

**LONDON BOROUGH OF  
TOWER HAMLETS  
SUBSTANCE MISUSE  
STRATEGY EVIDENCE  
BASE**

April 2016

# London Borough of Tower Hamlets, Substance Misuse Strategy Evidence Base

## Report by Ottaway Strategic Management Ltd

April 2016

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## Tower Hamlets Substance Misuse Strategy 2016-19

### Evidence Base

#### 1 Summary

- 1.1 This document sets out the evidence base for the new Tower Hamlets Substance Misuse Strategy 2016-19. Extensive consultation took place with key stakeholders, service users, young people and residents of Tower Hamlets, through interviews, focus groups and surveys. Detailed findings from the programme of consultation are set out in the following sections.
- 1.2 The consultation process sought to review the outcomes and priorities of the current Substance Misuse Strategy 2012-16; to assess the three pillar approach – ‘prevention and behaviour change’, ‘treatment’, ‘enforcement and regulation’ and determine the borough’s priorities over the next 3 years.
- 1.3 It has been estimated nationally that the total cost of problematic drug use to society is around £4 billion a year, and alcohol misuse is estimated at £21 billion a year. However, it is also a fact that treatment can be cost effective – for every £1 spent on alcohol treatment, £5 is saved elsewhere<sup>1</sup>. For drug misuse treatment, similar financial benefits are possible: for every £1 spent on drug treatment in Tower Hamlets, £2.82 is saved on health and crime costs<sup>2</sup>.
  - 1.4 This does not take account of the additional benefits derived from the impact of other prevention and early intervention initiatives that take place such as brief advice and information for alcohol use, programmes of awareness raising, education and campaigns promoting healthy lifestyle options.
  - 1.5 In Tower Hamlets the prevalence rate of problematic drug use (Opiate and / or Crack Cocaine) is 18 per 1,000 population aged 18-64, 16 per 1,000 for Opiate users, 15 per 1,000 for Crack Cocaine users and 4 per 1,000 for injecting drug users. Rates in Tower Hamlets are significantly higher compared to the London and national averages.
  - 1.6 There are estimated to be 3561 Opiate and / or Crack users (OCUs), 3047 Opiate drug users, 2955 Crack Cocaine users and 773 injecting drug users in the borough. Around 47% of Opiate and / or Crack users, 42% of Opiate and 53% of Crack users are not engaged with treatment services.
  - 1.7 The average rate of alcohol consumption across Tower Hamlets is relatively low, due to a large proportion of the population who do not drink. Latest estimates suggest 29% of residents in Tower Hamlets do not drink, compared with 17% across England.

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<sup>1</sup> <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>

<sup>2</sup> Based on spending review 2012-2015, NDMTS Value for Money

- 1.8 Since 2011 alcohol related hospital admissions in Tower Hamlets have been falling, however still remain above the London average, with a rate of 562 per 100,000, higher in comparison to the rate of 531 across London.
- 1.9 Fundamentally, the results of the consultation indicate a strong commitment among partners, service users and residents for the continuation of the 'three pillar' approach adopted in the current Substance Misuse Strategy, in tackling drugs and alcohol in Tower Hamlets. Focusing on 'prevention and behaviour change', 'treatment' and 'enforcement and regulation' as the key themes of each pillar.
- 1.10 Throughout the consultation process it was evident that drugs and alcohol was a particular concern among residents of Tower Hamlets. It was broadly agreed that the most priority actions to address drugs and alcohol were still relevant and should continue and be further developed over the next 3 years. In particular, there was a commitment to continue supporting people to make health lifestyle choices, early intervention and support for young people, addressing the needs of children of drug and alcohol using parents, supporting those that have never been in treatment, enforcing borough wide alcohol control and disrupting the supply of drugs. This came strongly through the findings from stakeholder interviews and survey, residents survey, service users and young people focus groups.
- 1.11 There was however a strong sense that in order to achieve these priority actions there must be ownership of, and commitment to, the strategy among partners. The strategy must be underpinned by a robust foundation and the delivery of an action plan to monitor and assess the impact the strategy will have on residents of Tower Hamlets.
- 1.12 The following sections outline the approach to this work and the key findings from the programme of consultation and evidence gathered in the development of this Strategy.

## 2 Executive Summary of the Tower Hamlets Substance Misuse Needs Assessment 2015

### Overview

- 2.1 Conducting a Substance Misuse Needs Assessment is important to treatment planning and commissioning as it reviews service demand, offers comparison to relevant regional and national baselines and assesses local partnership performance over time.
- 2.2 The 2014/15 needs assessment reviewed the needs of the Tower Hamlets' substance misusing population to support the Drug and Alcohol Action Team (DAAT) and the wider partnership to respond to future treatment demand. The document was completed in Autumn 2015. Data included in the document represents information available at the time.
- 2.3 Before the completion of the 2014/15 needs assessment, the Partnership reviewed existing treatment services and completed another in-depth Substance Misuse Needs Assessment 2013/14 in March 2014. This initial work informed the process of re-procuring the drug and alcohol services in the borough.
- 2.4 In the context of the re-procurement exercise, the latest needs assessment 2014/15 provides an update of key data sets, reviews demand and discusses recent changes and new emerging trends in the borough. The needs assessment 2014/15 contains a wealth of data to contextualise and define services after the completion of the re-procurement process in 2016.
- 2.5 The needs assessment includes data based on the new Public Health England (PHE) / National Drug Treatment Monitoring System (NDTMS) drug categories which were introduced in 2014. The document includes the new PHE Needs Assessment data set and acts as the evidence base for the future Tower Hamlets Substance Misuse Strategy.

### Context and Impact of commissioned substance misuse services

#### 2.6 Contextual information

- There are estimated to be **3,561 OCUs**, 3,047 opiate drug users, 2,955 Crack users and 773 IDUs in the borough. **Prevalence estimates** suggest that **numbers are increasing** compared to the last two years.
- Around 47% of OCUs, 42% of Opiate and 53% Crack users are not engaged with treatment services.
- **OCUs** in effective treatment make up a huge proportion of the **treatment population** in Tower Hamlets (nearly **85%**).
- **OCUs** in treatment have **fallen slightly** by 1.6% over the past three years.
- **Women are under-represented** in treatment in the community (at 20%). The rate is below the London and national rates. Considerable numbers of female needle exchange users indicate unmet demand.

- Estimates indicate that a total **of 9,878 residents are high risk drinkers**, and 17,652 consume alcohol at binge drinking level. The contrast between those estimated to have alcohol problems and those in treatment is great.
- Alcohol is an ongoing concern locally, reflected in alcohol related incidents, hospital admission and high numbers of Audit C positives across the partnership.
- **Hospital admissions** with alcohol related conditions (Narrow definition) are **slightly decreasing** in the borough. The decrease is based on lower numbers of male admissions.
- Alcohol related **Ambulance callouts** peaked in 2010/12 and have **decreased** over the last 4 years. However, high numbers of call outs originate from the Spitalfields & Banglatown, Bethnal Green, Whitechapel and Weavers areas.
- Tower Hamlets had the 8<sup>th</sup> highest rate of recorded crime attributable to alcohol, greater than London and England.
- **Alcohol related Violent Crime rate** in Tower Hamlets is higher than London and England and currently the **4<sup>th</sup> highest in London**.
- High numbers of Audit C positive completions in local GPs indicate a high unmet alcohol related need in the borough.

2.7 There are a range of performance highlights and data trends which have emerged from the borough's treatment system. The key impacts of commissioned services are:

- In 2013/14 there were 732 new entries into drug treatment; 2,086 people in treatment and 611 people exiting the treatment system.
- **More people were in treatment** than the year before. Tower Hamlets has seen a downward trend in the number of **clients in treatment**, from 2,763 in 2010/11 to 2,189 in 2012/13. However, this **trend** has been **reversed with 2,212 clients in treatment in 2013/14**.
- The largest treatment providers with the highest volume of clients were CDT Lifeline (883), THCAT (620), Tower Hamlets Specialist Addictions Unit (338), Health E1 (264) and NAFAS (184).
- **Both Public Health Outcomes Framework (PHOF) targets** (2.15 a & b): Non-representation back into treatment of opiate & non opiate clients who successfully completed treatment **are improving**.
- As a percentage of the numbers in treatment 6.8% opiate clients successfully completed treatment compared to 7.6% national average. However, **successful completions are improving** after very low rates back in September 2013 (5.1%).
- The number of clients citing opiate use fell by 9%, from 1,096 (2011/12) to 993 (2013/14). Those citing the use of **crack dropped at a much faster rate** (15.7%).
- **Cocaine users** in treatment **increased** by 29% between 2011/12 and 2013/14 while Cannabis users increase by 5%.
- **Successful completion rate for alcohol** users **dropped to** around 20% in 2013/14, around half of the national rate.

## Key issues emerging from the assessment

- Successful completion of drug treatment is increasing but further improvement is needed.
- Alcohol successful completions need to improve and unplanned exits need to decrease.
- Treatment compliance remains a challenge across the treatment system. Important work is already going on to reduce the numbers of alcohol unplanned exits as some of the low rates are down to poor data recording by some providers.
- Re-presentations have improved but attention to re-presentation rates remains critical to maintain positive trends.
- There is further potential for additional treatment entries / new presentations as some services are not operating at full capacity.
- High levels of client complexity and diversity within the system remain a key characteristic and challenge.
- Relative low numbers of females and young adults in treatment remain a crucial challenge.
- Around 85% of the borough's drug treatment population were OCU's. In addition, an increase of Cannabis and Cocaine using clients accessing treatment represent need but also successful engagement work.
- Successful treatment of non-Opiate clients should remain a key focus and be advanced further.

The Full Substance misuse Needs Assessment 2014/15 can be accessed on the Tower Hamlets website following the link below.

[http://www.towerhamlets.gov.uk/Documents/Adult-care-services/Social-issues/Substance-misuse/Substance\\_misuse\\_assessment.pdf](http://www.towerhamlets.gov.uk/Documents/Adult-care-services/Social-issues/Substance-misuse/Substance_misuse_assessment.pdf)

### **3 Strategy Design Engagement Process**

- 3.1 Phase one of the consultation process involved obtaining the views of key stakeholders, drug and alcohol service users and general public perceptions:
- 21 face to face and telephone interviews with key stakeholders
  - Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
  - 5 service user focus groups with:
    - opiate users (15 participants) 30th October 2015
    - non-opiate users (10 participants) 27th October 2015
    - alcohol users (14 participants) 12th October 2015
  - targeted focus groups with women (3 participants) 21st October 2015
  - homeless services users (2 participants) 12th November 2015
  - 1 focus group with the Youth Council (10 participants) 12th November 2015
  - 63 stakeholders participated in the Stakeholder Survey
  - 301 residents participated in the Resident Telephone Survey
  - 115 drug and alcohol service users participating in the Service User Survey
  - Substance Misuse Strategy Development – Stakeholder Workshop held at the Shadwell Centre, partnership stakeholder engagement 19<sup>th</sup> November 2015
- 3.2 The consultation in phase one informed the key priorities and actions for the draft strategy.
- 3.3 The draft strategy was open for consultation on the 17<sup>th</sup> of March 2016 among the residents of Tower Hamlets and across the partnership via the council's website. In addition, the link was circulated to representatives across the partnership, including voluntary sectors services.

#### 4 Substance Misuse Strategy Development 2016-19 Stakeholder Workshop (held at Drug and Alcohol Network (DAN) meeting)

4.1 20 stakeholders attended the DAN meeting, representation from a wide range of partner agencies including, CCG, treatment services (young people and adults), hostels, social care, and substance misuse commissioners.

Theme	Key Issues	Priorities going forward
Evaluating the Substance Misuse Strategy 2012-16	Outcomes relating to drugs	<ul style="list-style-type: none"> <li>All stakeholders felt the outcomes relating to increasing the number of drug users entering and engaging with and completing treatment had been met</li> <li>There were mixed perceptions on the success of enforcement in relation to drugs, however there was acceptance that most stakeholders were not knowledgeable on enforcement</li> <li>50% perceived the enforcement action 'reducing the impact of drug related antisocial behaviour' was neither met nor unmet, and 50% perceived it was unmet</li> <li>25% perceived the dealer a day initiative succeeded in restricting the drugs trade, 25% perceived it was neither met nor unmet and 25% perceived it was unmet</li> </ul>
	Outcomes relating to alcohol	<ul style="list-style-type: none"> <li>25% perceived there had been a reduction in the ill health caused by alcohol, 25% perceived it was neither met nor unmet and 50% perceived it was unmet</li> <li>25% perceived there had been a reduction in alcohol related violence, antisocial behaviour and related domestic violence, 25% perceived it was neither met nor unmet and 50% perceived it was unmet</li> <li>75% perceived there had been a reduction in alcohol related antisocial behaviour as perceived by local communities, 25% perceived it was unmet</li> <li>50% perceived there had been a reduction in alcohol related harm to children and young people and 50% perceived it was unmet</li> </ul>
<b>Three Pillars Approach</b>	Prevention and behaviour change, treatment, enforcement	<ul style="list-style-type: none"> <li>There was broad agreement within the workshop that the current three themes; prevention and behaviour change, treatment and enforcement and regulation were still</li> </ul>

Theme	Key Issues	Priorities going forward
	and regulation	relevant.
<b>Priorities going forward</b>	Priority actions: prevention and behaviour change	In order of priority (top 4): <ul style="list-style-type: none"> <li>• Multi-agency communications plan focussing on harm reduction</li> <li>• Working across partnership agencies to address wider determinants of health</li> <li>• Access for young people to good quality education</li> <li>• Supporting people to make health lifestyle choices</li> </ul>
	Priority actions: treatment	In order of priority (top 4): <ul style="list-style-type: none"> <li>• Rapid access to specialist treatment for young people</li> <li>• Family based interventions</li> <li>• Encouraging difficult to engage people to enter treatment</li> <li>• Increased uptake and improved outcomes across primary and secondary specialist services</li> </ul>
	Priority actions: enforcement and regulation	In order of priority (top 4) <ul style="list-style-type: none"> <li>• Disrupting the supply of drugs</li> <li>• The Integrated Offender Management (IOM) scheme</li> <li>• Effective communication of successful operations to reduce community concern</li> <li>• Working with licensed premises to combat under age sales</li> </ul>

## 5 Stakeholder Survey

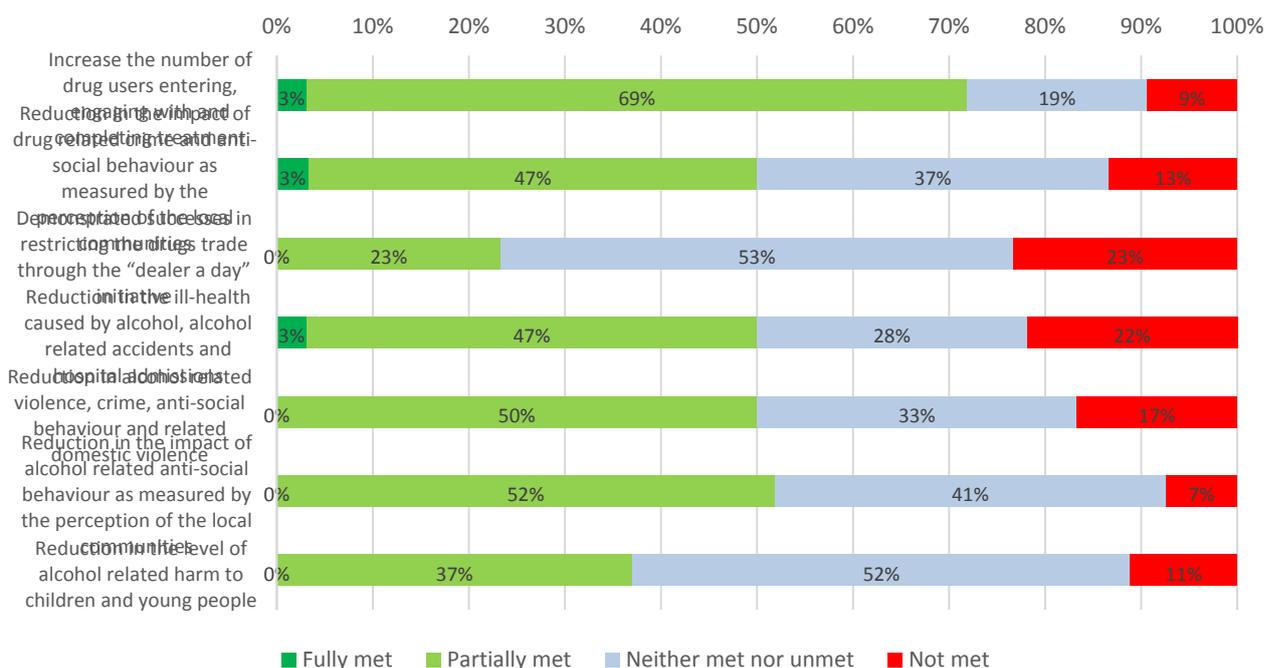
5.1 In total 63 participants responded to the stakeholder survey. Respondents were from a wide range of work areas, 33% were from general practice, a further 20% from pharmacies, 8% from the clinical commissioning group, 8% drug services, 6% public health commissioning. In addition, participants were members, acute trust services, criminal justice services (DIP, police, and the national probation service).

### Evaluating Outcomes of the Substance Misuse Strategy 2012-15

5.2 Participants were invited to rate how well the outcomes of the current drug strategy 2012-15 had been met:

- 72% felt 'an increase in the number of drug users entering, engaging with and completing treatment' had been partially or fully met.
- 50% felt 'a reduction in the impact of drug related crime and anti-social behaviour as measured by the perception of the local communities' had been had been partially or fully met.
- 23% felt 'demonstrated successes in restricting the drugs trade through the "dealer a day" initiative' had been had been partially or fully met.
- 50% felt a 'reduction in the ill-health caused by alcohol, alcohol related accidents and hospital admissions' had been partially or fully met.
- 50% felt a 'reduction in alcohol related violence, crime, anti-social behaviour and related domestic violence' had been partially or fully met.
- 52% felt a 'reduction in the impact of alcohol related anti-social behaviour as measured by the perception of the local communities' had been partially or fully met.
- 37% felt a 'reduction in the level of alcohol related harm to children and young people' had been partially or fully met.

In your view, how have the following outcomes relating to drugs and alcohol been met?

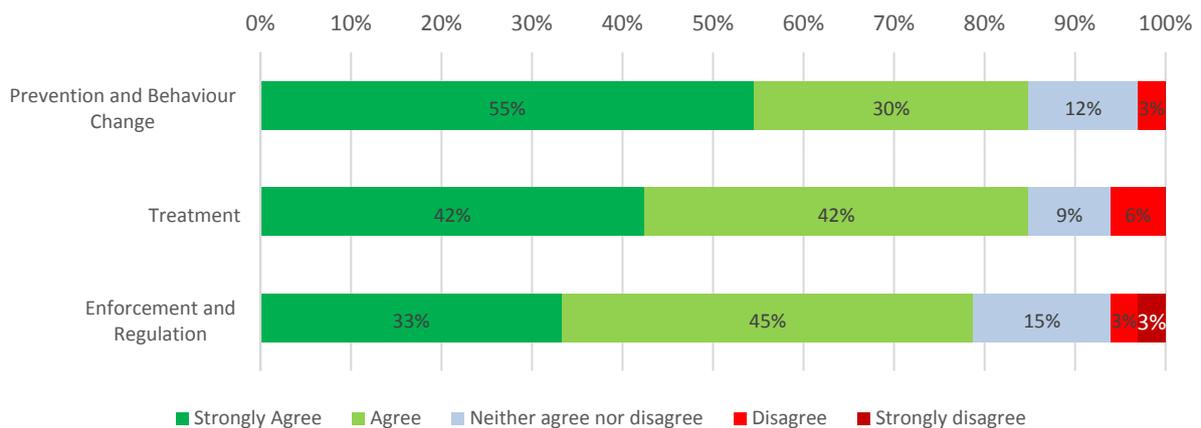


### Support for the Existing 3 Pillars Approach and the Themes

5.3 Participants were invited to agree or disagree with the following themes as key in the development of the new strategy:

- 85% agreed or agreed strongly that 'Prevention and Behaviour Change' is a key theme.
- 84% agreed or agreed strongly that 'Treatment' is a key theme.
- 78% agreed or agreed strongly that 'Enforcement and Regulation' is a key theme.

Please indicate the extent to which you agree or disagree that the following themes are key in the development of the new Strategy



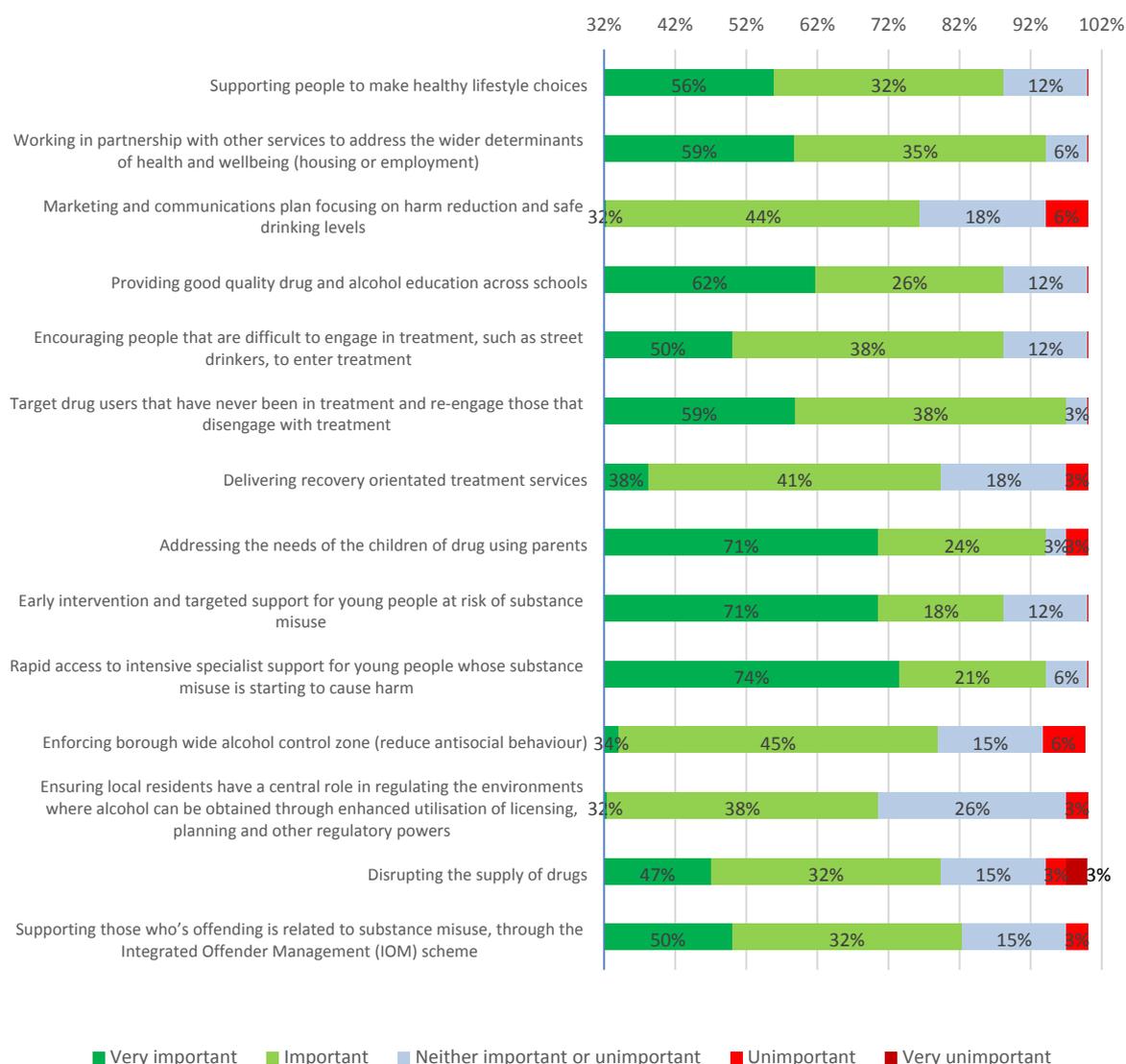
### Priorities

5.4 Participants were invited to agree or disagree with the following priorities as key in the development of the new strategy:

- 88% felt 'supporting people to make healthy lifestyle choices' was either important or very important.
- 94% felt 'working in partnership with other services to address the wider determinants of health and wellbeing (housing or employment)' was either important or very important.
- 76% felt 'marketing and communications plan focusing on harm reduction and safe drinking levels' was either important or very important.
- 88% felt 'Providing good quality drug and alcohol education across schools' was either important or very important.
- 88% 'encouraging people that are difficult to engage in treatment, such as street drinkers, to enter treatment' felt was either important or very important.
- 97% felt 'Target drug users that have never been in treatment and re-engage those that disengage with treatment' was either important or very important.
- 79% felt 'delivering recovery orientated treatment services' was either important or very important.
- 94% felt 'addressing the needs of the children of drug using parents' was either important or very important.
- 88% felt 'early intervention and targeted support for young people at risk of substance misuse' was either important or very important.

- 94% felt 'rapid access to intensive specialist support for young people whose substance misuse is starting to cause harm' was either important or very important.
- 79% felt 'enforcing borough wide alcohol control zone (reduce antisocial behaviour)' was either important or very important.
- 71% felt 'ensuring 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' was either important or very important.
- 79% felt 'Disrupting the supply of drugs' was either important or very important.
- 82% felt 'Supporting those who's offending is related to substance misuse, through the Integrated Offender Management (IOM) scheme' was either important or very important.

Please rate the following priority actions in order of importance



Very important Important Neither important or unimportant Unimportant Very unimportant

### Other Priorities

5.5 Participants were invited to add other priorities they considered were important to the development of the new substance misuse strategy:

- The priority consideration most frequently noted was the need to address new psychoactive substances (NPS) or legal highs, through more education, advice, information and awareness raising of the effects of using such substances.
- There was support of more harm minimisation and preventative work to become a priority consideration, particularly in light of NPS.
- It was also noted that a priority around increased emphasis on recovery from drug use and the continuity of support for drug and alcohol users to achieve sustained long term recovery.

## 6 Stakeholder Interviews

- 6.1 31 key stakeholders were interviewed about their thoughts on the 2012-16 strategy and their views on priorities for the 2016-19 strategy.
- 6.2 The majority of stakeholders interviewed indicated their support for the Pillar approach in the development of the new Substance Misuse Strategy, with themes being, **prevention and behaviour change, treatment and enforcement and regulation.**

Table 2: Themes, key issues and priorities going forward raised through the stakeholder interviews

Theme	Key Issues	Priorities going forward
Prevention (raising awareness)	Drug and alcohol awareness and education programmes	<ul style="list-style-type: none"> <li>Borough wide programme of drug awareness and training targeting local communities of Tower Hamlets, including the specific needs of the diverse groups such as the Somali and Bangladeshi communities.</li> </ul>
	Harm minimisation	<ul style="list-style-type: none"> <li>Continue to develop policies and services that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs and alcohol</li> </ul>
	Brief information and advice	<ul style="list-style-type: none"> <li>Accessible information, supporting brief information and advice</li> <li>Utilisation of effective outreach to support brief information and advice</li> </ul>
	Communications and marketing	<ul style="list-style-type: none"> <li>The perception of drug and alcohol treatment in Tower Hamlets is that it exists for the most chaotic and highly dependent drug and alcohol users.</li> <li>Rebranding of treatment services to include all levels of need and all substances</li> <li>Effective marketing of treatment options available among professionals and residents of Tower Hamlets</li> </ul>
Treatment and Recovery Support	Adult drug and alcohol treatment services are currently being recommissioned. This has involved consolidating current treatment provision into three main integrated drug and alcohol services – outreach, treatment and recovery support. This has involved shifting the balance of commissioning towards prevention and outcome based services.	
	Meeting needs of women as drug and alcohol users	<ul style="list-style-type: none"> <li>Improve engagement of women into treatment services through access to child care, social care, midwifery, schools, health visitors, GPs</li> </ul>

Theme	Key Issues	Priorities going forward
		<p>Pregnant women</p> <ul style="list-style-type: none"> <li>• Pregnant women with the most complex needs are presenting with problematic drug and alcohol use and often homeless, engaging and then retaining these women in specialist substance misuse midwifery services is often difficult.</li> <li>• Support women at the prenatal and postnatal stages through improved pathways between community drug and alcohol treatment service and specialist substance misuse and midwifery services</li> <li>• Increased awareness and education about family planning and contraception is key, particularly around choices for long term contraception, through pathways into sexual health services.</li> </ul> <p>BME women</p> <ul style="list-style-type: none"> <li>• Anecdotally, there is a growing concern around the level of alcohol use among young Bangladeshi women who are not accessing treatment, due to stigma, shame and cultural barriers preventing them from seeking help.</li> </ul>
	Available treatment options	<ul style="list-style-type: none"> <li>• Clarity around what is available across Tower Hamlets treatment services for professionals in contact with drug and alcohol users</li> <li>• More abstinence based treatment options</li> </ul>
	Recovery focus	<ul style="list-style-type: none"> <li>• Increase emphasis and treatment focus on an individual's own motivation, priorities and the goals to want to recovery will increase their success in treatment. Holistic care planning is critical that takes into account an individual's wider support needs</li> <li>• Post treatment support for those successfully completing treatment is critical in sustaining long term recovery from substance misuse, this includes training programmes, learning basic skills such as literacy through conversation clubs, facilitating access to social networks etc.</li> </ul>
	New Psychoactive Substances (legal highs)	<ul style="list-style-type: none"> <li>• Anecdotally, there is a concern that people, in particular young people, are increasingly using new psychoactive substances (NPS).</li> <li>• Treatment services need to respond to new emerging drugs, particularly around advice, information, and awareness raising about the health risks and support into treatment</li> </ul>

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> <li>Advice, information, education and awareness raising need to be extended to communities across Tower Hamlets, as the use of NPS is largely reported in younger people</li> </ul>
	Housing support and employment opportunities	<ul style="list-style-type: none"> <li>Access to suitable accommodation, maintaining tenancies and where necessary advocacy support.</li> <li>Develop joint working protocols with Job Centre Plus (JCP)</li> </ul>
	Welfare benefits and debt management	<ul style="list-style-type: none"> <li>Increase awareness and understanding of the changes introduced through the Welfare Reforms, in particular around sanctions imposed on benefits for non-attendance at treatment appointments.</li> <li>Develop joint working protocols with housing departments.</li> </ul>
	Workforce development	<ul style="list-style-type: none"> <li>Cultural shift in the way treatment services are delivered, and to whom they offer services.</li> <li>Rebranding so that treatment services are not perceived as being only available to high complex needs (such as class A drug users)</li> <li>Upskilling staff</li> <li>Staff skills need to be developed regularly to ensure treatment services are delivering services that are evidence based.</li> </ul>
	Mental Health Need	<ul style="list-style-type: none"> <li>Develop dual diagnosis provision within drug and alcohol treatment services</li> <li>Develop pathways for drug and alcohol users to access mental health services</li> </ul>
	Addressing wider physical health needs	<ul style="list-style-type: none"> <li>Recognising and addressing health needs must be the underlying factor in the treatment of people with substance misuse</li> <li>Responding to increasingly challenging physical health needs in addition to substance use.</li> <li>Addressing the physical health needs of people misusing drugs and in particular harmful alcohol use is critical</li> <li>Improved links between treatment services and primary care</li> </ul>
Young People	School and college based interventions	<ul style="list-style-type: none"> <li>Continue to implement whole schools approach across schools, colleges, pupil referrals units to support schools and colleges to deliver:</li> </ul>

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> <li>• Drug and alcohol education training, lesson plans and resources to enable school staff to drug and alcohol education programmes.</li> <li>• School drug and alcohol education policies</li> <li>• Drug education delivered by specialist teams through Healthy Lives</li> <li>• Workshops aimed at increasing parental awareness of substance use among young people, the harms caused and health risks</li> </ul>
	Referrals to treatment	<ul style="list-style-type: none"> <li>• Improve referrals of children and young people into treatment services, through training across all services in contact with vulnerable young people to better identify substance misuse needs (including LAC, CAMHS, Child Protection teams)</li> </ul>
	NSP and alcohol use	<ul style="list-style-type: none"> <li>• There is a change in substances being used by young people with increasing use of spirits and NPS that will need to be addressed through education, awareness, health risks and treatment</li> </ul>
	Hidden Harm	<ul style="list-style-type: none"> <li>• Continue to address the needs of children of parents using drugs and alcohol</li> </ul>
Reducing Offending	Governance Structure	<ul style="list-style-type: none"> <li>• Develop the Re-Offending Board with overarching governance of IOM</li> </ul>
	Drug Testing	<ul style="list-style-type: none"> <li>• Review the effectiveness of targeted drug testing and assess the level of drug testing in Tower Hamlets against other London boroughs.</li> </ul>
	Conditional Cautioning	<ul style="list-style-type: none"> <li>• Implementing conditional cautioning for people who are offending and using substances, extending this to include all drugs (not just class A drugs) as well as alcohol. [inspector's authority]</li> <li>• Target conditional cautioning for young offenders</li> <li>• Police working with the Drug Interventions Programme (DIP) to develop treatment package that forms the condition of a police caution and consequences of breaches.</li> </ul>

Theme	Key Issues	Priorities going forward
	Bail Conditions and Community Sentences	<ul style="list-style-type: none"> <li>• Increase utilisation of court orders requiring offenders to engage with the DIP services, including Restrictions on Bail (ROB), Drug Rehabilitation Requirement Orders (DRR) and Alcohol Treatment Requirement Orders (ATR).</li> <li>• To promote the offender's rehabilitation through access to treatment, personal and behavioural change and the links between substance use, offending and effects on health.</li> <li>• Failure to attend treatment as part of a bail condition or community sentence constitute a breach of the bail condition or community sentence should result in breach proceedings. Robust follow-up to failed attendances at treatment services is necessary for this measure to be effective.</li> </ul>
	Integrated Offender Management (IOM)	<ul style="list-style-type: none"> <li>• Review and develop the IOM model that takes into account the recent changes to MPS policing model and creation of the National Probation Service and MTCNovo (London Community Rehabilitation Company)</li> <li>• Revisit the IOM cohort in terms of numbers, criteria for inclusion on IOM and the length of time an individual is on the IOM caseload</li> <li>• Develop protocols and working relations between all criminal justice agencies to ensure IOM becomes embedded within each organisation and driven by organisations rather 'person led'.</li> <li>• Information sharing agreements to enable the core IOM team (police, NPS, CRC and DIP leads) access to secure data and intelligence held on individuals on the IOM caseload through relevant vetting processes.</li> <li>• Develop robust performance indicators.</li> </ul>
	CRC cohorts of offenders on license	<ul style="list-style-type: none"> <li>• The CRC model will involve focusing on five specific cohorts; those with mental health needs, women, those aged 18-25, those aged 26-49 and those aged over 50. This will require partnership working with treatment services to address substance misuse need within these cohorts.</li> <li>• Develop clear pathways into treatment services for offenders on license with an identified substance misuse need and maximise opportunities to engage them with</li> </ul>

Theme	Key Issues	Priorities going forward
		effective interventions.
Enforcement	Drug dealing	<ul style="list-style-type: none"> <li>• Lack of perceived confidence in residents and communities of Tower Hamlets to report drug dealing due to fear of reprisal (often drug dealers, deal and live in the same area)</li> <li>• More needs to be done about drug dealing in Tower Hamlets, visible action against those who are dealing drugs</li> <li>• Anecdotally, young people will choose to deal drugs for around 5 years, this is sufficient time to make some money and stop. There is a confidence in young people and a perception that they will not get caught, there are no consequences and they will not get caught.</li> <li>• Increase in CCTV including mobile CCTV and anonymous reporting methods</li> </ul>
	Underage sale of alcohol	<ul style="list-style-type: none"> <li>• Underage drinking is a concern. It is perceived too easy for underage people to have someone else buy their alcohol.</li> <li>• Off Licensees need more information about and underage sales, effects on health.</li> <li>• Increase the number of test purchases</li> </ul>
Cross cutting themes	Sharing intelligence	<ul style="list-style-type: none"> <li>• There is a wealth of intelligence that can be shared between treatment and enforcement agencies. Develop multi-agency operational forums involving treatment services, police, licensing, trading standards where agencies can offer support and intelligence can be shared, as well as delivering some joint initiatives</li> <li>• Develop and implement a young person's network forum that allows professionals working with young people to discuss initiatives aimed at substance misusing young people across Tower Hamlets</li> </ul>
	Gathering intelligence	<ul style="list-style-type: none"> <li>• More intelligence needs to be gathered to assess current substance use in Tower Hamlets, particularly in light of NPS</li> </ul>

## 7 Service User Focus Groups

Table 3: Focus group participant information:

Focus Group	Female	Males	Total Participants
CDT (opiate users)	2	12	14
NAFAS (non-opiate users)	0	10	10
THCAT (alcohol users)	7	7	14
ISIS (women drug and alcohol users)	3	n/a	3
Health E1 (homeless drug and alcohol users)	2		2
Total			43

7.1 The majority of service users participating in the focus groups indicated their support for the Pillar approach in the development of the Substance Misuse Strategy, with themes being, **prevention and behaviour change, treatment and enforcement and regulation.**

Table 4: Themes, key issues and priorities going forward raised through the all focus groups (opiate users, non-opiate users, alcohol users, women and homeless drug and alcohol users)

Theme	Key Issues	Priorities going forward	Group
Prevention	Education and raising awareness	<ul style="list-style-type: none"> <li>There needs to be widespread communication within the different communities of Tower Hamlets.</li> <li>Community groups need to be trained to then advocate about the harms of using drugs and alcohol</li> <li>Drug awareness campaigns, social media (Facebook), local papers</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Family support	<ul style="list-style-type: none"> <li>Parents need more information in relation to drugs and alcohol use among young people, particular around NPS, the signs of knowing when drugs or alcohol is being used, the health risks</li> <li>Family support interventions where parents are using and or where children are using</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Targeting young	<ul style="list-style-type: none"> <li>More information need to be provided to children and young people</li> </ul>	Alcohol users

Theme	Key Issues	Priorities going forward	Group
	people	through schools, stronger messages of the impact of using drugs and alcohol	Opiate Users Non-opiate Users Women
Treatment	Lack of information about treatment options and offer	<ul style="list-style-type: none"> <li>Not enough information about what support is available, general consensus across the group was they "simply do not know what is available and what is not". Some felt quite strongly that not even their key workers knew what groups were available.</li> <li>Some felt their treatment amounted to was "collect their script and go" but would like to be doing more.</li> <li>There was agreement across all groups that there needs to be more information, leaflets and posters in treatment services, marketing material across tower hamlets (local papers, social media – particularly for the younger generations)</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Out of hours' provision	<ul style="list-style-type: none"> <li>Weekend and evening provision is missing, participants feel there is no one to speak to and nowhere to go, and it is during the evenings and weekends that they feel most vulnerable.</li> <li>Not all felt that Alcoholics Anonymous (AA) meetings were what they need</li> <li>There was an appetite for more social groups where service users could share their experiences, in particular women considered treatment to be an isolated experience</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Barrier to accessing treatment (women)	<ul style="list-style-type: none"> <li>Women drug and alcohol users are reluctant to come forward for treatment because they are afraid their children will be 'taken into care'. One participant had waited "over 2 years before thinking about getting help."</li> <li>Women participants felt there is too much stigma that prevents them from seeking treatment</li> </ul>	Women
	More than just treatment	<ul style="list-style-type: none"> <li>To improve the success of treatment more needs to be done to help people "sort out their lives", housing is a big issue and participants felt</li> </ul>	Alcohol users Opiate Users Non-opiate Users

Theme	Key Issues	Priorities going forward	Group
		that there needs to be better access to training and gaining skills to help find employment. It was felt pointless recovering from drug or alcohol use if there is nothing to do at the end of it.	Women Homeless
	Peer mentors	<ul style="list-style-type: none"> <li>Participants felt they need more peer mentors, they felt key workers just don't understand and "so are not very helpful"</li> </ul>	Alcohol Users Opiate Users
	Service user representation	<ul style="list-style-type: none"> <li>Service user representation, in the women's focus group there was support for more service user involvement and representation in the decision making process and running of services</li> <li>Children of parents that use drugs or alcohol is a big concern, children "need support too" when their parents are using. There needs to be some provision where young people can be helped and supported through this.</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women
Enforcement	Policing drugs	<ul style="list-style-type: none"> <li>Across all groups it was felt there is not enough visible policing to stop people from dealing on the streets and in the neighbourhoods. It was perceived the police are not stopping drug dealing on streets</li> <li>Fear among people in Tower Hamlets to report drug related crimes as they are fearful or reprisal</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Regulating alcohol	<ul style="list-style-type: none"> <li>Alcohol was generally available and easily bought by underage people</li> <li>Participants were aware of the controlled drinking zone but felt this was not being policed</li> </ul>	Alcohol users Opiate Users Non-opiate Users Women Homeless

## 8 Young Person Focus Group

8.1 Participants were aged 16 and 17.

8.2 Focus group participant information:

Focus Group	Female	Males	Total Participants
Youth Council	5	5	10

Table 5: Themes, key issues and priorities going forward raised through the young person's focus group

Theme	Key Issues		Group
Drug and alcohol use	Perception of Cannabis use	<ul style="list-style-type: none"> <li>Cannabis is being used everywhere by people of all ages, 'you can smell it on the streets and in the parks.'</li> <li>All participants agreed that generally, cannabis use is acceptable, 'it happens openly, it's normal'. All young people in the group had at some point seen others their age 'rolling up and smoking a joint.'</li> <li>When asked why young people use Cannabis, responses including Cannabis use is seen as being 'cool and trendy' among young people. Other reasons included 'it's relaxing and relieves stress and boredom.'</li> <li>It was felt that using Cannabis 'is normal' it's prevalent in their immediate environments and it was commonly used by older people they are around.</li> </ul>	Young People
	Perception of alcohol use	<ul style="list-style-type: none"> <li>Young people that are drinking alcohol are drinking Vodka or the cheapest spirit with the highest alcohol content, such as 'Grey Goose'.</li> <li>One of the reasons young people are drinking Vodka is because 'you cannot smell it' and therefore the parents don't find out.</li> <li>In comparison to Cannabis use the group perceived alcohol more acceptable, and young people were using alcohol socially at the weekend</li> </ul>	Young People
	Perception of NPS "legal highs"	<ul style="list-style-type: none"> <li>'Legal highs' were perceived differently to Cannabis, it was felt these are bad for you, however among the group there was not a great deal of use of legal highs among their immediate peers.</li> </ul>	Young People

Theme	Key Issues		Group
		<ul style="list-style-type: none"> <li>NSP referred to as 'legal cannabis' is commonly used, sold in the shops.</li> </ul>	
Health risks	Key health messages	<ul style="list-style-type: none"> <li>Young people were not fully aware of the health risks associated with drug use or alcohol. At best they considered the effects of drug use would be in the longer term affecting the memory but generally it was not seen as being 'bad' for your health.</li> <li>It was felt, however, the use of alcohol was less harmful but unable to explain what the impact on health would be.</li> </ul>	Young People
Education (raising awareness)	Targeted education and awareness raising	<ul style="list-style-type: none"> <li>In terms of educating young people about drugs and alcohol, it was felt that the programmes of raising awareness and providing education should be aimed at those who are aged 16 or 17, as this is the time they are likely to be exposed to, and try using, drugs and alcohol</li> <li>Drug and alcohol education during year 7, 8 and 9 was perceived as 'given too early, repetitive and not really parting with much information'</li> <li>It was felt, messages about drug and alcohol use need to be more powerful, speaking to people that had used drugs and alcohol would be more helpful in deterring them from using drugs or alcohol, 'this makes it more real' for young people.</li> </ul>	Young People
	Communication methods	<ul style="list-style-type: none"> <li>Key facts about using drugs and alcohol, communication should be 'short and snappy' using social media, such as hashtag and twitter, a short you-tube video etc.</li> </ul>	Young People
	Targeting parents	<ul style="list-style-type: none"> <li>It was generally agreed amongst the group that parents did not know about the drugs being used, the signs of drug use or the effects.</li> </ul>	Young People
Enforcement	Drugs (cannabis)	<ul style="list-style-type: none"> <li>The group agreed it was too easy to buy drugs (Cannabis) in Tower Hamlets, generally it happens in streets and neighbourhoods and mostly the people selling drugs are known.</li> <li>It was felt 'police do nothing about Cannabis use, they walk past, and they have more important things to do.'</li> <li>The same drug dealers that have been dealing for the past five years are</li> </ul>	Young People

Theme	Key Issues		Group
		<p>still dealing.</p> <ul style="list-style-type: none"> <li>No one wants to report it to the police, they are afraid of come back on them.</li> </ul>	
	Availability of alcohol	<ul style="list-style-type: none"> <li>The group agreed that it was too easy to buy alcohol at the local off licence, 'they're just businesses that don't really care who they're selling alcohol to.'</li> </ul>	Young People

## 9 General Public Survey

9.1 In total 301 residents took part in the telephone survey.

### Drug and alcohol misuse in Tower Hamlets

9.2 67% of respondents felt that where they live, drug and alcohol misuse was a concern. Of those who felt drug and alcohol misuse was a concern:

- 85% felt the concerns were around antisocial behaviour
- 84% felt the concerns were around drug dealing or drug taking on their streets or neighbourhoods
- 67% felt the concerns were around empty bottles or can littering the streets
- 67% felt the concerns were around rowdy behaviour from late night drinkers
- 55% felt the concerns were around violence/fear of violence
- 50% felt the concerns were around underage drinking
- 31% felt the concerns were around discarded needles or drug paraphernalia

9.3 59% of participants felt there was not enough being done to tackle these concerns about drug and alcohol misuse. Of those who felt not enough was being done to tackle the concerns:

- 43% felt there could be 'stronger police presence'
- 10% felt there could be 'more CCTV'

9.4 44% of respondents 'knew who to contact, if someone they know had had a drug or alcohol issue. Of those that knew who to contact;

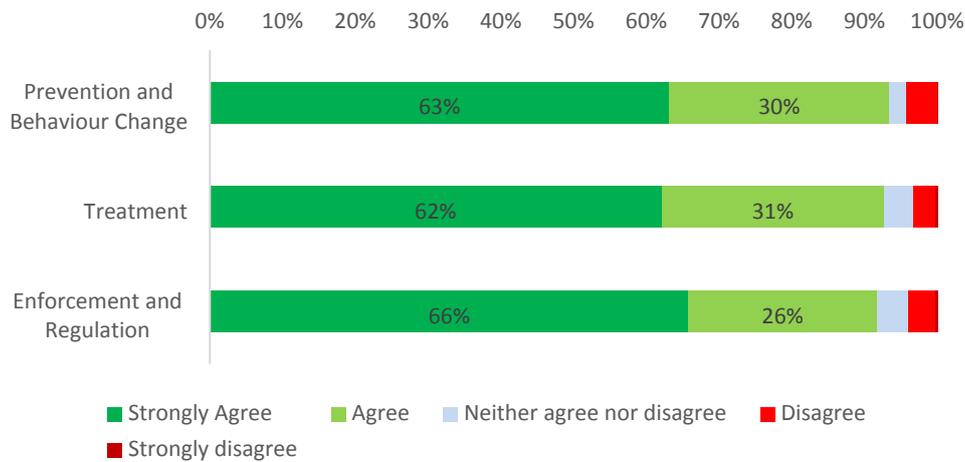
- 34% would contact a GP
- 19% would contact A&E
- 45% would contact drug and alcohol services
- 30% would contact Alcoholics Anonymous
- 16% would contact Cocaine Anonymous
- 15% would contact Narcotics Anonymous
- 50% would contact the local authority
- 20% selected other as who they would contact, other included police, google search and yellow pages.

### Support for the Existing 3 Pillars Approach and the Themes

9.5 Respondents were invited to agree or disagree with the following themes as key in the development of the new strategy:

- 93% agreed or agreed strongly that 'Prevention and Behaviour Change' is a key theme
- 93% agreed or agreed strongly that 'Treatment' is a key theme
- 92% agreed or agreed strongly that 'Enforcement and Regulation' is a key theme.

Please indicate the extent to which you agree or disagree that the following themes are key in the development of the new strategy



## Priorities

9.6 Participants were invited to agree or disagree with the following priorities as key in the development of the new strategy:

- 95% felt 'supporting people to make healthy lifestyle choices' was either important or very important
- 95% felt 'working in partnership with other services to address the wider determinants of health and wellbeing (housing or employment)' was either important or very important
- 82% felt 'marketing and communications plan focusing on harm reduction and safe drinking levels' was either important or very important
- 97% felt 'Providing good quality drug and alcohol education across schools' was either important or very important
- 91% felt 'encouraging people that are difficult to engage in treatment, such as street drinkers, to enter treatment' was either important or very important
- 93% felt 'Target drug users that have never been in treatment and re-engage those that disengage with treatment' was either important or very important
- 93% felt 'delivering recovery orientated treatment services' was either important or very important
- 99% felt 'addressing the needs of the children of drug using parents' was either important or very important
- 96% felt 'early intervention and targeted support for young people at risk of substance misuse' was either important or very important
- 96% felt 'rapid access to intensive specialist support for young people whose substance misuse is starting to cause harm' was either important or very important
- 88% felt 'enforcing borough wide alcohol control zone (reduce antisocial behaviour)' was either important or very important

- 85% felt 'ensuring 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' was either important or very important
- 93% felt 'Disrupting the supply of drugs' was either important or very important
- 89% felt 'Supporting those whose offending is related to substance misuse, through the Integrated Offender Management (IOM) scheme' was either important or very important.

Please rate the following priority actions in order of importance



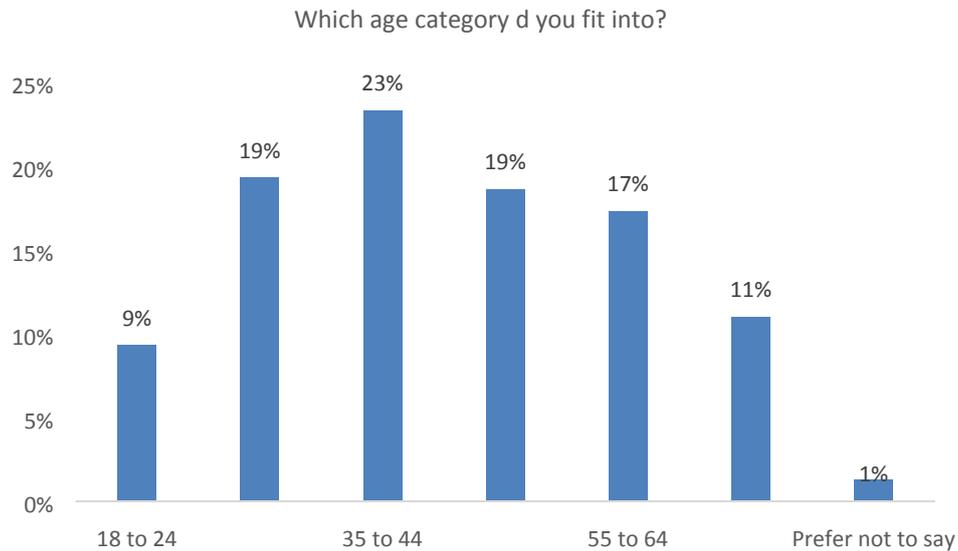
### Other Priorities

9.7 Participants were invited to add other priorities they considered were important to the development of the new substance misuse strategy:

- The priority consideration most frequently noted were, need for a stronger police presence, more youth clubs and initiatives to keep young people busy and more drug and alcohol training in schools.

9.8 The following charts provide show the demographic profile of residents of Tower Hamlets who responded to this survey.

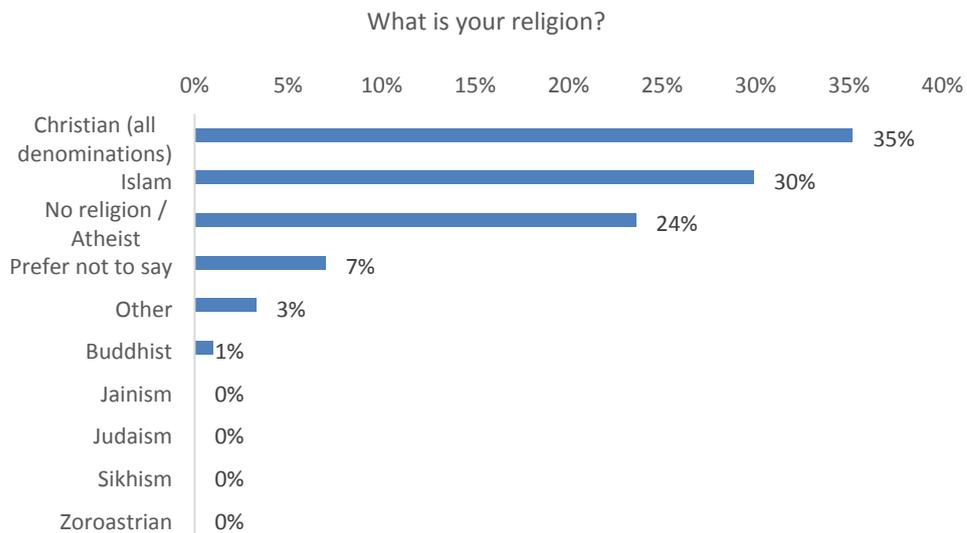
9.9 Profile of age:



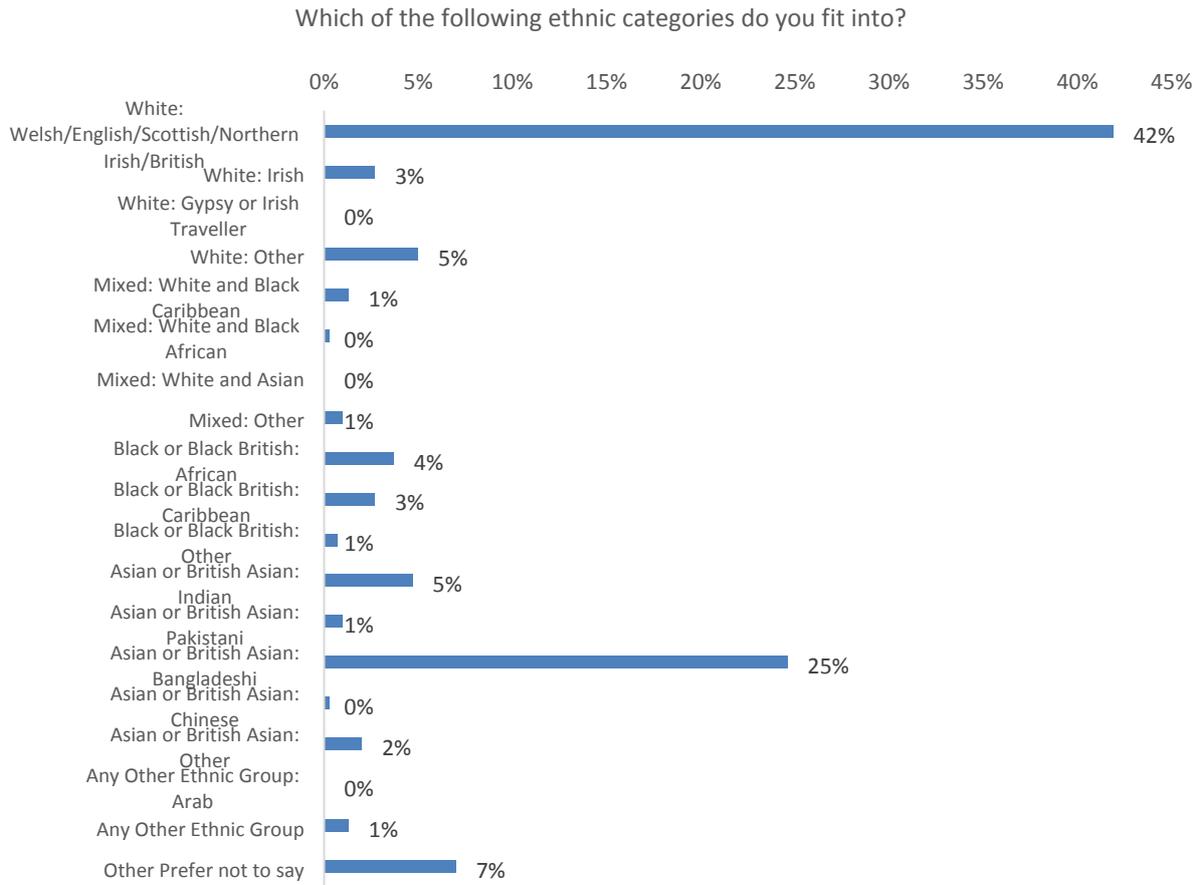
9.10 12% of respondents stated they had a disability

9.11 52% were female and the remaining 48% were male respondents

9.12 Profile of religious belief:



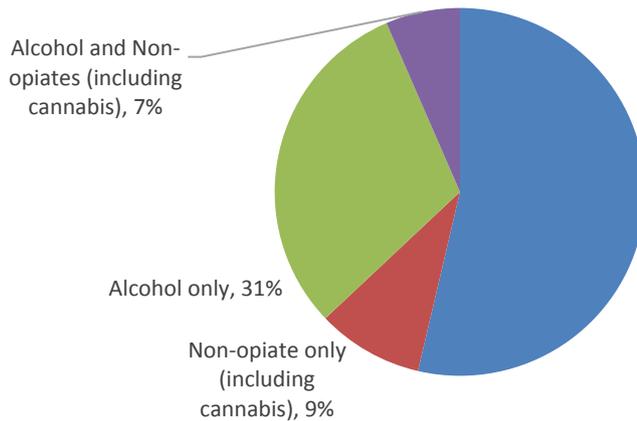
### 9.13 Profile of ethnicity:



## 10 Service User Survey

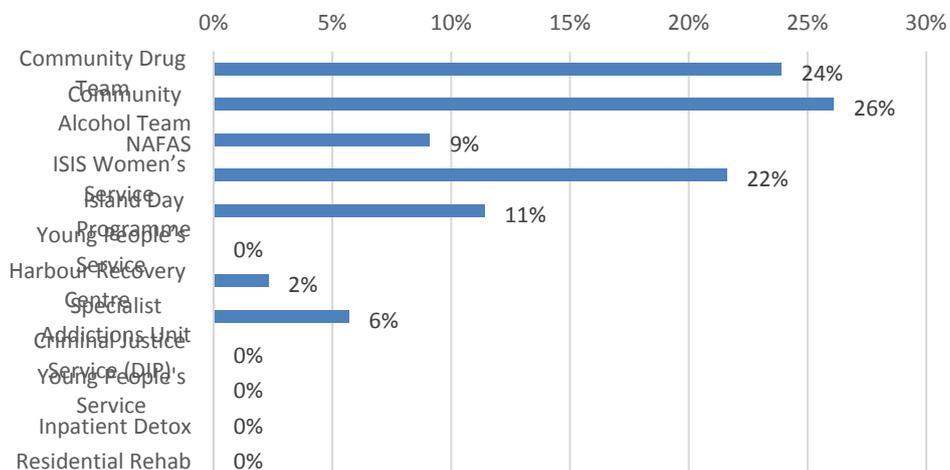
10.1 The Service User Survey was carried out through November 2015. In total there were 115 respondents to the survey, from a wide range of service users across the treatment system. The majority (54%) of respondents were in treatment for the use of opiate drugs (with any other drug or alcohol).

Please tell us the type of substance(s) you are using?

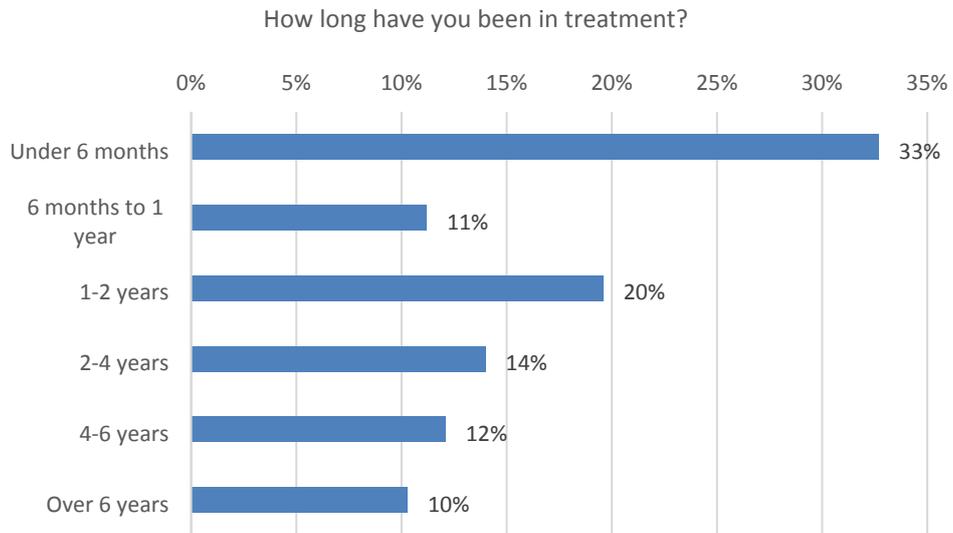


10.2 Respondents were in treatment with the following services:

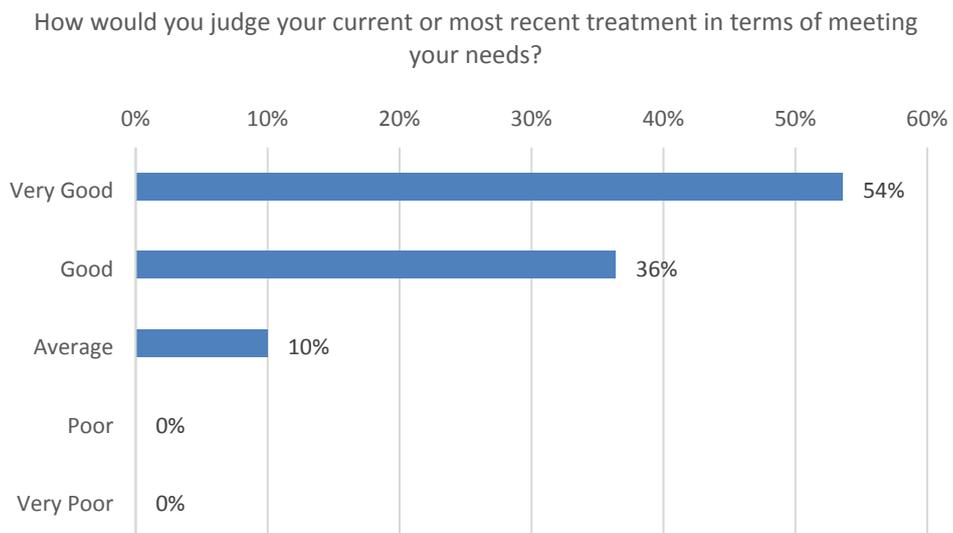
Where do you receive your treatment?



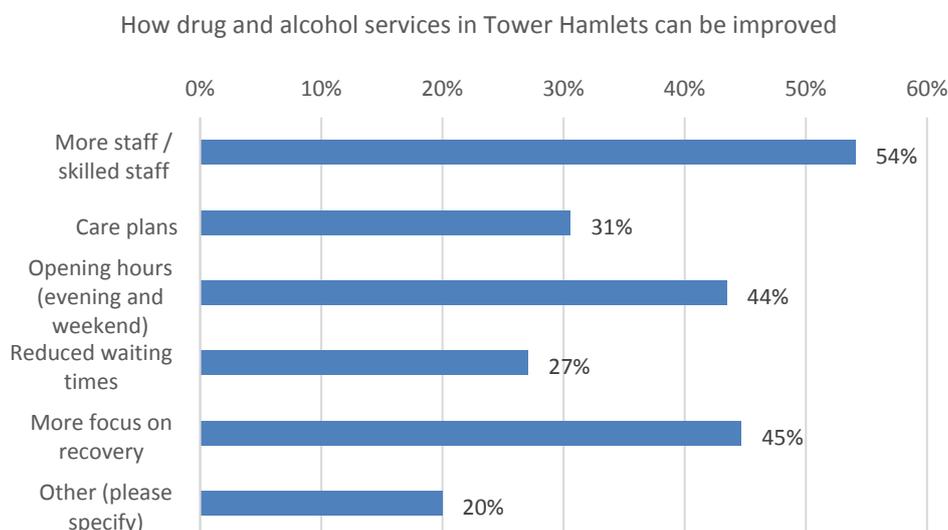
10.3 Respondents were in treatment for varying lengths of time, one third were in treatment for less than six months and 10% in treatment for over six years:



10.4 Overall respondents felt their treatment was meeting their needs. Over half (55%) of the respondents felt their current or most recent treatment was very good in meeting their needs, 36% felt it was good and 9% felt it was average.



10.5 However, 74% also felt the treatment services in Tower Hamlets could be improved. Of those respondents, most felt improvements could be made by having more staff or skilled staff (54%), more focus on recovery (47%) and extended opening times (evening and weekend) (46%).

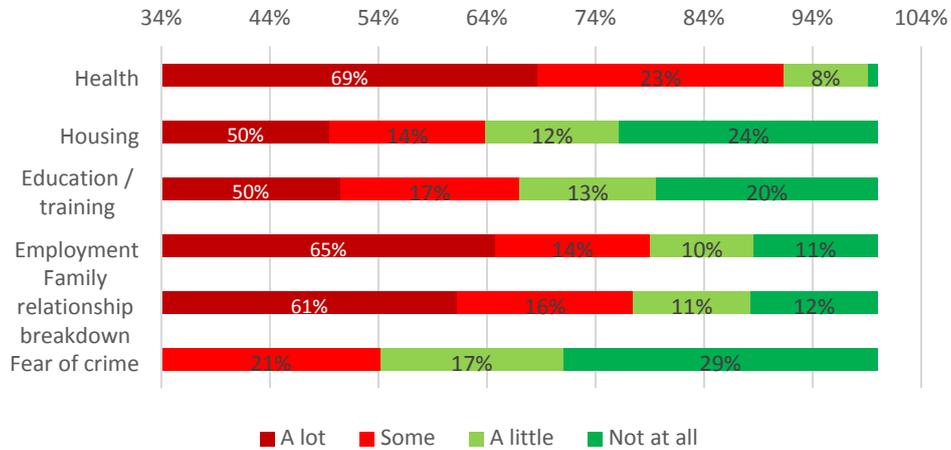


10.6 Specific comments in relation to improving drug and alcohol services included:

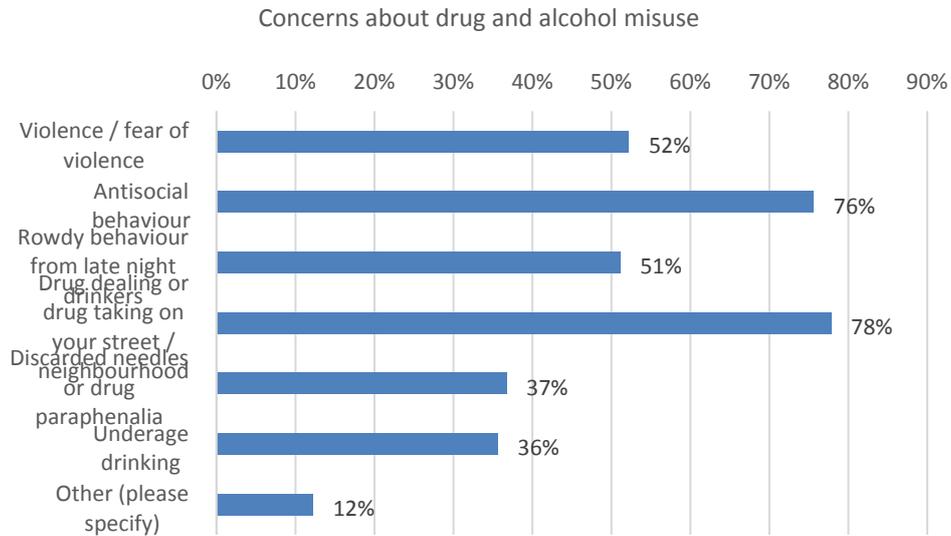
- Improved telephone contact at all hours
- Reverse any cuts and ensure this essential service remains funded.
- Shorter wait to get into recovery. More NA sessions in borough.
- Residential treatment for non UK residents
- More focus on training and education
- Alcohol should not be sold after 12am - it's making more people drink, means more mess, more antisocial behaviour
- More diversionary activities for drug users
- Length of treatment to be shortened.
- More activities in the borough
- Personal care
- More tailored approach to individual
- Give people who have been through the services the opportunity to be staff there afterwards.
- It's doing a great job.
- More day trips e.g. places of interest, museums, etc.
- LGBT service, psychotherapy more widely available.
- Longer opening hours.
- More days out/incentives for abstinence.

10.7 In terms of the impact of drugs and alcohol has had on the lives of respondents, the majority felt their health, housing, education or training, employment and family relationship breakdown had been impacted a lot.

To what extent has your drug or alcohol use impacted on you in relation to the following?



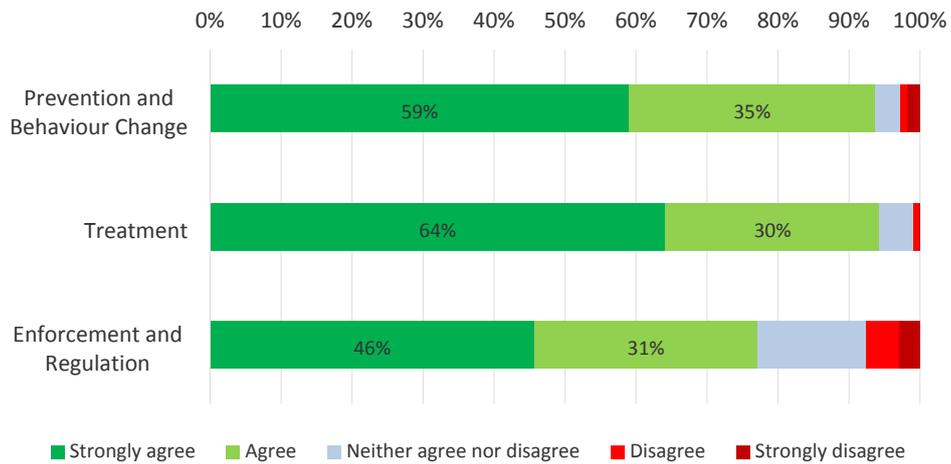
10.8 82% of respondents felt drugs and alcohol were a concern in the areas they lived. For the majority of respondents, the most common concerns were around drug dealing or taking on their street or neighbourhood (78%) and antisocial behaviour (76%).



10.9 74% of respondents felt not enough was being done about these concerns.

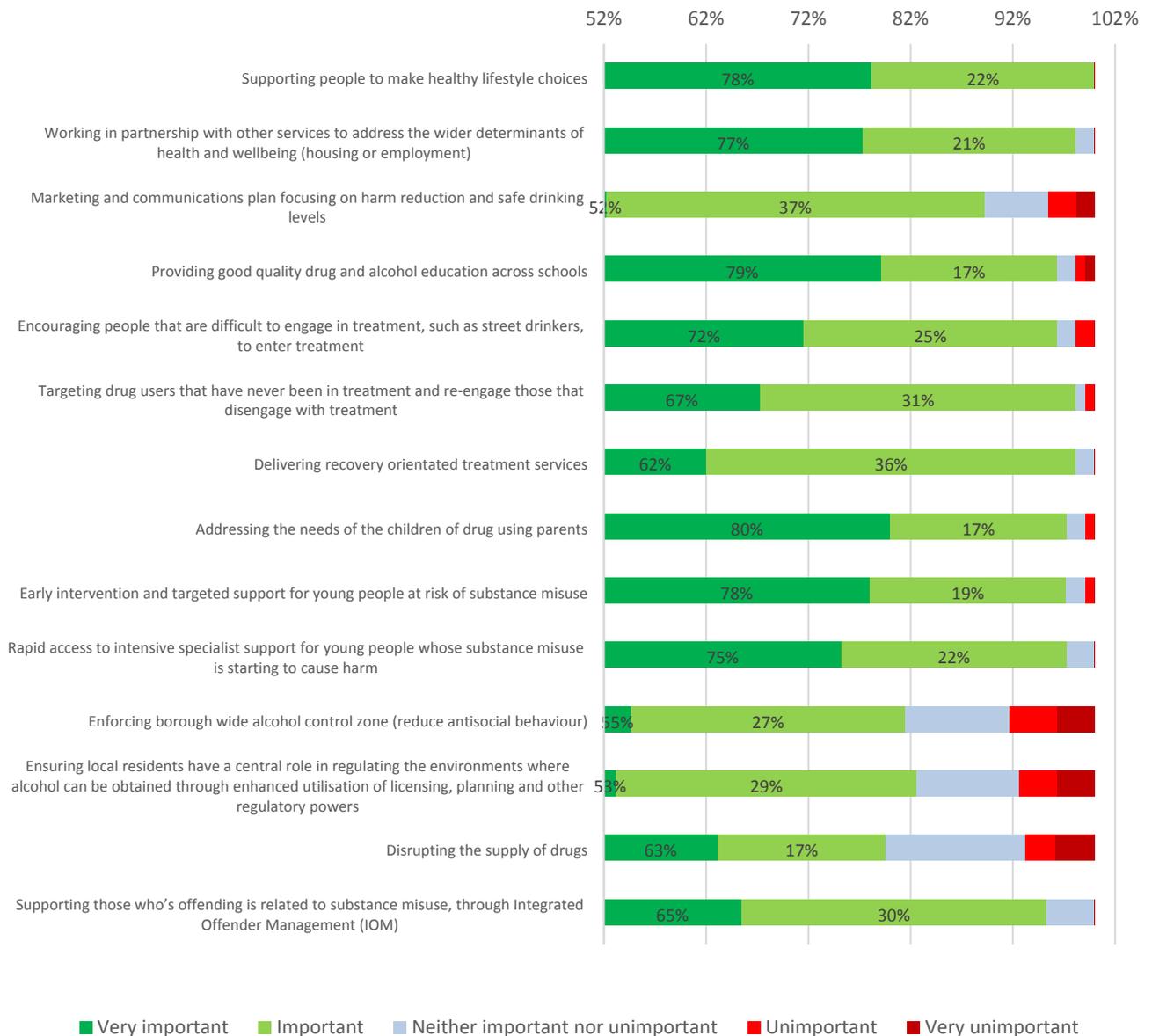
- 10.10 The vast majority of respondents agreed with the three pillars of the current strategy being developed in the new strategy:
- 94% agreed with Prevention and Behaviour change
  - 94% agreed with Treatment
  - 77% agreed with Enforcement and Regulation

Please indicate the extent to which you agree or disagree that the following pillars are key in the development of the new Strategy



### 10.11 Service users felt the following issues were important:

Please indicate the extent to which you feel the following priorities are important



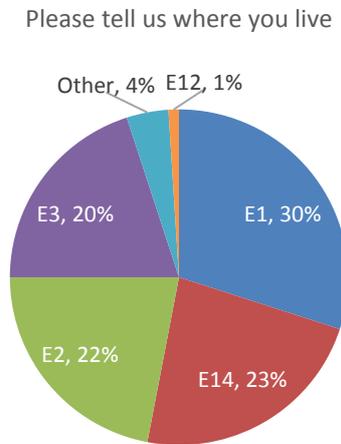
### 10.12 Based on their experience, respondents were invited to set out other key priority actions for the strategy in relation to drugs and alcohol. The following priorities were highlighted:

- Educating GPs and more education in schools
- Fight to maintain the current level of services since treating people with addiction saves money - health, property etc - and reducing the service would be a false economy. N.B. maintaining a women's only service and one that is easily accessible to people of different ethnic backgrounds is essential.
- Employ more people who have been in recovery for a minimum of 2-years total abstinence.

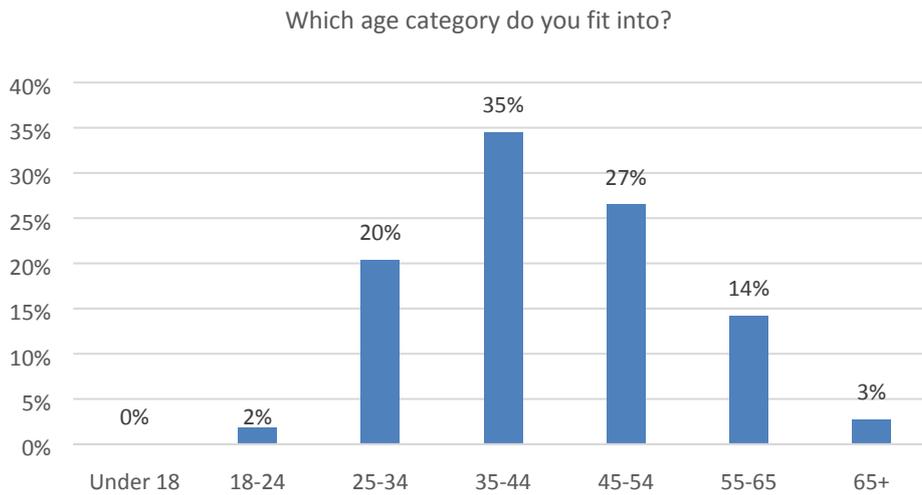
- When people first start using they should be told what the risks are and what will happen to their lives should they continue.
- Get street drinkers off the street and protect women from intimidation by drunk and aggressive men.
- Better communication between alcohol and mental health services.
- Alcohol should be made more expensive and less widely available
- To have open days to tell clients their options about treatment
- Compulsory drug tests for service providers
- For people on the street or in some hostels, it's hard because drugs are in their face, even getting offered to them. When they are in this drug cycle, it is very difficult. Take them to rehab (if they are serious) - get drug free hostels and more dry ones.
- Quick access would be more helpful to leave Booth House because too much drugs in the place I don't want to stay there too long.
- Disrupt supply of drugs and tackling drug trading.
- Tackling crime and focusing on the dealers rather than the users.
- The 'new' user needs to understand 'addiction' is an illness and can be treated
- Policing - no enforcement will be useful without properly giving needed resources - issue for MP & councilors, general and local government.
- Help with housing so it will be better for us to stay safe and off it.
- Tighter control on individuals going in and out of rehab continuously by moving borough and using that council for funding for treatment.
- I think catching people while they are young and trying to prevent use in the beginning is the most important way forward. Prevention is paramount.
- More CCTV in known high risk areas, i.e. stairwell, car parks.
- More helplines available (24 hour) and posters to make potential client away in more public settings.
- Enforcing rehabilitation for people who are unable to work due to addiction
- Housing should be dealt with asap
- Don't disrupt the flow of drugs. This pushes prices up and makes the ringleaders recruit youngsters. I was once sold heroin by a 10 year-old, Yes a 10 year-old in Greenwich. Also it makes them cut the remainder of the drugs with a dirty alternative to make up the money.
- Make drugs legal
- Early intervention, better services for prevention of relapse. More education and support from GP's when looking for referral. However, by ensuring local residents have a central role in regulating the environments where alcohol can be purchased will encourage more harassment of drinkers.

10.13 The following charts provide the demographic profile of service users who responded to this survey.

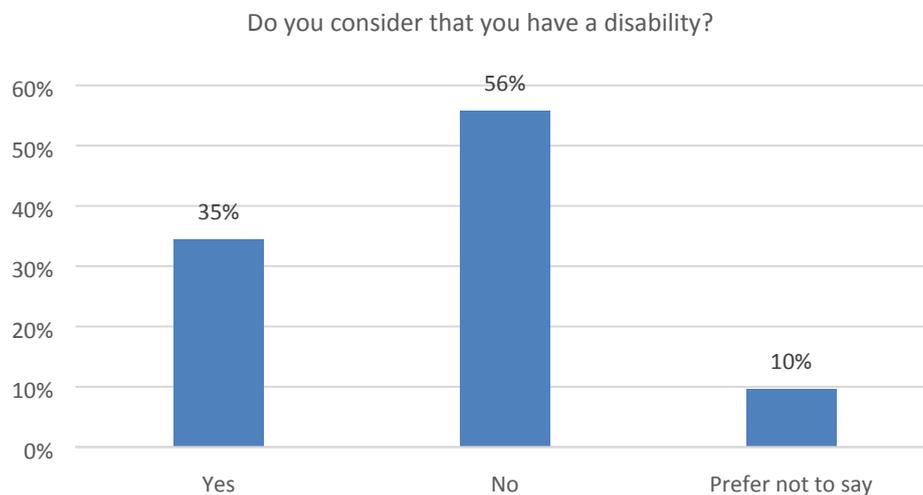
10.14 Profile of where respondents lived (within Tower Hamlets):



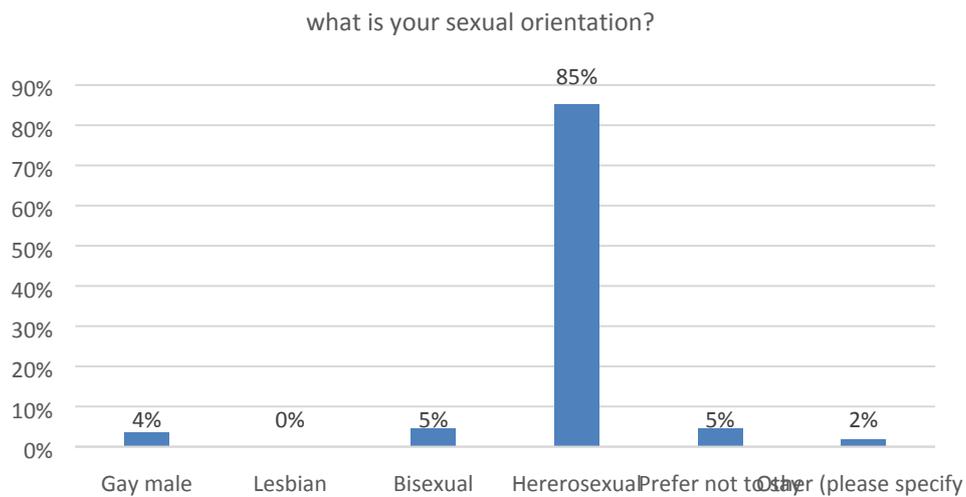
10.15 Profile of age:



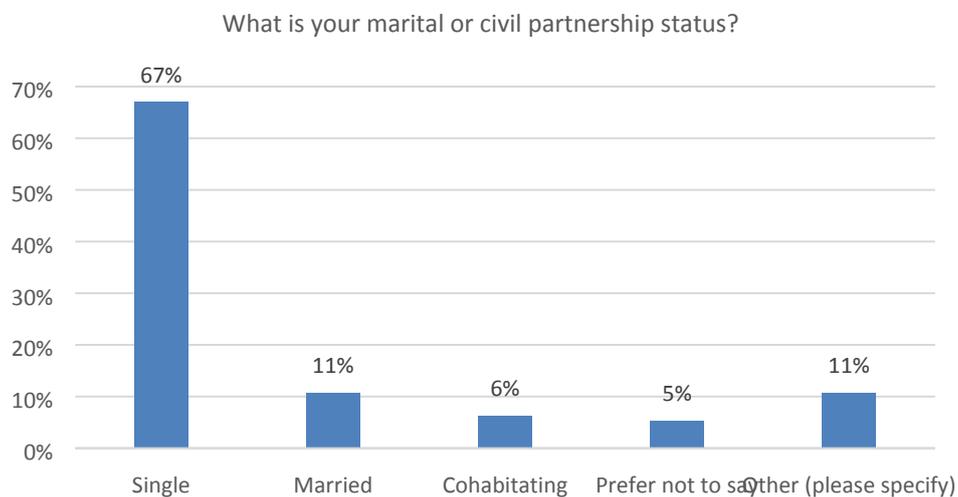
10.16 Profile of disability status:



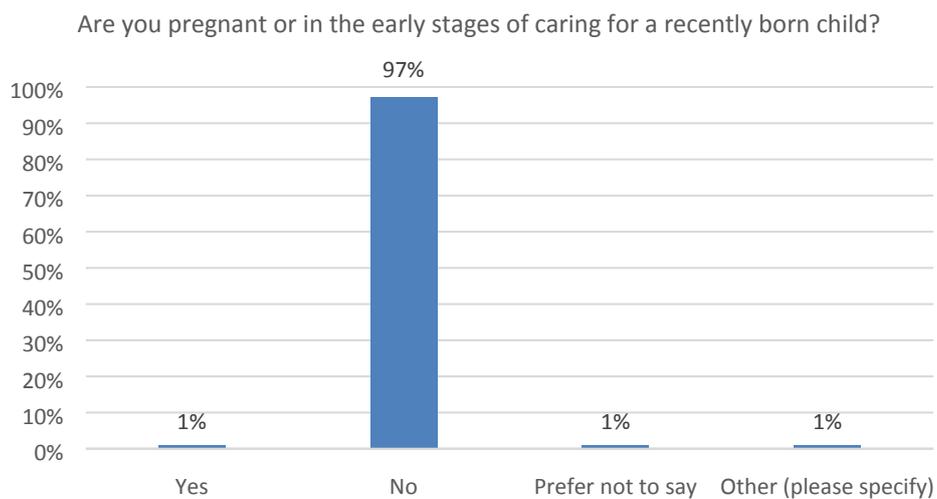
10.17 Profile of sexual orientation:



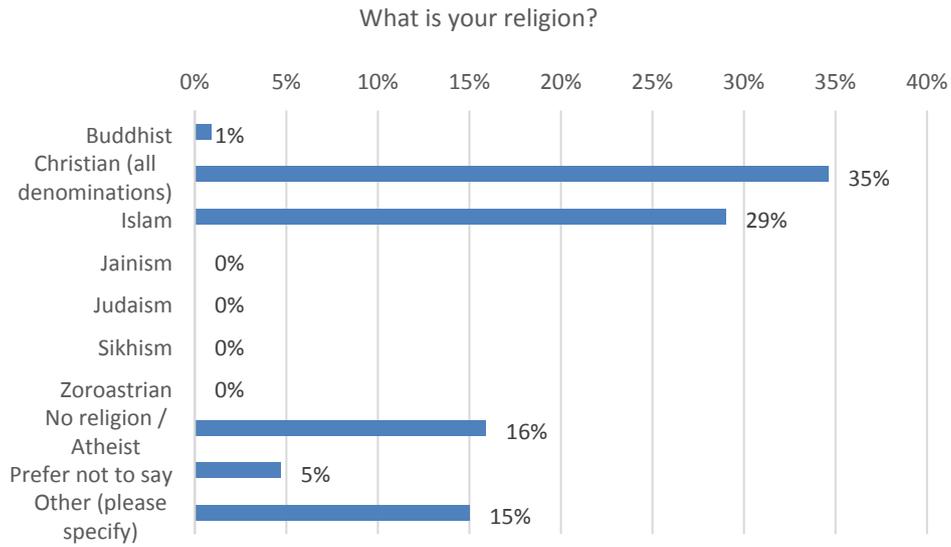
10.18 Profile of marital status:



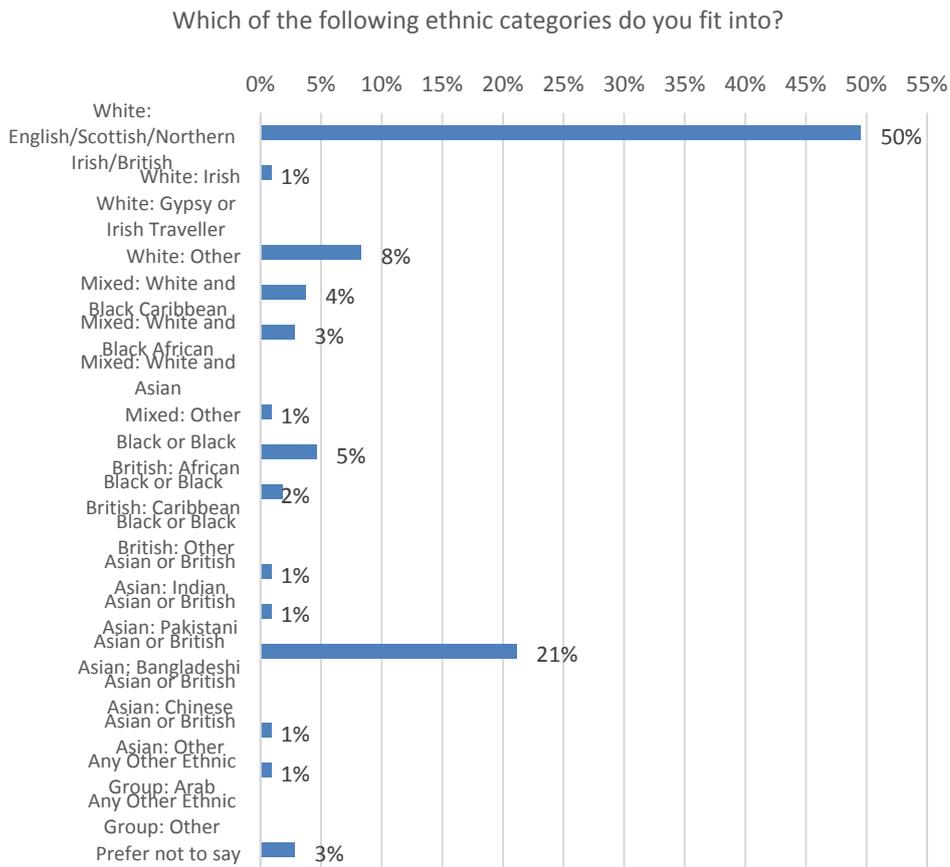
10.19 Profile of maternity/post maternity status:



### 10.20 Profile of religious belief:



### 10.21 Profile of Ethnicity:



## 11 Substance Misuse Strategy Development 2016-19 Stakeholder Workshop (held at Shadwell Centre)

11.1 34 stakeholders attended the workshop designed to evaluate the current strategy 2012-16, review the key findings from the programme of consultation to date and consider priorities going forward over the next 3 years. The majority of partners were represented at this meeting, including, treatment services, hostels, substance misuse commissioner (young people and adults), police, health, clinical commissioning group (mental health), pharmacists, social care, public health and service users.

11.2 The key findings are set out in the table below:

Theme	Key Issues	Priorities going forward
Evaluating the Substance Misuse Strategy 2012-15	What has worked well in the 2012-16 Strategy	<p><b>Prevention and behaviour change:</b></p> <ul style="list-style-type: none"> <li>• Early identification and intervention</li> <li>• Engagement through tier 2 services and raising awareness of substance use among non-substance misuse services</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Better multi-agency working arrangements to address the needs of drug and alcohol users</li> <li>• Young person services are providing a holistic approach in meeting the needs of young people</li> <li>• Rapid access into treatment</li> <li>• Celebrating recovery events were successful and received positively</li> </ul> <p><b>Enforcement and regulation:</b></p> <ul style="list-style-type: none"> <li>• Controlled drinking zone has had a positive impact, with notable reduction in street drinking</li> <li>• Impact of the enforcement work of THEOs and police in general has worked well</li> </ul>
	What has not worked well in the 2012-15 Strategy	<p><b>Prevention and behaviour change:</b></p> <ul style="list-style-type: none"> <li>• Harm reduction, in relation to new psychoactive substances</li> <li>• Lack of understanding about young people and NPS drug use</li> <li>• Hidden problem of drinking – identification and engagement</li> </ul>

Theme	Key Issues	Priorities going forward
		<p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Pathways between primary health care and community treatment services, pathways from treatment into targeting recovery support</li> <li>• Communication about services on offer and available</li> <li>• Relationship between young person services, Mental Health, A&amp;E needs better partnership approach</li> </ul> <p><b>Enforcement and regulation:</b></p> <ul style="list-style-type: none"> <li>• There are still hot spots where street drinking is a problem that needs to be addressed</li> </ul>
	What could be learnt from the way the strategy was delivered	<ul style="list-style-type: none"> <li>• Working more effectively to address the needs of people that misuse drugs and alcohol, between various agencies</li> <li>• Understanding of the changing drug and alcohol use among young people (spirits and NPS are most commonly used)</li> <li>• Improved links with partners to build cohesion between the different strands of the strategy</li> <li>• Clearly defined roles and responsibilities among partners so that actions are owned and monitored</li> <li>• Use 'golden thread' approach so that ownership of the strategy is from top to bottom</li> <li>• Regular review and monitoring of the strategy to 'keep the strategy live'</li> <li>• Raise profile of strategy</li> </ul>
How to improve partnership working and collective response to tackling drugs and alcohol	Role partners have in preventing people from using drugs and drinking to harmful levels	<ul style="list-style-type: none"> <li>• Increase involvement of voluntary sector in prevention work / utilise their relationships, networks</li> <li>• 'Prevention is everyone's business' – as drug and alcohol clients are often clients with other frontline services</li> <li>• Common themes in assessment tools/care plans among all front line services to identify and refer people with drug and alcohol issues</li> <li>• Increased effective communication of the risks associated with drugs and alcohol</li> <li>• Build resilient communities</li> </ul>

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> <li>• Work with schools and education providers to take responsibilities (school, universities)</li> <li>• Build strong links with safeguarding to maximise reach</li> <li>• Utilise more the powers through licencing and trading standards</li> </ul>
	How to better link treatment services to wider support services	<ul style="list-style-type: none"> <li>• Information needs to flow between treatment and wider support services, including through formal routes for example through commissioning and contracts and through joint targets</li> <li>• Integrated services and colocation</li> <li>• Adopt a multidisciplinary approach and involvement in addressing the wider support needs (particularly in relation to housing, DWP)</li> <li>• Utilise strategy to secure buy-in at highest levels</li> </ul>
	Enforcement and regulation efforts to reduce supply of drugs and better regulate alcohol	<ul style="list-style-type: none"> <li>• Enforcement should be visible and empower communities</li> <li>• Make local authorities team visible</li> <li>• Controlled drinking zones need to be enforced, for them to be effective</li> <li>• The 'problems are in the borough' and effort should be focused there</li> <li>• Efforts should be targeted at the higher end of the supply chain and not target small dealers</li> <li>• A quicker police response, perception that THEO's are not as effective</li> <li>• Integrate treatment outreach services with enforcement</li> <li>• Limited licencing hours</li> <li>• Restrictions on sale of high strength alcohol</li> </ul>
Priorities going forward	Specific areas of focus for the Substance Misuse Strategy 2016-19	<p><b>Prevention and behaviour change:</b></p> <ul style="list-style-type: none"> <li>• Focus on community engagement</li> <li>• Focus on social media and internet to engage with drug users and residents, especially communities who buy drugs on the internet and meet to take drugs via the internet / social media (Chemsex)</li> <li>• Deliver holistic work with educational partners including schools</li> <li>• Utilise off licences and other alcohol sellers to inform about drugs and alcohol</li> </ul>

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> <li>• Share knowledge about new research and developments in the profession, new drugs, methods of treatment etc.</li> <li>• Educate families and communities about drugs and alcohol</li> <li>• Clear strategy for drug/alcohol education - who does it, where, when</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Adopting a flexible and innovative approach to delivering treatment, respond to new emerging patterns and behaviour of substance use (NSP and Chemsex)</li> <li>• Ensure that treatment remains accessible for everyone who needs it</li> <li>• Treatment should be accessible on weekends and not just 9 to 5 / Monday to Friday</li> <li>• Clear pathways, client focused, increased choice and improved access</li> <li>• Develop proposal about drug consumption rooms</li> <li>• Foster partnership between young people and adult services</li> <li>• Develop integrated treatment programmes for families and make support available for families</li> <li>• Develop work focused on mothers and children, develop link further with Children centres</li> <li>• Workforce development</li> </ul> <p><b>Enforcement and regulation:</b></p> <ul style="list-style-type: none"> <li>• Joint tasking of THEOs, police and licensing teams</li> <li>• Conditional cautioning for alcohol / NPSs</li> <li>• Increase pre-enforcement planning</li> <li>• Mapping and understanding of the NPSs</li> <li>• Test purchases NPSs and alcohol</li> <li>• Address late night/early morning opening hours of off licenses</li> <li>• Continue to develop Integrated Offender Management (IOM) scheme</li> <li>• As part of the prevention key messages of the consequences of enforcement and regulation should be used</li> </ul>
Barriers to achieving these		<ul style="list-style-type: none"> <li>• The right information about what treatment is and what the options are</li> </ul>

Theme	Key Issues	Priorities going forward
priorities		<ul style="list-style-type: none"> <li>• Cuts and austerity – reduction in funding</li> <li>• Enforcement capacity is failing</li> <li>• Stigma remains as a barrier to treatment</li> <li>• National policy might not be in line with practice on the ground</li> <li>• Local red tape and paper work, outdated case management systems</li> <li>• Too many treatment providers in the borough making communication difficult and resource intensive</li> <li>• Confidentiality makes some work difficult and nearly impossible</li> </ul>
Solutions to the barriers		<ul style="list-style-type: none"> <li>• Substance misuse needs to be a shared responsibility</li> <li>• Communication between different partners and an understanding of what different partners are doing</li> <li>• Lobby national policy and contribute to PHE and other consultations</li> <li>• Focus on joined partnership working to mitigate cuts and austerity</li> <li>• Develop case management system, improve current Mi-case and free up time for keyworkers.</li> <li>• Create effective data sharing agreements between services (not just drug and alcohol services)</li> <li>• Promote positive impact of treatment for clients and the whole community</li> </ul>

## 12 Common Strategy Priorities emerging (Based on the 3 Pillar Approach with modifications)

The consultations outlined culminated in generation of the broad priorities below and these were used to develop a draft strategy for consultation.

THREE PILLARS APPROACH		
Prevention and Behaviour Change	Treatment	Enforcement and Regulation
<b>Including:</b> <ul style="list-style-type: none"> <li>Information and Awareness</li> <li>Engagement</li> <li>Education</li> <li>Support for Substance Misusing Population</li> <li>Prevention campaigns</li> <li>Health Messages</li> <li>Communications</li> <li>Addressing hidden harm and safeguarding vulnerably Young people and Adults</li> </ul>	<b>Including:</b> <ul style="list-style-type: none"> <li>Service engagement of those in need</li> <li>Accessible provision available to all</li> <li>Screening and Identification</li> <li>Assessment and recovery planning</li> <li>Recovery orientated treatment</li> <li>Maintaining recovery support, aftercare and re-integration</li> <li>Peer mentoring and self help</li> </ul>	<b>Including:</b> <ul style="list-style-type: none"> <li>Integrated Offender Management</li> <li>Licencing and regulatory enforcement</li> <li>Dedicated and targeted operations</li> <li>Enforcement of controlled drinking zone.</li> </ul>
Setting the Foundations for Effective Impact		
<ul style="list-style-type: none"> <li>Effective use of gathered and analysed Data and Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>Setting the right Governance mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding resources to sustain local provision</li> </ul>

### **13 Consultation on Draft Strategy**

- 13.1 The draft substance misuse strategy 2016-19 was published on the council's website for consultation among the general public and partnership services (statutory and voluntary). In addition, colleagues across the partnership were invited to participate in the consultation by the DAAT. The consultation closed on 14 April 2016.
- 13.2 Participants in the consultation were invited to complete a short survey asking them to indicate their level of support for the Partnership's vision for tackling drugs and alcohol, the clarity with which the priorities are set out and the level of support for the themes and priorities which make up the three pillars of the strategy.
- 13.3 In total there were 9 respondents to the survey, the majority were male (67%) and 33% female. Respondents were predominately from drug and alcohol services with some representation from GPs, social care and housing (including hostels). The findings are set out below:
- 100% agreed with partnerships vision to tackling drugs and alcohol
  - 89% felt the priorities of the strategy were clear and easy to understand
  - All respondents agreed and in some cases agreed strongly with the key themes under the three pillars of 'prevention and behaviour change', 'treatment' and 'enforcement and regulation'
  - 56% agreed strongly with 'prevention and behaviour change' as a pillar of the strategy, 33% agreed, 11% did not respond
  - 56% agreed strongly with 'treatment' as a pillar of the strategy, 33% agreed, 11% did not respond
  - 67% agreed strongly with 'enforcement and regulation' as a pillar of the strategy, 11% agreed, 11% did not agree or disagree.
- 13.4 Respondents were invited to provide other suggestions or comments in relation to the strategy:
- "Embed the thinking of effective joint working as no organisation can meet the all the needs of our clients but working together should impact on higher successful outcomes."

## Appendix 1: Stakeholders Interviewed

Name	Organisation
Alex Verne	Specialist Addictions Unit (SAU)
Andy Bamber	Drug and Alcohol Action Team (DAAT), Tower Hamlets Council
Anna Livingstone	GP, Clinical Commissioning Group (CCG)
David Tolley	Licensing, Tower Hamlets Council
Dayo Agunbiade	Specialist Addictions Unit (SAU)
Elizabeth Hamer	Drug Interventions Programme (DIP)
Jill Goodard	Public Health
John Mzondo	Health E1
Karen Badgery	Children's Services, Tower Hamlets Council
Kate Smith	Public Health, Tower Hamlets Council
Kevin Kewin	Tower Hamlets Council
Linda Neimantas	Probation (CRC)
Madeleine Rudolph	Public Health England
Mark Hilton	CDT, Lifeline
Mike Hamer	Police
Paula McGranaghan	ISIS
Penny Louch	Health E1
Phil Greenwood	Providence Row Dellow Centre
Rachel Sadegh	Drug and Alcohol Action Team (DAAT), Tower Hamlets Council
Richard Stevenson	Island Day Programme
Sara Fox	CDT Young People, Lifeline
Shareen Hemmuth	Tower Hamlets Community Alcohol Team (THCAT)
Sharif Shaheen	Drug Interventions Programme (DIP)/ Integrated Offender Management (IOM)
Sharon Hawley	Specialist Addictions Unit (SAU)
Sibel Duru	NACRO
Somen Banerjee	Public Health
Sonia Carollo	Specialist Midwife
Tarlok Singh	Harbour Recovery Centre
Tohel Ahmed	NAFAS
Tony O'Ceallaigh	Tower Hamlets Clinical Commissioning Group (CCG)
Trevor Kennett	ASB Team, Tower Hamlets Council

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