

APPENDIX 1

Tower Hamlets Partnership Substance Misuse Strategy 2020-2025



Contents

- Foreword 3
- Introduction 4
- Current Spend on Substance Misuse..... 5
- National policy context 6
- Understanding substance misuse 7
- What does the drug and alcohol landscape look like?..... 8
- Risk Factors 9
- Local Picture..... 11
- Prevalence 12
- Our Response So Far 13
- Overview priorities and what we want to achieve 15
- Priority 1 17
- Priority 2 19
- Priority 3 21
- Monitoring and Implementation 22
- Glossary 26
- Where to get Help 27
- References 28

Foreword

Mayor, Deputy Mayor & Cabinet Member for Adults, Health & Wellbeing

We are pleased to introduce the third Tower Hamlets Partnership Substance Misuse Strategy which sets out how we will work across the Partnership to reduce drug and alcohol related harms. The strategy builds on previous strategies and reconfirms our continued commitment to tackling substance misuse in the borough.

Drug and alcohol use can have a far reaching and devastating impact on individuals and communities, and we know that there are significant challenges to be faced in Tower Hamlets. Our overall aim is **'To reduce drug and alcohol related harms to individuals, families and communities in Tower Hamlets and to enable more residents to recover from problematic substances misuse'**. We will do this by focusing on three priority areas:

1. Early intervention and prevention.
2. Effective evidence based treatment and recovery support.
3. Reducing drug and alcohol related crime and anti-social behaviour through enforcement and regulation.

The primary focus of the strategy is on drug and alcohol use that causes the most harm to individuals and communities and covers both adults and young people. This tends to be primarily crack and heroin use in adults and cannabis, new psychoactive substances and alcohol use in younger people. The strategy also recognises that there are different types of drug use within our diverse communities and the need to address this. In addition the alcohol-related element of our strategy seeks to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

Overall, substance misuse is a major public health issue and negatively impacts on individuals, families and communities. It is a causal factor in a range of health and social harms and is a major area of concern for our residents. The causes of substance misuse are multi-faceted, and the success of this strategy will only be realised by taking a partnership approach, working together with our residents and those experiencing drug and alcohol problems.

It also requires that we address some of the wider determinants of health like meaningful employment and decent housing that can make a significant difference to recovery from drug and alcohol misuse. The contribution that other strategies and policies play in tackling these wider determinants is key.

At the heart of our approach is the community. We are committed to working with residents in finding lasting solutions to the substance misuse problems in the borough and to making recovery from substance misuse possible.

Introduction

This strategy outlines the Tower Hamlets' Partnership approach to tackling the problems associated with drug and alcohol misuse in the borough. It presents the high level priorities for action over the next five years (2020 – 2025) and will be supported by more **detailed annual delivery plans**. The commitments and actions in this strategy are a direct reflection of the priorities expressed by stakeholders from across the council, NHS, Metropolitan Police, London Community Rehabilitation Company, voluntary sector, Interfaith Forum, LGBT Forum, residents and people who use drug and alcohol support services. It is supported by best practice¹ and evidence².

In this strategy we have taken into consideration current³ national drug and⁴ alcohol strategies⁵, public health evidence⁶, clinical guidelines along with local strategies that could support delivery of this strategy, some of which were being developed in a similar time frame, such as the Joint Mental Health Strategy and Children and Families Strategy. We will be working closely to ensure this strategy is aligned with the Health and Wellbeing Strategy due to be refreshed in 2020. We have also sought to identify gaps in the previous strategy and strategies programmes that address the wider determinants of health. These can be seen at appendix 1.

The consultation report and needs assessment that have informed this strategy can be found on the council website at: <https://democracy.towerhamlets.gov.uk/mg/IssueHistoryHome.aspx?IssueId=93739&OptionNum=0>

Approach

Informed by an evidence based harm reduction approach - aims to minimise negative health and social impacts associated with drugs or alcohol use and support people in recovery

Supported by the use of appropriate enforcement and regulatory interventions and services

At the heart of our approach is the **community**. We are committed over the life of this strategy to **working with residents** in finding lasting solutions to the substance misuse problems in the borough.

Current Spend on Substance Misuse

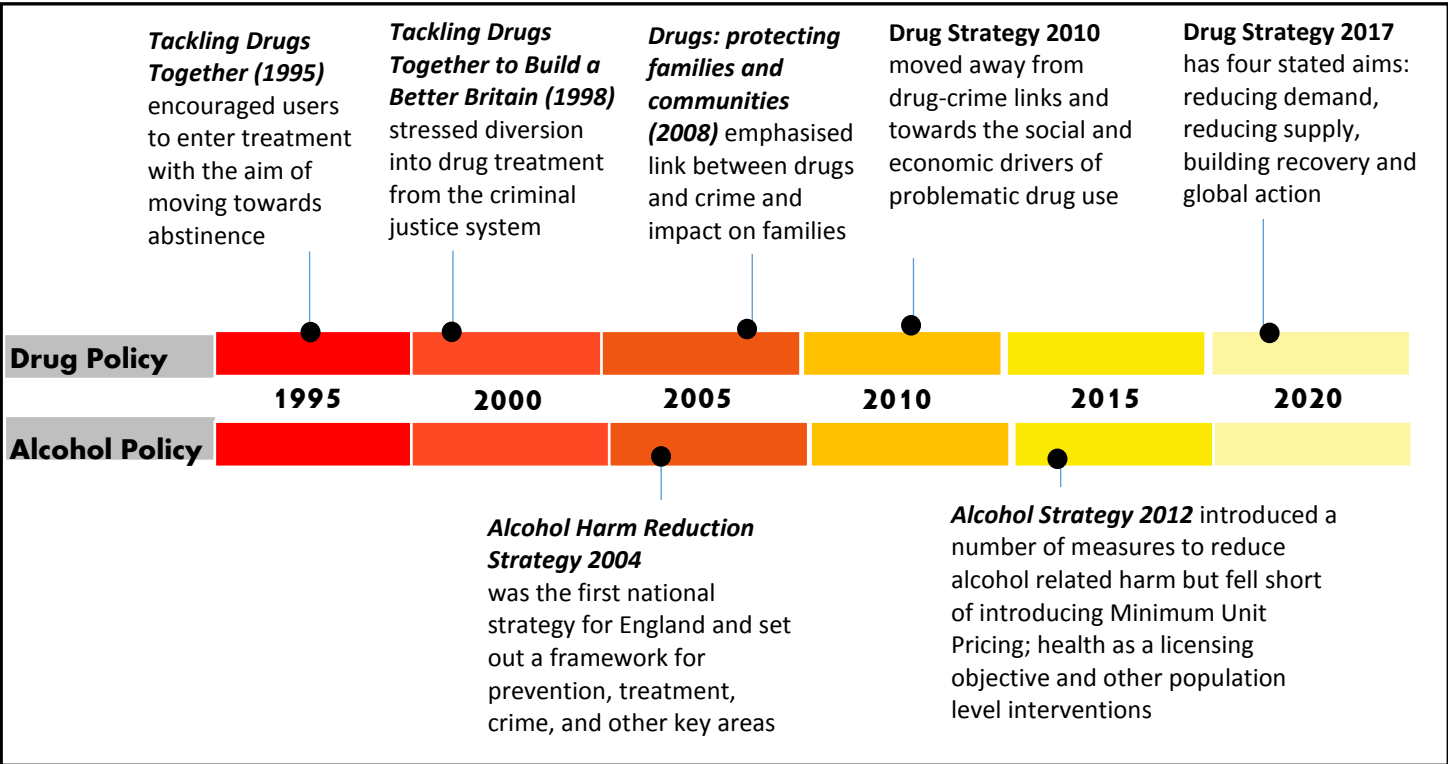
Total budget for 2019 - 2020 £7,749,178.00

Made up of:

- Public Health Grant - £7,100,000.00
- Mayors Office for Policing and Crime (MOPAC) - £433,000.00
- General Fund - £220,600.00

Crime Reduction	£	433,000.00
Preventing and reducing harm: alcohol	£	336,931.25
Preventing and reducing harm: drug	£	1,588,731.25
Treatment: alcohol	£	2,396,757.75
Treatment: drug	£	2,948,757.75
(internal recharge)	£	45,000.00

National policy context



Drug policy

Drug policy is often subject to intense debate. The debate largely focuses on the extent to which drug use is viewed as a criminal justice or a public health issue. Whilst harm reduction, an approach to drugs policy that focuses primarily on reducing the level of harm associated with drug use, has been a feature of drug policy, professional bodies such as the Royal College of Physicians⁷, the Royal Society of Public Health⁸ and the Government’s Advisory Council on the Misuse of Drugs (ACMD) have suggested that it has not gone far enough and have called for a greater focus on harm reduction. Political interest in harm reduction policies has also been growing of late, with Members of Parliament on both sides of the political spectrum urging the Home Office to sanction drug

consumption rooms and greater political interest in the decriminalisation of cannabis.

Alcohol policy

In England, responsibility for alcohol policy is shared between various departments, with the Home Office and Department of Health and Social Care being the main leads. A number of health and alcohol groups have called for an updated national alcohol strategy which would be based on the Public Health England evidence review⁹ and called for reforms including the adoption of minimum unit pricing¹⁰ of alcohol (as has happened in Scotland) and for a legal requirement to include health in alcohol licensing decisions among other things. An alcohol charter developed by a cross-party parliamentary group contains full details of the suggested reforms¹¹.

Understanding substance misuse

Substance misuse is the act of regularly taking one or more drugs in order to change mood, emotion or state of consciousness¹². The motivations behind substance misuse can vary significantly, from self-medication, pain relief to pleasure. While drug or alcohol use does not always lead to dependence, no type of substance use is without risk of harm, whether this is legally sanctioned drugs such as alcohol or illegal drugs such as cocaine.

Throughout this strategy, substance misuse is taken to include illicit drugs, the abuse of prescription drugs, new psychoactive substances (NPS) such as nitrous oxide, and alcohol. It does not include tobacco. Whilst the primary focus of this strategy is on drug and alcohol use that causes the most harm to individual users and the wider community, it also covers increasing risk' drinking and recreational drug use.

Problem or Problematic drug use

Problem or problematic drug use can be either recreational or dependent. It is not necessarily the frequency of drug use but rather the impact that drug use has on an individual and those close to them that indicates there is a problem. The Home Office has traditionally defined problematic drug use as crack cocaine and heroin/opiate use; however at least some of this harm is caused by the illegality of these drugs. Appendix 2 outlines an evidence based Drugs Harm Profile with alcohol at the top of the list for harm. Problematic drug use is however usually characterised by dependence, meaning that the substance is needed for the person to function normally. The person may also experience social, physical, psychological or legal problems¹³. Problematic drug use is the type of use that causes the most harm to communities through drug related crime and anti-social

behaviour and for this reason it is the primary focus of this strategy. Generally, those who are dependent on drugs experience more stigma than those with alcohol problems. This may in part be due to drug laws¹⁴ which criminalise certain forms of drug use.

Alcohol risk levels

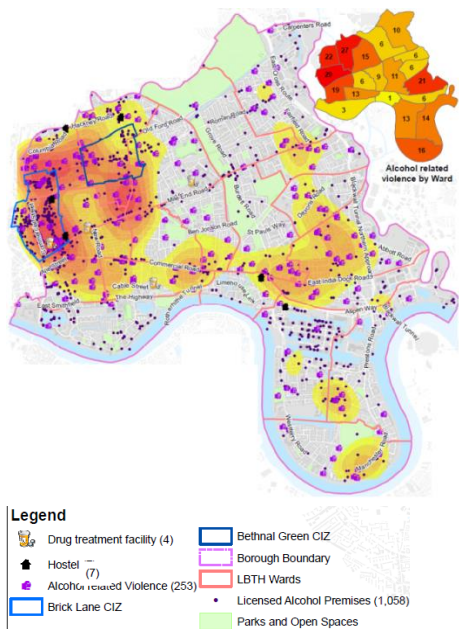
As many as one in four people in the UK are drinking at levels that could be causing harm to their health. Most will be unaware that they are drinking at 'increased' or 'higher risk' because we tend to think of alcohol harm only in terms of dependency. However, there is a spectrum of risk ranging from low risk through to increasing risk and possible dependency. The Alcohol Use Disorders Identification Test (AUDIT C) is an evidenced based screening tool developed by the World Health Organisation to assess risk and possible dependency¹⁵ and is combined with Identification and Brief Advice or IBA to encourage low risk drinking. It is the standard screening tool used widely by health professionals locally¹⁶ and nationally and has the potential to be used in a wider range of settings such as pharmacies and other health and social care settings. Appendix 3 contains more information on alcohol units, levels of risk and what they mean and Brief Advice. As with problematic drug use, apart from the direct health harms to the individual who is drinking, there can be wider social harms which extend to children, families and wider society such as safeguarding issues, alcohol related crime and violence (including domestic violence), teenage pregnancy, sexually transmitted infections, loss of workplace productivity and homelessness.

What does the drug and alcohol landscape look like?

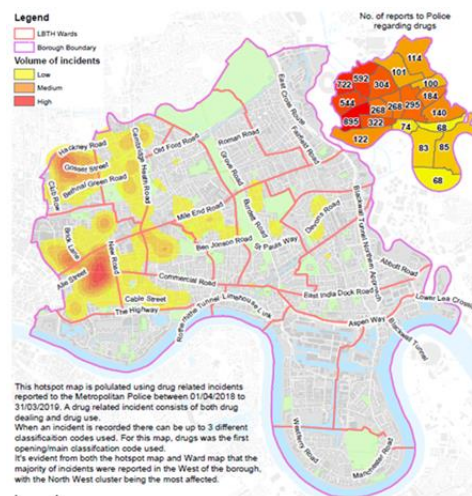
67% of residents felt drug using or dealing		48% of residents cite crime as one of their	
Open use of cannabis and nitrous oxide		Highly visible and open class A drug	
Home to 7 hostels providing mid-high		Over 1000 licensed premises of which	
Night-time economy in Brick Lane &		Historical problem of the sale of single cans,	

2 Cumulative Impact Zones	63% of alcohol related crime occurs in the Cumulative Impact Zones	Concentration of hostels and substance misuse provision
---------------------------	--	---

Alcohol-related violence & licensed premises



Tower Hamlets drug related incidents reported to the police 18-19



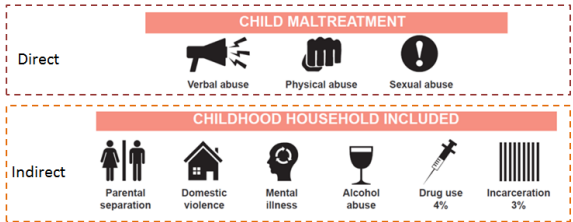
Risk Factors

Factors such as poverty, unemployment and social deprivation are significant risk factors for the development of more problematic or dependent forms of drug or alcohol use. Although levels of poverty are still high, Tower Hamlets has become less deprived compared to other parts of England. Between 2015 and 2019 Tower Hamlets moved from the 12th most deprived area in England to the 50th most deprived. It was the most deprived part of London in 2015 but is now the 5th most deprived.

Drug use and misuse tends to be clustered in areas of high social deprivation. This deprivation is likely to be a key driver behind health inequalities and the prevalence of smoking and drug and alcohol use in Tower Hamlets.

Some groups of people are also more vulnerable to developing substance misuse problems. Those with pre-existing mental health conditions, including anxiety and depression are particularly at risk¹⁷. Children who have experienced four or more adverse childhood experiences (ACES¹)¹⁸ are 11 times more likely to have used heroin or crack and to have been incarcerated.

Simply put, the more adversity a child experiences, the greater the impact on their physical and mental health.



Source: Centre for Public Health: Liverpool John Moors University 2016


We know that criminal and sexual exploitation can happen when young people and vulnerable adults are involved in drug trafficking, supply and dealing (sometimes through gangs or County Lines). To date 119 people from Tower Hamlets have been identified as potentially being involved in County Lines¹⁹. Vulnerable adults are also at risk of having their property being taken over for drug dealing (known as cuckooing). Additional factors for being at greater risk of sexual or criminal exploitation include a history of physical or sexual abuse, poverty, and having a learning or mental health difficulty²⁰. People who are homeless are at increased risk of substance misuse and mental ill health is associated with homelessness both as a cause and a consequence.²¹


An understanding of risk factors allows us to better focus and join up our selective prevention efforts in working with vulnerable children, young people and adults to reduce their risk of involvement in drugs or alcohol, gangs, 'County Lines' activity, or being subject to sexual or criminal exploitation.²


The increasing use of social media to buy and sell drugs across platforms such as Instagram, Facebook and Twitter has made it easier for young people to both buy drugs and be 'groomed' online to deal drugs²² and with 17% of Tower Hamlets parents in the most recent Parent Carer Survey (2018) stating that they do not feel confident to monitor their children's use of social media; then this is a new and emerging area of concern.


² The Violence, Vulnerability and Exploitation Strategy will more fully address gangs, serious youth violence and drug dealing

Certain groups of young people and adults are also more at risk of developing a substance misuse problems, including:

Children who are looked after 

Care leavers 

Those not in Education, Employment or Training (NEETS) 

Children whose carers or families use drugs 

Those subject to sexual 










Homeless

Young People excluded 

LGBT Community

23

Local Picture

<p>50th most deprived local authority in</p> 	<p>GCSE attainment levels higher than national levels</p> 	<p>The highest child poverty rate in</p>
<p>Estimated 119 young people involved in</p> 	<p>Ranked 8th most employment deprived authorities in London</p> 	
<p>Lower life expectancy for men and women</p> 	<p>Home to the largest Bangladeshi population in the</p> 	
<p>Large proportion of both social and private rented</p> 	<p>1 in 6 households are classed as</p> 	
<p>North West of the borough has higher rates of:</p> <ul style="list-style-type: none"> • Unemployment • Drug & alcohol misuse • Patients diagnosed with severe mental health • Self-reported and GP recorded rates of depression 		

24

Prevalence

Drug Misuse in adults

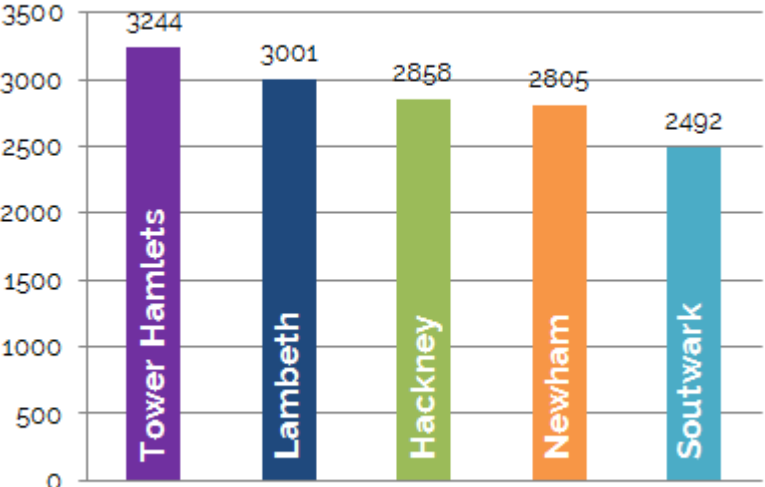
Tower Hamlets has the highest estimated rate of opiate and	3,244 or 14.4 per 100,000 population	Drugs of choice of those in treatment are primarily class	Older population in treatment
--	--------------------------------------	---	-------------------------------

52% of this population (3,244) were not in drug



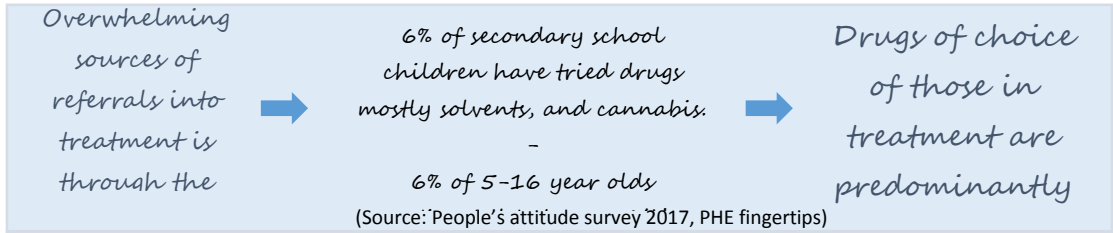
47% have mental health issues ranging from anxiety and depression to acute

Opiate and/or Crack Users – Top 5 LAs in London



(Source: PHE Prevalence data, 2016/17, published April 2019)

Young People Substance Misuse²⁵



Out to the 158 young people in treatment in 2017/18 Q3, there were 3 looked after children, 11 were not in education training or employment and 41 had

Alcohol Misuse in adults²⁶

The estimated proportion of Tower Hamlets residents (aged 18+) who report never having drunk alcohol (10%) is low

Around 400 of an estimated 3,400 dependent Alcohol related harm remains high with a high degree of

Alcohol and Young People

Admission rates in younger residents (15-24) are lower than in London and England

Rates of alcohol-specific conditions in under 18's has been decreasing since 2011.

(Source: Tower Hamlets substance Misuse Needs Assessment 2017/18)

Our Response So Far

Our last Substance Misuse Strategy set out how we would work with our partners to reduce drug and alcohol problems in the borough between 2016 and 2019.

Some of our main successes were

Reduction in the number of drug related deaths from 5.6 per 100,000 population to 3.5 per 100,000 or 26 deaths (2016 to 2018) despite the increasing rate of deaths across England

Launched an innovative multi-agency co-located Exploitation and Gangs Unit, praised by Ofsted in their 2019 inspection: 'Highly vulnerable children at risk of exploitation, including those missing from home, school or care, receive effective, bespoke services, delivered sensitively by skilled and committed staff'

Increased the successful completion rates of non-opiate and alcohol service users between April 2016 and April 2019

Successfully targeted drug dealers through Operation Continuum resulting in 367 arrests for drug offences and drug supply, £891K in cash seized under the Proceeds of Crime Act, 56 vehicles seized in connection to the supply of drugs and large quantities of class A and B drugs seized

Launched the Neighborhood Management Pilot, working with residents to tackle drug dealing, drug use and anti-social behavior in Spitalfields and Banglatown, Weavers, Bethnal Green and St Peters wards

Exceptional performance in hepatitis C and B screening, immunisation and treatment – with over 90% of all eligible service users

being tested for Hepatitis C and rates of hepatitis B immunisations being higher than the national average

Improved identification and support to children in families with substance misuse problems

Enabled women exit prostitution through the innovative project 'Beyond the Streets'

Improved the treatment provision for young people by integrating sexual health and substance misuse services

Piloted an innovative housing model Housing First which provided permanent housing and support to people in need to minimise the risk of relapse or homelessness in future

Expanded our Drug Interventions Programme to include targeting those who are involved in drug and alcohol related anti-social behaviour with the aim of supporting them into treatment.

Launched Chat Health – anonymous drug, alcohol and sexual health support for local young people

Achieved national recognition by Local Government Chronicle for UK Team of the year for the Substance Misuse Service

Delivered evidence-based universal and targeted parenting programmes such as Moving Parents and Children Together ('M-PACT')

Launched 'Drink Coach', the on-line Alcohol Identification and Brief Advice screening tool – helped residents screen themselves for alcohol-related risk levels

Commissioned a primary care drug and alcohol support service offering comprehensive health checks to those in treatment

Commissioned a primary care service for the homeless population to better meet their physical and mental health needs.

Overview priorities and what we want to achieve

Priorities	What do we want to achieve?	What difference will it make?
<p>Early intervention and prevention</p>	<ul style="list-style-type: none"> • Avoid or delay the initiation of young people into substance misuse • Avoid the progression to drug dependence in young people or adults who have already experimented with drugs • Ensure individuals and communities know about the risks associated with substance misuse and where to get help • Identify young people and vulnerable adults at risk of drug use or drug dealing or associated criminal or sexual exploitation at an earlier stage • Reduce the harms to children growing up in families with parental substance misuse • Work closely with communities to understand and tackle substance misuse • Create high quality safe places in Tower Hamlets by integrating crime prevention solutions into the design of high streets, new developments, existing properties and the public realm 	<ul style="list-style-type: none"> • Fewer young people will report that they have used drugs and /or alcohol • Families and young people will get the support that they need earlier • More families will have completed evidenced based parenting programmes • More young people will be referred into the young people’s treatment service (Safe East) earlier and from non- criminal justice services • More residents will know where to get help for substance misuse problems • Residents will feel they are part of the solution • Our high streets and neighborhoods will be designed with crime prevention built in
<p>Evidence based Treatment and Recovery support</p>	<ul style="list-style-type: none"> • Increase the number of people who successfully complete drug and alcohol treatment programmes and ensure that treatment services address the diverse needs and groups within Tower Hamlets • Improve the mental and physical health of those with substance misuse problems • Support families, carers and young people affected by substance misuse • Encourage healthier drinking behaviours • Reduce the number of drug and alcohol related deaths • Improve the social integration and treatment of residents with mental health and substance misuse care needs • Strengthen routes into employment and stable housing for people in recovery from drug and alcohol issues • Better identify and support victims of domestic abuse within substance misuse treatment services 	<ul style="list-style-type: none"> • Tower Hamlets will be in the top quartile range for successful substance misuse treatment completions • Drug related deaths will have reduced to below the London average • More people who successfully complete treatment will be in paid or voluntary employment and stable housing • More domestic abuse victims in need of substance misuse treatment will be referred into treatment • More victims of domestic abuse in substance misuse treatment services will be referred to domestic abuse support services • More residents psychological and physical health will improve as a result of being in treatment • The stigma associated with substance misuse will be reduced • Hostel provision will be improved and there will be less impact on the community.

Reducing drug and alcohol related crime and anti-social behaviour

- Disrupt drug markets and reduce the visibility of open drug markets and open drug use
- Reduce resident concerns about people using or dealing drugs
- Reduce resident concerns about people being drunk or rowdy in public places
- Create responsible drinking environments
- Better understand drug markets and how to effectively deploy resources
- Increase the number of people entering treatment through the criminal justice route and through use of use of civil/criminal orders
- Reduce drug related activity in and around housing estates leading to an increase in residents perception of safety
- Identify at an early stage vulnerable persons being exploited by substance misusers and drug dealers in their home
- Better identify perpetrators of domestic violence and ensure referral to behavior change programmes and substance misuse programmes where indicated

- There will be more arrests and charges for drug offences and drug supply and increases in cash seized under the Proceeds of Crime Act
- Increases in the amount of Class A and B drugs seized
- Increases in vehicles seized in connection with the supply of drugs
- More people will be referred into and complete treatment from the criminal justice route e.g. the Drug Interventions Programme and the Specialist Substance misuse Investigation Team.
- Re- Arrest rates of the Drugs Intervention and integrated Offender Management Cohort will be reduced
- Fewer residents will report feeling concerned about crime and anti-social behaviour
- Fewer residents will report feeling concerned about drug use and drug dealing in their local area.
- Fewer residents will report feeling concerned about people being drunk or rowdy in their local area
- Perpetrators of domestic abuse will be referred to behavior change programmes and treatment services at an earlier stage

Priority 1

Early intervention and prevention

Why it's important

Drug and alcohol prevention initiatives play an important part of a comprehensive and holistic response to substance misuse and may be relevant to people across different age groups and at different stages of drug use. However, there is strong evidence that early intervention initiatives can prevent or delay the initiation into substance misuse by young people and that these interventions should start as early as possible, including before a child is born. Substance misuse during pregnancy can result in low birth weight or impaired brain development and at later stages of a child's development; behavioral, emotional or cognitive problems can emerge²⁷. Further, parental substance misuse (or 'hidden harm')²⁸ can cause serious harm to children at every age, from conception to adulthood. Public Health England estimates that up to 2,536 children are living in households with adults who have a substance misuse problem in Tower Hamlets. Enabling parents to access effective substance misuse treatment is therefore one way of reducing harms to the child.

A number of studies indicate that early initiation into cannabis use is associated with a greater likelihood of dependence in adulthood, poor educational outcomes, impaired cognitive functioning and psychopathology, which in the longer term can influence employability. There is also overwhelming evidence that high potency cannabis and daily use is associated with a higher incidence of psychotic disorder²⁹. Given the ready availability of high potency

cannabis in London and prevalence of cannabis use in young people's treatment services in Tower Hamlets, this could have important implications for the future mental health of young people in the borough.

As we know the role that drugs play in the exploitation of young people and vulnerable adults, early intervention and prevention are also important in minimising the risk of people being sexually or criminally exploited, for example through County Lines. Local data indicates that out of 149 anti-social-behaviour warnings issued for dealing cannabis 88 were issued to young males aged 15-21 and 23% of this cohort were repeat offenders (2016-18)

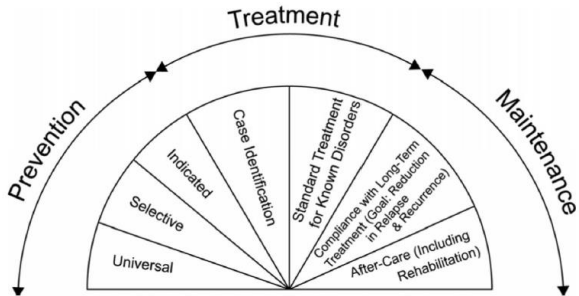


Figure 1 The Institute of Medicine model of prevention (1994; 2009)

Prevention models

Models of prevention vary according to the target group and seek to reach people of different age groups and with different levels of drug dependency. They generally fall into the following models: universal, selective or targeted and indicated. These models are discussed below.

Universal

These are strategies that address entire populations (e.g. schools and local community) regardless of level of risk or propensity for drugs use. Examples include mass media campaigns and school curricula.

Selective or targeted

Selective or targeted prevention focuses on groups that may be more vulnerable to developing substance misuse problems such as children looked after. These models of prevention also target individuals who already use drugs and aim to reduce harm and/or avoid progression into more harmful use. Examples include interventions for club-drug users in night clubs.

Indicated

Indicated prevention focuses on people who already use substances, but who may not be dependent. Examples include workplace interventions to encourage drinking at safe levels.

Environmental, Taxation and Pricing Policies

Environmental prevention is also an important component of any prevention activity. Examples include: reducing the density of alcohol outlets in order to control consumption and using planning and development control processes to identify opportunities to design out crime in new developments and improve feelings of public safety.

Pricing and taxation responses, which have been particularly effective in tobacco control internationally and nationally are now also looking promising in the area of alcohol harm reduction. For example, Scotland

introduced minimum unit pricing for alcohol in 2018 and the results of the immediate impact of this policy looks promising, with reductions in the amount of alcohol being purchased by households that were buying the most alcohol³⁰. Other countries have introduced initiatives such as drug consumption rooms and there is evidence³¹ that these have reduced drug-related deaths, public drug use and associated anti-social behavior and are an important component of an evidence-based harm reduction approach.

Addressing wider determinants

Prevention interventions are not necessarily drug or alcohol specific. Research³² tells us that early language acquisition plays an important role in the health, wellbeing and emotional resilience of a child and ability to form a secure attachment³³. This is now recognised at a national and local level and is an important component of the Tower Hamlets approach to preventing vulnerability to future drug and alcohol dependency in adulthood.

We recognise that drug and alcohol prevention responses need to be accompanied by effective treatment and recovery support and should be embedded in strategies that support development across the life course and influence the wider determinants of health.

Priority 2

Evidence based Treatment and Recovery support

Why is this important

Tower Hamlets has a significant drug and alcohol problem and we want to ensure that everyone that could benefit from being in drug or alcohol treatment does so.

Our Substance Misuse Needs Assessment tells us that certain groups are under-represented in our treatment services, including the Somali community where the use of khat is still prevalent, men who have sex with men and who are involved in chemsex, lesbian and bi-sexual women in whom the use of alcohol is higher than the general population, people living in hostels and women involved in street based prostitution.

There is also scope to improve the partnership services response to those experiencing domestic abuse who have substance misuse issues by supporting them to access treatment. We also want to increase referrals into young people's treatment from a wider range of partners such as accident and emergency departments, as well as schools. This is important because the main referral route is via the Youth Offending Team, by which time young people are already engaged in criminality alongside their substance misuse.

The rate at which people successfully complete treatment is an ongoing and significant challenge across the UK. This rate has also decreased nationally and locally. This is in part due to the complex needs of an older cohort of users and lower completion rates overall for homeless people or people living in hostels who tend to be opiate users. Investment in drug and alcohol treatment services not only saves

lives but also reduces the economic and social costs of drug and alcohol related harm. Specialist drug treatment has been shown to reduce offending and opiate substitute treatment is associated with reductions in drug use, injecting and mortality. Community-based needle and syringe programmes are associated with reduced rates of HIV and hepatitis C³⁴. There is also a sound evidence base for alcohol treatment³⁵ and population level interventions such as MUP, restricting availability of licensed premises, hours and days of sale and regulating alcohol marketing³⁶. The Alcohol Health Alliance is also pushing for raising the duty across alcoholic drinks which would encourage reduced drinking for the whole population and not just those who are drinking dependently as is the case with MUP.

Tower Hamlets has a comprehensive drug and alcohol treatment system for adults, known as 'Reset', and a separate service for young people (11-19) called 'Safe East', which combines substance misuse and sexual health provision. We also have a primary care service for people in treatment and specialist primary care interventions for the homeless population. We need to make the necessary changes to our treatment system to ensure equality of access for all. At the time of writing, our adult treatment services have just been recommissioned following an extensive needs assessment, co-production with service users and consultation with a broad range of stakeholders.

For treatment to be effective it also needs to include access for people in recovery to education, training, employment and housing as part of their recovery package. This often proves challenging as many

employers will not take on people who may have a criminal record or a history of substance misuse. Therefore, developing routes into employment, volunteering and training along with more sustainable housing options such as Housing First is a key priority over the life of the strategy.

Priority 3

Reducing drug and alcohol related crime and anti-social behaviour

Why this is important?

Tower Hamlets has a significant open drug market that generates anti-social behavior, violence and acquisitive crime. We know this causes considerable distress to residents. The most recent resident survey in 2019, for example, revealed that community safety was a top concern for residents with 67% of respondents reporting that people using or dealing drugs was problem in their area and 48% reporting that people being drunk and rowdy in a public place was a problem - both of which show an upward trend since 2016. Dissatisfaction rates are higher in the most recent Mayors Office for Policing and Crime Public Attitude Survey with 87% of respondents reporting that people using or dealing drugs in their area is a problem, and 50% reporting that people being drunk or rowdy is a problem. Reducing drug and alcohol related crime and anti-social behavior is of significant importance to the success of this strategy and residents feelings of overall safety.

We need to understand what we need to do to address resident concerns and to better understand more about the link between the supply of class A and B controlled drugs and violent crime, criminal exploitation and factors which drive local open drugs markets. We are developing a Drugs Problem Profile this year which will help start that process. We will also be exploring opportunities for joint operations with City Police to target cross borough drug dealing.

Substance misuse also plays a part in other types of violence such as domestic abuse,

currently addressed in the Violence Against Women and Girls Strategy³⁷, serious youth violence including knife crime and criminal exploitation of young people to sell drugs across County Lines which is a growing problem. Young people 'responsible' for protecting the line supply are often exposed to routine and extreme violence, sexual violence and coercion. This often leads to more extreme violence, self-medication with illegal drugs and alcohol. This will be more fully addressed in a forthcoming partnership strategy³.

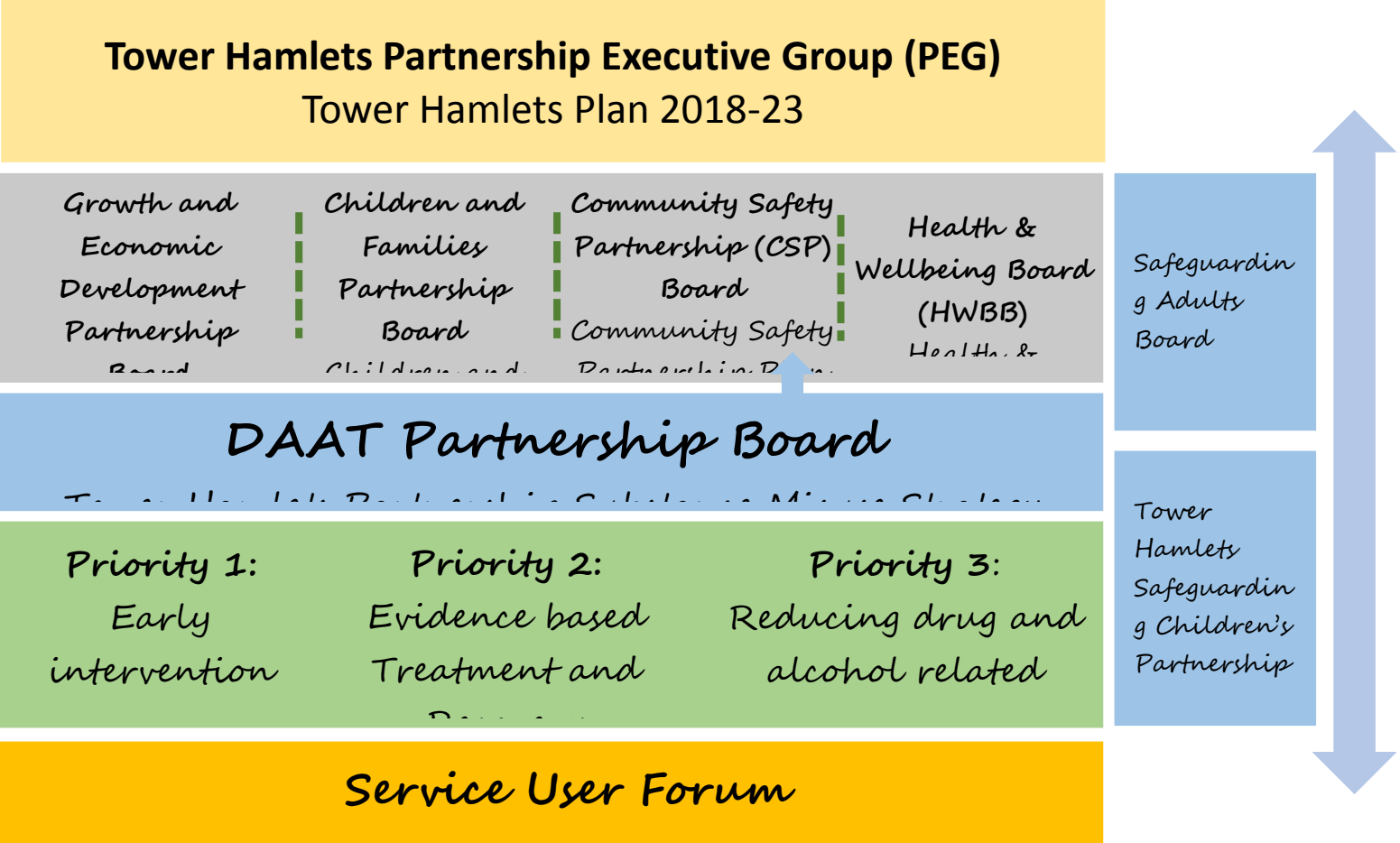
We will continue to crack down on drug dealing through Operation Continuum our joint multi-agency initiative and to reduce drug related re-offending through our co-located integrated offender management team. Our new specialist substance misuse investigation team will specifically target those who are committing drug or alcohol related anti-social behavior with the aim of supporting people into treatment.

We are also interested in exploring new ways of reducing the open use of drugs in our community. Our licensing team will be focusing on compliance with the licensing standards through the use of inspection and will review the current cumulative impact zones over the life of the strategy.

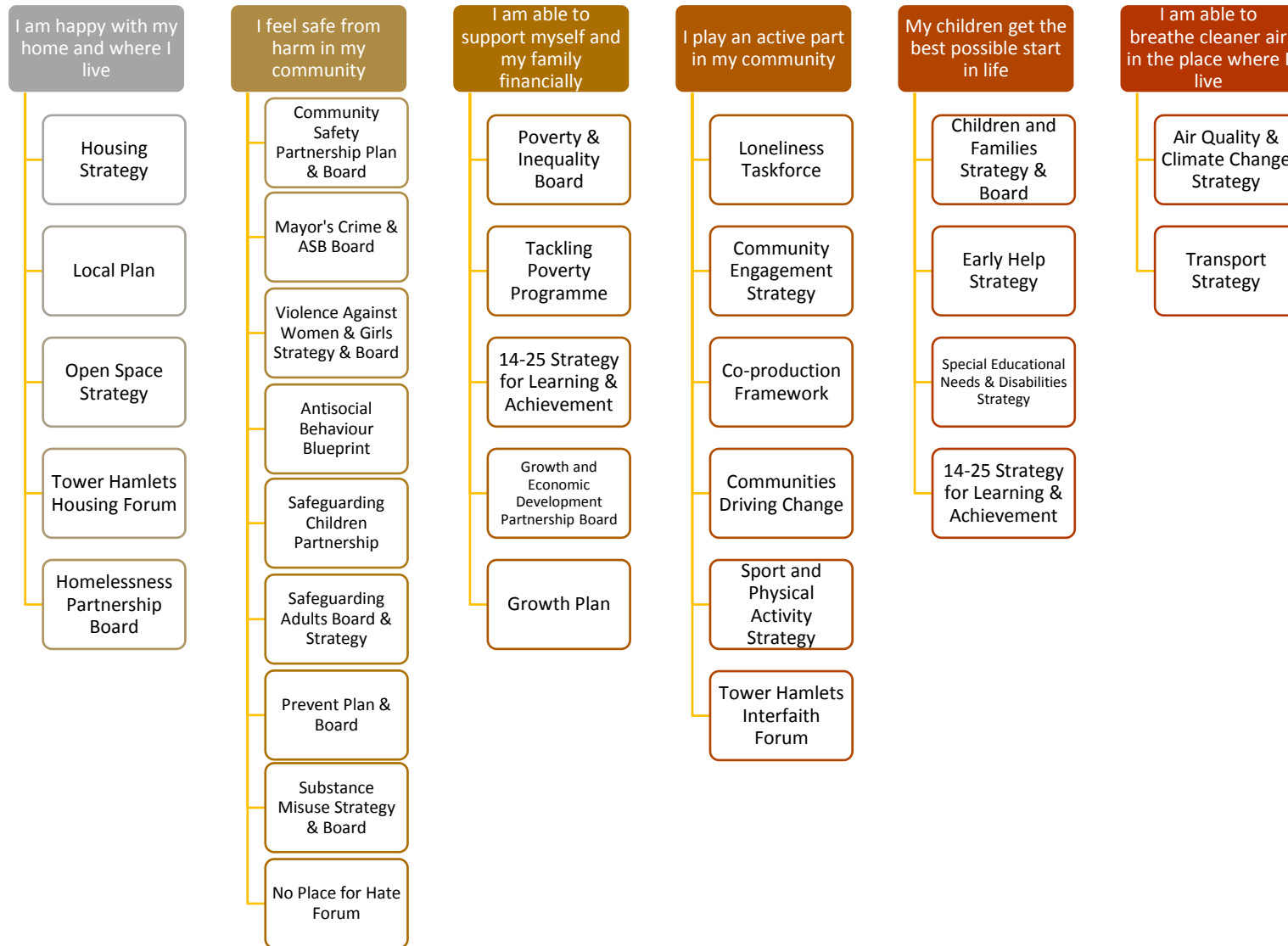
³ Violence, Vulnerability and Exploitation Strategy

Monitoring and Implementation

Accountability for delivery of this strategy rests with the Community Safety Partnership. The 3 priority work streams will report into the Drug and Alcohol Action Team Board, who in turn report into the Community Safety Partnership. The Safeguarding Adults and Tower Hamlets safeguarding Children's Partnership provide the necessary safeguarding framework.

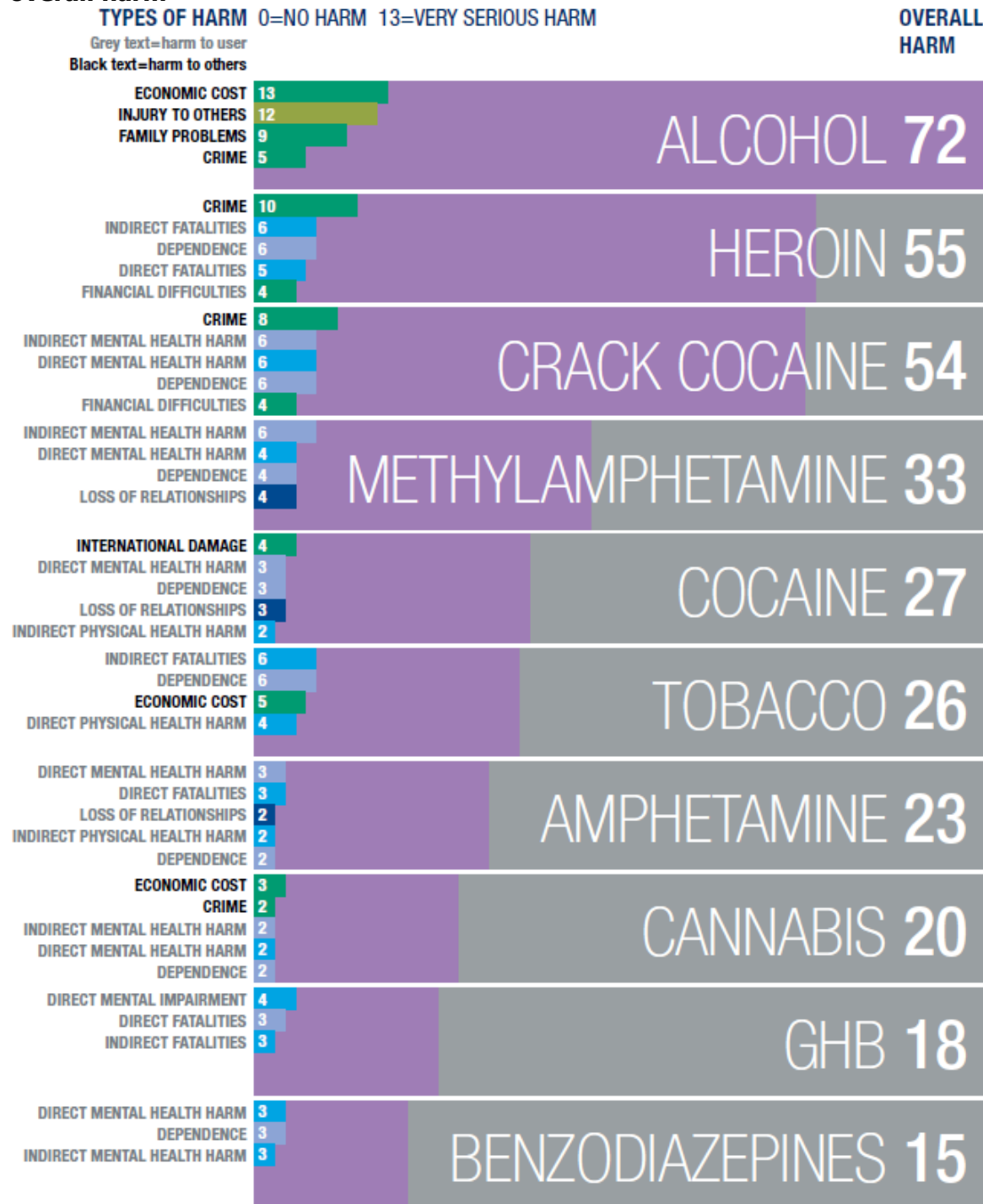


Appendix 1 Strategies programmes and works to address the wider determinants of health:



Appendix 2 – Evidence based drug harm profiles

The top 10 most harmful drugs and the harms that account for at least 50% of their overall harm



Based on the model reported in Nutt, D. J., King, L. A., Phillips, L. D., & on behalf of the Independent Scientific Committee on Drugs. (2010). Drug harms in the UK: a multicriteria decision analysis. *The Lancet*, 376(1558-65).

Appendix 3 – Alcohol structured advice tool

This is one unit...

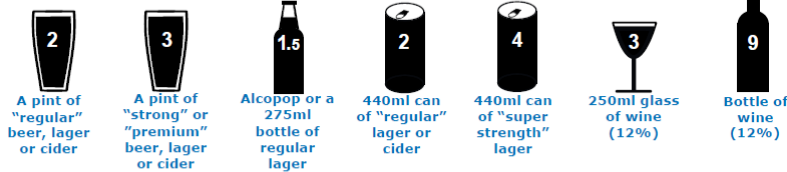
For more detailed information on calculating units see - www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx



How many units did you drink last week?



...and each of these is more than one unit



There is no completely safe level of drinking and drinking even small amounts of alcohol can incur risk in certain circumstances

For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medications.

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

Drinking in pregnancy can harm the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Score	Risk	What this means	Common Effects
1-4 on AUDIT-C* or 1-7 on AUDIT**	Low risk drinking	Adults who don't regularly drink more than 14 units per week, spread over three or more days, are at low risk of harm from drinking.	<ul style="list-style-type: none"> • Increased relaxation • Sociability • Sensory enjoyment of alcoholic drinks
5-7 on AUDIT-C* or 8-15 on AUDIT**	Increasing risk drinking	Drinking in this way raises your long-term risk of ill health.	Progressively increasing risk of: <ul style="list-style-type: none"> • Low energy • Relationship problems • Depression • Insomnia • Impotence • Injury • High blood pressure • Breast, mouth and throat cancers • Alcohol dependence • Liver disease
8-10 on AUDIT-C* or 16-19 on AUDIT**	Higher risk drinking	Drinking in this way is likely to be affecting your health or wellbeing in some way already.	
11-12 on AUDIT-C* or 20-40 on AUDIT**	Possibly dependent	Your drinking may have become quite problematic and further assessment by an alcohol specialist is advised.	

This leaflet is based on the "How Much Is Too Much?" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

Download this alcohol advice tool from <https://app.box.com/v/CQUIN-structured-advice-tool>

*Short 3 question AUDIT questionnaire. **Full 10 question AUDIT questionnaire

Glossary

Acquisitive Crime is defined as an offence where the offender derives material gain from the crime. Examples include shoplifting, burglary, theft and robbery. It is often associated with class A drug use.

Adverse Childhood Experiences Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including

- domestic violence
 - parental abandonment through separation or divorce
 - a parent with a mental health condition
 - being the victim of abuse (physical, sexual and/or emotional)
 - being the victim of neglect (physical and emotional)
 - a member of the household being in prison
 - growing up in a household in which there are adults experiencing alcohol and drug use problems.
- The term was originally developed in the US for the Adverse Childhood Experiences survey which found that as the number of ACEs increased in the population studied, so did the risk of experiencing a range of health conditions in adulthood. There have been numerous other studies which have found similar findings including in Wales and England. ACEs are when children are exposed to prolonged stress in the absence of protective relationships.

County Lines is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Chemsex is a term commonly used by Gay men and Men who have sex with Men (MSM) to describe the use of certain drugs in a sexual context. It is a very specific form of drug use and is defined by the use of three drugs ('chems'): Methamphetamine (Crystal/Crystal Meth/Tina/Meth). Mephedrone (Meph/Drone). Gammahydroxybutyrate/Gammabutyrolactone (GHB/GBL, G, Gina)

Drug Consumption Rooms - medically supervised facilities where injecting drug users can inject their illegally obtained drugs and take them in a medically supervised and hygienic environment DCR's can also include smoking or other routes of administration.

Housing First is an international evidence based approach which uses independent, stable housing as a platform to enable individual with multiple complex needs begin recovery and move away from homelessness.

Where to get Help

Local support

Beyond the Street

UK charity working to end sexual exploitation by Creating Routes Out through working directly with women
Tel: 0300 302 0762

Domestic Abuse

If your partner, ex-partner or family member
Is making you scared
Or threatening you, this could be domestic abuse. **Call 0207 364 2448/7957 for advice or the National Domestic Violence Helpline on 0808 2000 247 which is open 24 hours a day 7 days a week.**

Drink Coach

Take the Alcohol Test to see how risky your drinking is, download our free DrinkCoach App to track your drinking.
<https://drinkcoach.org.uk/alcohol-test>

Drug Interventions Programme

Support for substance misusing clients involved in the Criminal Justice System.
Tel: 020 7364 4459
Out of hours: 0800 389 4442

Early Help Hub

A single point of access for the public, those working with children, young people and their families. Offers support as soon as problems start to emerge.
Tel: 020 7364 5006 or access the link for Online Enquiry Form
<https://bit.ly/2AA2WNY>

Health E1 - Homeless Medical Centre.

Currently running a daily walk-in clinic- **call 020 7247 0090 for opening times**

Housing Options

To make a homeless application visit the Housing Options Service
Albert Jacob House
62 Roman Road
Bethnal Green
London E2 0PG
Tel: 020 7364 5000 for opening times

Reset Outreach & Referral Service

A route into drug and alcohol treatment, safe and non-judgmental advice, Support Groups, 1 2 1 Support and signposting to other support services
Tel: 0800 802 1860 or visit: The Dellow Centre 82 Wentworth Street, E1 7SA

Reset - Adult Substance Misuse Treatment Service

Free, confidential drug and alcohol treatment for adults, whole family support, parenting programmes
Tel: 020 3889 9510
reset.towerhamlets@cgl.org

Safe East - Young People's Substance Misuse and Sexual Health Service

A free, confidential health and wellbeing service for children and young people who need support around drug and alcohol use and/or sexual health to the age of 19 (up to 25 if you are in care, have special educational needs or a disability) **Tel: 020 3954 0091**
compass.towerhamletsyphws@nhs.net

Street Link

Concerned about someone over the age of 18 that you have seen sleeping rough? you can use this website to send an alert to

Street Link

<https://www.streetlink.org.uk/>
UK/ or phone **0300 500 0914**

National Support/Information

Adfam

National UK charity working to improve support for those affected by someone else's substance use
.Tel: 020 3817 9410 (please note this is not a helpline -)
By email admin@adfam.org.uk
www.adfam.org.uk

Alcoholics Anonymous

www.alcoholics-anonymous.org.uk

Al-Anon Family Groups

www.al-anonuk.org.uk

Cocaine Anonymous

www.cauk.org.uk

Families Anonymous

www.famanon.org.uk/meetings

Information on club drugs/festivals

<http://vitalinfo.org.uk>

Narcotics Anonymous

www.ukna.org

Talk to Frank

www.talktofrank.com

SMART Recovery

www.smartrecovery.org.uk/meetings

LGBT

Antidote at London Friend

Antidote is the UK's only LGB&T run and targeted drug and alcohol support service. **Tel: 020 7833 1674 for opening times 86 Caledonian Road, London, N1 9DN.**

References

- ¹ Drug Misuse and dependence – UK guidelines on clinical management 2017 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
- ² Taking A New Line on Drugs Royal Society for Public Health (2016) - <https://www.rsph.org.uk/uploads/assets/uploaded/68d93cdc-292c-4a7b-babfc0a8ee252bc0.pdf>
- ³ 2017 Drug Strategy - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF
- ⁴ Drug Misuse and dependence – UK guidelines on clinical management 2017 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
- ⁵ The government's alcohol strategy 2012 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
- ⁶ The Public Health Burden of Alcohol and the Effectiveness and cost effectiveness of alcohol control policies – an evidence review (PHE) 20165 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf
- ⁷ Drugs policy will not change as long as the UK government refuses to acknowledge the need for change BLM, 361:k2604
- ⁸ Taking A New Line on Drugs Royal Society for Public Health (2016) - <https://www.rsph.org.uk/uploads/assets/uploaded/68d93cdc-292c-4a7b-babfc0a8ee252bc0.pdf>
- ⁹ Alcohol Public Health burden evidence review https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf
- ¹⁰ Booth, A., Meier, P., et al (2008) Independent review of the effects of alcohol pricing and promotion Part A: Systematic Reviews. SCHARR, University of Sheffield
- ¹¹ Drugs, Alcohol & Justice Cross-Party Parliamentary Group and APPG on Alcohol Harm –Alcohol Charter (2018) <http://www.ias.org.uk/uploads/pdf/Alcohol%20Charter%20Digital.pdf>
- ¹² NHS Choices <http://www.nhs.uk/conditions/drug-misuse/pages/introduction.aspx>
- ¹³ Drugwise – Promoting evidence based information on drugs, alcohol and tobacco 2017 - <https://www.legislation.gov.uk/ukpga/1971/38/crossheading/the-advisory-council-on-the-misuse-of-drugs/1991-02-01drugwise.org.uk/problem-drug-use/>
- ¹⁴ The Misuse of Drugs Act 1971 - <https://www.legislation.gov.uk/ukpga/1971/38/contents>
- ¹⁵ Alcohol Use Disorders Identification Test (AUDIT) - <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>
- ¹⁶ Drink Coach <https://drinkcoach.org.uk/>
- ¹⁷ Advisory Council on the Misuse of Drugs (2015) Prevention of alcohol and drug dependence - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/406938/ACMD-prevention-summary-250215.pdf
- ¹⁸ Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance - BMC Public Health volume 18, Article number: 792 (2018) Mark A Bellis, Karen Hughes et.al - <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5699-8>
- ¹⁹ Rescue & Response Pan London County Lines Projects Strategic Assessment
- ²⁰ Criminal Exploitation and County Lines - The Children's Society 2019 - https://www.childrensociety.org.uk/what-is-county-lines?qclid=FAIaIQobChMI8aCcyM624wIVRPhRCh205gVXEAAAYASAAEqLopvD_BwE
- ²¹ Advisory Council on the Misuse of Drugs (2019) Drug-related harms in homeless populations and how they can be reduced - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810284/Drug-related_harms_in_homeless_populations.pdf
- ²² DM for Details: Selling Drugs in the Age of Social Media <https://volteface.me/publications/dm-details-selling-drugs-age-social-media/>
- ²³ Drug misuse prevention: targeted interventions – NICE guideline [NG64] February 2017 - <https://www.nice.org.uk/guidance/ng64>

-
- ²⁴ Tower Hamlets Locality Profiles: North West Locality March 2019 - https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/LBTH_NW_LOCALITY_PROFILE.pdf
- ²⁵ Public Health England Young People Specialist Substance Misuse Interventions – Executive Summary Tower Hamlets Quarter 3 2017-18
- ²⁶ Tower Hamlets substance Misuse Needs Assessment 2017/18 - https://www.towerhamlets.gov.uk/Documents/Adult-care-services/Social-issues/Substance-misuse/Substance_misuse_strategy_and_needs_assessment_full_2017_18.pdf
- ²⁷ <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf
- ²⁸ DM for details – selling drugs in the age of Social media <https://volteface.me/app/uploads/2019/09/DM-for-Details-3.pdf>
- ²⁹ The Contribution of cannabis use to variation in the incidence of psychotic disorder across Europe: a multicentre case-control study – Marta Di Forti et.al May 2019 The lancet page 427-436
- ³⁰ Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18 BMJ 2019;366:l5274 Amy O'Donnell, , Peter Anderson et al <https://www.bmj.com/content/366/bmj.l5274>
- ³¹ Belackova V and Salmon AM 2017 Overview of international literature – supervised injecting facilities and drug consumption rooms Issue 1 August 2017 - http://www.drugconsumptionroom-international.org/images/pdf/overview_international_literature_dcr.pdf
- ³² Law J, Charlton J, Asmussen K. Language as a Child Wellbeing Indicator. London, Early Intervention Foundation (2017)
- ³³ Leadsom A, Field F, Burstow P, Lucas C. The 1001 Critical Days – The Importance of the Conception to Age Two Period: A cross Party Manifesto. Parent Information Partnership (UK) 2013 Valanis, B et al, (2013) Sexual orientation identity in relation to smoking history and alcohol use age 18/19: cross-sectional associations from the Longitudinal study of Young People in England (LSYPE), BMJ Open UK. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758978/>
- ³⁴ Evidence review on drug misuse treatment published – PHE January 2017 - <https://www.gov.uk/government/news/evidence-review-on-drug-misuse-treatment-published>
- ³⁵ Alcohol problem drinking – NICE 2018 <https://cks.nice.org.uk/alcohol-problem-drinking>
- ³⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf
- ³⁷ Tower Hamlets VAWG strategy https://www.towerhamlets.gov.uk/Documents/Community-safety-and-emergencies/Domestic-violence/VAWG_Strategy_2019_2024.pdf