TOWER HAMLETS

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NHS
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TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015

TECHNICAL DOCUMENT

Tower Hamlets Partnership

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TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015

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EXECUTIVE SUMMARY

1

Key objectives

Drawing on the local epidemiology, gap analysis, evidence of what works and previous experience and history in Tower Hamlets of tackling alcohol related harm, and to contribute to longer term population health benefits, we aim to achieve the following within the three year time frame of this document:

- To reduce the chronic (long term) and acute (immediate) ill health caused by alcohol, alcohol related accidents and hospital admissions
- To reduce alcohol related violence, crime, anti social behaviour and related domestic violence
- To reduce the percentage of people who perceive alcohol related anti social behaviour to be a problem in their area
- To improve the management and planning of the night time economy
- To reduce the level of alcohol related harm to children and young people
- To strengthen the cross partnership work with a designated high level champion in partner agencies who will help achieve the strategic vision

Priorities

The priorities for achieving these objectives are outlined below against the three pillars of the Substance Misuse Strategy: Prevention and behaviour change, treatment and enforcement and regulation. Additionally it is important to ensure that alcohol is prioritised within the wider substance misuse agenda.

Prevention and Behaviour Change

- We will ensure identification and brief advice (IBA) for alcohol related harm is routinely undertaken on adult patients and clients across key frontline services e.g. probation, health and the police. We should explore the potential for this to be expanded to paediatric and youth services.
- We will develop a multi agency communications plan for adults and young people with a focus on harm reduction, safe drinking levels[1] and targeting communities with high levels of alcohol related harm
- We will ensure that young people have access to reliable alcohol education and support schools to develop effective policies through a "whole schools approach" to alcohol[2]
- There is a high prevalence of substance misuse and dual diagnosis amongst hostel users and ex offenders. There is therefore a significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

[1] The Chief Medical Officer for England recommends that children should have an alcohol free childhood and should not consume alcohol before the age of 15 years. If young people aged 15 to 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment. http://www.dh.gov.uk/health/category/publications/

[2] The whole schools approach includes: 'a supportive school climate, environment and culture created and owned by pupils, parents, carers, governors, teachers, school staff and community organisations. Whole school policies and practice developed in line with legal requirements and non-statutory guidance and which complement the aims of the drug programme' – see Department of Health and NICE for nationally recognised definitions.

Treatment

- We will increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services ensuring that access to our services is equitable for all of our local communities. Integral to this process will be the role of our redesigned treatment system
- We will strengthen our approach, to actively encourage difficult to engage people, such as street drinkers and offenders, into treatment and support through effective interagency work
- Ensure family based interventions are integral to treatment provision
- We will strengthen our commitment to reduce domestic violence and place safeguarding at the heart of our work to identify and address substance misuse in the family
- Carers and family members of those affected by substance misuse can often become isolated and feel stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers. We will review existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, a strong interface with more specialist support and treatment services, information sharing and workforce development
- We will ensure that there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and for the more vulnerable young people this will include locally delivered multi-agency packages of care with the aim of preventing escalation

Enforcement and Regulation

- We will implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour
- We will create an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing and promotion of the available treatment services
- We will improve the management and planning of the night time economy through strengthening the role of local residents in regulating the environments where alcohol can be obtained through utilisation of licensing, planning and other regulatory powers

How we will measure our success

We will measure our success against our commitments above and in the Substance Misuse Strategy Summary document by publishing our performance against the following indicators:

- We will reduce the ill health caused by alcohol, alcohol related accidents and hospital admissions
- We will tackle alcohol related violence, crime, antisocial behaviour and related domestic violence
- We will reduce the impact of alcohol related antisocial behaviour as measured by the perception of our local communities
- We will reduce the level of alcohol related harm to children and young people

INTRODUCTION

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This is the first chapter of the supporting technical strategy document, aimed at an audience involved and interested in progressing action to address alcohol misuse. The complete strategy technical document consists of two chapters. This first focussing on alcohol and the second on drug misuse. A shorter, more accessible summary document is also available for the public, service users and carers, and those who require an overview of key points. The summary covers the two chapters of the Substance Misuse Strategy, both drugs and alcohol, together in one document.

Whether it has been in relation to reported increased sales, the relationship to crime and disorder, binge drinking and its effect on young people or the health hazards attached to excessive consumption, alcohol has seized both national and local headlines for a variety of different reasons.

The impact of alcohol cannot be denied; it has grown to be a key component of the leisure industry and in many cases an underlying contributor to increased economic wealth in providing employment to many of our communities.

The last decade has heralded significant advances in alcohol policy and legislation. The Licensing Act 2003[3] brought about important changes to the rules surrounding the sale of alcohol across the country together with enforcement procedures relating to the management of licensed premises. Changes to the opportunities for treatment for those affected by excessive alcohol consumption were detailed in the NHS document Models of Care for Alcohol Misuse (2006)[4].

This Tower Hamlets Substance Misuse Strategy – alcohol section, has not been created to prohibit the consumption of alcohol, but seeks to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

The aim of this document is to reduce alcohol-related problems to improve the quality of life for both Tower Hamlets residents and visitors. This document sets out our priorities for addressing alcohol misuse and how we intend to coordinate and deliver them.

The Tower Hamlets Substance Misuse Strategy supports the Government's National Alcohol Harm Reduction Strategy for England (2005)[5] and the publication Safe, Sensible, Social - The next steps in the National Alcohol Strategy (2007)[6]. It identifies key areas of activity to be prioritised by two of our key partnerships, Healthy Communities and Safe and Cohesive, as well as our Health and Wellbeing Board over the next three years. For Tower Hamlets to deal effectively with the many issues brought about by alcohol, we must harness all the energies of our partner agencies and work together to deliver an effective and resilient response whilst providing reassurance to our communities that Tower Hamlets has a safe and thriving environment in which to work, visit and invest.

[3] The 2003 Licensing Act: Alcohol use and Anti Social Behaviour in England and Wales – Loveday B (2005)
[4] Models of Care for Alcohol Misuse' NHS/NTA (2006)
[5] Alcohol Harm Reduction Strategy for England' Prime Ministers Strategy Unit – (2004)
[6] Safe. Sensible. Social. The next steps in the National Alcohol Strategy – (2007)

THE NEED FOR A STRATEGIC RESPONSE TO ALCOHOL IN TOWER HAMLETS

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Although alcohol has formed part of British culture for centuries and is used sensibly by most, its misuse has become part of a worsening public health problem in the UK with far reaching consequences affecting the individual, family and wider society.

Tower Hamlets is an area of high deprivation with households on low income both of which are associated with a greater level of harm resulting from alcohol misuse[7,8]. Historically the political focus has tended to be on illegal drug use and treatment with much higher levels of resources deployed in this area. In 2004, the Department of Health established that an average of £197 was spent on each dependent drinker, compared to £1,744 for each dependent drug user. Yet, while alcohol dependence affects 4% of the population, and alcohol misuse considerably more, problem drug use rates are closer to 0.5%[9]. More recently it has become widely accepted that alcohol misuse leads to greater harm in terms of cost to both the individual and society[10].

Alcohol intoxication is associated with almost half of assaults and more than a quarter of domestic violence incidents. The latest National data suggested that, in 2009/10 nearly half of all violent crime was alcohol related crime and anti-social behaviour. Regular heavy drinking is leading to a rapid rise in liver disease, which is now the fifth biggest cause of death in England and twice as high as ten years ago. Alcohol misuse causes breast and mouth cancer, reduces fertility, damages unborn babies, leads to miscarriages and affects cardiovascular health. This leads to overuse of health services with associated costs. Problem drinkers GP attendance rate is double compared to other patients[11]. Approximately 15% of hospital admissions are alcohol related[12] and 1 in 5 general hospital beds are occupied by a patient with an alcohol-related issue[13].

In June 2007, the Department of Health and the Home Office jointly launched an updated alcohol strategy 'Safe, Sensible, Social: the next steps in the National Alcohol Strategy' with a clear vision to "minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly".

The Strategy emphasised that efforts needed to focus on the significant minority of drinkers who experience, and are responsible for, most of the crime, health and social harm associated with

7 Healthy lives, healthy people: our strategy for public health in England. Department of Health 2010
8 Dr. Ian Basnett Joint Director of Public Health NHS Tower Hamlets London Borough of Tower Hamlets Health Inequalities:
A response to the Comprehensive Area Assessment report and the national Strategic Review of Health Inequalities
9 http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15109.htm#note121 accessed 3/1/2011
10 Nutt DJ, King LA, Phillips LD, on behalf of the Independent Scientific Committee on Drugs (2010) Drug harms in the UK: a multicriteria decision analysis. The Lancet, Volume 376, Issue 9752, Pages 1558 1565
11 Deehan, A et al. Low detection rates, negative attitudes and the failure to meet "Health of the Nation" targets. Drug and Alcohol Review 1988; 17
12 Pirmohmed M et al. Alcohol abuse and the burden on the NHS. Quarterly Journal of Medicine 2000
13 Mullally S. Alcohol – A nursing issue: A message from the Chief Nursing Officer. Alcoholism 2000

alcohol misuse. Local research[14] suggests that this focus should be on 16-34 year olds who drink alcohol, many of whom are drinking more than they used to only a few years ago; the binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy; and harmful drinkers, whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others[15].

To continue to reverse the local trend in hazardous and harmful drinking is a major challenge which will require high level strategic support, accountability and long term commitment from all member organisations of Tower Hamlets Partnership including, of most importance, the alcohol industry itself. While the cost of alcohol misuse is huge with at least £6billion wasted every year[16] treatment can be cost effective – for every one pound spent on treatment, five are saved elsewhere[17] demonstrating the value in timely intervention and continued investment in effective treatment.

It should be acknowledged however that such changes take time to implement and in countries that have succeeded in reducing the harm caused by alcohol, it has taken 10 years or more for reductions in consumption to lead to lower levels of alcohol associated disease or ill-health.

This document builds on the 2007 strategy and has been compiled following an extensive review of the 2007 strategy involving surveys, qualitative interviews with key stakeholders, focus groups with members of the public and stakeholder events, reflection of local needs and a review of best practice in alcohol harm reduction. The Substance Misuse Strategy's (alcohol chapter) priorities are contained within three pillars:

- Prevention and Behaviour Change
- Treatment
- Enforcement and Regulation

[14] NHS Tower Hamlets, social marketing project: 'Young People's attitudes and reasons for street drinking, 2009
[15] Tower Hamlets Adults Health & Lifestyles Survey, 2009
[16] 150 years of the Annual Report of the Chief Medical Officer: On the state of public health 2008 Copyright holder: Crown
[17] Review of the Effectiveness of the Treatment for Alcohol Problems (NTA, 2006)

WHAT DO WE KNOW ABOUT THE USE OF ALCOHOL LOCALLY AND WHERE ARE THE GAPS IN OUR KNOWLEDGE?

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Local data paints an interesting picture of alcohol related harm to health, quality of life and community in Tower Hamlets. The following key 'high level' points illustrate the need for a focused local strategy[18]:

Understanding local patterns of alcohol consumption behaviour

- Although rates of alcohol consumption[19] are relatively low in Tower Hamlets due to a large abstinent population, high risk drinking amongst the population who do drink is common
- 43% of people who drink in Tower Hamlets have harmful or hazardous drinking patterns[20]
- 3 in 10 of Tower Hamlets children have ever had an alcoholic drink compared to 7 in 10 nationally (reflecting the large Muslim population in the borough). Young consumers of alcohol are less likely than non-users to rate advice given in schools as helpful[21]

Understanding the alcohol treatment profile

- Despite the relatively low prevalence locally of alcohol use, a rate of 1,841 per 100,000 alcohol related hospital admissions were seen in 2009/10 (our most recently available data) compared to a rate of 1,684 in London and 1,743 in England during the same time period
- 602 adult clients were seen in structured alcohol treatment services in 2010/11
- 117 young people with substance misuse related issues were treated in 2010/11, 54% of whom were receiving treatment for alcohol misuse

Enforcement and regulation activity

- 309 test purchase operations were conducted in 2010/11
- In 2010/11, 14 licensing reviews triggered by Trading Standards resulted in a range of assertive actions including revocation of licences, suspensions and extra conditions added to existing licences. Other actions included the temporary closure of premises, written warnings issued as well as serving of fixed penalty notices. Repeated concerns with specific premises resulted in prosecution e.g. in one instance for repeated sales to underage drinkers

[18] Please refer to appendix 1 for additional epidemiological, need and service level data
[19] Government guidelines suggest that women should not regularly consume more than 3 units[19] per day and that men should not regularly exceed more than 4 units per day because of the progressive health risks associated with this. Drinking above sensible drinking levels, particularly when this is done over an extended period of time, causes risks to health.
[20] Dr Ian Basnett, NHS Tower Hamlets: Annual Report of the Joint Director of Public Health 2009 2010
[21] Taken from results to Tellus 4 survey Tower Hamlets (2010) Department for Children, Schools and Families HM Government

- During 2010/11, 1356 brief interventions were provided by the Drug and Alcohol Outreach team in close collaboration with the Tower Hamlets Enforcement Officers (THEOs) and Joint Enforcement Team (JET)

Gaps in our knowledge

While a considerable volume of data is used to inform our work from a range of different sources, we are aware of gaps in the information available to us. Such gaps include:

- Data capturing deaths due to alcohol (directly and indirectly attributable to alcohol consumption)
- Alcohol related Accident and Emergency department attendances
- Prevalence of poly-drug users (alcohol and drugs) both in the borough and accessing frontline services

OUR RESPONSE: AIM, OBJECTIVES AND PRIORITIES

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5.1 Our aim

To reduce the harm to health, violence and anti-social behaviour associated with alcohol while ensuring that people are able to enjoy alcohol safely and responsibly.

5.2 Our objectives

Drawing on the local epidemiology, gap analysis, evidence of what works and previous experience and history in Tower Hamlets of tackling alcohol related harm, and to contribute to longer term population health benefits, we aim to achieve the following within the three year time frame of this strategy:

- To reduce the chronic and acute ill health caused by alcohol, alcohol related accidents and hospital admissions
- To tackle alcohol related violence, crime, anti social behaviour and related domestic violence
- To reduce the percentage of people who perceive alcohol related anti social behaviour to be a problem in their area
- To improve the management and planning of the night time economy
- To reduce the level of alcohol related harm to children and young people
- To strengthen the cross partnership work with a designated high level champion in partner agencies who will help achieve the strategic vision

5.3 Our priorities

The priorities for achieving these objectives are outlined below against the three pillars of the Substance Misuse strategy (alcohol chapter): Prevention and Behaviour Change, Treatment and Enforcement and Regulation. Additionally it is important to ensure that alcohol is prioritised within the wider substance misuse agenda.

Prevention and Behaviour Change

- Ensure Identification and brief advice (IBA) for alcohol related harm is undertaken on all adult patients and clients across frontline services
- Develop a multi agency communications plan for adults and young people with a focus on harm reduction, safe drinking levels[22] and targeting communities with high levels of alcohol related harm
- Enable young people to receive trustworthy alcohol education and support schools to develop effective policies through a whole schools approach to alcohol.
- There is a high prevalence of both substance issue and dual diagnosis in the borough particularly among hostel residents and ex offenders. There is a

[22] The Chief Medical Officer for England recommends that children should have an alcohol free childhood and should not consume alcohol before the age of 15 years. If young people aged 15 to 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment. http://www.dh.gov.uk/health/category/publications

significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

Treatment

- Increase access and uptake and improve outcomes from services across primary care, secondary care and specialist service. Integral to this will be the role of our redesigned treatment system
- Strengthen the multi agency approach, to actively encourage difficult to engage clients into treatment e.g. street drinkers, offenders, some members of migrant communities
- Ensure equality of access and outcomes for all service provision and undertake monitoring to demonstrate this across the nine protected characteristics
- Ensure family based interventions are integral to treatment provision
- Alcohol, drug misuse and domestic violence are strongly linked. The Partnership is committed to reduce domestic violence and places safeguarding at the heart of its work to identify and address substance misuse in the family
- Carers and family members of substance misusers can often feel isolated and become stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers. We will review existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs
- We will ensure that there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and for the more vulnerable young people this will include locally delivered multi-agency packages of care with the aim of preventing escalation
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic frontline youth services. The new model will require clearer care pathways, a strong interface with specialist support and treatment services, information sharing and workforce development

Enforcement and Regulation

- Implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour and, through information sharing, joint tasking and better joined up working across agencies, further reduce alcohol related anti- social behaviour
- Create an environment where anybody under the legal drinking age is prohibited from obtaining alcohol
- Work with licenced premises to ensure responsible alcohol sales, enforce any minimum alcohol pricing and promote the availability of treatment services
- Ensure local residents have a central role in regulating the environments where alcohol can be obtained through enhanced utilisation of licensing, planning and other regulatory powers

CURRENT RESPONSES IN TACKLING LOCAL ALCOHOL RELATED HARM AND CHALLENGES ENCOUNTERED

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Since the preceding Alcohol Harm Reduction Strategy in 2007, significant progress has been made locally and nationally in highlighting the harm that excessive alcohol consumption has both on the individual and community at large but it is important to acknowledge that challenges remain and these should be prioritised for action over the next 3 years[23].

6.1 Prevention and Behaviour Change

Current responses:

- Supported national campaigns with locally developed community appropriate resources
- Undertook the Health & Lifestyle Survey to obtain robust estimates of alcohol consumption patterns within Tower Hamlets
- Supported our young people to receive relevant and effective alcohol and drugs education advocating a whole schools approach to alcohol through the appointment of a dedicated alcohol education adviser and delivery of pilot alcohol peer education programmes in Local Authority Partnerships (LAPs) 2 & 7
- Used social marketing techniques aimed at
    - Young people: understanding street drinking and drinking in public spaces
    - Older people: understanding hazardous and harmful drinking in over 65 year olds
    - Improving systematic delivery of brief interventions in A&E
- Invested in a Tower Hamlets Drug and Alcohol Outreach Team which, working closely with Tower Hamlets Enforcement Officers (THEOs) provides targeted street based brief interventions to adult street drinkers and others involved in street based activity and supports vulnerable adults to enter formal treatment and other services where appropriate
- Commissioned the delivery of systematic 'identification'[24] and brief advice[25] [26] (IBA) for alcohol in the following settings;
    - Primary Care (GP Surgeries)
    - A&E and acute hospital trust – dedicated alcohol nurse specialists (ANS)

Challenges remaining:

- Alcohol is more readily available with longer opening hours of licensed venues, supply at ever cheaper prices

[23] Current responses and those recommended for future focus have emerged from evidence of best practice the details of which are provided in Appendix 4. Additional detail of current work and identified gaps can be found in Appendix 5 (briefing paper)

[24] Screening for alcohol is undertaken using a short series of questions, Audit C, and this enables an assessment and PAT of whether an individual is consuming alcohol at levels harmful to their health/

[25] Brief interventions vary in their content but often contain information about the health impact of continuing to drink above recommended limits and information on how to cut down on alcohol consumption. For a more detailed description of the types of BI and their application see: http://www.alcohollearningcentre.org.uk/_library/Clarifying_Brief_Interventions.pdf

[26] Screening and Identification and brief advice (IBA) for alcohol are recognised to be particularly effective in individuals who consume alcohol at levels potentially harmful or hazardous to health but are unlikely to be aware of potential harm or seek help to reduce their consumption.

and promotion using powerful, well resourced national media campaigns alongside products designed to appeal to younger taste preferences

- Reductions in national and local funding will impact on the extent and nature of future alcohol behaviour campaigns

- Young people's reported rates of satisfaction with the provision of alcohol education in schools remains lower than both the London and national averages. The challenge remains in embedding alcohol education throughout the school curriculum, with teachers feeling confident to detect and refer appropriately pupils with alcohol issues, in a climate of financial austerity and reduced leverage to ensure alcohol remains a school priority

- The protective factors of a first and second generation large Muslim population are being modified through a process of acculturalisation with a small number of young males and females of Bangladeshi ethnic origin binge drinking at levels far in excess of safe limits. Alcohol misuse, in the form of 'binge drinking', remains prevalent among young people with no sign of abating

- Alcohol, drug misuse and domestic violence are strongly linked. The Partnership is committed to reduce domestic violence by supporting those affected through provision of services that identity and address substance misuse in the family

- Older people are most commonly admitted to hospital for alcohol related harm but A&E attendances are not uncommon among young women. Local evidence suggests that these two groups require targeted work to effect cultural change to safer levels of alcohol consumption

- Local businesses require support to develop and implement alcohol policies to support employees with problematic consumption patterns and for employers to access training and advice

- There is a high prevalence of both substance misuse and dual diagnosis amongst hostel users and ex-offenders. There is a significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

6.2 Treatment

Current responses:

- Both the young people and adult community alcohol teams have been re-commissioned which has increased the availability of services[27]

- The Local Enhanced Service in Primary Care has greatly increased the number of alcohol screens undertaken, but has not yet resulted in many structured interventions in primary care settings, though over 100 members of staff have been trained

- Identification and Brief Advice (IBA) training has been delivered within hostels and drug treatment services and an arrest referral scheme is in operation to screen, provide brief interventions and refer offenders voluntarily into alcohol treatment services

[27] Commissioning of treatment services has been in line with the Department of Health's Models of Care for Alcohol Misuse (MoCam), implemented in Tower Hamlets, which provides a stepped care approach across four tiers with an escalating level of intervention depending upon the severity of alcohol related harm

- In A&E and the rest of the acute hospital trust the ANS (alcohol nurse specialist) has embedded a standardised screening tool to improve identification and referral to brief interventions, trained clinical staff, developed protocols to manage alcohol withdrawal; created pathways into specialist treatment, created a hospital strategy group and raised the index of suspicion for admissions for conditions not obviously related to alcohol

- Drug and alcohol outreach workers work across the borough to engage with street drinkers and refer them into treatment as well as help them to find and maintain adequate accommodation

- Probation services' dedicated alcohol worker works with probation clients experiencing problems with alcohol, particularly those subject to an Alcohol Treatment Requirement (ATR)

- Treatment services for adults and young people requiring structured treatment include: Tower Hamlets Community Alcohol Team, Lifeline Young People's Service, CAMHS (child and adolescent mental health services) Children's Specialist Substance Misuse Service (CSSS), Island Day Programme and inpatient detoxification and residential rehabilitation programmes purchased on an individual basis. In addition a specialist midwife service operates from the Royal London Hospital and delivers specialist care for pregnant drug and alcohol users and their babies in conjunction with the Specialist Addiction Unit, children's services and other key professionals

Challenges remaining:

- In order to address the challenges identified, there will be a redesign of treatment services in the borough which will inform commissioning decisions. The redesign will consider the evidence base and local needs for different forms of alcohol and drug treatment and NICE/NTA guidance, as well as considering the skill-sets of the workforce. The redesign will take into account value for money and the need to simplify access arrangements, strengthen the importance of user involvement and will also focus on treatment outcomes ensuring equitable outcomes across the nine protected characteristics. The redesign will be delivered during 2011/12 and will inform the commissioning

- Treatment services have focused on dependent drinkers as they are easier to identify, suffer the most harm and are most likely to be referred. The future success of services in reducing harm to both individuals and society lies in the earlier identification of the full breadth of alcohol related harm by a range of service providers

- Greater focus of community detoxification towards the most appropriate clients is needed to increase the likelihood of a positive outcome

- [28]Notwithstanding the widespread commitment from practices to deliver

[28] The new face of local health service commissioning, Tower Hamlets GP commissioning consortia, face challenging decisions to identify local population level health related priorities, strike a balance between appropriate investment in prevention and treatment, forecast future provision, utilisation and effective configuration of cost effective services; all in the face of substantial competing priorities. If primary care is to focus its quality improvement and individual patient care efforts on those conditions or issues that have the greatest effects on health and are the most cost effective, it is important to ensure that GPs have evidence based information about effective preventive alcohol reduction services, brief interventions and their delivery to ensure that the profile of alcohol related harm is maintained, and to continue to emphasise the critical role of primary care providers in achieving sustained changes in alcohol consumption behaviour. Primary care providers are ideally placed to deliver alcohol harm reduction brief initiatives due to their ability to deliver interventions opportunistically, their unique contact with a large proportion of the community, the low threshold of access to primary care and the emphasis on holistic health which enables them to readily identify the links between problematic alcohol consumption or risk of this, and other related conditions.

brief interventions, this has not resulted in unequivocal delivery of the alcohol local enhanced service or of uptake of interventions by all eligible candidates. Understanding is needed of the reasons why such interventions are not being delivered and of the kind of support required by GPs to expand the delivery of brief interventions

- A strategy for the widespread, routine and enduring implementation of Identification and brief advice (IBA) is recommended. A programme of support and care that integrates the full range of healthy lifestyles interventions including alcohol would be most palatable for service users, cost effective and a more efficient use of providers' expertise and time[29]

- IBA as an evidence based approach to tackle hazardous and harmful drinking among adults has been used to great effect across a range of Tower Hamlets settings including primary care and A&E. We should explore the potential for this to be expanded to paediatric and youth services as well as other frontline services e.g. police

- Greater consideration is needed of how to better address the needs and challenges of the most severely dependant drinkers with highly complex needs who may be resilient to, or inappropriate for, alcohol treatment interventions e.g. dual diagnosis clients

- Efforts need to remain focused on hazardous and harmful drinkers presenting to the A&E department not just those dependent or admitted patients

- An innovative and robust approach is needed to aftercare and relapse prevention to address the issue of repeat admissions to hospital and repeat A&E attendances

- The goal of all treatment, for drugs or alcohol, is to enable people to overcome dependence and achieve sustainable recovery. While the notion of 'recovery' is typically applied to drug misuse, the concept can be applied to alcohol addiction also. 'Recovery' suggests that beyond tackling the symptoms and causes of dependence, it is also about enabling people to successfully reintegrate into their communities and play an integral part within them. Central to this are the roles of education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services

- To ensure that services meet the needs of all users and carers requires their continued involvement in shaping services at a strategic and operational level

- Street drinkers continue to generate considerable numbers of low level public disorder offences. A joint approach using enforcement officers alongside outreach workers has had some success and consideration is needed as to how such initiatives could continue and retain the appropriate focus on alcohol after March 2012. when funding of the outreach team will be reduced

[29] Healthy Living Pharmacies, Portsmouth
Healthy Living Pharmacies (HLPs) have to demonstrate consistent, high quality delivery of a range of services such as stopping smoking, weight management, advice on alcohol and reviews of the use of their medicines in order to achieve HLP status. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals. www.portsmouth.nhs.uk/Services/Guide to services/resources for professionals.htm

- In order to continue to provide high quality treatment services for young people with a reduced financial envelope, a new treatment model is being implemented acknowledging the need to devolve responsibility for lower level and threshold services to generic front line youth services

- Given the challenges of funding availability in the current fiscal climate there is a need and a challenge to use existing resources even more effectively which may translate to improved Partnership working across multiple agencies to achieve better outcomes for families

- Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser

- We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs. Carers and family members of substance misusers can often be isolated and stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers

- We know that some services e.g. probation and the police, regularly come into contact with clients who have drug or alcohol issues and who are not currently seeking treatment. We will roll out delivery of training and resources to support the adoption of IBA in key frontline services e.g. probation, police and social services

- Challenges remain in maintaining high standards and compliance with nationally recommended standards for drug and alcohol workers. There are continued health improvement investments to be made in increasing capacity and brief interventions training for staff across all agencies including those in partner agencies across the statutory and voluntary sector

6.3 Enforcement and Regulation

Current responses:

- A Joint Deployment Group brings together front-line services to understand and identify hotspots and emerging trends in alcohol related antisocial behaviour and crime. Decisions are then taken to deploy appropriate resources in response to such issues

- The THEOs (Tower Hamlets Enforcement Officers) are a uniformed civil enforcement team whose primary role is to deal with low level anti-social behaviour and environmental concerns with powers delegated by the Metropolitan Police service under the Community safety Accreditation Scheme e.g. to require a person's name and address for engaging in anti-social behaviour, seize alcohol from a person drinking within a drinking control zone and deal with underage drinkers

- The drug and alcohol outreach team work closely with enforcement

officers to ensure that those who refuse support and engage in anti-social behaviour are identified and monitored

- Police officers support the Safer Neighbourhood Teams (SNT) across the borough in dealing with alcohol related anti-social behaviour and response to incidents outside licensed premises

- The council's domestic violence team co-ordinates a programme of work across the Partnership in preventing domestic violence, a significant proportion of which is alcohol related; protecting and supporting victims and bringing perpetrators to justice

- Hostel accommodation within the borough means that many homeless people are attracted to the area either as residents or visitors. The community safety care plan service identifies individuals coming to the attention of enforcement agencies. Attempts are made to support them into treatment by the outreach team. Where they refuse to engage, a more robust enforcement approach is adopted

- Regulation of alcohol sales takes place within the national framework set by the Licensing Act. Local implementation is undertaken by the Licensing Sub Committee of LBTH which decides upon new applications, amendments and, where necessary, removal or restrictions

- Local trading standards undertake alcohol underage test purchases on licensed premises. Encouragingly whilst the number of tests has increased the number of successful underage purchases has decreased. The full range of licensing powers are utilised with temporary restrictions on licenses and revocation being used for persistent breaches of license conditions

- Joint work is undertaken between Tower Hamlets Trading Standards and HMRC (Her Majesty's Revenue & Customs) to reduce the availability of counterfeit or illegally imported alcohol products

Challenges remaining:

- A borough-wide drinking control zone is being implemented in Tower Hamlets. Such a zone will ensure that the police and council enforcement officers are empowered to respond to issues as they arise including growth of the night-time economy, alcohol related anti-social behaviour and street drinking

- Growth in visitor numbers to Brick Lane and Canary Wharf has encouraged a significant number of new licensed premises to open up in and around the Brick Lane centre. The demand placed on services to manage and respond to the associated issues will increase and the effective management and enforcement of licensed premises will become increasingly important to mitigate the impact on the community and support responsible drinking behaviour

- The further development of Alcohol Arrest Referral (AAR) schemes is needed coupled with provision for Alcohol Treatment Requirements (ATR) to support the work to manage those who pose the greatest risk to the community as a result of their alcohol problems

- Coordination of community safety should continue to develop particularly Partnership work to tackle

street drinking in vulnerable localities and development of plans to deliver appropriate treatment services, interventions and enforcement in those areas e.g. more frequent Action Weeks targeting alcohol anti-social behaviour and expanded off-licence checks regarding underage sales in hotspot areas and problem premises

- There has been significant success in regulation and enforcement of tobacco through a formal alliance with joint working and shared resources between the NHS and council, and this may prove to be an exemplar for closer links with and application to the alcohol harm reduction context

UNDERPINNING THE FOUNDATIONS

7

Use of data, intelligence and surveillance

In order to accurately assess the needs of the population in Tower Hamlets in relation to all alcohol misuse, we need to improve our analysis of health surveillance information and data e.g. health issues such as local rates of hospital admissions, accident and emergency department attendances, primary care data. We also need to look more closely at our treatment outcomes data and benchmark this against regional performance so we can measure how effective our services are. Equity audits should be carried out in our treatment system and reported in our annual needs assessment.

Our analysis needs to be carried out in a structured and ongoing manner, which informs and cross references with the Joint Strategic Needs Assessment.

We need to ensure that the data, analysis and intelligence is prioritised by the Partnership and ensure that this underpins decisions on future provision and any review of DAAT structures.

Implementation, monitoring and review

The DAAT board will oversee the progress of the strategy and take reports from working groups that are responsible for implementing the respective action plans. Responsibility for developing and implementing the children and young people's substance misuse plan is with Tower Hamlets Children and Families Trust, representatives of which sit on the DAAT board.

There will be a comprehensive programme to review progress from the previous year, assessing developing needs and gaps and setting out how the DAAT partnership will meet its targets and objectives. We recognise and value the expertise and interest among partners in tackling substance misuse in Tower Hamlets. We intend to develop the Strategy's action plan in close collaboration with them through a time liited steering group.

We recognise and value the expertise and interest among partners in tackling substance misuse in Tower Hamlets. We intend to deliver the strategy's action plan in close collaboration with them through a time limited steering group.

APPENDIX 1: ADDITIONAL LOCAL EPIDEMIOLOGY AND SERVICE DATA

Prevention and Behaviour Change data:

(findings from the Tower Hamlets Health and Lifestyle Survey)

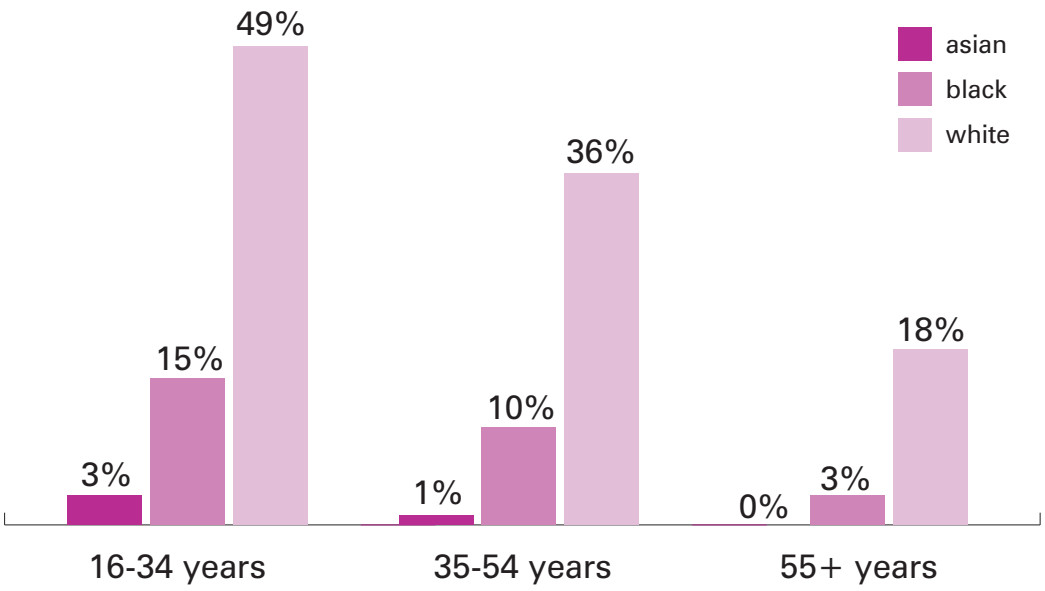
- Tower Hamlets has approximately 4,620 dependent drinkers
- 1 in 2 adults have not had an alcoholic drink in the past year but in the white population, 4 in 10 are classified as harmful[30] drinkers compared to 2 in 10 nationally[31]
- 43% of people who drink in Tower Hamlets have harmful or hazardous drinking patterns, though this varies across the borough from 38% in the north west (LAP 6) and south east (LAP 8) to 48% in the south west (LAP 4) and northernmost corner of the borough (LAP 5). Of the total population 21.7% have harmful or hazardous drinking patterns, and again this is particularly high in LAPs 4 and 5, where 27.5% and 26.1% of the population have harmful or hazardous drinking patterns[32]
- Alcohol use has an inverse social gradient, being more common amongst educated and employed residents and those who live in private sector homes
- Younger residents are more likely to drink than older residents. Younger drinkers are more likely to drink in a harmful or hazardous way than older residents
- Men are more likely to drink than women (54% vs. 45%) and are more likely to drink at hazardous or harmful levels (24% vs. 19%)
- Migrants (defined as respondents who had changed address in the previous year) are significantly more likely to be drinkers than non migrants (68% vs. 46%) and to have patterns of 'risky drinking' (35% vs. 19%). This remains the case when the analysis is restricted to the white population. 51% of migrants drank at hazardous or harmful levels compared to 34% of non-migrants. The highest levels are seen in migrants of white ethnicity from outside the borough but within the UK (60%)
- Hazardous and harmful drinking is more common amongst people who are employed than those who are unemployed (30% and 9%

[30] An 'alcohol problem' is based on the level and pattern of alcohol consumption — categorized into hazardous drinking, harmful drinking, and alcohol dependence. This is based on the World Health Organization (WHO) International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10), categorization of alcohol use disorders. Hazardous drinking is drinking above safer drinking limits. However, the person has so far avoided significant alcohol-related problems. Binge drinking is defined as drinking over twice the recommended units of alcohol per day in one session. This is considered more than 8 units for men or more than 6 units for women. Harmful drinking is drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol related problems. These people may show a mild level of dependence (even if it is only an importance of alcohol in their lifestyle). Alcohol dependence is defined in ICD 10 as a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours.

[31] Dr Ian Basnett, NHS Tower Hamlets: Annual Report of the Joint Director of Public Health 2009 2010

[32] Tower Hamlets Ipsos Mori Health and Lifestyle Survey, 2010

Figure A: Prevalence of harmful/hazardous drinking by age and ethnic group



Source: NHS Tower Hamlets Health and Lifestyle Survey 2008/09

respectively), and amongst those who are educated (GCSEs or above) compared to those who have no qualifications (27% and 9% respectively amongst all residents, and 44% and 19% in the white population)

Treatment data

- In 2010/11 among offenders in contact with the Criminal Justice System who had an assessment completed; 49% had an alcohol problem[33]

- In 2010/11: a total of 1356 interventions were provided by the Drug and Alcohol Outreach team to individuals who were misusing substances or were involved with street lifestyles. These interventions offered general harm reduction advice and information or signposting into other services

- Latest available data from 2009/10 suggests that: 13,814 adult patients were screened for alcohol problems in GP surgeries; 130 adult individuals completed community detoxification and 83 clients accessed inpatient detoxification / residential rehabilitation services for alcohol problems

- 117 young people with substance misuse related issues were treated in 2010/11, 54% of whom were receiving treatment for alcohol misuse. The average age of a young person in treatment was seventeen and 66% of those in treatment were male

[33] Offenders are deemed to have an Alcohol misuse problem if flagged as linked to offending behaviour

Enforcement and licensing data

- During 2010/11, there were 309 visits to Licensed premises. Consequently, 14 Licensing reviews were triggered by Trading Standards resulting in 1 revocation, 2 suspensions and the remainder had extra conditions added to the premises licence. In addition, I premises was closed for 48 hours for persistent under age sales, 11 written warnings were issued, 2 prosecutions are currently under way, 1 fixed penalty notice was served for under age sales, and 1 prosecution achieved against a business owner selling under age alcohol (acquitted at Thames Magistrates' Court)

- Domestic violence is a significant problem in Tower Hamlets, with the police dealing with an average of 11 incidents every day. Findings from a review of the British Crime Surveys revealed that 44% of domestic violence offenders were under the influence of alcohol when they committed acts of physical violence and there is some evidence to suggest that domestic violence can cause alcohol use in those on the receiving end of domestic violence or exacerbate existing use

APPENDIX 2: FROM THE EVIDENCE: WHAT INTERVENTIONS ARE LIKELY TO HAVE THE GREATEST IMPACT?

Evidence for Pillar 1: Prevention and Behaviour Change

The most recent alcohol related publication from NICE (National Institute for Health and Clinical Excellence) on prevention of harmful and hazardous drinking[34] provides authoritative recommendations, based on best available evidence of effectiveness, to aid prevention and early identification of alcohol-use disorders among adults and adolescents both at a population and at an individual level.

The guidance identifies how government policies on alcohol pricing, its availability and how it is marketed could be used to combat such harm.

Policy options which are most likely to be successful at combating alcohol related harm include imposing restrictions on price through the introduction of a minimum price per unit e.g. 50pence per unit as suggested by the latest guidance issued from the Chief Medical Officer; restricting availability by limiting the number, type and conditions under which outlets distribute alcohol and by limiting young people's exposure to alcohol advertising as this has a known association with increased susceptibility to consume alcohol. Changes in policy in these areas are likely to be more effective in reducing alcohol-related harm among the population as a whole than actions undertaken by local health professionals.

A summary of the most pertinent detailed recommendations for practice and application on an individual basis which support and reinforce the policy and cut across the three pillars of the Substance Misuse Strategy follow:

- Licensing
- Resources for identifying and helping people with alcohol-related problems
- Children and young people aged 10 to 15 years – assessing their ability to consent, judging their alcohol use, discussion and referral to specialist services
- Young people aged 16 and 17 years – identification, offering motivational support or referral to specialist services
- Adults – screening, brief advice, motivational support or referral

Identification and Brief Advice (IBA) are known to be effective in a range of settings including A&E, specialist hospital services such as sexual health or maxillofacial services, criminal justice settings and primary care. The evidence indicates that for every 8 people who receive simple alcohol advice, one will reduce their drinking to within lower risk levels. This compares favourably with smoking where only 1 in 20 will act on the advice given[35]. Best practice in treatment has many benefits. It has been identified

[34] Alcohol use disorders: preventing harmful drinking (2010) NICE

[35] Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment -seeking and non-treatment seeking populations, Addiction, 97, 279-292

that such treatment can save over £1000 per dependent drinker and decrease hospital bed days[36]. In the UK Alcohol Treatment Trial, 1 in 4 patients had positive outcomes with no further alcohol issues[37]. This lends strength to the case for expanding current provision of SBI.

Approximately 20% of patients presenting to primary care are likely to be hazardous drinkers, which means on average each GP will see 364 excessive drinkers a year[38]. Identification and Brief Advice (IBA) are therefore important options in primary care. Identification via screening is itself an effective prevention strategy[39]. It can help people think about their alcohol consumption and increase awareness about the possible risks and consequences of excessive drinking. Brief advice can reduce alcohol consumption by over 20%[40]. The use of Audit C as a screening tool (in addition to the regular and systematic recording of units of alcohol consumed) has been shown to be effective for streamlining patients and has been used in Tower Hamlets to great effect.

NICE guidance published in 2007[41] put forward a series of recommendations focused on encouraging children not to drink, delaying the age at which they start drinking and reducing the harm it can cause among those who do drink. Specific evidence based recommendations include:

- alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs

- a 'whole school' approach should be adopted, covering everything from policy development and the school environment to staff training and parents and pupils should be involved in developing and supporting this

- where appropriate, children and young people who are thought to be drinking harmful amounts should be offered one-to-one advice or should be referred to an external service

- schools should work with a range of local partners to support alcohol education in schools, ensure school interventions are integrated with community activities and to find ways to consult with families about initiatives to reduce alcohol use.

Evidence supporting social marketing exists in areas such as smoking, sexual behaviour and nutrition but direct evidence concerning alcohol is still emerging. The national alcohol social marketing strategy improves access to identification and brief advice through using marketing techniques to engage higher risk drinkers and 'nudge' them toward lower risk drinking behaviour.

Identification of high level champions to provide strategic leadership within partner organisations and a focus on collaborative action to reduce alcohol related harm is a high impact change strongly advocated by the Alcohol Learning Centre. While a will exists to move forward with this agenda and high level champions exist in some local agencies, this is not the case for all partner organisations. Clearly local

[36] UKATT Research Team (2005b). Cost effectiveness of treatment for alcohol problems: Findings of the UK Alcohol Treatment Trial. British Medical Journal, 331, 544 547.
[37] UKATT Research Team (2005a). Effectiveness of treatment for alcohol problems: Findings of the randomised UK Alcohol Treatment Trial (UKATT). British Medical Journal, 311, 541 544.
[38] Anderson, G. (1993) Management of alcohol problems: the role of the general practitioner. Alcohol & Alcoholism. Vol.
[39] Primary Care Alcohol Information Service Factsheet: Screening Tools for Healthcare Settings, Alcohol Concern re settings
[40] Freemantle et al. Brief interventions and alcohol use. Effective Health Care Bulletin 1993
[41] Interventions in schools to prevent and reduce alcohol use among children and young people. NICE (2007)

champions within the NHS, the acute hospital Trust, the mental health Trust, social services, Local Authority, elected members, Probation, the Police and others would have a function in galvanizing action resulting in organisational change. Champions can also help in building the case for local investment and potential savings to the NHS, the community and to the public purse. The recommendation is for every acute hospital to have a named Consultant as their 'Alcohol Lead' from whatever acute specialty is pragmatic for that hospital. This individual should have time allocated within their weekly job plan[42]. Beyond the acute hospital setting, the need exists also for a clinical champion who can influence and support positive change in the attitudes and skills of those within the full array of health settings to respond to the needs of those with alcohol related problems.

As a further example of an initiative which has proven capacity to influence positive change among community partners is the Community Trials Project[43] which lists a number of key elements in making progress on alcohol harm including such qualities as community leadership, making local alliances, working with local politics and making the case for and seeking additional resources.

Evidence for Pillar 2: Treatment

The Royal College of Physicians actively encourages specialist alcohol liaison nurses to be based in every acute NHS Trust to work with an alcohol lead to improve: medical management, bridges to the community services, education for hospital staff and targeted intervention in hospitals of high risk individuals and on the spot health promotion education. This strategy was used at the Royal Liverpool Hospital and over a year and a half prevented 258 admissions. The cost of the programme was approximately 10% of the costs saved overall[44]. Other strategies such as recruiting third sector workers to be based in the emergency department have also been employed successfully[45] and could be considered locally. A similar function, working across acute and primary care has been developed by Liverpool PCT, operating as a lifestyles team, and has received national acclaim[46]. The deployment of dedicated alcohol nurse specialists has been extremely successful in effectively diverting dependent and problem drinkers away from the acute hospital. The challenge now is in maintaining the work and raising the profile within the hospital of the need to focus on those drinkers whose attendance to the A&E department is not obviously alcohol related.

Models of care for alcohol misusers (MoCAM) describes a four tier system of stepped care for alcohol misusers[47] adopted across Tower Hamlets and the Review of the effectiveness of treatment for alcohol problems provides the evidence base for effective treatments[48].

A series of studies have demonstrated the cost effectiveness of investing in early intervention services and in effective treatment. McKenna et al[49] showed that

[42] Alcohol can the NHS afford it? London: Royal College of Physicians, (2001)

[43] Moore, R.S., and Holder, H.D. (2003) 'Issues surrounding the institutionalization of local action programmes to prevent alcohol problems. Results from a community trial in the United States. Nordic Studies on Alcohol and Drugs, Vol. 20, English supplement, pp. 41 55

[44] Alcohol - can the NHS afford it? London: Royal College of Physicians, (2001) London: Royal College of Physicians, (2001)

[45] Middlesbrough voluntary sector partnership -best practice example. Middlesbrough James Cook University Hospital

[46] Liverpool Alcohol Services Lifestyle Team

[47] Department of Health (2006). Models of care for alcohol misusers (MoCAM). DH

[48] National Treatment Agency (2006). Review of the effectiveness of treatment for alcohol problems. London: NTA

[49] McKenna, M., Chick, J., Buxton, M., Howlett, H., Patience, D. and Ritson, B.(1996) The SECCAT Survey 1. The costs and consequences of alcoholism, Alcohol and Alcoholism, 3196): 565-576.

alcohol dependent service users were more costly in terms of health costs than those with other levels of alcohol abuse - £1222 compared to £632 over a six month period in 1994 prices - and have poorer health. The UK Alcohol Treatment Trial (UKATT) shows that, over a 6-month period, specialist treatment delivered savings of nearly £1138 per dependent drinker treated and reduce hospital stays[50]. Of note, 25% of patients involved in the UKATT study had a successful outcome, reporting no continuing alcohol-related problems and 40% of patients reported being much improved, reducing their alcohol problems by 66%[51].

IBA (Identification and Brief Advice) is known to be effective in a range of different settings including primary care, criminal justice settings and A&E departments. There is a very large body of research evidence supporting IBA in primary care for example including approximately 56 controlled trials[52]. A Cochrane Collaboration review also provides substantial evidence for the effectiveness of IBA[53].

Evidence for Pillar 3: Enforcement and Regulation

This document is reinforced by a raft of legislation including the Licensing Act 2003 and the Criminal Justice and Police Act 2001. Measures included in this legislation support authorities to manage the impact of alcohol related disorder and crime and while the evidence regarding the effectiveness of initiatives to address alcohol related crime is limited, a number of initiatives have shown some promise across the country.

The following are approaches advocated by the Home Office's Crime Reduction Toolkit on Alcohol Related Crime[54]:

- Establishing intelligence gathering systems regarding violence in close proximity to licensed premises assists the problem solving process
- Enhancing the profile of police officers in licensing units to enforce Licensing Acts and coordinate partnership responses
- Enforcing drink driving legislation using a high profile media strategy supports the reinforcement of the negative consequences of alcohol misuse
- High visibility policing in areas surrounding licensed premises can deter criminal behaviour
- Ensuring door staff are trained in diffusion/de-escalation techniques when confronted with aggression/violence as staff are acknowledge to play a crucial role in management of alcohol related aggression

More effective use of laws, regulations and controls available to local partners to minimise alcohol related harm and use of the Local Development Framework to enable planners to reject inappropriate proposals at an early stage has been acknowledged to effect a reduction in

[50] UKATT Research Team (2005b). Cost effectiveness of treatment for alcohol problems: Findings of the UK Alcohol Treatment Trial. British Medical Journal, 331, 544 547.
[51] UKATT Research Team (2005a). Effectiveness of treatment for alcohol problems: findings of the randomised UK Alcohol Treatment Trial (UKATT). British Medical Journal, 311, 541 544.
[52] Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta analytic review of controlled investigations in treatment seeking and non treatment seeking populations, Addiction, 97, 279 292
[53] Kaner E, Beyer F, Dickinson H, Pienaar E, Campbell F, Schlesinger C, Heather N, Saunders J, Bernand B. Brief interventions for excessive drinkers in primary health care settings. Cochrane Database of Systematic Reviews 2007, Issue 2. Art No.:CD004148 DOI: 10.1002/14651858.CD004148.pub3
[54] www.crimereduction.gov.uk/toolkits

antisocial behaviour. Such recommendations are sustained by the most recent alcohol related publication from NICE (National Institute for Health and Clinical Excellence) on prevention of harmful drinking[55] which provides authoritative recommendations, based on best available evidence of effectiveness, to aid prevention and early identification of alcohol-use disorders among adults and adolescents.

In one example, the work undertaken by Citysafe, Liverpool's Community Safety Partnership, a package of initiatives including the expansion of the PubWatch and Best Mar None schemes to promote good practice in the licensing industry. The creation of a 'radio link' to enable staff to share information about potential problems and to notify police of problem incidents more quickly, the use of handheld knife detectors at pubs and clubs to discourage the carrying of weapons, and the promotion of the use of polycarbonate glasses to reduce the likelihood of these being used as weapons in assaults have all been commended as good practice in reducing alcohol related antisocial behaviour. This Citysafe initiative has helped to reduce assaults, robbery and antisocial behaviour by over 28% in the city centre compared with the previous year. The overall figures represent the lowest in the centre for many years.

[55] Alcohol use disorders: preventing harmful drinking (2010) NICE

TOWER HAMLETS

NHS
East London and the City

TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015

TECHNICAL DOCUMENT CHAPTER 2: DRUGS

Tower Hamlets Partnership

GLOSSARY OF ABBREVIATIONS

ACMD	Advisory Council on the Misuse of Drugs
BBV	Blood Borne Viruses
BME	Black and Minority Ethnic Groups
CARAT	Counselling, Assessment, Referral, Advice and Through-care (prison)
CDRP	Crime Disorder Reduction Partnership
CDT	Community Drugs Team
CJS	Criminal Justice System
CLG	Community and Local Government
DAAT	Drug and Alcohol Action Team
DIP	Drug Interventions Programme
DH	Department of Health
DRR	Drug Rehabilitation Requirement
GPwSI	GP with Specialist Interest
ICP	Integrated Care Pathways
JCP	Job Centre Plus
JSA	Job Seekers Allowance
LAAS	London Analysis Support Site
LBTH	London Borough of Tower Hamlets (i.e. the Borough Council)
LES	Local Enhanced Service
LSCB	Local Safeguarding Children Board
NDTMS	National Drug Treatment Monitoring System
NFA	No Fixed Abode
NTA	National Treatment Agency
OASys	Offender Assessment System
OCU	Opiate and Crack User
ONS	Office for National Statistics
PCT	Primary Care Trust
PDU	Problem Drug User
PPO	Prolific Priority Offender
SURG	Service User Representative Group
TOP	Treatment Outcomes Profile
VFM	Value for Money Tool
YP	Young People
NHS ELC	NHS East London and the City (a cluster of 3 primary care trusts: NHS City and Hackney, NHS Newham and HHS Tower Hamlets)

EXECUTIVE SUMMARY

1

Key objectives

The objectives of the drugs chapter of the strategy are as follows:

- To tackle drug related crime and anti social behaviour
- To reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- To commission and deliver high quality drug education, prevention, health improvement and treatment services monitoring their uptake and outcomes across the protected characteristics
- To increase the number of drug using adults and young people entering, engaging with and completing treatment and remaining drug free
- To reduce associated social and health problems via harm reduction approaches as part of a wider recovery focussed treatment system
- To deliver services that support recovering drug users to secure accommodation and employment/ education, to re-connect with their local communities and ensure that services are responsive to the client's wider needs
- To ensure that young people are able to make informed decisions about drug use, based on high quality drug education and prevention approaches. Rapid access to treatment services if problems develop and access to alternative activities and opportunities
- To develop an interagency response to reduce the actual and potential effects of parental substance misuse on children, young people and vulnerable adults ensuring that all services take a family centred approach where appropriate
- To ensure that family based interventions are integral to treatment provision
- To develop systematic data and intelligence gathering processes and analysis to ensure we actively plan and commission an integrated response to substance misuse which is evidence based, cost effective and addresses local priorities

Key indicators

Progress will be monitored using 12 key indicators. We will know we have been successful if we achieve the following:

1. Reduced perceptions of drug use or drug dealing as a problem (Source: Annual Residents' Survey)
2. Achieve a minimum of 365 sanctioned detections per year from our 'dealer a day' operations. (Source: Police performance figures)
3. Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures)
4. Achieve an increase in the number of adult drug users in effective treatment

(a planned exit or at least 12 weeks retention in treatment) (NDTMS)

5. Increase the number of successful exits from the drug treatment system (NDTMS)

6. Improve outcomes and reduce re-presentation levels to treatment services by treatment matching, good care planning and support (Source: NDTMS/TOP/NTA)

7. Improve the numbers of recovering drug users in stable accommodation and education, training and employment (TOP)

8. Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis (NDTMS & local data)

9. Improve coverage of needle exchange services (local data)

10. Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics

11. Support 100% of local schools and youth services in developing and implementing drug/alcohol policies

12. Increase the number of children and young people affected by parental substance misuse identified, assessed and receiving support

Strategic priorities

A summary of the priorities for achieving these objectives are outlined below against the three pillars of the strategy: prevention and behaviour change, treatment and enforcement and regulation.

Strategic priorities - Prevention and Behaviour Change

- We will reduce the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work

- We will integrate our drug campaigns with other health and wellbeing issues where appropriate, for example alcohol, mental health. This will allow us to benefit from economies of scale, share resources and skills. We will also undertake joint campaigns across the Tower Hamlets Partnership

- Through working with our partners we will develop services that address the wider social determinants of health and wellbeing, as well as drug misuse, including accommodation, employment, social support and education

- We will support people to make healthy choices by providing targeted communication and community education about the harms caused by drugs, how to minimise these and providing information about the support services available

- We will provide targeted outreach to at-risk young people and their parents, signposting them to appropriate support services to address wider risk factors (e.g. educational attainment) with the aim of preventing escalation of use and harm

- We will explore possibilities to support parents in addressing drug and alcohol misuse with their children

- We will work in partnership working with schools to provide good quality education through Social and Emotional Aspects of Learning (SEAL), Personal Social Health Education (PSHE) and pastoral care

Strategic priorities - Treatment

Adult treatment

- During 2011/12, we will complete a redesign of treatment services in the borough. The redesign will help us to develop our model for drug treatment in a way that fits with the current and future need of our population, and the evidence available on what works well, and will inform our commissioning intentions for 2012/13 and beyond. We intend that the redesign will help us to work across the system to develop a "whole systems" approach to helping people to recover from problems associated with drug use and dependency, where all providers work together to provide a seamless pathway of support for service users. Commissioners will work with the treatment providers to develop a local whole systems approach to recovery. This will involve ensuring that each individual is offered:
    - A comprehensive assessment and response to individual and/or family health and social needs. An integrated recovery plan that is personalised and client centred/driven offering a choice of appropriate treatment interventions, which addresses a range of health and social needs and sets goals for treatment
    - High quality assessment and integrated care planning to address the range of needs presented by each client including for example mental health issues, physical, social, or emotional issues
    - Swift and effective referral to other treatment agencies where more appropriate to the clients identified needs, as well as referral to a range of support services such as housing, employment, support to fulfil parenting roles, mental health and wider health needs
    - Co-ordinated care planning, reviews and case management for each service user to guide them through their treatment and ensure that they receive the best and most appropriate services to meet their needs at the right time
    - We will develop, sign up to and monitor performance against a Service User And Carer Engagement Charter. This will set clear criteria for service user and carer involvement in service planning, commissioning and performance monitoring. We will support the development of peer support/mentors and service user recovery champions. Furthermore we will ensure all treatment services sign up and display an agreed service user and carer charter
- We have focussed on improving successful treatment completions for some time. As the formula for calculating the Pooled Treatment Budget is changing next year from numbers entering treatment to successful completions, we will redouble our efforts to focus resources to improve the proportion of successful treatment completions, drug free outcomes and reduction in re-presentation rates
- Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must

include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser

- We will further develop our treatment and children's services to improve our response to the needs of children of drug misusers. We will embed good practice into everyday assessment and casework by developing and implementing a jointly owned referral protocol between children's services and treatment providers, train workers in addressing 'hidden harm', support staff to identify and respond to drug using parents and their children

- We will work with stakeholders to develop a clinical governance framework that addresses the entire treatment system including primary care. The Department of Health Operating Framework 2010/11 sets quality as the guiding principle of the NHS[1]. Clinical governance is usually thought of as a framework containing a number of domains to be addressed that impact on the quality and safety of care. The Darzi review[2] found that for the NHS, quality should include the following aspects:

  1. Patient safety

  2. Patient experience

  3. Effectiveness of care

  These three areas are known as quality dimensions and cover issues such as: adherence to NICE guidelines, Serious Untoward Incidents, service user involvement, etc

- We will identify and nurture links with wraparound support services that address education, training and employability (ETE). We will support service users to become actively involved in development of ETE opportunities for those in, and exiting treatment

- We will target treatment naïve drug misusers e.g. through our work in hostels in order to motivate them towards engaging in more structured treatment and progress towards recovery

- The Olympics in 2012 will see the arrival of workers, tourists, spectators and athletes. The potential impact for services and clients will be considered and planned for ahead of the games

Young people's substance misuse services

- Our approach will combine universal prevention activity through schools and youth services with a commitment to intervening early, offering targeted support to vulnerable groups of young people at increased risk of substance misuse to prevent this or when problems first arise

- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, a strong interface with more specialist support and treatment services, information sharing and workforce development

[1] The NHS operating framework for England for 2010/11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

[2] Quality and the NHS Next Stage Review, Lancet.

- We will ensure there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and, for the most vulnerable young people this will include locally delivered multi agency packages of care with the aim of preventing escalation

- We will review referral pathways into specialist services to ensure that all young people with a need access treatment with a particular focus on looked after children and those attending accident and emergency (A&E) services for drug and alcohol related issues.

- We will monitor the trend in the increasing number of non treatment naïve young people in treatment and undertake further research/analysis into the reasons for high re-entry and focus on ways that services might be better provided to ensure services are responsive to the needs of all young people

- We will work with providers to develop rational outcome targets with which to monitor and measure the effectiveness of our treatment services for young people

- We will work with young people's services to ensure support for the whole family and encourage family support for the young person

- We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs. Carers and family members of substance misusers can often be isolated and stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers

Strategic priorities - Enforcement

We will disrupt the supply of drugs through effective enforcement. This will involve:

- Continuing to invest in primary policing enforcement via the 'dealer-a-day' initiative to target street drug dealers and crack houses in the borough. Additionally we will tackle mid-tier dealers and those who supply the mid-tier. These operations will involve making the maximum possible use of our enforcement powers including closure orders, injunction and eviction. The Mayor of Tower Hamlets is making considerable investment in policing, specifically to tackle drug related anti-social behaviour and crime, alongside his additional investment in drug treatment.We will evaluate our enforcement campaigns to measure effectiveness in terms of reducing complaints about drug dealing by undertaking 'before and after' surveys with local residents. We will include information on these enforcement operations in our communications with the public

- We will implement a results-focused Integrated Offender Management (IOM) programme to ensure drug misusing offenders:

    - Receive a holistic support package aimed at stopping offending and drug dependence

    - Are supported by criminal justice agencies to access treatment voluntarily

    - Have effective pathways between services, including between those in prison and those in the community

- Where appropriate are assertively identified and managed to ensure compliance with legal requirements

This will be developed on the basis of a clear framework setting out specific roles and responsibilities, and the use of available resources in a co-ordinated fashion to produce better and more sustainable outcomes.

- We will develop the Drug Intervention Programme (DIP) to increase the number of drug misusing offenders engaging in the structured treatment system using existing powers within the 2005 Drugs Act[3]. We will deliver targeted outreach to encourage drug misusing adults (generic and CJS clients) into or back into treatment alongside a more robust approach to breaches and compliance for DIP/DRR clients

- We will target treatment naive probation clients by supporting the probation service to identify drug misusing clients and effectively address their treatment needs by ensuring the probation workforce have appropriate training, support and are consulted in the development of our new treatment service model

- We will work with social, and where possible commercial, landlords to tackle the use of premises in the borough used for the manufacture and distribution of drugs by identifying drug-related activities and pressing for prosecution

- We will work alongside community groups e.g. CADAA (Communities Against Drugs & Alcohol Abuse) to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience against drugs

- We will improve our understanding and intelligence about local drugs markets, distribution and trafficking networks develop and operate e.g. mapping the local market and measuring the effects of any interventions by surveying local residents

- We will respond to and reduce community concerns about drug use and drug dealing through:

  - On-going dialogue, gathering information and intelligence; and

  - The effective communication of successful operations to the public

[3] "Drugs Act 2005". Opsi.gov.uk. accessed 08.09.11

INTRODUCTION

2

This is chapter two of the strategy technical document aimed at an audience involved and interested in progressing action to address drug misuse. It comprises one chapter of the Tower Hamlets Substance Misuse Strategy technical document; the other chapter focussing on alcohol harm reduction. A shorter, more accessible summary document is also available for the public, service users and carers, and those who require an overview of key points. The summary covers the two chapters of the Substance Misuse Strategy, both drugs and alcohol, together in one document.

Drug misuse impacts all aspects of society, "From the crime in local neighbourhoods, through families forced apart by dependency, to the corrupting effect of international organised crime, drugs have a profound and negative effect on communities, families and individuals"[4]. The Mayor of Tower Hamlets, NHS East London and City and the Coalition Government are committed to ensuring that the drugs agenda remains a priority at national and local level and thus aims to further shift power to local partnerships for its effective delivery. In Tower Hamlets, we welcome the renewed focus on the needs of families and communities within the new Government drugs strategy moreover we are pleased to see prevention and recovery for the individual at the core.

People who misuse drugs may present with a range of health and social problems[5] other than dependence, these may include:

- physical health problems (for example, thrombosis, abscesses, overdose, hepatitis B and C, HIV, and respiratory and cardiac problems)
- mental health problems (for example, depression, anxiety, paranoia and suicidal thoughts)
- social difficulties (for example, relationship problems, financial difficulties, wider determinants of health and wellbeing problems such as unemployment and homelessness)
- involvement in crime and the criminal justice system

In Tower Hamlets, we have over recent years made considerable progress in reducing the harm caused by drug and alcohol misuse. The London Borough of Tower Hamlets and NHS East London & The City, alongside treatment providers, the Metropolitan Police, and London Probation, have worked hard together to ensure that we support people to make healthy lifestyle choices, provide high quality treatment and support when people become dependent, and tackle the antisocial behaviour and crime associated with drugs and alcohol.

The Partnership is keen to build on its progress to date. Our strategy aims to address the challenges presented by disrupting the supply of drugs and reducing both the demand and the harms associated with drug misuse. We want to get more drug users into effective

[4] Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government
[5] Drug misuse, psychosocial interventions, National Clinical Practice Guideline Number 51, NICE,

treatment which results in positive outcomes and supports them to recover fully. We want to increase the levels of drug and asset seizures and the number of individuals being brought to justice for dealing drugs.

These ambitions will be prioritised by our key partnerships, Healthy Communities and Safe and Supportive, and through our Health and Wellbeing Board over the next three years. We will consult with local people about drug misuse issues and inform the public about our successes. We will consult our service users and plan our services to better meet their needs. Through this work we can also play a valuable role in contributing to a reduction in levels and perceptions or fear of crime and antisocial behaviour.

For Tower Hamlets to deal effectively with the many issues brought about by drug misuse, we must continue to harness the energies of our multiple partner agencies to deliver an effective response while providing reassurance to our local communities that Tower Hamlets is a safe and thriving environment in which to work, invest and visit.

THE NEED FOR A STRATEGIC RESPONSE TO DRUG MISUSE IN TOWER HAMLETS

3

The new National Drug Strategy 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life'[6] focuses its priorities around three definite themes; reducing demand, restricting supply and building recovery into communities. These three themes sit at the heart of this, Tower Hamlets' first, substance misuse strategy.

We are developing our local strategic response to drug misuse for a number of reasons, a sample of which are explained below:

Residents' views

Resident's concerns have driven the drugs agenda for a number of years and have prompted interest and investment, in treatment and enforcement, from local politicians. Tower Hamlets, as an area of high deprivation, experiences a greater impact from drug misuse than many other areas. This is understood by residents, 52% of those who responded to the Annual Resident's Survey (2010/11), said that drug misuse or dealing was a very or fairly big problem[7]. Although there has been a reduction over the last three years in the numbers of residents who perceive drug misuse as a problem; drug misuse and the impact of this remain an area of concern for the local community.

London ambulance callouts

The LASS site provides data which shows the number and ward where ambulance callouts described as dealing with drug overdose occurs. The data does not differentiate between deliberate and accidental overdose or between different drugs. Therefore the figures may include licit as well as illicit drugs e.g. paracetamol, insulin, or OTC (Over The Counter) drugs.

The wards with the highest level of callouts for drug overdose are Bethnal Green South, East India and Lansbury, Mile End and Globe Town. Tower Hamlets has the 8th highest rate of ambulance call outs for drug overdose (8 per 10,000) in London; higher than neighbouring Hackney but lower than Newham (7 per 10,000 and 12 per 10,000 respectively).

Blood borne virus (BBV) transmission

The recent 'Shooting up'[8] report provides information about national levels of injecting drug users BBV infections and shows that needle and syringe sharing has declined in recent years, but almost one-fifth of injecting drug users continue to share.

Infections are common among injecting drug users. Around one-half of injecting drug users have been infected with hepatitis C, one-sixth with hepatitis B, and about one-third reported a symptom of a bacterial infection (such as a sore or abscess) at an injecting site in the past year.

[6] Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life' December 2010, HM Government
[7] Tower Hamlets Annual Resident's Survey 2010/11
[8] Shooting Up, Infections among injecting drug users in the UK 2009, An update: November 2010. Health Protection Agency

The prevalence of HIV among those who have injected drugs remains low and is estimated to be 1.5% overall in the UK. However, it varies across the country from 0.6% in Scotland to 4.1% in London.

Drug dealing and possession offences

Police data for the period April to July 2011 indicates that drug related offences in Tower Hamlets accounted for 12% of all notifiable offences dealt with by the police. Tower Hamlets saw the most Class A and C offences in London and was 4th highest in relation to Class B offences.

Harm caused by parental drug misuse

For some drug users being a parent may encourage them to enter treatment, stabilise their lives and seek support. For some children it may lead to harm, abuse or neglect and for others it will mean taking on inappropriate caring roles putting their health and/or education at risk.

The ACMD (Advisory Council for Misuse of Drugs) Report on 'Hidden Harm'[9] estimates there are between 250,000 and 350,000 children of problem drug users (the former term for OCUs, opiate and crack users) in the UK; approximately one child for every problem drug user. Research into the link between parental substance misuse and child maltreatment suggests that dependence on substances is present in at least 50% of the families who come to the attention of the authorities. Children who live with substance misusing parents as part of their everyday life may run a greater risk of having mental health problems, a greater risk of substance misuse and alcohol use in adolescence, impaired intellectual function, higher levels of anxiety lower self esteem and depression[10].

In Tower Hamlets out of the six Serious Case Reviews completed between 2006/07 and 2009/10 (most recent available data), two have involved parental substance misuse. A further two featured the young person's drug and alcohol misuse[11].

Lord Laming's Report[12] 2009 refers to the Hidden Harm report key findings and recommends: All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and wellbeing of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.

Further to the Laming report, the Munro Review 2011 recommends provision of early intervention services for children, young people and families and that children and young people's wishes, feelings and experiences are central.[13]

[9] Hidden harm, responding to the needs of children of problem drug users. ACMD, 2003
[10] Identifying substance abuse in maltreating families: A child welfare challenge, Dore, Doris and Wright 1995.
[11] Tower hamlets Hidden harm strategy,
[12] The protection of children in England, a progress report, The Lord Laming. 2009
[13] The Munro Review of Child Protection: Final Report A child centred-system (2011) Department for Education, HM Government

WHAT DO WE KNOW ABOUT THE USE OF DRUGS LOCALLY AND WHERE ARE THE GAPS IN OUR KNOWLEDGE?

4

Local data is primarily drawn from our adult and young people's substance misuse needs assessments which are produced annually. Locally and nationally, policy has focussed on those whose drug misuse causes them and their community most harm, i.e heroin and crack users. Therefore we have better data and monitoring systems for this type of drug use. The national drug strategy[14] urges development of services and enforcement that addresses drug misuse of all kinds. For this reason the partnership acknowledges the need to improve monitoring and information about other drugs of choice that can be used problematically in order that services can be planned on an informed basis.

Consumption patterns are hard to determine due to the illicit nature of most drug misuse. Users are naturally reticent to be identified and counted. However we may be able to obtain a clearer picture of drug consumption in the future by cross referencing data from less obvious sources such as accident and emergency department attendances, service user surveys, etc. We need to develop a more systematic way of collecting and analysing intelligence and data that can inform our approaches.

Understanding local patterns of drug consumption behaviour

Substance misuse by young people

The Tellus survey directly informed National Indicator 115: Substance misuse by young people between 2006 and autumn 2009. The indicator measures the percentage of young people in the survey who reported being drunk or using illicit substances twice or more in the 4 weeks prior to the survey. The responses to the questions on alcohol and drug use are combined to give a single percentage for the proportion of young people who frequently use any substance which may result in harm.

The 2010 survey findings indicated an increase between Tier 3 and Tier 4[15] of 4 percentage points (ppts) to 6.7% in the proportion of young people who reported using substances frequently. This increase was greater than both the London and national average and saw LBTH exceeding the London average on this indicator by 0.2 percentage points. The percentage of young people that say they used misused substances remained below the national average of 9.8%.

[14] Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government

[15] Description of tiers of treatment
Tier 1 Interventions are provided from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, Pharmacies or GPs. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.
Tier 2 provides open-access drug treatment (such as drop-in services) that does not always need a care plan and covers triage assessment, advice and information and harm reduction given by specialist drug treatment services.
Tier 3 constitutes drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can also be Tier 3 if they are part of a care plan.
Tier 4 Equates to residential drug treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.
Taken from Specialist drug and alcohol services for children and young people – a cost benefit analysis. Department for Education (date of publication unavailable) – accessed 08.09.2011

Cannabis was reportedly used by 32.5% of the cohort compared to 82.5% reporting use of alcohol in contrast to findings from a review of young people's drug treatment data.

The survey also suggested that 20% of substance users had used 'other' drugs which includes class A substances and 17.5% of the group reported using volatile substances such as solvents, glue or gas.

British Crime Survey data examines the extent and trends in illicit drug use among a nationally representative sample of 16-59 year olds in households in England and Wales. It is important to be mindful of concerns regarding the applicability of the survey's findings to the Tower Hamlets population; however the most recent data (2010/11) suggests that 8.8 per cent of adults aged 16 to 59 had used illicit drugs and that 3.0 per cent had used a Class A drug in the last year[16]. For further details please refer to Appendix 1.

There is scant reliable data on drug consumption patterns among the Tower Hamlets population (particularly among those not known to treatment and across the full range of substances, licit and illicit) and this remains a considerable gap in our intelligence regarding local need[16].

Crime related to drug use

Police data – dealing and possession

The London Analysts Support Site (LASS) provides data from the Metropolitan police service and other datasets. The LASS data shows that there has been an increase in trafficking (dealing) offences which mirrors the increased investment and assertive police operations against dealers, and a reduction in possession offences since 2009.

Acquisitive crime

There are well documented associations between dependent class A drug use and acquisitive crime. From our DIP monitoring data we can see that this link is apparent where mandatory drug tests in police custody suites have been undertaken

The majority of those testing positive were arrested for drug possession, however the majority of the rest of offences were acquisitive crime i.e. theft, robbery and burglary.

Diversity of the drug using population and equity in treatment services

Our equity audit[17] looked at the six equality strands age, gender, ethnicity, sexuality, religion and disability. It considered all OCUs (opiate and crack users, formerly PDUs an acronym for problem drug users) in the borough not just those in treatment services and generated a series of expected estimates under the 6 equality strands.

Age – 55% of OCUs were identified as being between the ages of 19-49 years old, supporting data to suggest that a large proportion of this group are naive to treatment and particularly in the 18-24 year age group.

Gender – 77% of all OCUs were estimated to be male; however, there appears to be equitable access to treatment services between males and females with 42% of males and 41% of females OCUs in treatment.

Ethnicity – the analysis shows that an estimated 71% of all OCUs in Tower Hamlets are white British however; only 24% are recorded as receiving treatment. In contrast, 85% of black OCUs and 93% of Bangladeshi OCUs were in treatment,

[16] Drug misuse declared: Findings from the 2010/11 British Crime Survey England and Wales (2011) Home Office, HM Government

[17] NHS Tower Hamlets, Equity audit of access to substance misuse services. Matrix consultancy, 2010.

although these groups represent only 2% and 10% of OCUs respectively. This would appear to suggest there is good access to treatment among black and Bangladeshi clients and that access is more of an issue among white British clients.

Disability – The data shows that an estimated 17% of OCUs in Tower Hamlets were estimated to have a disability or long-standing illness. Analysis suggests that there are some inequities when compared to those that do not have a disability. Only 5% of OCUs with a disability are in treatment, whereas 20% of OCUs without a disability are in treatment.

Sexuality – The vast majority of the OCU population are heterosexual (79%), of which an estimated 12% are receiving treatment. There are inequities when compared to gay or lesbian and bisexual groups - only 0.5% of gay or lesbian OCUs and 0.4% of bisexual OCUs are estimated to be in treatment.

Religion – It was not possible to investigate by religion/belief as incomplete prevalence or treatment data was available.

Equity audit analysis relied on existing estimates notably the 'Glasgow estimates' of drug use prevalence and as such should be interpreted in this context and should not be considered 100% accurate.

Understanding the profile of those in drug treatment

Adult treatment data[18]

The most recent 'Glasgow Estimate'[19] suggests that there are around 3,795 OCUs[20] in Tower Hamlets; Of this number, 1,775 (47%) are estimated to be naïve to treatment. The estimate for opiate users is 2,837 33% of whom are thought to be treatment naive. The estimate for crack users is 2,600 43% of whom are treatment naive. Significant numbers of OCUs are poly-drug users. Estimating the number of OCUs is a difficult task and as such these figures should be treated with some caution.

Substantial numbers of the treatment naïve population are known to the criminal justice system (36% of treatment naive OCUs are known to DIP and prisons).

85% of OCUs identified heroin as their first drug. 56% of those that did not identify crack as their first drug identified it as their second drug

7% of those in the adult structured treatment services were aged between 18 - 24, 50% were between 25 - 34 and 43% were older than 35.

15% said they were currently injecting, with 58% saying they had never injected. Compared with other areas this represents a smaller number of injecting drug users.

Adult offenders

Clients entering the treatment system via a criminal justice route can have multiple and complex needs such as mental ill health, low/no education and homelessness[21]. Between January and December 2010, 1242 offenders received

[18] Tower Hamlets substance misuse needs assessment 2011/12

[19] The Glasgow Estimates are developed using a capture recapture estimation technique. This method pulls together a sample of drug users from a number of different data sources e.g. Drugs Intervention Programme (DIP), National Drug Treatment Monitoring System (NDTMS) and other Police and Prison data sources. It counts the overlap in the number of clients within each of these samples and uses this overlap count to estimate the size of the whole population.

[20] The acronym OCU stands for Opiate and Crack User. This term formerly replaces the acronym PDU (problem drug user).

[21] Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders. Ministry of Justice Dec 2010.

Trigger arrests and positive drug tests	
Number arrested for trigger offence & drug tested	2711
Number of Tower Hamlets clients testing positive	851
% of Tower Hamlets clients testing positive	31%

Data Source: DIMIS reports 2010/11 & mi-case (local data)

statutory supervision by probation locally. This figure includes both those on community orders and those on licences. Of these, 45% (553) recorded drugs as a criminogenic need (OASys probation database).

In 2010/11 Criminal Justice referrals into structured treatment increased from previous years. 22% of individuals entering treatment came from a criminal justice source (19% in 2008/09 and 2007/2008)mainly from DIP.

As shown above, 30% of those who had a mandatory drug test in the police station in 2009/10 showed a positive result for cocaine and/or opiates. Around 21% were aged under 35.

The table opposite shows the 'funnel' process from drug testing through to treatment. In 2009/10 from 748 initial positive tests 268 clients started treatment.

Outcomes of treatment

Leaving treatment in 'a planned way'[22] is seen as a proxy measure for a successful outcome of treatment.

With regard to the reasons for leaving treatment, 37% had a planned exit, of which 22% were referred on to another Tier 3 or Tier 4 service and 63% had an unplanned exit of which 7% went to prison.

Using the TOP outcome tool analysis we know that positive outcomes are gained from drug treatment. For example the number of individuals who have injected in the previous 28 days falls dramatically, acute housing problems and housing risks fall the longer a client is in treatment, and crime committed over the last 28 days falls the longer a client is in treatment.

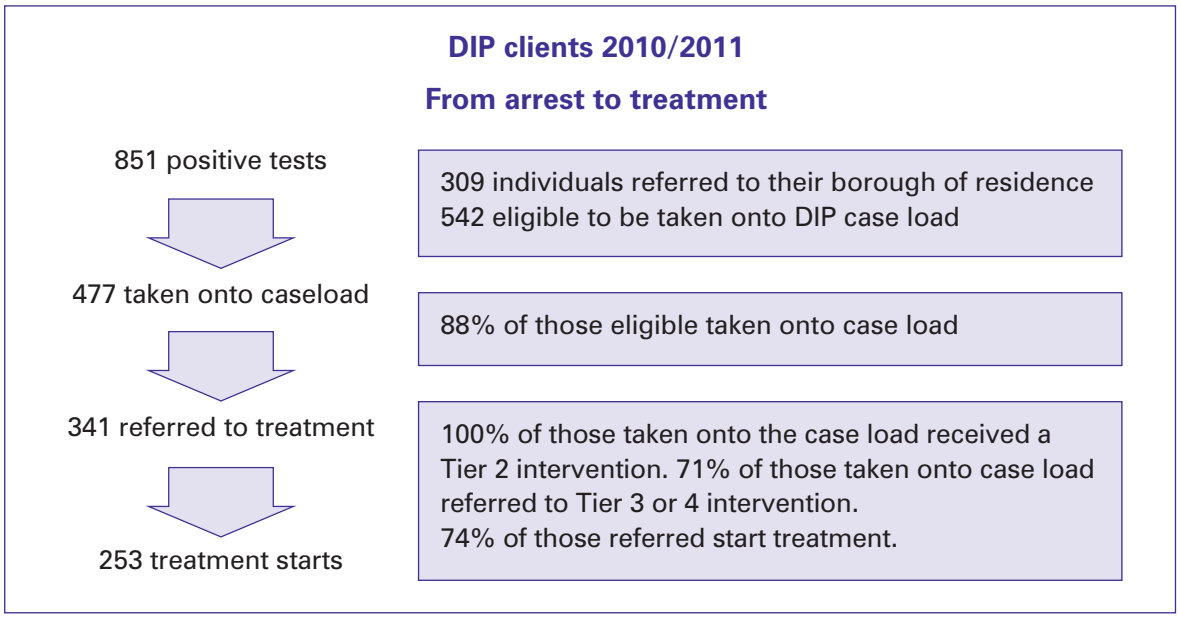
We understand that people who remain in the treatment system for a long time, (4 years plus), tend to have worse outcomes in terms of their opiate use. We need to unpick this issue and consider whether these long term clients are receiving the right treatment for them which is regularly reviewed to ensure it continues to meet their needs.

Needle exchange

Needle exchange data is a potentially rich source of information regarding clients who are either engaged at a low or intermittent level within the treatment system or who are not known to treatment services at all. We need to improve the data we gather on individuals in contact with needle exchange services in order to characterise service users and plan services that can target this group, to motivate them to engage in drug treatment and reduce/cease high risk injecting behaviour.

There are currently 5 specialist services in Tower Hamlets offering needle exchange and 4 pharmacies. Most recent available data suggests that between April 2009 and March 2010 approximately 85,000 needles were dispensed to injecting drug users. We estimate that this is insufficient to cover the level of injecting occurring in the borough. Fewer than half were returned to drug treatment agencies /

[22] Leaving treatment in a planned way is defined by the NTA, in the case of adults, as leaving treatment drug free or being retained in treatment for 12 weeks



pharmacies but further investigation is required to understand the proportion of needles returned elsewhere e.g. hostels or discarded.

Parental drug misuse

51% of the total number in treatment in 2010/11 said that they were a parent (61% of women said they were a parent and 48% of men).

Young people's drug and alcohol treatment

Local NDTMS data suggests that in 2010/11, 117 young people entered Tier 3 or Tier 4 treatment.

In Tower Hamlets, as with other Local Authorities in London, the majority of young people enter treatment for either alcohol and/or cannabis misuse. Of the 117 young people entering treatment in 2010/11, 54 were accessing treatment for alcohol misuse.

70% of young people entering treatment between 2010 and 2011 were reported as being from an "Asian or Asian British" background. This is in-line with the Asian population in Tower Hamlets, where 69.1% of young people are Asian or Asian British.

Most recent available data suggests that Tower Hamlets has an estimated benefit of £4.45 for every £1 spent on young people's drug and alcohol treatment. This is not an immediate saving, but reflects the benefit of treatment over the long-term[23].

[23] Tower Hamlets Young people's substance misuse needs assessment 2011/12, draft.

OUR RESPONSE: AIMS, OBJECTIVES AND STRATEGIC PRIORITIES

5

Our aims and objectives

Aims

We aim to disrupt the supply, reduce the demand and social and health harms associated with drug misuse in Tower Hamlets. We want to engage more drug users into high quality drug treatment which results in positive outcomes and supports them to recover. We want to increase the levels of drug and asset seizures and the number of individuals brought to justice for the supply of drugs. We will consult with local people about drug misuse issues and inform the public about our successes. Through this work we can also play a valuable role in contributing to a reduction in levels and perceptions or fear of crime and antisocial behaviour.

Objectives

The objectives pertaining to the Substance Misuse Strategy – drugs chapter are as follows:

- To tackle drug related crime and anti social behaviour
- To commission and deliver high quality drug education, prevention, health improvement and treatment services monitoring their uptake and outcomes across the protected characteristics
- To increase the number of drug users entering, engaging with and completing treatment and remaining drug free
- To reduce associated social and health problems via harm reduction approaches as part of a wider recovery focussed treatment system
- To deliver services that support recovering drug users to secure accommodation and employment, and to re-connect with their local communities
- To reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- To ensure that young people are able to make informed decisions about drug use, based on high quality drug education and prevention approaches, rapid access to treatment services if problems develop and access to alternative activities and opportunities
- To develop an interagency response to reduce the actual and potential effects of parental substance misuse on children, young people and vulnerable adults
- To develop systematic data and intelligence gathering processes and analysis to ensure we actively plan and commission an integrated response to substance misuse which is evidence based, cost effective and addresses local priorities
- To ensure that family based interventions are integral to treatment provision

Key indicators

Progress will be monitored using 12 key indicators. We will know we have been successful if we achieve the following:

1. Reduced perceptions of drug use or drug dealing as a problem (Source: Annual Residents' Survey)

2. Achieve a minimum of 365 sanctioned detections per year from our 'dealer a day' operations. (Source: Police performance figures)

3. Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures)

4. Achieve an increase in the number of adult drug users in effective treatment. (a planned exit or at least 12 weeks retention in treatment). (NDTMS)

5. Increase the number of successful exits from the drug treatment system. (NDTMS)

6. Improve outcomes and reduce re-presentation levels to treatment services by treatment matching, good care planning and support. (Source: NDTMS/TOP/NTA)

7. Improve the numbers of recovering drug users in stable accommodation and education, training and employment. (TOP)

8. Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis. (NDTMS & local data)

9. Improve coverage of needle exchange services. (local data)

10. Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics.

11. Support 100% of local schools in developing and implementing drug/alcohol policies.

Our strategic priorities

The priorities for achieving the objectives are outlined below against the three pillars of the strategy: prevention and behaviour change, treatment and enforcement.

Strategic priorities – Prevention and Behaviour Change

We will reduce the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work. We will prioritise:

- reducing the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work

- integrating our drug campaigns with other health and wellbeing issues where appropriate, for example alcohol, mental health. This will allow us to benefit from economies of scale, share resources and skills. We will also undertake joint campaigns across the Tower Hamlets Partnership

- working with our partners to develop services that address the wider social determinants of health and wellbeing, as well as drug misuse, such as accommodation, employment, economic wellbeing and education

- supporting people to make healthy choices by providing targeted communication and community education about the harms caused by

drugs, how to minimise these and providing information about the support services available

- providing targeted outreach to at-risk young people and their parents, signposting them to appropriate support services to address wider risk factors (e.g. educational attainment) with the aim of preventing escalation of use and harm
- exploring possibilities to support parents in addressing drug and alcohol misuse with their children
- working in partnership with schools to provide good quality education through Social and Emotional Aspects of Learning (SEAL), Personal Social Health Education (PSHE) and pastoral care.
- strengthening joined up working between hostels and treatment services to address the needs of hostel based clients in recognition of the high prevalence of both substance misuse and dual diagnosis amongst hostel users and ex-offenders

Strategic priorities - Treatment

Adult treatment

- During 2011/12, we will complete a redesign of treatment services in the borough. The redesign will help us to develop our model for drug treatment in a way that fits with the current and future need of our population, and the evidence available on what works well, and will inform our commissioning intentions for 2012/13 and beyond. We intend that the redesign process will help us to work across the system to develop a "whole systems" approach to helping people to recover from drug addiction and dependency, where all providers work together to provide a seamless pathway of support for service users.
- Commissioners will work with treatment providers to develop a local whole systems approach to recovery. This will involve ensuring that each individual is offered:
  - A comprehensive assessment and response to individual and/or family health and social needs. This will include an integrated recovery plan that is personalised and client centred/driven offering a choice of appropriate treatment interventions, which addresses a range of health and social needs and sets goals for treatment
  - High quality assessment and integrated care planning to address the range of needs presented by each client including for example mental health issues, physical, social, or emotional issues
  - Swift and effective referral to other treatment agencies where more appropriate to the clients identified needs, as well as referral to a range of support services such as housing, employment, support to fulfil parenting roles, mental health services and services to address wider health needs
  - Co-ordinated care planning, reviews and case management for each service user to guide them through their treatment and ensure that they receive the best and most appropriate services to meet their needs at the right time
  - We will develop, sign up to and monitor performance against a Service User and Carer Engagement Charter. This will set clear criteria for service user and carer involvement in service planning, commissioning and performance monitoring. We will support the development of

peer support/mentors and service user recovery champions. Furthermore we will ensure all treatment services sign up to and display, an agreed service user and carer charter

- We have focussed on improving successful treatment completions for some time. As the formula for calculating the Pooled Treatment Budget is changing next year from numbers entering treatment to successful completions, we will redouble our efforts to focus resources to improve the proportion of successful treatment completions, drug free outcomes and reduction in re-presentation rates

- Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser

- We will further develop our treatment and children's services to improve our response to the needs of children of drug misusers. We will embed good practice into everyday assessment and casework by developing and implementing a jointly owned referral protocol between children's services and treatment providers, train workers in addressing 'hidden harm' and support staff to identify and respond to drug using parents and their children

- We will work with stakeholders to develop a clinical governance framework that addresses the entire treatment system including primary care. The Department of Health Operating Framework 2010/11 sets quality as the guiding principle of the NHS[24]. Clinical governance is usually thought of as a framework containing a number of domains to be addressed that impact on the quality and safety of care. The Darzi review[25] found that for the NHS, quality should include the following aspects:

  - Patient safety
  - Patient experience
  - Effectiveness of care

These three areas are known as quality dimensions and cover issues such as: adherence to NICE guidelines, Serious Untoward Incidents, service user involvement, etc

- We will identify and nurture links with wraparound support services that address education, training and employability (ETE) and wider needs of the family. We will continue to implement the protocol between Job Centre Plus and drug treatment services to access support and we will support service users to become actively involved in development of ETE opportunities for those in, and exiting treatment

- We will target treatment naïve drug misusers e.g. through our work with hostels in order to motivate them towards engaging in more structured treatment and progress towards recovery

[24] The NHS operating framework for England for 2010/11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107
[25] Quality and the NHS Next Stage Review, Lancet.

- The Olympics in 2012 will see the arrival of workers, tourists, spectators and athletes. The potential impact for services and clients will be considered and planned for ahead of the games

Young people's substance misuse services

- Our approach will combine universal prevention activity through schools and youth services with a commitment to intervening early. We will offer targeted support to vulnerable groups of young people at increased risk of substance misuse

- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, and a strong interface with more specialist support and treatment services, information sharing and workforce development

- We will ensure there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and, for the most vulnerable young people this will include locally delivered multi agency packages of care with the aim of preventing escalation

- We will review referral pathways into specialist services to ensure that all young people with a need access treatment with a particular focus on looked after children and those attending accident and emergency services for drug and alcohol related issues

- We will monitor the trend in the increasing number of re-presenting young people in treatment and undertake further research/analysis into the reasons for high re-entry and focus on ways that services might be better provided to ensure services are responsive to the needs of all young people

- We will work with young people's services to ensure support for the whole family and encourage family support for the young person

- We will work with providers to develop rational outcome targets with which to monitor and measure the effectiveness of our treatment services for young people

Strategic priorities - Enforcement

We will disrupt the supply of drugs through effective enforcement. This will involve:

- Continuing to invest in primary policing enforcement via the 'dealer-a-day' initiative to target street drug dealers and crack houses in the borough. Additionally we will tackle mid-tier dealers and those who supply the mid-tier. These operations will involve making the maximum possible use of our enforcement powers including closure orders, injunction and eviction. The mayor of Tower Hamlets is making considerable investment in policing, specifically to tackle drug related anti-social behaviour and crime, alongside his additional investment in drug treatment. We will evaluate our enforcement campaigns to measure effectiveness in terms of reducing complaints about drug dealing by undertaking 'before and after' surveys with local residents. We will include information on these enforcement operations in our communications with the public

- Beginning in 2011/12 a dedicated task force will provide a holistic multi-agency approach to drug related offending and anti-social behaviour. This will include

targeting PPOs with drug misuse problems and known offenders linked to acquisitive crime. The task force will also target venues such as pubs and clubs where there is suspicion of drug misuse. There will be increased patrols at known hotspots. The task force aims to provide an enhanced level of intervention to address drug-related anti-social behaviour and crime and fits into the Integrated Offender Management model. The intended outcome of the task force is the reduction in the drugs problems that bother local people the most

- We will implement a results-focused Integrated Offender Management (IOM) programme to ensure drug misusing offenders:
    - Receive a holistic support package aimed at stopping offending and drug dependence
    - Are supported by criminal justice agencies to access treatment voluntarily
    - Have effective pathways between services, including between those in prison and those in the community
    - Where appropriate are assertively identified and managed to ensure compliance with legal requirements

  This will be developed on the basis of a clear framework setting out specific roles and responsibilities, and the use of available resources in a co-ordinated fashion to produce better and more sustainable outcomes.

- We will develop the Drug Intervention Programme (DIP) to increase the number of drug misusing offenders engaging in the structured treatment system. We will deliver targeted outreach to encourage drug misusing adults (generic and CJS clients) into or back into treatment alongside a more robust approach to breaches and compliance for DIP/DRR clients

- We will target treatment naive probation clients by supporting the probation service to identify drug misusing clients and effectively address their treatment needs by ensuring the probation workforce have appropriate training, support and are consulted in the development of our new treatment service model

- We will work with social, and where possible commercial, landlords to tackle the use of premises in the borough used for the manufacture and distribution of drugs by identifying drug-related activities and pressing for prosecution

- We will work alongside community groups e.g. CADAA (Communities Against Drugs & Alcohol Abuse) to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience against drugs

- We will improve our understanding and intelligence about local drugs markets, distribution and trafficking networks develop and operate e.g. mapping the local market and measuring the effects of any interventions by surveying local residents

- We will respond to and reduce community concerns about drug use and drug dealing through:
    - On-going dialogue, gathering information and intelligence; and
    - The effective communication of successful operations to the public

CURRENT RESPONSES

6

Appendix 5 describes in detail the actions we are currently taking to address drug use across the three pillars.

UNDERPINNING THE FOUNDATIONS

7

Use of data, intelligence and surveillance

In order to accurately assess the needs of the population in Tower Hamlets in relation to ALL drug misuse we need to improve our analysis of health surveillance information and data e.g. health issues such as local rates of BBV infections, hospital admissions, accident and emergency department attendances, primary care data. We also need to look more closely at our treatment outcomes data and benchmark this against regional performance so we can measure how effective our services are. Equity audits should be carried out in our treatment system and reported as part of the annual needs assessment.

In addition we need to build our knowledge base around non-PDU drug use e.g. steroid use, emerging trends of 'legal highs' and use of OTC (over the counter) drugs and prescribed medicines.

Furthermore gathering intelligence about drug markets, distribution and trafficking will inform enforcement and community interventions.

Our analysis needs to be carried out in a structured and ongoing manner, which informs and cross references with the Joint Strategic Needs Assessment.

We need to ensure that the data, analysis and intelligence is prioritised by the Partnership and ensure that this underpins decisions on future provision and any review of DAAT structures.

Implementation, monitoring and review

The DAAT board, reporting to both the Safe and Cohesive Community Plan Delivery Group and the Health and Well Being Board, will oversee the progress of the Substance Misuse strategy and take reports from working groups that are responsible for implementing the respective action plans.

Responsibility for developing and implementing the children and young people's substance misuse plan is with Tower Hamlets Children and Families Trust, representatives of which sit on the DAAT board.

There will be a comprehensive programme to review progress from the previous year, assessing developing needs and gaps and setting out how the DAAT partnership will meet its targets and objectives.

APPENDIX 1: NATIONAL PREVALENCE OF DRUG MISUSE

The British Crime Survey (BCS)[26] provides estimates of illicit drug use among adults aged 16 to 59 within the general household population in England and Wales.

The 2009/10 BCS estimates that 8.6 per cent of adults had used illicit drugs (almost three million people) and that 3.1 per cent had used a class A drug in the last year (around a million people). 41% of these are frequent drug users (that is, using a drug more than once a month on average in the last year).

Last year use of any illicit drug by 16 to 59 year olds in 2009/10 was at its lowest level since measurement began (1996), falling from 11.1 per cent in the 1996 BCS (and from 10.1% in 2008/09) to 8.6 per cent in the 2009/10 BCS, mainly due to successive declines in the use of cannabis since 2003/04.

Use of any illicit drug among young people (16 – 24) in the last year has fallen since 1996 (29.7%) and since 2008/09 (22.6%), in large part due to a decline in cannabis use.

The economic and social costs of class A drug use in England and Wales have been estimated at £15.4 billion[27].

[26] Drug Misuse Declared: Findings from the 2009/10 British Crime Survey, England and Wales, Jacqueline Hoare and Debbie Moon (Editor), July 2010 13/10

[27] Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) 'Measuring different aspects of problem drug use: methodological developments.' Home Office Online Report 16/06

APPENDIX 2: NATIONAL POLICY FRAMEWORK

The development of the Tower Hamlets Substance Misuse Strategy is taking place during a time of profound political and economic change. Some of the national policies and agendas that are impacting or will impact on this agenda are set out below.

National Drug strategy

The new national drug strategy 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life'[28] has three main themes.

Reducing demand, restricting supply and building recovery into communities; and two overarching aims:

1. Reduce illicit and other harmful drug use; and
2. Increase the numbers recovering from their dependence

The strategy covers how the Government will address trafficking and dealing, prevention, education and information and how treatment outcomes will be improved. For the first time the strategy covers treatment for drug use as well as serious alcohol dependency.

Some of the most relevant points of the strategy locally in terms of enforcement are:

- The introduction of Police and Crime Commissioners (PCCs), bringing local democratic accountability to the police and who will be responsible to local people for reducing crime and disorder, including drug related crime.
- Developing further integrated local enforcement with local neighbourhood police gathering intelligence on local dealers and providing a visible deterrent. Strengthening partnerships between police and local partners. Where non class A drugs (cannabis, steroids, ecstasy or others) are a problem locally, partnerships will be supported to test new ways to address them.
- Integrated Offender Management (IOM) brings together the police, probation service, youth offending teams, DIP, local authorities and voluntary and community groups. Together they will identify, support and manage priority offenders, including drug misusing offenders and PPOs, and divert them away from drug use and crime.

In terms of prevention the strategy commits to establishing a 'whole-life' approach to preventing and reducing the demand for drugs by:

- breaking inter-generational paths to dependency by supporting vulnerable families;
- providing good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse;
- encouraging individuals to take responsibility for their own health;and
- intervening early with young people and young adults;

[28] Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government

Key points of the strategy for us locally in terms of drug treatment are:

- The White Paper proposal that local Directors of Public Health based in the local authority, will have oversight and commissioning of drug and alcohol treatment services as a core part of their work.
- 'Payment By Results' pilot schemes will be initiated.
- The strategy encourages treatment services to become more ambitious in terms of full recovery for service users. Recovery activities and therapies will therefore need to be made available and become part of all treatment care plans. Substitute prescribing will still have a key role to play within a recovery focussed system.
- A new framework for treatment delivery will be published, to replace the 'Models of Care 2006 update'.

Defining recovery can be difficult as it means different things to different people and covers a range of processes from harm reduction to abstinence based treatment options. A useful definition has been provided by the Scottish Government below:

"What do we mean by recovery? We mean a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process."

The road to recovery: A new approach to tackling Scotland's Drug Problem, The Scottish Government, May 2008

The National Treatment Agency business plan 2010/11

The key themes of the NTA 2010/11 Business Plan are also relevant locally. The NTA's key priorities are:

- Improving outcomes for those in treatment; focussing on sustained recovery and outcomes. Performance will be measured based on outcomes, measured by the TOP (Treatment Outcome Profile) tool and NDTMS. Centrally allocated resources will be allocated based on performance. Tower Hamlets DAAT therefore has the opportunity to increase future allocation of resources by improving performance. in relation to successful completion rates and reducing representations.
- Providing better value for money from central investment; aiming to get more for less. In Tower Hamlets we will be utilising the NTA 'Value for Money' tool to benchmark our performance.
- Championing abstinence-focussed treatment; there will be new guidance on substitute prescribing in line with the evidence base which will aim to steer patients and practitioners away from long term maintenance prescribing.
- Re-balancing the system to ensure a consistent approach to commissioning community and residential rehabilitation. A set of criteria will be developed which will assist in determining appropriate care pathways and treatment matching.
- A new recovery-oriented blueprint for the treatment system will be published by the NTA to replace the current framework, Models of Care for Treatment of Adult Drug Misusers (update 2006).
- Practitioner skills will be developed further with a skills development framework and programme to underpin the cultural and structural shift towards recovery/abstinence focussed treatment.

Breaking the cycle green paper, 2010[25]

This consultation paper focuses on locally developed Integrated Offender Management solutions and assisting offenders to 'get off drugs for good' and payment by results for both adult and youth offenders services. As such, it is a driver to increasingly co-ordinate services around offenders and ex-offenders and to prevent youth drug misuse.

NHS white paper 'Equity and excellence: Liberating the NHS' July 2010

Key components of the paper which will be aligned within NHS ELC and DAAT partnership treatment plans are:

- Putting patients and public first
  Further developing service user involvement and choice and personalisation of treatment and support,
- Improving healthcare outcomes
  Improving outcomes for those in treatment and developing outcomes targets.
- Autonomy, accountability and democratic legitimacy
  The developing GP consortia will have responsibility for most local health commissioning mechanisms although, it is proposed, drug treatment will be overseen by Public Health.
- Cutting bureaucracy and improving efficiency
  Efficiency savings within the NHS will be reinvested to support improvements in quality and outcomes; reduction of management costs which will be reinvested in the 'front line'.

Public health white paper 'Healthy people, healthy lives' November 2010

The paper responds to the Marmot report 'Fair society, healthy lives' which advocates a 'life course' approach to improving public health, from early years onwards, emphasising personalised, preventative services and focussing on outcomes.

The paper emphasises localism and local authority's responsibility being the heart of improving health and wellbeing on issues such as drug and alcohol misuse whilst retaining a national lead on health protection where appropriate.

The paper proposes a 'radical new approach' which incorporates a focus on key outcomes, demonstrated through a new public health outcomes framework. A commitment to 'what works' is given and use of the evidence base to achieve behaviour change.

There is an emphasis on personal responsibility and promotion of healthy choices using a 'ladder of interventions' to minimise intrusion and avoid regulation.

No health without mental health, Feb 2011[26]

This cross-governmental strategy recognises the close links between substance misuse, mental health and homelessness and recommends improved co-ordination of services. As with other policy areas it promotes localisation of services, personalisation of care, diversification of supply and a focus on outcomes.

APPENDIX 3: TOWER HAMLETS POLICY CONTEXT

Drug misuse is a cross-cutting issue and as such this strategy aligns itself with key local strategic policy documents and partners to ensure our priorities are addressed in the most effective and cost effective way. Key areas of alignment are highlighted in the following local strategy documents:

- Tower Hamlets community plan. This is the main partnership plan which has four key priorities for making Tower Hamlets :

  1. a great place to live,
  2. a prosperous community,
  3. a safe and cohesive community
  4. a healthy and supportive community.

- The second chapter of the Substance Misuse Strategy, consisting of the alcohol harm reduction technical document

- Stronger and Safer communities, Tower Hamlets Partnership, Outline crime and drugs reduction strategy and Safe and cohesive delivery plan 2011/12

- Tower Hamlets Children and Young People's Plan.

- Improving Health and Wellbeing in Tower Hamlets, a strategy for primary and community care services 2006-16.

- Integrated Offender Management Plan (in development)

APPENDIX 4: WHAT ARE THE BENEFITS TO THE LOCAL COMMUNITY OF DRUG TREATMENT?

Costs and benefits of drug misuse and treatment

In Tower Hamlets we fund a comprehensive treatment system for drug misuse and we can show the difference it makes using the NTA Value For Money (VFM) tool. The VFM tool helps partnerships to measure the cash benefits of drug treatment versus the costs of drug misuse.

Using the VFM tool we can estimate how many drug related crimes can be prevented as a result of drug treatment if the numbers in treatment remain static as per the table below.

The VFM tool shows significant benefits in terms of the numbers of acquisitive crimes prevented, increasing yearly.

The VFM tool also allows us to estimate the cash benefits in terms of spend on treatment versus cash benefits to local partnerships. It shows for every £1 spent on treatment £3.95 is saved on health and crime costs.

National Indicator 38

NI38[29] measures and drives local performance in reducing offending by (class A) drug misusers identified in the course of their contact with the criminal justice system. The measure is a proxy measure which monitors the level of proven offending by known (class A) drug misusing individuals who have been identified through their contact with the Criminal Justice system and subsequently have a proven conviction for any offence.

In 2009/10 LBTH had a cohort of 182 individuals (102 DIP and 80 Probation) who were monitored and their proven offending was measured against their actual offending. LBTH was the fourth best performing London borough re-offending was just 57% of that that was expected.

[29] Proven reoffending of identified offenders

Numbers in effective treatment 2010/11		1,599
Mean time in effective treatment in one year		69%
Number of successful completions for those in effective treatment		170
Number of unsuccessful completions for those in effective treatment		243
Sustaining recovery rate for those in effective treatment		40%
Clients sustaining recovery	New	166
	Existing	671

Crimes prevented

		2008/09	2009/10	2010/11
An estimate of crimes prevented if numbers in drug treatment remain static	Robbery	274	307	346
	House burglary	137	154	173
	Business burglary	867	973	1094
	Theft of a vehicle	228	256	288
	Theft from a vehicle	684	768	864
	Shoplifting	16924	18994	21370
	Bag snatch	319	358	403
	Cheque or credit card fraud	365	410	461

APPENDIX 5: CURRENT OPERATIONAL RESPONSES TO TACKLE DRUG MISUSE AND FURTHER ACTIONS REQUIRED

The Tower Hamlets Partnership have commissioned, developed and delivered a raft of services, operations and projects to address local needs. The sections below summarise current responses and areas where further action is required.

Prevention and Behaviour change

Current responses:

- The DAAT coordinate a drug awareness week campaign which involves targeted campaigns on BME media such as Channel S and local Ramadan radio. The total number of people reached through direct contact during the campaign in 2010 is calculated to be just over 1,000 with 15,000 reached indirectly

- We have invested in a Tower Hamlets Drug and Alcohol Outreach Team who work closely with Tower Hamlets Enforcement Officers (THEOs) providing targeted street based brief interventions to those involved in street based activity and supporting vulnerable adults to enter formal treatment and other services where appropriate

- As part of the schools Strengthening Families programme, drug education and awareness sessions have been delivered to parents in schools settings. More in-depth training sessions are also delivered to youth workers, front-line workers, residents etc

- Nafas deliver educational drug awareness sessions in schools across the borough and, in 2010/11, delivered workshops to 2156 pupils

- The Tower Hamlets Healthy Lives Team provides central training (open to all staff from all schools across The Borough) on good practice in Drug Education and Drug Education and Incidents Policy development for schools. In 2010-2011, 37 primary teachers and 15 secondary teachers attended central training on Drug Education (policy support is in the near future)

- Individual school INSET / staff meetings on good practice in Drug Education are also provided by Healthy Lives. In 2010-2011, 220 school staff received this training. The team also moderating schools' Drug Education and Incident Policies to make sure they are adequate and up to date

- Healthy Lives has developed a resources website (Fronter) that provides access to schemes of work and lesson plans on drug education for schools and teachers; advice/guidance on drug policy development; links to external agencies and resources

- THDAAT and Nafas work closely with imams and mosques across the borough to deliver drugs focussed khutbahs and provide culturally appropriate advice and education for drug users

Further action required:

- We need to ensure our prevention and health promotion work around drug misuse is integrated with other health and wellbeing areas to improve coverage, make best use of limited resources and improve effectiveness

- We need to encourage and support schools to uniformly prioritise drug education, some find difficulty fitting it in due to competing priorities and time constraints

- Youth Services are taking on responsibility for the provision of Tier 2 services for young people. We need to ensure our targeted support through the Integrated Youth Support Services acts as the focal point for early interventions with vulnerable young people and groups and support delivery through capacity building youth services and actively monitoring delivery activity

- We will prioritise the retention of specialist drug and alcohol work within the YOT and ensure appropriate support for young people within the youth justice system with clear referral mechanisms to specialist support and treatment where appropriate

- We need to work in partnership with children and family services to break intergenerational cycles of disadvantage and minimise the harm caused by parental substance misuse. This will involve:

    - Ensuring that the gains we have made with regard to the hidden harm agenda are not lost and development of working protocols between treatment and family services

    - Working in partnership with family services to ensure a comprehensive whole-family response to drug misuse whenever possible

    - Continuing to develop the effective partnership between children's social care and treatment providers by building skills, developing pathways and protocols to ensure the safeguarding of the children of those with drug problems and embedding safeguarding and substance misuse into everyday assessment and casework practice

    - Seeking funding sources to continue to provide parenting programmes that support substance misusing parents

Treatment

Current responses:

An overview of the treatment services available in LBTH is outlined below:

- Primary care services are a key element of the treatment system in Tower Hamlets. A Local Enhanced Service is commissioned from GPs to provide treatment to clients, from local GP surgeries supported by specialist drug treatment services

- Health E1 offers primary care services to homeless people and employs specialist nurses and doctors who prescribe and undertake keyworking for drug users under their care. Needle exchange and BBV services are also available from HE1

- Needle exchange – following reconfiguration of harm reduction services, needle exchange is now available at Health E1, CDT, Isis, SAU, Dellow Day Centre and four

community pharmacies (one of which operates for 100 hours per week)

- Blood Borne Virus Team – the BBV team offer a wide range of interventions including access to BBV screening, immunisation and treatment, wound care, safe injecting, advice and sexual health screening. The team operate from a range of locations including; CDT, Health E1, SAU, Isis, Aldgate Hostel and Dellow Day Centre

- The Island Day Programme (IDP) - community based drug treatment programme based on the principles of the Twelve Step fellowships of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). This programme is abstinence based and support includes one-to-one and group sessions, lectures, assignments and aftercare

- Tower Hamlets Specialist Addiction Unit (SAU) - this is a multidisciplinary service which provides structured drug treatment to adults with complex drug related needs, including physical health, mental health, and chaotic drug or alcohol use

- NAFAS – a Tier 3 service which also provides a culturally sensitive structured day programme, structured counselling, and referral to prescribing services. Nafas carries out extensive work with the families and friends of drug users from the Bangladeshi community and has worked closely with the Harbour Recovery Centre since it opened. The Abstinence Support Network (ASN) programme supports recovering drug users who are abstinent to develop life skills and engage in ETE programmes

- Tower Hamlets Community Drug Team (CDT) – key working, shared care prescribing, structured counseling, group work, complimentary therapies and access to community care assessment for in-patient detoxification and residential rehabilitation

- Health E1 – NHS homeless person's medical centre providing a range of services to drug users

- City Roads (tier 4) - provides in-patient detoxification for drug users in crisis and structured group programmes. City Roads offers a maximum 3 week stay and can refer on to residential rehabilitation

- Harbour Recovery Centre - provides in-patient detoxification for non-injecting male drug users with non-complex needs who are primarily Bangladeshis under the age of 30. The partnership commissioned this service following consultation with the Bangladeshi community

- The Drug Intervention Programme (DIP) acts as a 'bridge' for offenders to gain access to the drug treatment system. DIP can access tier 4 interventions directly where appropriate. DIP will be one essential element of the new Integrated Offender Management model. DIP is composed of a range of services to meet the needs of substance misusing offenders. The main source of referrals is through the Arrest Referral Team (based in the custody suite at Police stations). Individuals arrested for certain (mainly acquisitive crime) offences are drug tested and those that test positive for opiates or cocaine have to see a drug worker for a mandatory assessment. In 2010/11 31% of those who were tested, tested positive – a total of 748 people. We are reviewing and restructuring our DIP service aligning it with best

practice guidance, integrating it into our Integrated Offender Management model and building capacity for assertive outreach to engage/re-engage clients in treatment

- The DIP Group Programme is commissioned by DAAT using pooled treatment budget funding – for criminal justice clients referred from Probation and DIP for structured psychosocial support delivered via an 8 week programme. The DIP now also hosts shared care prescribing and a comprehensive BBV service. Clients are referred from here to most other agencies across the treatment system

- Isis – Community drug service for women offering shared care prescribing, structured counselling and general health screening

- A specialist midwife service operates from the Royal London Hospital and delivers specialist care for pregnant drug and alcohol users and their babies in conjunction with the Specialist Addiction Unit, childrens services and other key professionals

- Dual Diagnosis Service – offers low threshold access to specialist mental healthcare to people with dual diagnosis issues in a wide spectrum of settings across the borough. The service does not report to NDTMS but offers triage, assessment and referral into structured treatment if required

- Tier 4 Services including local services such as Harbour and City Roads – other block contracted and spot purchased residential services widely available at treatment centres nationwide

- NACRO deliver a satellite advocacy and support service within CDT, Isis and other treatment services. The specialist worker provides practical support for drug users around accommodation, education and employment and financial needs

- In 2010/11, Intuitive Recovery were commissioned to deliver 3 programmes across the borough. The programme is focussed on recovery from addiction and received very good feedback. Results are being monitored in consideration for future commissioning

- The Dellow Day Centre employs a specialist drugs worker, funded by PTB, to promote treatment options and provide harm reduction advice and information and needle exchange. BBV interventions are also available at the Dellow Day Centre

- Drug and alcohol outreach workers work across the borough to engage with street drinkers and refer them into treatment as well as help them to find and maintain adequate accommodation. During 2010/11 the Outreach Team provided a total of 1356 interventions for individuals who were misusing substances or were involved with street lifestyles. These street based interventions offered people general harm reduction advice and information, regular ongoing support or signposting into other services (both drugs and alcohol)

- The Probation Service supports and monitors offenders in the community. The most recent available data suggests that 1589 ex-offenders were recorded as commencing supervision with Tower Hamlets Probation in 2009/10. Of these, 112 are recorded by Probation of commencing a Drug Rehabilitation Requirement which is a court order to attend treatment.

A smaller number (36 individuals) are recorded by treatment agencies as entering the treatment system in 2009/10 from Probation via other referral routes

- Practice has been standardised in terms of assessment and care planning across the borough. We have implemented a common referral, triage, assessment and care planning tool across all tiers. An Integrated Care Pathways steering group has been set up and aims to encourage provider agencies to offer a more integrated and effective treatment journey where clients transfer between treatment agencies where their needs can be most appropriately met

- There has been an emphasis on workforce development with the delivery of ongoing training to all provider agencies in relation to the pathway development. A significant amount of external training has also been commissioned to enhance practitioners competence

- Tower Hamlets has a relatively young population but 18-24 year olds are not represented in drug treatment in proportion to the population. A pilot project has been set up to assist 18-24 year olds access treatment, focused on cannabis, cocaine and experimental drug use and will take a more psychosocial approach to treatment

Service User Involvement

- The Service User Involvement Group (SURG) meets monthly and has held quarterly events in 2010/11 to discuss service user needs as well as updating on service provision in the borough. The chair has regularly attended the London Regional Users Committee and has now been elected onto its steering committee

- A research project on unplanned discharges was undertaken by SURG working with the DAAT, and SURG members designed the research questions; carried out all research and participated in the production of the final report

- SURG is working with NHS East London and the City Tower Hamlets Public Health Department concerning an evaluation of the borough's needle exchange scheme

Children and young people service responses

- Drug Treatment for young people is commissioned by the Children, Schools and Families service and provided by Lifeline Young People's Service and the CAMHS Specialist Substance Misuse Service (CSSS). Between April 2010 and March 2011, 117 young people (i.e. under 18 years old) received structured care planned interventions via these services

- Young people's services focus on preventing the escalation of use and harm with a view to stopping young people from becoming dependent adults. The Youth Offending Team also provide a level of support to young people with substance misuse problems and the Integrated Youth Support Service will now be playing a significant role in the provision of targeted support services to young people

- Breaking the Cycle (BtC) in Tower Hamlets is a service providing support for families affected by parental or carer alcohol or substance misuse. It aims to break the generational cycle of alcohol or substance misuse within

a family by taking a holistic family approach using systemic family therapy. The main referrals that BtC receive are from Children's Social Services but there is an interface between BtC and some of the drug and alcohol providers

Hidden Harm

There has been a focus across all services on 'Hidden Harm', addressing parental substance misuse and supporting children of drug and alcohol misusers. Tower Hamlets Hidden Harm priorities are:

- Development of a coherent and coordinated approach towards hidden harm embedded in Tower Hamlets services
- The implementation of clear referral protocols and procedures between Children's Social Care Teams and adult drug and alcohol providers
- Inter-agency training to ensure the identification of children and young people affected by parental substance misuse and recognising parental substance misuse and addictive behaviour
- Clear referral pathways and guidance on when to refer
- Development of a Hidden Harm Handbook to include pathways guidance and protocols
- Delivery of Moving Parents and Children Together (M-PACT) programme to ensure that parents are able to recognise how substance misuse impacts on both their own parenting skills and family life. This eight week programme supports families affected by substance misuse

Further action required

Some basic principles

We believe that anyone experiencing a drug problem should have access to effective, evidence-based treatment. Needle exchange, Blood borne virus interventions, substitute prescribing, abstinence based programmes, detoxification services, Psycho-social interventions such as CBT based programmes, twelve step programmes, structured day services, residential rehabilitation and other services all have their part to play. It is of paramount importance to ensure that people are getting the right service for them, delivered in the right way and at the right time. There are many routes into drug problems and so there needs to be a choice of routes out of them. We will therefore promote choice in treatment services. Our treatment services should support both harm reduction and abstinence-based approaches. Our treatment providers must work with all people in treatment to assist them to (re)build their lives and move on in their recovery. Abstinence and recovery are the ultimate outcomes for drug users, when and where these are realistic and safely achievable. We are equally committed to supporting harm reduction as an appropriate goal for clients as part of their individual treatment journeys.

The system must put people first. Care pathways out of drug problems and dependency must be personalised , this means putting service users at the centre of care planning and addressing health and social needs that come along with the drug misuse. This will mean supporting clients to access a range of 'wraparound' support services such as housing, training/employment, health and fitness and peer support.

Relationships between clients and the workforce matter. As recognised in many

other fields, such as mental health, the values, skills and attitudes of our workforce in drug treatment services can be as important as the particular intervention they are delivering[30]. We need to ensure our workforce is fit for purpose, skilled and effective.

Some people in the drug treatment system have multiple needs and damaged lives. We know that people can struggle to address a drug problem successfully if they face stigma and isolation, are not helped to address past abuse and trauma, they continue to experience homelessness and/or have no access to training, employment, or other meaningful activity. Care pathways out of addiction are about a lot more than drug treatment alone[31].

Adults treatment

- Our equity audit highlighted inequities in treatment access for certain population groups. The recommendations of the audit report for commissioning were to review the whole treatment system using a multi-criteria decision analysis model. This would take into account cost, evidence base, targeting equity groups, and setting objectives for the treatment model. Benefit criteria would need to be identified and then services ranked/scored accordingly. Once funds have been identified, commissioning decisions can be made accordingly

- We are committed to monitoring the equitable use (by protected characteristics) of our treatment services on an annual basis

- Commissioners and treatment providers need to continue to work in partnership with hostels/supported housing to enable better access to harm reduction services, engagement into treatment and provide a supportive and conducive environment for recovery

- We need to work with our partners to ensure there are appropriate support structures in place during and post-treatment to prevent relapse, we will identify service and service user 'Recovery Champions'. 'Recovery champions' ensure recovery and reintegration activities are a central focus of service delivery and provide an ongoing challenge that ensures service improvement to meet developing service user needs[32]

- The Drug and Alcohol Outreach Team have been resourced through time limited 'You Decide' funding. In 2011/12 DIP and public health funds are being used to continue the service. Future options (2012 onwards) for an alternative funding stream need to be agreed, as well as further developing and clarifying the role and remit of the team

- The relationship between services is important. There is great potential for improved recovery journeys across the treatment system which may be facilitated by better co-ordinated treatment pathways between treatment services given the particular needs and choices of service users. Therefore we need to further improve

[30] Drug treatment at the crossroads What it's for, where it's at and how to make it even better. Drugscope 2009. Available at http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/Drugtreatmentatthecrossroads.pdf accessed 27/4/2011

[31] Drug treatment at the crossroads What it's for, where it's at and how to make it even better. Drugscope 2009. Available at http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/Drugtreatmentatthecrossroads.p df accessed 27/4/2011

[32] Commissioning for recovery. Drug treatment, reintegration and recovery in the community and prisons: a guide for drug partnerships. 2010 NTA.

and monitor use of treatment pathways between treatment services

- SURG will become involved in monitoring of service delivery in the different service providers. To build the capabilities of both the service user representatives and service users, skills based training will need to be provided

- There is a need to monitor new and emerging drug trends, uptake of treatment, unmet needs and non-PDU drug use, so that the partnership can provide services that are able to intervene

- A training needs analysis is needed to ascertain the competence of the workforce to deliver the recovery agenda (treatment, primary care, probation, DIP) across the borough. This will inform a strategic approach to training and development making use of shared resources and skill sharing. The training needs analysis should be a part of the wider review of the treatment system

- Completion and implementation of the DIP review will identify DIP service priorities. We will develop the recovery agenda and ensure the workforce has the skills to increase levels of treatment uptake, reducing attrition and improving outcomes. We will clarify and streamline pathways into treatment from the CJS, strengthening our partnership work with criminal justice partners. Outreach services will be embedded in DIP and will provide an assertive approach to following up clients who have disengaged

- DIP will develop managed pathways from YOT services for young adults in transition between young peoples and adults services

- There is a need to address the high level of re-presentation to treatment services, improve rates of successful treatment completion and improve outcomes. We need to ensure our workforce is skilled in assessment, treatment matching, care planning, delivery of psychosocial interventions and addressing social problems which impact on treatment

- Treatment providers need to consider the needs of clients who spend long periods in treatment services (2 years plus) and how these needs might be best met

- Our substance misuse needs assessment suggests a particular focus is needed on improving access to treatment for Bangladeshi women and sex workers we therefore need to address the needs of these two groups in our new service model

- We need to improve our data and intelligence about drug users who are non-PDU i.e. not using crack and opiates. This will enable us to ensure appropriate treatment interventions are provided. This group would include those who misuse prescription drugs, legal highs, steroids, khat etc

- The 18-24 year olds pilot project work needs to be evaluated and potentially built upon should it be shown to be successful at attracting this under-represented group

- We need to maximise the number of probation clients who access and engage with drug treatment services

Young people – further action required

- A 'safeguarding children of drug misusing parents audit' was completed in April 2011. It has

allowed us to acknowledge our strengths and identify our weaknesses in this area. We will build our plans to incorporate actions that will address the gaps. These gaps include the development of a joint referral protocol between children's and drug treatment services, strengthening workforce skills around children's risks and resilience, as well as including safeguarding actions in our commissioning processes

Enforcement

Current responses:

We have disrupted the supply of drugs in the borough by delivering the following enforcement approaches:

- Locally drugs related enforcement which aims to disrupt drug supply, has been prioritised through the 'Dealer-a-day' initiative. This has been funded by the Council and delivered by the Police. Activities undertaken include:
    - The execution of warrants
    - Proactive operation targeting known offenders
    - Sniffer dog operations
    - Police overtime to undertake the covert / overt operations
    - Hire of vehicles, automatic number plate recognition and other resources
    - Forensics investigations
    - Seizure of drugs, money and property belonging to offenders

  The target of arresting 365 drug dealers during 2010/11 has been exceeded with 404 arrests made during this period for Class A or Class B offences

- We have seen a consistent reduction in perceptions of drug use or dealing as a problem (National Indicator 42) between 2006-07 and 2010/11 as measured by our Annual Residents' Survey

- Drug enforcement activity has resulted in a number of seizures of cash, vehicles and property, as well as considerable prison sentences

- The THEOs (Tower Hamlets Enforcement Officers) are a uniformed civil enforcement team whose primary role is to deal with low level anti-social behaviour and environmental concerns with powers delegated by the Metropolitan Police. The drug and alcohol outreach team work closely with enforcement officers to identify and work proactively to motivate and support drug or alcohol using offenders into treatment services

- The Joint Deployment Group brings together front-line services, including the THEOs, to understand and identify hotspots and emerging trends in drug related antisocial behaviour and crime. Decisions are then taken to deploy appropriate resources in response to such issues

- The council's domestic violence team co-ordinates a programme of work across the Partnership in preventing domestic violence, a significant proportion of which is drug or alcohol related; protecting and supporting victims and bringing perpetrators to justice

- The community safety care plan service identifies individuals who live in hostels who may come to the

attention of enforcement agencies. Attempts are made to support them into treatment by the outreach team

Further action required

We underpin our strategy with a strong focus on enforcement. The Council and Police will use existing enforcement powers to target anti-social behaviour around particular premises and establishments. Local partners will be bringing together their enforcement resources to ensure that effort is targeted where it is most needed in a co-ordinated way to achieve maximum impact.

Shared crime data will be used to analyse crime trends and develop better initiatives to target crime hotspots. The Partnership will use the VOLT (Victim, Offender, Location, Time) model to identify priorities and target resources effectively.

This strong enforcement approach is coupled with interventionist support to address the socio-economic causes of crime and anti social behaviour. Poverty, deprivation, poor parenting and a lack of positive activities often lead people, particularly young people, into anti-social and criminal activities. Providing support for those at risk of criminal activity and effective treatment for substance and alcohol misusers, including housing and employment support for ex-offenders, will help prevent crime and social exclusion[33].

- Tower Hamlets has an excellent record as a trailblazer in the field of Integrated Offender Management, winning a Beacon award for Reducing Re-offending in 2008/09. However funding reductions have meant the loss of some core programmes. As such the borough is reviewing its approach to this area as part of the development of the Integrated Offender Management model. This process is being led by the Police. Integrated Offender Management (IOM) brings together the police, probation service, youth offending teams, local authorities and voluntary and community groups. Together they identify, support and manage priority offenders, including drug misusing offenders, and divert them away from drug use and crime

- Implementation of the dedicated drugs task force team to provide an enhanced response to drug related offending

- We need to make our enforcement targets more outcome based e.g. numbers of sanctioned detections, use of local residents survey before and after operations

[33] Stronger and safer communities plan, draft 2011/12