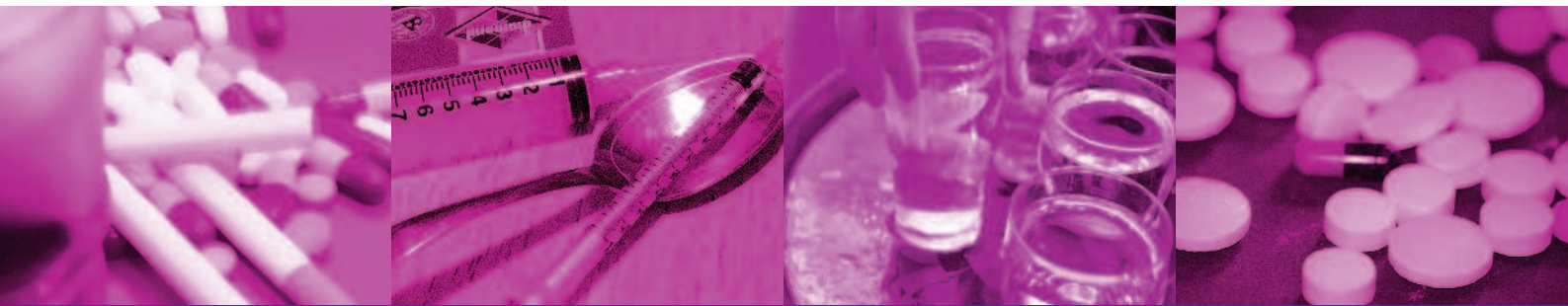


TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015



SUMMARY



FOREWORD

The harms caused by alcohol or drug misuse extend far beyond the individual into families, friends, communities and neighbourhoods, harming health, limiting opportunities and causing significant crime and anti-social behaviour. Whether it is an individual struggling with addiction, a family experiencing the gradual loss of a loved one or communities being blighted by crime to feed drugs habits, we cannot, and will not, ignore the widespread harms.

The most effective way for us to address the harms of alcohol and drug misuse is through working together in partnership work across the Council, NHS, Police, Fire Service, Probation, voluntary and community and sector. Our partnership work will focus on the three pillars of prevention/ behaviour change, treatment and enforcement/ regulation. We are committed to working together to bring the fullest range of interventions to tackle these problems and encourage all sections of our community to seek effective treatment from both Primary Care and specialist providers.

The costs of excessive alcohol consumption and use of illegal substances are borne not only by individuals, their families and friends but broadly across all of the public sector and the economy as a whole. We will continue to help people to make positive choices not to abuse alcohol or drugs, to seek and engage in treatment and ensure that people do not see Tower Hamlets as a place to sell illegal drugs.

As with many areas of the Partnership, Tower Hamlets is already recognised as a leader in addressing the harms of drugs and alcohol through both enforcement and effective treatment. Working together we commit ourselves to address the underlying causes of alcohol and substance misuse. We will continue to both lead and innovate whilst recognising that the current financial situation means we have to, more than ever, ensure all investments provide the most cost effective ways of pursuing our collective aims of preventing alcohol or drugs misuse, encouraging effective treatment and protecting our communities from crime.

Lutfur Rahman,
Mayor of Tower Hamlets

Cllr Ohid Ahmed,
Deputy Mayor of Tower Hamlets

Dr. Somen Banerjee,
Joint Director of Public Health, NHS
North East London and the City

Chief Superintendent David Stringer,
Tower Hamlets Borough Commander,
Metropolitan Police Service

Gary Atherton,
Assistant Chief Officer , London
Probation Trust

INTRODUCTION

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1.1 This strategy summary outlines Tower Hamlets Partnership's approach to tackling the problems associated with drugs and alcohol misuse in the borough. It presents the key actions the Partnership intends to take from 2012-2015, as detailed in the full Substance Misuse Strategy technical document, which is published alongside this strategy summary, and which combined should be read and considered as our one Strategy for drugs and alcohol

1.2 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 together worked hard to ensure that we support people to make healthy lifestyle choices, provide high quality treatment and support when needed, and tackle the antisocial behaviour and crime associated with drugs and alcohol

1.3 The Health and Wellbeing Board provides an excellent opportunity to strengthen the Partnership's joined up approach in addressing the wide ranging individual and societal harms caused by drug and alcohol misuse

1.4 The Partnership is keen to build on its progress to date, to further improve our approach to tackling the harm associated with drug and alcohol misuse in the borough, and intends to do so through this strategy

Some successes to date

During 2010/11, there were 1,630 drug users in effective treatment in Tower Hamlets, significantly in excess of our target, and the highest in London, and our treatment services are accessed by people from Black & Minority Ethnic communities at a higher rate than other similar areas.

During 2010/11, there were 409 arrests of dealers of Class A and Class B drugs in the borough, taking the total number of arrests above our target of 365 per year in the dealer a day programme.

We have successfully attracted and secured funding to commission three elements to our local alcohol treatment system; a primary care enhanced service, delivery of an acute hospital Trust screening and brief interventions service and the community alcohol team providing health promotion, assessment, community detoxification, referral to residential treatment and management of complex patients.

Protecting children and young people affected by parental substance misuse remains a local priority. We continue to strengthen the strategic response across the full range of services to target effectively the problems that families face.



WHAT WE KNOW ABOUT LOCAL DRUG AND ALCOHOL ISSUES

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2.1 In preparing this strategy, we have researched information available regarding the nature and scale of drug and alcohol misuse in the borough, and the effects on individuals and the local community. Some of the key facts we have established as part of our research, and which have underlined our need for a new strategy, are detailed below

Key local facts: alcohol

- Although the average rate of alcohol consumption across Tower Hamlets is relatively low, due to a large proportion of the population who do not drink, 43% of people who do drink have harmful or hazardous drinking patterns
- Despite the large proportion of the population who do not drink, we have higher than the London average alcohol-related admissions to hospital (most recent available data suggests that Tower Hamlets saw 1,841 per 100,000 alcohol related hospital admissions in 2009/10 compared to a rate of 1,684 in London and 1,743 in England)
- There is a considerable body of international literature showing that treatment for alcohol problems is both effective and cost-effective. In 2010/11, 602 Tower Hamlets residents received structured alcohol treatment.

Key local facts: drugs

- 52% of residents who responded to the Annual Residents Survey (2010/11) said that drug misuse or dealing was a very, or fairly big problem
- As a recent snapshot Tower Hamlets saw 1232 drug related offences (dealing and possession) during April to July 2011, accounting for 12% of all notifiable offences in the borough. During this same period, Tower Hamlets saw the highest number of class A offences in London.
- Where mandatory drug tests in police custody suites were undertaken, 31% of those tested in 2010/11 had a positive result for opiates or cocaine (mostly crack cocaine). There are well documented associations between dependent Class A drug use and acquisitive crime
- The most recent estimate (2010/11) suggests that there are around 3,795 people with problematic drug use in Tower Hamlets; Of this number, 1,775 (47%) are estimated to have not yet engaged with treatment.

2.2 It has been estimated nationally that the cost of alcohol misuse is huge, with at least £6 billion wasted every year. However, it is also a fact that treatment can be cost effective – for every £1 spent on treatment, £5 is saved elsewhere. For drug misuse treatment, similar financial benefits are possible: for every £1 spent on drug treatment in Tower Hamlets, £3.95 is saved on health and crime costs.

THE TOWER HAMLETS APPROACH

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3.1 We believe that by working in partnership we will more effectively address the problems associated with drug and alcohol misuse than if we were to work alone. The commitments contained in this strategy are therefore the commitments of the Partnership, including the London Borough of Tower Hamlets, NHS East London & The City, the Metropolitan Police, London Probation and voluntary sector providers

Our Partnership Vision

In Tower Hamlets, we will support people and families to make healthy lifestyle choices; we will reduce harm to those at risk, and empower those who are addicted or dependent to recover. We will relentlessly bear down on the crime and anti-social behaviour associated with drug and alcohol misuse that impacts on our communities.

3.2 The Partnership aims to help people who are affected or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable improvement to their health, well-being and independence

3.3 The Partnership is very aware of the serious social, psychological and physical complications of poly drug use as well as combined substance misuse and mental health problems (known as dual diagnosis). We believe that our services are particularly attuned to the needs of complex clients and while this is a historically challenging client group for traditional drug services, we will aim to

ensure that Tower Hamlets services continue to develop to effectively meet their needs

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

3.5 Alcohol and drug misuse and domestic violence are strongly linked. The Partnership is committed to reducing domestic violence and places safeguarding at the heart of its work to identify and address substance misuse in the family

3.6 To make it clear that we can only continue to progress in our approach to tackling the problems associated with drug and alcohol misuse through partnership working, we have organised our commitments around the three cross-cutting pillars of prevention and behaviour change, treatment, and enforcement and regulation



- Prevention and Behaviour Change**
 Prevention includes the actions we will take to address the wider determinants of health and factors which we know increase vulnerability to drug and alcohol misuse. Such factors include poor quality housing, lack of employment or educational opportunities and intergenerational influences

The National Social Marketing Strategy¹ lays out a framework for addressing both individual and societal push (e.g. peer pressure) and pull (e.g. alcohol advertising) factors

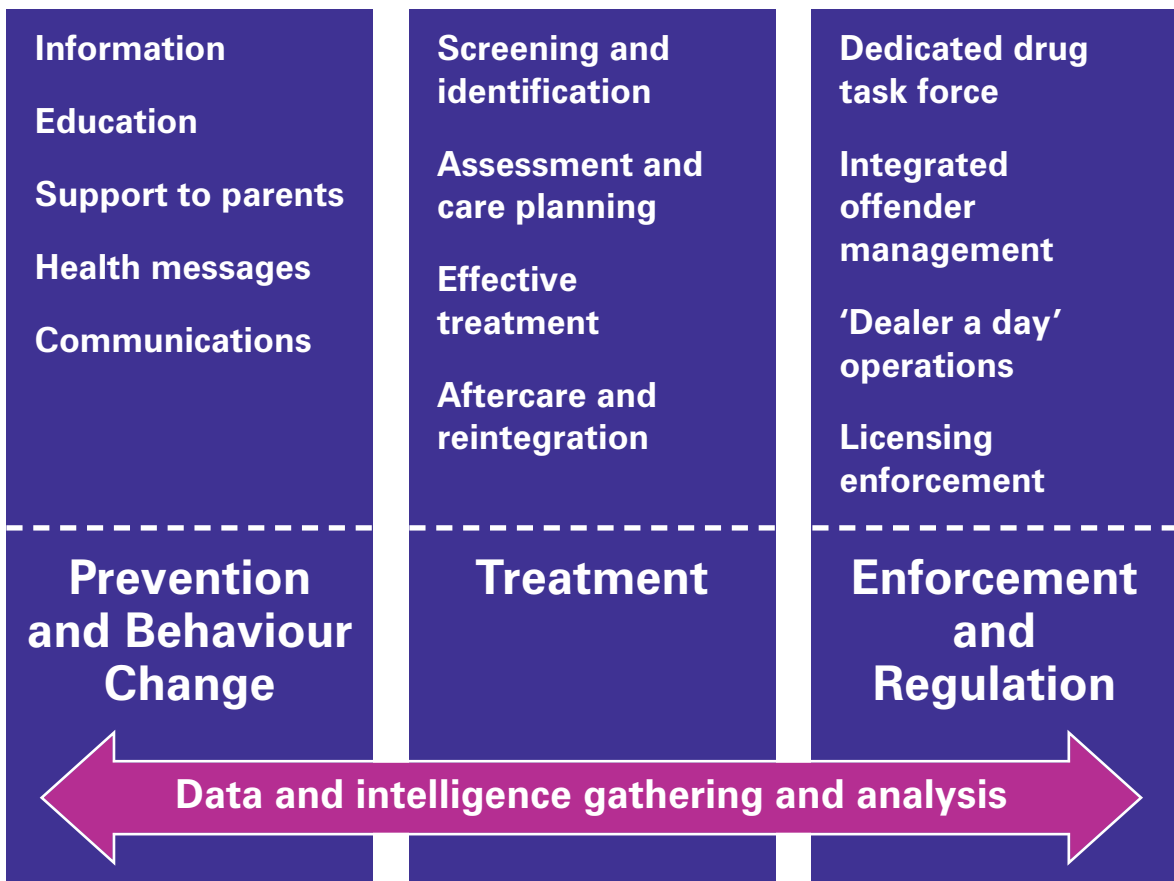
Prevention and Behaviour Change also includes the actions we will take to ensure that high quality information is available on drugs and alcohol, promotion and prevention activities

are developed, and advice and initial support options are made available to people who might have early stage problems with drugs and alcohol

- Treatment** includes the actions we will take to improve the access to and effectiveness of treatment options for people who are dependent on, or who have problems with, alcohol or drugs
- Enforcement and Regulation** includes the actions we will take to enforce the law as it relates to alcohol and drugs, and tackle the anti-social behaviour and crime associated with drug and alcohol misuse

¹ Changing behaviours, improving outcomes: A social marketing strategy for public health
 Department of Health (2011)

'THREE PILLARS' APPROACH



ALCOHOL HARM REDUCTION: OUR COMMITMENTS



4.1 The aim of our strategy is to reduce alcohol-related problems to improve the quality of life for both Tower Hamlets residents and visitors. We seek to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises. Our strategy sets out our priorities for addressing alcohol misuse and how we intend to coordinate and deliver them, with key areas set out below

4.2 ACTION ON ALCOHOL: PREVENTION AND BEHAVIOUR CHANGE SUMMARY

4.2.1 We will ensure identification and brief advice and, where appropriate, referral on to other agencies, is routinely undertaken on adult patients and clients attending key frontline services e.g. probation, health and the police. We will explore the potential for this approach to be expanded to paediatric and youth services

4.2.2 We will develop a multi agency communications plan for adults and

young people with a focus on harm reduction, safe drinking levels and targeting communities with high level of alcohol related harm²

4.2.3 We will ensure that young people have access to reliable alcohol education, and support schools to develop effective policies through a "whole schools approach"³ to alcohol

4.3 ACTION ON ALCOHOL: TREATMENT SUMMARY

4.3.1 We will increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services

4.3.2 We will further ensure 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

4.3.3 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

² The Chief Medical Officer for England recommends that children should have an alcohol free childhood. 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/>

³ 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 education programme.¹ - see Department for Education and NICE for nationally recognised definitions

4.3.4 We will ensure that family based interventions are integral to treatment provision

4.3.5 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

4.3.6 We will ensure that there is rapid access to intensive specialist support for those young people whose alcohol 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

4.4 ACTION ON ALCOHOL: ENFORCEMENT AND REGULATION SUMMARY

4.4.1 We will implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour

4.4.2 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

4.4.3 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

4.5 ALCOHOL HARM REDUCTION: HOW WE WILL MEASURE OUR SUCCESS

4.5.1 We will measure our success against our commitments as detailed above, and in the full Substance Misuse Strategy technical document, by publishing our performance against the outcome indicators below:

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



DRUGS: OUR COMMITMENTS

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5.1 The aim of the drugs chapter of our strategy is to reduce the demand for drugs through effective education and prevention, to increase the number of service users entering, engaging with and completing treatment in order to recover from drug misuse and to relentlessly bear down on the crime associated with drugs. Our strategy sets out our priorities for addressing drug misuse and how we intend to coordinate and deliver them, with a summary of key areas set out below. The complete list of strategic priorities is included in the strategy technical document

5.2 ACTION ON DRUGS: PREVENTION AND BEHAVIOUR CHANGE SUMMARY

5.2.1 We will support people to make healthy lifestyle choices by providing targeted communication and community education including information about the support services available alongside targeted support for those who are at risk

5.2.2 We will ensure that our drug information and prevention activity is integrated within our broader health promotion and prevention programmes, to ensure that we offer helpful and accessible information consistently across agencies, and that front-line staff in all relevant settings have the right skills and knowledge to provide information and support, including regarding mental health and wellbeing

5.2.3 We will work across the Partnership to develop services that address the wider social determinants of health and wellbeing, such as access to accommodation, employment support, economic wellbeing, educational achievement

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

5.2.5 We will combine universal prevention activity through schools 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 ensure rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and devise locally delivered multi agency packages of care

5.3 ACTION ON DRUGS: TREATMENT SUMMARY

5.3.1 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 simplify access arrangements, strengthen the importance of service user involvement and work across the system to develop a “whole systems” approach. Such an approach entails all providers working together to provide a seamless approach to support for service users

5.3.2 We will work across the Partnership to develop and implement our vision for a recovery orientated treatment service, helping adults who are addicted or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable

improvement to their health, well-being and independence, and focussing support for them to secure accommodation, education and employment, and to re-connect with their local communities

5.3.3 We will support our adult treatment and children's services to improve their response to the needs of children of drug misusers. We will embed good practice and develop a protocol between children's services (including safeguarding) and treatment providers, train workers and support staff to identify and respond to drug using parents and their children

5.3.4 We will target treatment naïve drug misusers and those who have disengaged with treatment, in order to motivate them towards (re) engaging in treatment and progress towards recovery

5.3.5 As with alcohol, 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

5.3.6 As with alcohol, 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 demand clarity around care pathways into, and interface with more specialist support and treatment services, information sharing and workforce development

5.3.7 As with alcohol, 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

5.3.8 As with alcohol, we will ensure that family based interventions are integral to treatment provision

5.4 ACTION ON DRUGS: ENFORCEMENT SUMMARY

5.4.1 We will disrupt the supply of drugs through effective enforcement, including investment in primary policing enforcement via the 'dealer-a-day' initiative to target drug dealers in the borough, and the coordination of a dedicated drug task force which will focus solely on addressing drug related crime and anti-social behaviour

5.4.2 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

5.4.3 We will work alongside community groups such as 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

5.4.4 We will respond to, and reduce, community concerns about drug use and drug dealing through on-going dialogue and effective communication of successful operations to the public

5.5 DRUGS: HOW WE WILL MEASURE OUR SUCCESS

5.5.1 We will measure our success against our commitments as detailed above, and in the full Substance Misuse Strategy – drugs chapter, by publishing our performance against the outcome indicators below:

- We will increase the number of drug users entering, engaging with and completing treatment
- We will reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- We will continue to demonstrate our successes in restricting the drugs trade through our "Dealer a Day" initiative.

UNDERPINNING THE FOUNDATIONS OF THE SUBSTANCE MISUSE STRATEGY



6.1 We believe it is critical to the effectiveness of this strategy to have firm foundations to underpin the three pillars. To this end, we wish to improve our understanding of the needs of our local population in the context of new emergent trends in drug and alcohol use, and to ensure that our treatment system leads to effective outcomes for the whole community

6.2 USE OF DATA, INTELLIGENCE AND SURVEILLANCE

6.2.1 We wish to understand the impact on our population of the use of new drugs such as “legal highs”, steroids, and over the counter and prescribed medicines, and will ensure that these areas are considered in future needs assessments

6.2.2 We wish to develop our understanding of drug markets, distribution and trafficking, to inform our approach to enforcement and community development

6.2.3 We wish to benchmark our treatment outcomes data against other boroughs, to measure how effective our services are, and to help us to further improve them

6.2.4 We wish to ensure that our services and interventions are meeting the needs of the entire Tower Hamlets community, regardless of age, disability, gender assignment, marriage or civil partnership, pregnancy or maternity, race, religion and belief, sex, and sexual orientation, and will therefore work with our commissioned providers to monitor equity of access through audit



6.2.5 We wish to ensure that we have robust mechanisms in place to monitor drug-related deaths, and where appropriate to investigate contributory factors, and learn from them

6.2.6 We intend to ensure that our analysis of need and demand is carried out in a structured and ongoing manner, informed by and in the context of our Partnership Joint Strategic Needs Assessment

6.3 GOVERNANCE

6.3.1 We will keep under review the Partnership governance arrangements for drug and alcohol planning and delivery, to ensure that they are robust and have the capacity and capability to deliver this strategy

6.3.2 We believe that service users and carers have a uniquely valuable contribution to make in the development, improvement and monitoring of services. We will, therefore, further develop mechanisms for effective service user engagement, including developing and implementing a Service User and Carer Charter and supporting the development of peer support/mentors and service user recovery champions. We will also ensure that support is available for carers or significant others who are affected by someone else's drug or alcohol misuse

6.3.3 The Drug and Alcohol Action Team Board will oversee the implementation of the strategy. As drug and alcohol misuse affects many of the Partnership's strategic priority areas, reports on progress will also be provided for other relevant boards

such as the 'Safe and Cohesive', 'Healthy Communities' and Health and Wellbeing Boards as appropriate

6.3.4 Responsibility for developing and implementing the children and young people's substance misuse plan lies with Tower Hamlets Children and Families Trust; representatives of which attend the DAAT board

6.3.5 We will strengthen our cross partnership work by designating within each organisation a senior champion to own, and contribute to the effective delivery of this strategy

NEXT STEPS

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7.1 Our strategy has been developed through an analysis of local need, a review of the evidence base for effective intervention, and by listening to the views of local stakeholders. We are committed to ongoing consultation with stakeholders, including service users, the public, children and young people, professionals and community representatives, to further refine our vision and associated actions for the three years ahead

7.2 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 limited steering group

