



**Haverling**  
LONDON BOROUGH

# **Drug and Alcohol Strategy**

**2013 - 2016**

**DRAFT**

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## Summary

This strategy sets out Havering Council's ambition for preventing harm caused by drugs and alcohol. It provides an analysis of the key challenges within Havering and proposes cross-cutting solutions to improve outcomes in the borough, with a particular focus on the following priority areas:

- Prevention & Early Identification of 'At-risk Groups'
- Safeguarding (including Troubled families and the Top 100 Families Project)
- Harm minimisation
- Treatment of drug-users
- Treatment of dependent drinkers
- The night-time economy

Objectives are set out for each area, along with the data that will be used to measure progress. In particular, the strategy aims to secure the following key outcomes for Havering:

- Early identification of families displaying drug and alcohol abuse to enable tailored support to be provided
- Improved coordinated support from public agencies for families
- A reduction in the adverse impact of drugs and alcohol on families and the wider community
- Improved treatment outcomes for drug and alcohol users to ensure long-term recovery
- A reduction in cost to health, criminal justice and social care agencies as a result of drug and alcohol misuse

## Aim and rationale

The overall aim of this strategy is to prevent the harm caused by substance misuse in Havering. The misuse of alcohol and drugs has serious impacts, not just on the health of individuals, but on families and broader communities, while placing an escalating financial burden on health, criminal justice and social care agencies. The challenges are complex and require true partnership work across organisational boundaries, involving a wide range of partners from health and social care agencies, through to the police, probation, the third sector and businesses. With the recent move of public health teams into Local Authorities, there is real opportunity to facilitate multi-agency solutions.

This strategy therefore aims to take a cross-cutting approach, outlining how the various dimensions of drugs and alcohol work can be further developed and aligned. From a corporate point of view, it aims to ensure that money spent on drugs and alcohol across Havering is being used as effectively as possible.

The scope includes:

- the level of need in Havering;
- services currently available to meet this and gaps remaining;
- cross-sectoral proposals to address unmet need.

## Local context

Havering's local picture is complex and unique. While significant progress has been made in recent years, there are still substantial challenges within Havering in terms of both drugs and alcohol.

### Prevalence of drug and alcohol abuse

The latest estimate available is that there are around 870 Opiate and Crack Users (OCUs) in Havering.<sup>1</sup> This equates to approximately 5.7 OCUs in the borough per 1000 population, which is lower than the figure of 9.6 per 1,000 for London and 8.7 per 1,000 for England<sup>1</sup>.

Havering has very high levels of cocaine use. The most recent national study found the borough to have the highest proportion of powder cocaine users entering treatment in the country, as shown in Figure 1<sup>2</sup>.

Compared to the national average, Havering has considerably more drug using adults with responsibility for children; just over 50% of adult users have children living with them<sup>3</sup>. National data shows over one third of adults in drug treatment are parents, with 60% claiming benefits,<sup>4</sup> meaning that their

“The most recent national study found Havering to have the highest proportion of powder cocaine users entering treatment in the country”

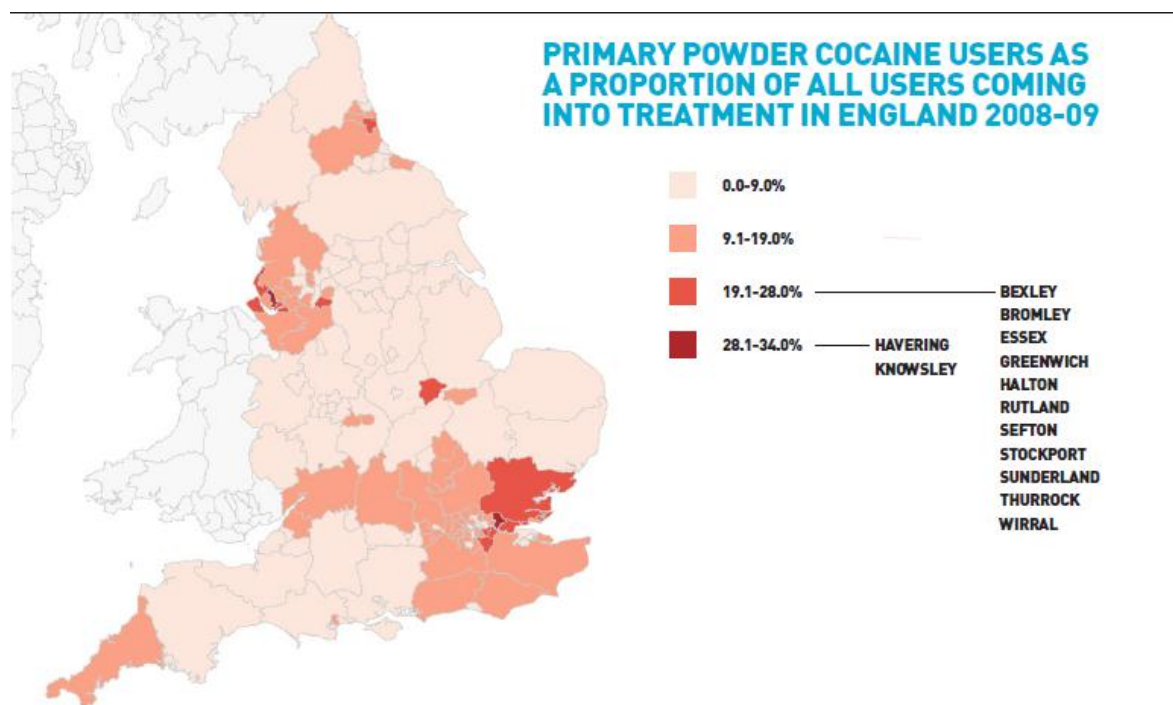
<sup>1</sup> Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2010/11 [www.nta.nhs.uk/facts-prevalence.aspx](http://www.nta.nhs.uk/facts-prevalence.aspx)

<sup>2</sup> Powder Cocaine: *How the treatment system is responding to a growing problem*, NTA, 2010 [www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf](http://www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf)

<sup>3</sup> DOMES/ NDTMS data report 2012-13 Q4

children are potentially more likely to live in poverty. Parental substance misuse can also reduce the parent’s ability to provide practical and emotional care, which can have serious consequences, including exclusion or persistent absence from school.<sup>5</sup>

Figure 1: Primary powder cocaine users as a proportion of all users entering treatment in 2008/09<sup>6</sup>



Data from local, regional and national sources paints a challenging picture, which supports the need to invest in local young people’s specialist services<sup>7</sup>. A recent survey conducted in Havering showed that 3 out of 4 young people thought that drugs were “easy to get hold of” in their local community whilst 6 out of 10 young people reported that it was either “fairly” or “very easy” to get hold of alcohol. In total, 6 out of 10 young people had been offered drugs, while 4 out of 10 young people reported that they had used a drug with 9 out of 10 users trying their first drug at the age of 16 or under. Altogether, 1 in 4 young people surveyed admitted to using drugs every day or twice a week and 5 out of 10 young people reported that they had had an alcoholic drink in the last seven days, with 3 out of 10 reporting that they had been drunk in the past fortnight. Moreover, 50% of sexually active young people in Havering reported having sex under the influence of alcohol and a further 25% under the influence of drugs.

In terms of alcohol, Havering has approximately 3320 ‘dependent drinkers’<sup>8</sup> and 20,000 ‘high-risk’ drinkers<sup>9</sup>. This means that, out of Havering’s adult drinking population, 6.9% are

<sup>4</sup> National Treatment Agency for Substance Misuse (NTA), *Parents with Drug Problems: How treatment helps Families*, London NTA, 2012. [www.nta.nhs.uk/uploads/families2012vfinali.pdf](http://www.nta.nhs.uk/uploads/families2012vfinali.pdf)

<sup>5</sup> National Treatment Agency for Substance Misuse (NTA), *Parents with Drug Problems: How treatment helps Families*, London NTA, 2012. [www.nta.nhs.uk/uploads/families2012vfinali.pdf](http://www.nta.nhs.uk/uploads/families2012vfinali.pdf)

<sup>6</sup> Powder Cocaine: *How the treatment system is responding to a growing problem*, NTA, 2010 [www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf](http://www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf)

<sup>7</sup> London Borough of Havering, *Young People’s Substance Misuse Needs Assessment: Key Findings Report*, LBH, 2012

<sup>8</sup> JSNA Support Pack for Strategic Partners – *The Data for Havering*; NTA 2012; Dependent drinkers defined as those people scoring 20 or more on a common alcohol screening tool (AUDIT2)

classified as ‘high risk’ drinkers, while an estimated 19.4% are ‘increasing risk’ drinkers (Table 1). Both of these figures are broadly similar to the London and England averages.

Table 1: Percentage of adults aged 16+ who are lower, increasing and higher risk drinkers<sup>10</sup>

	Havering	London Average	England Average
Lower Risk drinking (% of drinkers only) synthetic estimate	73.8	73.4	73.3
Increasing Risk drinking (% of drinkers only) synthetic estimate	19.4	19.7	20
Higher Risk drinking (% of drinkers only) synthetic estimate	6.9	6.9	6.8

The health risks of excessive and prolonged use of alcohol usually begin in adolescence. So it is particularly concerning that, in comparison with other London boroughs, Havering has the highest proportion of pupils reporting that they have tried alcoholic drinks. According to a recent survey it was slightly more common for young people in Havering to have ever had an alcoholic drink and to have been drunk once in the last month than was the case nationally. 45% in Havering had drunk an alcoholic drink compared to 42% nationally, and 7% in Havering had been drunk once in the last month compared to 6% nationally<sup>11</sup>.

### Treatment and waiting lists

Havering offers very effective drug treatment services, as evidenced by how highly it ranks for completions of treatment<sup>12</sup>. The most recent figure for the percentage of users leaving treatment successfully (and not then representing to the service in the following 6 months) is 25%, the second highest estimate in London, and far better than the England average of 12.3%. The length of time in treatment and re-presentation rates are also lower than the national average. In 2011-12, just over 500 OCUs were known to access treatment, suggesting Havering has an unmet need of approximately 370 OCUs (i.e. around 57% of the OCUs in Havering are accessing treatment).

Alcohol harm prevention and treatment has had far less investment than drugs in recent years and yet the prevalence of alcohol use is significant, as is the associated cost of alcohol related harm. In 2011/12, the Community Alcohol Team (CAT) received over 700 referrals with just over two thirds assessed as high-risk dependent drinkers. The referral rate represents less than 6% of the estimated prevalence of high-risk drinkers in Havering. This

<sup>9</sup> [www.lape.org.uk/LAProfile.aspx?reg=h](http://www.lape.org.uk/LAProfile.aspx?reg=h); High-risk drinkers defined as males drinking 50 plus and females drinking 35 plus units per week.

<sup>10</sup> <http://www.lape.org.uk/LAProfile.aspx?reg=h>

<sup>11</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009. Cited in Havering JSNA 2010.

<sup>12</sup> [www.phoutcomes.info/public-health-outcomes-framework/domain/3](http://www.phoutcomes.info/public-health-outcomes-framework/domain/3)

compares to 13% in treatment at a national level, illustrating the need for more work to be done locally.<sup>13</sup>

### Healthcare burden (hospital admissions, bed days, ambulance call-outs)

Dependent drinkers cost the NHS twice as much as lower or increased risk drinkers. In 2010/11, alcohol related healthcare costs in Havering were estimated at £16.3million, equating to £85 per adult. This is compared to £83 per adult for the regional average in London<sup>14</sup>.

Rates of hospital admissions recorded as specifically resulting from alcohol are better than the London and England averages for both males and females. Admissions that are more broadly 'attributable' to alcohol show a similar pattern.

The overall rate of admissions has, however, increased by 8% from 2010/11 to 2011/12, more than both the regional average (7%) and the England one (4%)<sup>15</sup>. Analysis of Hospital Episode Statistics (HES) data paints a similar picture, showing that there are still large, and increasing numbers of admissions for alcohol related harm per year<sup>16</sup>. Evidence suggests that the largest and most immediate reduction in alcohol-related hospital admissions can be achieved by intervening with this group through the provision of specialist treatment<sup>17</sup>.

There is also a higher number of recorded ambulance call outs related to alcohol in Romford Town, compared to other wards in the borough, as the table below illustrates. Of 1407 call outs in 2012, 536 (38%) were for Romford Town. The number of ambulance call outs related to drugs (Cocaine and Heroin only) is considerably smaller (just 14 were recorded for the whole borough in 2012). This is thought to be because of the difficulty in identifying drugs at the time of call out- often evidence of drug use is identified only once the patient is in hospital. However, of the 14 call outs attributable to drugs in 2012, 8 were from Romford Town.

**Table 5: Ambulance Call Outs (Alcohol) by Ward<sup>18</sup>**

	2012	Rank
Brooklands	92	16
Cranham	22	2
Elm Park	31	5
Emerson Park	16	1
Gooshays	100	17
Hacton	33	6
Harold Wood	68	13

<sup>13</sup> London Borough of Havering: *Adult substance misuse needs analysis and treatment/recovery plan 2013-16*, Romford, LBH, 2013.

<sup>14</sup> <http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

<sup>15</sup> <http://www.lape.org.uk/LAProfile.aspx?reg=h>

<sup>16</sup> Hospital Episode Statistics Data 2008-2011, collated by NHS ONEL informatics team.

<sup>17</sup> National Alcohol Strategy 2012

<sup>18</sup> Metropolitan Police Crime Reporting Information System (CRIS)

Havering Park	63	12
Heaton	42	9
Hylands	28	4
Mawneys	38	7
Pettits	41	8
Rainham & Wennington	23	3
Romford Town	536	18
South Hornchurch	57	11
Squirrel's Heath	45	10
St Andrew's	82	14
Upminster	90	15
Total	1407	

### Prevalence of blood-borne viruses

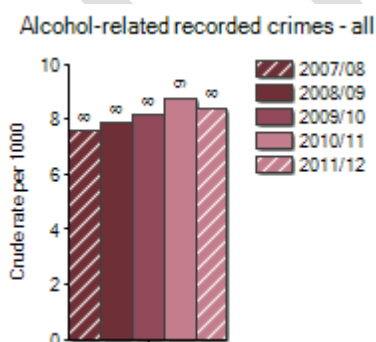
According to the Health Protection Agency (HPA) over 1000 individuals are estimated to be infected with hepatitis C in Havering and the cost of treating those already identified is estimated to be more than £1m<sup>19</sup>. The late diagnosis of HIV is common in Havering despite having the lowest incidence rate across London<sup>20</sup>.

### Crime

In 2011/2012 there were 2,385 acquisitive crimes in Havering<sup>21</sup>, but due to historical arrangements in processing drug misusing offenders and relying on voluntary engagement, only 6% (152) of these crimes were identified as being down to drug using offenders. Recorded crime related to alcohol has increased year-on-year except for a small drop in the latest data for 2011/12 (Fig. 2):

“Havering’s current rate of 8.4 recorded alcohol-related crimes per 1000 population...is significantly worse than the national average”

Figure 2: Alcohol-related recorded crimes per 1000 population



Havering’s current rate of 8.4 recorded alcohol-related crimes per 1000 population compares favourably to the London figure, but is significantly worse than the national

<sup>19</sup> Health Protection Agency, May 2011, Estimated Prevalence of Hepatitis C

<sup>20</sup> HIV Epidemiology in London 2009 data – published September 2011

<sup>21</sup> Acquisitive crime defined as domestic burglary (residence), theft of a motor vehicle, theft from a motor vehicle and robbery (people and business).



average. For violent crime attributable to alcohol, Havering records 5.2 incidents per 1000 population, better than the London figure of 7.3 and roughly the same as the national average<sup>22</sup>.

## **Mortality**

Over the last 12 months, the borough has seen a significant increase in the number of drug and alcohol related/associated deaths, something that needs to be monitored and reviewed moving forwards.

“rates of alcohol-specific mortality are much higher in Havering for women than for men”

Of particular note is that rates of alcohol-specific mortality are much higher in Havering for women than for men. The bubble charts at Annex A illustrate the situation here compared to demographically similar boroughs, showing the stark contrast between Havering’s gender-specific rates.

## **Current services provided in Havering**

Residents of Havering can access free and confidential advice, information and drug treatment services, which offer help and support for those experiencing difficulties with drugs and/or alcohol. The borough has a number of needle exchange providers to help people injecting drugs to use in the safest way possible, reduce the risks associated with use such as contracting and passing on blood borne virus’ and to ensure that used needles are disposed of in a safe way. The service is free and confidential. In addition, the Community Alcohol Team, First Stop and Young Addaction all provide confidential advice and counseling, outreach, community detoxification and onward referral to appropriate needs-led treatment options.

A Direct Enhanced Service (DES), delivered by GPs, exists for alcohol and has recently been extended to cover 2013/14. This only applies to new patients and the financial rewards involved are low but it provides guidance to GPs regarding tools to use and thresholds for referral.

## **National context**

### **Alcohol strategy**

The Government’s Alcohol Strategy (2012) states that there were almost 1 million alcohol-related violent crimes and 1.2 million alcohol-related hospital admissions in 2010/11 alone. This is attributed to the availability of cheap alcohol and a lack of challenge to the individuals that drink and cause harm to others. To address this, the Government want to see an end to the availability of cheap alcohol and irresponsible drink promotions, so are seeking industry support to change the culture around alcohol, to support individuals to make informed choices, and to improve treatment and recovery services, including services for offenders.

<sup>22</sup> <http://www.haveringdata.net/profiles/profile?profileId=1126&geoTypeId=5&geoids=00AR>

## **Drugs strategy**

The Government's National Drug's Strategy (2010) also places an emphasis on shifting power and accountability to the local level through the introduction of Police and Crime Commissioners (PCCs), the reform of the NHS and the creation of Public Health England (PHE), as well as making it clear that individuals are responsible for their actions. The two key aims of the strategy are to reduce illicit and other harmful drug use and to increase the numbers of people recovering from their dependence. To do this, the strategy encourages partnerships to develop and commission recovery focused services using a whole systems approach to support individual's holistic needs and not just their substance misuse needs, enabling them to leave treatment free from drug or alcohol dependence for good.

## **Public Health Outcomes Framework**

The Public Health Outcomes Framework outlines the vision for public health, and the desired outcomes and indicators that are intended to demonstrate how well public health is being improved and protected across the country<sup>23</sup>. The framework concentrates on two high-level outcomes to be achieved across the public health system, while grouping further indicators into four 'domains' that cover the full spectrum of public health.

A large number of the indicators have a relevance to drugs and alcohol work, but the two key ones are:

- Alcohol-related admissions to hospital
- Numbers of drug users that leave drug treatment successfully (free of drug(s) of dependence) who do not then represent to treatment again within 6 months, as a proportion of the total number in treatment

## **Localism agenda**

Alongside the national agenda, it is increasingly recognised that the most effective solutions are often found at a local level. The Government is driving the localism agenda by providing local agencies with the power and tools to challenge and act on unacceptable behaviour. This includes changes to licensing powers and providing more power to local hospitals and health bodies to deal with drunken people in Accident and Emergency, by sharing information with other agencies and reviewing the licenses of establishments. This Drugs and Alcohol Strategy takes account of the above national strategies, while placing emphasis on the local context for drugs and alcohol in the borough.

## **Priorities**

This strategy sets out the current context of alcohol and drug misuse in Havering, what we want to achieve over the next 3 years, how we plan to get there and how we will measure our progress to ultimately achieve our vision:

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<sup>23</sup> <https://www.gov.uk/government/publications/public-health-outcomes-framework-update>

*'To promote prevention, early intervention and a holistic approach to recovery, and create an environment that reduces the impact of substance misuse on the individual, children, families and communities'*

Tackling the challenge around drugs and alcohol requires close attention to each different stage of the problem: from prevention work with children and families, through to earlier identification of drug and alcohol abusers, and from effective treatment through to support and after-care preventing relapses. The implications and interests of course range far wider than health and social care, with significant impacts on the night-time economy, and so require close working between all partners, including police and local businesses.

The key outcomes we want to see are:

- Early identification of families displaying drug and alcohol abuse to enable tailored support to be provided
- Improved coordinated support from public agencies for families
- A reduction in the adverse impact of drugs and alcohol on families and the wider community
- Improved treatment outcomes for drug and alcohol users to ensure long-term recovery
- A reduction in cost to health, criminal justice and social care agencies as a result of drug and alcohol misuse

### **Engagement and consultation**

In 2012, a number of workshops and consultations were held with the different services, partners and agencies to ensure a holistic approach was adopted to achieve our vision and outcomes. Using the evidence, a number of priorities emerged, which form the framework of this strategy and range across the 'spectrum of need' from high dependency through to low-level alcohol and drug misuse.

The 6 priorities are as follows:

- i) Prevention and early identification of 'at-risk groups'
- ii) Safeguarding (including Troubled Families and the Top 100 families project)
- iii) Harm minimisation
- iv) Treatment for drug users
- v) Treatment for dependent drinkers
- vi) Night-time economy

Within the strategy, these are ordered logically in a 'life-course' approach, rather than in any order of relative importance, as they are all part of a cross-cutting set of solutions.

### **Funding**

To achieve our vision and key outcomes, resources need to be deployed 'smartly', with responses to tackling alcohol and substance misuse coordinated and proportionate to locally evidenced need and the issues within our community. In light of changes at both the local and national level, including the transfer of public health responsibility to local authorities, there is a need for all partners to review resources and work together to

achieve the required outcomes. This includes an evaluation of where money is currently spent, and what impact this has on addressing our priorities.

### **Delivery**

Overall responsibility for the delivery of this strategy will rest with the Havering Community Safety Partnership (HCSP), with regular updates provided to the Health and Wellbeing Board.

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## **Priority 1: Prevention & Early Identification of 'At-risk Groups'**

### **Context**

Intelligence from local data sources gathered via the National Drug Treatment Monitoring System (NDTMS) informs us that the most common primary and secondary drugs of choice in Havering are cocaine, cannabis, and alcohol. The majority of those who misuse these are not, however, classed as problematic drug or alcohol users requiring intensive treatment. Capturing this group at the earliest possible opportunity before misuse can escalate is therefore key.

One of the key ways of reducing the potential impacts of drug and alcohol misuse is to prevent those who shouldn't have access from getting hold of them. Licencing teams therefore have a key part to play in ensuring under-age sales of alcohol are prevented and cheap alcoholic drinks and promotions are restricted. This strategy therefore supports and aims to work in concert with Havering's Licencing Strategy.

Typically, drug and alcohol users have poor physical and mental health and are often reluctant to participate in screening programmes, as well as health promotion initiatives. For those that do participate, there has been mixed success. Havering is working with partners to redesign the treatment system to reflect local needs, the changing patterns of drug use and adopt a more preventative approach to capturing users at the earliest possible point. Communicating the effect of drugs and alcohol on health and well-being through social marketing campaigns and brief or extended intervention sessions is key to preventing the escalation of drug and alcohol misuse and more serious health issues down the line. This reduces the likelihood of consolidating health, social care, criminal justice, personal and social costs in the future.

In 2013, a shift in investment towards drug and alcohol prevention is envisaged, with additional health promotion and time limited brief interventions for those low level users who do not require structured interventions. Linked to this will be the inclusion of an alcohol risk assessment in the NHS Health Checks programme<sup>24</sup> for adults aged 40-74 years and targeted Identification and Brief Advice (IBA) training for health and social care staff.

In addition, there has been an anecdotal increase in the use and availability of new and emerging drug trends. This includes new psychoactive substances (NPS), over the counter (OTC) and prescription only medicines (POM). Although sometimes referred to as 'legal highs' they frequently contain substances that are not legal and cannot be assumed to be safe. Given the lack of reliable local data and the national trend, it is prudent to gain intelligence on these trends to reduce future potential harms.

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<sup>24</sup> <http://www.nhshealthcheck.nhs.uk/default.aspx?aID=63>

## Objectives

- Identify high-risk population and offer them Identification and Brief Advice (IBAs)
- Prevent illegal sales of alcohol
- Improve intelligence on new psychoactive substances (NPS), over-the counter (OTC) and prescription-only medication (POM) drugs to assess impact locally

## How we will achieve our objectives

	Actions	Lead agency/team	Delivery date
1.1	Continue to commission and promote Health Checks for people aged 40-74	Public Health	Ongoing
1.2	Identify and develop further evidence-based preventative interventions required for young people and those under the age of 40 in Havering and scope potential sources of funding	Public Health	March 2014
1.3	Increase the delivery of brief interventions using alternative methods/technology, including making best use of electronic media; target brief interventions to those most in need, including isolated elderly people and high-risk drinkers	Public Health Havering Community Alcohol Team (CAT)	September 2013
1.4	Develop and deliver an IBA & harm reduction training programme for all health and social care providers across the borough, plus community recovery champions and peer mentors	Public Health	March 2014
1.5	Work with health colleagues to establish the prevalence and impact of OTC and POM locally, and scope tariff development for OTC pathway	Public Health NHSE	September 2013
1.6	Work with A&E staff to establish where young people showing up at A&E with alcohol or drug-related harms are obtaining alcohol or drugs to target action and reduce availability; A&E to report back to Licensing team where the last drink was bought from	Licensing Public Health Havering Clinical Commissioning Group (HCCG)	Ongoing
1.7	Reduce the number of under-age sales of age-restricted products	Licensing	March 2014
1.8	Work with Police to identify and disrupt the drugs supply in the borough	Community Safety Team Police	Ongoing

## How will we measure the impact of our actions?

- The number of drug users and drinkers referred to treatment (identified through the roll out of IBA to health and social care professionals)
- The number of health and social care providers who have been trained in delivering IBA
- The number of brief interventions being delivered across the borough
- The number of Health Checks offered
- The number of under-age sales made in the borough
- The number of drugs warrants executed

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## **Priority 2: Safeguarding** **(Including Troubled Families and the Top 100 Families Project)**

### **Context**

Drug and alcohol misuse can have a significant impact on families as well as individuals. Evidence suggests drug and alcohol misuse can lead to a deterioration in family relationships and increase the likelihood of domestic abuse, as well as causing criminal behaviour, isolation, and mental health issues. This is often referred to as the 'Toxic Trio' of domestic violence, signs of mental illness and substance misuse. In addition, research has shown the strong association between domestic violence and drug and alcohol misuse, with 92% of domestic abuse assailants reporting use of alcohol or other drugs on the day of assault<sup>25</sup>.

Parental drug or alcohol use can reduce the capacity for effective parenting, resulting in possible child neglect or abuse, and councils have a statutory responsibility to safeguard these children. With the particularly high percentage of drug using adults having responsibility for children in Havering (50%), this is a priority area. Children of parents or carers who are dependent on drugs and/or alcohol are more likely to develop behaviour problems, experience low educational attainment and be vulnerable to developing substance misuse problems themselves. Tailored and coordinated support packages around the needs of the whole family, such as the Troubled Families scheme, can be effective, with savings estimated at £49,000 per family per year<sup>26</sup>. A joined up approach will also help to prevent generational substance misuse and dependency.

Before the launch of the Troubled Families initiative, Havering had already begun to plan how it would address the complex and inter-related risk factors affecting vulnerable families, to help them to break their negative and often inter-generational cycles of behaviour and deprivation. This work had been progressed through the Top 100 Families project, which identified high contact, high need families across 63 teams in various public sector agencies within Havering.

In addition, young people's drug and alcohol misuse is associated with involvement in crime and anti-social behaviour (including becoming a victim of crime), teenage pregnancy, and mental health problems, as well as risks of overdose and future drug dependency. There is a need to focus on prevention, as well as universal and targeted services to support young people and their families at risk at the earliest opportunity.

Joint working across service areas is paramount to safeguarding children through a planned early intervention and prevention approach, focusing where possible on the universal, or

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<sup>25</sup> Brookoff et al (1997) 'Characteristics of participants in domestic violence assessment at the scene of domestic assault'. *Journal of the American Association (JAMA)* May 7, 1997, Vol 277

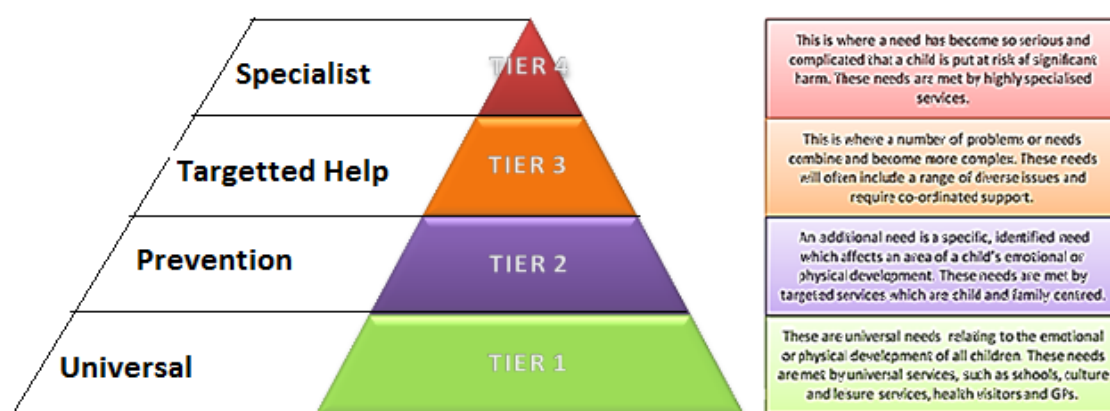
<sup>26</sup> Kendall, S., Rodger, J. and Palmer, H (2010) redesigning provision for families with multiple problems: early impact and evidence of local approaches. Research Report DFE-RR046. Department for Education



Tier 1, services (Fig. 3). Havering’s Multi-Agency Safeguarding Hub (MASH) is instrumental in ensuring effective data sharing across all relevant organisations and focuses on early intervention, harm identification and reduction. Preventative work is fundamental to improving Havering’s safeguarding service; adopting a proactive rather than reactive approach depending on the stage of the problem by:

1. Stopping a problem arising – aims to work with a child/young person and their family before any problem has emerged to prevent issues arising.
2. Stopping a problem escalating – focuses on intervening once a problem has been identified in order to reduce the negative impacts caused by the problem continuing or worsening.

Figure 3: Levels of need



Our objective is to ensure that the needs of as many children as possible require only the universal tier and that safeguarding issues caused by family breakdown due to drugs and alcohol misuse are reduced. In addition, preventing an individual’s or family’s problems escalating to the extent that they need intensive support is a priority in Havering. A new ‘Tier 3’ team is being piloted, which aims to target families before their issues become rated as ‘severe’ (Tier 4). The pilot is a development of, and ultimately a replacement for the Family Intervention Project (FIP), where drug and alcohol misuse was a key concern. The new team will include drug and alcohol service providers, as well as officers from various Council departments and public agencies, including Adult Services, Housing and the Police.

## Objectives

- Reduce the number of parents with drug and/or alcohol misuse problems that result in safeguarding issues
- Reduce drug and/or alcohol misuse for young people
- Improve physical, mental and/or sexual health of children
- Improve engagement in drug free, diversionary activities

- Provide intensive, bespoke support to Troubled Families, and other families with multiple complex needs to reduce the number of families who have drug and alcohol related issues
- Increase referrals to the Multi Agency Risk Assessment Conference (MARAC), a co-ordinated response to domestic abuse, to ensure action can be taken quickly at the earliest stage

## How will we achieve our objectives?

	Actions	Lead agency/ team	Delivery date
2.1	Complete a mapping exercise of the typical child's journey through services to identify duplication and gaps	Early help services	June 2013
2.2	Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding	Local Safeguarding Children Board (LSCB)	Ongoing
2.3	Lead, develop and improve referral pathway with Child and Adolescent Mental Health Services (CAMHS) for Children and Young People in need	Public Health HCCG	December 2014
2.4	Refine the workforce training programme for professionals working with children and young people to improve early identification	Public Health	December 2014
2.5	Utilise social media to engage with young people & promote key harm reduction messages with age appropriate interventions	Public Health HCCG Service providers	August 2013
2.6	Develop targeted young people's diversionary activities project	Public Health	September 2013
2.7	Implement and deliver Young Addaction's <i>Skills for Change</i> programme to young people with alcohol and drug using parents in order to identify and support them	Public Health Service provider	December 2014
2.8	Commission a targeted sexual health support service to identify and respond to the sexual health and contraceptive needs of young drug users.	Public Health	March 2015
2.9	Multi and single agency training, including Early Help Assessment (EHA) training, to target key priority areas known to be present in significant numbers of vulnerable families (to include consideration of the impact of housing, education and disability issues etc.)	LSCB training offer Single agency training & agency training leads	July 2013
2.10	Training for staff and partners on the early warning signs of the impact of substance misuse on children living in circumstances where such misuse is occurring (to be incorporated in the Early Help Assessment training)	Early Help	July 2013
2.11	Implement a more coordinated approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time	Early Help	On-going reports to LSCB Board

	Actions	Lead agency/ team	Delivery date
2.12	Develop a process to identify the most relevant professional for each family for the Tier 3 Pilot	Early Help	From April 2013
2.13	Evaluate phase 1 of the Tier 3 Team and extend the learning into the next phase of rollout of the remaining two teams	T3 Team	Ongoing
2.14	Ensure evidence based services/interventions are commissioned which support the whole family unit	Public Health MASH	January 2014

### How will we measure the impact of our actions?

- The number of young people with substance misuse issues
- The number of young people who have engaged in drug-free, diversionary activities
- The reoffending rate for young people
- The number of referrals to Children and Young People's Services where drug and/or alcohol misuse is an identified issue
- The number of 'troubled families' in the borough identified as having the 'toxic trio'
- The number of referrals to MARAC
- The number of families targeted through the Tier 3 Team

### **Priority 3: Harm minimisation**

Those who misuse drugs are particularly prone to blood borne viruses (BBVs) such as hepatitis B & C and HIV, all of which are preventable through early harm reduction interventions. According to the Health Protection Agency (HPA) over 1000 individuals are estimated to be infected with hepatitis C in Havering and the cost of treating those already identified is estimated to be more than £1m<sup>27</sup>. To reduce mortality from liver disease it is paramount that we ensure current and previous injectors are screened for hepatitis C and that treatment is widely available for those already infected. Early identification and treatment will reduce the rate of end stage liver disease, which is increasing nationally<sup>28</sup>. We will ensure through our commissioning of services that users deemed at high risk of BBVs are screened and vaccinated through the providers at the earliest opportunity.

The take up of screening and vaccination for hepatitis B amongst drug users in Havering has been particularly challenging despite the contingency management programmes implemented, although this has improved throughout 2012/13.

The late diagnosis of HIV is common in Havering despite having the lowest incidence rate across London<sup>29</sup>. While sexual transmission is still the most common route of infection, injecting drugs puts users at high risk. Needle syringe programmes have been the catalyst for the reduced incidence of HIV in drug users; it is therefore crucial to continue to invest in this harm reduction intervention. Data reported from pharmacy needle syringe programmes indicates a significant number of users accessing injecting equipment for steroid use. The partnership has not previously considered interventions for this group; nonetheless they are of significant risk of BBVs and there is a need for this to be explored further.

In the last 12 months there has been a sharp rise in the number of drug and alcohol deaths reported where mental health issues have featured. Barriers in accessing appropriate mental health services for people with drug and alcohol problems continues to be challenging, despite 70% of those in drug treatment and 86% of those in alcohol treatment having some form of mental health problem<sup>30</sup>.

#### **Objectives**

- Reduce the incidence and prevalence of BBVs
- Reduce referrals to hepatology services
- Improve access to BBV screening and vaccination
- Improve accessibility for drug and alcohol users who require a specialist mental health assessment

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<sup>27</sup> Health Protection Agency, May 2011, Estimated Prevalence of Hepatitis C

<sup>28</sup> Health Protection Agency (2011) Hepatitis C in the UK. London

<sup>29</sup> HIV Epidemiology in London 2009 data – published September 2011

<sup>30</sup> National Treatment Agency 2012 – ‘Why Invest’ Presentation

## How we will achieve our objectives

	Actions	Lead agency/team	Delivery date
3.1	Incorporate BBV screening and vaccination into the commissioning process as a mandatory and central outcome for providers	Public Health	December 2013
3.2	Audit and quality assure harm reduction information and advice delivered by pharmacies to steroid users presenting to needle and syringe programmes	Public Health Pharmacists (via Local Pharmacy Committee (LPC))	January 2014
3.3	Scope specific social media opportunities to promote key harm reduction messages and interventions	Public Health	November 2013
3.4	Scope the use of take home Naloxone for service users	Public Health	October 2013

## How will we measure the impact of our actions?

- The number of BBV vaccinations
  - Hepatitis B
- The number of BBV screenings
  - Hepatitis B
  - Hepatitis C
  - HIV
- The number of people in the borough with a diagnosed BBV
  - Hepatitis B
  - Hepatitis C
  - HIV
- The number of referrals to hepatology services

## **Priority 4: Treatment for drug users**

### **Context**

There is a large body of evidence to show that Opiate and Crack Users (OCUs) cause significant damage to themselves, families and communities. Of the estimated 870 OCUs in Havering<sup>31</sup> in 2011-12 just over 500 OCUs were known to access treatment and of these, 57% were aged 40 and above, suggesting that the opiate using population is ageing. To address health issues related to drug misuse, this cohort of people is being targeted for the NHS Health Check as of April 2013. There is also concern over the rising number of premature deaths in this cohort and this will need to be addressed in the treatment service and monitored through a local drug related death protocol.

The numbers of OCUs presenting for treatment has been in decline nationally and this is also the case for Havering, reducing from 329 in 2010-2011 to 304 in 2011-2012. Specialist services for this group are characterised by some of the highest unit costs in the system and a comparatively high volume of re-presentations to treatment services, reflecting the complexity of the overall caseload. Havering has well-established treatment pathways for users of powder cocaine, many of whom self-refer or are mandated to attend treatment interventions through Havering's pioneering use of Conditional Cautioning (police referrals). In 2011/12 there were 22 conditional cautions, 15 of which were Havering residents who all went on to access structured treatment interventions.

In January 2013, mandatory drug Testing on Arrest (TOA) was introduced into the borough. This allows offenders arrested for acquisitive crimes to be drug tested; where opiates and/or cocaine are detected the offender will be required to access treatment. Based on the data available, the partnership could expect up to a 44% increase (1040) in offenders processed through the former Drug Interventions Programme (DIP) and directed to treatment services. It is predicted that the introduction of TOA will help the partnership to identify the potential treatment of the naïve population (approximately 300). TOA will have an impact on offending across the borough and provide a rich source of data to help inform future treatment planning.

In 2011 a specialist NHS club drug clinic opened in London in response to the increased use of ecstasy, ketamine and 'legal highs'. Existing evidence from the club drug clinic suggests that users of NPS do not access drug services because existing treatment models do not cater for their needs. Further evidence from this service will help to inform the partnership of the type of interventions that will yield the best possible outcomes for users of such club drugs.

Effective drug and alcohol treatment contributes directly to the Public Health Outcomes Framework with regards to increasing life expectancy and reducing health inequalities in disadvantaged groups.

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<sup>31</sup> Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2010/11 [www.nta.nhs.uk/facts-prevalence.aspx](http://www.nta.nhs.uk/facts-prevalence.aspx)

## Objectives

- Reduce the number of drug related acquisitive crimes and drug related violent crimes year on year (baseline to be established following reliable period of TOA data)
- Reduce the number of OCUs re-offending
- Increase the number of OCUs accessing treatment
- Increase the number of OCUs discharged from treatment free from drug dependency
- Reduce the number of drug related deaths
- Improve treatment coverage of non OCUs, as measured by numbers successfully engaged in treatment and re-presentation rates

## How will we achieve our objectives?

	Actions	Lead agency/ team	Delivery date
4.1	Develop a robust plan with partners for the implementation and monitoring of TOA	Public Health Police	May 2013
4.2	Sustain and improve upon the innovative practice and progress made with Integrated Offender Management (IOM)	Community Safety Police Public Health	May 2013
4.3	Develop a plan with Criminal Justice Service (CJS) partners to introduce Alcohol Conditional Cautioning in 2013/14	Public Health Police	July 2013
4.4	Develop a meaningful and applicable protocol to review and monitor drug and alcohol related deaths to prevent further deaths	All partners	May 2013
4.5	Develop a project plan for opening a recovery café	Public Health	Service to open by September 2013
4.6	Ensure the workforce is appropriately trained/skilled in delivering interventions to users of all drugs and alcohol	Public Health	April 2014
4.7	Undertake research/survey (or needs assessment) to establish the use of NPSs and other harmful drugs	Public Health	July 2014

## How will we measure the impact of our actions?

- The number of drug-users reoffending
- The number of OCUs and non-OCUs *accessing* and *re-presenting* for treatment
- The number of conditional cautioning referrals and the proportion of these who go on to access structured treatment
- The number of OCUs discharged from treatment free from dependency
- The number of TOAs
- The number of drug related deaths

## Priority 5: Treatment for dependent drinkers

### Context

In moderation, alcohol consumption can have a positive impact on adults' wellbeing. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess. The effects of such excess – on crime and health, as well as on communities, children and young people – are clear.

Commissioning plans for services in 2013/14 have been developed with the aim of placing a greater focus on successful results with dependent drinkers, as measured by abstinence, reliable change indices and health and wellbeing and other crime and disorder indicators. This is designed to ensure best use of resources within available public health budgets for drug and alcohol outcomes.

### Objectives

- Reduce the number of increased and high risk drinkers
- Increase the numbers of dependent drinkers accessing specialist treatment
- Reduce the number of alcohol related hospital admissions
- Improve the health and wellbeing of dependent drinkers

### How will we achieve our objectives?

	Actions	Lead agency/team	Delivery date
5.1	Develop a commissioning offer to CCGs around joint working/commissioning of alcohol services, as part of scoping work for a combined drug and alcohol treatment system that creates capacity to manage specialist alcohol interventions	Public Health	December 2013
5.2	Work with and support providers to develop an effective liaison service and pathway for A&E High Intensity Users (HIUs) with high risk alcohol dependency issues	Public Health HCCG Service providers	March 2014
5.3	Develop an interim rapid alcohol community detoxification pathway in order to strengthen community alcohol services	BHRUT Commissioning Service providers	Complete
5.4	Develop targeted referral pathways for high risk dependent drinkers (troubled families and troubled adults, safeguarding, offenders, ASB)	Commissioning BHRUT	December 2013
5.5	Promote and ensure long term recovery support is available across the borough	Third Sector organisations, e.g. Alcoholics Anonymous	Ongoing
5.6	Review alcohol treatment in the acute setting to ensure it meets best practice guidance	HCCG	Ongoing



## How will we measure the impact of our actions?

- The number of alcohol related A&E attendances
- The mortality rate from chronic liver disease
- The number of alcohol related hospital admissions
- The number of hospital admissions for alcohol attributable conditions
- The number of alcohol related deaths

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## **Priority 6: Night time Economy**

### **Context**

Outside of the city centre, Romford is one of London's largest night-time economies, attracting some 11,000 to 14,000 people on Thursday, Friday and Saturday nights. Whilst this benefits Havering both socially and economically, it also presents challenges, primarily around crime and alcohol consumption. In addition to Romford, the borough has a growing night-time economy in Hornchurch, with more restaurants, bars and pubs applying for late night extensions. Although the night-time economy in this area is not on the same scale as Romford, there has been an increase in alcohol related issues over the last few years.

The Government's Alcohol Strategy (2012)<sup>32</sup> states that one of the key reasons for alcohol related harm is the availability of cheap alcohol. The national trend has been mirrored in Havering, where the number of cheap drink promotions at night time venues has increased as operators are forced to compete with supermarkets which undercut prices of pubs and clubs by a considerable margin. This has led to a change in behaviour, with increasing numbers of people drinking excessively at home before a night out (preloading) and/or binge drinking once inside a venue during the hours in which cheap drinks are offered.

Research suggests that the consequences of combining alcohol and drugs, in particular cocaine, are extremely popular, despite the health risks associated with this. Combining alcohol and powder cocaine, for instance, can significantly increase the risk of heart attack or sudden death. It can also result in a tendency of violent thoughts and threats, which may lead to an increase of violent behaviours. The National Treatment Agency for Substance Misuse published a study in 2010 in response to the national rise in the use of powder cocaine over the previous 15 years. As part of this document, Havering was highlighted as one of only two local authority areas in the country with a significantly high number of powder cocaine users coming into treatment in 2008/09 (28-34%).<sup>33</sup> This, combined with the borough's night-time economy, suggested that cocaine use was relatively high in the borough. In response, 'Project Weekend' was introduced which aimed to identify and provide information to users who are treatment adverse, as well as focusing on reducing the misuse of alcohol.

Whilst 'Project Weekend' was very successful, with over 90% of people surveyed stating they had seen promotional material that warned the public about the danger of combined cocaine and alcohol use, it remains an issue in the borough. A recent police-led operation involving 15 random drug swabs in a selection of licensed premises across the borough with a drug itemiser found all premises had readings for cocaine, and 12 of the 15 had recordings of primary contact (where the surface had direct contact with the drug). This suggests a need for another programme of awareness around drugs and drug use, in particular for cocaine.

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<sup>32</sup> National Alcohol Strategy 2012 (pg. 3-4)

<sup>33</sup> Powder Cocaine: How the treatment system is responding to a growing problem, NTA, 2010

## Objectives

- Reduce irresponsible alcohol sales and consumption in our town centres
- Help reduce 'Fear of Crime' by further improving public perception of Romford as a safe and well-managed night time destination
- Reduce the number of violent and alcohol related crimes
- Reduce the number of underage alcohol sales and associated anti-social behaviour
- Tackle binge drinking and promote responsible drinking
- Prevent irresponsible alcohol consumption through early intervention initiatives
- Reduce the number of Ambulance Call outs attributable to drugs and alcohol

## How will we achieve our objectives?

	Actions	Lead agency/ team	Delivery date
6.1	Extend the 'Banned from One, Banned From All' initiative to Hornchurch and develop further relevant initiatives	Community Safety	Ongoing (launched Aug 2013)
6.2	Work with retailers to ensure they demonstrate a responsible attitude to alcohol sales by adopting and operating robust systems and procedures to prevent underage sales	Trading standards	Ongoing
6.3	Explore the levelling of sanctions (compulsory attendance of alcohol treatment interventions) to those who cause antisocial behaviour through alcohol use	Public Health	Dependent on MOPAC bid (TBC)
6.4	Reintroduce the 'Best Bar None' scheme to raise standards within licensed premises	Community Safety	December 2013
6.5	Develop social marketing techniques to Romford to address people using both cocaine and alcohol.	Community Safety Public Health	Ongoing
6.6	Work with CJS agencies to develop alternative policing approaches to address drug and alcohol related violent crime, and sustain the success of conditional cautioning	Public Health HCSP	August 2013
6.7	Introduce street triage scheme to ensure people enjoying the night time economy get home quickly and safely reducing the burden on A&E departments	Community Safety	Jan 2014

## How will we measure the impact of our actions?

- The number of Ambulance Service Call outs that are alcohol and/or drug related
- The number of alcohol related crimes and violent crimes (per 1,000 population)
- The number of seizures of alcohol in designated non-drinking areas
- The number of section 27s issued
- The number of young people committing alcohol related crimes (under 18s)
- Alcohol related hospital admissions for under 18s (per 100,000 population)

## Next Steps

Overall responsibility for the delivery of the strategy rests with the Havering Community Safety Partnership, who commissioned the writing of this document. However, reports on progress towards the achievement of the desired outcomes will be given on a regular basis to the Health and Wellbeing Board in their role as drivers for improving the health and wellbeing of the residents and visitors to Havering.

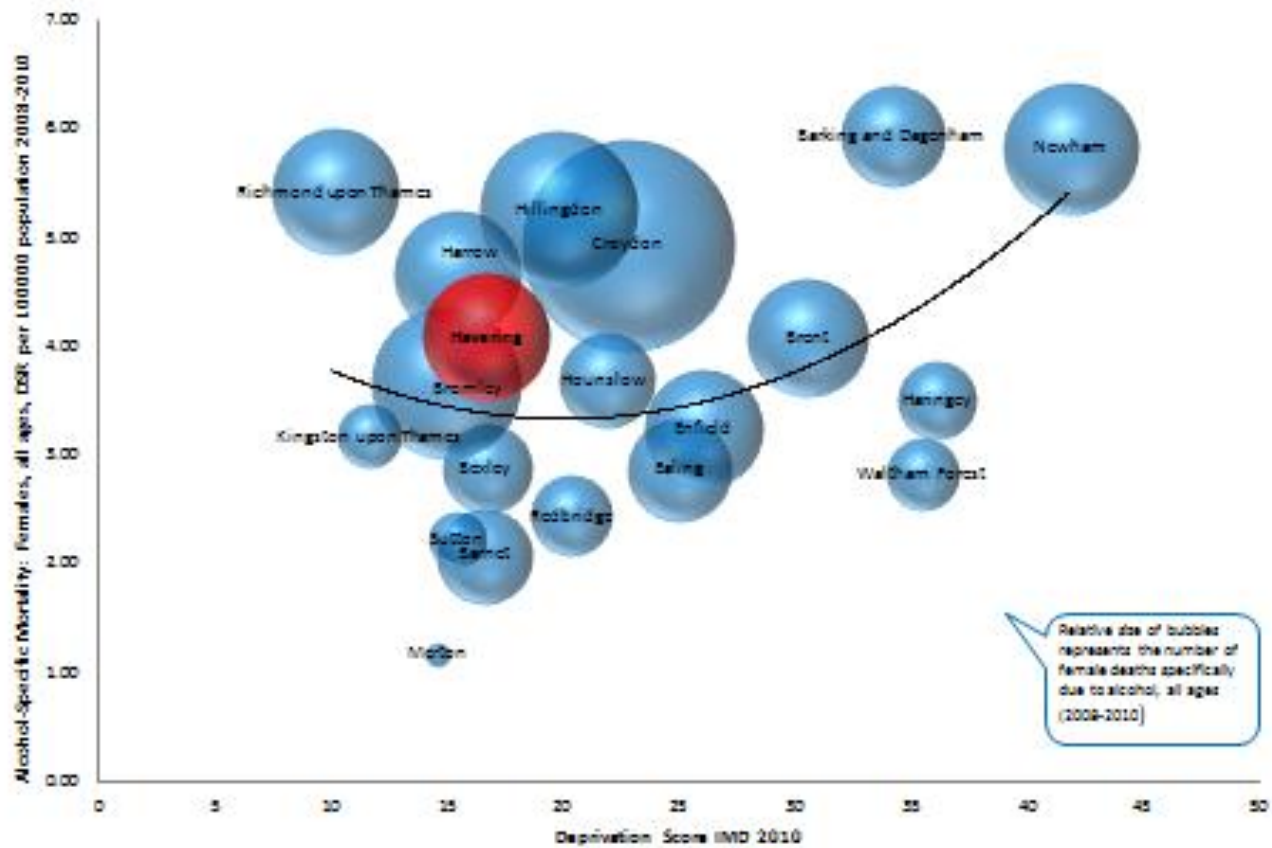
It is anticipated that working groups will be set up to drive forward the implementation of the actions around each of the seven themes. In addition, in order to effect measurable outcomes, each theme group will be responsible for developing specific targets against each action, for example reducing the number of violent and alcohol-related crimes by x%.

With the active involvement of all partners whose responsibilities encompass the potential to reduce the harms caused by drug and alcohol abuse, and engagement by members of the public, we can strive towards a healthier and safer Havering.

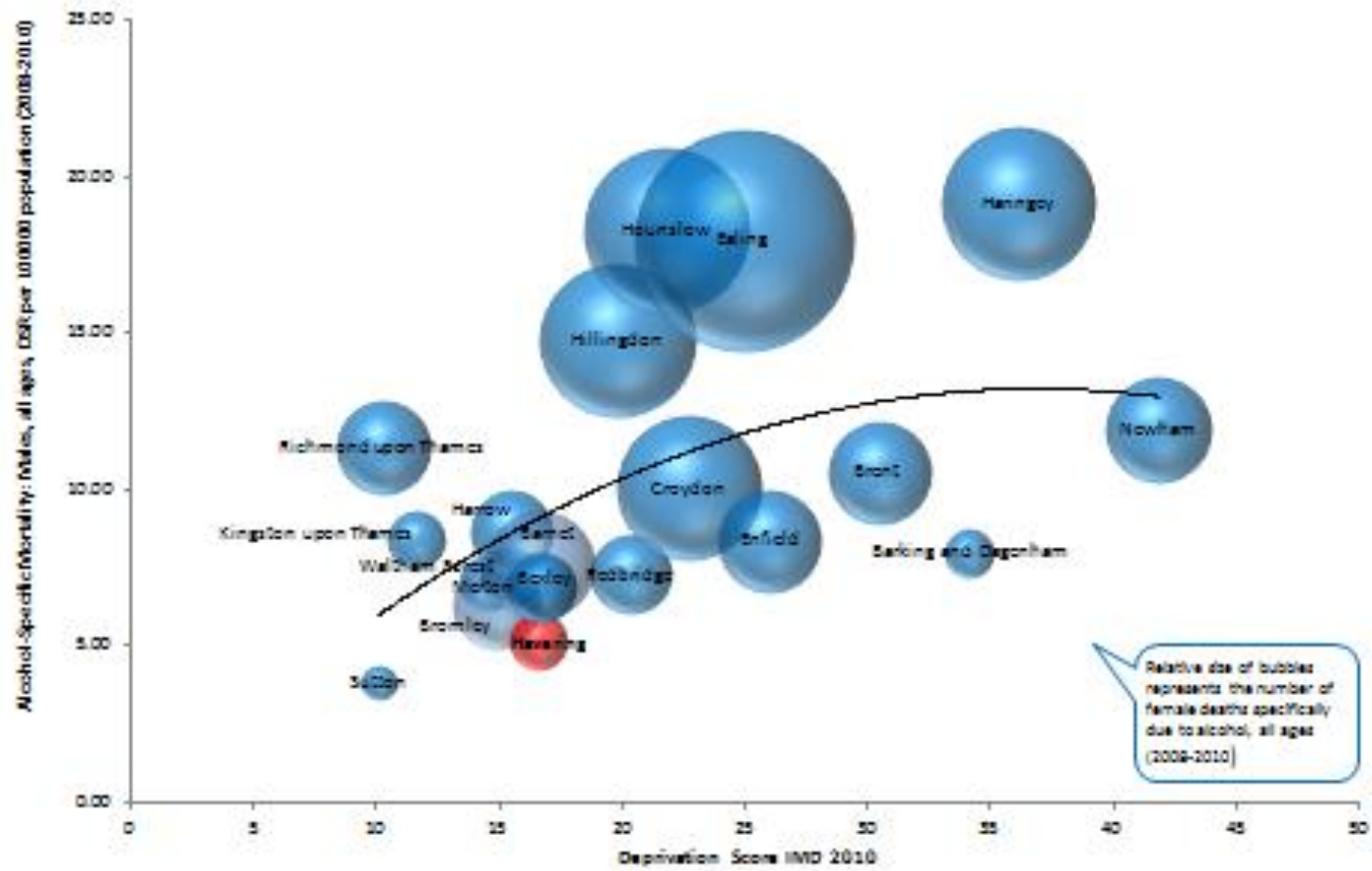
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ANNEX A

Alcohol-specific mortality (female)

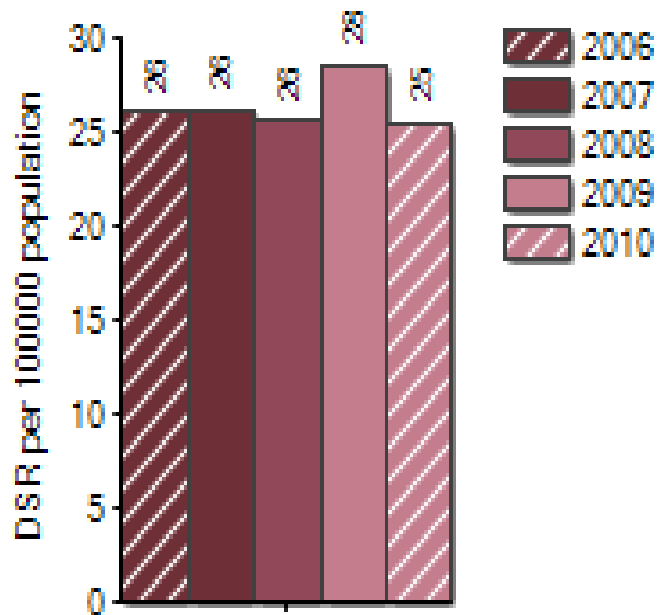


### Alcohol-specific mortality (male)



Alcohol-attributable mortality: male and female

Alcohol-attributable mortality - males



Alcohol-attributable mortality - females

