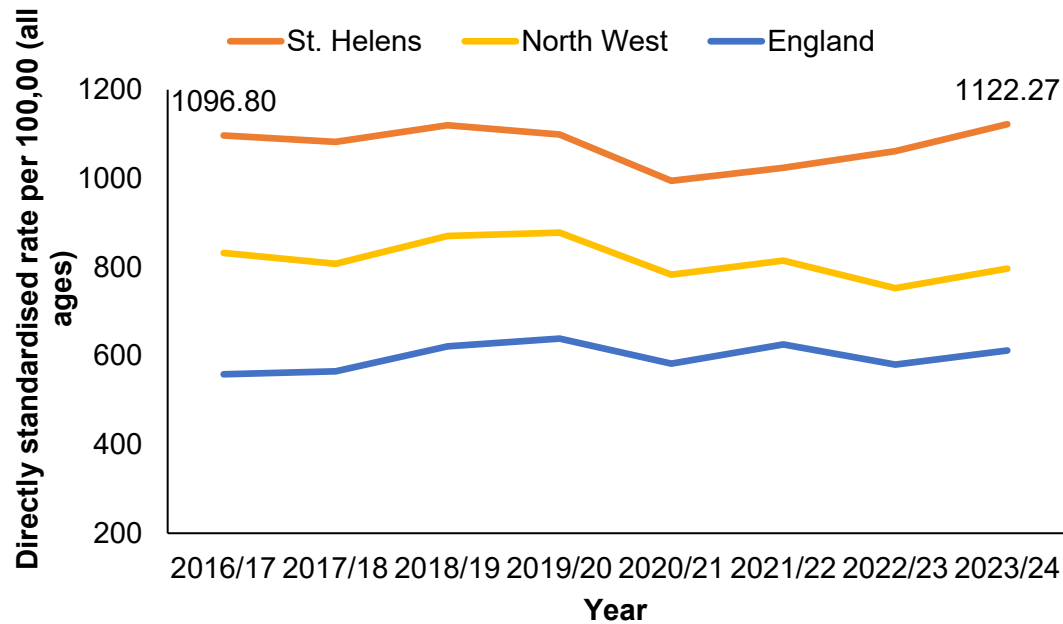
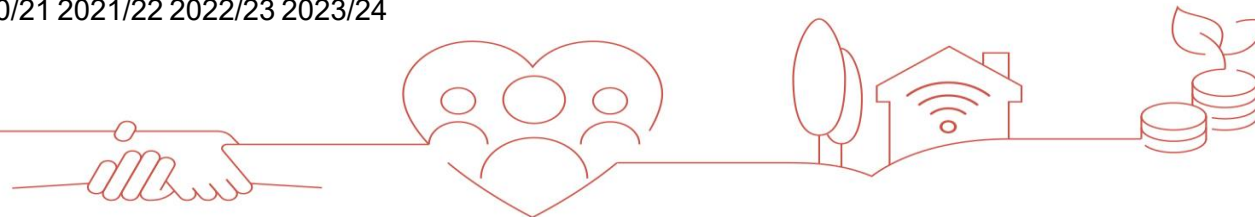
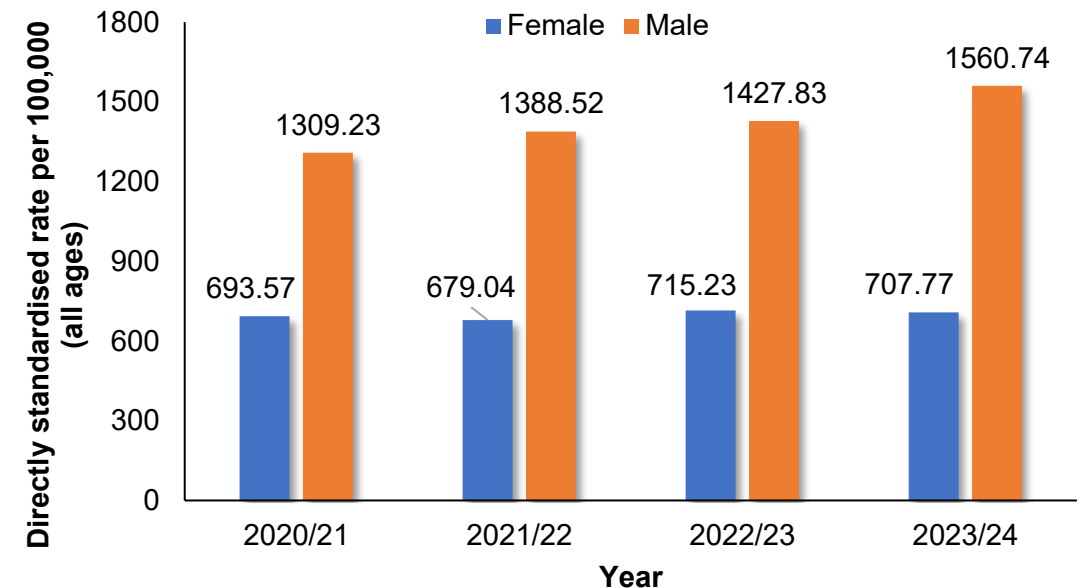


Figure 24: Directly standardised rate (per 100,000) of alcohol-specific in St Helens by sex (2020/21 – 2034/24)



Under-18 hospital admissions due to alcohol

- ▶ Although the rate is reducing in young males, St Helens ranks 3rd highest in England and highest in the North West for the rate of under-18 alcohol-specific admissions, with significant disparities between males and females (Fig. 25 & 26).
- ▶ Female under 18 admissions for alcohol specific conditions in St Helens are currently the highest in the country, at 98.5 per 100,000, more than three times the national rate of 30 per 100,000, consistently exceeding regional and national levels despite some fluctuations (Fig. 26). Male under 18 admissions have decreased, bringing St Helens down to 32nd place nationally for young males (Fig. 25).

Figure 25: Directly standardised rate (per 100,000) of male under 18 admission episodes for alcohol-specific conditions (2018/19 - 2020/21 - 2021/22 - 2023/24)

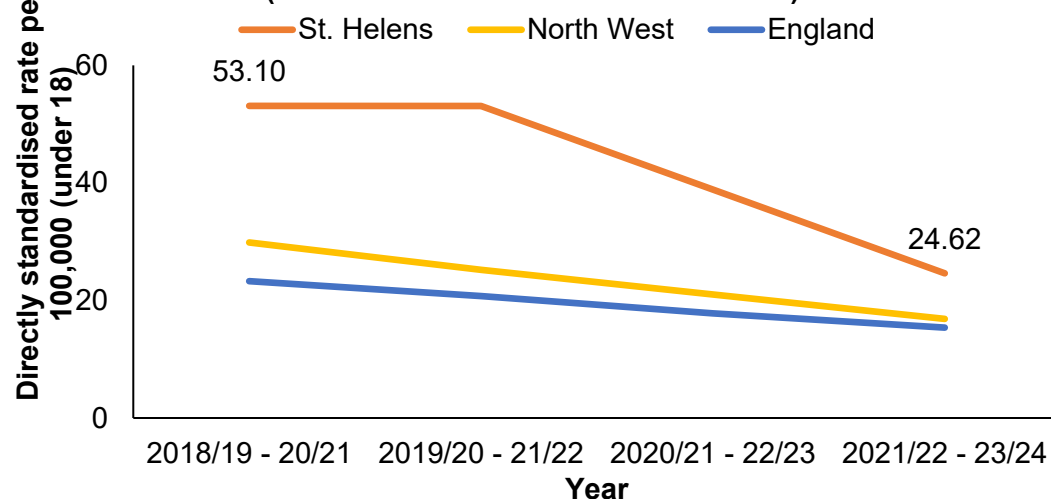
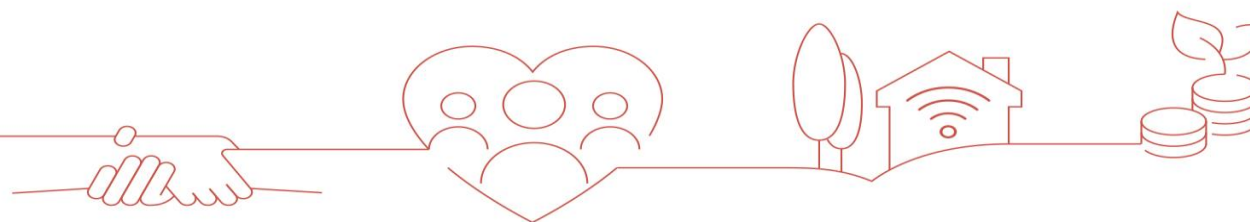
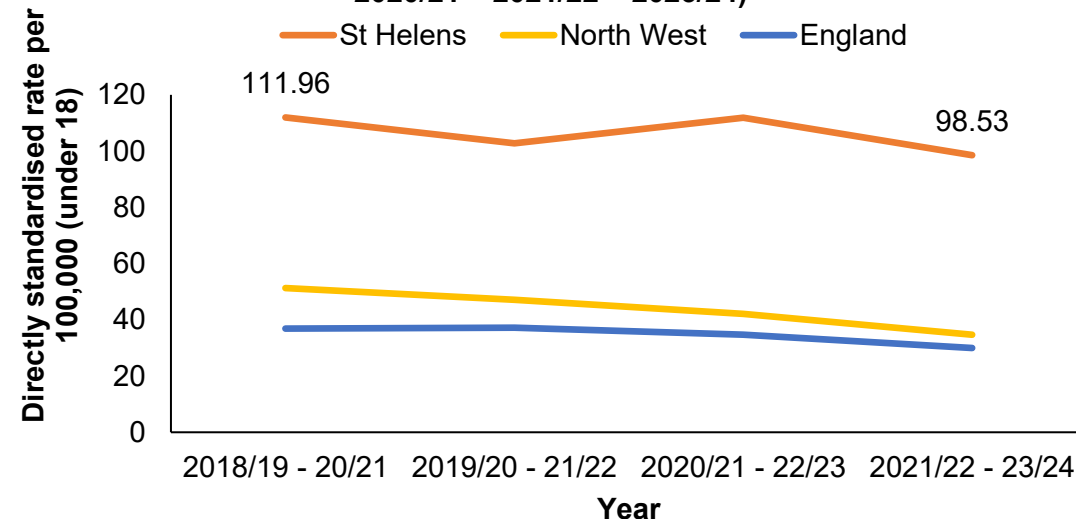


Figure 26: Directly standardised rate (per 100,000) of female under 18 admissions for alcohol-specific conditions (2018/19 - 2020/21 - 2021/22 - 2023/24)



Specific conditions due to alcohol

- ▶ St Helens ranks 15th in England and 9th in the North West for alcohol-related cancers, with an incidence rate of 42 per 100,000 people (Fig. 27).
- ▶ St Helens also ranks 9th in England and 5th in the North West for hospital admissions due to alcohol-related unintentional injuries, with a rate of 87 per 100,000. Hospital admissions for alcohol-related injuries have significantly increased in recent years (Fig. 28).

Figure 27: Incidence rate of alcohol-related cancer per 100,000 aged 16+

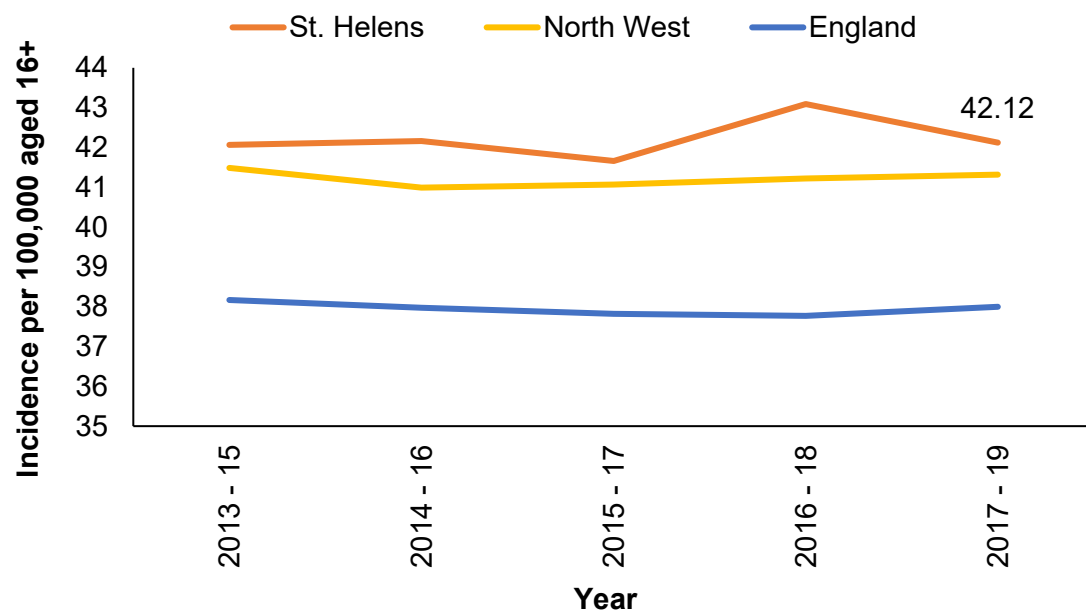
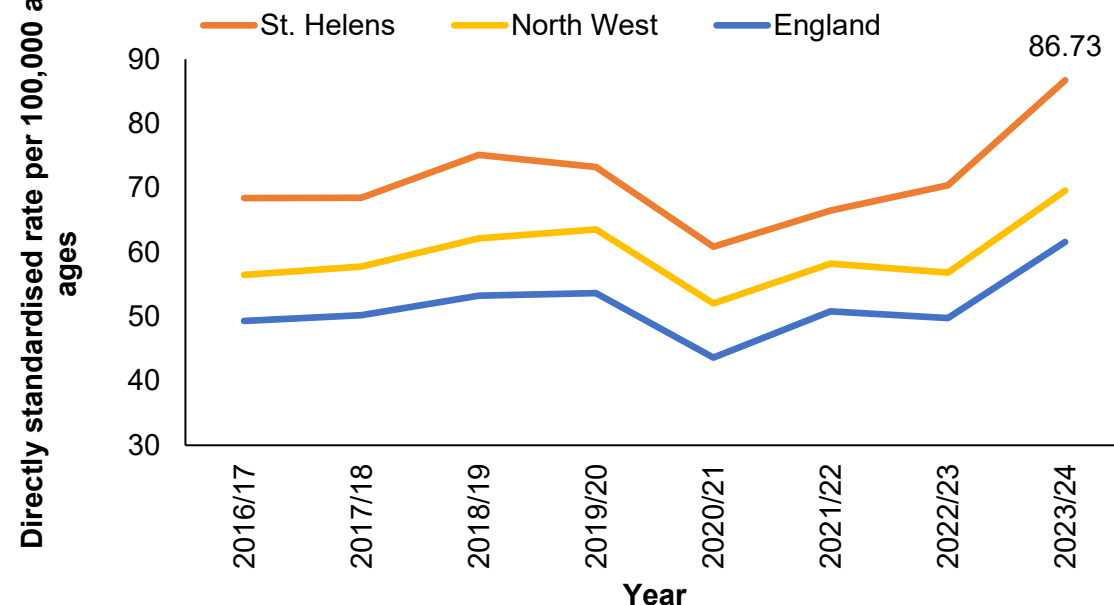
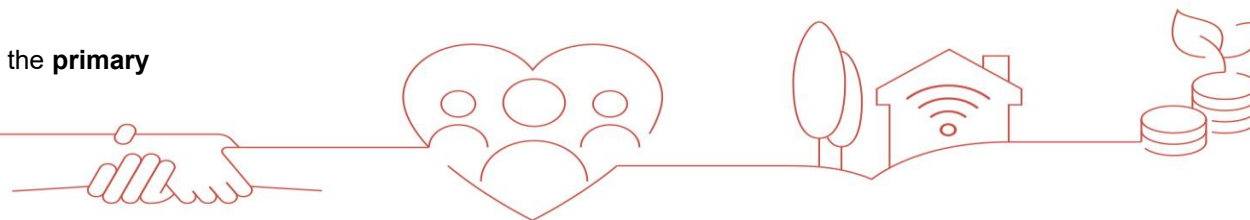


Figure 28: Hospital admissions for alcohol-related unintentional injuries (narrow definition*) per 100,000 all ages (2016/17 – 2023/24)



* Narrow definition: A measure of hospital admissions where the **primary** diagnosis is an alcohol related condition.



Specific conditions due to alcohol

- ▶ St Helens has higher hospital admission rates for alcohol-related cardiovascular disease than the North West and England. A sharp dip in 2020/21 suggests external disruption, likely due to reduced healthcare access during COVID-19. Admissions have risen consistently since 2021/22, with St Helens seeing the most significant increase (Fig. 29).
- ▶ Similarly, St Helens has higher admission rates for alcoholic liver disease, with notable spikes in 2019/20 and 2021/22 (Fig. 30).

Figure 29: Admission episodes for alcohol-related cardiovascular disease per 100,000 all ages (2018-19 – 2023/24)

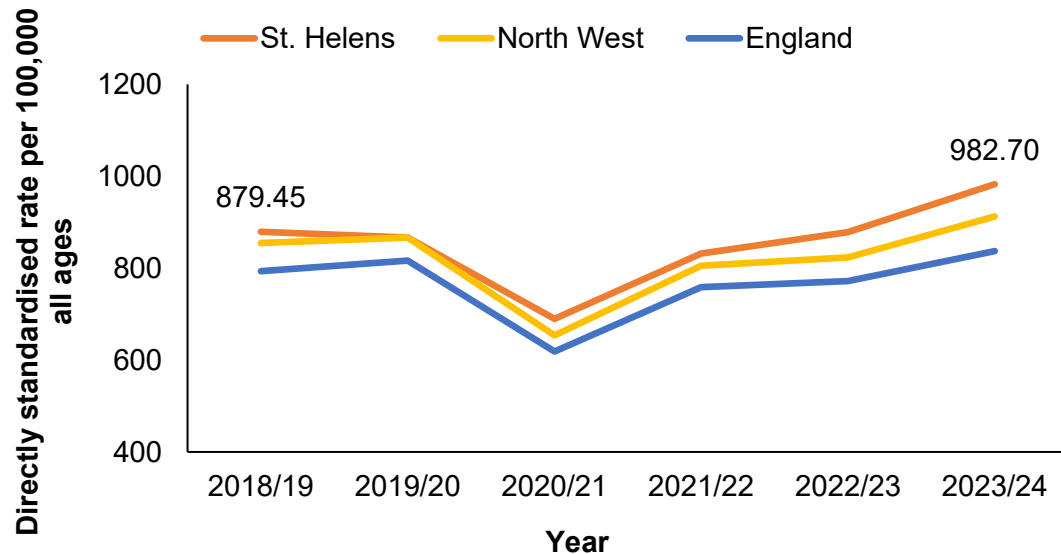
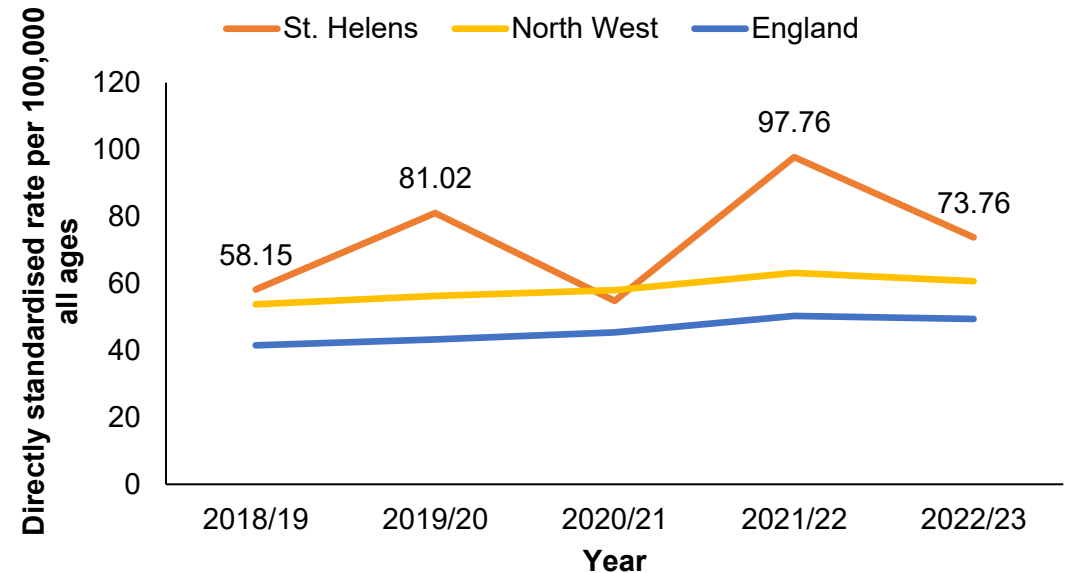


Figure 30: Hospital admission rate for alcoholic liver disease per 100,000 all ages (2018/19 – 2022/23)



Admissions for intentional self-poisoning involving alcohol

- ▶ Admission episodes for intentional self-poisoning by alcohol and or by other means while under the influence of alcohol have declined in St Helens but remain significantly higher than regional and national levels. Current rates are 68 per 100,000 for females and 62 per 100,000 for males in St Helens, compared to 25 and 20 per 100,000 respectively in England (Fig. 31 & 32). St Helens ranks 2nd in England and 1st in the North West.
- ▶ Despite a lower overall alcohol misuse burden among females, female self-poisoning admission rates are slightly higher than that of males.

Figure 31: Directly standardised rate (per 100,000 all ages) of male admission episodes for intentional self-poisoning by and exposure to alcohol

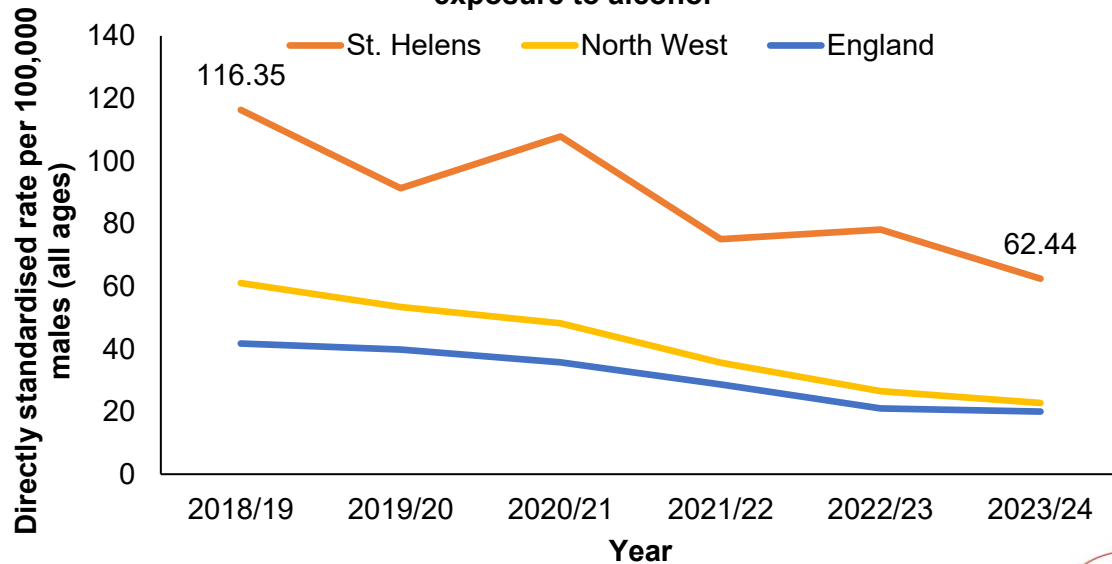
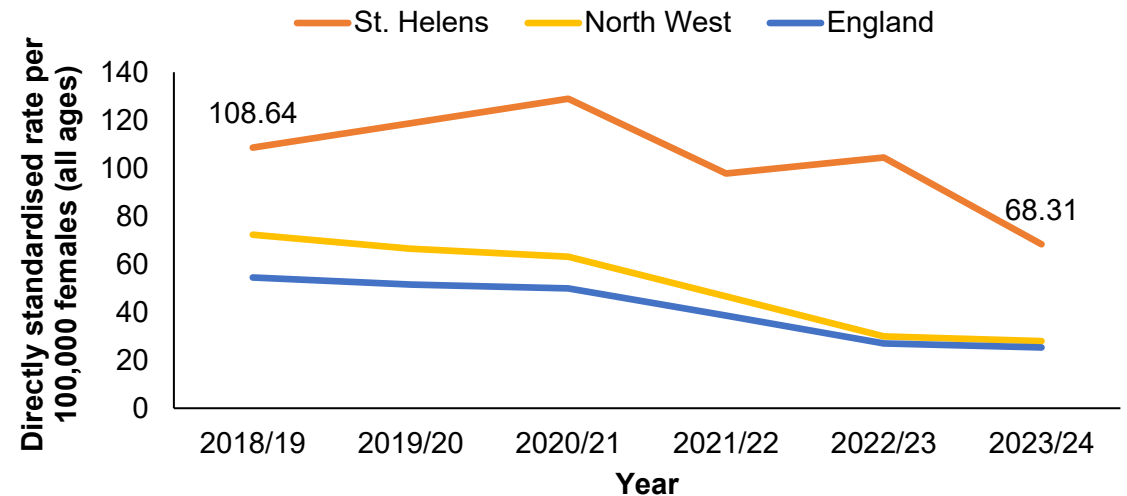


Figure 32: Directly standardised rate (per 100,000 all ages) of female admission episodes for intentional self-poisoning by and exposure to alcohol



Alcohol specific and alcohol related mortality

Since 2021, rates of both alcohol-specific and alcohol-related deaths in St Helens have risen, reaching 22 and 58 per 100,000 in 2023 (Fig. 33 & 34), respectively equating to 39 and 110 deaths (Fig. 35).

Figure 33: Alcohol-specific mortality per 100,000

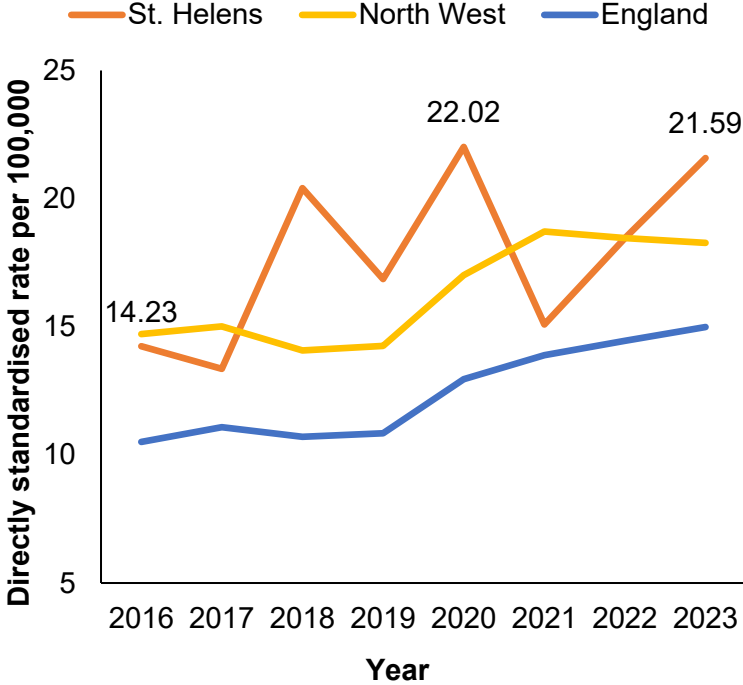


Figure 34: Alcohol-related mortality per 100,000

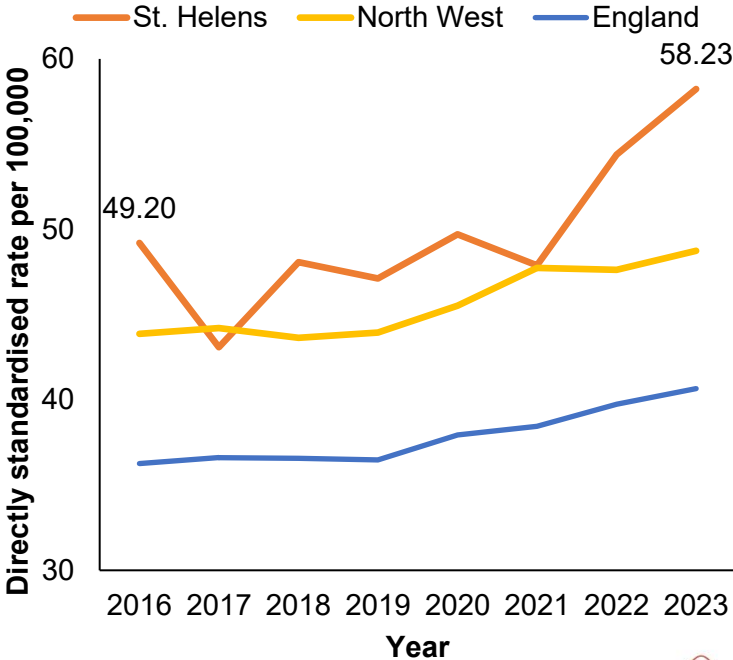
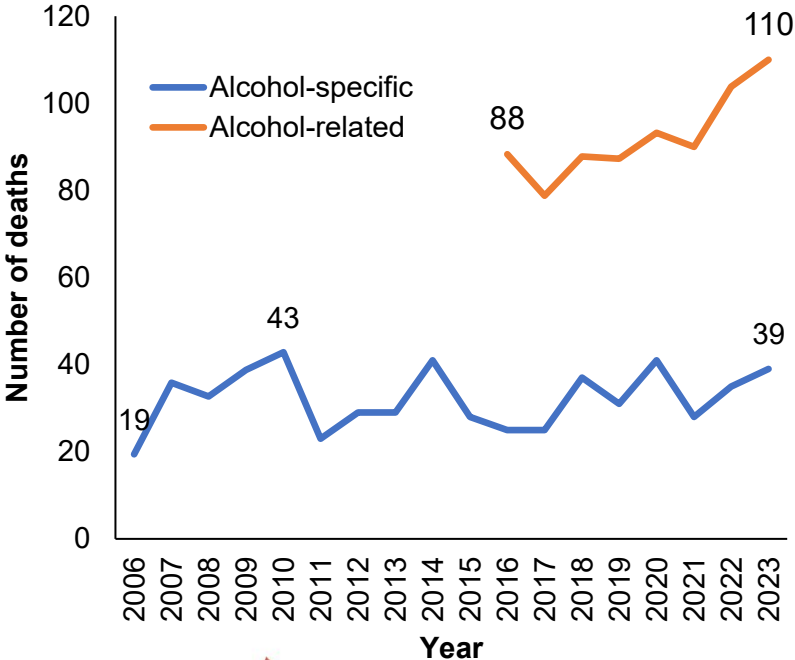
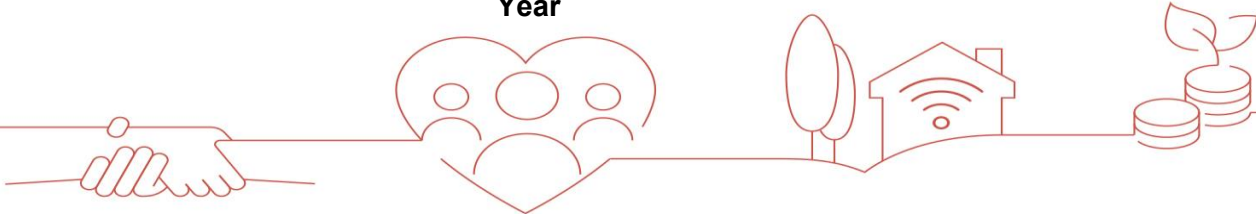


Figure 35: Absolute numbers of alcohol-specific and alcohol-related deaths in St Helens



Source: Fingertips



Hospital admissions due to substance misuse

- ▶ Substance misuse hospital admissions among adults in St Helens are higher in men (121.9 per 100,000) compared to women (100.8 per 100,000) with most cases being first-time admissions and only a small proportion having multiple prior hospitalisations (Fig. 36 & 37).
- ▶ St Helens ranks 2nd highest in England and highest in the North West for substance misuse hospital admissions among 15 to 24-year-olds, with rates significantly higher than the national average (166 vs. 47 per 100,000) and a recent upward trend after a period of decline (Fig. 38).

Figure 36: Hospital admissions (directly standardised rate per 100,000) due to substance misuse in St Helens by sex (2019/20 - 2023/24)

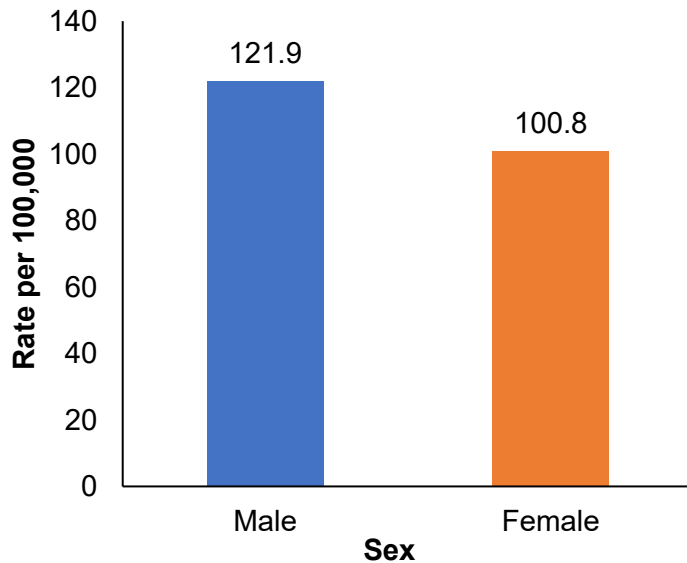


Figure 37: Percentage of substance misuse admissions that are readmissions (from the preceding 24 months) in St Helens (2023-24)

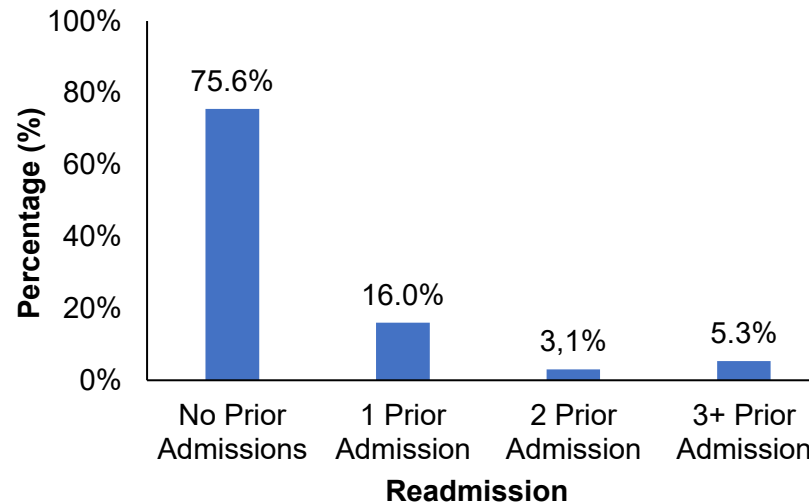
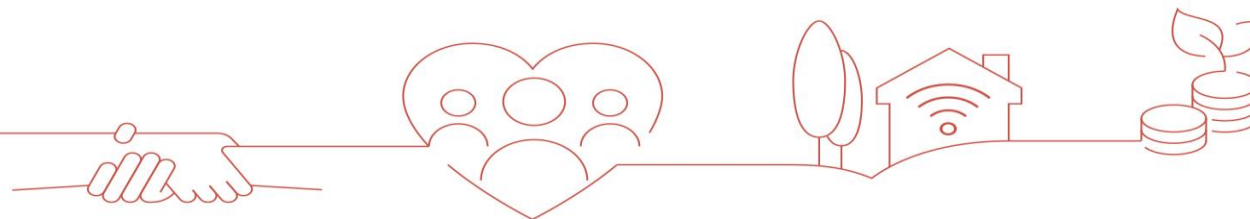
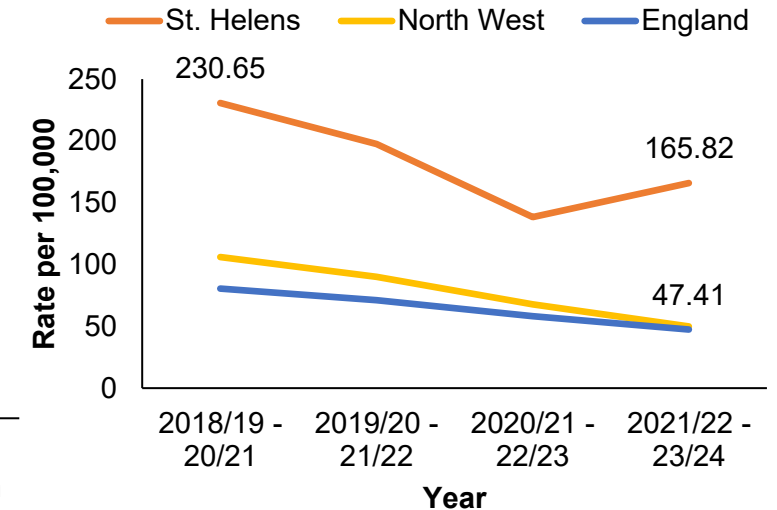


Figure 38: Hospital admissions due to substance misuse per 100,000 (15 to 24 years)



Hospital admissions due to substance misuse

- ▶ In St Helens there is a strong correlation between deprivation and the rate of substance misuse hospital admissions, with more deprived areas experiencing higher rates (Fig. 39).
- ▶ Central St Helens has the highest hospital admission rate (243.5 per 100,000), while Newton-le-Willows (70.9 per 100,000) and North St Helens (76.4 per 100,000) with lower deprivation levels, have amongst the lowest (Fig. 40).

Figure 39: Hospital admissions (directly standardised rate per 100,000 all ages) due to substance misuse in St Helens by IMD decile (2019/20 - 2023/24)

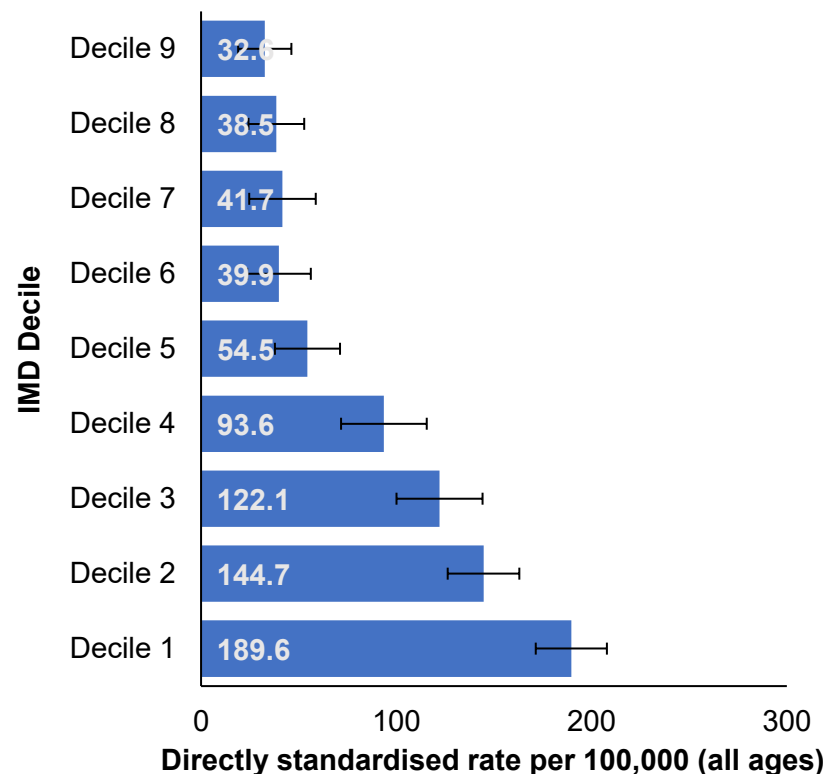
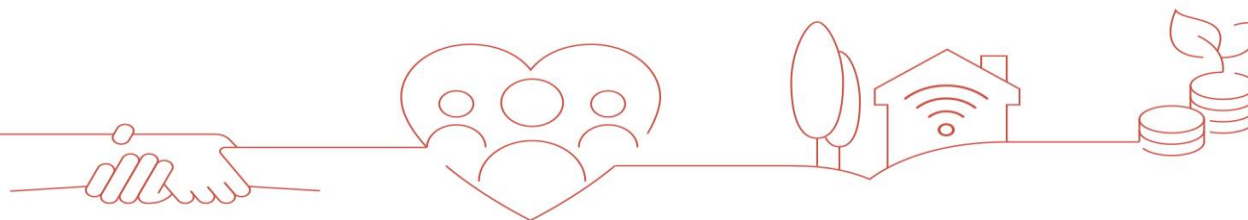
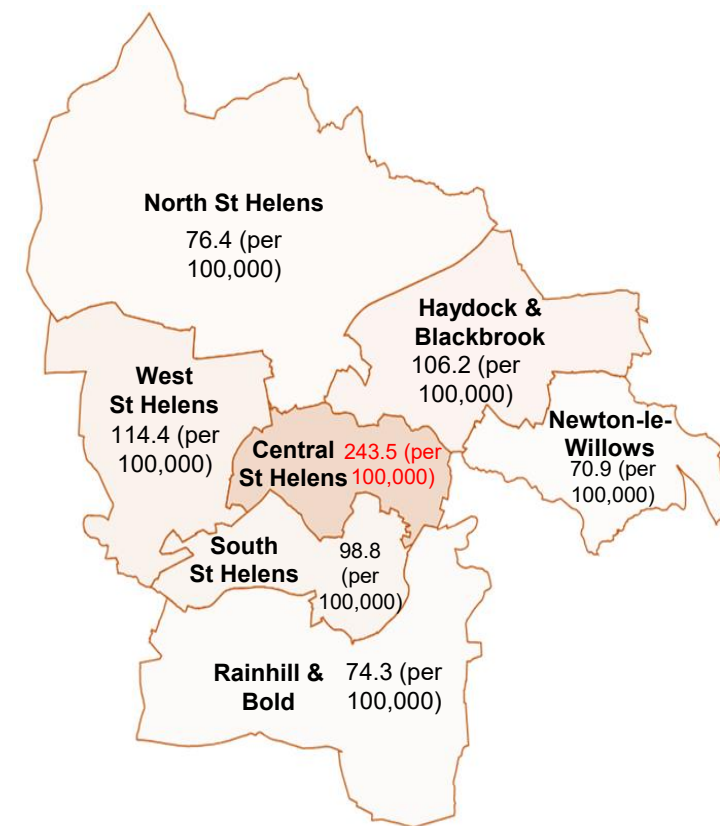
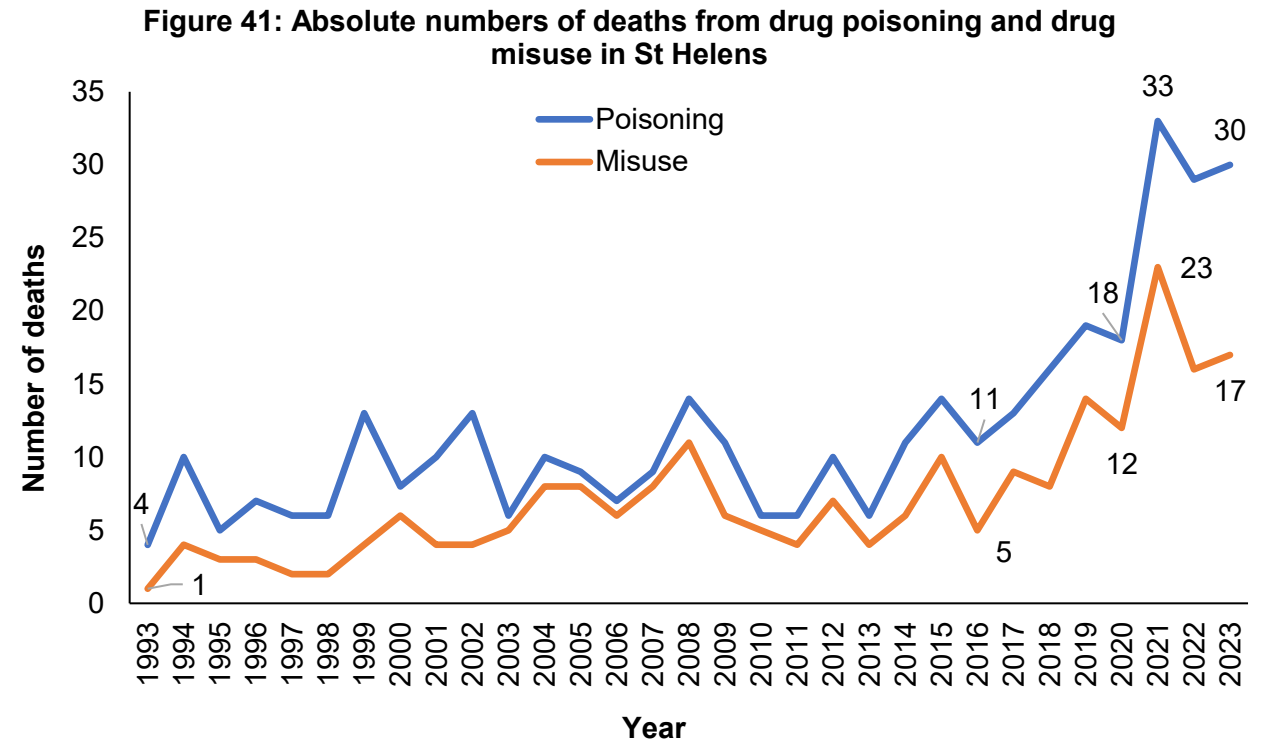


Figure 40: Hospital admissions (directly standardised rate) due to substance misuse in St Helens by locality (2019/20 - 2023/24)



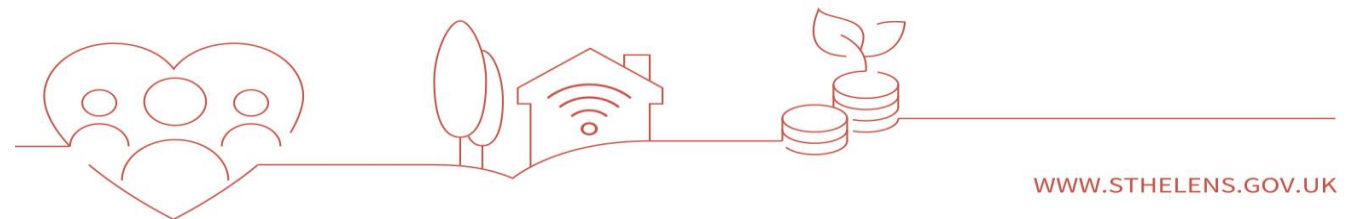
Drug-related deaths

- ▶ Drug-related deaths in St Helens have risen sharply since 2016 (Fig. 41).
- ▶ This is presented as drug poisoning deaths and drug misuse deaths. (See definitions below)
- ▶ The 2022 peak is the highest in three decades, with rising drug misuse deaths suggesting increased addiction and or stronger substances (Fig. 41).
- ▶ While deaths have trended upward since 2016/17, the post-pandemic surge reflects a significant rise. The 2020 dip and 2021 spike may also be linked to delayed death registrations during COVID-19 (Fig. 41).



Drug poisoning deaths are deaths caused by legal or illegal drugs including cases linked to accidental overdose, suicide, assault or mental health disorders due to drug use.

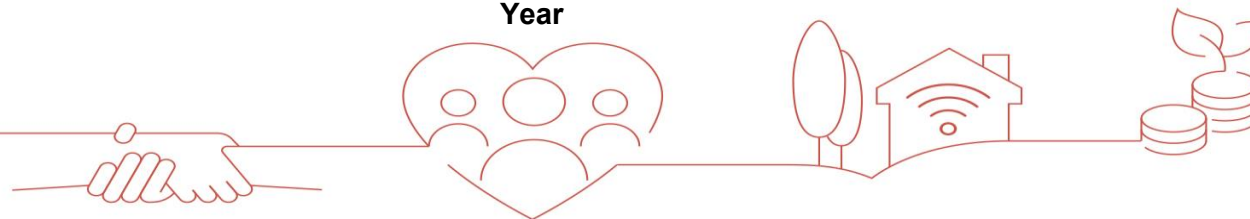
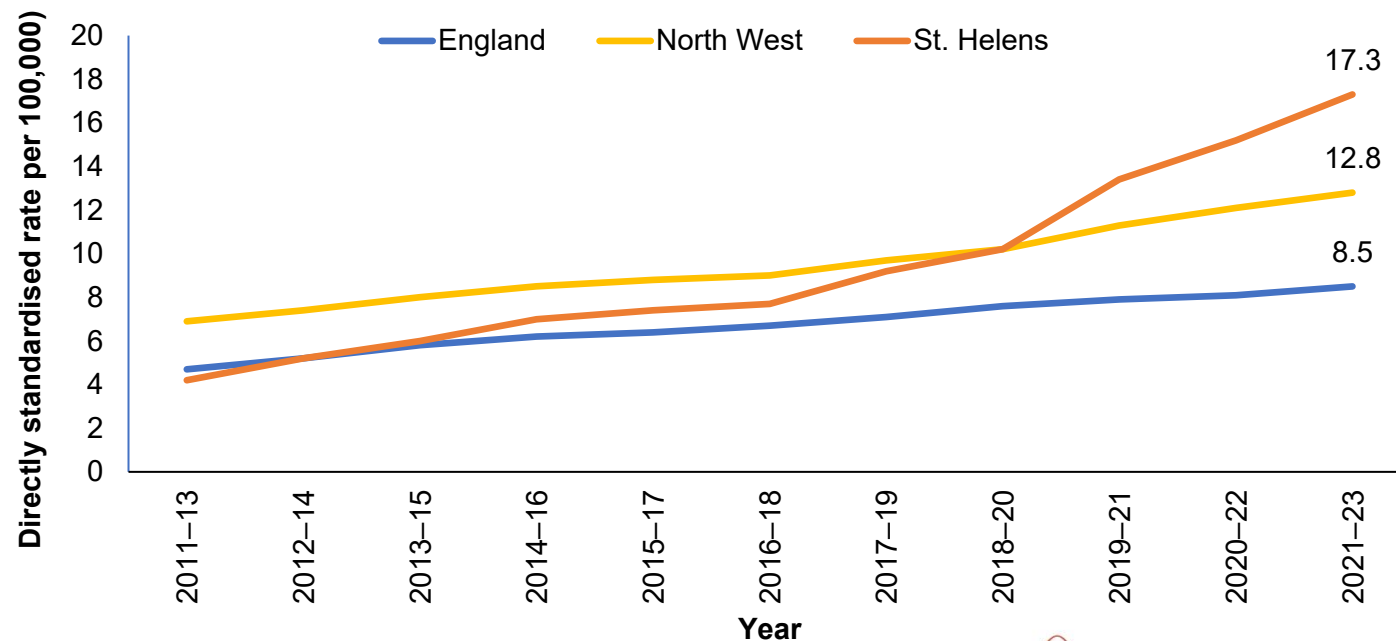
Drug misuse deaths are a subset of drug poisoning deaths that specifically involve illegal or controlled substances as defined by the Misuse of Drugs Act, 1971.



Drug poisoning deaths

- ▶ Drug poisoning deaths in St Helens continue to rise, reaching 17.3 per 100,000 (92 deaths) in 2021-23. This marks a 2.1 per 100,000 increase (12 more deaths) from 2020-22. In comparison, the national rate was 8.5 per 100,000, and the North West rate was 12.8 per 100,000 (Fig. 42).
- ▶ St Helens now surpasses both England and the North West in drug poisoning deaths for the first time, with regional and national rates also rising but at a slower pace (Fig. 42).

Figure 42: Drug poisoning deaths (directly standardised rate per 100,000)



Drug misuse deaths

- ▶ Between 2021 and 2023, drug misuse death rates in St Helens (10.5 per 100,000) were significantly higher than both England (5.5 per 100,000) and the North West (7.8 per 100,000) for the first time (Fig. 43). Provisional local data show a decrease to 9.1 for 2022-2024 in St Helens. Within the borough, St Helens Central has the highest rate of drug misuse deaths at 19.7 per 100,000, nearly double that of the next highest area. This contrasts sharply with the lowest local rate of 1.4 per 100,000 (Fig. 44).
- ▶ Males (12.9 per 100,000) had over double the rate of females (5.4 per 100,000) in St Helens between 2022 and 2024.

Figure 43: Drug misuse deaths (directly standardised rate per 100,000) 2011-13 – 2021-23 (and provisional 2022/24 for St Helens)

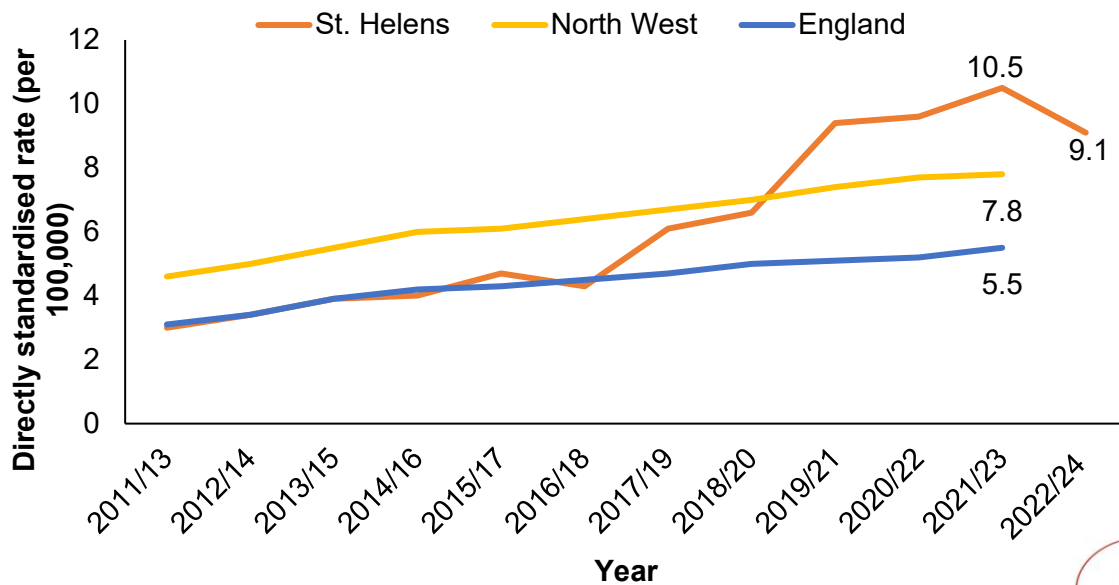
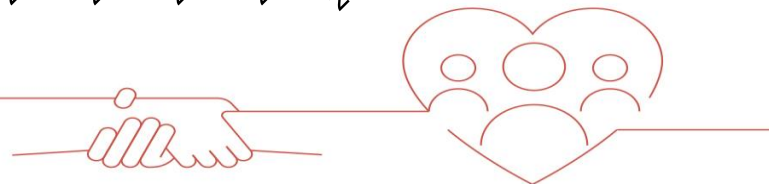
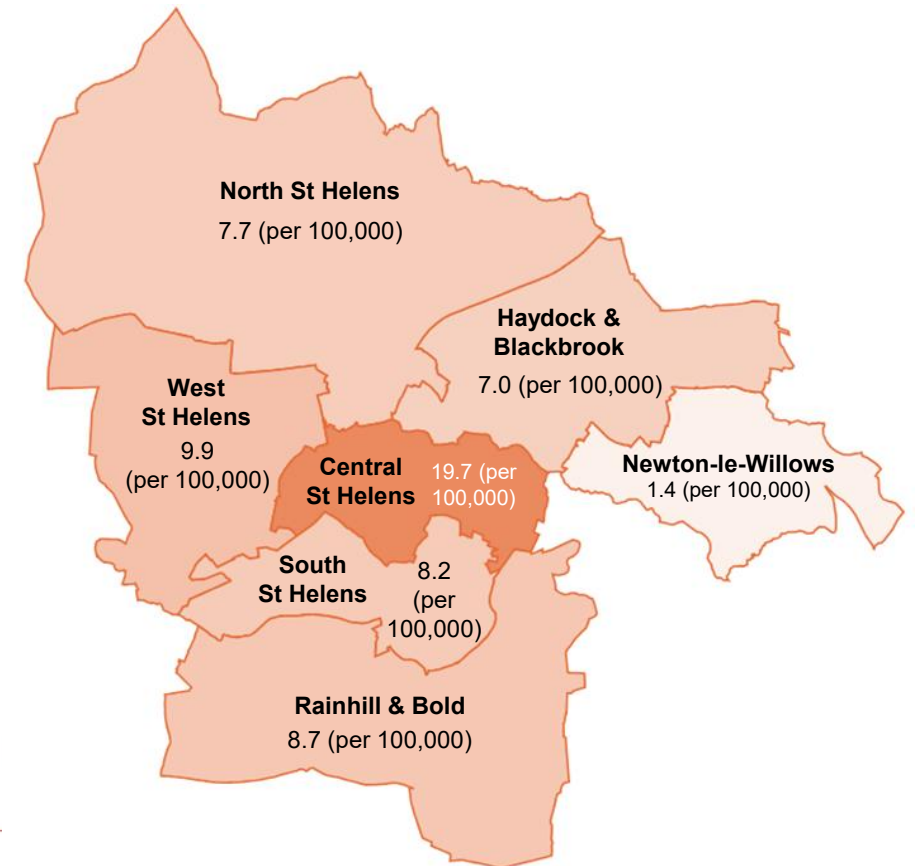


Figure 44: Drug misuse deaths (directly standardised rate) in St Helens by locality (2022 - 2024)



Drug misuse deaths

- ▶ Directly standardised rates for drug misuse deaths between 2022 and 2024 were higher for those living in the most deprived areas (IMD decile 1) compared with those in the least deprived areas (IMD decile 9), at 63.0 and 24.2 per 100,000 respectively. However, the confidence intervals overlapped, indicating uncertainty around the difference (Fig. 45).
- ▶ Table 1 highlights that between 2022 and 2024, over a quarter of drug misuse deaths in St Helens had an ICD-10 code for Cocaine recorded.

Fig 45: Drug misuse deaths (directly standardised rate) in St Helens by IMD (2022 - 2024)

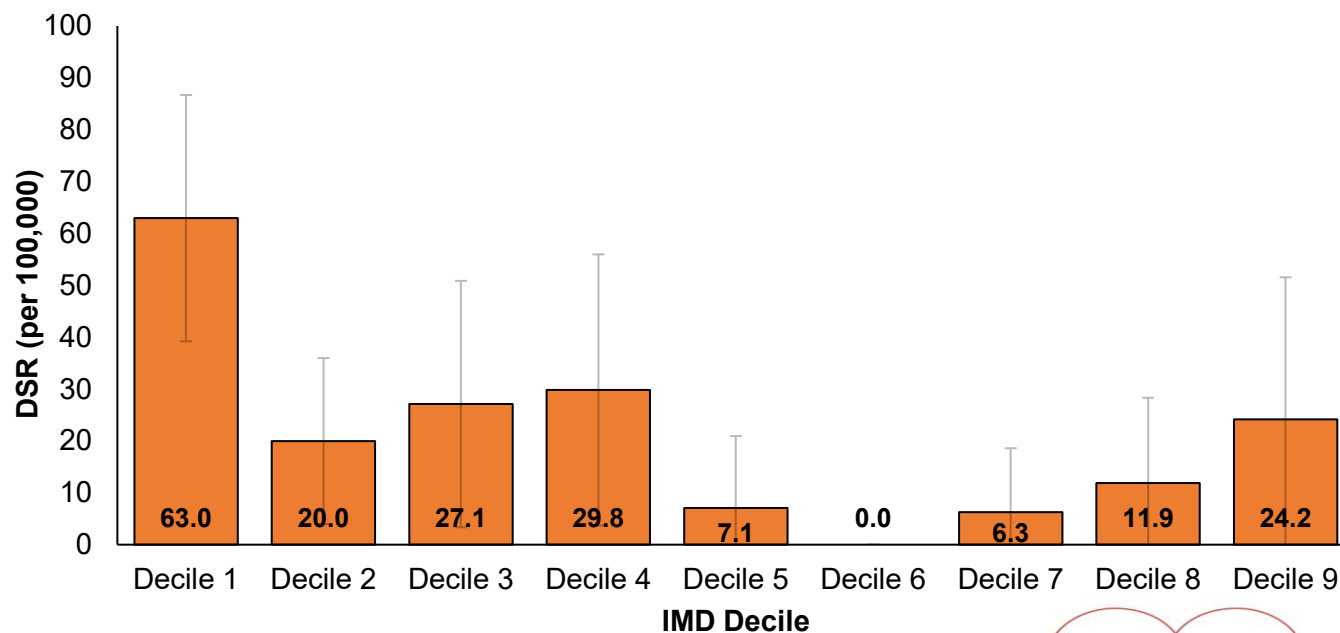
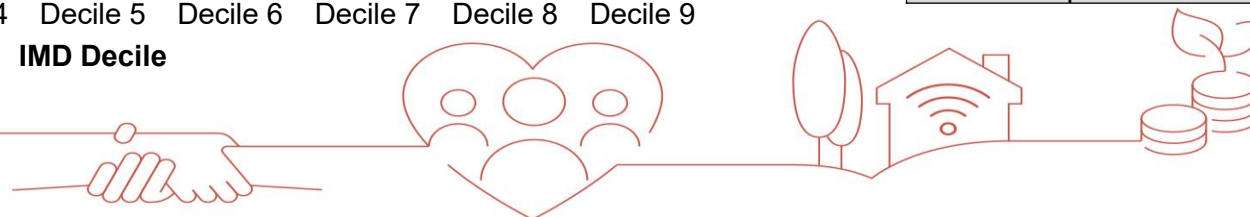


Table 1: Percentage (%) of drug-related deaths in St Helens according to coded substances involved (2022 - 2024)

Substance	Percentage
Cocaine	25.4
Unspecified opiate	20.3
Methadone	16.9
Heroin	11.9
Codeine	6.8
Morphine	5.1
Cannabis	3.4
Citalopram	1.7
Zopiclone	1.7
Methamphetamine	1.7
Dihydrocodeine	1.7
Tramadol	1.7
Tapentadol	1.7



Mental health and substance misuse

- ▶ St Helens ranks 13th highest in England and 5th highest in the North West for alcohol-related mental health admissions, consistently exceeding regional and national rates, with males disproportionately affected (Fig. 46 & 47).
- ▶ Similarly, drug misuse in St Helens is closely linked to mental health needs, with rates exceeding national figures: 38 new drug treatment clients per 100 persons in treatment require mental health support (England: 28 per 100 persons in treatment).* However, 84.6% of entrants who require mental health support are already receiving mental health care (England: 77.4%).

Figure 46: Admissions for mental and behavioural disorders due to alcohol per 100,000 population

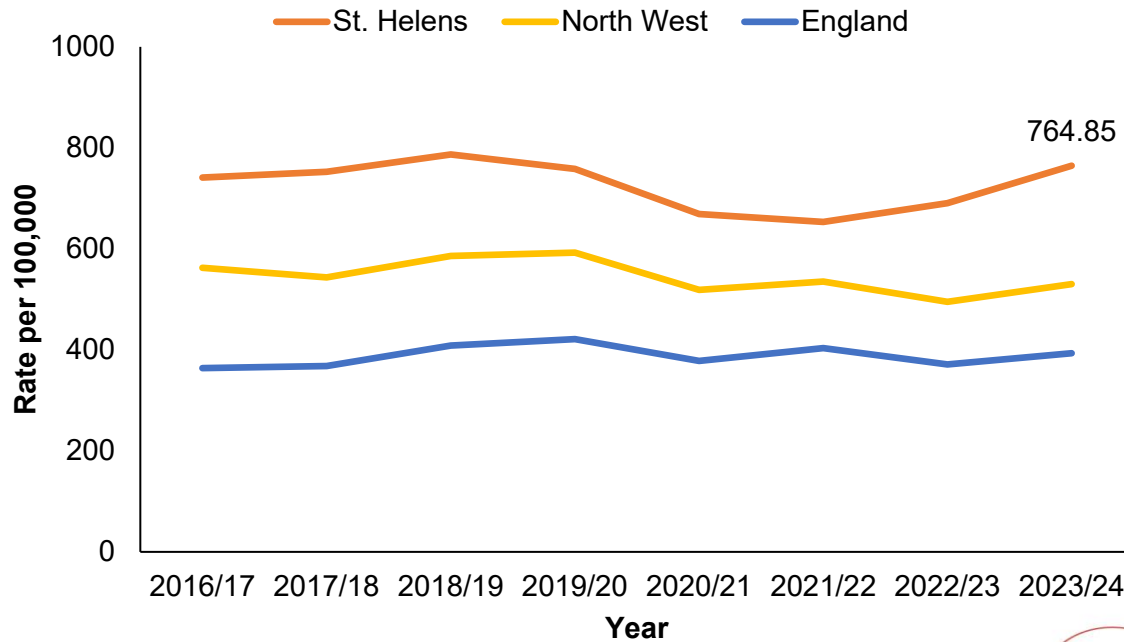
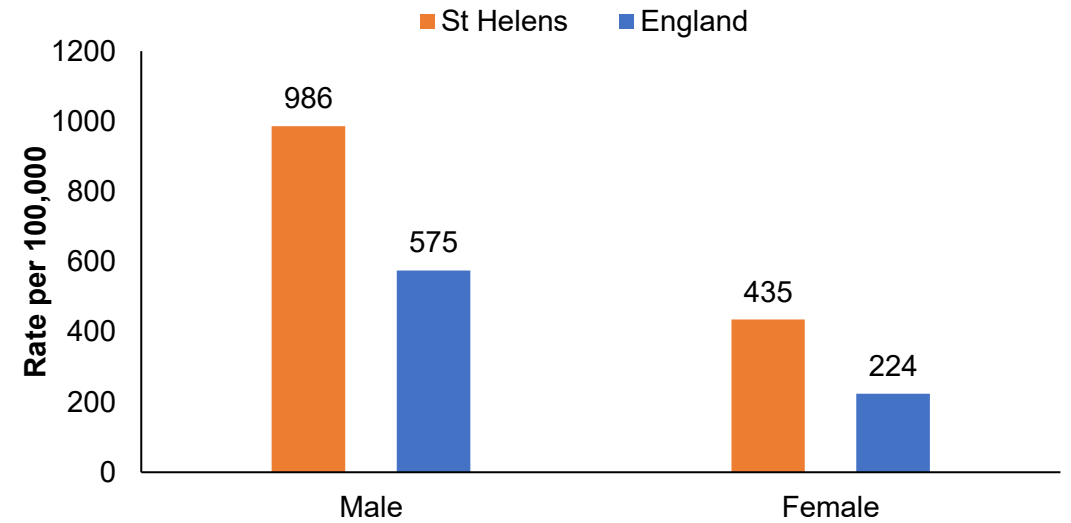
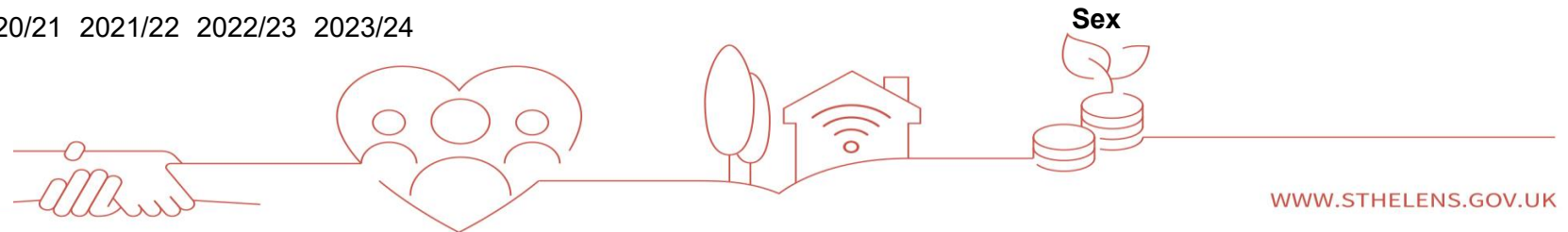


Figure 47: Admissions for mental and behavioural disorders due to alcohol per 100,000 population (2023/2024)



*Interpret this measures with caution as denominator includes both new and existing clients, and differences in assessment practices across areas may influence this figure.



Social consequences

This section examines the wider social consequences of drug and alcohol use in St Helens, with a focus on how substance misuse impacts individuals, families, and communities. Key areas covered include:

- **Crime and anti-social behaviour**, including drug-related offences and street drinking.
- **Impact on child health and development**, especially through parental substance misuse.
- **Housing, employment, and education challenges** faced by people in treatment.
- **Risks and outcomes for young people**, including NEET status and housing instability.

Crime and anti-social behaviour

- ▶ Drug-related crime in St Helens has steadily declined in line with the Merseyside trend, reaching the lowest rate in the Merseyside area at 4.4 offences per 1,000 people in 2022/23. However, these offences still make up over 11% of all crime in the borough (Fig. 48 & 49).
- ▶ Project ADDER efforts in other Merseyside areas are crucial, as organised crime operates across boroughs. In 2023/24, the project achieved 231 Organised Crime Group (OCG) Disruptions and dismantled 16 county lines in 2023/24.

Figure 48: Drug possession, use and trafficking crimes in Merseyside per 1,000

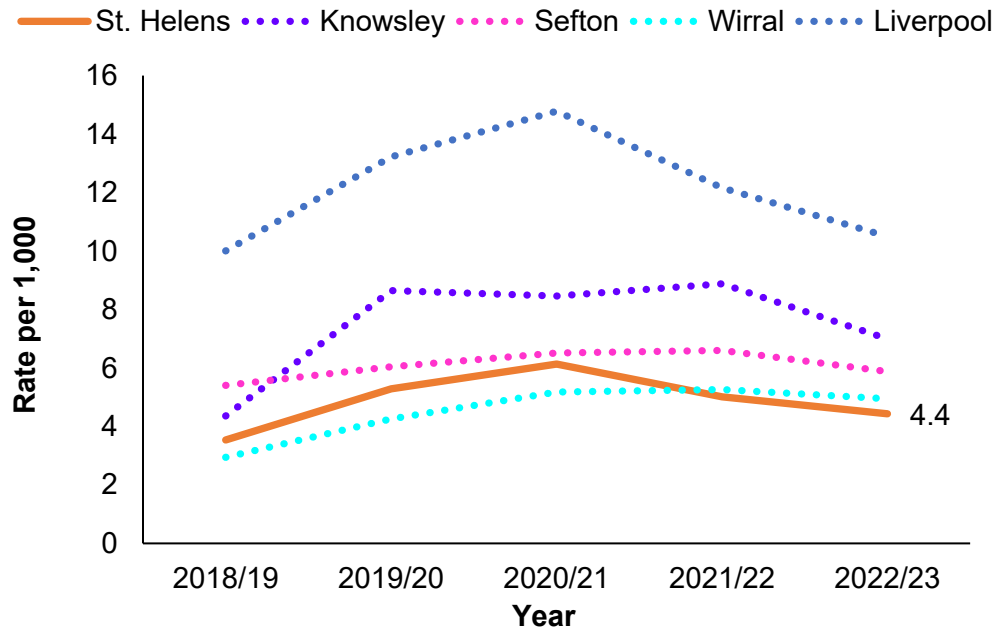
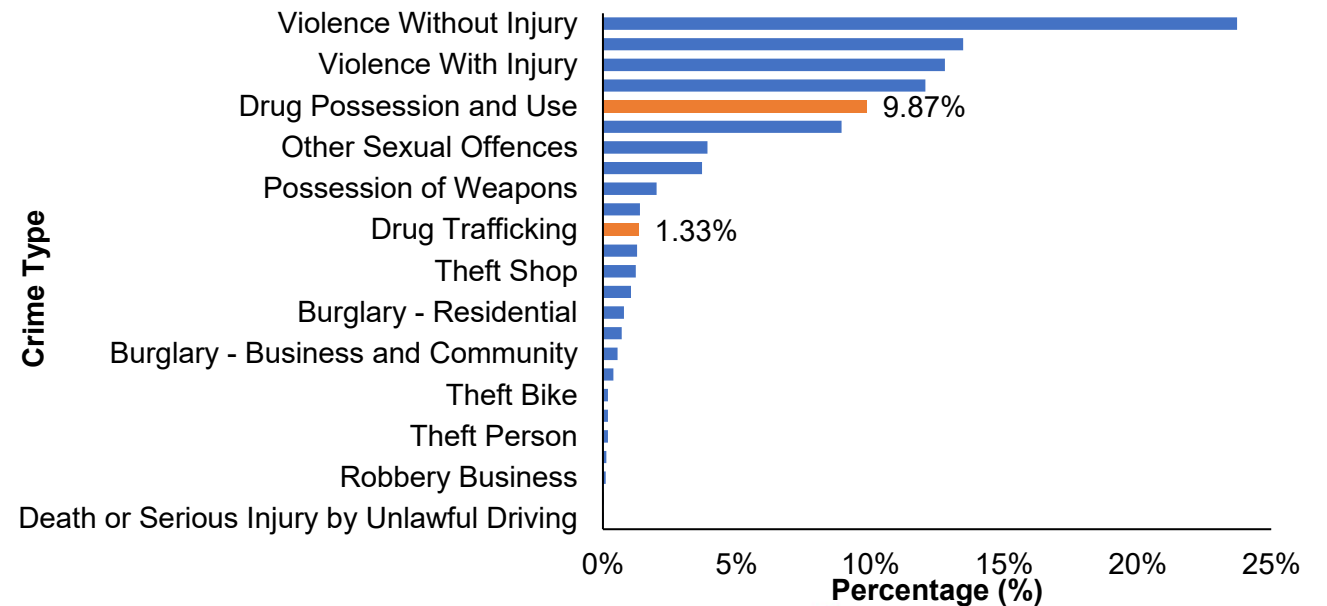


Figure 49: Crime types involving young people (0-19) as a percentage of total crimes in St Helens (2021/22 - 2022/23)



Crime and anti-social behaviour

Figure 50: Drug related crimes in St Helens by LSOA (3-year period covering November 2021-October 2024)

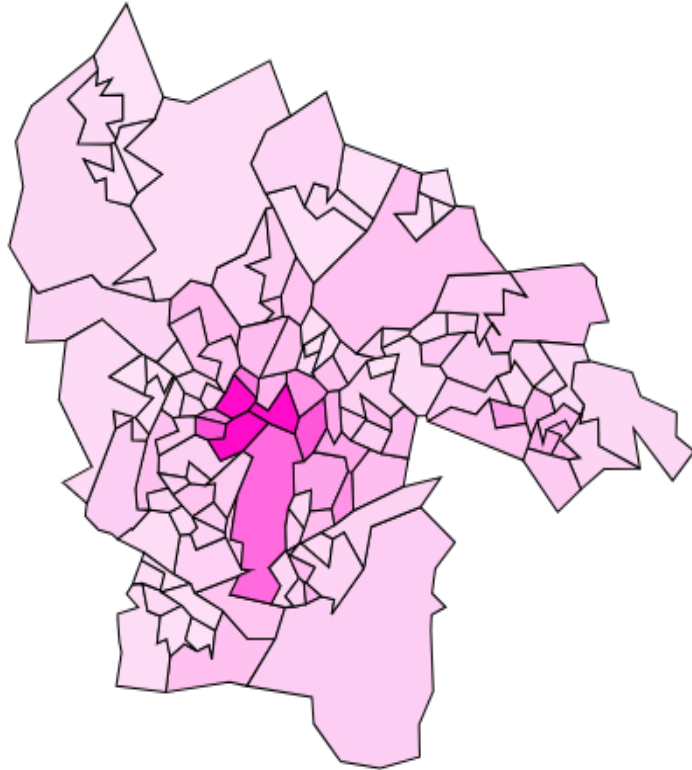
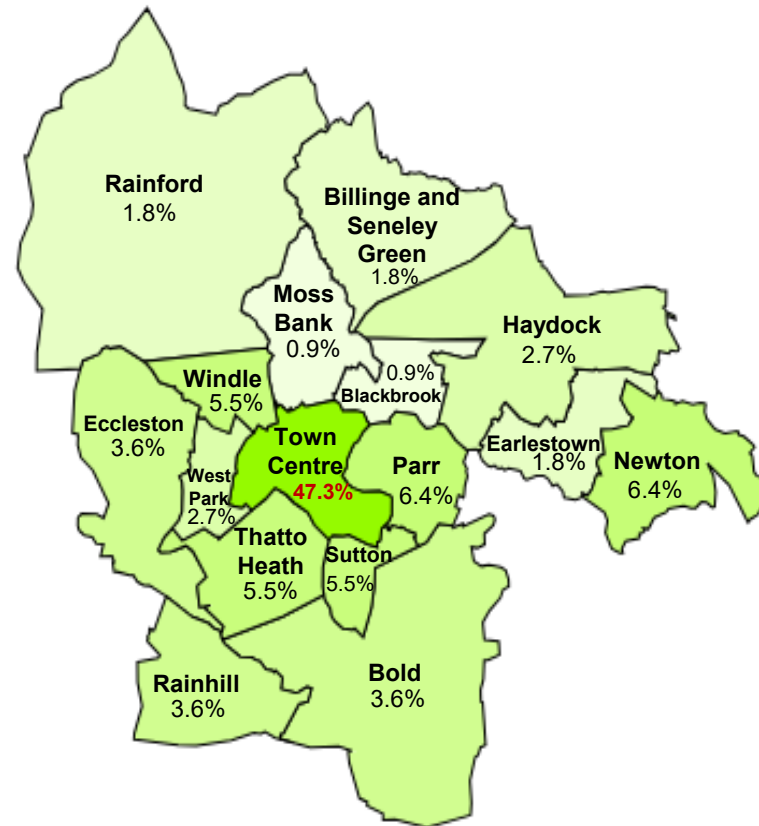
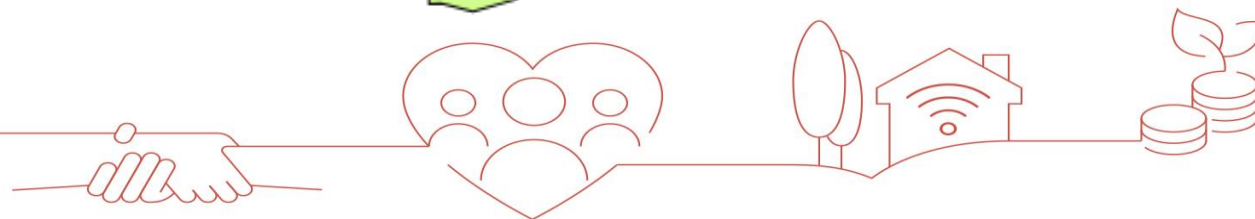


Figure 51: Street drinking anti-social behaviour incidents in St Helens by ward (2018/19-2022/23) shown as percentage from total



- ▶ Drug-related crime and street drinking anti-social behaviour in St Helens are highly concentrated in the Town Centre, aligning with areas of high deprivation and a high density of licensed premises (Fig. 50 & 51).
- ▶ Drug-related crime is most prevalent in deprived LSOAs, with the Town Centre accounting for nearly half of all offences.
- ▶ Street drinking incidents are also heavily concentrated in the Town Centre (47.3%), where pubs, bars, and clubs are most numerous.



Risk to child health/development

- ▶ St Helens has seen an increase in parental drug and alcohol misuse cases within child social care assessments, reaching 57% in 2024. This figure exceeds regional levels and is more than double the national rate, highlighting a growing concern in the borough (Fig. 52 & 53).
- ▶ In 2024, alcohol misuse was an identified factor in 25% of cases, compared to 18% in the North West and 14% in England. Similarly, drug misuse was identified in 32% of cases, higher than the 18% in the North West and 14% nationally (Fig. 52 & 53).

Figure 52: Percentage proportion of child social care service assessments in which parental drugs and alcohol misuse were identified (2024)

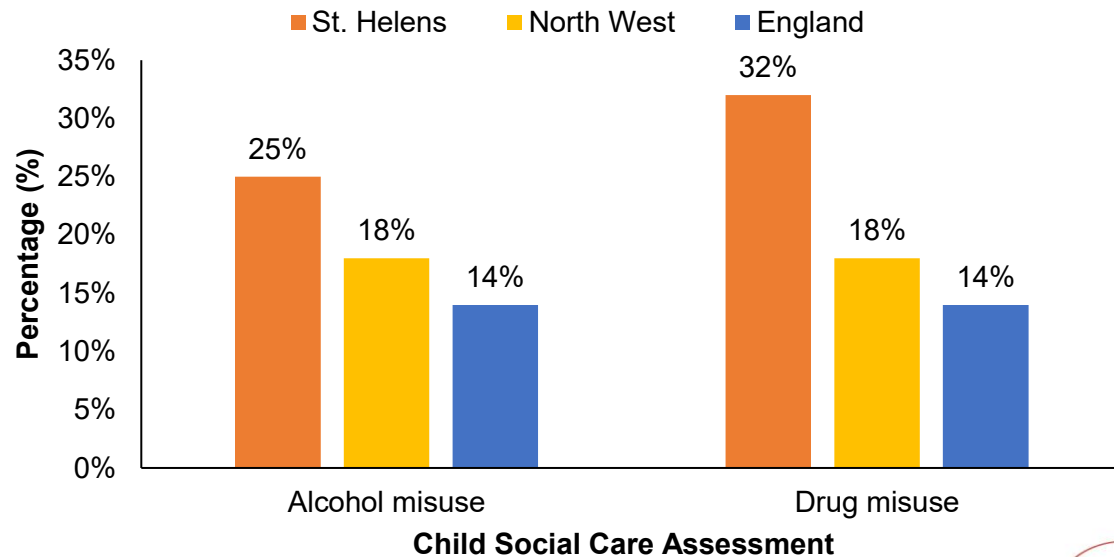
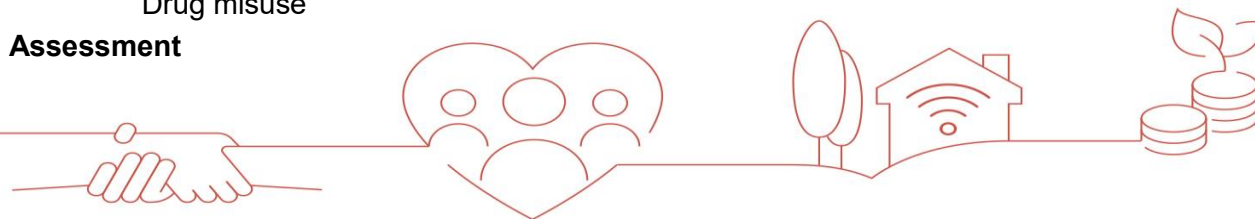
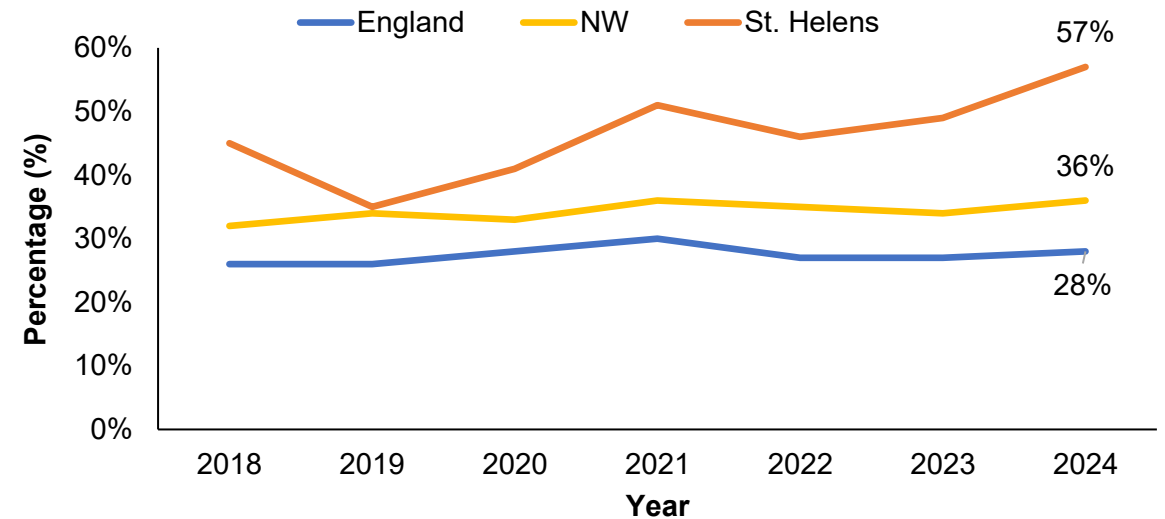


Figure 53: Parental drugs and alcohol identified in social care assessments as a percentage of all assessments (2018 – 2024)



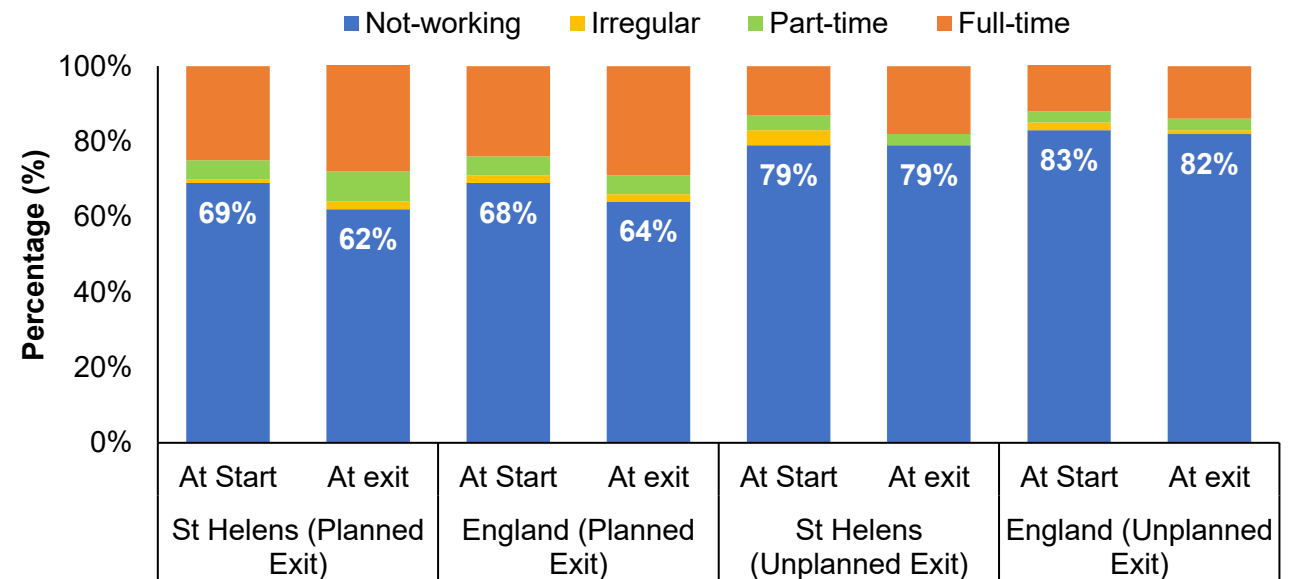
Other social problems

- ▶ In St Helens, one in five entering drug treatment needs housing support, with 6% having no fixed abode. Furthermore, 18% of males and over 30% of females face post-treatment housing difficulties (national averages of 16% and 21% respectively) (Fig. 54).
- ▶ About 70% of individuals entering drug treatment are unemployed, mirroring national trends. Among those completing treatment, full-time employment rose slightly from 5% to 10%, with minor gains in part-time work. Those exiting treatment unplanned showed no improvement (Fig. 55).

Figure 54: Percentage proportion of adults successfully completing treatment and still reporting a housing need (2021/22)



Figure 55: Employment status at treatment start and exit in percentages (2021/22)



Other social problems (young people)

- ▶ In 2023/24, no child or young person under-18 entering drug treatment in the borough was in supported housing or living independently, a reduction from 8% in 2022/23 indicating that severe housing instability has declined among young people in treatment. 8% were living in care, while the vast majority live with their parents (Fig. 56).
- ▶ Among under-18s starting drug treatment in St Helens, 14% are not in education, employment, or training (NEET), while 6% are persistent absentees or have been excluded (Fig. 57).

Figure 56: Percentage distribution of under-18s in drug treatment by accommodation status (at treatment start) in St Helens

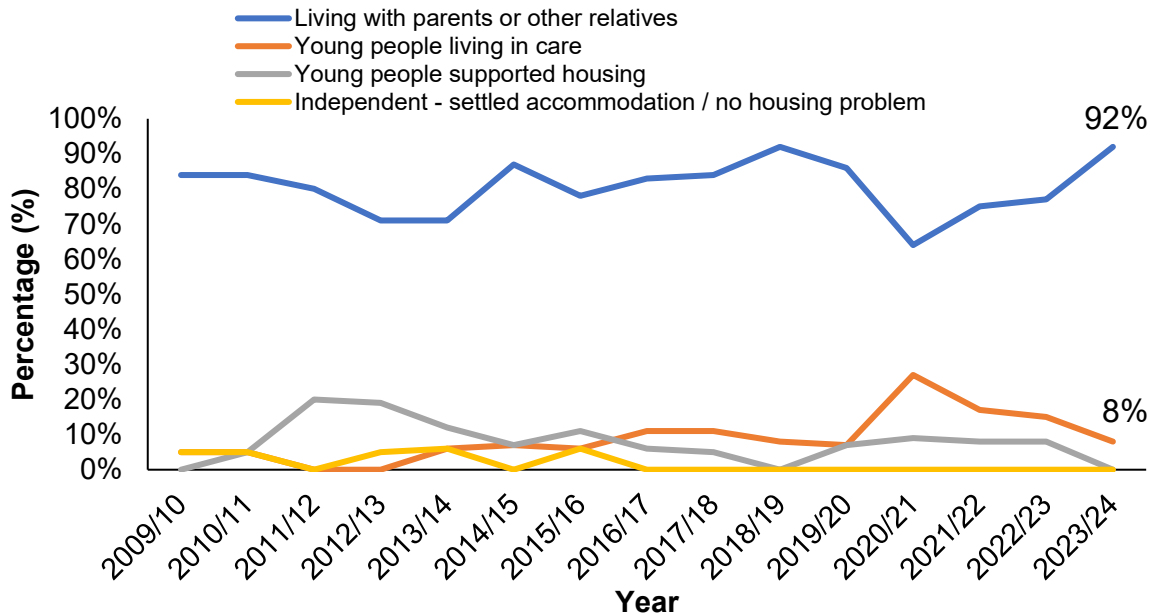
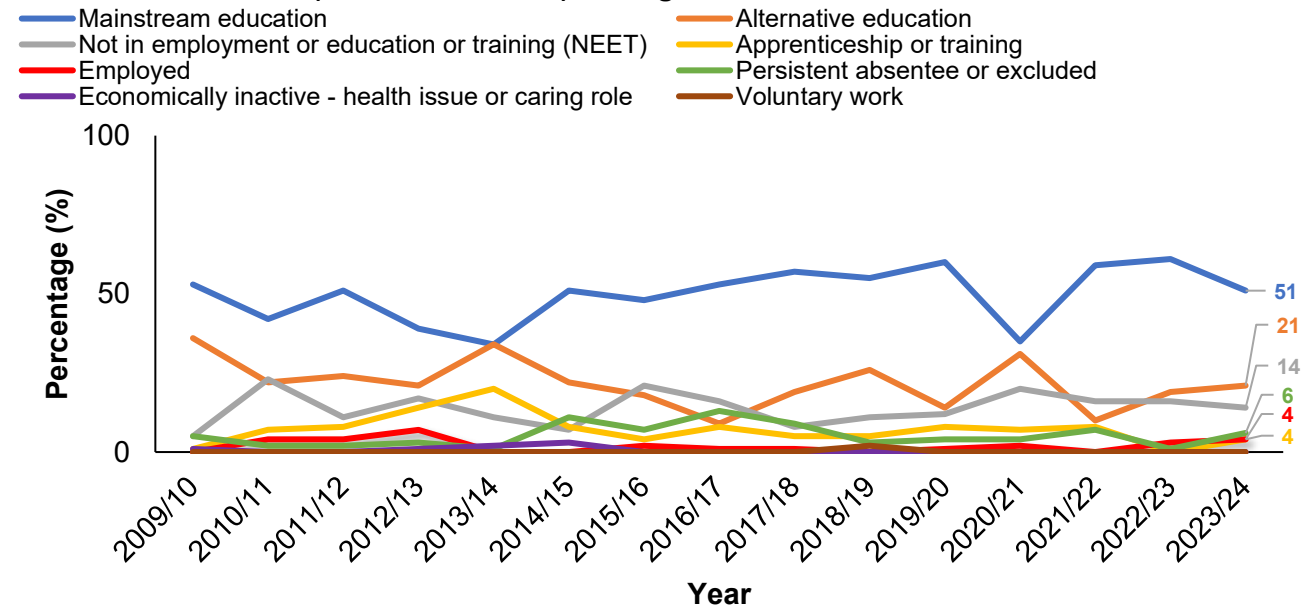


Figure 57: Percentage distribution of education and employment status (at treatment start) among under-18s in St Helens



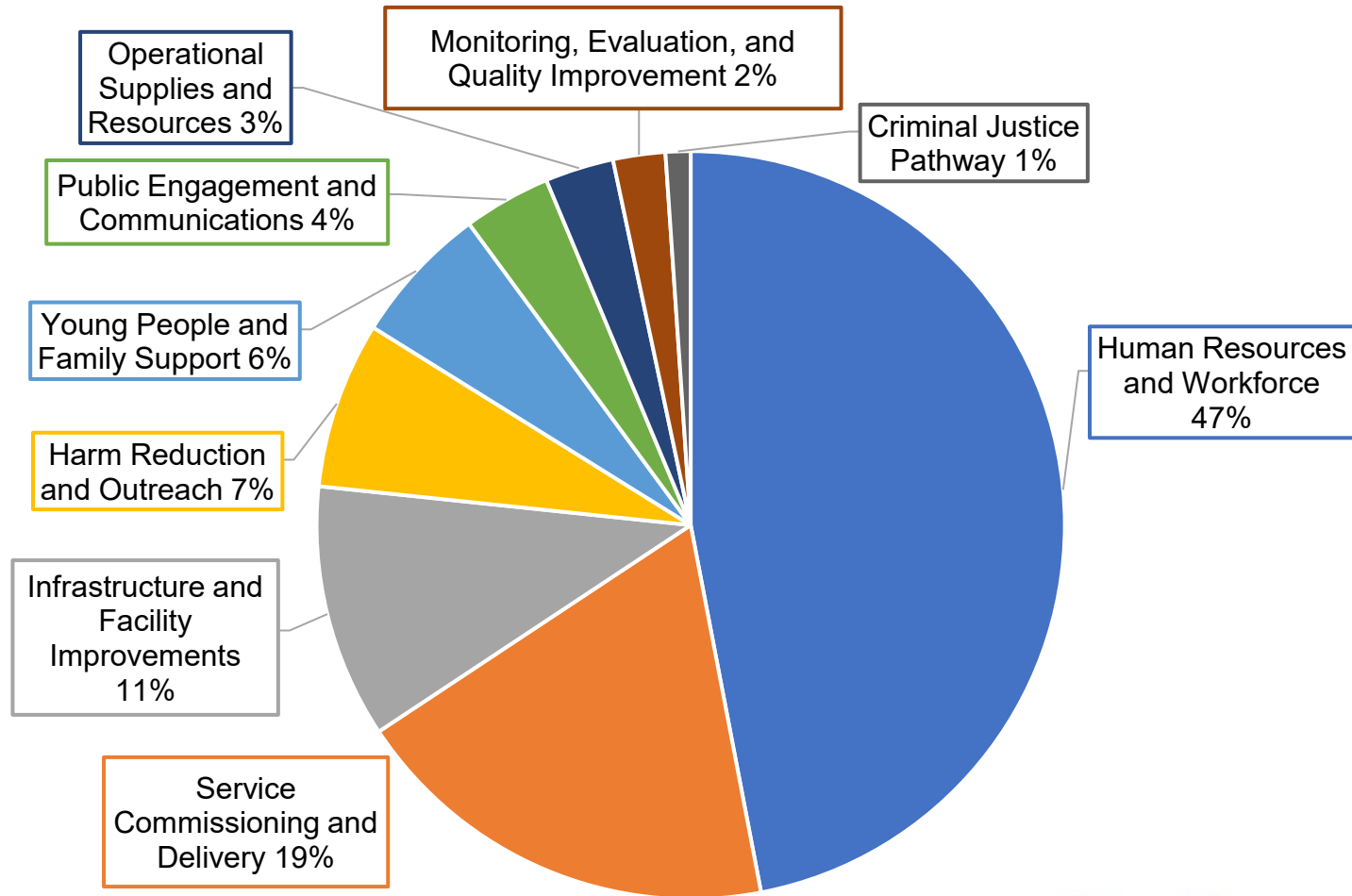
Overview of local response

This section outlines how St Helens is responding to the harms caused by drug and alcohol misuse through local strategies, funding, and regulation. It covers:

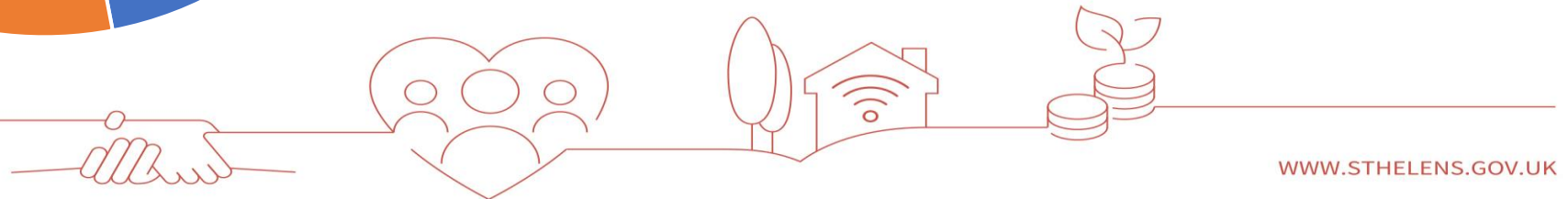
- **Use of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)** to strengthen treatment and recovery services.
- **Delivery of the national drug strategy outcomes** at the local level.
- **Available support services** for individuals and families.
- **Licensing controls**, including efforts to manage the high density of alcohol outlets in key areas.

Overview of SSMTR fund utilisation

Figure 58: St Helens SSMTR fund allocation 2022 to 2025



- ▶ Central to the “From Harm to Hope” Strategy, the government provided the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) with allocation of funds through the Office for Health Improvement and Disparities (OHID) to enhance drug and alcohol treatment and recovery services.
- ▶ The largest share of fund allocation was directed toward five key areas: human resources and workforce, commissioned services, infrastructure and facility improvement, harm reduction and outreach, and young people and family support.
- ▶ Fig. 58 outlines St Helens SSMTR fund allocation.



National Drugs Strategy outcomes

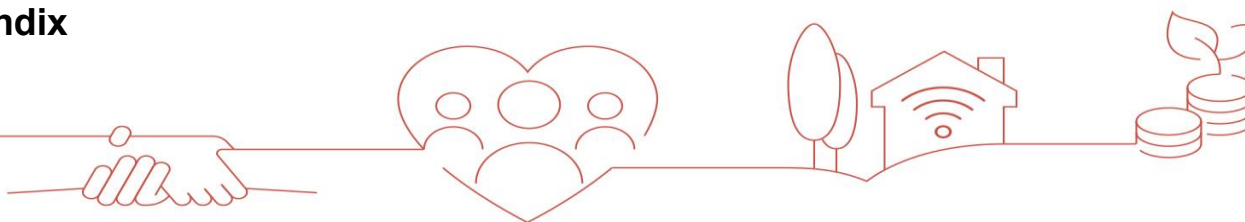
In line with the national strategy, St Helens aimed to deliver the following by 2025:	So far...
An increase in the number of adults in structured treatment from 1,871 to 2,224.	▶ Number of adults in structured treatment: 2050 (NDTMS ViewIt, 2023/24).
An increase in the number of young people in structured treatment from 96 to 197.	▶ Number of young people in structured treatment: 165 (NDTMS ViewIt, 2023/24).
A reduction in drugs related deaths (from a baseline of 41).	▶ Drugs related deaths: 47 (OHID, 2023).
An expansion of our multi-agency workforce.	▶ Multi-agency workforce expanded.
An increase in people with need engaging in treatment from 56% to 76%.	▶ People with need engaging in treatment for OCU & alcohol dependence: 53% (NDTMS ViewIt, 2023/24).
An increase in the use of specialist residential rehabilitation places from 1 to 16.	▶ Use of specialist residential rehabilitation places: 6 admissions in 2024/25.



Available services

Category	Service providers
Harm reduction	Change Grow Live, Young People's Drug and Alcohol Team, Red Umbrella, Alcohol Care Team
Prevention and education	Change Grow Live, Young People's Drug and Alcohol Team, St Helens Wellbeing Service, Beacon Counselling Trust, Hope Centre, Merseyside Violence Reduction Partnership, Red Umbrella, Saints Community Development Foundation, St Helens Borough Council 0–19 Services
Treatment and rehabilitation	Change Grow Live, Young People's Drug and Alcohol Team, Beacon Counselling Trust, Salvation Army, Alcohol Care Team, Chapman Barker Unit
Recovery and peer support	Change Grow Live, Young People's Drug and Alcohol Team, Beacon Counselling Trust, Making Space, Standing Tall Foundation, Hope Centre, YMCA St Helens, Come Together Hub
Social and housing support	Change Grow Live, St Helens Wellbeing Service, Salvation Army, Making Space, Hope Centre, Standing Tall Foundation, YMCA St Helens
Law enforcement	Merseyside Police

See details of service providers in appendix



Restricting licensed premises in St Helens

Figure 59: Licensed premises in St Helens

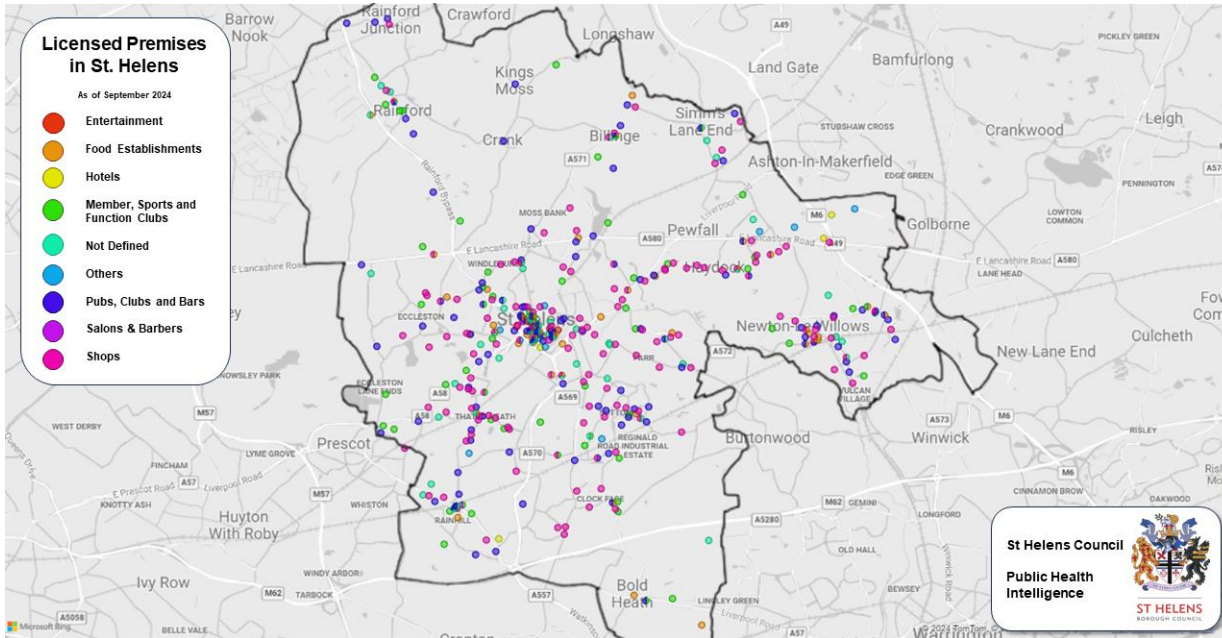
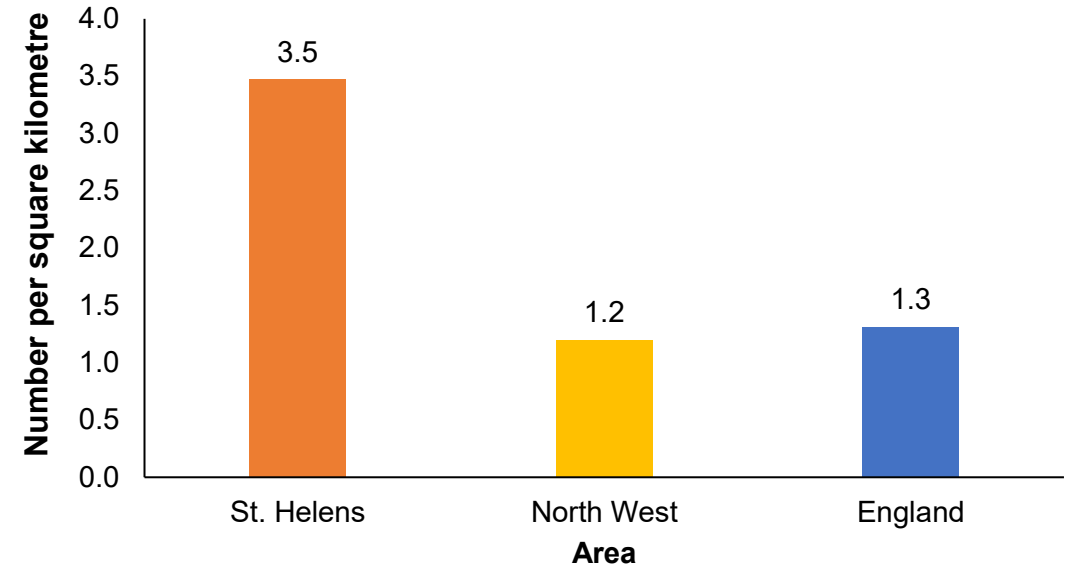


Figure 60: Number of premises licensed to sell alcohol per square kilometre (2023/24)



- ▶ There are 473 licensed premises in St Helens, with a higher density of 3.5 per km² compared to the North West (1.2 per km²) and England (1.3 per km²). The Town Centre has the highest concentration, with additional clusters in Newton-le-Willows, Thatto Heath, Sutton, and Rainhill (Fig. 59 & 60).
- ▶ Consequently, the Public Health department helped shape the licensing policy and works with Licensing, Trading Standards and Merseyside Police to ensure data-driven decisions that address alcohol and late-night venue impacts.



Treatment access, performance, outcomes and unmet needs

This section reviews how effectively drug and alcohol treatment services in St Helens are being accessed, delivered, and sustained. It includes:

- **Referral sources** and how people enter treatment.
- **Trends in treatment numbers** for adults and young people.
- **Substance-specific treatment needs**, including rising ketamine use.
- **Treatment outcomes and performance**, including success rates and prison-to-community transitions.
- **Unmet needs**, focusing on gaps in treatment and mental health support.

Referral sources

For adults entering drug treatment, self, family, and friends is the primary source, accounting for 60% of referrals, with an upward trend. In contrast, health service referrals have steadily declined, while other sources remain minor with little change. For young people, referral sources have fluctuated, except for youth criminal and justice system referrals, which have consistently declined. Social care, health services, and education now represent 79% of referrals, with self-referrals being much less common than for adults (Fig. 61 & 62).

Figure 61: Referral sources by percentage for new drug and alcohol service users in St Helens (2009/10 - 2023/24)

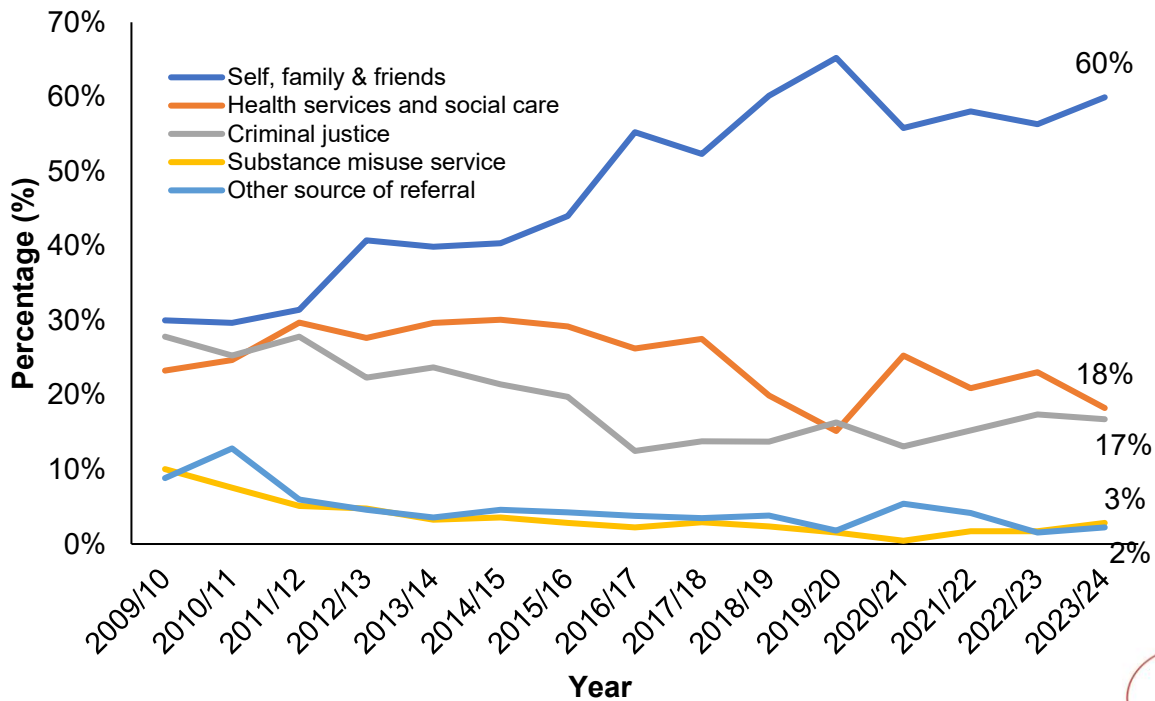
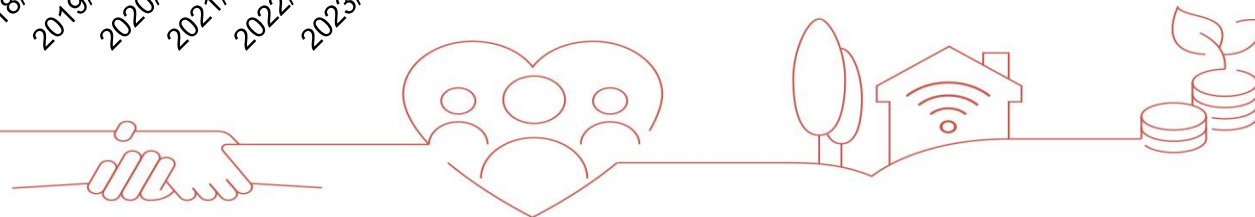
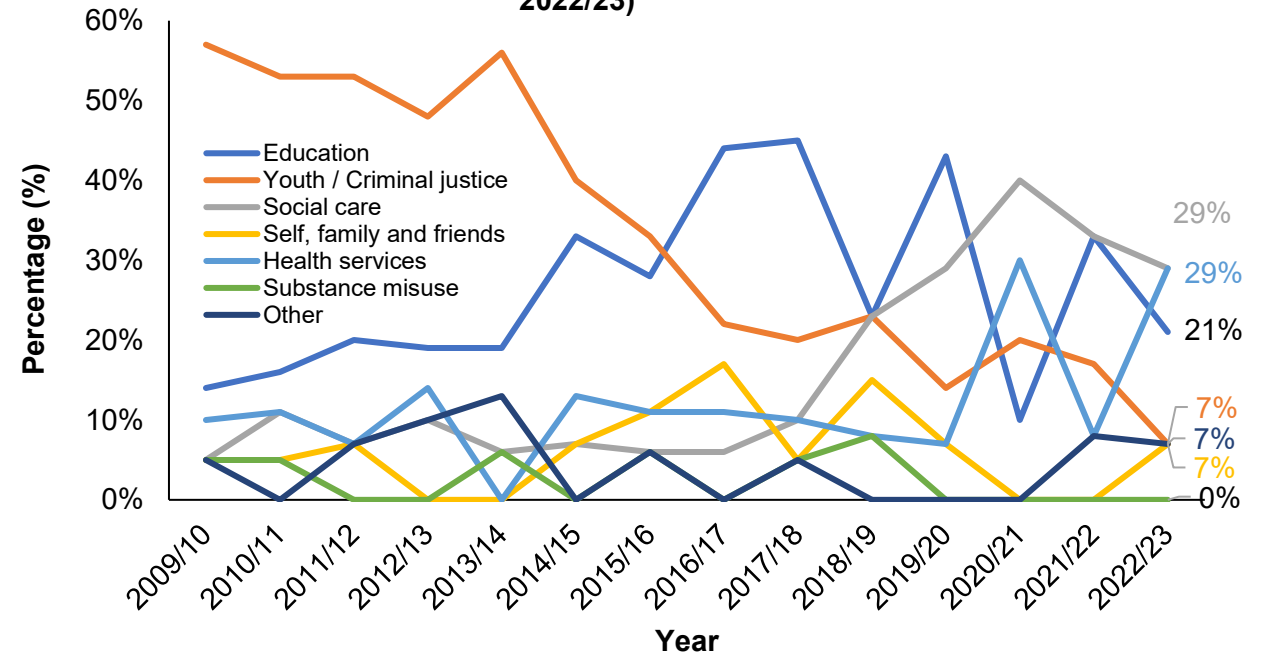


Figure 62: Young people's referral source by percentage for community drug and alcohol treatment in St Helens (2009/10 - 2022/23)



Numbers in treatment

The number of adults in drug treatment in St Helens has increased in recent years reaching 13.8 per 100,000, this is higher than the North West (9.4 per 100,000) and England (6.8 per 100,000) averages, where numbers have remained steady (Fig. 63). Youth drug treatment admissions, which have generally fallen nationally and regionally, have recently surged in St Helens, rising to 4.4 per 100,000, compared to 1.7 per 100,000 in the North West and 1.2 per 100,000 in England (Fig. 64).

Figure 63: Number of adults in treatment, rate per 100,000 (2009/10 - 2023/24)

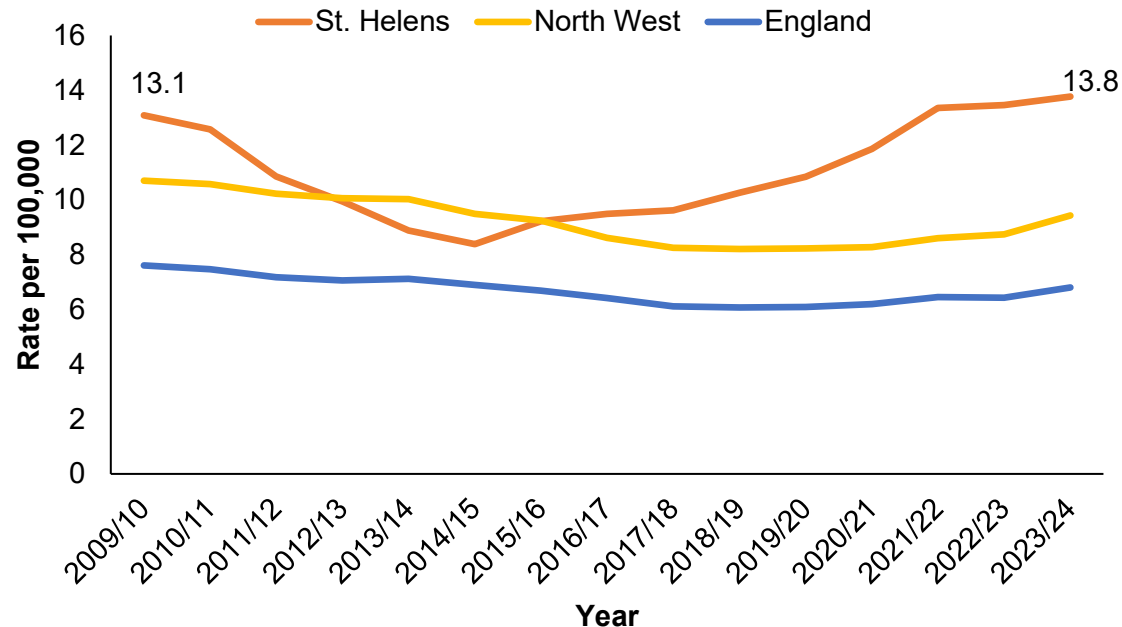
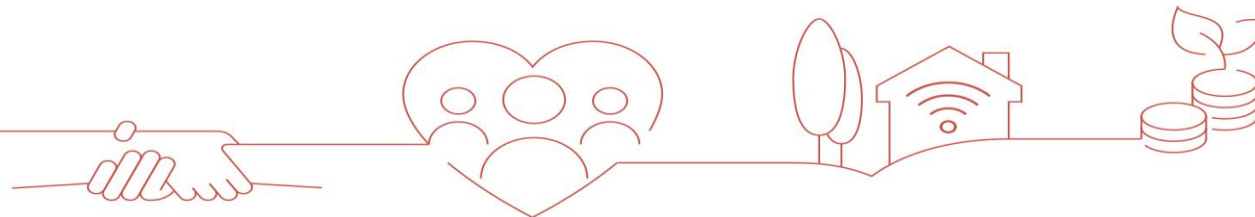
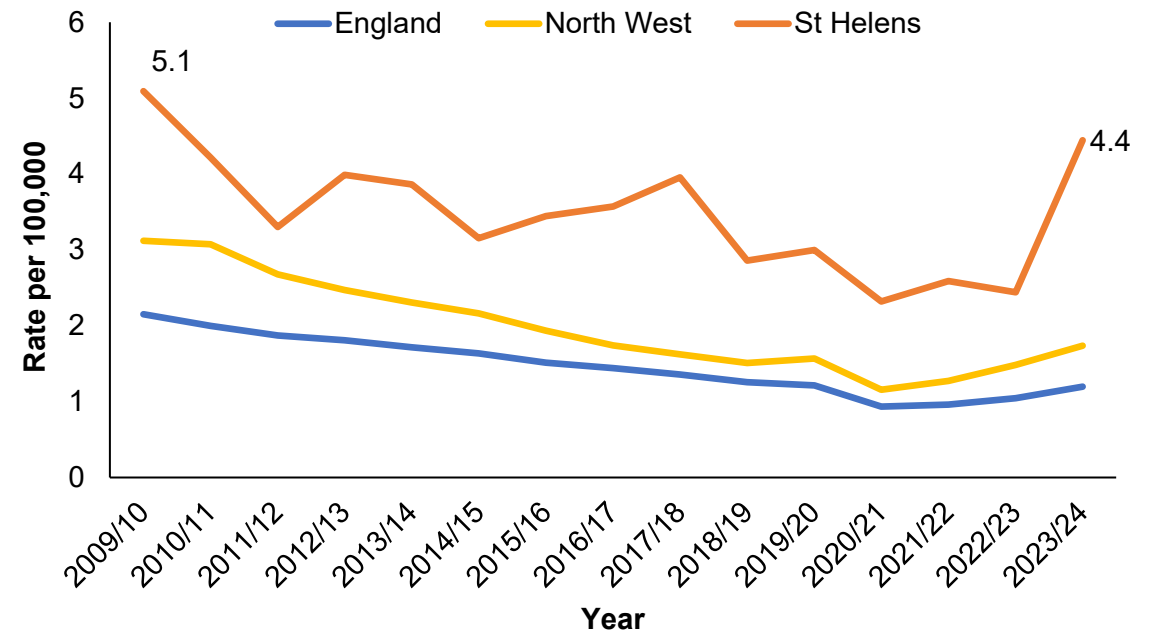


Figure 64: Number of young people (under 18) in treatment, rate per 100,000 (2009/10 - 2023/24)



Treatment needs by substance type

Opiate treatment needs remain dominant at 55% among adults. Demand for support services for alcohol (25%), crack cocaine (22%), and cocaine (21%) dependence has increased, reflecting evolving substance use trends (Fig.65). Among young people, 82% required support for cannabis use, the most common substance, while alcohol-related treatment needs declined to 33%. Ketamine treatment demand surged from 6% in 2022/23 to 27% in 2023/24, a 21 percentage point rise, compared to 6% to 11% in the North West and 6% to 8% nationally. Other substances saw varied but lower treatment demand (Fig. 66).

Figure 65: Percentage distribution of treatment need by substance type (adults in treatment for drug and alcohol) in St Helens (2009/10 - 2023/24)

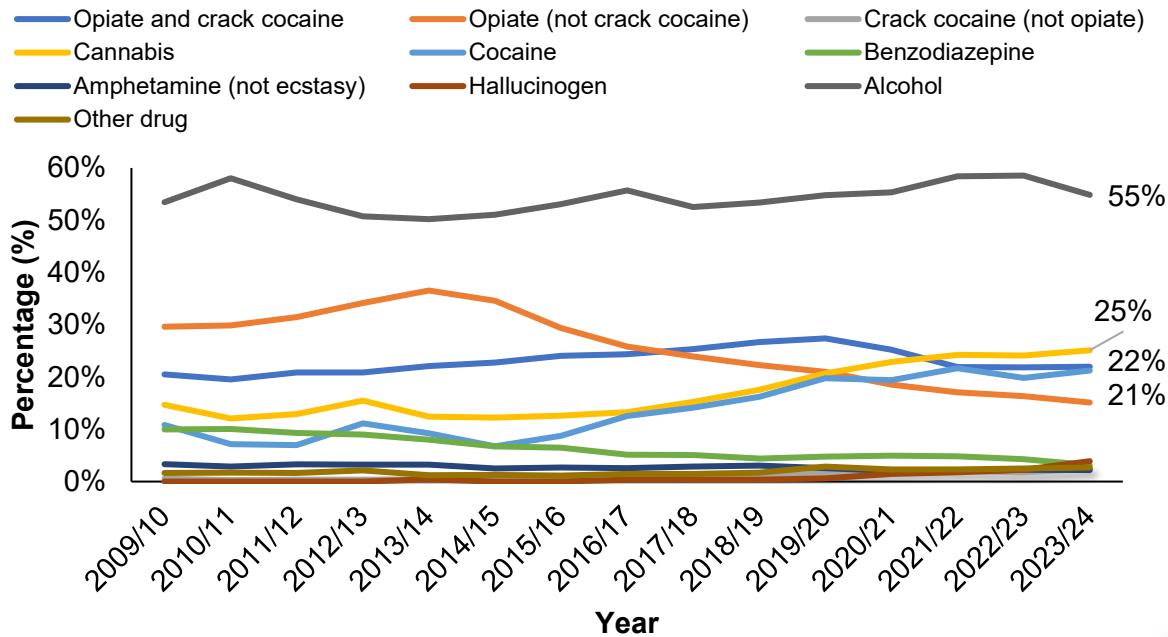
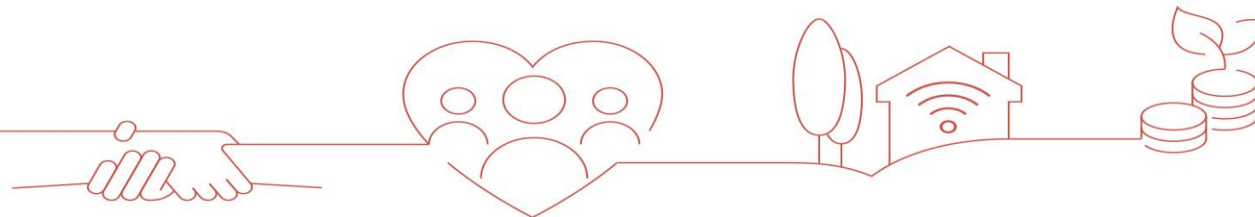
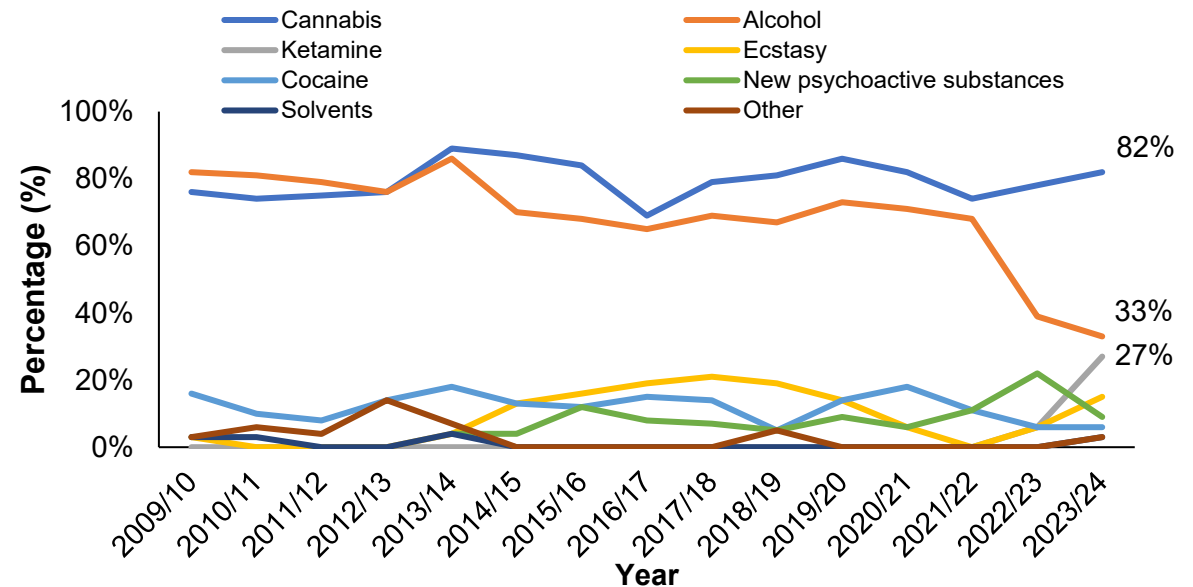


Figure 66: Percentage distribution of treatment need by substance type (young people in treatment for drug and alcohol) in St Helens - 2009/10 - 2023/24



Treatment outcomes

In 2023/24, 51% of adult treatment exits in St Helens were successful, slightly exceeding the North West (50%) and England (47%), with success rates staying around 50% since 2019/20 (Fig. 67).

Among young people, 95% of under-18 treatment exits were successful, 10% above the England average and 6% above the North West, rebounding from 85% in 2021/22 after a 100% success rate the year before (Fig. 68).

Figure 67: Percentage proportion of successful completions from all treatment exits (2009/10 - 2023/24)

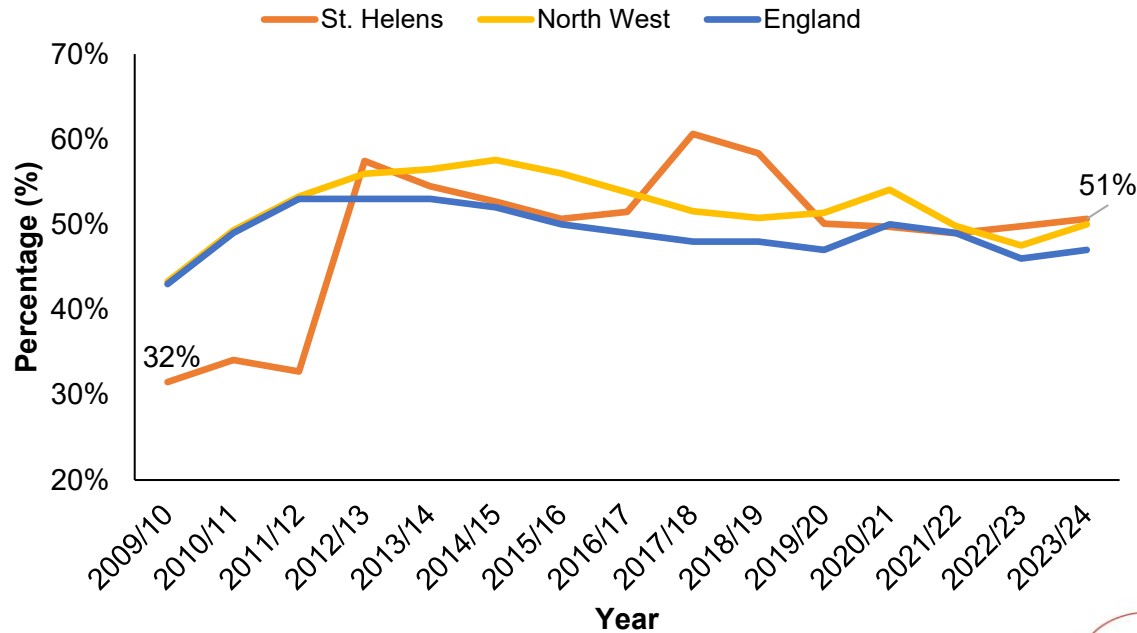
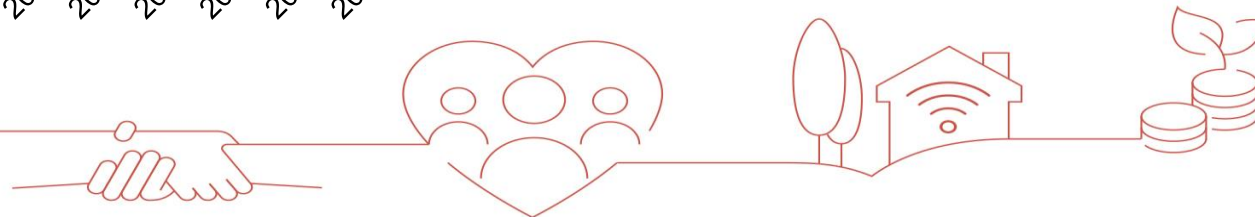
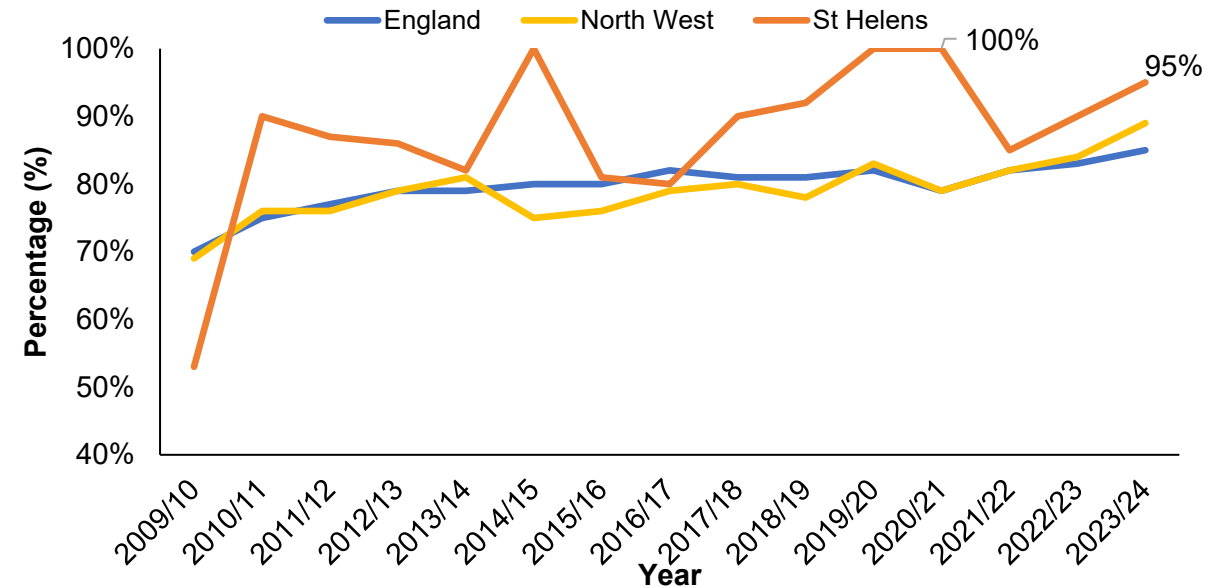


Figure 68: Percentage proportion of under 18 successful completions from all treatment exits (2009/10 - 2023/24)



Other service performance measures

- ▶ In 2023/24, St Helens had the second-highest treatment success rate in the region, behind Halton, and ranked second nationally, exceeding both the North West and England averages.
- ▶ Since 2021/22, the proportion of adults with substance use treatment needs successfully engaging in community-based treatment after prison release has increased from 55% to 91% (Fig. 69).
- ▶ Since 2020/21, all new referrals to drug and alcohol treatment services in St Helens have started treatment within three weeks, a standard consistently maintained for four consecutive years, including 2023/24 (Fig. 70).

Figure 69: Continuity of care: percentage of adults engaging in community treatment after prison release (2015/16 - 2023/24)

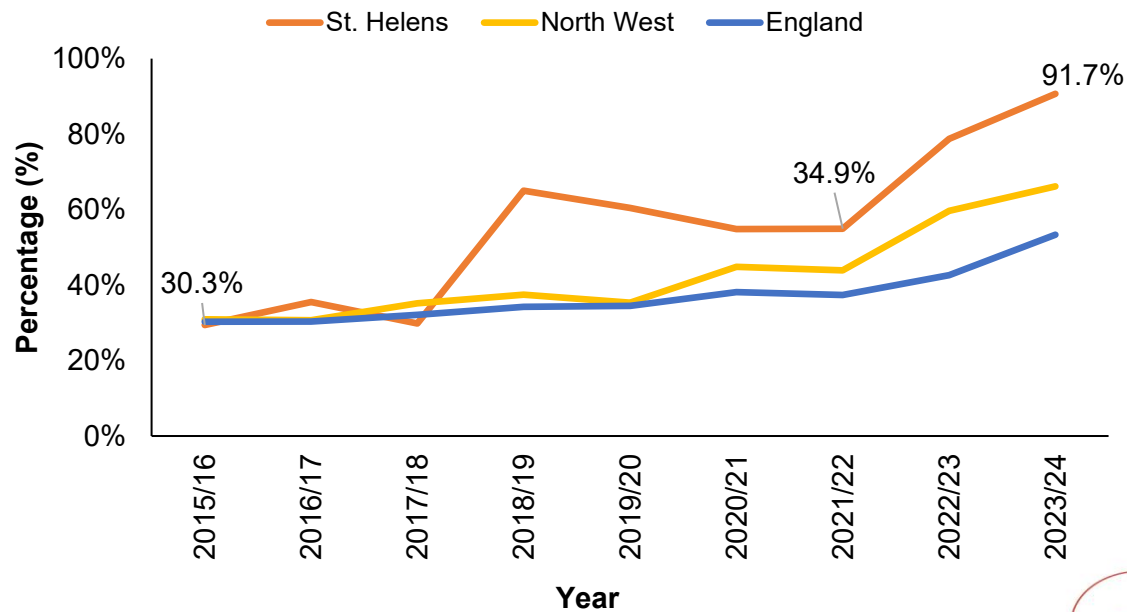
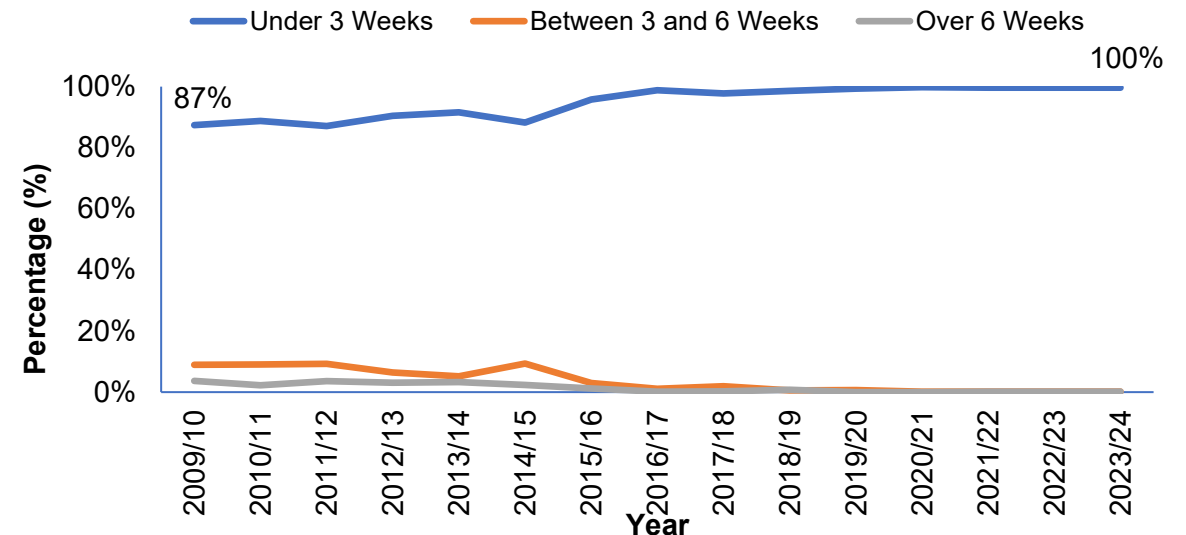


Figure 70: Referral to first treatment waiting times: percentage distribution by duration in St Helens (2009/10 - 2023/24)



Unmet need

- ▶ Unmet treatment need for drug and alcohol use in St Helens remains high, though below the England average. More people remain untreated than engaged, with 63.6% unmet need for alcohol and 42% for OCU, equating to 175 untreated per 100 in alcohol treatment and 72 per 100 in opiate/crack treatment (Fig. 71).
- ▶ In March 2024, 11.9% of adults in treatment in St Helens had unmet mental health needs, 3.1% lower than the North West and 6.4% lower than England. While national and regional rates remain stable, unmet mental health need in St Helens has been on a steady decline (Fig. 72).

Figure 71: Percentage of adults with unmet substance use treatment need

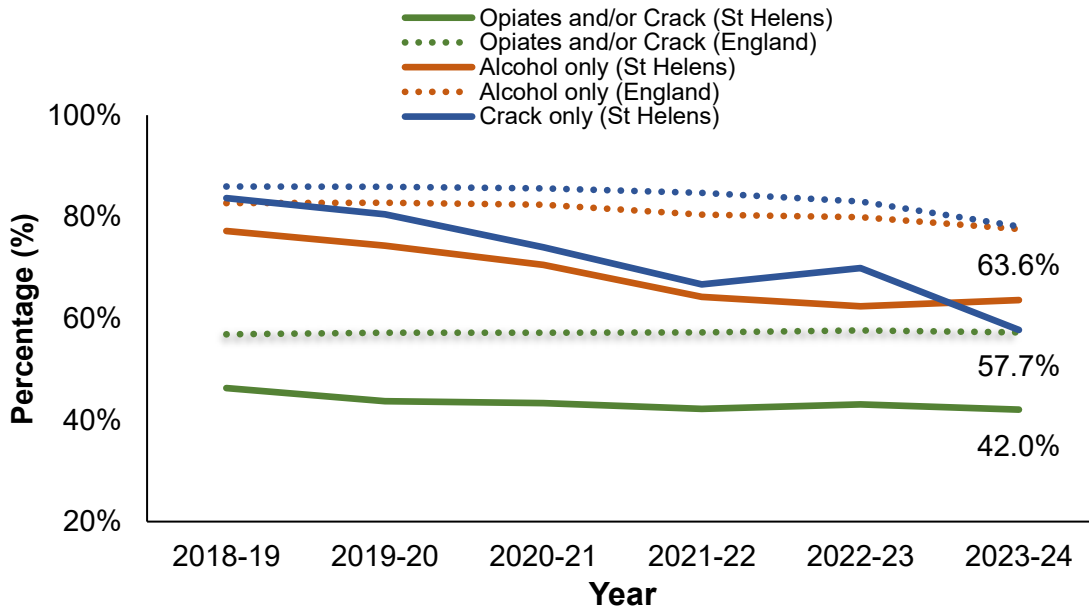
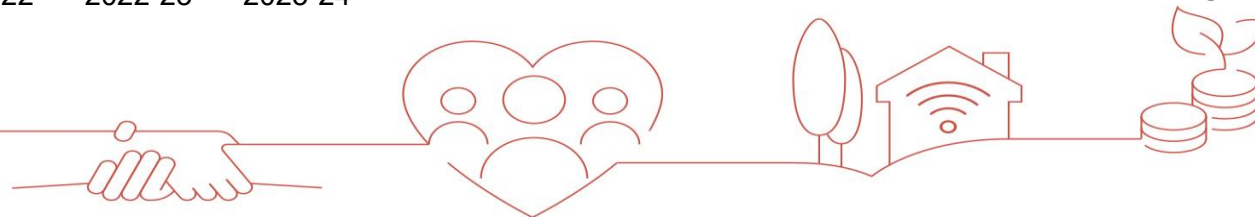
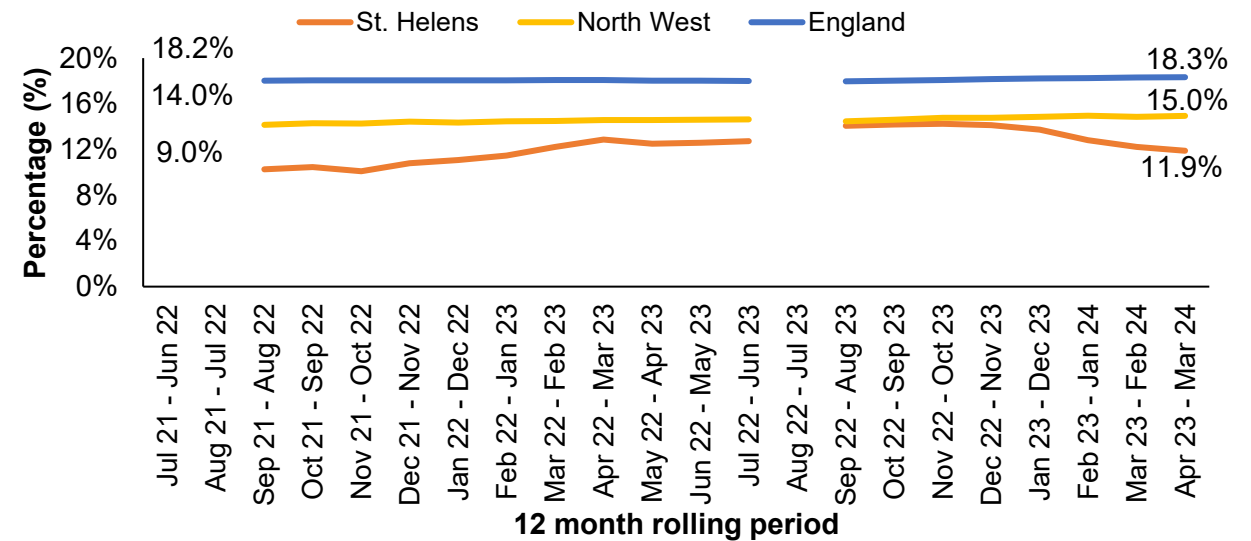


Figure 72: Rolling 12-month percentage of adults in treatment with unmet mental health needs (July 2021 – March 2024)



Other considerations

This section highlights broader contextual factors that influence substance misuse and treatment outcomes in St Helens. It focuses on:

- **Impact of COVID-19**, which increased substance use, treatment demand, and housing needs.
- **Equity considerations**, showing disproportionate burden among males, certain age groups, and underrepresented populations.

Impact of COVID-19 on substance misuse and treatment

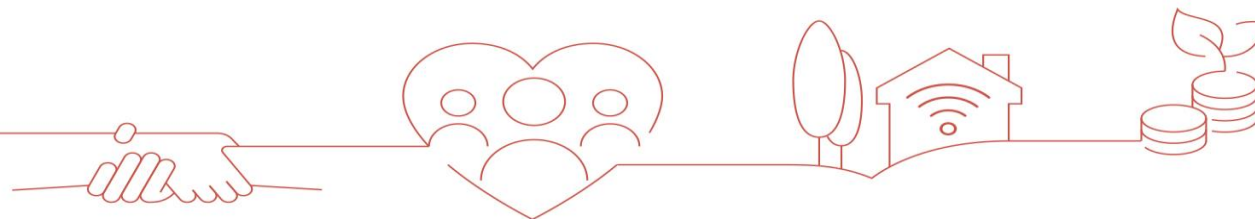
Impact on prevalence of substance use

- ▶ COVID lockdowns and other social restrictions affected patterns of drug and alcohol use. Already heavy drinkers drank more, and increased stress and isolation led to substance use as a coping mechanism with solitary use increasing risk of overdose.
- ▶ Using reported substance use by persons entering treatment as a proxy, trends in use of different substances have not significantly changed

Impact on service reach and outcomes

Average post-pandemic (Feb 2020) till date compared to Feb 2018 – Jan 2020:

- ▶ Change in number of new presentations – 17.6% increase
- ▶ Change in number in treatment – 8.6% increase
- ▶ Change in number of successful completions – 12.3% increase
- ▶ Change in number of deaths in treatment – 24.9% increase
- ▶ Change in number of individuals with any housing need – 88.3% increase



Equity considerations

Disproportionate burden in St Helens

Alcohol dependence

- ▶ Males – all ages (2 to 5 times more).
- ▶ 25 to 34 males (4.5 times males aged > 55 & 16 times females > 55).
- ▶ 18 to 24 females (5.5 times females aged > 55 & 2 times females 25 to 34).

OCU prevalence estimates

- ▶ Persons aged 35 to 54 (more than 3 times persons aged < 24).
- ▶ Males (almost 4 times more).

Access disparities

- ▶ Ethnic minorities (less than 1% of persons in treatment despite representing 3% of the population in St Helens and about 30% of drug misuse burden nationally).
- ▶ Gay/Lesbian/Bisexual (4% of persons in treatment despite representing at least 8% of drug misuse burden nationally).

Outcome disparities

- ▶ Drugs and alcohol-related deaths about 3 to 3.5 times more in males, proportionate with substance misuse burden.
- ▶ Females are more likely to still have housing problems after completion of treatment.

These existing disparities have been reported to inform and guide the development of equitable policies, interventions, and services



Recommendations and Conclusion

Recommendations

Addressing root causes (primordial prevention)

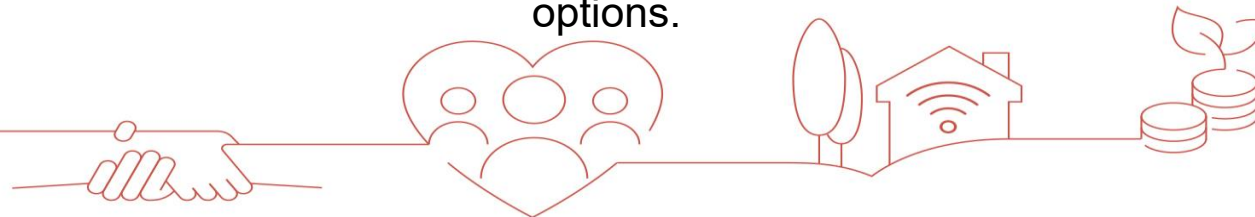
- ▶ Address social determinants of substance misuse, including strengthening employment support and vocational training for unemployed individuals and persons with disabilities through borough-wide initiatives.

Preventing initial substance use (primary prevention)

- ▶ Enhance school and community-based prevention programmes by expanding substance misuse education in schools and youth settings, with a specific focus on ketamine and its harms, targeting at-risk populations, and addressing gambling harm and its links to substance misuse through integrated education efforts.
- ▶ Improve public health awareness and early identification through targeted campaigns, expanded routine screening, and frontline professional training on substance misuse risks

Early detection and intervention (secondary prevention)

- ▶ Improve access and inclusion in treatment services by expanding outreach to underrepresented groups, implementing culturally competent and inclusive treatment models to reduce barriers to access, and strengthening early detection and intervention pathways for all drug use, with a particular focus on ketamine for young people.
- ▶ Address alcohol-related self-poisoning in young females by implementing gender-specific harm reduction strategies focused on alcohol misuse and expanding psychological and emotional wellbeing support within alcohol prevention programmes.
- ▶ Expand early intervention and treatment through more access points, mobile outreach, disability-inclusive services, and enhanced LERO engagement.
- ▶ Strengthen gambling treatment services by integrating support into existing addiction programmes, expanding specialist care for co-occurring substance misuse and gambling addiction, and increasing public awareness of available treatment options.



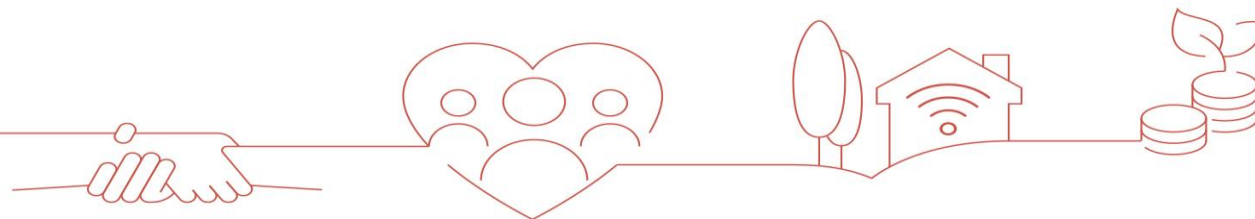
Recommendations

Reducing harm and supporting recovery (tertiary prevention)

- ▶ Scale up harm reduction services by expanding naloxone distribution, supervised consumption facilities, and needle exchange programs, while introducing drug-checking services and real-time early warning systems for contaminated substances.
- ▶ Improve mental health and dual diagnosis services by strengthening integration between mental health and substance misuse services to support co-occurring conditions and ensuring psychological therapies and crisis intervention services are embedded within addiction treatment.
- ▶ Expand recovery support and social reintegration by strengthening housing support for individuals completing treatment, particularly women, and expanding peer-led recovery networks, employment programmes, and vocational training.

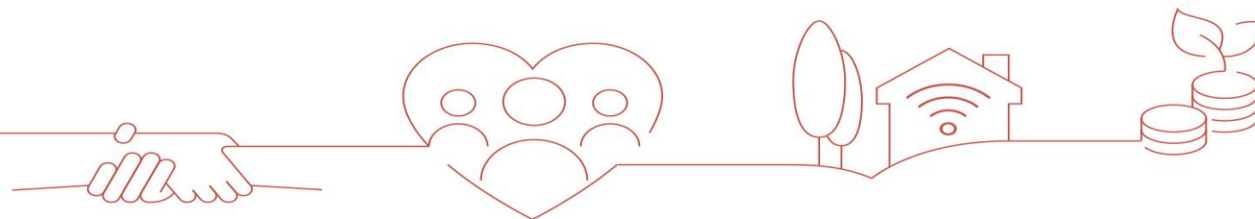
Addressing wider effects on family and society

- ▶ Reinforce early intervention for parental substance misuse through multi-agency collaboration between drug treatment services, children's services, and safeguarding teams and strengthen family-based support for affected children.
- ▶ Increase outreach and targeted interventions for street drinkers and individuals engaged in anti-social behaviour through partnership with the police, community services, and public health teams to enhance support, ensure public safety, and reduce associated harms.



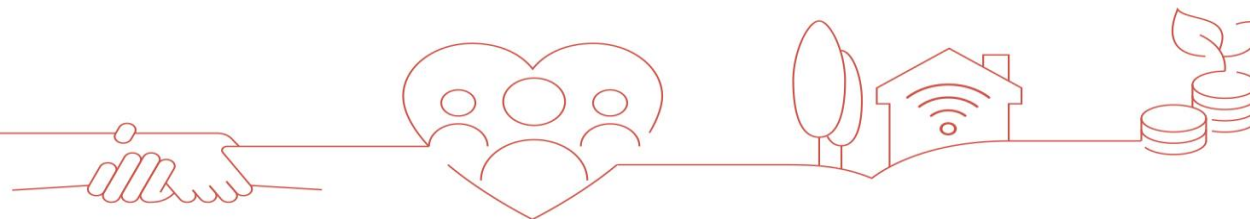
Conclusion

- ▶ St Helens has higher rates of substance misuse than regional and national averages, with men disproportionately affected, particularly by opioids and crack cocaine.
- ▶ There is an alcohol harm paradox in terms of those living in areas of deprivation experiencing more of the alcohol related harms.
- ▶ Ketamine misuse is a growing concern especially among young people.
- ▶ Disability and unemployment are strongly linked to substance dependence, with high joblessness among those entering treatment.
- ▶ Alcohol-related harm is severe, with high hospital admissions, rising deaths, and self-poisoning, particularly among young females. Also, drug-related deaths have risen, and engagement remains low in comparison to overall need. Deprivation worsens these effects of substance use.
- ▶ Parental substance misuse is increasingly a significant issue in child social care.
- ▶ Increased government funding has expanded treatment services for drugs and alcohol and should be sustained.
- ▶ Treatment access for problem gambling improved between 2022 and 2023, but gaps remain especially in terms of early intervention for persons at risk.
- ▶ Despite service expansion, demand for housing support after treatment has increased, and gaps remain in engagement, harm reduction, and gambling support.
- ▶ Strengthening early intervention, mental health services, and recovery support is essential to reduce harm, improve access, and support long-term recovery.



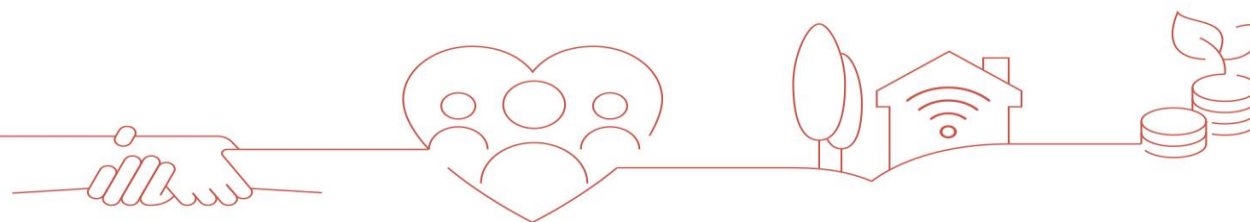
Appendix I: Guide to local support services in St Helens

- ▶ **Advice and info hub:** Worried about drugs or alcohol? Start here for free, confidential advice. Contact Change Grow Live: **01744 410752**
- ▶ **Young people's services:** Under 25 and worried about drugs or alcohol use? Contact us for friendly, one-to-one support. Contact YPDAAT (Young People's Drug and Alcohol Team): **01744 675 605**
- ▶ **Mental health and emotional wellbeing:** Feeling low or overwhelmed? You're not alone; speak to someone today. Contact St Helens Wellbeing Service: **01744 371111**
- ▶ **Help for loved ones affected by substance use:** Supporting someone who's struggling with drugs or alcohol? We're here for you too. Contact Making Space – St Helens Family Support: **01744 808212**
- ▶ **Community wellbeing and recovery:** Need connection, calm, or a second chance? Join free wellbeing sessions, support groups, and recovery-focused activities led by people who've been there too. Contact Come Together Hub: **07888 007229**
- ▶ **Emergency help and supported housing:** Homeless or at risk? Support is available to keep you safe and housed. Contact Salvation Army: **01744 675150 (outside office hours: 0845 0500148)**



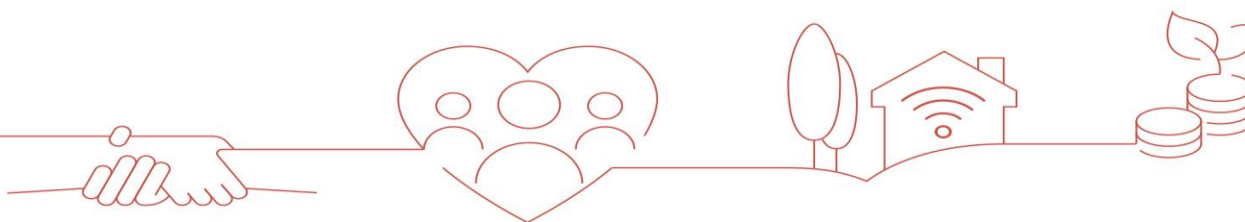
Appendix II: Overview of partner activities

PARTNER ORGANISATION	ADDRESS	BRIEF SERVICE/ACTIVITY DESCRIPTION
Change Grow Live (CGL)	Change Grow Live, Lincoln House, 80 Corporation Street, St Helens, WA10 1UQ	Counselling and psychological support, harm reduction, clinical services, detoxification and rehabilitation, recovery support, and employment assistance for 18+
Young People's Drug and Alcohol Team (YPDAAT)	Lord Street Centre, Lord Street, St Helens, WA10 4AF	One-to-one support for young people at risk of harm from drug or alcohol use as well as targeted intervention in schools, colleges and other young people's settings as well as support for parents, including foster carers and professionals training.
St Helens Wellbeing Service	Peter Street Community Centre, St Helens, WA10 2EQ	A one-stop hub providing support across various health and wellbeing areas, including mental wellbeing, which is closely linked to substance and alcohol misuse.
Salvation Army	Salisbury House, 1 Phoenix Brough, St Helens, WA9 1SA	Accommodation for adults 18+ at risk of or experiencing homelessness with complex support needs. Assistance includes identifying needs, securing suitable housing, and referrals to services like local GPs, CGL, and Housing First.
Beacon Counselling Trust	263 Townsend Lane, Club Moor, Liverpool, L13 9DG	Providing advice, therapy, education, and peer support for individuals 16+ in North West England affected by gambling harm, including those impacted by others' gambling.
Merseyside Police	St Helens Police Station, College Street, St Helens, WA10 1TG	Maintain law and order by protecting members of the public and their property, prevent crime and pursue offenders.
Making Space St Helens Family Support	Peter Street Community Centre, Peter Street, St Helens, WA10 2EQ	Supporting adults affected by a loved one's substance use through one-to-one, telephone, and group support, respite opportunities, service liaison, and signposting
Hope Centre	The Hope Centre, Atherton Street, St Helens, WA10 2DT	The central hub for various projects, including Baby Basics, Foodbank, Hope Pantry, Hope House, and Breathe Courses, all driven by a shared mission to bring hope.
Merseyside Violence Reduction Partnership	The Plaza, 100 Old Hall Street, Liverpool, L3 9QJ	A multi-agency partnership focused on preventing serious violence through early intervention, youth diversion, education, and tackling root causes like substance misuse and poverty. Works closely with schools, police, and health services to reduce harm and protect vulnerable individuals.
Alcohol Care Team	Whiston Hospital	Provides medical support for alcohol-related health issues in hospitals and the community, delivering brief interventions, detoxification, harm reduction, and referrals to long-term treatment services.

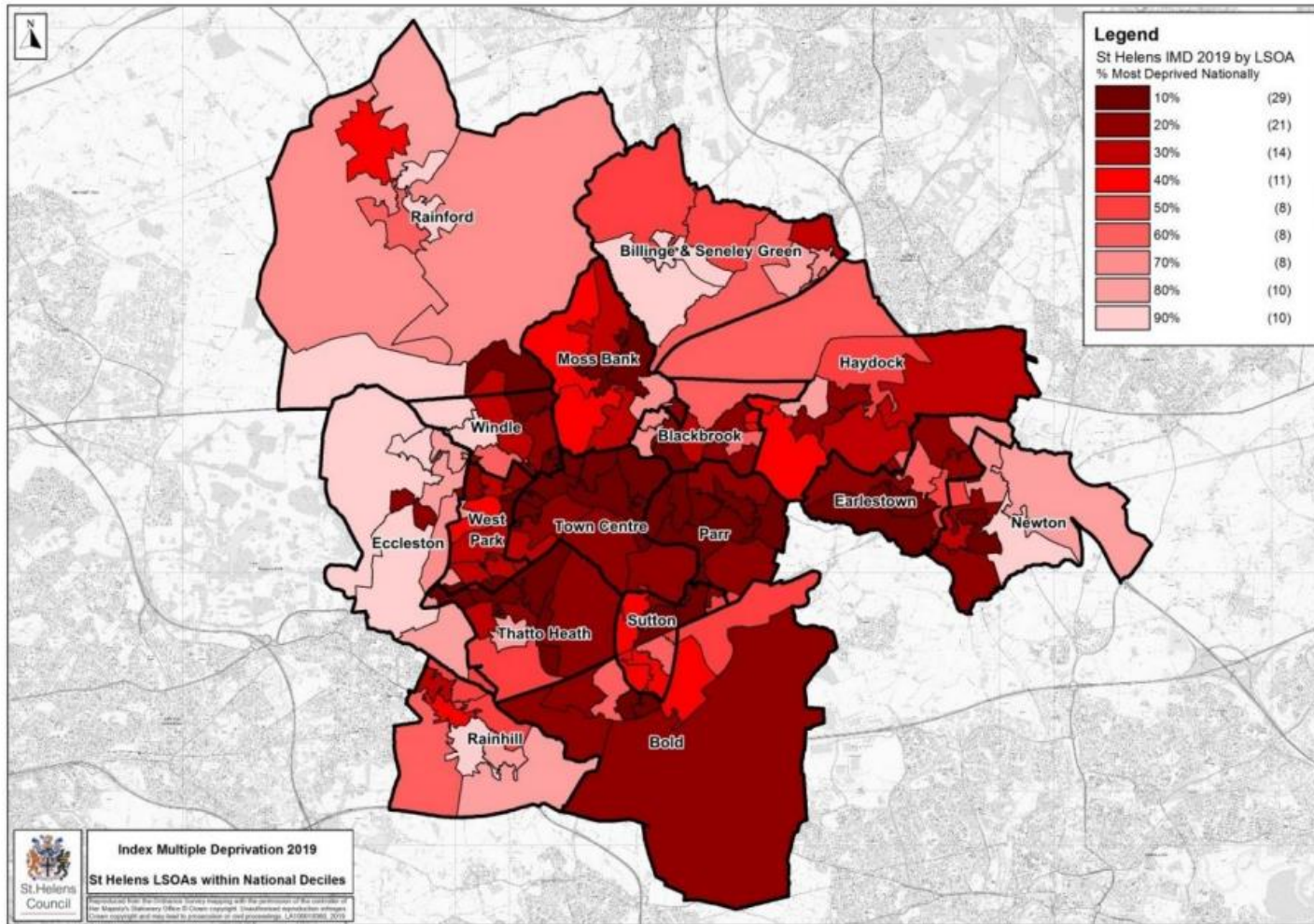


Appendix II: Overview of partner activities continued

PARTNER ORGANISATION	ADDRESS	BRIEF SERVICE/ACTIVITY DESCRIPTION
Chapman Barker Unit	Greater Manchester Mental Health Foundation April House, 104 Fairfield Street, M1 2WR	A specialist inpatient service offering medically-managed detox, rehabilitation, and mental health support for individuals with complex substance misuse needs. Includes a dedicated ketamine treatment pathway and delivers integrated care in partnership with other providers.
Red Umbrella	2 Tokenhouse Yard, Bridlesmith Gate, Nottingham, NG1 2HG	Provides specialist support for sex workers and victims of exploitation, offering harm reduction, health services, advocacy, and access to treatment. Focuses on safety, wellbeing, and addressing substance misuse and mental health needs.
Standing Tall Foundation	Borough Road, St Helens, WA10 3AN	Promotes mental health, physical wellbeing, and addiction recovery through counselling, support groups, and mentoring, particularly for veterans, homeless individuals, and those affected by substance misuse. Also works to reduce stigma and build community resilience.
YMCA, St Helens	2 North Road, St Helens, WA10 2TJ	A charity supporting vulnerable individuals through housing, education, employment, and wellbeing programmes. Offers emergency accommodation, supported housing, and life skills training to help people transition to independent living.
Saints Community Development Foundation	Saints Stadium, McManus Drive, St Helens, WA9 3AL	Delivers education, health, and wellbeing programmes through schools, sports clubs, and community groups. Focuses on youth engagement, physical activity, and building confidence and resilience.
0-19 Service	Wirral Community Health and Care NHS Foundation Trust, St Catherine's Health Centre, Derby Road, Birkenhead, Wirral, CH42 0LQ	Provides health visiting and school nursing for children, young people, and families. Health visitors support early years development through the Healthy Child Programme, while school nurses promote health and wellbeing for 5–19-year-olds across schools and alternative education settings.
St Helens Borough Council, Drugs and Alcohol Portfolio	Public Health, St Helens Town Hall, Victoria Square, St Helens, WA10 1HP	Provides strategic leadership, commissioning, and oversight of drug and alcohol services borough-wide, and leads the local Combatting Drugs Partnership.
Come Together Hub	Park Farm Community Centre, 54 Kentmere Avenue, St Helens, WA11 7PG	A lived experience-led organisation established to deliver peer support, advocacy, and recovery-focused community engagement for individuals affected by substance use. Provides training, outreach, and involvement in system-level co-production.



Appendix III: St Helens Indices of Multiple Deprivation (2019) by LSOA



Key references

- ▶ Children's Commissioner: [Projected rate of children affected in local authority](#). 2019
- ▶ Data.police.uk: [Street-level crime, outcome, and stop and search data](#)
- ▶ Department for Education: [Children in need](#). 2024
- ▶ Fingertips: [Public Health Profiles](#)
- ▶ Gamble Aware: [GambleAware GB maps local authorities](#). 2023
- ▶ [Hospital Episode Statistics](#)
- ▶ Ministry of Housing, Communities & Local Government: [Tables on homelessness](#). 2024
- ▶ [National Drug Treatment Monitoring System](#).
- ▶ NHS Digital: [Smoking, drinking and drug use among young people in England, 2021](#). 2021
- ▶ Office for Health Improvement and Disparities: [Alcohol dependence prevalence in England](#). 2019/20
- ▶ Office for Health Improvement and Disparities - Wider Impacts of COVID-19 on Health (WICH) monitoring tool: [Impact of COVID measures](#).
- ▶ Office for Health Improvement and Disparities and UK Health Security Agency: [Opiate and crack cocaine use: prevalence estimates](#). 2023
- ▶ Office for National Statistics - Annual Population Survey: [Annual personal wellbeing estimates](#). 2023
- ▶ Office for National Statistics: [Drug misuse in England and Wales: year ending March 2024](#). 2024
- ▶ Office for National Statistics: [NOMIS - official census and labour market statistics](#)



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