

# **Havering drug and alcohol harm reduction strategy 2016-19**

DRAFT

## DOCUMENT CONTROL

### Document details

<b>Title</b>	
<b>Version number</b>	
<b>Status</b>	
<b>Author</b>	
<b>Lead Officer</b>	
<b>Approved by</b>	
<b>Review date</b>	

### Version history

<b>Version</b>	<b>Status</b>	<b>Date</b>	<b>Dissemination change</b>
V0.1	Initial draft		
V0.2	Updated		Additional content included: impact of drugs and alcohol on families and community

### Approval history

## ACKNOWLEDGEMENTS

This strategy was developed under the direction of a steering group, comprising Council Community Safety, Adult Social Services, Children's services and Licensing, and Havering Clinical Commissioning Group, through a process led by the Public Health Service. It was produced in collaboration with a wider stakeholder group, including the police, health services and the voluntary sector and informed by service users of drug and alcohol services. The steering group would like to thank all those who gave their time and expertise to the development of this strategy, and especially the task and finish group who wrote the content and action plan:

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## FOREWORD

The majority of people in Havering do not misuse alcohol, illegal drugs or any other substances. However, for the small number who do, the harm caused to them as individuals, their families and the wider community is significant. Illegal drug taking fosters criminal behaviour. The supply of illegal drugs is in itself a criminal activity and, as drug users must fund their drug taking habit, they often resort to acquisitive crime to do so.

The misuse of drugs and alcohol can harm the wellbeing of families, particularly when this is combined with mental ill-health and domestic violence. This combination is often described as the “toxic trio”. We are particularly concerned about the impact of drug and alcohol misuse on the most vulnerable members of our community; especially those children who live in a family where there are such problems. Drug and alcohol misuse can also lead to acute and chronic mental and physical health problems, blighted communities and lost socio-economic productivity.

This strategy sets out our approach to reducing the harm caused by drug and alcohol misuse in Havering. It has been produced in partnership with a range of agencies and organisations, as it is widely recognised that there is a need to work together to address these problems. Our vision, set out in the documents is that

- children and young people are informed and supported in their early years so that there is less risk of them misusing substances in later life.
- young people who do develop problems have treatment and support so that their lives are not blighted by substance misuse.
- adult residents understand individual health risks associated with alcohol and so manage their drinking within safer limits.
- residents and visitors are free from the harms caused by other people’s substance abuse.
- there is a halt to the demand for, and supply of drugs, which fuels criminal behaviour.
- where people have serious problems with substance misuse, they receive specialist treatment to recover – and remain in recovery.

[DN: signature / photographs]

## INTRODUCTION

It is good news that over recent years there has been a fall in the numbers of people who are using illegal drugs, and that the number of people overall who misuse alcohol is low. However, individuals who do misuse drugs and alcohol risk their own health (short and long term) and can negatively impact the health and wellbeing of their families and communities. Alcohol plays a significant part in almost half of all violent assaults, more than half of domestic violence incidents, marital/relationship breakdown, and road traffic accidents. Furthermore, episodes of heavy drinking – often described as “binge drinking” – contribute towards town centre crime and disorder. Alcohol features in around a quarter of serious case reviews of at risk children, while drugs are implicated in 20%. Drug harms also include the crime and community safety issues associated with the buying/selling and use of drugs.

For the minority of Havering residents who do have severe problems with illegal drugs, including those who are in contact with the criminal justice system, it is essential that they access high quality specialist treatment services. Where there are families that are affected by substance abuse, particularly where this co-exists with poor mental health and domestic violence<sup>1</sup>, it is imperative that agencies work together to keep children in the family and other vulnerable groups safe from harm. Where there are problems with alcohol-related crime and disorder, this requires effective community safety measures.

Not everyone who drinks alcohol above recommended limits will be causing problems to their families or their communities, and the majority of people who are drinking alcohol above the recommended guidelines are unlikely to be taking illegal drugs. However people who are drinking above recommended limits are risking their own health, with the potential to place additional burdens on health and social care services in the future. For these groups of people it is important that they understand what constitutes safer levels of drinking and that they have access to appropriate low level support that helps them to do so. Similarly, many people who have problems with over the counter and prescription only drugs have unintentionally found themselves in this position, including older people who are problematic users of prescription drugs. In these circumstances, GPs and substance treatment services can advise, support and signpost, as appropriate.

### Box 1: Groups disproportionately affected by substance misuse, include:

- **Families, children and vulnerable adults:** particularly where substance misuse co-exists with mental ill-health and domestic violence
- **Looked After Children**, especially those who go missing
- **Veterans** are more likely to misuse alcohol: The London-based charity Veterans’ Aid reported that in 2009-2010, of the 105 veterans referred for substance misuse treatment, alcohol misuse was the primary diagnosis for two-thirds of these clients and research by the Ex-Service Action Group on Homelessness found that homeless veterans were more likely to misuse alcohol than other homeless people.
- **Lesbian, Gay, Bisexual and Transgender**
- **Young People not in Education, Employment or Training**
- **Ageing drug users:** Although there has been a decline in prevalence of drug use, there is a cohort of ageing drug-users in Havering who have been using opiates during most of their adult life.

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<sup>1</sup> This “toxic trio” of issues can be described as the complex inter-relationships between mental ill health, drug or alcohol abuse and domestic violence

## AIM

The overarching aim of this strategy is to reduce the harm caused to Havering residents by substance misuse (objectives described below). This document sets out the approach that organisations in Havering will take to achieve this over the next three years.

## STRUCTURE

This document is set out in two main sections:

- **Section 1: Overview of the key facts and figures about the use of alcohol, illegal drugs and other substances, and over the counter and prescribed medication.**
  
- **Section 2: Objectives**
  - **Objective 1: Preventing harm to individuals**
  - **Objective 2: Preventing harm to family life, children and vulnerable adults**
  - **Objective 3: Preventing harm to the wider community**

This strategy is underpinned by a separate action plan for the period Apr 2016- Mar 2017 which explains how the objectives will be achieved during year one. This will be refreshed annually.

To keep the main body of the document concise a number of appendices have been included which contain further information on a range of relevant topics. The reader is referred to these appendices throughout the key sections of the document. For ease and brevity the term 'substance' is used to collectively describe alcohol, illegal drugs, psychoactive substances, over the counter drugs and prescription only medicines. However 'substance misusers' do not form one homogenous group. Therefore, where there are specific aspects of alcohol or drugs to be considered, more precise terminology will be used, e.g. alcohol misuse, drug use, problematic use of over the counter drugs and prescription only medicines.

## SECTION 1: SUBSTANCES – AN OVERVIEW

All substances considered in this strategy whether they are used legally or illegally, for recreation or for medical purposes, have effects and side effects. This section provides a brief overview of alcohol and drugs by outlining the law for different categories of drugs, a brief description of the more common drugs and a snapshot of the prevalence of drug use in the borough, the law on alcohol, national guidelines and prevalence. The main health impacts are summarised in Appendix 5 including the association between mental health and substance misuse. There is a more detailed description in the Havering Joint Strategic Needs Assessment chapter on drugs and alcohol ([www.havering.gov.uk](http://www.havering.gov.uk)) and other key documents as described in the Reference section. The impacts on family life and vulnerable groups and on community safety are described in Sections 3 and 4 respectively.

### (a) Drugs

- **Different categories of drugs**

Illegal drugs are those listed in the Misuse of Drugs Act 1971. Legal drugs are those that are prescribed by a doctor or other prescriber or medicines that are bought over the counter. New Psychoactive Substances<sup>2</sup> are substances not intended for human consumption and often marketed as plant food, bath salts or incense and frequently described by the unfortunate term “legal highs”; unfortunate because the term “legal” may imply a level of safety - however just because they may be legal to possess, they are largely untested for human consumption.

- **The Law on drugs**

Under the **Misuse of Drugs Act 1971**, drugs are categorised into three classes; A, B and C with different penalties for possession, supply and production, as described in Appendix 2.

The **Psychoactive Substances Act 2016** is expected to come into force in April 2016 which will make it an offence to produce and supply any substance for human consumption that is capable of producing a psychoactive effect<sup>3</sup>.

The key legislation governing the control of medicines for human and veterinary use, categorised as prescription only medicines, pharmacy, general sales list and controlled drugs (including their manufacture and supply) is the **Medicines Act 1968**. The regulatory body for medicines in the UK is the Medicines and Healthcare Products Regulatory Agency, which ensure the authenticity of the medicines available to the public.

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<sup>2</sup> See glossary for further description of New Psychoactive Substances

<sup>3</sup> Nicotine, alcohol and caffeine are exempt



- **Types of drugs**

Table 1: Brief description of the more common types of drugs as relate to this strategy

<b>Heroin and Cocaine</b>	The drugs that cause the most harm to the individual, families and the community are heroin and crack cocaine. These drugs account for most of the costs of drug treatment and drug enforcement and are those most likely to generate crime in order to fund drug purchase. Heroin is a drug made from morphine, which is extracted from the opium poppy. Like many drugs made from opium (called opiates), heroin is a very strong painkiller. Powder cocaine (also called coke), freebase (powder cocaine that has been prepared for smoking) and crack are all forms of cocaine. Freebase cocaine and crack cocaine can be smoked which means they reach the brain very quickly. Snorted powder cocaine gets to the brain more slowly.
<b>Cannabis</b>	There are many myths about cannabis; including that it is safe because it is natural. Cannabis affects how the brain works and can make an individual feel very anxious and even paranoid, and can affect concentration, the ability to learn, worsen memory and make someone feel less motivated. Smoking cannabis has been linked to lung diseases and, in some people, has led to serious, long-term mental health problems.
<b>New Psychoactive Substances</b>	These substances are predominantly untested for human consumption, and are often marketed as plant food, bath salts or incense. One such substance, nitrous oxide, is an aerosol used in food production such as producing whipped cream, but which is being used to produce psychoactive effects. . When inhaled, nitrous oxide can cause feelings of euphoria, dizziness and hallucinations. It is becoming popular in bars and nightclubs as a 'party drug'.
<b>Anabolic steroids</b>	Anabolic steroids are prescription-only medicines that are sometimes taken illegally to increase muscle mass and improve athletic performance. If used in this way, they can cause serious side effects and dependency. Anabolic steroids are manufactured drugs that mimic the effects of the male hormone testosterone. They have limited medical uses and are not to be confused with corticosteroids, a different type of steroid drug that's commonly prescribed for a variety of conditions. If anabolic steroids are misused by adolescents, they can cause premature ageing of the bones as well as restricted growth.
<b>Over the counter and prescription only medicines</b>	Over the counter drugs can be bought without a prescription. Some are addictive, particularly Codeine-based analgesics, and if taken regularly over long periods, can produce a physical dependence that can result in withdrawal symptoms if ceased. Prescription only medicines are drugs which are legally available only with a valid prescription and include high-strength painkillers. Whilst these may bring comfort to many people suffering a wide range of ailments, there has been growing recognition of the problematic use of these medicines.

- **Prevalence of drug use in Havering**

A range of sources helps to build a local picture of prevalence, trends and patterns of drug use. Local figures are not always available; by its very nature, much drug use is hidden and so unreported. The Joint Strategic Needs Assessment chapter on drugs and alcohol describes in detail what is known about the local issue – the following is a snapshot.

- **Illegal drugs**

Nationally there has been a decline in the prevalence of use of illegal drugs in recent years, including among young people<sup>4</sup>. Overall, there are estimated to be 12,060 users of illegal drugs in Havering based on national prevalence figures<sup>[1]</sup> applied to ONS population estimates.

<sup>4</sup> Health & Social Care Information Centre (2013). *Statistics on Drug Misuse: England 2013*. London, HSCIC.

The drugs that cause the most harm to the individual, families and the community are heroin and crack cocaine. These drugs account for most of the costs of drug treatment and drug enforcement and are those most likely to generate crime in order to fund drug purchase. The prevalence of heroin and crack cocaine use in Havering is 5.68 per 1000 population aged 15-64, compared with London (9.62) and England (8.67)<sup>5</sup>. There are estimated to be 888 heroin and crack cocaine users in Havering<sup>6</sup>. In February 2016 there were 183 heroin and crack cocaine users in treatment<sup>7</sup>.

According to a national survey<sup>8</sup> of 15 year olds in 2014, cannabis is the main drug being used by young people in Havering, with 8.1% of 15 year olds in the borough saying they had ever tried cannabis (compared to England 10.7% and London 19.9%). 1.1% of 15 year olds in the borough said that they had taken drugs other than cannabis during the previous month (compared with England 0.9% and London 1.0%)

- **New psychoactive substances<sup>9</sup>**

There is a perception that the use of such drugs is widespread, although there are no reliable statistics that help to understand how many people are using them. Home Office Statistics for the 2012-13 Crime Survey for England and Wales (CSEW) showed that 6.1% of 16-24 year olds had taken nitrous oxide in the last year, and 2% of adults aged 16-59<sup>10</sup>. Havering Council's Streetcare Service has reported a visible presence of cannisters and balloons being collected with street litter. It is suspected by some that the reduction in use of illegal drugs has been supplanted by "legal highs" and that the UK has a drug scene "in transition" rather than a genuine decline.

- **Legal drugs**

The problematic use of prescription and over-the-counter medication is becoming more widely recognised. The exact size of the problem is largely unknown, but nationally where people are reporting to drug treatment services, 12% of new clients in 2009-10 reported problems with prescription-only or over-the-counter medicine<sup>11</sup>. It is suspected that these figures seriously underestimate the problem, as people who have problems with these medicines may be more likely to seek help from their GP and not access specialist substance misuse centres. Locally, of the 520 clients in drug treatment in Havering in 2011/12, 11.5% cited problematic use of over the counter and prescription only medicines, slightly lower than the London average (12.6%).

In terms of misuse of steroids, it is suspected that there has been an increase in intravenous use, and that there are a significant number of individuals using the needle exchange service that are injecting anabolic steroids.

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<sup>[1]</sup> Home Office (2015)

<sup>5</sup> Home Office (2015)

<sup>6</sup> Based on Office for National Statistics mid-year 2014 population estimates published June 2015.

<sup>7</sup> Local service level data

<sup>8</sup> Health and Social Care Information Centre (2015)

<sup>9</sup> See glossary

<sup>10</sup> Home Office (2013)

<sup>11</sup> Royal College of General Practitioners

- **Substance misuse in families**

According to 2011 Census data, there were 29,241 households in Havering with a child aged under 16 years<sup>12</sup>. Drug and alcohol addiction is more likely in families where drug and alcohol addiction is already present<sup>13</sup>. In addition, children from lone parent families are more likely than those in two-parent families to engage in risky behaviour, including drug and alcohol misuse or smoking<sup>14</sup>. Single parents often have lower incomes, greater degree of social isolation, fewer resources to help them cope with the stresses of daily life and in some cases find it harder to maintain discipline in the home. There were 7,224 lone parent households in Havering in 2011 with children under 16 years. In the thirteen month period 1 Dec 2014-31 December 2015, there were 74 families referred to the Council's Early Help Service where one of the problems was substance misuse. Of those 74 families, 17 also had problems with domestic violence and mental health. (Subsequently, once the practitioner gets to know the families, this number does increase.) In addition to the general risks described above, there are added concerns about the safety and wellbeing of children and vulnerable adults who are living in a household where substance abuse is present, and further concerns where there is the co-existence of domestic violence and mental health. Appendix 4 describes the safeguarding concerns. Section 2b continues with a focus on preventing harm to families where there is added description of substance misuse in families.

- **Substance misuse and crime**

The Drug Intervention Programme (DIP), probation assessment and police crime data reveals that alcohol and drugs are significant drivers of crime in Havering. For example, police data for the twelve months to November 2015, recorded 4,000 serious acquisitive crimes, 447 of these led to arrests with drug tests, of which 220 tested positive for Class A drugs, which is 50% of offenders who were arrested. Section 2c continues with more description.

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<sup>12</sup> London Borough of Havering (2015). *This is Havering: a demographic and socioeconomic profile*

<sup>13</sup> Substance Abuse and Mental Health Services Administration (2004)

<sup>14</sup> Blum et al (2000)

## (b) Alcohol

### • Benefits and disadvantages of alcohol

Alcohol brings mixed fortunes to the local environment. On the one hand, the jobs and revenue generated by on and off-trade sales of alcohol can stimulate a local economy, such as in Hornchurch and Romford, whereby well-run community pubs and other businesses, provide employment and social venues for the community. Alcohol consumption is generally socially acceptable, and is enjoyed by many, including during times of celebration. On the other hand, excessive consumption of alcohol has a strongly negative influence on individual health, impacts on community wellbeing including as a result of antisocial behaviour, and on families and children. Alcohol (along with drugs), is often implicated as one of the three major issues in the Troubled Families agenda, along with domestic abuse and mental ill-health, which together, are commonly described as the “toxic trio”. Furthermore, alcohol plays a part in more than half of domestic violence incidents and relationship breakdowns.

### • The law on alcohol

The **Licensing Act 2003** and its regulations sets out the law on alcohol licensing. It is illegal to sell alcohol to anyone under the age of 18<sup>15</sup> or to someone who is drunk. Anyone who wishes to sell alcohol must have a licence to do so, which is issued by the Licensing Authority<sup>16</sup> (part of the Council).

### • Guidelines

New guidelines for alcohol consumption were produced by the UK Chief Medical Officers in January 2016 following a review of the evidence on harm caused to health by alcohol (see also Appendix 3). The new guidelines say that

- men and women should not drink more than 14 units of alcohol each week, which should be spread out over 3 or more days, and include several alcohol free days a week
- pregnant women should not drink alcohol at all

Calculating the units of alcohol in a drink depends on the percentage of alcohol in each drink by volume (alcohol by volume, or ABV measure). Figure 1 illustrates the number of units in a range of alcohol drinks.

Figure 1: What does a unit of alcohol look like?



Source: www.nhs.uk

<sup>15</sup> Beer, cider or wine can be bought by someone over the age of 18 for someone who is 16 or 17 to drink with a meal on licensed premises.

<sup>16</sup> See glossary Licensing Objectives and Licensing Policy

- **Prevalence: adults**

As figure 2 illustrates, of the drinking population (persons aged 16 and over):

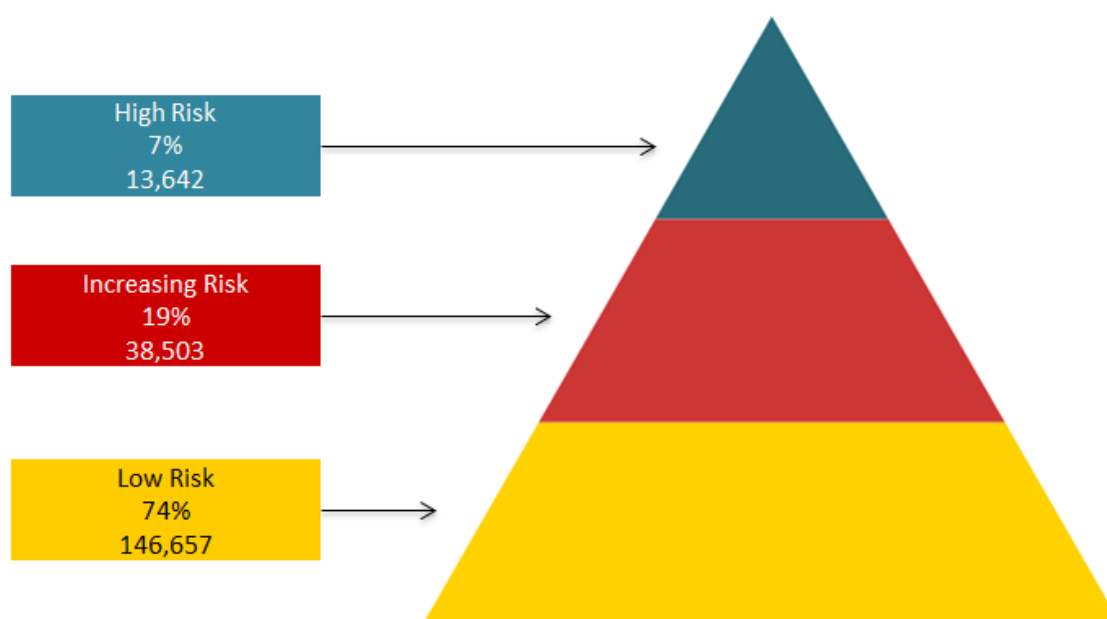
- Approximately, three quarters (74%) drink at levels that are low risk to their health (22 units of alcohol per week for males, and fewer than 15 units of alcohol per week for females).
- Approximately a fifth (19%) are drinking at levels that put them at an increased risk of alcohol-related health problems (22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females)
- 7% are drinking at levels where there is evidence of some alcohol-related harm (more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females)

Note that the above are based on old national guidelines (pre January 2016), see Appendix 3.

Estimates from other sources provide figures on:

- 16% of persons aged 16 and over abstain from alcohol
- 14% of persons aged 16 and over report engaging in binge drinking

**Figure 2: Level of Alcohol Consumption Prevalence “the Prevalence Triangle”<sup>17</sup>**



Source: Local Alcohol Profiles for England (estimates applied to mid-2014 population)

<sup>17</sup> Source: LAPE 2014 User Guide: 2009 synthetic estimate of the percentage of the total adult (16 and over) population. Modelled estimates produced by the former North West Public Health Observatory (now the Knowledge and Intelligence Team [North West]), using data from multiple sources including General Lifestyle Survey 2008 and 2009, Alcohol-specific hospital admission 2007/08 to 2009/10, Index of Multiple Deprivation 2010, Department for Communities and Local Government, Beacon and Dodsworth P2 People and Places classification (People and Places Trees)

- **Prevalence: children and young people**

According to a national survey conducted in 2014<sup>18</sup>, 65.3% of 15 year olds in Havering have had an alcohol drink which is higher than London (41.2%) and England (62.4%). 16.1% of 15 year olds in Havering said that they had been drunk in the previous four weeks, which is higher than London (8.9%) and England (14.6%)

- **Older People**

According to the Royal College of Psychiatrists, older men are at greater risk of developing alcohol problems in later life compared to older women.

- **People with dementia**

People with dementia can become more confused after a drink, and someone with dementia can drink more because they have forgotten how much they have had. People who have dementia related to past alcohol use should not drink alcohol at all.

- **Crime and alcohol**

Excessive alcohol consumption in the night-time economy can lead to increased violence and criminal activity on our streets. According to Havering's Community Safety Annual Strategic Assessment 2015 (ASA), Havering has a higher rate of alcohol related crime than the national average but is lower than that of London. The ASA describes how people who binge drink were more likely to offend than non-binge drinkers. A study<sup>19</sup> of violent offences in Romford Town Centre's night time economy found that victims had consumed alcohol in 85% of cases, whilst 58% of victims could not recall the circumstances of the assault due to intoxication. Furthermore, 60% of alcohol related crime is caused by people aged 18-31.

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<sup>18</sup> Health and Social Care Information Centre (2015)

<sup>19</sup> Community Safety Report

## SECTION 2: OBJECTIVES

This section describes the issues of substance abuse according to each of the strategy's three objectives, which are:

- **Objective 1: Preventing harm to the individual**
- **Objective 2: Preventing harm to families, children and vulnerable adults**
- **Objective 3: Preventing harm to the wider community**

As would be expected, many features of substance abuse relate to more than one objective. A factor that affects individual health which is described in objective 1, by default can also affect families, children and vulnerable adults (described under objective 2); and the wider community (objective 3).

### OBJECTIVE 1: PREVENTING HARM TO THE INDIVIDUAL

This objective is concerned with the damage caused to individual health and wellbeing as a result of personal misuse of substances, and actions that can reduce harm.

The following describes what this means for (a) young people, (b) working age adults, and (c) older adults.

#### **(a) Young people, drugs and alcohol,**

Most young people do not misuse drugs or alcohol and the national trend is that drug and alcohol use has been falling over a number of years. Despite this, for those who use drugs and alcohol, there is clear and compelling evidence that young people's substance use contributes to a wide range of other serious problems experienced by teenagers. This may include involvement in crime, gangs and anti-social behaviour, becoming a victim of crime and abuse including sexual exploitation, teenage pregnancy, mental health, future drug dependency as well as failing or falling behind at school<sup>20</sup>.

Children should be encouraged to defer their first experience of alcohol, as an alcohol-free childhood is the healthiest and best option<sup>21</sup>. They should be protected from the exploitation of others who would use alcohol and drugs to groom them.

According to the national *What about YOUth* survey 2014, 65.3% of 15 year olds in Havering have had an alcoholic drink, which is slightly worse than the England average (62.4%) and worse than London (41.2%). 16.1% of 15 year olds in Havering said that they had been drunk in the previous 4 weeks, compared with England at 14.6% and London 8.9%. 8.1% of 15 year olds in Havering said that they had ever tried cannabis, compared to England 10.7% and London 19.9%. 1.1% of 15 year olds said that they had taken drugs other than cannabis during the previous month, compared with England 0.9% and London 1.0%. The mean score of the 14 WEMWBS statements showed that 15 year olds in Havering had better scores (48.3) than England (47.6) and London (47.8).

<sup>20</sup> HM Government (2001)

<sup>21</sup> . Department of Health (2009)



There are strong associations between mental health problems and substance misuse in young people and adults. Thus meeting the mental health needs of young people and building mental health resilience will reduce the likelihood of problems with substance misuse in later years. The National Service Framework for Mental Health<sup>22</sup> highlighted that children in the poorest households are three times more likely to have mental health problems than children in well off households. Commissioners of mental health services for children and young people should ensure that local services meet the needs of children and young people, and take into account where there is likely to be higher levels of need, including those groups that are identified as higher risk of substance misuse. The multiagency Mental Health Partnership Board<sup>23</sup> should consider the mental health needs of children and families in its strategic work programme (see glossary for further information on the work of the MHPB and later in this section on mental health needs of working age people).

- **Schools and colleges**

Schools and colleges play a vital role as promoters of health and wellbeing in their local community. The Havering Healthy Schools<sup>24</sup> programme has been a valuable resource for schools, and increasing numbers of schools are achieving bronze award. Bronze award requires the adoption of drug and alcohol policies and promotion of information about substances to the whole school community. The Healthy Schools programme should aim for all schools to achieve Bronze award status, as well as continuing to raise awareness of drugs and alcohol in the whole school community. As young people in Havering appear to be drinking at levels above London and England, there should be information about alcohol, including risks of alcohol to the unborn child. See also later content on Child Sexual Exploitation.

- **School nurses**

The school nurse make a valuable contribution to providing early help and advice on young people's health issues, particularly in areas such as mental ill health and drug and alcohol abuse, before they reach crisis point. Havering's school nursing service is commissioned by the Council from the North East London Foundation Trust (NELFT). The service is working with schools to make sure that children and young people, and their parents, know who is the school's designated school nurse, when the school nurse will be available for drop in advice, and how to contact the service during term time and holidays.

- **Parents**

Children from an early age come into contact with many sources of information about alcohol, but it is in the home that children's views are formed about drinking habits<sup>25</sup>.

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<sup>22</sup> Department of Health (1999)

<sup>23</sup> See glossary

<sup>24</sup> See glossary

<sup>25</sup> Eadie et al, 2010



According to a survey by Drinkaware<sup>26</sup>, 54% of parents surveyed said that they had given their child an alcohol drink, and 20% of parents said they had no understanding or were unaware of medical guidance about drinking in childhood.

Many parents are reluctant to discuss the issue of alcohol with their children, even though children as young as seven have already developed a fairly sophisticated level of knowledge about alcohol. Parents can feel overwhelmed by the external pressures that encourage youth drinking, and yet studies show that children aged seven to twelve are receptive to parent advice and influence and that this is a good time to provide information and discuss alcohol, particularly as parental influence reduces as children reach their teenage years.

National research points to the need for greater consistency of information and for guidance for parents on how to embark on conversations about alcohol with their children. Parents need to know that, rather than wait until their child begins to experiment with alcohol, discussions during the child's primary school years will be a time when the child is most receptive. Agencies should work together to achieve more consistency in messaging, and to signpost parents to guidance and information that will help them to embark on discussions about all types of substances.

- **Specialist advice and support for young people**

The Council's Substance Misuse Service for young people provides a specialist service to young people aged 10 to 17 years and their families that aim to prevent and alleviate harm caused by a young person's substance misuse to themselves, their families and the communities in which they live. Specialist interventions include psychosocial interventions, criminal justice interventions, work with parents or carers, harm reduction advice and access to pharmacological services. Supporting young people with needs requires the young people's treatment service provider to work in close partnership with other key services including the Early Help Service, Youth Offending Service, Children's Services, and the Child and Adolescent Mental Health Services.

Drug use among young people from vulnerable groups (e.g. young offenders and those not in education, employment or training) is higher than it is for the rest of the population. Young people who belong to one or more 'vulnerable group' report the highest rates of all. It is anticipated that there will be a continuing demand for specialist services from this group as their frequency of drug use may lead to more harmful and problematic use. This strategy therefore recognises the importance of the Council continuing to maintain its investment in a specialist substance misuse service for young people providing a range of targeted interventions including education, information and advice. In order to achieve positive outcomes for young people with substance misuse needs, this service should work in close partnership with the Early Help Service, schools, Child and Adolescent Mental

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<sup>26</sup> Independent charity that aims to reduce alcohol-related harm by helping people make better choices about drinking. [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Health Services, the Youth Offending Service as well as the formal multi-agency bodies that coordinate local actions to prevent sexual exploitation and serious youth violence.

- **Non school settings**

There are a wealth of settings in Havering that provide activities for children and young people. Many are provided by voluntary and community groups that could also act as diversionary activities to prevent children and young people from engaging in risky behaviours involving alcohol or drugs. They are ideally placed to reinforce health promotion messages about drugs and alcohol, signpost to reliable sources of information and advice, including who to speak to if children and young people have any concerns. The Council, police, and substance misuse treatment services should ensure that information is provided to such groups so that they, in turn, can cascade the information to children, young people, and parents.

- **Sexual health clinic**

A report<sup>27</sup> has highlighted the opportunities for sexual health services to help tackle alcohol misuse, given the strong links between drinking and poor sexual health in the young. The report describes how attendances at sexual health clinics provide a unique opportunity to communicate key messages relating to alcohol consumption to those who are at risk. Local sexual health services should provide brief interventions about alcohol and refer to treatment services where appropriate.

## **(b) Working age adults**

The health of working age people has become an increasing focus of attention in recent years. It is recognised that employers, communities and the taxpayer all bear the costs of working-age ill health, which is estimated by the Department of Work and Pensions to run at around £100 billion each year<sup>28</sup>. Misuse of substances not only contributes to short-term ill health in the working age population, but can also can impact on future health; increasing the chances of some cancers, dementia, and heart disease.

It is important that there is advice and support for adults about how to keep alcohol consumption within recommended guidelines, to avoid harmful substances, and to use over the counter and prescription only medications appropriately. It is also important that, where an adult has a problem with drugs and alcohol, that they are provided with the right level of service, depending on their level of need.

- **The Workplace**

Staff are an organisation's greatest asset, and a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity. Employers can play a valuable part in helping employees to recognise their own and others substance misuse and provide information on sources of advice, help and support. This can be done through access to

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<sup>27</sup> Royal College of Physicians and British Association for Sexual Health and HIV (2011)

<sup>28</sup> Department for Work and Pensions and Department of Health (2014)

confidential advice lines, signposting, as well as equipping managers to recognise and respond to substance-related under-performance. Havering Council is the first local employer to be accredited with the Workplace Wellbeing Charter. The Charter provides employers with an easy and clear guide on how to make workplaces a supportive and productive environment, including issues of substance misuse. Local employers such as the Council should make it a priority to raise awareness of alcohol and drug abuse in the workplace and signpost employees to sources of support and information.

- **Mental health**

Given the association between substance misuse and mental health problems (described above), ensuring good mental health must be a priority. The borough has many assets to help to achieve and maintain good mental health; from well-kept parks and open spaces<sup>29</sup>, to learning and social opportunities.

There are a range of services for people who experience mental ill-health such as depression. These include Havering's IAPT<sup>30</sup> service provided by NELFT<sup>31</sup> and services provided by Havering MIND, Richmond Fellowship or Family Mosaic, to name but a few. The IAPT service works closely with the commissioned drug and alcohol treatment services to ensure a holistic approach to mental health and substance misuse (see below re primary care). Havering's multi-agency Mental Health Partnership Board should continue to work together to promote good mental health in the borough, and recognise the importance of good mental health in preventing substance misuse in all age groups.

- **National campaigns, digital and online support**

There is a wealth of advice, digital and on-line support available to maintain good mental health. Examples include digital apps to download to monitor mood, promote mindfulness and even keep track of drinking behaviour. The London Digital Mental Wellbeing Project is being commissioned collaboratively by all London CCGs to improve mental wellbeing and increase mental health resilience of adults in London, by offering an open access digital service to its 6.5 million adults. London will be the first city in the world to develop this type of project at scale, delivering a preventative city-wide service using digital innovation to enable users to self-assess and manage their own mental wellbeing via advice, peer-to-peer support, virtual communities and online support. These should be amplified and promoted locally to encourage individuals to improve their health, including where there is substance misuse.

National programmes should also be promoted locally, particularly the One You<sup>32</sup> Campaign (launched March 2016 and Dry January<sup>33</sup>, together with reliable on-line sources of

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<sup>29</sup> Faculty of Public Health and Natural England (2010)

<sup>30</sup> See glossary

<sup>31</sup> NELFT provide a range of mental health services including Access Assessment and Brief Intervention, Community Recovery Team, Recovery Community and Older Adults mental health services and Early Intervention in Psychosis

<sup>32</sup> See glossary

information and advice, such as “Talk to Frank” (about drugs), “Drinkaware” and “Alcohol Concern” (alcohol).

- **NHS Health Checks**

The NHS Health Check<sup>34</sup> programme aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia, and includes advice about alcohol use. The NHS Health Check programme is commissioned by Havering Council and delivered by GPs. The Council Public Health Service should ensure that GPs are provided with information and an updated tool<sup>35</sup> to screen for level of alcohol-related risks to health, once new national tools are published.

- **Health Champions**

Health Champions are volunteers who, with training<sup>36</sup> and support, work jointly to promote health and wellbeing within their local community. They empower and motivate people to make positive choices to improve their health and wellbeing. Local voluntary organisation Tapestry is commissioned by the Council to recruit and manage volunteers as part of the *My Health Matters* Havering health and wellbeing programme. Health Champions provide information on a wide range of health matters, including alcohol and substance misuse.

- **Primary Care**

Most people turn to their GP when they have a problem with substance misuse, or the GP may identify that someone is drinking above recommended levels, including through the NHS Health Check Programme. GPs assess the nature of the problem and help the individual to choose the most appropriate action. This may include treatment, or referral to specialist treatment services, such as when someone has become dependent on alcohol<sup>37</sup>. GPs and practice nurses should be updated regularly about issues of substance abuse, including the availability and referral criteria for treatment services.

GPs provide general medical care to everyone registered with them, including people who have a drug or alcohol problem. In addition, GPs can provide “shared care”, which are alcohol treatment interventions in partnership with specialist drug and alcohol treatment services. Where a GP in Havering wishes to participate in shared care arrangements, the specialist treatment service and the GP should agree a protocol that outlines a clear plan of

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<sup>33</sup> See glossary

<sup>34</sup> See glossary

<sup>35</sup> The AUDIT tool (Alcohol Use Disorders Identification Test) is a detailed questionnaire, developed by the World Health Organization, that picks up early signs of hazardous and harmful drinking, and identifies mild dependence.

<sup>36</sup> Training leads to a recognised qualification in Understanding Health Improvement, which is accredited by the Royal Society for Public Health.

<sup>37</sup> If someone has become dependent on alcohol, stopping drinking overnight can be life-threatening, so it is essential that they get advice about cutting down gradually.

care, monitoring arrangements and the respective role and responsibilities if the treatment service, GP and patient.

Problematic use of prescription-only and over the counter medicines can arise for a range of reasons, including individuals who unintentionally become dependent. The consequences of problematic use of prescription and over-the-counter medicine can lead to physical, psychological or social problems, and affect all age groups. GPs should implement NICE policy covering the appropriate management of prescription only medicines that are liable to abuse. The BHR CCG Medicines Management team should provide support to practices to achieve the relevant standards, through training, advice, and audit. In cases of non-compliance with the standards, where appropriate, the CCG should refer health practices to the Controlled Drugs Accountable Officer for London (Care Quality Commission).

Pharmacists explain to patients how to take medicines and can be key in recognising prescription drug abuse, and misuse of over the counter medicine. They have a key role to play in providing advice on minimising the harms caused by drugs, help to stop using drugs by providing access to drug treatment (e.g. supervised consumption of opioid substitution therapy ) and signposting to other health and welfare services. There is a call for community pharmacists to take a more proactive approach in supporting patients who misuse over-the-counter medicines<sup>38</sup> BHRUT CCG Medicines Management Team should discuss with the Local Pharmaceutical Committee about implementation of national guidelines, once these are published.

The Pharmacist can be instrumental in supporting drug users in complying with their prescribed regimen, therefore reducing incidents of accidental deaths through overdose. Selected pharmacies in Havering provide supervised consumption of drugs, which contributes to keeping to a minimum the misdirection of controlled drugs and is one measure in preventing drug-related deaths in the

#### **Prescription-only and over the counter medication**

Of the 520 clients in drug treatment in Havering in 2011/12, 11.5% cited problematic use of prescription only medicines or over-the-counter medicines. This is slightly lower than the London average (12.6%).

The factors that are associated with an increased risk of misuse and dependence to prescription-only or over the counter drugs include:

- Personal or family history of substance abuse
- Age 16-45 years
- Older people with complex physical and psychological needs complicated by pain
- History of pre-adolescent sexual abuse
- Certain psychological diseases, such as ADHD, obsessive-compulsive disorder, bipolar disorder, schizophrenia, depression
- Exposure to peer pressure or a social environment where there is drug abuse
- Easier access to prescription drugs, such as working in a healthcare setting
- Lack of knowledge or understanding about prescription only or over the counter drugs by the prescriber

<sup>38</sup> Pharmaceutical Medical Journal (2013)

community. A number of local pharmacists also provide a needle and syringe exchange service, which contributes to reducing the likelihood of blood-borne<sup>39</sup> infections as a result of sharing of needles.

In addition many pharmacists offer a free medicines use review. This service should be promoted locally.

- **Acute hospital**

Acute hospitals have an important role to play in identifying those who have attended A&E services or are admitted as result of substance misuse. The Council has commissioned the Drug and Alcohol Treatment Service to locate an Alcohol Liaison Nurse<sup>40</sup> in Queens hospital which has proved to be highly valuable in ensuring a focus on alcohol-related issues. There has been excellent partnership working with the consultant hepatologist, and with A &E services and on the wards, where the Alcohol Liaison Nurse plays a key role in working with clinicians and nurses to assess and support those patients who require inpatients detoxifications. The role also involves raising knowledge and awareness among clinical and nursing staff about alcohol related issues. In addition, the Nurse also holds clinics to assess the needs of, and agree care plans for service users presenting with alcohol use and works with the service user to achieve their care plan objectives.

Given the associations between mental health ill health and substance misuse, a closer working relationship has been established between the Alcohol Liaison Nurse and the mental health service Mental Health Liaison Nurse, and this should be continued and developed to ensure that problems are identified in acute settings and appropriate subsequent action taken.

- **Mutual Aid**

Mutual aid groups are a source of structure and continuing support for people seeking recovery from alcohol or drug dependence, and for those directly or indirectly affected by dependence, such as partners, close friends, and other family members. Some people will start attending mutual aid groups when they first recognise that they have a problem, and will continue through to recovery without further support from elsewhere. For others, attending a mutual aid group will be part of their recovery that first started with specialist or primary care treatment and advice. Mutual aid groups should be provided with specialist advice and information in order that they, in turn, are able to continue to provide support to individuals and families in Havering.

- **Specialist Adult Treatment Services**

Havering Council commissions an integrated specialist substance misuse treatment service from WDP Havering (tiers 1, 2 and 3), and commissions specialist providers for tier 4

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<sup>39</sup> See glossary

<sup>40</sup> See glossary

residential detoxification and rehabilitation treatment<sup>41</sup>. Appendix 6 summarises the key aspects of the integrated service provided by WDP Havering. The service accepts referrals from health professionals as well as self-referrals. WDP Havering assesses the needs of the individual (and the family where appropriate) and works in partnership with agencies to support the individual to recovery. Where there are issues of dual diagnosis<sup>42</sup>, substance misuse treatment services must work in partnership with mental health services.

- **Treatment services for women**

The JSNA drugs and alcohol highlights the different issues relating to substance abuse that affect women, compared to men, including during pregnancy.

Women who are pregnant and using alcohol or drugs may be identified either by the substance misuse treatment service, or by maternity services. When the treatment service identifies that a woman is pregnant, then depending on decisions made by the woman, they will either refer the woman to maternity services or to abortion counselling services. Where the woman decides to proceed with their pregnancy, the BHRUT maternity service aims to minimise the risk to the unborn [baby of parental substance misuse. The lead midwife is the main point of contact for the woman and who ensures that management of the woman's continuing ante-natal care includes managing the risks to the unborn child.

In order to ensure good management during the perinatal<sup>43</sup> period, the service provider and maternity services should work closely together, including collaborating on the woman's care plan. For pregnant women, the detox aspect of treatment should be managed by the acute hospital, with support from the drug and alcohol service for rehabilitation.

For non-pregnant women, the specialist service provider manages the woman's care (to tier 3). Where tier 4 is the best option, this should be managed by a CCQ-registered care home provider with specialist detox and rehabilitation programmes.

Women with substance misuse problems may also have problems with mental ill-health and experience domestic violence and where this is the case, the three specialist services (and maternity services as appropriate) should have good working relationships. The effectiveness of those relationships should be assessed by service user feedback (service users who are accessing all three services).

### **(c) Older adults**

Misuse of drugs (including prescription drugs) and alcohol can have particular consequences for older people. For older people who drink excessively, their health problems can make

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<sup>41</sup> See glossary for descriptions of tiers of services

<sup>42</sup> See glossary

<sup>43</sup> See glossary



them more susceptible to alcohol. As balance gets worse with age, even a small amount of alcohol can make an older person unsteady and more likely to fall. Alcohol can also add to the effect of some medications, such as painkillers or sleeping tablets, and reduce the effect of others, such as medication to thin the blood (warfarin), which can increase the risk of bleeding or developing a blood clot. According to the Royal College of Psychiatrists<sup>44</sup>, older men are at greater risk of developing alcohol and illicit substance use problems than older women. However, older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medicines. Among older people, psychosocial factors, including bereavement, retirement, boredom, loneliness, homelessness and depression, are associated with higher rates of alcohol use.

Problematic use of prescription-only and over the counter medicines can arise for a range of reasons, including individuals who unintentionally become dependent. The consequences of problematic use of prescription and over-the-counter medicine can lead to physical, psychological or social problems, and affect all age groups. The exact size of the problem is largely unknown, but nationally where people are reporting to drug treatment services, 12% of new clients in 2009-10 reported problems with prescription-only or over-the-counter medicine<sup>45</sup>. It is suspected that these figures seriously underestimate the problem, as people who are misusing these medicines may be more likely to seek help from the GP and not access specialist substance misuse centres.

The problematic use of prescription and over-the-counter medicine is becoming more widely recognised and in January 2013, the Royal College of GPs launched the *Addiction to Medicines Consensus Statement* which strongly advocates care in the initiation of any drug that can lead to dependence. According to the Royal College of GPs, problematic use of prescription drugs in older adults is a growing problem, and is a particular concern because they are often taking multiple medications, putting them at risk of drug interactions. In addition, frailty, fluctuating health and long-term conditions also increase the risk of complications of drug misuse such as falls, overdose and toxicity.

The Royal College of GPs has published fact sheets that focus on the medicines that are most commonly associated with problematic use. In Havering, we will focus on these same medicines. We recognise that there are distinct but overlapping populations that use these drugs, that problems can occur for a range of reasons, and that different approaches may be needed.

Havering CCG is committed to improving local policy and practice and continues to take steps to ensure that poor practice in prescribing is eliminated. On behalf of Havering CCG, the Havering Area Prescribing Committee<sup>46</sup> decides and recommends on prescribing policy

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<sup>44</sup> Royal College of Psychiatrists (2011)

<sup>45</sup> Royal College of General Practitioners

<sup>46</sup> A sub-committee of Havering Clinical Commissioning Group Governing Body



and all medicines management matters. The means there is a co-ordinated and joined-up approach in clinical decision making, and management of medicines.

The BHR CCG Medicines Management 2014/16 work plan has been developed to monitor opioid and sedative prescribing through aligning practice with national policy directives, and is implemented by the BHR CCG Medicines Management Team. The plan includes protocols and actions to deliver the Quality, Innovation, Productivity and Prevention Prescribing Incentive Scheme, which incentivises practices to undertake reviews of patients' medicines. This scheme aims to improve prescribing to help avoid unplanned admissions and to promote cost-effectiveness.

The protocols are followed by Havering CCG, the acute hospital, and mental health and community services, and include guidelines that cover, for example, management of Attention Deficit Hyperactivity Disorder (ADHD). This ensures that the drugs prescribed for ADHD are monitored and so reduces the risk of these drugs being misused.

The Medicines Management team provides a lead to ensure effective prescribing and support, in line with recommended guidelines, including implementation of NICE policy covering the appropriate management of prescription only medicines that are liable to abuse. Support is offered to practices to achieve the relevant standards, through training, advice, and audit. In cases of non-compliance with the standards, and where appropriate, the CCG refers health practices to the Controlled Drugs Accountable Officer<sup>47</sup> for London (Care Quality Commission).

The team responds to changes in legislation on the status of drugs, such as in June 2014 tramadol became a schedule 3 Controlled Drug, and Lisdexamfetamine for ADHD became a schedule 2 controlled drug. The change in legal status presented an opportunity for prescribers to review current prescribing of tramadol, in primary care.

In Autumn 2015, the Medicines Management team commenced an update to their work plan to include identification and treatment of patients who misuse and/or become dependent on prescription only and over-the-counter medicine, and is currently exploring options including:

- a prescribing incentive scheme

#### **Havering CCG ensures that budgets for drugs are used effectively**

In 2014, costs for antiepileptic drugs were £486.5m, an increase of £292.7m (151%); £247.3m of this increase was for pregabalin (also used for neuropathic pain). The increased cost for pregabalin was the largest increase for any medicine in 2014/5. Havering CCG managed this increase by optimising patients doses of pregabalin from three times a day to twice a day dosing which would also have addressed misuse potential.

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<sup>47</sup> See Glossary

- stronger and closer working relationship with the CCGs, local Acute trusts, North East London Foundation Trust, and out of hours providers
- ScriptSwitch clinical decision software
- prescribing/educational forums
- pathway development and
- education and training sessions for clinicians.

Voluntary organisations, health and social care should also raise awareness of the issues of alcohol use by older people as, once spotted it is often easier to treat drink problems in older people than it is in younger adults. Older adults should also be encouraged to access talking therapies (IAPT) to address low level mental health problems, which will help to prevent reliance on substances.

BHRUT should continue to identify older people who have been admitted as a result of drug or alcohol use, including falling whilst under the influence of alcohol, or as a result of the combination of effects cause by prescription only and over the counter medicine. There should then be an appropriate referral to the GP.

- **Drug Related Deaths**

Recorded rates of drug-related deaths are higher in England than in most other European countries<sup>48</sup>. This high number of drug-related deaths partly reflects the fact that the population of injecting drug users in England is growing older. People with long histories of drug dependency are more likely to be in poor health and to engage in dangerous injecting behaviour, and are at greater risk of dying from overdose. Deaths often involve a combination of drugs as well as opioids, with alcohol and stimulants frequently mentioned on death certificates. Deaths involving new psychoactive substances (“legal highs”) have also increased in recent years.

There is an elevated risk of overdose for people in the immediate period after being released from prison, also where individuals have completed a drug detoxification programme.

Drug services (including, where appropriate, needle and syringe exchange sites) should identify service users at higher risk and ensure they have information and advice about the risk of overdose.

A local drug information system that uses consistent and efficient processes for sharing and assessing information and issuing warnings where needed, can help ensure that information rapidly reaches the right people. Such a system can help to avoid alarmist reports that find their way into the media which often contain inaccurate information rarely confirmed by

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<sup>48</sup> Public Health England (2014)

toxicology tests, and which can be counterproductive to public health messages intended to reduce drug-related harms and deaths. A local drug information system should be set up in Havering, based on systems that have been shown to be effective elsewhere in England, which are low-cost, low-maintenance, multi-disciplinary systems that use existing local expertise and resources.

#### **(d) Street drinkers and rough sleepers**

Rough sleepers are one of the most vulnerable groups in society, and various studies have found strong correlations between homelessness and a multiplicity of both physical and mental health conditions. Rough sleepers are over nine times more likely to take their own lives than the general population; on average rough sleepers die at age 47 (age 43 for women)<sup>49</sup>. Around 50% of rough sleepers have been found to have a serious alcohol problem. Drug problems are more prevalent amongst younger rough sleepers.

In December 1999, national Government published a report detailing a range of measures that are required to address the issue. The key aspects of the report described the role of specialist workers to help rough sleepers with alcohol, drug or mental health problems, and tackling prevention so that new people do not become tomorrow's rough sleepers, particularly those leaving care, prison, and the armed forces. A Havering working group was established in 2015 to consider the increase in rough sleepers and street drinkers in Romford Town centre. Off Licenses have been encouraged not to sell single cans, and joint patrols with the Police, the substance misuse treatment service, and Thames Reach have been taking place, offering assistance interventions.

There have been recent reports in the national press about problems people with serious drink problems digesting alcohol gel that is used on hospital wards and other health and social care settings to reduce the spread of infection. The ready availability of alcohol gel in settings such as hospitals can result in its abuse by people who are alcohol-dependent. BHRUT has taken a number of measures to reduce the risk of the gel being abused, including lockable containers. When someone is admitted who is known to be a dependent drinker, all alcohol gel is removed from the ward and replaced with an increased regimen of handwashing. BHRUT has investigated the possibility of replacing alcohol gel with a nanotechnology. Currently this is not licensed for health settings but BHRUT should keep a watching brief on opportunities for replacing alcohol gel with other equally (or more) effective infection control measures.

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<sup>49</sup> House of Commons Library (2015)

#### **(f) Black and Minority Ethnic Communities**

For some ethnic minority communities, there is an added stigma where people have problems with substance misuse. It is often perceived as a problem that should be kept hidden from the wider community. Whilst abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds, nevertheless Pakistani and Muslim men who do drink do so more heavily than other non-white minority ethnic and religious groups. Similarly, problem drinking may be hidden among women and young people from South Asian ethnic groups. According to the Havering Joint Strategic Needs Assessment, there is currently an over-representation of white British service users accessing treatment. Commissioners should ensure that the services that are commissioned meet the needs of various ethnic groups equitably (including the services commissioned for young people).

DRAFT

## OBJECTIVE 2: PREVENTING HARM TO FAMILIES, CHILDREN AND VULNERABLE ADULTS

Substance misuse can cause immense harm to families, children and vulnerable adults, and this is particularly the case where substance misuse co-exists with domestic violence and mental ill-health, which is commonly known as the “toxic trio”. Although the numbers of families affected by all three factors are relatively small in number, there are substantial risks to children and vulnerable adults where all three co-exist together. Substance misuse by a parent or carer is widely recognised as one of the factors that puts children more at risk of harm, with the biggest risk being that, when under the influence of drugs or alcohol, parents are unable to keep their child safe. Case reviews have highlighted that professionals often focus on the issues faced by parents who misuse substances without considering the impact on their children.

- **Children in a household where there is substance abuse**

Although there are some parents who are able to care for their children despite dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth.

Where a parent has enduring and / or severe substance misuse problems, children in the household are likely to suffer significant harm primarily through emotional abuse and neglect. Children may also not be well protected from physical or sexual abuse. Appendix 4] describes the risks to children as a result of substance abuse in the family, which the National Society for Prevention of Cruelty to Children emphasises as<sup>50</sup>:

- sudden infant death syndrome associated with co-sleeping
- accidental ingestion of drugs
- accidents (fire, drowning) due to inadequate adult supervision
- parents deliberately giving drugs to children.

As Table 2 describes, in the thirteen month period to end December 2015, 321 families were supported through the Troubled Families programme, with 17 families initially identified as having problems with the toxic trio of issues of domestic violence, mental ill health and substance misuse. There were 74 families where there were problems with substance misuse (including the 17 where there were the three issues present).

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<sup>50</sup> National Society for the Prevention of Cruelty to Children Information Service (2013)

**Table 2: Troubled families supported 1 Dec 14-31 Dec 15**

Total Individuals	Total Families	Substance Misuse	Domestic Violence	Mental Health	All criteria
1487	321	84 individuals (74 Families)	427 individuals (152 Families)	197 individuals (147 Families)	19 individuals (17 Families)

Local services in Havering work hard to keep families together, and to avoid placing children in care away from their parents whilst, at the same time, keeping children safe from harm. As a result 35% of Havering parents in treatment for drug misuse were living with their children compared to 32% nationally<sup>51</sup>. Local data indicate that in 2014, 54% of drug users in treatment in Havering had responsibility for children, which is slightly higher than the national average of 56%.

• **Support for families**

When a family is first brought to the attention of the Early Help Service, the staff together with other partner agencies assesses the needs of the whole family. The assessment includes whether there are issues with drugs and/or alcohol, along with many other factors such as mental ill-health or behavioural problems.

The Early Help Service takes the lead and together with the family, and in collaboration with schools, health services, voluntary and community organisations, an action plan is developed for the family, which takes into account their unique set of issues and circumstances, needs and strengths. The plan sets out agreed specific goals, as this has been shown to be an effective process in achieving change. Where there is a problem with drug and alcohol misuse, the action plan will include goals that specifically address these issues.

Where substance misuse is an issue, then assessment must take into account children in the family. The assessment should contain a clear description of the user’s drug and alcohol consumption, and their usage and behaviour must be properly analysed to understand the

**Box 2: Key findings from self-assessment January 2016**

- Information sharing between Early Help, substance misuse services, and mental health services to be strengthened
- Team around the family to be strengthened, with the inclusion of WDP at conferences
- Joint visits should be made to families where appropriate (Early Help and WDP attending together)
- A more systematic approach required to ensure that frontline staff and managers in Early Help, WDP, Mental Health and managers are knowledgeable about partner agencies
- Lack of clarity about referrals in to Young Carers services
- Potential for LSCB data set to be strengthened with substance misuse provider data
- WDP should be present when there is a safeguarding assessment and the parent is receiving treatment for substance misuse

<sup>51</sup> Public Health England (2014)

risks that this poses to the children including assessment of parenting capacity.

The Early Help Service forms a “Team Around the Family” to support them in achieving the action plan goals. This approach reduces duplication and bureaucracy, and by including the family throughout the process leads to better outcomes. Where substance misuse is identified as a problem, then Early Help visits to the home should be accompanied by the substance misuse advisor (from the specialist treatment service) who should advise about those aspects of risks in the home and advise parents about storing drugs and alcohol securely and out of reach of children, the risks to children of ingesting drugs or alcohol, and keeping children safe from hazards in the home.

Achieving good outcomes for the family, including children in the family, requires effective joint working between the range of organisations that can support the family to achieve change. In 2015/16 partner agencies<sup>52</sup> undertook a self-assessment to gain a shared understanding of the effectiveness of joint working arrangements wherever substance misuse is identified as a problem for a family. The main findings are summarised in Box 2 and priority actions are described in the Action Plan. Partner agencies should continue to strengthen all aspects of working arrangements with dynamic self-assessments that help to identify any potential weaknesses.

When called to an incident of domestic violence, the Police Office records whether or not alcohol is involved. Commencing October 2015, Havering Police have been working to improve levels of recording this information which will assist in future management of domestic violence incidents, contribute to the Council-led Early Help offer, and to the granting of alcohol licenses and licensing decisions.

- **Safeguarding**

Professionals in all agencies have a primary duty to safeguard and promote the welfare of children (including pre-birth) and vulnerable adults. Havering’s Multiagency Safeguarding Hub<sup>53</sup> (MASH) plays a key part in ensuring that vulnerable groups are kept safe and protected.

The self-assessment described above also considered levels of knowledge of the complexities of safeguarding children when substance misuse is a factor (see Appendix 4). It was identified that there should be multi-agency safeguarding training provided in Havering that includes a particular focus on the issues of drugs and alcohol.

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<sup>52</sup> Early Help Service, Commissioning, WDP Havering, LSCB Lead, NELFT Mental health Services, Public Health Service, Community Safety.

<sup>53</sup> See glossary

- **Young carers**

Young people who live in families where there is drug or alcohol misuse may take on a range of caring responsibilities, including domestic chores, dealing with bills, nursing a parent, or providing emotional support. These children may also experience very chaotic lives which lack routine, and they may often worry about the safety of their parent. These children are more likely to miss school and experience greater educational difficulty compared to other young carers.<sup>54</sup> The Council, as the commissioner of the Young Carers Service, should take into account the needs of young carers who have taken on caring responsibilities for someone who is abusing drugs or alcohol.

- **Vulnerable adults**

Vulnerable adults may be those who have a problem with drugs and alcohol themselves, or where, as a result of vulnerability, they are at risk of financial or other abuse because of their carer(s) or other adult's misuse of substances.

Older people's drinking can increase their susceptibility to being a victim of abuse or crime if they are less able to judge risky situations, and older people who are experiencing abuse may turn to alcohol as a means of coping with it. Social Workers, through their regular contact and established relationships, are well placed to identify alcohol problems in older people and should be using a validated alcohol screening tool when assessing the needs of older people.<sup>55</sup>

Whilst the use of illegal drugs has either fallen or remained stable in the past ten years, there is now a cohort of older people which has been using opiates for most of their adult life. This group is likely to be experiencing multiple health problems as they age. Commissioners should plan for the needs of this cohort, including end of life care.

- **Adult carers**

For as many people who access treatment, there will be families and carers who are dealing with the day to day reality of caring for someone who is abusing substances. According to the National Carers Strategy<sup>56</sup>, people caring for someone with a substance misuse problem formed the group that felt least involved in discussions about support for the person they cared for. It is essential that carers are signposted to appropriate services and support groups.

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<sup>54</sup> Dearden & Becker (2004)

<sup>55</sup> Livingston & Galvani (2012)

<sup>56</sup> HM Government



## **OBJECTIVE 3: PREVENTING HARM TO THE WIDER COMMUNITY**

Crime and drugs are inextricably linked - anyone who sells, buys and uses drugs such as heroin, cocaine and cannabis is breaking the law. Associated with this is the violence and intimidation committed by organised criminals fighting for territory in the illicit drug trade, including gangs that lure children and young people into criminal networks to supply drugs. There is also acquisitive crime committed by people to fund an addiction, with some also supporting their use through dealing drugs or prostitution. It is widely recognised that abuse of alcohol is inextricably bound up with offending behaviour. Binge drinking can lead to anti-social behaviour, such as nuisance, increased noise levels, disorder and harassment, all of which can affect entire communities, as well as violent assault, including sexual assault.

Preventing harm to the community requires effective partnership working between a range of local agencies to interrupt the supply of illicit drugs in Havering and deal with the serious criminal activity that is associated with the use and supply of illegal drugs. It requires applying legislation and local policy to ensure that alcohol is sold and consumed responsibly, and putting into place measures to prevent harm to those who have drunk too much and who are no longer able to protect themselves from those who would do them harm. It is essential to respond to the health needs of offenders; ensuring that there is effective treatment for substance misuse to reduce the likelihood of reoffending, and to ensure that mental and other health needs are met, along with ensuring access to education, training and employment.

### **(a) Substance abuse and criminal behaviour**

Chaotic opiate and crack cocaine use is less prevalent in Havering however, the Metropolitan Police Service (MPS) data indicates that there is an increasing problem with the combined use of cocaine and alcohol. Whilst there are inherent risks in taking either excessive alcohol or cocaine individually, the combined effect creates a third compound in the body, coca-ethylene, which poses even greater physical and psychiatric risks.

Powder cocaine use is identified in a high proportion of DIP drug tests administered for those arrested of serious acquisitive crimes, particularly burglary.

In addition, Havering had amongst the highest positive tests rates for cocaine in the London region. The National Probation Service and Community Rehabilitation Company assessments identify that 40% of this cohort have drug treatment needs. Health data also identified Havering, and neighbouring parts of Kent and Essex, as having the highest usage rates of powder cocaine nationally.

Alcohol harm, particularly in respect of violence and domestic abuse is identified as a factor in half of police recorded crime offences in Havering (in excess of 1,000 crimes per annum).

Furthermore, Probation NPS and CRC assessments indicate that 40% of offenders in Havering identify alcohol as a factor towards their offending (the 4<sup>th</sup> highest proportion in London and above the regional average). In addition within the rolling last 12 months, there were 6,000 domestic abuse crimes and of those 60% were arrested, and half of these were alcohol related.

The Havering Community Safety Annual Strategic Assessment 2015 (ASA) describes different patterns of criminality where substance abuse is concerned, which are summarised below.

- **Alcohol and criminal behaviour**

Those who commit violent crimes are more likely to have problems relating to alcohol and less likely to have problems with drugs. In Havering, 40% of offenders assessed by the National Probation Service in the twelve months to September 2015 had an identified alcohol need. The most risky age group of offenders was 18-34, accounting for 60% of all offenders who committed an alcohol related offence, of which 82% were male. The ASA, describes the presence of alcohol as a disinhibitor to offending (i.e. the offender committed the offence due to alcohol impairment, rather than a dependency on alcohol). The CSEW 2014 found 49% of victims of violence believed the offender to have been under the influence of alcohol. This ranges from 38% for domestic violence to 69% for stranger violence.

According to the ASA, Havering has a higher rate of alcohol related crime (7.4) than the national average (5.7), but lower than the average for London (8.6). Havering ranked 23<sup>rd</sup> out of 32 London boroughs for its rate of alcohol related crime.

- **Drugs and criminal behaviour**

Also, according to the ASA, those who commit acquisitive crime such as burglary and robbery are more likely to have problems with drugs (along with education, training, employment and financial needs).

The CSEW 2014 collates perception data on perpetrators. Of those respondents who reported being a victim of domestic abuse during the previous 12-months, 36% perceived the perpetrator to have been under the influence of alcohol. Alcohol feature codes are used on police crime data to identify offences which involve alcohol. The proportion of domestic abuse crimes in Havering which are alcohol related (based on the accuracy and consistency of using alcohol feature codes) was 39.5% for the previous 12-months, according to the MPS domestic abuse dashboard – this is marginally higher than the national average gauged from the CSEW. This compared to 28.9% for the MPS average and 37.5% for the East Area boroughs. Our neighbouring boroughs Barking & Dagenham (66.5%) and Redbridge (56.0%) were notably higher.

- **Gangs and serious youth violence**

The Home Office Ending Gang and Youth Violence Programme has been working with a number of London boroughs including Havering, to help them understand how drug markets are driving violence in the boroughs.

London gangs are not just working county lines<sup>57</sup> to deal drugs across a large part of the country, but are also involving children in the process, to either sell, look after and/or carry drugs. The evidence available appears to indicate that these drug markets are driving violence, as well as the involvement of children and vulnerable people. The problem encompasses gang activity, drug dealing, safeguarding, children missing from home, violence, sexual exploitation, violence against girls, women and families and money laundering, as well as unknown links between Urban Street Gangs and Organised Crime Groups. The HCSP has developed a Serious Group Violence Strategy 2014-2017 and associated action plan to address the issue of gangs and associated substance misuse in Havering. The aims of the strategy are:

- intelligence and information sharing
- prevention
- intervention
- enforcement.

- **Sexual assault**

According to LBH Violence Against Women and Girls (VAWG) Problem Profile 2016, a pan-London profile showed that 25% of victims were targeted whilst under the influence of drink or drugs, whilst 14% of suspects were believed to be under the influence of drink or drugs. Females 16 – 19 accounted for the largest proportion of victims. 14% of victims had some form of disability. The locations in Havering that are of most concern are Gooshays, Romford Town, and South Hornchurch.

- **Child Sexual Exploitation**

A comprehensive problem profile into Child Sexual Exploitation (CSE) was completed in November 2015.

The 'boyfriend model' of CSE is common in Havering. This was more likely to involve an older perpetrator offering rewards including drugs and alcohol and making the victims believe they are in a relationship in order to engage in sexual activity with a minor. The young people's substance misuse service should continue to work closely with other services to identify and respond to sexual exploitation and maintain its partnership work with the two key formal bodies responsible for coordinating and monitoring local efforts to

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<sup>57</sup> See glossary

prevent and reduce sexual exploitation, namely the local Children's Services-led virtual CSE team and Police-led Multi-Agency Sexual Exploitation (MASE) group.

In Havering, parks and derelict or disused buildings have been identified as areas used by young people for sexual activity and drug taking, and as locations where missing and vulnerable young people have been located. The Local Safeguarding Children's Board will continue to lead on a programme of work to address CSE and associated problems through a Multi-Agency Sexual exploitation panel. LBH Children's Service is undertaking a CSE strategy review which will include consideration of the influence of drugs and alcohol on this issue. The service is working closely with all relevant stakeholders, and the Drug and Alcohol Harm Reduction strategy will contribute to the knowledge base of the CSE strategy and action plan.

- **Domestic violence**

The HCSP has developed a Violence against Women and Girls Strategy (VAWG) and associated action plan which includes a programme of work to address domestic abuse within Havering. A comprehensive VAWG problem profile (Feb 2016) includes the following recommendations

Prevention and early identification objective

- Continue to deliver a communications plan to raise awareness of VAWG and provide access to information and services for residents of Havering.
- Continue to deliver training to practitioners and frontline staff within the statutory and voluntary sector. Expand this to include work with the private sector and businesses and registered social landlords.
- Continue to deliver education workshops for children and young people in Havering.
- Continue to train domestic abuse champions across the borough.

Provision of intervention services objective

- Update the MARAC information sharing protocol in line with HMIC guidance during their review of how domestic abuse is tackled, to ensure MARAC research and risk assessments are shared with the MARAC coordinator.
- Develop and implement a locally agreed threshold for automatic referral and repeat referral to the MARAC
- Launch the multi-agency MARAC operating protocol and induction pack for new agencies/representatives coming to the MARAC.
- Improve awareness and increase use of the Domestic Violence Disclosure Scheme locally.
- Maintain the current level of IDVA provision and consider contingency options should access to funding change.
- Improve the use of Victim Personal Statements / Victim Impact Statements in cases brought before court.

Protect victims and take enforcement action against perpetrators objective

- Work with National Probation Service and Community Rehabilitation Company to understand how local domestic abuse perpetrators are being managed, and obtain information on offender needs and compliance/completion rates of perpetrator programmes and licences.
- Improve the use of alcohol treatment referrals, drug rehabilitation requirements and other relevant conditions to address alcohol/drug misuse where it is a contributory factor to offending.
- Provide access to alcohol and drug intervention for both victims and perpetrators.

Intelligence and information objective

- Continue to communicate with BHRUT in order to receive information to tackle violence.

## **(b) Criminal justice system**

As a consequence of their criminal acts, problem drug users are highly likely to enter the criminal justice system – and it is at this point that they will be compelled to confront their drug problems.

A local priority is to identify those people with substance misuse and linked offending issues early on through the criminal justice system. The Police, Probation Services, the Council, the courts and criminal justice agencies work together on a range of initiatives under the local Drug Intervention Programme<sup>58</sup>. The initiatives include identifying and monitoring substance misusing offenders, disrupting repeat offenders and/ or steering them into treatment and, where appropriate, community sentencing orders and custody.

- **Testing on arrest**

Testing on arrest is a key initiative of the Drug Intervention Programme; to detect drug use, direct individuals into treatment, and interrupt the supply of drugs. The MPS tests for drugs if an individual has been arrested or charged with a trigger offence, such as shoplifting. Where a test is positive, the individual can be required to attend an assessment with a drugs worker and subsequent drug and/or alcohol treatment appointments to address their drug and or related offending.

If not a trigger offence, but a police inspector or higher rank has reasonable grounds for suspecting that the offence was linked to the use of heroin, cocaine or crack cocaine, an individual will also be tested for drugs. Examples of “Inspector’s Authority” drug testing include when there has been sexual and physical violence (particularly domestic abuse), anti-social behaviour, prostitution or possession of non-Class A drug offences.

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<sup>58</sup> Drug Interventions Programmes are described as a key part of the national Drug Strategy 2010 for tackling drugs and reducing crime (see glossary)

To ensure effective working relationships, Havering Council has commissioned the drug and alcohol treatment provider to locate a specialist substance misuse worker within Romford police station.

The target for Testing on arrest where there is a trigger offence is 95%. The local target for tests under Inspector's Authority is 15 per month. The Police have been working on achieving both targets and in January 2016, Testing on arrest target was being met, and 16 Inspector Authority tests were carried out. It is important that these are maintained, in order to ensure more people with problems are directed into treatment.

- **Court Worker Role**

The Council, together with Barking and Dagenham Council, jointly funds the drug and alcohol treatment service to locate a worker in Romford County Court. The Court Worker plays a key role in working with people who have been charged to appear at court and who have been identified as having problems with drugs or alcohol. They offer support on the day of the appearance, can advocate on behalf of clients involved with the community service and can help draw up an appropriate care plan to meet the individual's needs after court, including escorting people directly from court to local services.

- **Conditional Cautioning**

A Conditional Caution is aimed at 18 year olds and over, cases where the public interest would be met more effectively by the offender carrying out specific conditions rather than being prosecuted. Failure to comply with any condition(s) may result in the offender being charged with the original offence. The conditions must be rehabilitative (to address an offender's behaviour) or reparative (make good for the effects of the offence on the victim or the community) in nature. Restrictive conditions may be attached but only alongside a reparative or rehabilitative condition. All conditions must be proportionate, appropriate and achievable. This approach is used before their substance misuse and offending is escalated to more punitive approaches.

- **Restriction on Bail**

Individuals who have tested positive on arrest or have been charged for specified Class A drugs may be bailed with certain restrictions, provided they meet certain conditions. These include defendants agreeing to an assessment of their drug use and, where appropriate, to participate in any follow-up recommended by the assessor. If they refuse, the normal presumption for bail is reversed and the court will not grant bail unless satisfied that there is no significant risk that defendants will not offend whilst on bail.

- **Community Sentencing**

Community sentencing was introduced as an option in 2005, as one of the provisions of the Criminal Justice Act and can include Mental Health Treatment Requirement; Drug Rehabilitation Requirement (DRR), Alcohol Treatment Requirement (ATR).

DRR can be used for low, medium and high sentencing bands and comprise structured treatment and regular drug testing. ATR should primarily be structured treatment consisting of community-based, care-planned treatment and may include psychosocial therapies and support, interventions for alcohol withdrawal, detoxification and cognitive-based treatment to address alcohol misuse.

There is a need for all parts of the criminal justice system and drug treatment services to have well established processes to ensure the effectiveness of community sentencing. Probation services have a key role to play in making recommendations to the Courts for these sentences. Local data indicates that more people should be subject to these community sentences, and that there should be a strengthening of local arrangements.

- **Offender health**

Helping offenders to recover from addiction and illness can significantly reduce reoffending and cut crime in local areas.

Where there is a custodial sentence, meeting the health needs of prisoners is the responsibility of NHS England. Prisoners should receive the same treatment in prison as the rest of the population, and specialist support if they have drug and alcohol problems. However, it has been recognised that there can be a breakdown in treatment and provision of healthcare when a prisoner is released back into the community, particularly if the ex-offender has no fixed place of address which has proved to be a barrier to GP registration. It is essential that this is addressed. In 2015 a project was initiated, led by NHS England to allow ex-offenders with no fixed address to register for primary care by giving their probation office as a proxy place of residence. This should be implemented in Havering in order that ex-offenders are able to access mental health and other services.

Post arrest and being charged for an offence, the courts have the powers to sentence substance misusing offenders to community sentences. These sentencing powers are used to steer substance misusers into compulsory treatment. The Havering Community Safety and Development Team and Public Health works closely in partnership with London Probation and the Community Rehabilitation Communities (CRC) and WDP to manage offenders, co-ordinate treatment and monitor outcomes that measure the success rate of people remaining in recovery from substance misuse and not re-offending.



## **(c) Detection, licensing, town centre management**

- **Detection of illicit drugs**

The Council Community Safety and Development Team and the MPS both routinely carry out unannounced swabbing of licensed premises and other locations such as colleges, leisure facilities and shopping centres, to detect the presence of drugs. The information provides intelligence in order that those businesses and organisations can address the problem. In terms of licensed premises, where licensees appear not to be taking action to stop the use of drugs, this could lead to their license being reviewed and the potential for the license to be withdrawn.

Havering's resources can be used more effectively and efficiently when there is information available that supports a targeted approach. The public should be encouraged to report any observations of supply and or use of illicit drugs, by phoning the MPS. Information is shared between key partners, and appropriate enforcement action can be taken by the Police.

The Council Trading Standards team web pages should facilitate easier reporting of underage sales, and the drug treatment providers will promote to the local population how to use the Council webpages to make such reports (including through their schools-based work).

Council frontline operatives who carry out cleansing, waste collection, grounds maintenance, street scene enforcement, parking enforcement and highways inspections, have a wealth of knowledge about what activity happens in their local environment. As the "eyes and ears" of the Council, these services are well placed to capture intelligence about areas that have high quantities of alcohol related litter, drug paraphernalia and other types of waste that indicate drug use. This should be passed on to Community Safety and the Police to inform more targeted interventions.

As part of the Council's transformation programme a review of public realm activity has been commissioned to standardise and consolidate delivery of services across the borough. The review will also address the need to invest in the latest mobile technology to enable front line staff to capture real time data and intelligence, such as information about alcohol and drug-related litter. Such real time intelligence will help those Council staff and agencies who carry out enforcement, safety and health functions, to effectively target their resources. Training should be provided to frontline operatives to recognise what is drug litter.

- **Licensing**

Licensing is a key tool for managing the local economy to prevent harm caused to communities, families and individuals through irresponsible sales of alcohol. Premises wishing to sell alcohol must be granted a licence from the local authority. Applications to



sell or vary a licence to sell alcohol are considered by “Responsible Authorities”: police, fire service, local planning, environmental health, the Director of Public Health and bodies responsible for protection children from harm. Any of the responsible authorities can make a representation to refuse a licence, where they consider that the license may not meet licensing objectives. Where representations are received relating to the licensing objectives for an application, there must be a hearing at which the committee can grant or reject the licence. Council Licensing Officers regularly work outside of office hours to check that premises are complying with their licences and to gain compliance with the legislation, and regular Responsible Authority meetings are held where current applications and premises of concern are discussed, with the aim being to target resources at the premises which most need it.

Havering currently has two special policy areas in the Statement of Licensing Policy; for Romford (within the ring road) and St Andrews ward in Hornchurch. In these two special policy areas, there is a presumption that new applications or variations will be refused unless they do not affect the licensing objectives.

- **Town Centres**

There are seven town centres in Havering, providing shops, with Romford, Hornchurch and Upminster in particular offering a range of shops, restaurants and social opportunities.

Romford has a vibrant nightlife scene, with a range of restaurants, pubs, bars and clubs which are popular with Havering residents and visitors. They provide employment and contribute to the local economy. It is important to the businesses concerned, the Council, Police and partner agencies that people can enjoy their visits to Romford town centre, whilst remaining safe.

Civil Banning Orders have been used in Havering by the Safe and Sound Partnership, comprising Police, Council services, licensees and voluntary organisations to create a safer local environment. Individuals who are arrested in Romford Town Centre are issued with a banning order, which prohibits them from entering any of the premises that are part of the Safe and Sound Scheme. This civil banning scheme is commonly referred to as the “Banned from one, banned from all” programme and formalises the sharing of information between LBH Community Safety, the Police and those Licensees who are part of the Scheme. The Scheme addresses anti-social behaviour including where this is fuelled by alcohol abuse, and is one aspect of an armoury of measures to restrict supply, use and circulation of drugs. Many premises have purchased Scan Net, a system that checks numerous amounts of photographic identification for inconsistencies, which works well with people trying to use fake identification, and also supports Community Safety to capture centrally details of those who have been banned from the town centre.

Many licensed premises in Romford and Hornchurch are equipped with a drug safe which is used to lock away seized substances. The packages of substances are “posted” into the safe, which can only be opened by the Police.

Currently Romford Town Centre is a no-street-drinking zone. Following the introduction of the Antisocial Behaviour Crime and Policing Act 2014, the Havering Community Safety Partnership will consult with local residents to move towards a Public Space Protection Order, which will strengthen enforcement for both alcohol and drugs misuse within the Town Centre. This will also address the misuse of legal highs and nitrous oxide, which have been included as the prohibitions set out under the draft proposals (2015-16).

Statutory and voluntary agencies work together on a range of projects that help to keep people safe in Romford town centre. The Taxi Marshalling Scheme, Street Pastors, Deeper Lounge, and Street Triage are all important initiatives.

Education and training is also provided to licensees, including welfare training and drugs itemising.

Challenge 21 and Challenge 25 are part of a scheme introduced with the intention of preventing young people gaining access to age restricted products including cigarettes and alcohol. Under the scheme, customers attempting to buy age-restricted products are asked to prove their age if in the retailer's opinion they look under 19, 21 or 25, even though the minimum age to buy alcohol and cigarettes in the UK is 18. Many licensed premises in Havering have the operation of a Challenge 21 or 25 as a condition of their licence and it is encouraged as part of the Statement of Licensing Policy. Trading Standards run occasional responsible retailer courses to educate business owners on their responsibilities regarding age restricted sales and to give advice on good practice.

#### **(d) Illegal sales**

- **Illicit alcohol**

During the period 2005 to 2011, HM Revenue and Customs seized nearly 15 million litres of illegally produced alcohol. Although most consumers are unlikely to be sold fake alcohol, it is important that people know how to spot and avoid fake alcohol, as these can have serious effects on health. Fake alcohol can contain cleaning fluids, nail polish remover and screen wash, as well as substances like methanol and isopropanol, which are used in antifreeze. Drinking alcohol containing these chemicals can cause nausea and vomiting, abdominal pain, drowsiness and dizziness, and can lead to kidney or liver problems, coma, and in the case of methanol, permanent blindness. Council Trading Standards officers carry out operations with other enforcement colleagues to target premises where information has been received that

non duty paid alcohol may be sold. In 2015/16 they took part in a London wide sampling project to look for counterfeit vodka.

- **Under age sales of alcohol**

Trading Standards provides advice to licensees and retailers about complying with legislation, including to the catering trade in identifying and avoiding the likelihood of sales of nitrous oxide for non-food purposes, especially to young people. Under-age test purchasing on restricted products, such as solvents and aerosols<sup>59</sup>. Young volunteers from the borough are trained to undertake test purchases. Trading Standards relies on the support of the public in order to understand where there are concerns about under age sales. In order to increase awareness and involvement of the public, Trading Standards should make it simpler and easier for the public to report any concerns.

- **Sales of nitrous oxide for non-food purposes**

Nitrous oxide is used as a food additive, and most commonly as an aerosol to produce whipped cream. The use of nitrous oxide is not in itself illegal, but it is illegal to sell to anyone under 18 if it is believed that they are going to inhale it. When inhaled, nitrous oxide can cause feelings of euphoria, dizziness and hallucinations and is becoming popular in bars and nightclubs as a 'party drug'. Home Office Statistics for the 2012-13 Crime Survey showed that 6.1% of 16-24 year olds had taken nitrous oxide in the last year, and 2% of adults aged 16-59<sup>60</sup>. Just recently Council Streetcare has reported a visible presence of cannisters and balloons being collected with street litter.

The Psychoactive Substances Act 2016 received Royal Assent on 28 January and will have implications for a number of Council Services and partner agencies going forward. Guidance is awaited on the implementation of the Act for local authorities (February 2016). The 2016/17 action plan should be updated, once guidance is made available.

- **E-cigarettes (cannabis flavouring)**

It has been observed that some e-cigarettes are being sold with cannabis flavouring. It is not yet known whether this is indeed cannabis itself. Trading Standards and Community Safety are keeping a watching brief on this issue, and should undertake testing of these products.

## **(e) Wider action to prevent harm**

Whilst much effective action can be taken locally to reduce the harm caused by drugs and alcohol, regional, national and international actions all play a major part in prevention. This includes addressing the smuggling of drugs and illegal alcohol, setting legislation and policy,

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<sup>59</sup> Other restricted sale products include under 18 DVDs, tobacco, knives, and alcohol.

<sup>60</sup> Home Office (2013)

and managing national databases for surveillance of harms caused by drugs and alcohol, for example. Following are some examples of national/regional

- **Minimum Unit Pricing**

The most effective way to reduce harm caused by alcohol is to control price and availability. Minimum pricing would mean that there is a baseline price for alcohol, below which it could not be sold. This would primarily affect high strength alcohol drinks that are currently sold very cheaply, and which are those most often consumed by the heaviest drinkers, as well as by younger drinkers. Moderate drinkers would feel little effect from minimum pricing.

The government considered bringing in a minimum alcohol unit price in 2012, but rejected the policy in July 2013. Since then the body of evidence has grown which shows that there is a clear link between the price of alcohol and the level of alcohol-related harm. The Council and partners should explore how minimum unit pricing might be pursued, including through the Devolution agenda.

- **The Responsibility Deal Alcohol Network**

In 2011, the Department of Health brought together government, businesses, charities and other organisations to help improve the health and wellbeing of the nation. Since then, UK drink producers have delivered a series of pledges to improve labelling, cut units, fund alcohol education and support community schemes to tackle alcohol harm. In July 2014, the Network updated its pledges, which includes financial support for organisations such as Drinkaware, and promoting awareness of alcohol among retailers and licensed premises.

- **Advertising**

UK alcohol advertising rules are based on evidence that points to a link between alcohol advertising and people's awareness and attitudes to drinking. The rules, which apply across all media, are mandatory and place a particular emphasis on protecting young people. Alcohol advertising must not be directed at people under 18, or contain anything that is likely to appeal to them by reflecting youth culture or by linking alcohol with irresponsible behaviour, social success or sexual attractiveness. The rules are applied by the Advertising Standards Authority, which is funded by a levy on advertising spend. The Authority is independent of Government, but the advertising codes are underpinned by consumer protection UK and EU law.

## Governance

To be agreed

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### **Havering strategies and publications**

Havering Community Safety Partnership plan 2014-17

Serious Group Violence Strategy 2014-2017

Violence Against Women and Girls Strategy 2014-2017

Havering Strategic Assessment of Crime, Disorder and Anti-Social Behaviour 2015

Havering Strategic Problem Profiles

Burglary Strategic Problem Profile 2015

Daytime and Night-time (town centres and public spaces) Strategic Problem Profile 2013

Serious Youth Violence Strategic Problem Profile 2013

Adult offending strategic problem profile 2015

Violence Against Women & Girls Strategic Problem Profile 2016

Havering Joint Strategic Needs Assessment Chapter: Drug and Alcohol Misuse in Havering (2014)

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## APPENDIX 1: CONTRIBUTORS

The multi-agency steering group that produced this strategy would like to thank those who gave their time and expertise to the development of this strategy. These include the many representatives from local agencies, as well as service users who attended workshops in 2015 (table 1 below). Also those who contributed and commented on working drafts of the strategy including LBH Heads of Service, CCG, CCG Medicines Management, WDP Havering, NELFT, BHRUT Infection Control, and LBH Policy and Equality Advisor.

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Diane Egan, Community Safety Team Leader	LBH Community Safety	✓	
Rachel Palethorpe Implementation Manager	WDP	✓	✓
Denise Brown Enforcement Officer	LBH Street Care		✓
PC Kerry Newby	Metropolitan Police Service Romford Town Centre Team		✓
Danielle Greatrex	Family Mosaic		✓
Kim Smith Senior Community Engagement Officer	LBH		✓
Gary Bradshaw Service Manager	BHRUT Sexual Health Services		✓
Alice Peatling LSCB Business Manager	LBH Children's Services		✓
Iain Agar Analyst	LBH Community Safety	✓	



Jonathan Taylor	LBH Youth Offending	✓	
Jonathon McDonnell Area Manager	CYP Addaction		✓
Marion King Midwife Lead – Substance misuse & mental	BHRUT Maternity Services		✓
Michelle Hammond Senior Fair Trading Officer	LBH Trading Standards		✓
Daren Mulley Commissioning Manager	LBH Public Health Service		✓
Trevor Meers Emergency Planning Officer	LBH Regulatory Service		✓
Ravi Nischal Alcohol Team Leader	CRI		✓
Kim Merry CEO	Across Havering Home 4 Havering		✓
David Perceval-Broadfield Team Leader	Young Addaction	✓	✓
Edward Akiode Probation Officer	Community Rehabilitation Company	✓	
Liza Bacon Police Sergeant	Metropolitan Police Service - Policy	✓	
Anita Grant-Williams Head of Barking & Dagenham, Havering and Newham and Safeguarding Children	Probation Service	✓	
Michelle Brown Commissioner	LBH Adult Services	✓	
Susan Milner Interim Director of Public Health	LBH Public Health	✓	
Yvonne Powell Substance Misuse Lead	LBH Community Safety	✓	
Belinda Rooney Police Licencing Officer	Metropolitan Police Service	✓	
Sasha Taylor Under Age Sales	LBH Environmental Health Licensing	✓	
Paul Kooner Consultant Hepatologist	BHRUT	✓	
Alex Rubens Locum Alcohol Specialist	BHRUT	✓	
Ann-Marie Gruero Services Manager	CRI	✓	
Andrea Pender Floating Support Manager	Family Mosaic	✓	
Alan Moss Youth Worker	Deeper Lounge	✓	
Olu Adeniran Disability Employment Consultant	JCP	✓	
Ana Sengupta Work Experience	Havering Clinical Commissioning Group	✓	
Matt Williamson Manager	New Directions	✓	
Bernie Stokes Midwife	BHRUT	✓	

## APPENDIX 2: DRUG CLASSIFICATIONS

Class	Drugs	Penalty for Possession	Penalty for Supply and Production
A	Powder Cocaine Crack Cocaine Ecstasy (MDMA) LSD Magic Mushrooms Heroin Methadone Methamphetamine (Crystal meth)	Up to 7 years in prison, an unlimited fine, or both.	Up to life in prison, an unlimited fine, or both.
B	Amphetamines Barbiturates Cannabis Codeine Ketamine Methylphenidate (Ritalin) Synthetic cannabinoids Synthetic cathinones (e.g. Mephedrone (a New Psychoactive Substance NSP) or methoxetamine)	Up to 5 years in prison, an unlimited fine, or both. Police can issue a warning or an on-the-spot fine of £90 if you're found with cannabis.	Up to 14 years in prison, an unlimited fine, or both.
C	Anabolic Steroids Benzodiazepines (Diazepam) Benzylpiperazine (BZP) Gamma-Hydroxybutyric Acid (GHB) Gamma-Butyrolactone (GBL)	Up to 2 years in prison, an unlimited fine, or both (except anabolic steroids – it's not an offence to possess them for personal use).	Up to 14 years in prison, an unlimited fine, or both.
Temporary Class Drugs*	NBOMe ("N-bombs") and Benzofuran compounds	None, but the police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine, or both.

\*The government can ban new drugs for 1 year under a 'temporary banning order' while deciding how the drugs should be classified

### APPENDIX 3: GUIDELINES FOR ALCOHOL CONSUMPTION

New guidelines for alcohol consumption have been produced by the UK Chief Medical Officers, warn that drinking any level of alcohol increases the risk of a range of cancers. This is supported by a new review from the Committee on Carcinogenicity (CoC) on alcohol and cancer risk .

It is now known that the risks start from any level of regular drinking and increase with the amount being drunk, and the new guidelines are aimed at keeping the risk of mortality from cancers or other diseases low. The links between alcohol and cancer were not fully understood in the original guidelines, which came out in 1995.

This review also found that the benefits of alcohol for heart health only apply for women aged 55 and over. The greatest benefit is seen when these women limit their intake to around 5 units a week, the equivalent of around 2 standard glasses of wine. The group concluded that there is no justification for drinking for health reasons.

These issues prompted changes to alcohol guidelines for men. Men should not drink more than 14 units of alcohol each week, the same level as for women. This equals 6 pints of average strength beer a week, which would mean a low risk of illnesses such as liver disease or cancer. The previous guidelines were 21 units for men and 14 units for women per week.

An additional recommendation is not to 'save up' the 14 units for 1 or 2 days, but to spread them over 3 or more days. People who have 1 or 2 heavy drinking sessions each week increase the risk of death from long term illnesses, accidents and injuries. A good way to reduce alcohol intake is to have several alcohol free days a week.

The guidelines for pregnant women have also been updated to clarify that no level of alcohol is safe to drink in pregnancy. The previous advice for pregnant women to limit themselves to no more than 1 to 2 units of alcohol once or twice per week has been removed to provide greater clarity as a precaution.

## APPENDIX 4: SAFEGUARDING CONSIDERATIONS WHERE DRUGS AND ALCOHOL ARE A FACTOR

Safeguarding children, young people and vulnerable adults is a statutory responsibility held by local authorities, which needs to be addressed adequately within the quality governance arrangements for alcohol and drug treatment provision. From April 2015, the Care Act (2015) put adult safeguarding on a legal footing, and requires local authorities to work in partnership with the police and the NHS to take action if they suspect an adult with care and support needs is experiencing abuse or neglect. The proper storage, prescription and administration of controlled drugs are also priorities requiring specific attention within quality governance arrangements.

Local authorities are required to have effective quality governance arrangements in place for services that are commissioned using the public health grant. Safeguarding responsibilities, in relation to children and vulnerable adults, need to be recognised within these arrangements.

The risk to children may result from:

- Substance misuse affecting their parents' practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger
- Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
- Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (e.g. absence of consistent emotional and physical availability), inappropriate sexual and / or aggressive behaviour, or neglect (e.g. no stability and routine, lack of medical treatment or irregular school attendance);
- Children are particularly vulnerable when parents are withdrawing from drugs;
- The risk is also greater where there is evidence of mental ill health, domestic violence and when both parents are misusing substances;
- There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);
- Exposing children to unsuitable friends, customers or dealers;
- Normalising substance use and offending behaviour, including children being introduced to using substances themselves;
- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle)
- Where a child has been exposed to contaminated needles and syringes;
- Children having caring responsibilities inappropriate to their years placed upon them
- Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences);
- Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
- Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
- Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving

## APPENDIX 5:: SUBSTANCE MISUSE AND INDIVIDUAL HEALTH

Harms caused by substance misuse can have both acute (short term) and chronic (long term) effects. This appendix offers a brief overview of such health harms. For an overall presentation of acute and chronic harm see the National Treatment Agency for Substance Misuse publication *A summary of the health harms of drugs*.

### Alcohol

The average human body is able to process approximately one unit of alcohol an hour. So if someone drinks excessively in a short space of time, the amount of alcohol in the blood can stop the body from working properly. It can slow down brain functions, irritate the stomach which causes vomiting and stop the gag reflex from working properly (resulting in choking), affect the nerves that control breathing and heartbeat (and can stop both), cause dehydration leading to permanent brain damage, and lower the body temperature which can lead to hypothermia.

### Alcohol poisoning

Acute alcohol poisoning can be extremely dangerous, and in England in 2012/13, more than 33,870 people were admitted to hospital because of the toxic effects of alcohol, and 360 people died from alcohol poisoning in 2011<sup>61</sup>. Binge drinking is often the cause of alcohol poisoning. Factors that play a part include the person's age, sex, size, weight, how fast they have been drinking, how much they have eaten, general health and other drugs that might have been taken.

### Mixing alcohol and energy drinks

Mixing alcohol with energy drinks can be a dangerous combination. Energy drinks can mask the effect of alcohol and lead to under-estimation of the amount of alcohol consumed. Mixing alcohol and energy drinks leads to higher consumption of sugar, calories, and caffeine than drinking alcohol by itself, and the possibility of increased physical and psychological side effects.

### Fertility

Alcohol affects reproduction in both men and women. The more someone drinks, the greater the effect it can have on both male and female fertility. Drinking in late teens and early twenties can affect fertility in later life.

### Alcohol and cancer

Regular alcohol consumption increases the risk of seven types of cancer; liver, bowel, breast, mouth, pharyngeal, oesophageal and laryngeal. Smoking and drinking together greatly increases the risk of developing throat and mouth cancer than either does on their

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<sup>61</sup> <https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/effects-on-the-body/alcohol-poisoning> (accessed Sept 15)

own as, when someone drinks alcohol, it is easier for the mouth and throat to absorb the chemicals in tobacco that cause cancer.

### **Alcohol, overweight and obesity**

Alcohol can also contribute to overweight and obesity, partly because alcohol is high in sugar and thus high in calories<sup>62</sup>, and partly because alcohol consumption can increase appetite and thus increase food intake.

### **Drug abuse**

Even in moderate doses, most drugs affect bodily control and the ability to maintain attention; effects that can last for several hours. No matter how the person feels, they may not be as capable as they were before and so driving, operating machinery and even crossing the road becomes more dangerous, both for the individual and those around them. Harm to individual health as a result of drug abuse can include overdose and drug-related death. Other harms include the spread of blood-borne viruses via injecting or sexual activity, which affects long-term health.

### **Substance misuse and mental health**

The causes and drivers of drug and alcohol dependence are complex, and people who have poor mental health have a higher risk of substance misuse. In Britain, people who experience anxiety or depression are twice as likely to be heavy or problem drinkers. For some people, the anxiety or depression came first and alcohol has been used in an attempt to relieve it; for others, drinking came first, so may be the root cause of their anxieties. Drinking above the recommended levels of alcohol also increases the risk of dementia.

Alcohol alters the chemistry of the brain and is a depressant. This means it can disrupt thoughts, feelings and actions, and sometimes long-term mental health. The relaxed feeling from a first drink is due to the chemical changes in the brain. A drink can help someone to feel more confident and less anxious, because it depresses the part of the brain associated with inhibition. But as someone drinks more, more of the brain starts to be affected, and when high levels of alcohol are involved, instead of pleasurable effects increasing, it is possible that a negative emotional response takes over, leading to anger, aggression, anxiety or depression. Regular drinking lowers the levels of serotonin in the brain, which is a chemical that helps to regulate mood.

### **Mixing drugs and alcohol**

The effects of illegal drugs will always be unpredictable, but, generally when mixed with alcohol, the effect will be exaggerated and result in anything from nausea to heart failure. When under the influence of drugs, someone is less likely to make considered decisions

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<sup>62</sup> contain almost as many calories as pure fat

about alcohol, thus there is greater risk of alcohol poisoning and longer-term health problems.

The combined effect of taking alcohol and cocaine together creates a third compound in the body, coca-ethylene, which poses even greater physical and psychiatric risks. These include greater risk of heart attack, liver toxicity, respiratory problems, stroke, psychiatric problems, spontaneous abortion and birth defects. There are also serious psychiatric effects<sup>63</sup>

### **Substance misuse in pregnancy**

During pregnancy most drugs that are taken (including tobacco and alcohol) pass through the placenta and are absorbed by the baby. If a mother is dependent to certain drugs the baby will be born dependent on these too and can develop Neonatal Abstinence Syndrome. This is a condition where the baby shows signs and symptoms of withdrawal. It occurs often when opiate and benzodiazepine drugs are used. At birth, the baby's drug supply stops and the baby goes through a period of withdrawal, with symptoms that can be similar to how adults feel when they suddenly stop taking drugs or go 'cold turkey'.

Drinking during pregnancy can have serious consequences on the baby's growth and development. The more that a woman drinks when pregnant, the greater the risk to the unborn child; resulting in miscarriage, stillbirth, premature birth and small birth weight.

The guidelines for pregnant women were updated in 2016 to clarify that no level of alcohol is safe to drink in pregnancy. Although the risk of harm to the baby is low if women have drunk small amounts of alcohol before becoming aware of the pregnancy, there is no "safe" level of alcohol drink when pregnant, and excessive drinking can lead to children being affected by foetal alcohol syndrome, which is a condition that can result in learning disabilities, poor academic achievement, poor organisation, and attention and hyperactivity problems.

Havering maternity services advise women to abstain from alcohol during pregnancy, but according to Drinkaware, the national charity for reducing alcohol misuse and harm in the UK, many women are not aware that they should avoid alcohol altogether when they are trying to conceive, or what is the advice about drinking alcohol during breastfeeding.

Stakeholders identified that more must be done in Havering to promote messages about the harms of drinking when planning a pregnancy, during pregnancy and when breastfeeding.

### **New Psychoactive Substances**

Recently the use of new psychoactive substances, more commonly known as "legal highs", have been featuring in the headlines. Whilst there seems to be a perception that the use of

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<sup>63</sup> Cocaine and Alcohol: The hidden mixer. Alex Meikle. Glasgow Council on Alcohol. October 2006

such drugs is widespread, there are no reliable statistics that help to understand how many people are using them. It is suspected in some quarters that the reduction in use of illegal drugs has, in fact, been supplanted by “legal highs” and that the UK has a drug scene “in transition” rather than a genuine decline. Although described as “legal”, new psychoactive substances are predominantly untested for human consumption, and can carry serious health risks. They cannot be labelled as being for human consumption, and so are often marketed as plant food, bath salts or incense. Even though the substances may be legal to possess, this does not mean that the drugs are safe, and legal highs can carry serious health risks, including paranoia, coma, seizures and can also lead to death.

The threat to health of new psychoactive substances has become a particular concern in recent years, with supply and demand increasing. These substances are available over the internet and in “head shops”<sup>64</sup> The recent deaths of young people associated with use of legal highs has generated nationwide interest with one London Borough banning the use of legal highs such as “laughing gas”.

### **Intravenous steroids**

Anabolic steroids are prescription-only medicines that are sometimes taken illegally to increase muscle mass and improve athletic performance. If used in this way, they can cause serious side effects and dependency. Anabolic steroids are manufactured drugs that mimic the effects of the male hormone testosterone. They have limited medical uses and are not to be confused with corticosteroids, a different type of steroid drug that's commonly prescribed for a variety of conditions. Use of intravenous steroids carries a range of side effects. If anabolic steroids are misused by adolescents, they can cause premature ageing of the bones as well as restricted growth.

### **Prescription-only and over the counter medicine**

Problematic use of prescription-only and over the counter medicine can manifest in the following ways:

- an individual can be prescribed medication for a medication condition, and subsequently, and unintentionally, develop an addiction
- someone who is taking illegal drugs, can seek out prescription medication and use over the counter medication to supplement the effect of the illegal drug – or use as a commodity to sell
- to cope with genuine or perceived physical or psychological symptoms

The Royal College of General Practitioners has published fact sheets that focus on the medications that are most commonly associated with problematic use, which are:

- Opioids used to treat pain, such as tramadol, oxycodone and dihydrocodeine.
- Sedatives (or hypnotics) and anti-anxiety medications (anxiolytics), including benzodiazepines and Z-drugs (zaleplon, zolpidem and zopiclone).

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<sup>64</sup> A head shop is a physical or online retail outlet that sells paraphernalia used for the consumption of substances such as cannabis, tobacco, and “legal highs”, with products that include pipes, vaporizers, nitrus oxide chargers, rolling papers, rolling machines, cigarette lighters, etc. Many such shops also sell art, magazines, music, clothing or oddities.



- Stimulants, such as methylphenidate used to treat attention deficit hyperactivity disorder (ADHD) and certain sleep disorders.
- Anticonvulsants and mood stabilising drugs, such as gabapentin and pregabalin.

There are distinct but overlapping populations that use these drugs, and problems can occur for a range of reasons, thus different approaches may be needed.

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## APPENDIX 6: SUBSTANCE TREATMENT AND RECOVERY SERVICES (ADULTS)

Havering JSNA Drug and Alcohol Chapter provides an overview of the services that are provided in Havering, including

- NHS Health Check
- Interventions and Brief Advice (IBA)
- Mutual aid and recovery
- Specialist drug and alcohol services for children and young people

Since publication of the JSNA Drug and Alcohol chapter, an integrated adult substance misuse treatment service has been commissioned (i.e. treatment and recovery for both drugs and alcohol). This appendix provides updated information on this newly commissioned service (since October 2015).

Routes into treatment and recovery services include self-referral, referral by a GP or another health or social care professional, as well as through the criminal justice system. WDP Havering, the provider of the Council-commissioned substance misuse treatment and recovery service since October 2015, incorporate the following key elements for successful identification and referral, and good treatment and recovery outcomes:

**Access, engagement, early intervention and prevention** which includes delivering training to the wider workforce, such as school nurses, social workers, GPs, pharmacists, the local hospital and the voluntary sector, in order that health promotion messages are consistent, and so that individuals who would benefit from treatment services are recognised and referred/signposted. This helps to improve early intervention and prevention, as well as ensuring that the people who need treatment and support access the right service at the right time.

**Specialist treatment** can be provided in the community so people are able to stay in their own homes and access local treatment services, or in a residential setting. Residential treatment is intensive and costly, but necessary for some clients. As part of the treatment (in any setting), individuals may be prescribed medication. At the same time, they will have access to therapeutic support and counselling that also addresses their wider health and wellbeing needs.

**Recovery, reintegration and relapse prevention**, including support for people who have moved from intensive treatment to a stage of recovery. This is a key part of the programme; to ensure that people do not relapse.

New evidence-based and innovative tools to aid and maintain recovery have been introduced, including technological solutions. These include e-Groups, forums and blogs, a

single point of contact telephone line open 24 hours per day, 7 days per week, an SMS service, internet-based recovery programme (called Breaking Free), Skype and telephone interventions, smart phone apps, and a loyalty scheme to gain rewards such as cinema tickets or a fitness class.

At treatment completion the service user will continue to access interventions that will enable them to remain alcohol free and continue to recover. WDP Havering is working with partners in education, training and employment and with mutual aid groups and programmes to support and sustain recovery. Even after discharge, individuals will be able to access support at any time to prevent relapse

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## APPENDIX 7: GLOSSARY

**Alcohol Liaison Nurse**, working for WDP Havering, is sited in Queen's Hospital, works with staff to identify the individuals that need help, including those that need high level services such as detoxification.

### **Alcohol Treatment Requirements**

See Community Orders

### **Barking Havering Redbridge University Trust (BHRUT)**

Provider of acute health services, including maternity care. Located at Queens Hospital (Romford), and King Georges Hospital (Goodmayes)

### **Blood-borne viruses (BBV)**

Infections such as Hepatitis A, Hepatitis B and Hepatitis C, and HIV that are carried in the blood and can be spread either by sharing of infected needles, syringes and other injecting equipment, or by sexual contact.

**Booze Buster** is a free smart tool that provides tips and support to help individuals to "choose less booze".

### **Challenge 21 and Challenge 25**

Challenge 25 is a scheme that encourages anyone who is over 18 but looks under 25 to carry acceptable ID when they want to buy alcohol. Challenge 25 builds on the Challenge 21 campaign introduced by the British Beer and Pub Association, which represents the beer and pub sector, in 2005. It's now run by the Retail of Alcohol Standards Group, which represents alcohol retailers (2016).

### **Civil Banning Orders**

See Safe and Sound Partnership

### **Controlled Drugs Accountable Officer**

The officer ensure compliance with the Controlled Drugs (Supervision of Management and Use) Regulations 2013. Organisations that must appoint an accountable officer include NHS Trusts, Independent hospitals, NHS England Local Area Teams, and the Armed Forces. The accountable officer's details must be registered with the Care Quality Commission.

### **County Lines**

This is where gangs from big cities introduce a telephone number in a new area to sell drugs directly at street level. Phone lines represent a gang's "brand", rather than an individual. The numbers do not change frequently, and are usually run from the gang's "home" city. Drug users from the new area ring the number and local runners are then dispatched to make deliveries via a telephone "relay or exchange system" According to the National Crime Agency, this is increasingly exploiting children (often boys aged 14-17) to act as runners and to conduct day to day dealing.

## **DANOS**

The Drugs and Alcohol National Occupational Standards (DANOS) specify the standards of performance/ competencies that people in the Drug and Alcohol field should be working to. They also describe the knowledge and skills needed to meet those standards

## **Deeper Lounge**

The Deeper Lounge<sup>65</sup> initiative is located in South Street, in central Romford, and provides a safe haven for young people who have had too much alcohol. The Deeper Lounge provides hot and cold drinks and a safe place to recover. It is run by volunteers from local churches, and runs in partnership with the Street Pastor scheme above. Street Pastors and the Deeper Lounge also work closely with licensees, door supervisors and the police to keep young people in Havering safe.

## **Drug Interventions Programme (DIP)**

Interventions for drug-misusing offenders throughout their criminal justice journey. DIP grips people as early as possible in their contact with the criminal justice system, from initial drug testing and assessment in the custody suite, right through to post-release care and management in the community.

## **Drug Itemising**

A method of educating licensees about where people are taking drugs in their premises.

## **Drug Rehabilitation Requirement (DRR)**

Introduced by the Criminal Justice Act 2003, and is a condition which can be added to a Community or Suspended Sentence Order.

## **Drug safe**

See Safe and Sound Partnership

## **Dual Diagnosis**

When there are problems with both substance misuse and a serious mental illness.

**Dry January** is a national campaign that is run each year with online support. The evidence is that, once someone has cut out alcohol for one month, their drinking habits will change after the month is up, and they will consume less alcohol.

**Havering's Early Help Service** works to ensure that there is a prompt and effective response to the unmet needs of children and families in order to prevent problems growing and becoming even more difficult and costly to deal with in the future.

**Havering's Multiagency Safeguarding Hub (MASH)** is able to swiftly collate and share information that is held by the many organisations in Havering, and so enable decisions to be taken about the best type of intervention to keep children and adults safe. Sometimes this means a direct social care intervention, at other times this might mean a referral to a service such as the Early Help service, or some other preventative or family support service.

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<sup>65</sup> See glossary

**Healthy Schools London** is a programme that supports schools to help children to lead a healthy lifestyle and make healthy choices. With three levels of award (bronze, silver and gold), the bronze level requires registered schools to have a drugs and alcohol policy in place and encourage inclusion of drugs and alcohol education in the Personal Social Health Education curriculum. By August 2015, two-thirds of schools in Havering were registered with the Healthy Schools scheme, which is co-ordinated by the Council's public health service.

**IAPT (Improving Access to Psychological Therapies)** is an NHS programme of "talking therapies" that was introduced as a result of the national strategy *No health without mental health*. It is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post traumatic stress disorder.

### **Junior Citizen Programme**

A project that targets 2000 year 6 students as they are about to move onto secondary schools. The programme covers healthy eating, alcohol, drugs, legal highs, knife crime.

### **Licensing Objectives**

Licensing objectives are:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance
- the protection of children from harm

The licensing objectives currently do not include consideration of health, as this is not permitted under current legislation.

### **Licensing Policy**

The Local Authority acting as a the Licensing Authority must publish its Statement of Licencing Policy every 5 years which sets out how the Licensing Authority will approach applications for licences. Havering Council introduced a new Statement of Licensing Policy in January 2016 following consultation with stakeholders and the public. The Policy sets out requirements that applicants must consider. The Policy includes special policies on cumulative impact in the areas of Romford town centre, St. Andrews ward (Hornchurch) and Harold that presumes no new licences will be issued, except to restaurants (i.e. where alcohol is sold ancillary to a table meal).

### **Mental Health Partnership Board**

Havering's mental health partnership board is a multiagency steering group whose purpose is to provide strategic leadership and develop and maintain high quality mental health services in Havering through a partnership approach. The Board has an oversight of all adult mental health services excluding dementia; reviews changes to local services; monitors service plans and receives information concerning all aspects of adult mental health services. Its strategic workstreams include:

- Mental Health Promotion
- Personalised care and support
- Employment, Education, Training and Social Inclusion
- Carers mental health

- Accommodation and Housing
- Mental Health / Criminal Justice
- Benchmarking quality and effectiveness
- Self-harm and suicide prevention

### **No street drinking zone**

Currently Romford Town Centre is a no-street-drinking zone. Following the introduction of the Antisocial Behaviour Crime and Policing Act 2014.

### **National Drug Treatment Monitoring System (NDTMS)**

NDTMS captures data about structured drug and alcohol treatment - structured community-based services, or residential and inpatient services for those individuals whose substance use has become problematic

### **New Psychoactive Substances**

A psychoactive substance is a chemical substance than when consumed (eaten, inhaled or administered in some way) causes changes in brain function and results in alterations in perception, mood or consciousness. Also known in the market as 'legal highs', 'designer drugs', 'herbal highs', 'bath salts', 'research chemicals', or 'laboratory reagents', they are now referred to under the term New Psychoactive Substance (NPS). The key features are that NPS are psychoactive (i.e. ones that stimulate or depress the central nervous system or cause a state of dependence); have a comparable level of potential harm to internationally controlled drugs; and are newly available, rather than newly invented.

### **NHS Health Checks**

The NHS Health Check programme in Havering is commissioned by the Council's and delivered by GPs. The aim is prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the aged of 40 and 74 who has not been diagnosed with one of these conditions or with certain risk factors which have already been identified, will be invited once every five years to have a check to assess their risk of these diseases. Patients are then given support and advice to help them reduce or manage that risk, which includes advice about alcohol use

### **One You National Campaign**

Due to be launched summer 2016 by Public Health England, this is a major national programme to energise and engage with adults in making changes to improve their own health. It will target adults in mid-life encouraging them to make seven lifestyle changes (stopping smoking, reducing alcohol consumption, taking more exercise, improving diet, reducing stress, improving sleep and checking for common signs and symptoms of disease.) By making these seven changes individuals vastly improve their chances of a longer more active fulfilled life.

### **Opiates**

A group of drugs including heroin, opium, methadone and buprenorphine

### **Perinatal period**

Commences at 22 completed weeks of pregnancy and ends seven completed days after birth.

### **Safe & Sound Partnership**

Civil Banning Orders have been used in Havering by the Safe and Sound Partnership, comprising Police, Council services, licensees and voluntary organisations to create a safer local environment.

Individuals who are arrested in Romford Town Centre are issued with a banning order, which prohibits them from entering any of the premises that are part of the Safe and Sound Scheme. This civil banning scheme is commonly referred to as the “Banned from one, banned from all” programme and formalises the sharing of information between LBH Community Safety, the Police and those Licensees who are part of the Scheme. The Scheme addresses anti-social behaviour including where this is fuelled by alcohol abuse, and is one aspect of an armoury of measures to restrict supply, use and circulation of drugs

Many licensed premises in Romford and Hornchurch are equipped with a drug safe which is used to lock away seized substances. The packages of substances are “posted” into the safe, which can only be opened by the Police.

### **Scan Net**

A system that scans photographic identification for inconsistencies, which works well with young people trying to use fake identification.

### **Statement of Licensing Policy**

See Licensing Policy

### **Street Pastors**

Street Pastors is a voluntary, inter-denominational church response to urban problems. This innovative scheme aims to help curb crime and anti-social behaviour. Led by a local co-ordinator, street pastors are trained volunteers that patrol Havering streets from 10pm to 4am on Friday and Saturday evenings. Street pastors work in Romford and Hornchurch town centres.

### **Street Triage**

Delivered by St John’s Ambulance, street triage operates on Friday and Saturday nights in Romford town centre between 10pm and 4am. The Street Triage team assesses people who may have need of medical treatment, and give advice and treatment as needed or refer onwards. This may include transfer to Accident and Emergency, signposting to services, or giving first aid treatment. The scheme is funded by MOPAC to March 2017.

### **Structured drug and alcohol treatment**

Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client.

The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in one or more of the following domains: physical and psychological health; criminal involvement and offending; and social functioning.



All interventions must be delivered by appropriately trained and competent staff, within supervision and clinical governance structures. Structured drug and alcohol treatment provides integrated access to specialist medical assessment and intervention, and works jointly with mental & physical health services, and safeguarding & family support services according to need.

In addition to pharmacological and psychosocial interventions provided as part of the keyworking or case management function of structured treatment, service users should be provided with the following as appropriate: harm reduction advice and information; BBV screening and immunisation; advocacy; appropriate access and referral to healthcare and health monitoring; and crisis and risk management.

### **Tiers of Treatment**

Substance misuse treatments, usually describes as a four-tier framework:

Tier 1: Non-substance misuse specific services requiring interface with drug and alcohol treatment services

Tier 2: Open access drug and alcohol treatment services

Tier 3 Structured community-based drug treatment services

Tier 4: Residential and inpatient services for drug and alcohol misusers

### **Taxi Marshalling Scheme**

Romford's taxi marshal scheme is located in Eastern Road in central Romford. It operates on a Friday and Saturday night from 10.30pm until 3.30am. The scheme is funded by Transport for London and reduces alcohol-related violence in Romford Town Centre, and improves the safety of young people. It is planned for this scheme to continue in 2015-16.

### **Trigger offence**

A trigger offence usually involves stealing, fraud or drugs

### **Welfare Training**

Training to licensees provided by Council Licensing; encouraging licensees to use their existing staff (i.e. glass collectors) to do patrols around pubs and clubs and look for those who have had too much to drink – so that they are not served with any more alcohol and are looked after.

### **Young Persons Specialist Substance Misuse Service**

A service for young people aged 11 to 17 years and their families in the London Borough of Havering, through education, care planned psychosocial, harm reduction and early interventions. These interventions are aimed at prevention and alleviating current harm caused by a young person's substance misuse to themselves, their families and the communities in which they live. The service works with schools, the Youth Offending Team, and social care.

## KEY PERFORMANCE INDICATORS

To be agreed from indicators already available from:

- Public health
- Community Safety
- YOT
- MASH
- Adult Social Services
- Commissioners of Drug and Alcohol services
- Mental health services
- Healthy schools
- Trading Standards
- Public realm

Proposed:

- Months of life lost due to alcohol (male) (9 months – better than England, better than London)
- Months of life lost due to alcohol (female) (4.1 months - better than England, better than London)
- Admission episodes for alcohol-related CVD conditions (male) (worse than England, worse than Bexley)
- Alcohol related road traffic accidents
- Waiting times for drug treatment
- Waiting times for alcohol treatment
- Successful completion of treatment of opiate use – current performance 7.0% (currently 78 out of 149 local authorities)
- Successful completion of treatment for non-opiate use – current performance 46.1% (31 out of 149 LAs)
- Successful completion of treatment for alcohol – current performance 41.5% (48 out of 149 LAs)
- Testing on Arrest – achieve 95%
- Alcohol Treatment Requirements – increase on 2015/16 baseline (annual)
- Drugs Rehabilitation Requirements – increase on 2015/16 baseline (annual)
- % of current foster carers having attended information sessions on substance misuse and CSE during the three years to end Mar 2017 (annual)
- % of Early Help home assessment visits attended by WDP Havering where substance misuse is, or is identified as likely to be, an issue (annual)
- % of recovery plans for parents by WDP that are shared with Early Help (annual)