



Tower Hamlets Substance Misuse Needs Assessment 2022-23

EXECUTIVE SUMMARY

FOREWORD

MAYOR LUTFUR RAHMAN

I am pleased to introduce the new Tower Hamlets Substance Misuse Needs Assessment, which sets out the current need around drug and alcohol use in the borough, the range of services we have in place, and any gaps that the council and our partners can fill.

Our priority is to reduce the harm caused by drugs and alcohol to residents and communities, and to make sure our borough is safe for everyone who lives, works, or visits Tower Hamlets. We know that our residents are concerned about drug-related activity, and that drug and alcohol misuse can have a far-reaching and devastating impact on our communities.

Through the substance misuse needs assessment, our aim is to make sure that anyone affected by addiction, substance misuse, or the associated harms is offered the support they need.

This needs assessment presents the views of both residents and community organisations following engagement with groups that regularly see the negative effects of drug and alcohol use. We have included information from a range of services and needs, covering both the health and community impacts of drug and alcohol use.

This needs assessment shows that we have a high level of need around drugs and alcohol, and that people with drug and alcohol problems in Tower Hamlets have a relatively complex set of additional problems. It also shows that we have an ageing group of people that have used addictive drugs for many years and need intensive support.

We have comprehensive outreach, treatment, rehabilitation and recovery programmes to meet this need. However, there is more we can be doing to meet the needs of our community, and to improve long-term outcomes.

We will be working closely with our new Combatting Drugs Partnership to take the recommendations forward and incorporate them into the refresh of our drugs strategy, with a focus on improving treatment and recovery outcomes.

Tackling the causes and effects of substance misuse continues to be challenging, but this needs assessment will help us combat drug-related crime and provide world-class recovery services for those who need it. In turn, we hope to increase the health, wellbeing, safety and security for everyone who calls Tower Hamlets home.



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INTRODUCTION

This document sets out a summary of the key Findings (p4-22) and Conclusions and Recommendations (p24-30) emerging from the Tower Hamlets Substance Misuse Needs Assessment 2022-23. More detail is available within the full document which is published alongside this summary. The charts in this document illustrate some of the main points; additional charts are also within the full Needs Assessment.

This needs assessment sets out the need around drug and alcohol misuse in Tower Hamlets; to inform the work of the Tower Hamlets Combating Drugs Partnership, local substance misuse strategy, planning of services and commissioning decisions. The needs assessment provides evidence on the impact of substance misuse on the population of Tower Hamlets, the level of need for a range of substance misuse services, and the range of interventions in place to address this need. The needs assessment looks at both adult and children and young people's substance misuse related needs (both illicit drugs and alcohol).

The report is not an evaluation; it has not been designed or resourced to assess the quality or impact of existing services.

The needs assessment has been produced by CPI who were commissioned by LBTH and worked alongside Tower Hamlets public health, substance misuse team, drug and alcohol commissioners, and the wider Combatting Drugs Partnership to produce the needs assessment. Assessing need around substance misuse should be an ongoing process.

The needs assessment takes a broad, comprehensive view across the wide range of needs relating to substance misuse, and the complex arrange of interventions in place. This document is based on the latest available public and publishable data as of January 2023. Additional work will subsequently look in more detail at some of the issues highlighted. In particular, the impacts of the pandemic are still felt by services that support those with substance misuse needs; and further insight is required to fully capture this.

FINDINGS

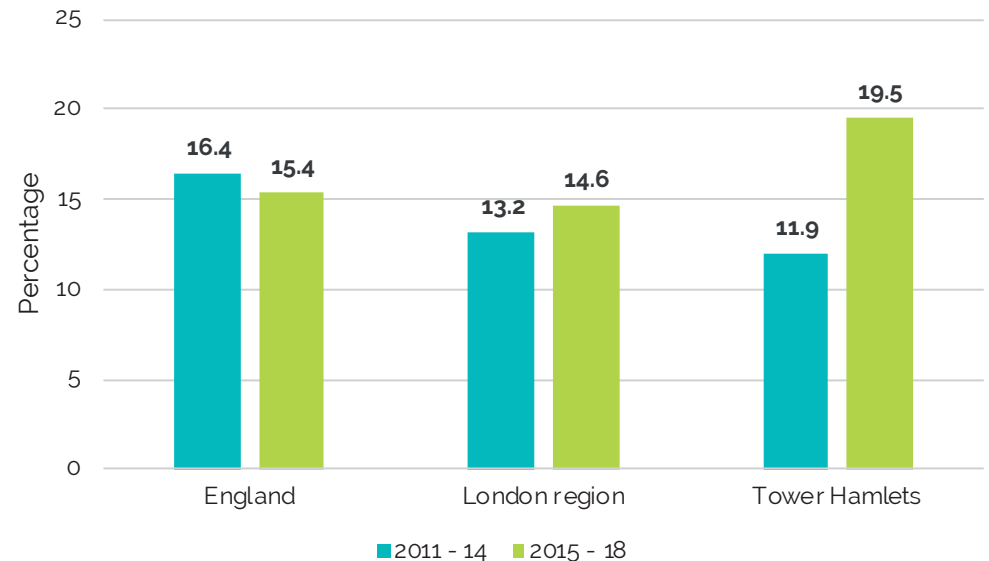
The impact of substance misuse and levels of need

Alcohol misuse

Despite high rates of alcohol abstinence, Tower Hamlets has high levels of need around alcohol-related harms. These appear to be concentrated among men and among White and Other ethnic groups. There is high unmet need for alcohol treatment (comparable to elsewhere in London).

- There has been a notable increase in the percentage of Tower Hamlets adults who binge drink on their heaviest drinking day, to 19.5% in 2015-18. This is higher than the rate for London and nationally (Refer to Figure 1). Similarly, the proportion of Tower Hamlets residents who reported drinking 14 or more units per week increased to 22% in 2015-18 (contrasting with a downward trend nationally).
- Hospital admission rates for residents for alcohol-specific conditions have declined since 2018-19 but have historically been higher than rates for England and London.
- Data on emergency hospital admissions show that alcohol-related harms are higher among men, those aged over 50, and those from White, Other and Black ethnic groups.
- It is estimated that 85% of those who may require support for alcohol dependency are not accessing this support. This is similar to the national rate of 82%.

Figure 1: Percentage of adults binge drinking on heaviest drinking day, 2011-14 to 2015-18



Drug misuse

Tower Hamlets sees substantial need around drug dependency, which is more common among men and those of White ethnicity (as shown by hospital admissions). Homeless households see particularly high levels of need around drug use. While numbers in treatment have fallen, there is no indication that this is due to reduction in need related to illicit drug use. Opioid prescriptions are higher in Tower Hamlets than elsewhere in North-East London.

- Residents and professional stakeholders consider drug use, and associated drug dealing, to be widely prevalent in the borough; many raise particular concerns around the use of nitrous oxide.
- Deaths from drugs have fluctuated over time but have recently (from 2017 onwards) seen a slight increase and now correspond with the rate for London. (Very small numbers in these data indicates some caution in the interpretation of the data: these changes could be due to chance or to changes to recording). Refer to Figure 2.
- Hospital emergency admissions data suggest that drug related harms are concentrated among males (who account for 63% of admissions) and among people of White ethnicity (who account for around half of the admissions, while admissions from the Bangladeshi community represent around a fifth of admissions). Refer to Figure 3.
- Tower Hamlets has consistently had the highest rates of opioid prescriptions (per patient) in North East London. These are likely not 'illicit' drugs, nonetheless this suggests a need to review the reasons for these high prescription levels.
- Among newly homeless households in Tower Hamlets with identified support needs, a higher proportion have need relating to drugs or alcohol than is the case across London; suggesting particularly high substance misuse need among homeless people locally. 11.4% of newly homeless have a need around drugs (vs 3.1% across London). 4.3% have an alcohol-related need compared to 2.4% across London.

Figure 2: Deaths from drug misuse (Persons), 3-year intervals

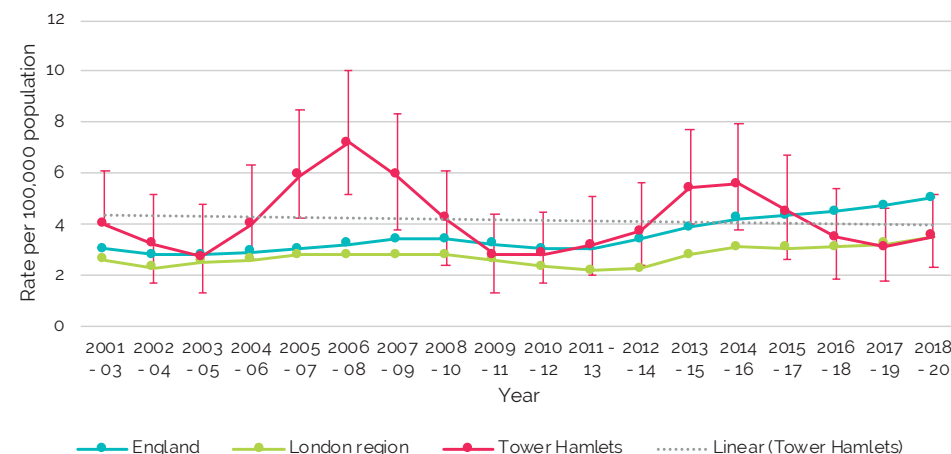
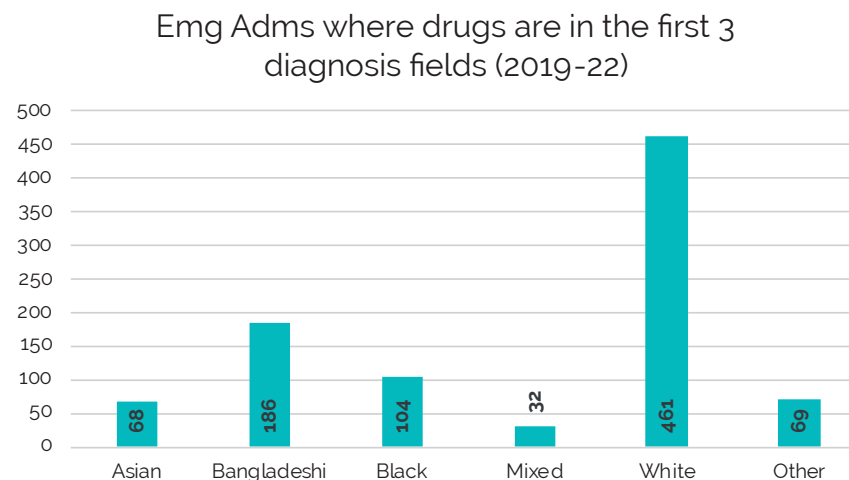


Figure 3: Hospital emergency admissions where drugs are primary diagnosis; by ethnicity; Tower Hamlets 2019-2021



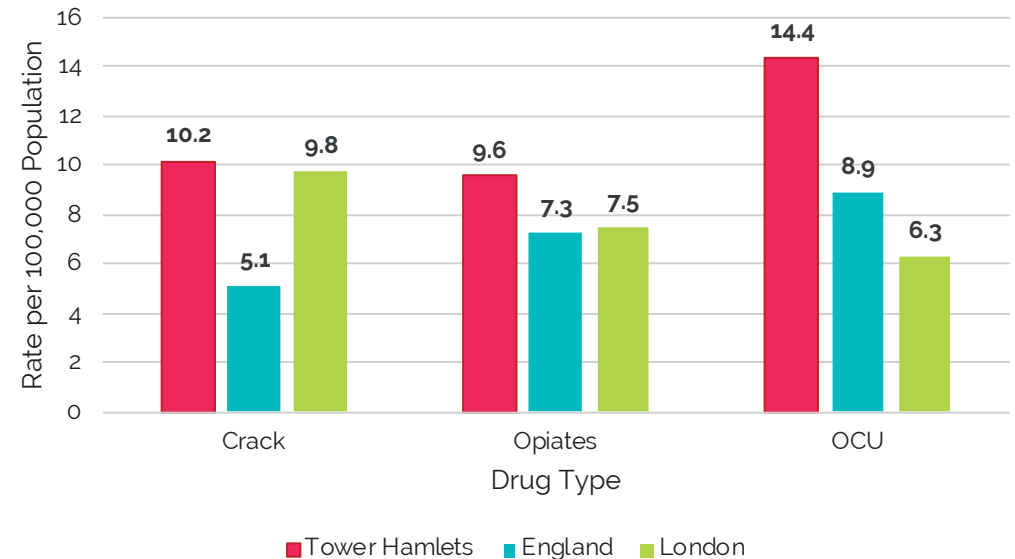
Characteristics of the adult population requiring specialist drug and alcohol treatment

Tower Hamlets has high levels of need for drug and alcohol treatment, with estimates of the prevalence of opiates and crack use among the highest in London. This population is ageing and has a complex set of intersecting needs. A greater proportion of people with drug and alcohol problems in Tower Hamlets also have serious housing or mental health need, than is the case elsewhere.

Prevalence and numbers in treatment:

- The estimated prevalence rate of opiate and crack users in Tower Hamlets is higher than the rates for England and London. Rates of opiate only and crack only use are also higher in Tower Hamlets than for London. Refer to Figure 4.
- Tower Hamlets has the highest total number of people in treatment in London for 2020-21 (1,945) and one of the highest rates of treatment demand when weighted for resident population (10.1 per 1,000 of population).
- Nearly two thirds (65%) of the treatment population are opiate users while 16% are alcohol users (2020-21)

Figure 4: Estimated prevalence for OCUs, opiates, crack-cocaine, 2016-17, per 100,000 population



Substances used by those in treatment:

- The number of opiate users in treatment has declined since 2011-12. This mirrors trends seen nationally. Estimates of the percentage of opiate and crack users not in treatment in Tower Hamlets show an upward trajectory indicating a greater proportion of drug users not accessing treatment.
- The number of people in Tower Hamlets accessing treatment for alcohol peaked in 2013-14 and decreased thereafter.
- There has been a recent increase (from 2019 onwards) in non-opiate users in treatment. The second-highest drug in terms of numbers of people in treatment was for Cannabis, with 46% of users in Tower Hamlets using Cannabis. This may suggest that there is a growing need to support users of non-opiate drugs.

Figure 5: Numbers of service users in structured treatment: Tower Hamlets and London, by main substance group



Wider needs of those with drug and alcohol problems:

- A growing proportion of the treatment population is aged 50 years and above (23% in 2020-21). This ageing cohort reflects trends nationally and indicates higher need around physical and mental health. Refer to Figure 7.
- The gender and ethnic make-up of the treatment population appears consistent with levels of need in the borough, as indicated by metrics such as hospital admissions. The majority of those in treatment are male (76% male versus 24% female). White service users form 58% of the treatment population, 30% are of Asian/Asian British heritage and 7% Black/African/Caribbean/Black British.

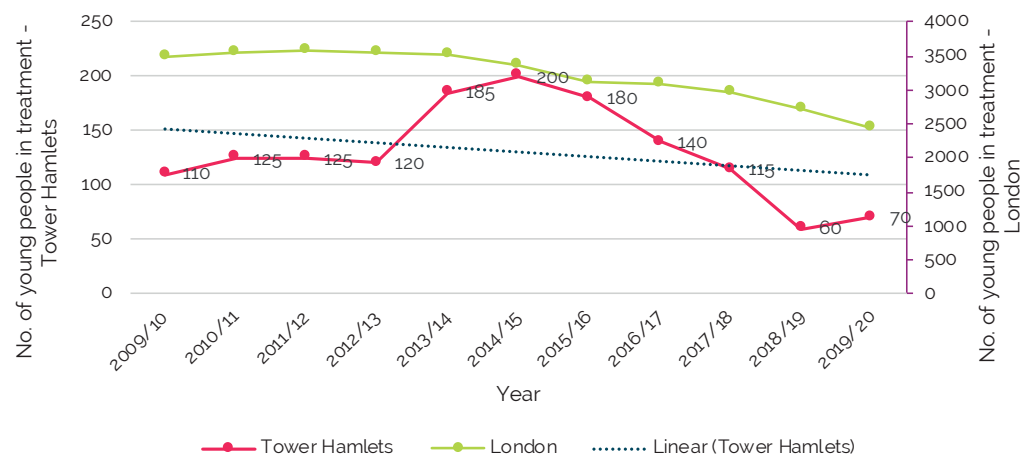
Substance misuse and children and young people

- There has been a significantly declining trend in the hospital admissions rate for alcohol-specific conditions for young people under 18 in Tower Hamlets; as is the case elsewhere across London. Hospital admission rates for those aged between 15 and 24 years due to substance misuse are lower in Tower Hamlets than the rate for England.
- A local survey of school pupils indicates that 15% of boys and 21% of girls at secondary school had ever had a drink. The survey indicates that 11% of boys and under 10% of girls have reported ever having taken drugs.

Characteristics of the children and young people's treatment population

- The number of young people in specialist treatment has decreased from 200 in 2014-15 to 70 in 2019/20. 3,048 young people received some form of intervention from Safe East of whom 97% (2,952) required only a brief intervention.
- Nearly two thirds (63%) of young people in treatment were in mainstream education however a quarter (25%) were recorded as Not in Education, Training or Employment.
- No young people were in treatment for opiates or crack cocaine. Most were in treatment for less health harmful drugs such as cannabis (93%) or alcohol (57%). Solvent use has increased and is now reported by over a fifth (21%) of young people in treatment.

Figure 6: Numbers of young people in treatment, Tower Hamlets and London, 2009-10 to 2019/20



Early intervention

An appropriate set of services are in place to provide information and advice to young people regarding risks around drug and alcohol misuse. On-line and in person screening and brief intervention services are in place to engage and assess local adults about alcohol consumption, to provide support for those drinking at non-dependent level.

Early intervention services for adults

- Alcohol screening is available in Tower Hamlets for local adults. This is consistent with guidance regarding effective early intervention. In 2021-22 over 49,000 adults received an alcohol screening in primary care.
- Additional screening is available online via the Drinkcoach website.

Early intervention services for children and young people

- Safe East provide intervention and outreach to local young people with over 6,000 young people attending sessions that they delivered (sessions also were in relation to sex and relationships and tobacco as well as substance misuse).

Evidence based treatment and recovery services

A comprehensive drug and alcohol treatment service provided in Tower Hamlets, balancing pharmacological and psychosocial interventions is present in line with best practice guidance. The offer splits treatment workers across substance categories and includes focused on the needs of specific communities. There are currently issues with the capacity of the system, with treatment workers carrying very large caseloads.

A low proportion of those in treatment are 'treatment naïve', while a growing proportion of clients, particularly opiate users, remain in treatment for over six years. Routes into treatment are primarily from friends and family; the proportion of referrals from CJS routes has declined recently. Outcomes from treatment vary by substance, and for opiates in particular they have declined over the last decade.

Surrounding the core treatment service, a range of recovery services are offered to enable clients to embed their recovery and again the range of recovery groups aligns well with national standards. Opinion among service users and wider stakeholders varies on the quality of routes into treatment currently. Innovative services are in place to address wider needs – such as health issues related to NOx use. P-RESET provide an innovative primary care annual health check for adults in treatment.

Adult treatment and recovery services

There is an appropriate set of interventions in place to meet need; which are in line with relevant guidelines:

- The RESET treatment service provides outreach and referral, treatment and recovery services to the local population and began operation in 2016. The service was re-commissioned in 2019 with a change in provider for RESET treatment.
- RESET Outreach provision aims to engage drug and alcohol users into structured treatment while also providing information about harm reduction and brief advice thereby supporting individuals prior to accessing treatment.
- RESET Treatment provide a comprehensive range of interventions including pharmacological and psychosocial interventions. The range of provision is consistent with guidance for substance misuse provision.
- RESET Recovery provides a range of support interventions to aid service users through treatment and post-treatment.
- P-RESET is a primary health based service that provides Shared Care and health checks for service users in treatment.

Complex needs

- There is comparative complexity among the cohort of people in treatment in Tower Hamlets, compared with elsewhere. A greater proportion of Tower Hamlets' treatment population is designated as "very high risk" compared to a comparator group of authorities (at 38% and 30% respectively). Levels of housing need, co-occurring Crack Cocaine use both indicate this increased complexity. Refer to Figure 8.
- The cohort in treatment show greater complexity and risk behaviours than in comparator areas. Opiate users in Tower Hamlets who are still using at six months are more likely to be exhibiting a range of higher-risk behaviours than their peers in comparator areas, including: more likely to have used crack (74% compared to 64%); cannabis (22% v 17%); alcohol (29% v 27%), and much more likely to have a housing issue (41% in Tower Hamlets compared to 27% nationally). Refer to Figure 9.

Figure 7: All in treatment at the start of a treatment episode, 2009-10 to 2020-21, by age in Tower Hamlets

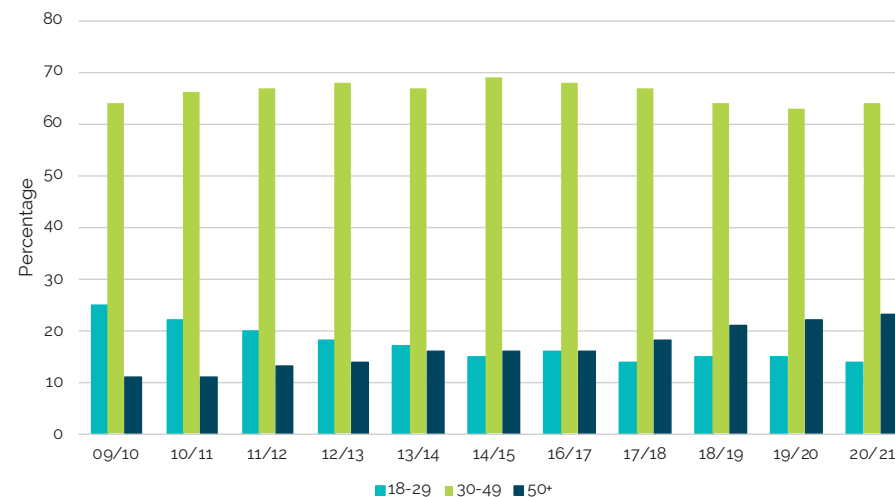


Figure 8: Completion, Re-representation rates and Treatment Naïve rates, Tower Hamlets and comparator areas, 2020-21

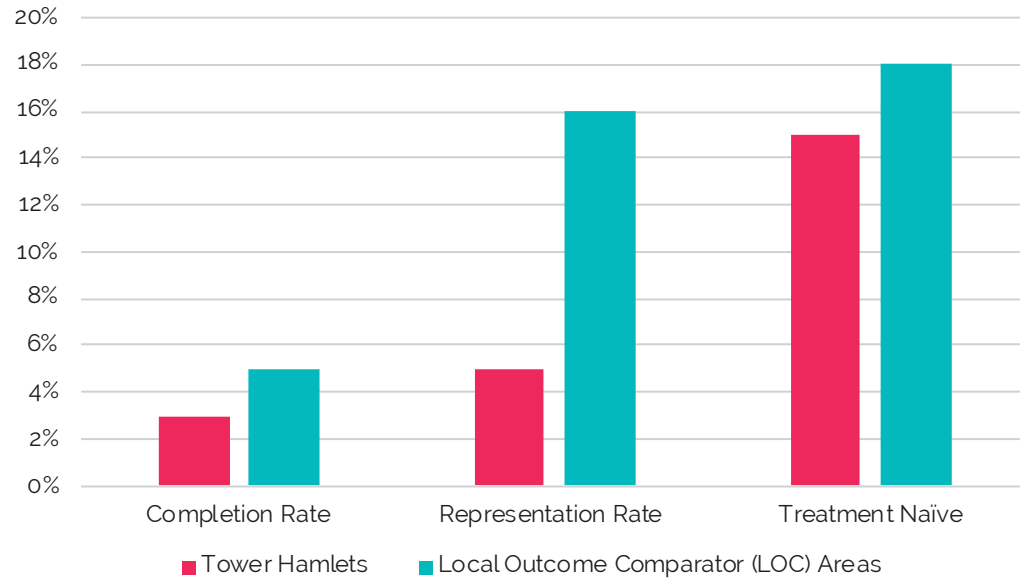
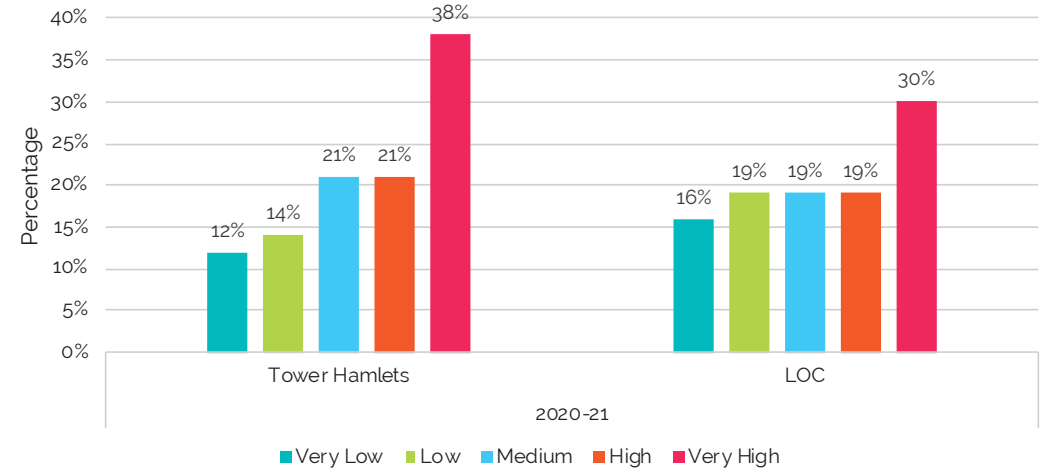


Figure 9: Treatment Complexity, Tower Hamlets and Local Outcome Comparator (LOC) areas for 2020-21



Service outcomes

- Rates of successful completion from treatment among opiate users have been in decline for a number of years and now stand at 3%. Statistical analysis shows this decline mirrors trends regionally and nationally, suggesting the decline is driven by national and London-wide factors rather than being locally specific.
- However, the opiate completion rate of 3% locally is slightly lower than the rate of 5% seen among statistically similar comparator areas. Meanwhile, there are fewer re-presentations in Tower Hamlets than in comparator areas
- Alcohol successful completions dropped significantly from 2020 and now stand at 21%. This compares to 37% for Tower Hamlets' comparator group of areas. Data is not available to explain the drop in completions.
- While the majority of the treatment population are in treatment for under one year (53%), 15% have been in treatment for over 6 years. Those in treatment for over six years are all opiate users. The proportion in treatment for over 6 years is similar to that among comparator areas.
- 5% of treatment exits were due to the death of a client. Rates of death were highest for opiate users (8%).
- Tower Hamlets service users are more likely to leave treatment with a continued acute housing need, particularly for opiate users. 8.8% of Tower Hamlets opiate users have a housing need at end of treatment, versus 4.4% nationally across England.
- Within the first 12 weeks, a higher proportions of service users had an "unplanned exits" compared to England, for both opiate (18.0% v 16.4%) and alcohol users (13.6% v 12.9%). This may suggest that improving experience at the 'front door', particularly for opiate and alcohol clients, could result in greater proportions of presenters remaining in treatment for at least 12 weeks.

Figure 10: Drug use and social functioning of opiate clients who still use opiates at six months, 2018-19 to 2020-21

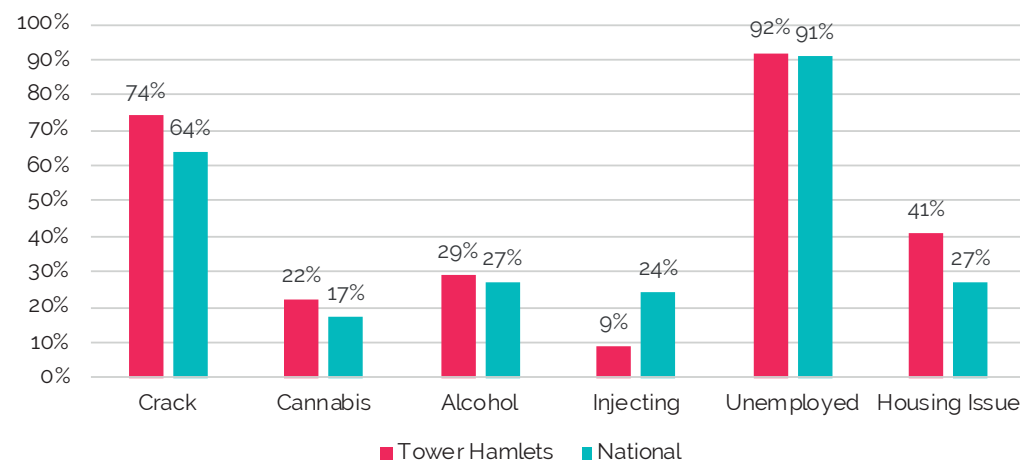
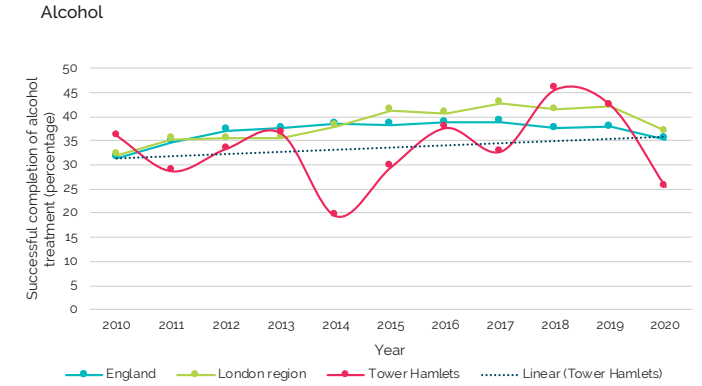
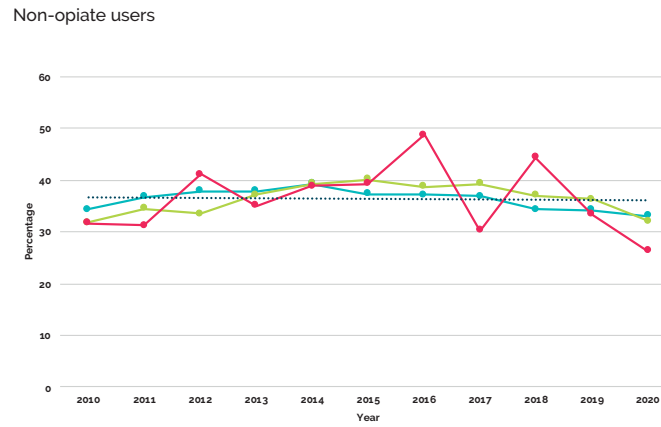
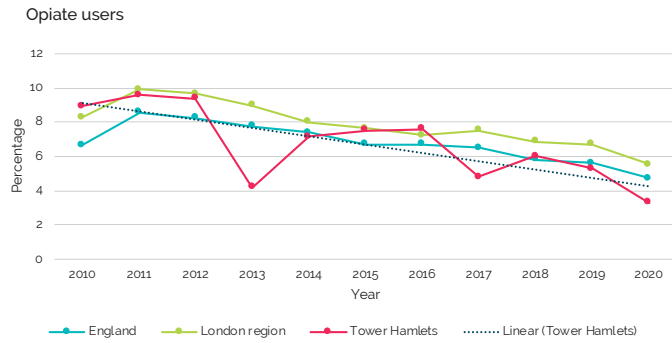


Figure 11: Service users successfully completing structured treatment: Tower Hamlets and London, by main substance group percentages



Children and young people's drug and alcohol treatment

- Local treatment for young people is provided by Safe East which offers an integrated substance misuse and sexual health service. This is in line with good practice that advocates integrating young people's specialist treatment into wider services for young people.
- The emphasis of the work is on motivational interviewing and harm reduction which is also consistent with recognised treatment provision for young people.
- 90% of young people successfully completed treatment in 2019-20. Successful treatment rates have increased steadily (for instance were 67% in 2018-19).
- The majority of young people (60%) remain in treatment for up to 26 weeks. A small minority (13%) are in treatment for over one year.

Views of service users, residents and stakeholders about local treatment and recovery offer

- A total of thirty-five professional stakeholders within the drug and alcohol system, twelve VCS organisations who work with residents in wider ways, and nine service users were interviewed to gather their views on treatment provision. Additionally a residents survey captured the viewpoints of over 150 residents.
- The residents' survey found that residents considered GPs, self-referral to RESET treatment services, or online information were the best ways to get help with drug and alcohol issues. It also showed support for a range of interventions – from public information campaigns and education in schools, to improved pathways into treatment, stricter licensing and harm reduction initiatives.
- Service users reported multiple effective pathways into treatment including from health and criminal justice agencies. Most were positive about the treatment service and that it was meeting their needs, albeit that some were not clear about what was available to them. Service users felt that the service could be better promoted.
- Professional stakeholders were aware of the high number of vacancies in RESET and recognised the pressures that this put on staff.
- Some professional stakeholders and some representatives from local community organisations reported perceived barriers for some communities in terms of accessing support for drug and alcohol use. These barriers were reported as both stigma within the community, lack of community awareness of specialist services, and lack of cultural awareness of services.
- Nox use was widely cited as an issue by professional stakeholders who felt that this was a growing problem among local communities. Stakeholders also reported widespread use of cannabis and that the needs of this client group needed to be addressed.

Figure 12: Priority actions for the Council and partners: proportion of survey respondents who agreed

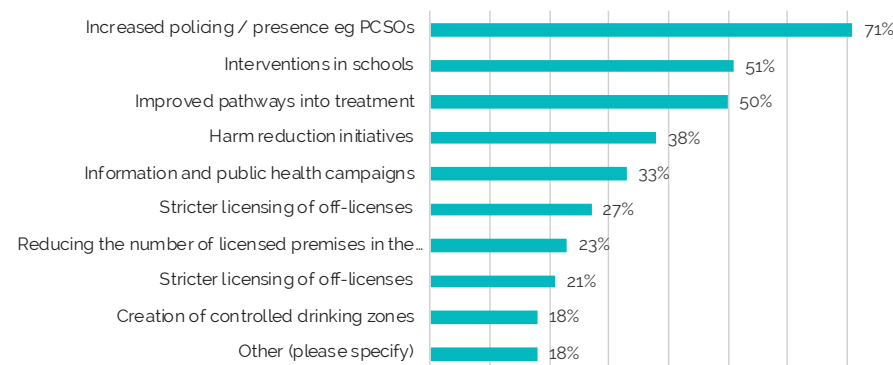
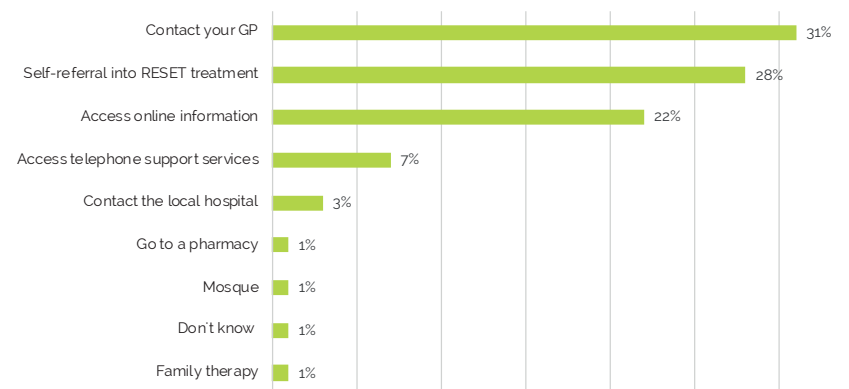


Figure 13: Easiest way for residents to get help if they have a concern about drug and alcohol misuse: Proportion of survey respondents who mentioned each



Drug and alcohol related crime and ASB

Crime data shows that a high level of recorded crimes around dealing and possession of drugs in Tower Hamlets. Cannabis was the highest volume drug seizure, followed by Cocaine and Heroin. Crimes related to supply of Heroin and Crack are more likely to be concentrated in the West of the borough, while Cannabis and Cocaine supply is more distributed. There is widespread recognition of and concern with the scale of the substance misuse issue in the borough, among residents and professionals.

A range of criminal justice interventions are in place to tackle crime, and many of these support drug and alcohol users within the criminal justice system into treatment. The proportion of those in prison who are transferred to the community has fallen over the past decade, which recent ADDER initiatives have sought to address.

Figure 14: Drug Possession Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population

Drug Possession Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population

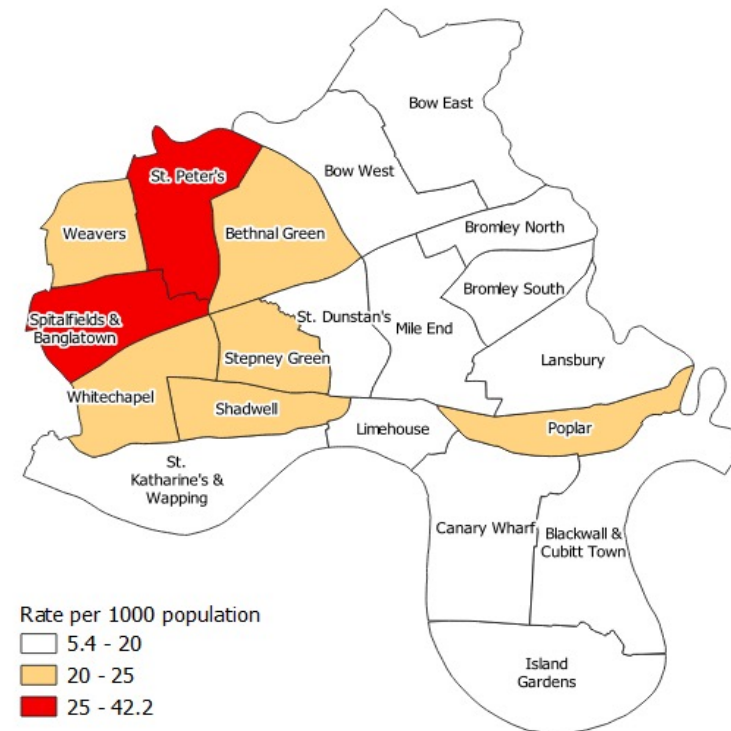


Figure 15: Drug Possession Offences recorded in last 24 months in Tower Hamlets wards, Rate per 1,000 population

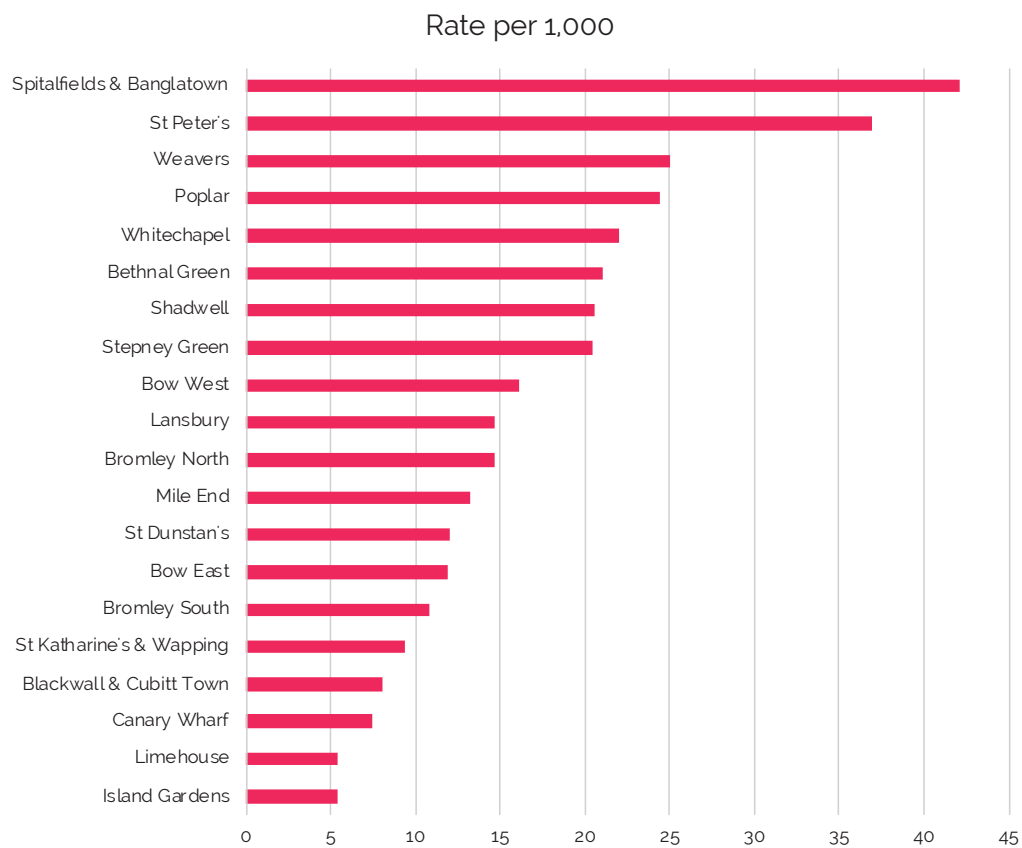
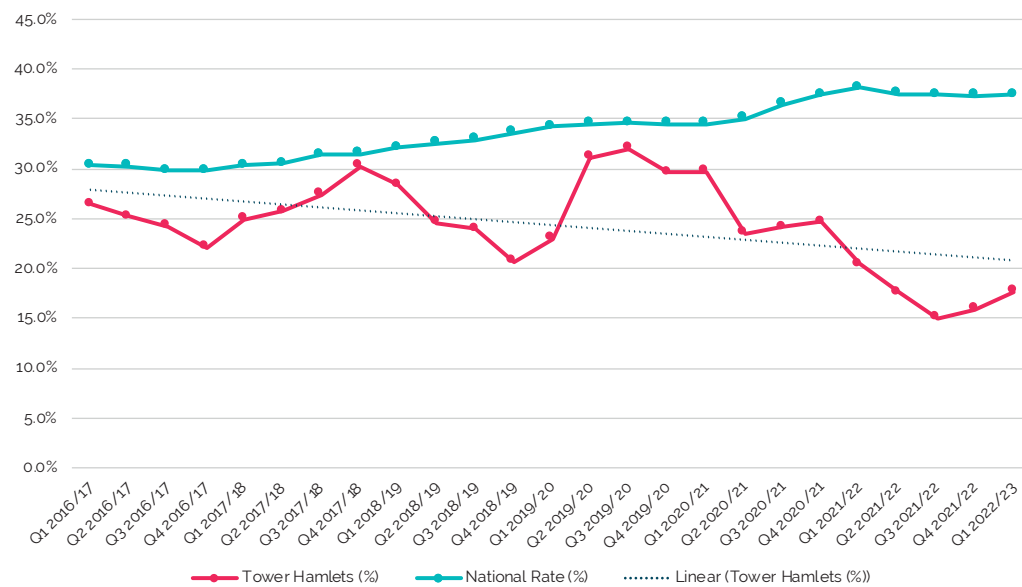


Figure 16: Treatment engagement following Prison Transfer to Community, 2016-17 to 2022-23



Levels of drug related crime and ASB

- Data from the local Drugs Profile shows that Cannabis was the highest volume substance seized, followed by Cocaine and Heroin. Over 90% of opioids within the crime data were Heroin.
- Drug possession offences are highest in Spitalfields & Banglatown and St. Peter's wards. Drug trafficking offences were highest in Spitalfields & Banglatown and Whitechapel wards. Refer to Figure 14.
- Drug-related crime is concentrated among certain areas of the Borough. The distribution of offences for the supply of Crack Cocaine and of Heroin are particularly focused in the West of the borough (near to Aldgate and Shoreditch), while Offences related to supply of Cannabis and of Cocaine tend to be more evenly distributed across the Borough.
- Tower Hamlets had four wards in which over 100 drug-related ASB warnings had been issued.
- Analysis of data regarding drug related offences over time suggests a link between drug possession and theft indicating that drugs are driving crime more widely in the borough.

Responding to drug and alcohol-related crime and ASB

The prevalence of drug-related crime and therefore drug using offenders has led to the delivery of a complex landscape of services including Operation Continuum and other police operations, Throughcare, custody provision and IOM case officers (local authority provided for offenders) and a range of initiatives seeking to address substance misuse related ASB (such as the SMIT, Community MARAC and Safer Community Officers).

The effectiveness of provision for offenders

- The extent to which Tower Hamlets residents assessed by DIP are then taken onto the caseload has fluctuated over time, and overall the rate can be shown to be lower than rates across London.
- The proportion of people who leave prison who then successfully engage in treatment services ("continuity of care") has fallen substantially since 2017, and is now lower than the national rate. However, this metric has increased in the last two years, at the time when the ADDER programme has been in place. Refer to Figure 16.
- Class A users consistently made up around a quarter of Integrated Offender Management clients.

Views of residents and professional stakeholders on crime and ASB

- A survey of residents of Tower Hamlets in 2019 indicated that nearly half (46%) believed drunken behaviour was a problem while nearly two thirds (67%) were concerned about the sale or use of illicit drugs.
- A (non-representative) survey of 167 residents developed as part of this needs assessment indicated that:
 - 72% of respondents were concerned about Nox and 70% were concerned about cannabis. 66% were concerned about alcohol.
 - When asked to cite the substance that is the biggest issue locally, the most common response given was Nox.
- Local professional stakeholders were clear about the link between crime and the supply of Class A drugs locally.
- Professional stakeholders felt that the need for drug and alcohol services was 'huge' and that the treatment population was a complex one to manage.
- There was some confusion among local stakeholders about the range of services that are available locally and the pathways between these services.

CONCLUSIONS AND RECOMMENDATIONS

System-Level Conclusions

A number of conclusions have been reached that relate to the functioning of the system as a whole and how the various aspects of the treatment system and wider service landscape relate to one another.

Tower Hamlets sees relatively high need around drugs and alcohol, and meets this with a complex set of services and interventions.

1. Tower Hamlets has a higher estimated prevalence of opiate and crack use, and the largest cohort in treatment across all of London. The cohort of opiate users is ageing and displays comparatively high levels of complexity and additional needs (relative to England as a whole).
2. There is some indicative data that needs around alcohol are increasing.
3. As a result, a complex system has been put in place with a number of interventions seeking to identify, support different groups with a diverse set of needs. Despite simplifications, the system remains complex.

Overall, some system outcomes have declined gradually over time, as has been the case across London and other areas.

4. While there has been a long-term downward trend with regard to successful completions among opiate users, and to the number of people in treatment, these trends closely parallel London-wide and national trends. The trend is therefore most likely to be due to the substantial reduction in funding made available nationally for drug and alcohol services. Other indicators of performance have improved or remained relatively static – particularly for non-Opiates.
5. The data included in this needs assessment do not show specific time points when need, or in the extent to which needs are met, have markedly changed during the past decade.

Need for improved lines of communication between, and reduced duplication within, parts of the system

6. The service landscape has grown increasingly complex, particularly with the recent addition of ADDER funded roles. These additional services and posts serve a valuable role; however the complexity of the landscape has created a degree of confusion amongst stakeholders – including those working with drug and alcohol users.
7. There is a need to strengthen lines of communication between parts of the system – in particular between staff in local authority teams (such as Through Care) and RESET. For instance, staff at RESET were not clear about the roles of the prison workers and there was some lack of clarity between Through Care workers and the RESET about lines of accountability and client management.

8. The complex service landscape has created a situation whereby there are a growing number of handovers between teams (for example: custody team -> Through Care -> RESET). Multiple handovers of client has the potential to create more points for clients to drop-out/ disengage.
9. The handovers are not consistently supported by joint care management of clients (for instance while Through Care team members support clients while they are in receipt of treatment at RESET, the former do not appear to consistently attend meetings with the latter to discuss these clients).

System incentives and priorities need to be aligned to long-term outcomes

10. Different parts of the system operate to different incentives and priorities, due to the complexity of the system. This has the potential to be sub-optimal for client outcomes – for instance some teams are measured by referring clients into RESET, rather than by what treatment outcomes clients go on to achieve. This creates an incentive to direct clients into RESET with less emphasis on the treatment outcomes.
11. Aligning system priorities of different services, to ensure a joined-up approach to outcomes and support, could lead to benefits for service users.

Need for increased capacity in RESET/treatment

12. Much of the drop in system outcomes (particularly successful treatment rates) appears to be associated with operational issues - including significant issues in staff capacity at RESET. This is an issue currently experienced by most treatment providers nationally.
13. The team is not fully staffed and is experiencing ongoing problems with recruitment. This has resulted in caseloads of over 80, which are often more than double the level that is recommended.¹
14. There is not equity in case load of staff across the system – caseloads of over 80 in RESET are not mirrored by other teams such as Through Care. This suggests that there may be a benefit from distributing capacity more evenly across the system as a whole.

Need to interrogate the cultural competency of the wider drug and alcohol system.

15. The ethnic make-up of the population in structured treatment has remained stable over time and mirrors the ethnic break-down of emergency hospital admissions; this may suggest the system is equitably engaging different ethnic groups in treatment.
16. However, a number of stakeholders (both professional and from the community) raised the issue of the cultural competency throughout the system of services for people with drug and alcohol need.

1. As set out in the Dame Black's Review of Drugs report, Part 2.

System-level recommendations

Recommendation 1:	<p>The CDP should undertake a systems-mapping exercise to identify all linkages and pathways into treatment:</p> <ul style="list-style-type: none">● The mapping should assess the volume of clients in each part of the systems map to identify key pressure points,● The systems map should identify numbers of handovers clients are receiving,● The systems map should set out roles, responsibilities and remits for each element of the service system,● Systems map should identify which service elements overlap and lead to co-working of clients.
Recommendation 2:	<p>The CDP should reconfigure pathways and system as needed in light of the mapping exercise.</p>
Recommendation 3:	<p>Following the systems-mapping, the CDP should co-develop a system-wide plan for ensuring appropriate capacity in treatment and for improving recruitment and retention of the specialist treatment workforce.</p>
Recommendation 4:	<p>Recognising ongoing problems with recruiting treatment workers the CDP should work with providers to develop and implement a drug and alcohol recruitment and retention strategy for the borough.</p>
Recommendation 5:	<p>The CDP should carry out a review of the cultural competency of all elements of the treatment system (outreach, treatment and recovery), identifying best practice and setting out recommendations for change where necessary.</p>

Service-Level Conclusions and Recommendations

In addition to the conclusions that relate to the working of the system as a whole, a number of conclusions have also been drawn with regard to specific service delivery elements. These are set out below.

Conclusion	Recommendation
<p>1. Data on alcohol consumption above recommended levels indicates that, contrary to the national trend, local rates are increasing. This suggests the need for more information to local residents on safe levels of drinking.</p>	<p>Recommendation 6: CDP partners should:</p> <p>(a) develop a strategic approach to alcohol prevention in the borough and (b) consider undertake an information campaign aimed at local communities that sets out safe levels of alcohol consumption and highlights local services.</p>
<p>2. Referring stakeholders report that people who they refer in to treatment often struggle to access an appropriate treatment offer. A higher proportions of service users had “unplanned exits” locally within the first 12 weeks compared to England, for both opiates and alcohol. Together these suggest that capacity issues are affecting the treatment service’s ability build appropriate relationship with new clients.</p>	<p>Recommendation 7: Referring teams should work with RESET to review protocols for new entrants into treatment, and identify ways to improve jointly managed handovers (between referring and treatment services) and ensure that clients are supported through referral, assessment and prescription.</p>

Conclusion		Recommendation
3.	There has been a long-term decline in the successful treatment rate among opiate users. This, along with the ageing nature of the opiate using cohort (and therefore a likely increase in their complexity) is a matter that should be explored to understand whether any changes can be made in the support offered to this group to improve treatment outcomes. Specifically this should address ongoing prescribing practice to understand whether current approaches align with national guidance and best practice.	<p>Recommendation 8: A review should be undertaken of RESET treatment OST practice to determine whether current practice aligns with national guidance and best practice.² The review should seek to determine whether current practice is in line with all aspects of national guidance and whether there are any areas that could be enhanced/improved.</p> <p>Recommendation 9: The CDP should explore what interventions are needed to address the needs of ageing opiate users and whether a specific offer is required for older, entrenched, long-term users.</p>
4.	17. The increase in deaths among opiate users, while possibly a product of chance, nonetheless warrants further scrutiny to ensure that the CDP and all parties fully understand whether there are any underlying factors that can be addressed to better protect service users.	<p>Recommendation 10: A multi-agency forum meets to review drug related deaths. Additional capacity should be allocated to the forum to enable a "deep-dive" to be conducted of deaths over the last year to enable full scrutiny of all circumstances relating to the deaths. Lessons learned from the deep dive should be shared with commissioners, RESET, other partners (as appropriate) and the CDP.</p>

2. See: www.gov.uk/government/news/phe-launches-opioid-treatment-quality-improvement-programme

Conclusion		Recommendation
5.	Of homeless people with support needs, the proportion with drug or alcohol need is higher in Tower Hamlets than elsewhere. This indicates a clear need to ensure that links and pathways are available for the homeless population to ensure that they can access treatment	Recommendation 11: The CDP should look into housing provision for those who use drugs and alcohol, and seek to ensure appropriate provision is in place.
6.	Professional interviewees suggested there appears to be a growing problem with Nox misuse among young people; which treatment services have not yet responded to. It is likely that Nox users would benefit from a brief intervention approach akin to the cannabis group that is about to be set up.	<p>Recommendation 12: The CDP should undertake a review to understand what intervention can be offered to NOx users, reviewing the evidence-base for what works with this client group.</p> <p>Recommendation 13: Following on from the review (above), and dependent on the evidence that emerges, CDP members should consider developing a pilot service for Nox users in the financial year 2023-24. This will require developing referral pathways from a range of other partners including (but not limited to) RESET outreach, DIP, Safe East and the hospital and community navigators.</p>
7.	A B12 Pathway has been developed at the Royal London hospital for Nox users but that this has not been integrated into the wider delivery landscape. Work should be undertaken to ensure that this pathway is fully integrated into the wider substance misuse treatment system.	Recommendation 14: The CDP should engage with stakeholders at the Royal London Hospital to understand the operation of the B12 Pathway and how its operation can be linked into the wider treatment system.
8.	The P-RESET service provides a valuable and important function but appears to be under-utilized reaching only 42% of those who would potentially benefit from the service. Work should be undertaken to understand how levels of engagement can be improved.	Recommendation 15: P-RESET should audit data on health checks to understand whether there are certain clients/characteristics of service users who are failing to utilize the health checks. As a result of the audit, where necessary, the offer should be amended to better engage service users.

Conclusion	Recommendation
<p>9. There is a working protocol between ELFT and RESET which provides clarity on how clients with co-morbid substance misuse and mental health issues should be managed. However specific groups of clients do not appear to be well served and some stakeholders suggested that there is at times an expectation (contrary to national guidance) that alcohol users are abstinent before they can be supported for mental health needs.</p>	<p>Recommendation 16: ELFT and RESET should revise the current protocol regarding working with clients with a dual diagnosis to better reflect national guidance. We understand that a refresh is due in March 2023 so this should be used as an opportunity to align practice with national guidance.</p>
<p>10. Prescriptions data suggest that Tower Hamlets has among the highest rates of opioid prescriptions across North East London. While this is a different issue to the use of illicit drugs, it warrants further investigation.</p>	<p>Recommendation 17: CDP should work with NEL ICS Medicines Management team to understand the reasons for high opioid prescription and explore initiatives manage this.</p>

Ongoing insight and analysis about substance misuse

Finally, it is important to note that the process of gathering insight around substance misuse is an ongoing process. This Needs Assessment has gathered our knowledge of the picture across the system at the current moment in time. It has identified areas which would warrant further investigation, to inform future action.

Recommendation 18: An ongoing programme of insight work should look into particular areas as highlighted in this report. Immediate priorities include:

18a) Analysis to support the 'system mapping' (Recommendation 1 above). This should include whole-system mapping of demand, capacity and flows – referrals into, and exits from, the range of services across treatment, outreach, CJS etc. If possible this analysis should look at handovers and where people “drop out”.

18b) Additional analysis focusing on those who exit treatment within 12 weeks. This should look at the demographic, substance use, and contextual characteristics of the cohort; it should also investigate which pathways they have come through, to identify areas for improvement.

18c) A deep-dive to understand those who remain in treatment for a long time over 5 years: to understand the characteristics of this cohort, and what personal, service and wider factors determine the likelihood of remaining in treatment.

18d) Analytical support to recommendation 10 above – to conduct a “deep-dive” to be conducted of deaths over the last year; to identify lessons learned and enable full scrutiny of all circumstances relating to the deaths.

