

Tower Hamlets Partnership Substance Misuse Strategy 2020-2025

Reducing drug and alcohol-related
harm in Tower Hamlets

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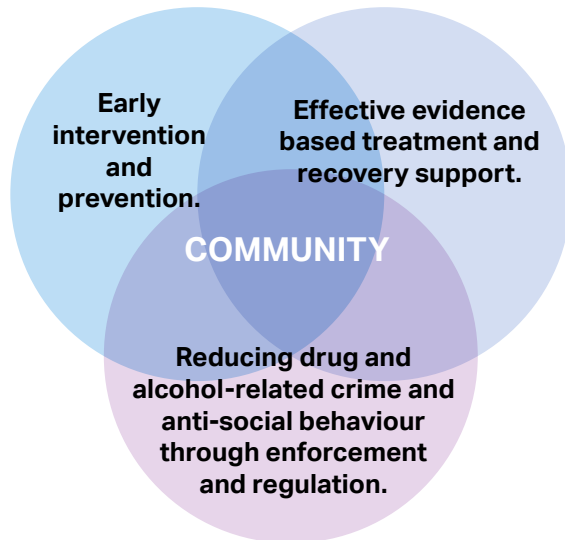
Foreword

We are pleased to introduce the third Tower Hamlets Partnership Substance Misuse Strategy which sets out how we will work across the Partnership to reduce drug and alcohol-related harms. The strategy builds on previous strategies and reconfirms our continued commitment to tackling substance misuse in the borough.

Drug and alcohol use can have a far reaching and devastating impact on individuals and communities, and we know that there are significant challenges to be faced in Tower Hamlets. Our overall aim is **'To reduce drug and alcohol-related harms to individuals, families and communities in Tower Hamlets and to enable more residents to recover from problematic substance misuse'**. We will do this by focusing on three priority areas:

1. Early intervention and prevention
2. Effective evidence based treatment and recovery support
3. Reducing drug and alcohol-related crime and anti-social behaviour through enforcement and regulation.

The primary focus of the strategy is on drug and alcohol use that causes the most harm to individuals and communities and covers both adults and young people. This tends to be primarily crack and heroin use in adults and cannabis, new psychoactive substances and alcohol use in younger people. The strategy also recognises



that there are different types of drug use within our diverse communities and the need to address this. In addition the alcohol-related element of our strategy seeks to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

Overall, substance misuse is a major public health issue and negatively impacts on individuals, families and communities. It is a causal factor in a range of health and social harms and is a major area of concern for our residents. The causes of substance misuse are multi-faceted and therefore the success of this strategy will only be realised by taking a partnership approach, working together with our residents and those experiencing drug and alcohol problems.

It also requires that we address some of the wider determinants of health such as meaningful employment and decent housing that can make a significant difference to recovery from drug and alcohol misuse. The contribution that other strategies and policies play in tackling these wider determinants is key.

At the heart of our approach is the community. We are committed to working with residents in finding lasting solutions to the substance misuse problems in the borough and making recovery from substance misuse possible.



John Biggs
Mayor of
Tower Hamlets



**Councillor
Asma Begum**
Deputy Mayor of
Tower Hamlets



**Councillor
Amina Ali**
Cabinet Member
for Adults, Health &
Wellbeing

Introduction

Our Approach



This strategy outlines the Tower Hamlets' Partnership approach to tackling the problems associated with drug and alcohol misuse in the borough. It presents the high level priorities for action over the next five years (2020 – 2025) and will be supported by more detailed annual delivery plans. The commitments and actions in this strategy are a direct reflection of the priorities expressed by stakeholders from across the council, NHS, Metropolitan Police, London Community Rehabilitation Company, voluntary sector, Interfaith Forum, LGBT forum, residents and people who use drug and alcohol support services. They supported by best practice¹ and evidence².

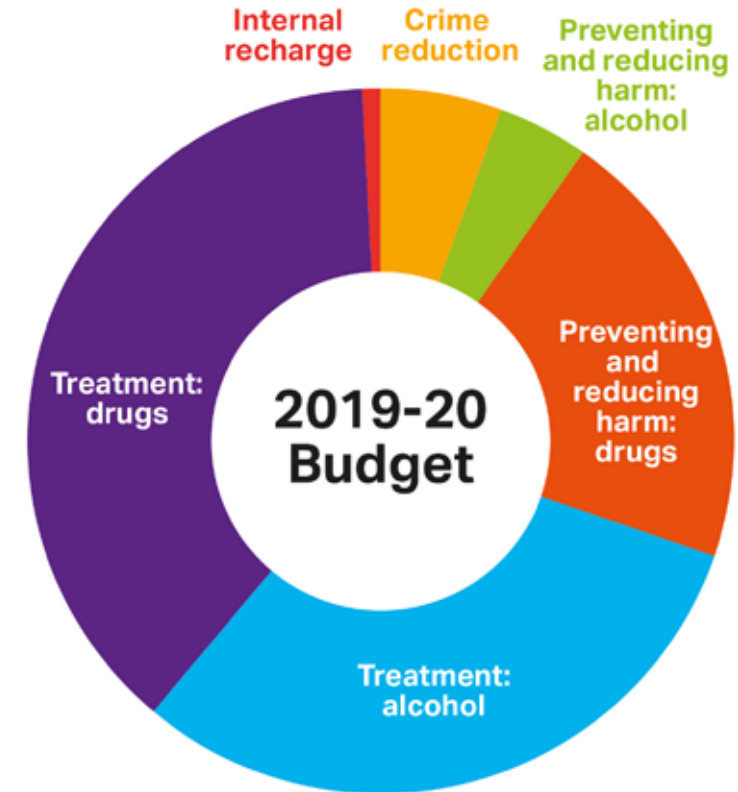
The consultation report and needs assessment that have informed this strategy can be found on the council website at:

<https://democracy.towerhamlets.gov.uk/mglIssueHistoryHome.aspx?Issuelid=93739&OptionNum=0>

In this strategy we have taken into consideration current³ national drug and⁴ alcohol strategies⁵, public health evidence⁶, clinical guidelines along with local strategies that could support delivery of this strategy, some of which were being developed in a similar time frame, such as the Joint Mental Health Strategy (https://www.towerhamlets.gov.uk/ignl/health_social_care/mental_health/Adults-Mental-Health-Strategy.aspx) and Children and Families Strategy (<https://democracy.towerhamlets.gov.uk/mgConvert2PDF.aspx?ID=152846>). We will be working closely to ensure this strategy is aligned with the Health and Wellbeing Strategy due to be refreshed in 2020. We have also sought to identify gaps in the previous strategy and to identify strategies and programmes that address the wider determinants of health. These can be seen in appendix 1.

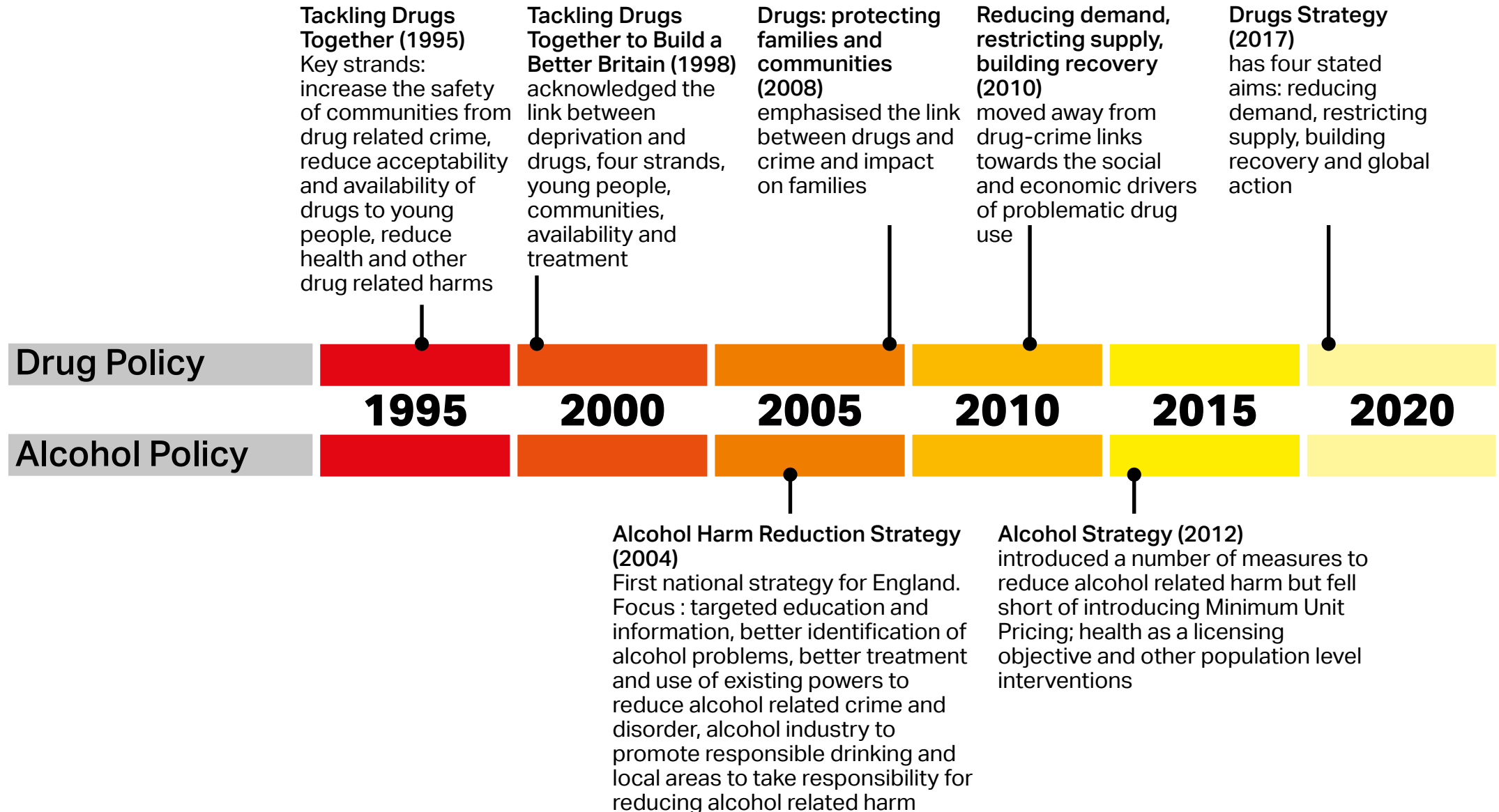
Current spend on substance misuse*

2019-20 Budget	(£)
Crime reduction	433,000.00
Preventing and reducing harm: alcohol	336,931.25
Preventing and reducing harm: drug	1,588,731.25
Treatment: alcohol	2,396,757.75
Treatment: drug	2,948,757.75
Internal recharge	45,000.00
TOTAL:	7,749,178.00
Made up of:	(£)
Public health grant	7,100,000.00
Mayor's Office for Policing and Crime (MOPAC)	433,000.00
General Fund	220,600.00



* Does not include full partnership contribution.

National policy context



Drug policy

Drug policy is often subject to intense debate. The debate largely focuses on the extent to which drug use is viewed as a criminal justice or a public health issue.

While harm reduction, an approach to drugs policy that focuses primarily on reducing the level of harm associated with drug use, has been a feature of drug policy, professional bodies such as the Royal College of Physicians⁷, the Royal Society of Public Health⁸ and the Government's Advisory Council on the Misuse of Drugs (ACMD) have suggested that it has not gone far enough and have called for a greater focus on harm reduction. Political interest in harm reduction policies has also been growing of late, with Members of Parliament on both sides of the political spectrum urging the Home Office to sanction drug consumption rooms and greater political interest in the decriminalisation of cannabis.



Alcohol policy

In England, responsibility for alcohol policy is shared between various departments, with the Home Office and Department of Health and Social Care being the main leads. Alcohol use alone is not an illegal activity.

A number of health and alcohol groups have called for an updated national alcohol strategy which would be based on the Public Health England evidence review⁹ and called for reforms including the adoption of minimum unit pricing¹⁰ of alcohol (as has happened in Scotland) and for a legal requirement to include health in alcohol licensing decisions among other things.

An alcohol charter developed by a cross-party parliamentary group contains full details of the suggested reforms¹¹.



Understanding substance misuse

Substance misuse is the act of regularly taking one or more drugs in order to change mood, emotion or state of consciousness¹².

The motivations behind substance misuse can vary significantly, from self-medication and pain relief to pleasure. While drug or alcohol use does not always lead to dependence, no type of substance use is without risk of harm, whether this is legally sanctioned drugs such as alcohol or illegal drugs such as cocaine.

Throughout this strategy, substance misuse is taken to include illicit drugs, the abuse of prescription drugs, new psychoactive substances (NPS) such as nitrous oxide, and alcohol. It does not include tobacco, which is covered under related Public Health Strategies. While the primary focus of this strategy is on drug and alcohol use that causes the most harm to individual users and the wider community, it also covers high risk drinking and recreational drug use.

Problem or Problematic drug use

Problem or problematic drug use can be either recreational or dependent. It is not necessarily the frequency of drug use but rather the impact that drug use has on an individual and those close to them that indicates there is a problem. The Home Office has traditionally defined problematic drug use as crack cocaine and heroin/opiate use; however at least some of this harm is caused by the illegality of these drugs. Appendix 2 outlines an evidence based Drugs Harm Profile with alcohol at the top of the list for harm. Problematic drug use is however usually characterised by dependence, meaning that the substance is needed for the person to function normally. The person may also experience social, physical, psychological or legal problems¹³.

Problematic drug use is the type of use that causes the most harm to communities through drug-related crime and anti-social behaviour and for this reason it is the primary focus of this strategy. Generally, those who are dependent on drugs experience more stigma than those with alcohol problems. This may in part be due to drug laws¹⁴ which criminalise certain forms of drug use.

Alcohol risk levels

As many as one in four people in the UK are drinking at levels that could be causing harm to their health. Most will be unaware that they are drinking at 'increased' or 'higher risk' because we tend to think of alcohol harm only in terms of dependency. However, there is a spectrum of risk ranging from low risk through to increasing risk and possible dependency. The Alcohol Use Disorders Identification Test (AUDIT) is an evidenced based screening tool developed by the World Health Organization to assess risk and possible dependency¹⁵ and is combined with Identification and Brief Advice or IBA to encourage low risk drinking. It is the standard screening tool used widely by health professionals locally¹⁶ and nationally and has the potential to be used in a wider range of settings such as pharmacies and other health and social care settings. Appendix 3 contains more information on alcohol units, levels of risk and Brief Advice.

As with problematic drug use, apart from the direct health harms to the individual who is drinking, there can be wider social harms which extend to children, families and wider society such as safeguarding issues, alcohol-related crime and violence (including domestic violence), teenage pregnancy, sexually transmitted infections, loss of workplace productivity and homelessness.

What does the drug and alcohol landscape look like?

67% of respondents felt **drug using** or **dealing** was a concern



Source: Tower Hamlets Annual Resident Survey 2019

48% of respondents reported that people being drunk or **rowdy** in a public place was a problem



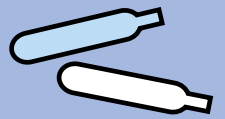
Source: Tower Hamlets Annual Resident Survey 2019

48% of respondents cite **crime** as one of their top three concerns



Source: Tower Hamlets Annual Resident Survey 2019

Open use of **cannabis** and **nitrous oxide** among young people



Highly visible and open **Class A drug market** and drug taking



Home to **7 hostels** providing mid-high range support **452** residents



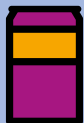
Over **1,000 licensed** premises of which **180** are public houses



Night-time economy in Brick Lane and Bethnal Green area



Historical problem of the sale of **single cans**, high strength beer or lager



2 Cumulative Impact Zones (Brick Lane and Bethnal Green)

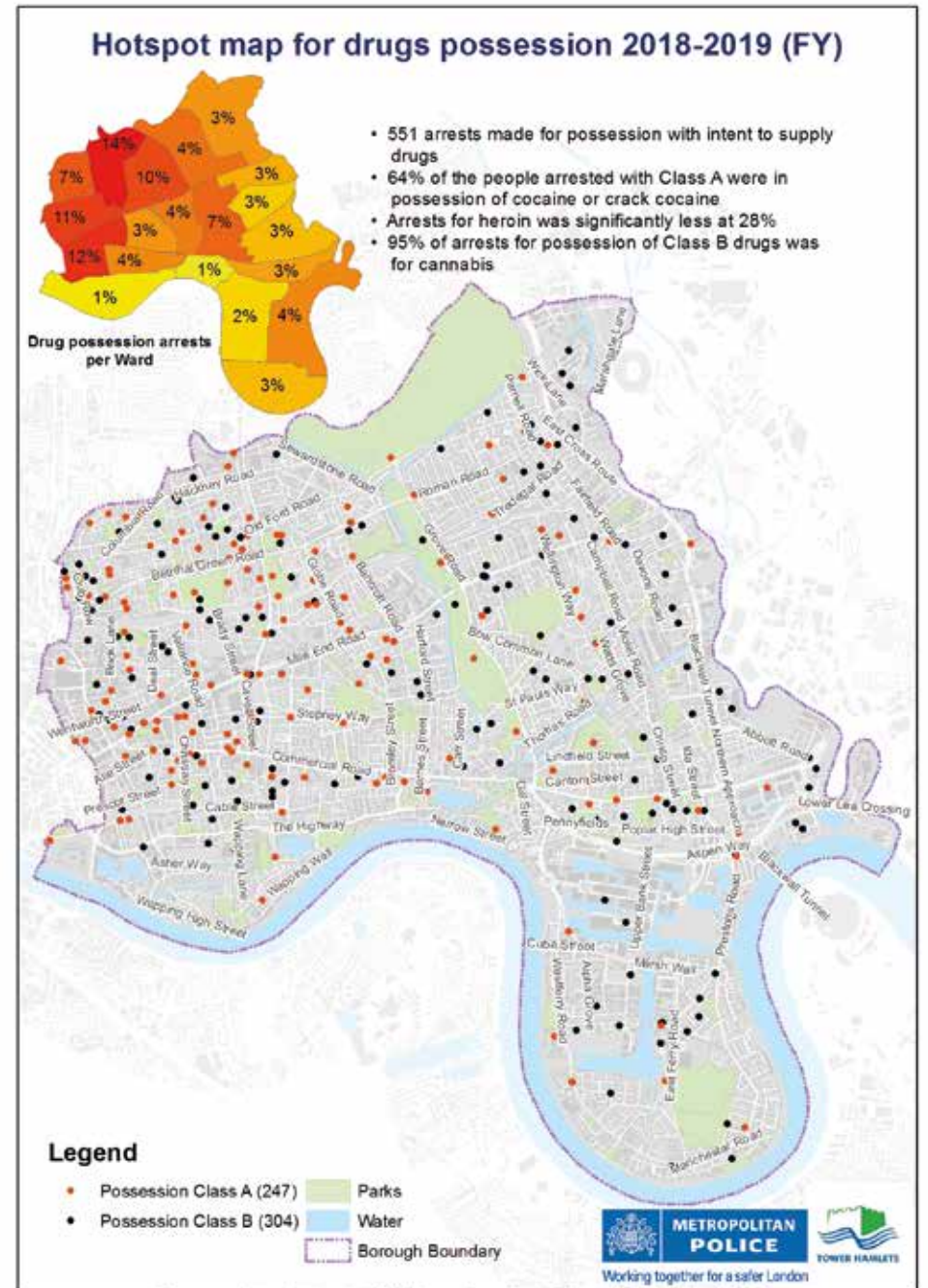
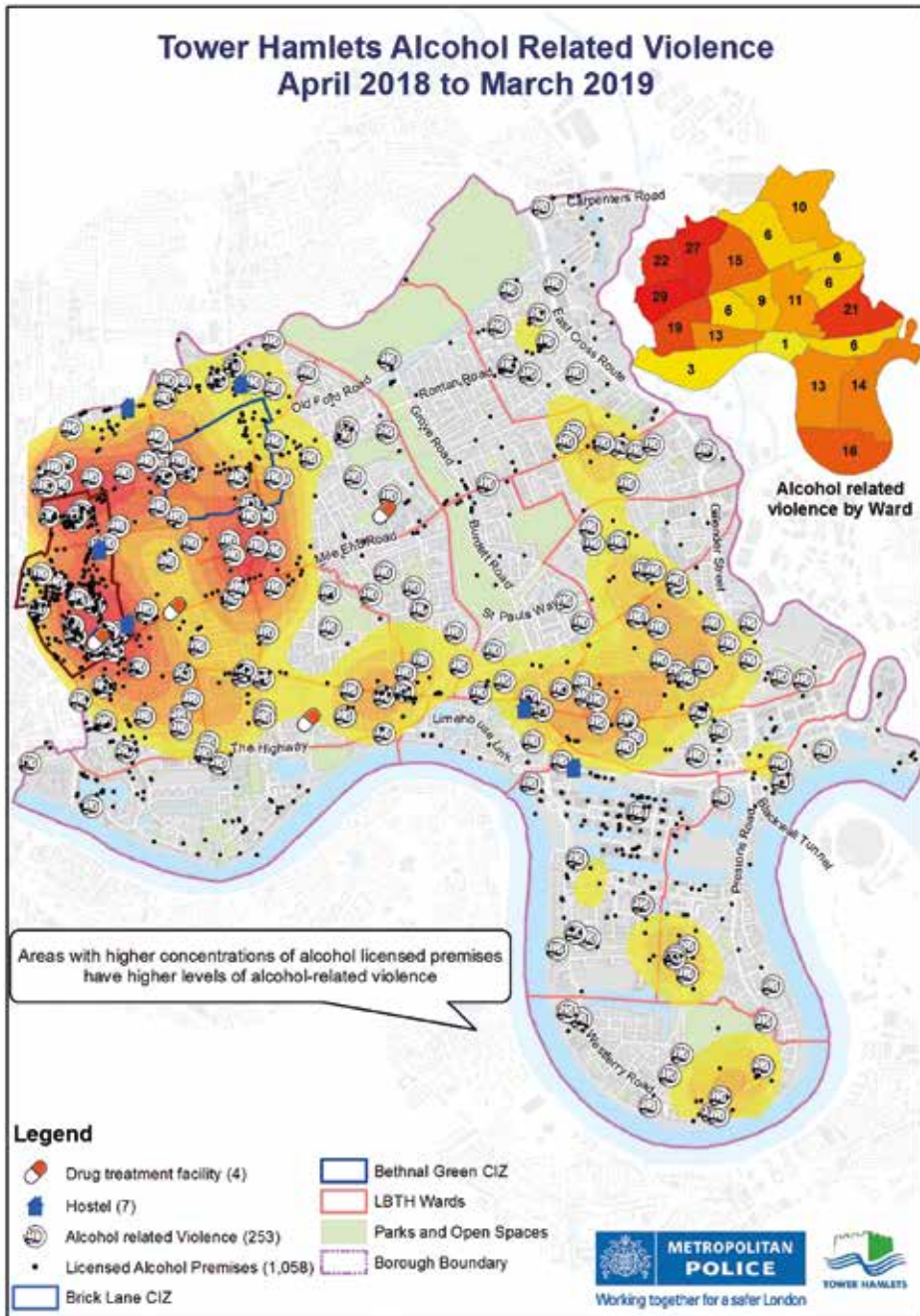


63% of alcohol-related crime occurs in the Cumulative Impact Zones



Concentration of hostels and substance misuse provision within areas of high alcohol density





Risk factors

Poverty, unemployment and social deprivation are significant risk factors for the development of more problematic or dependent forms of drug or alcohol use.

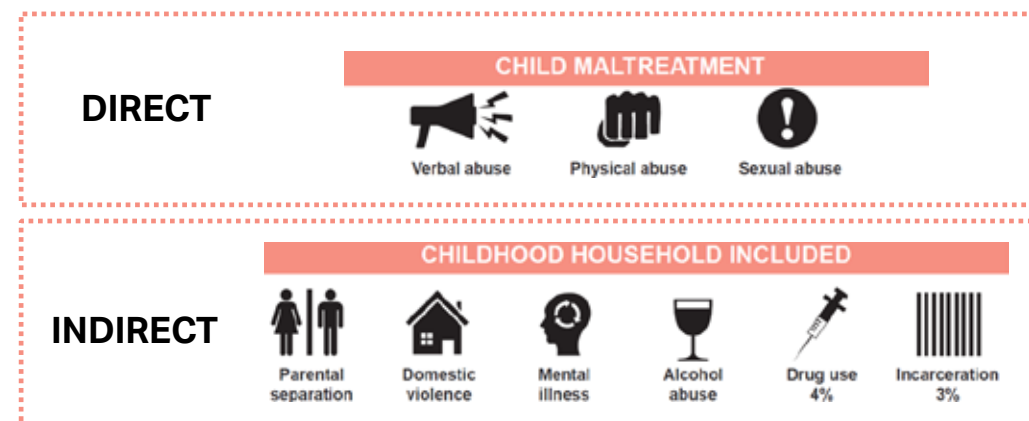
Although levels of poverty are still high, Tower Hamlets has become less deprived compared to other parts of England. Between 2015 and 2019 Tower Hamlets moved from the 12th most deprived area in England to the 50th most deprived. It was the most deprived part of London in 2015 but is now the 5th most deprived.

Drug use and misuse tends to be clustered in areas of high social deprivation. This deprivation is likely to be a key driver behind health inequalities and the prevalence of smoking and drug and alcohol use in Tower Hamlets.

Some groups of people are also more vulnerable to developing substance misuse problems. Those with pre-existing mental health conditions, including anxiety and depression are particularly at risk¹⁷. Children who have experienced four or more adverse childhood experiences (ACEs)¹⁸ are 11 times more likely to have used heroin or crack and to have been in prison.

Simply put, the more adversity a child experiences, the greater the impact on their physical and mental health.

Adverse Childhood Experiences (ACEs)



Source: Centre for Public Health: Liverpool John Moore's University 2016

We know that criminal and sexual exploitation can happen when young people and vulnerable adults are involved in drug trafficking, supply and dealing, sometimes through gangs or County Lines. To date 119 people from Tower Hamlets have been identified as potentially being involved in County Lines¹⁹. Vulnerable adults are also at risk of having their property being taken over for drug dealing (known as cuckooing). Additional factors for being at greater risk of sexual or criminal exploitation include a history of physical or sexual abuse, poverty, and having a learning or mental health difficulty²⁰. People who are homeless are at increased risk of substance misuse and mental ill health is associated with homelessness both as a cause and a consequence.²¹

An understanding of risk factors allows us to better focus and join up our selective prevention efforts in working with vulnerable children, young people and adults to reduce their risk of involvement in drugs or alcohol, gangs, County Lines activity, or being subject to sexual or criminal exploitation.*

The increasing use of social media to buy and sell drugs across platforms such as Instagram, Facebook and Twitter has made it easier for young people to both buy drugs and be 'groomed' online to deal drugs²². 17% of Tower Hamlets parents in the most recent Parent Carer Survey (2018) stated that they do not feel confident to monitor their children's use of social media; which shows this is a new and emerging area of concern.

Certain groups of young people and adults are also more at risk of developing a substance misuse problems, including²³:

Children who are
looked after



Care leavers



Those not in **Education, Employment or Training (NEET)**



Children whose **carers or families use drugs or alcohol**



Those subject to **sexual exploitation**



Homelessness



Young people **excluded from school**



LGBT Community



* The Violence, Vulnerability and Exploitation Strategy will more fully address gangs, serious youth violence and drug dealing

Local picture²⁴

50th most
deprived

local authority in
England



GCSE attainment levels
higher than national
levels



The highest rate of
child poverty
in England



Estimated 119 young people
involved in
County
Lines



Ranked 8th most
employment
deprived

local authority in
London



Lower life
expectancy for
men and women compared to
nationally



Home to the largest
Bangladeshi
population in the country



Largest proportion of both
social and private rented
housing



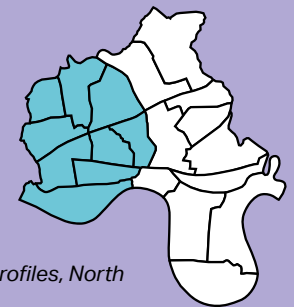
1 in 6 households
are classed as

overcrowded



North west of the borough has highest rates of:

- Unemployment
- Drug and alcohol misuse
- Patients diagnosed with severe mental health
- Self-reported and GP recorded rates of depression
- Drug and alcohol-related crime and anti-social behaviour



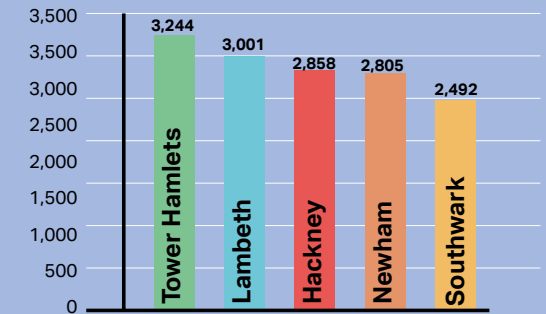
Source: Tower Hamlets Locality Profiles, North West Locality, 2019

Prevalence

Drug misuse in adults

- Tower Hamlets has the highest estimated rate of opiate and crack cocaine users in London
- 3,244 or 14.4 per 100,000 population (over 18's only)
- Drugs of choice of those in treatment are primarily class A – crack cocaine and heroin
- 52% of this population (3,244) were not in drug treatment in 2016/17
- 47% have mental health issues ranging from anxiety and depression to acute psychosis (higher than the England rate 40.8%)
- Older population in treatment developing long term conditions

Opiate and/or Crack Users - Top 5 LAs in London



Source: PHE Prevalence data, 2016/17, published April 2019

Substance misuse in young people²⁵

- Drugs of choice of those in treatment are predominantly alcohol and cannabis
- 6% of secondary school children have tried drugs mostly solvents, and cannabis
- 6% of 5-16 year olds estimated to have a mental health disorder (higher than London)
- Out of the 158 young people in treatment in 2017/18 Q3, there were three looked after children, 11 were not in education training or employment and 41 had committed a criminal act or anti-social behaviour
- The overwhelming source of referrals into treatment is through the Youth Justice Services

Alcohol misuse in adults²⁶

- The estimated proportion of Tower Hamlets residents (aged 18+) who report never having drunk alcohol (48%) is twice the proportion in London (24%)
- Around 400 of an estimated 3,400 dependent drinkers are in treatment
- Alcohol-related harm remains high with a high degree of unmet need

Alcohol and young people

- Admission rates in younger residents (15-24) are lower than in London and England
- Rates of alcohol-specific conditions in under 18's has been decreasing since 2011

Our Response So Far

Our last Substance Misuse Strategy set out how we would work with our partners to reduce drug and alcohol problems in the borough between 2016 and 2019.

Some of our main successes were

- Reduction in the number of drug-related deaths from 5.6 per 100,000 population to 3.5 per 100,000 or 26 deaths (2016 to 2018) despite the increasing rate of deaths across England
 - Launched an innovative multi-agency co-located Exploitation and Gangs Unit, praised by Ofsted in their 2019 inspection: 'Highly vulnerable children at risk of exploitation, including those missing from home, school or care, receive effective, bespoke services, delivered sensitively by skilled and committed staff'
 - Increased the successful completion rates of non-opiate and alcohol service users between April 2016 and April 2019
 - Successfully targeted drug dealers through Operation Continuum resulting in 367 arrests for drug offences and drug supply, £891K in cash seized under the Proceeds of Crime Act,
- 56 vehicles seized in connection to the supply of drugs and large quantities of class A and B drugs seized
 - Launched the Neighbourhood Management Pilot, working with residents to tackle drug dealing, drug use and anti-social behaviour in Spitalfields and Banglatown, Weavers, Bethnal Green and St Peters wards
 - Exceptional performance in hepatitis C and B screening, immunisation and treatment – with over 90% of all eligible service users being tested for hepatitis C and rates of hepatitis B immunisations being higher than the national average
 - Improved identification and support to children in families with substance misuse problems
 - Enabled women to exit prostitution through the innovative project 'Beyond the Streets'
 - Improved the treatment provision for young people by integrating sexual health and substance misuse services
 - Piloted an innovative housing model Housing First which provided permanent housing and support to people in need to minimise the risk of relapse or homelessness in future
- Expanded our Drug Interventions Programme to include targeting those who are involved in drug and alcohol-related anti-social behaviour with the aim of supporting them into treatment.
 - Launched Chat Health – anonymous drug, alcohol and sexual health support for local young people
 - Achieved national recognition by Local Government Chronicle for UK Team of the year for the Substance Misuse Service
 - Delivered evidence-based universal and targeted parenting programmes such as Moving Parents and Children Together ('M-PACT')
 - Launched 'Drink Coach', the online Alcohol Identification and Brief Advice screening tool – helping residents screen themselves for alcohol-related risk levels
 - Commissioned a primary care Drug and Alcohol Support Service offering comprehensive health checks to those in treatment
 - Commissioned a primary care service for the homeless population to better meet their physical and mental health needs.

Overview of priorities and what we want to achieve

PRIORITIES	WHAT DO WE WANT TO ACHIEVE	WHAT DIFFERENCE WILL IT MAKE
Early Intervention and prevention	<ul style="list-style-type: none"> ● Avoid or delay the initiation of young people into substance misuse ● Avoid the progression to drug dependence in young people or adults who have already experimented with drugs ● Ensure individuals and communities know about the risks associated with substance misuse and where to get help ● Identify young people and vulnerable adults at risk of drug use or drug dealing or associated criminal or sexual exploitation at an earlier stage ● Reduce the harms to children growing up in families with parental substance misuse ● Work closely with communities to understand and tackle substance misuse ● Create high quality safe places in Tower Hamlets by integrating crime prevention solutions into the design of high streets, new developments, existing properties and the public realm 	<ul style="list-style-type: none"> ● Fewer young people will report that they have used drugs and /or alcohol ● Families and young people will get the support that they need earlier ● More families will have completed evidenced based parenting programmes ● More young people will be referred into the young people's treatment service (Safe East) earlier and from non- criminal justice services ● More residents will know where to get help for substance misuse problems ● Residents will feel they are part of the solution ● Our high streets and neighbourhoods will be designed with crime prevention built in ● Drugs overdoses and acute alcohol admissions of young people and adults will be reduced

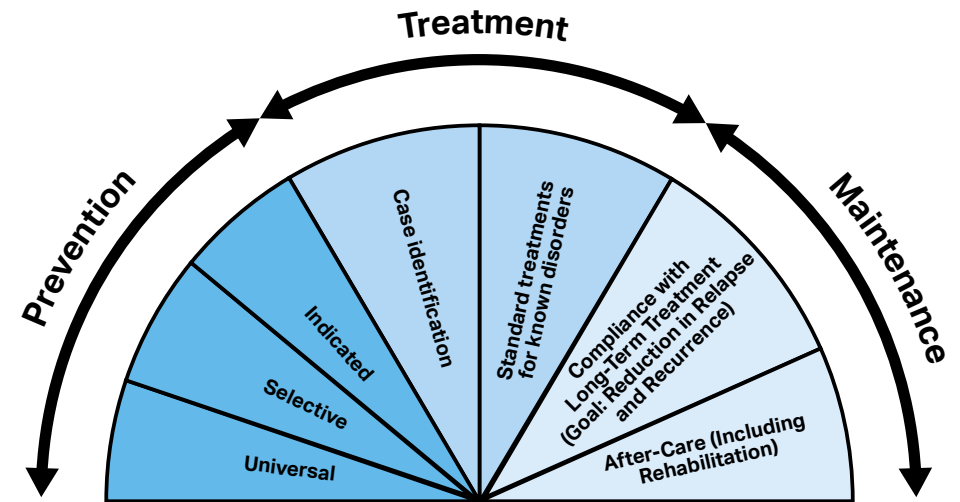
PRIORITIES	WHAT DO WE WANT TO ACHIEVE	WHAT DIFFERENCE WILL IT MAKE
Evidence based treatment and recovery support	<ul style="list-style-type: none"> ● Increase the number of people who successfully complete drug and alcohol treatment programmes and ensure that treatment services address the diverse needs and groups within Tower Hamlets ● Improve the mental and physical health of those with substance misuse problems ● Support families, carers and young people affected by substance misuse ● Encourage healthier drinking behaviours ● Reduce the number of drug and alcohol-related deaths ● Improve the social integration and treatment of residents with mental health and substance misuse care needs ● Strengthen routes into employment and stable housing for people in recovery from drug and alcohol issues ● Better identify and support victims of domestic abuse within substance misuse treatment services 	<ul style="list-style-type: none"> ● Tower Hamlets will be in the top quartile range for successful substance misuse treatment completions ● Drug-related deaths will have reduced to below the London average ● More people who successfully complete treatment will be in paid or voluntary employment and stable housing ● More domestic abuse victims in need of substance misuse treatment will be referred into treatment ● More victims of domestic abuse in substance misuse treatment services will be referred to domestic abuse support services ● More residents psychological and physical health will improve as a result of being in treatment ● The stigma associated with substance misuse will be reduced ● Hostel provision will be improved and there will be less impact on the community
Reducing drug and alcohol-related crime and anti-social behaviour	<ul style="list-style-type: none"> ● Disrupt drug markets and reduce the visibility of open drug markets and open drug use ● Reduce resident concerns about people using or dealing drugs ● Reduce resident concerns about people being drunk or rowdy in public places ● Create responsible drinking environments ● Better understand drug markets and how to effectively deploy resources ● Increase the number of people entering treatment through the criminal justice route and through use of civil or criminal orders ● Reduce drug-related activity in and around housing estates leading to an increase in residents perception of safety ● Identify at an early stage vulnerable persons being exploited by substance misusers and drug dealers in their home ● Better identify perpetrators of domestic violence and ensure referral to behaviour change programmes and substance misuse programmes where indicated 	<ul style="list-style-type: none"> ● There will be more arrests and charges for drug offences and drug supply and increases in cash seized under the Proceeds of Crime Act ● Increases in the amount of Class A and B drugs seized ● More people will be referred into and complete treatment from the criminal justice route e.g. the Drug Interventions Programme and the Specialist Substance Misuse Investigation Team ● Re-offending rates of the drugs intervention and integrated offender management cohort will be reduced ● Fewer residents will report feeling concerned about crime and anti-social behaviour ● Fewer residents will report feeling concerned about drug use and drug dealing in their local area. ● Fewer residents will report feeling concerned about people being drunk or rowdy in their local area ● Perpetrators of domestic abuse will be referred to behaviour change programmes and treatment services at an earlier stage

Priority 1: Early intervention and prevention

Why this is important

Drug and alcohol prevention initiatives play an important part of a comprehensive and holistic response to substance misuse and may be relevant to people across different age groups and at different stages of drug use. However, there is strong evidence that early intervention initiatives can prevent or delay the initiation into substance misuse by young people and that these interventions should start as early as possible, including before a child is born. Substance misuse during pregnancy can result in low birth weight or impaired brain development and at later stages of a child's development; behavioural, emotional or cognitive problems can emerge²⁷. Further, parental substance misuse (or 'hidden harm')²⁸ can cause serious harm to children at every age, from conception to adulthood. Public Health England estimates that up to 2,536 children are living in households with adults who have a substance misuse problem in Tower Hamlets. Enabling parents to access effective substance misuse treatment is therefore one way of reducing harms to the child.

A number of studies indicate that early initiation into cannabis use is associated with a greater likelihood of dependence in adulthood, poor educational outcomes, impaired cognitive functioning and psychopathology, which in the longer term can influence employability. There is also overwhelming evidence that high potency cannabis and daily use is associated with a higher incidence of psychotic disorder²⁹. Given the ready availability of high potency cannabis in London and prevalence of cannabis use in young people's treatment services in Tower Hamlets, this could have important implications for the future mental health of young people in the borough.



The Institute of Medicine model of prevention (1994; 2009)

Source: The Institute of Medicine model of prevention (1994; 2009)

As we know the role that drugs play in the exploitation of young people and vulnerable adults, early intervention and prevention are also important in minimising the risk of people being sexually or criminally exploited, for example through County Lines. Local data indicates that out of 149 anti-social-behaviour warnings issued for dealing cannabis 88 were issued to young males aged 15-21 and 23% of this cohort were repeat offenders (2016-18)

Prevention models

Models of prevention vary according to the target group and seek to reach people of different age groups and with different levels of drug dependency. They generally fall into the following models: universal, selective or targeted and indicated. These models are discussed below.

Universal

These are strategies that address entire populations (e.g. schools and local community) regardless of level of risk or propensity for drugs use. Examples include mass media campaigns and school curricula.

Selective or targeted

Selective or targeted prevention focuses on groups that may be more vulnerable to developing substance misuse problems such as looked after children. These models of prevention also target individuals who already use drugs and aim to reduce harm and/or avoid progression into more harmful use. Examples include interventions for club-drug users in night clubs.

Indicated

Indicated prevention focuses on people who already use substances, but who may not be dependent. Examples include workplace interventions to encourage drinking at safe levels.

Environmental, Taxation and Pricing Policies

Environmental prevention is also an important component of any prevention activity. Examples include: reducing the density of alcohol outlets in order to control consumption and using planning and development control processes to identify opportunities to design out crime in new developments and improve feelings of public safety.

Pricing and taxation responses, which have been particularly effective in tobacco control internationally and nationally are now also looking promising in the area of alcohol harm reduction. For example, Scotland introduced Minimum Unit Pricing for alcohol in 2018 and the results of the immediate impact of this policy look promising, with reductions in the amount of alcohol being purchased by households that were buying the most alcohol³⁰. Other countries have introduced initiatives such as drug consumption rooms which are medically supervised facilities where drug users can inject or consume their illegally obtained drugs in hygienic conditions. There is evidence³¹ that these have reduced drug-related deaths, public drug use and associated anti-social behaviour and therefore are an important component of an evidence-based harm reduction approach.

Addressing wider determinants

Prevention interventions are not necessarily drug or alcohol specific. Research³² tells us that early language acquisition plays an important role in the health, wellbeing and emotional resilience of a child and the ability to form a secure attachment with a parent or carer³³. This is now recognised at a national and local level and is an important component of the Tower Hamlets approach to preventing vulnerability to future drug and alcohol dependency in adulthood.

We recognise that drug and alcohol prevention responses need to be accompanied by effective treatment and recovery support and should be embedded in strategies that support development across the life course and influence the wider determinants of health.

Priority 2: Evidence based treatment and recovery support

Why this is important

Tower Hamlets has a significant drug and alcohol problem and we want to ensure that everyone that could benefit from being in drug or alcohol treatment does so.

Our Substance Misuse Needs Assessment tells us that certain groups are under-represented in our treatment services, including the Somali community where the use of khat is still prevalent, men who have sex with men and who are involved in chemsex, lesbian and bi-sexual women in whom the use of alcohol is higher than the general population, people living in hostels and women involved in street based prostitution.

There is also scope to improve the partnership services response to those experiencing domestic abuse who have substance misuse issues by supporting them to access treatment. We also want to increase referrals into young people's treatment from a wider range of partners such as accident and emergency departments, as well as schools. This is important because the main referral route is via the Youth Offending Team, by which time young people are already engaged in criminality alongside their substance misuse.

The rate at which people successfully complete treatment is an ongoing and significant challenge across the UK. This rate has also decreased nationally and locally. This is in part due to the complex needs of an older cohort of users and lower completion rates overall for homeless people or people living in hostels who tend to be opiate users. Investment in drug and alcohol treatment services not only saves lives but also reduces the economic and social costs of drug and alcohol-related harm. Specialist drug treatment has been shown to reduce offending and opiate substitute treatment is associated

with reductions in drug use, injecting and mortality. Community-based needle and syringe programmes are associated with reduced rates of HIV and hepatitis C³⁴. There is also a sound evidence base for alcohol treatment³⁵ and population level interventions such as minimum unit pricing (MUP), restricting availability of licensed premises, hours and days of sale and regulating alcohol marketing³⁶. The Alcohol Health Alliance is also pushing for raising the duty across alcoholic drinks which would encourage reduced drinking for the whole population and not just those who are drinking dependently as is the case with MUP.

Tower Hamlets has a comprehensive drug and alcohol treatment system for adults, known as 'Reset', and a separate service for young people (11-19) called 'Safe East', which combines substance misuse and sexual health provision. We also have a primary care service for people in treatment and specialist primary care interventions for the homeless population. We need to make the necessary changes to our treatment system to ensure equality of access for all. At the time of writing, our adult treatment services have just been recommissioned following an extensive needs assessment, co-production with service users and consultation with a broad range of stakeholders.

For treatment to be effective it also needs to include access for people in recovery to education, training, employment and housing as part of their recovery package. This often proves challenging as many employers will not take on people who may have a criminal record or a history of substance misuse. Therefore, developing routes into employment, volunteering and training along with more sustainable housing options such as Housing First is a key priority over the life of the strategy.

Priority 3: Reducing drug and alcohol-related crime and anti-social behaviour

Why this is important

Tower Hamlets has a significant open drug market that generates anti-social behaviour, violence and acquisitive crime. We know this causes considerable distress to residents. The most recent resident survey in 2019, for example, revealed that community safety was a top concern for residents with 67% of respondents reporting that people using or dealing drugs was a problem in their area and 48% reporting that people being drunk and rowdy in a public place was a problem - both of which show an upward trend since 2016. Dissatisfaction rates are higher in the most recent Mayors Office for Policing and Crime Public Attitude Survey with 87% of respondents reporting that people using or dealing drugs in their area is a problem, and 50% reporting that people being drunk or rowdy is a problem. Reducing drug and alcohol-related crime and anti-social behaviour is of significant importance to the success of this strategy and residents feelings of overall safety.

We need to understand what we need to do differently to address resident concerns and to better understand more about the link between the supply of class A and B controlled drugs and violent crime, criminal exploitation and factors which drive local open drugs markets. We are developing a Drugs Problem Profile this year which will help start that process. We will also be exploring opportunities for joint operations with City Police to target cross borough drug dealing.

Substance misuse also plays a part in other types of violence such as domestic abuse, currently addressed in the Violence Against Women and Girls Strategy³⁷, serious youth violence including knife crime and criminal exploitation of young people to sell drugs across County Lines which is a growing problem. Young people 'responsible' for protecting the line supply are often exposed to routine and extreme violence, sexual violence and coercion. This often leads to more extreme violence, self-medication with illegal drugs and alcohol. This will be more fully addressed in a forthcoming partnership strategy*.

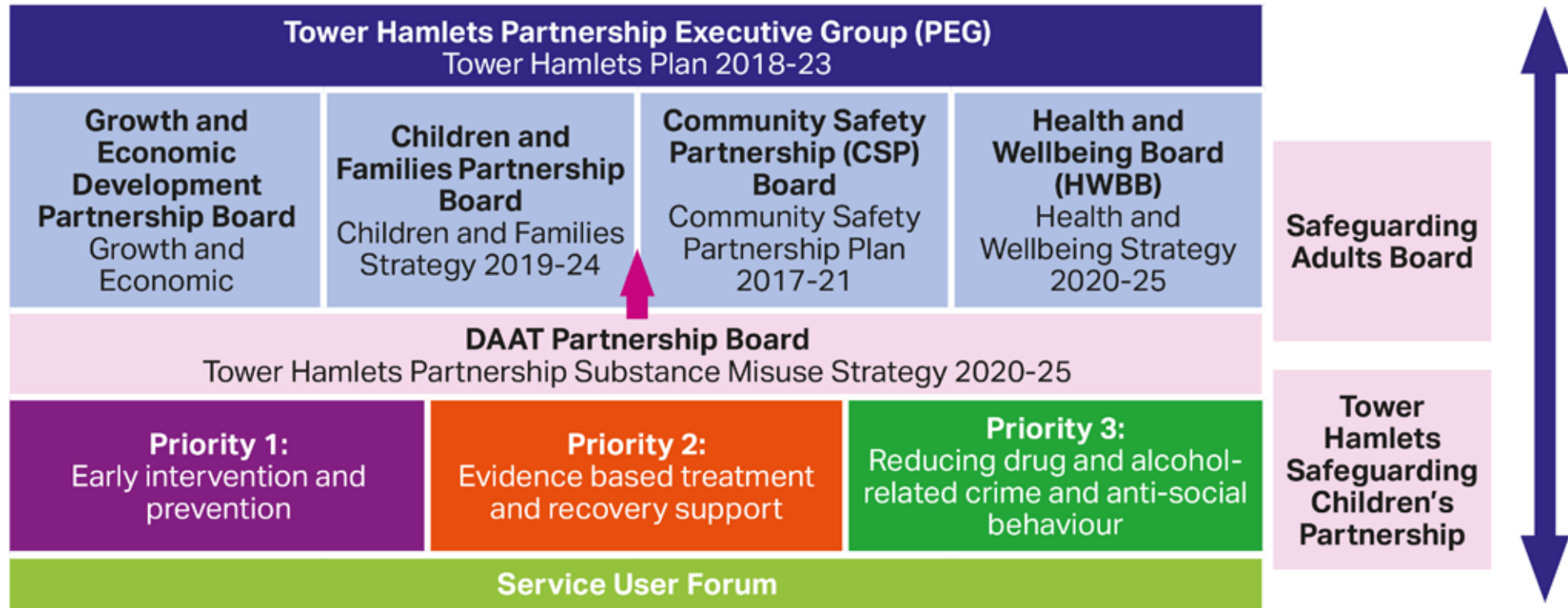
We will continue to crack down on drug dealing through Operation Continuum our joint multi-agency initiative and to reduce drug-related re-offending through our co-located integrated offender management team. Our new specialist substance misuse investigation team will specifically target those who are committing drug or alcohol-related anti-social behaviour with the aim of supporting people into treatment.

We are also interested in exploring new ways of reducing the open use of drugs in our community. Our licensing team will be focusing on compliance with the licensing standards through the use of inspection and will review the current cumulative impact zones over the life of the strategy.

* Violence, Vulnerability and Exploitation Strategy

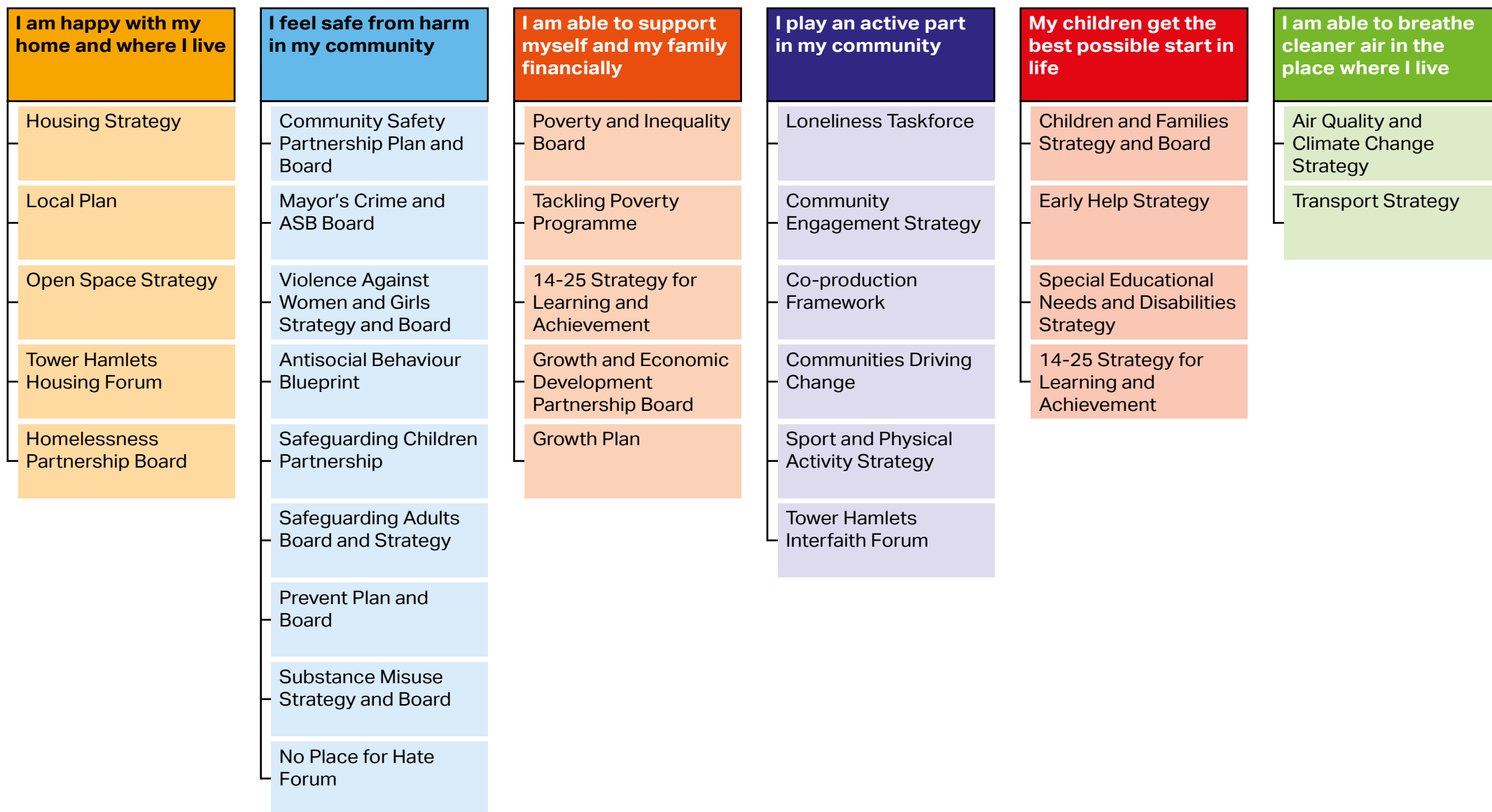
Monitoring and Implementation

Accountability for delivery of this strategy rests with the Community Safety Partnership. The 3 priority work streams will report into the Drug and Alcohol Action Team Board, who in turn report into the Community Safety Partnership. The Safeguarding Adults and Tower Hamlets safeguarding Children's Partnership provide the necessary safeguarding framework.



Appendix 1

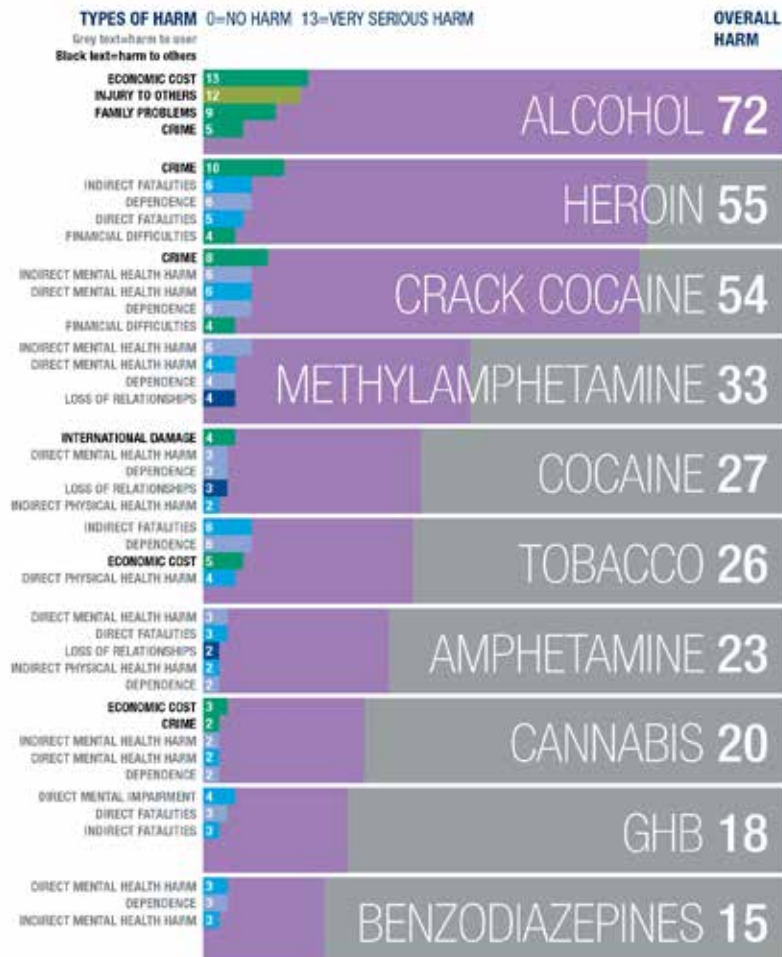
Strategies programmes and works to address the wider determinants of health:



Appendix 2

The top 10 most harmful drugs and the harms that account for at least 50% of their overall harm

The top 10 most harmful drugs and the harms that account for at least 50% of their overall harm:



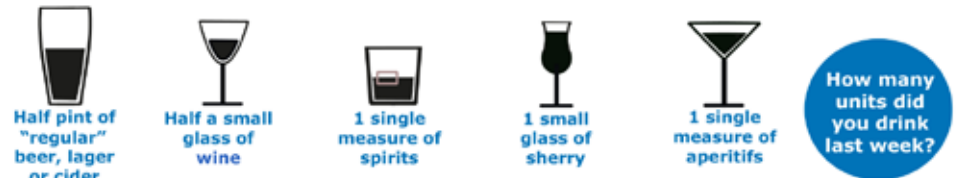
Based on the model reported in Nutt, D. J., King, L. A., Phillips, L. D., & on behalf of the Independent Scientific Committee on Drugs. (2010). Drug harms in the UK: a multicriteria decision analysis. *The Lancet*, 376(1558-65).

Appendix 3

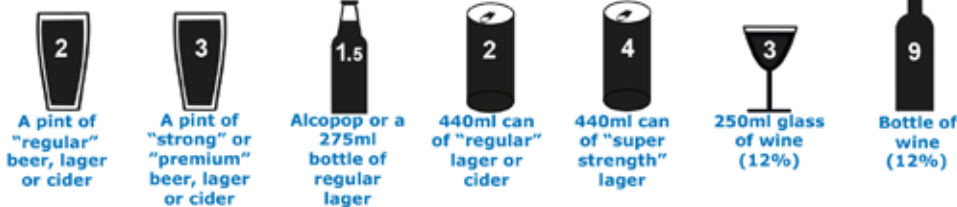
Alcohol structured advice tool

This is one unit...

For more detailed information on calculating units see - www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx



...and each of these is more than one unit



How many units did you drink last week?

There is no completely safe level of drinking and drinking even small amounts of alcohol can incur risk in certain circumstances

For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medications.

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

Drinking in pregnancy can harm the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Score	Risk	What this means	Common Effects
1-4 on AUDIT-C* or 1-7 on AUDIT**	Low risk drinking	Adults who don't regularly drink more than 14 units per week, spread over three or more days, are at low risk of harm from drinking.	<ul style="list-style-type: none"> Increased relaxation Sociability Sensory enjoyment of alcoholic drinks
5-7 on AUDIT-C* or 8-15 on AUDIT**	Increasing risk drinking	Drinking in this way raises your long-term risk of ill health.	Progressively increasing risk of: <ul style="list-style-type: none"> Low energy Relationship problems
8-10 on AUDIT-C* or 16-19 on AUDIT**	Higher risk drinking	Drinking in this way is likely to be affecting your health or wellbeing in some way already.	<ul style="list-style-type: none"> Depression Insomnia Impotence Injury
11-12 on AUDIT-C* or 20-40 on AUDIT**	Possibly dependent	Your drinking may have become quite problematic and further assessment by an alcohol specialist is advised.	<ul style="list-style-type: none"> High blood pressure Breast, mouth and throat cancers Alcohol dependence Liver disease

This leaflet is based on the "How Much Is Too Much?" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

Download this alcohol advice tool from <https://app.box.com/v/CQUIN-structured-advice-tool>

*Short 3 question AUDIT questionnaire. **Full 10 question AUDIT questionnaire

Glossary

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems. The term was originally developed in the US for the Adverse Childhood Experiences survey which found that as the number of ACEs increased in the population studied, so did the risk of experiencing a range of health conditions in adulthood. There have been numerous other studies which have found similar findings including in Wales and England. ACEs are when children are exposed to prolonged stress in the absence of protective relationships.

Acquisitive crime

Acquisitive crime is defined as an offence where the offender derives material gain from the crime. Examples include, shoplifting, burglary, theft, and robbery. It is often associated with class A drug use.

County Lines

County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Chemsex

Chemsex is a term commonly used by Gay men and Men who have sex with Men (MSM) to describe the use of certain drugs in a sexual context. It is a very specific form of drug use and is defined by the use of three drugs ('chems'): Methamphetamine (Crystal/Crystal Meth/Tina/Meth). Mephedrone (Meph/Drone). Gammahydroxybutyrate/Gammabutyrolactone (GHB/GBL, G, Gina)

Drug Consumption Rooms

Medically supervised facilities where injecting drug users can inject their illegally obtained drugs and take them in a medically supervised and hygienic environment DCR's can also include smoking or other routes of administration.

Housing First

Housing First is an international evidence based approach which uses independent, stable housing as a platform to enable individual with multiple complex needs begin recovery and move away from homelessness.

Wider determinants of health

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life.

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Where to get help

Local support		
Beyond the Streets	A UK wide charity supporting women in the sex industry. Door of Hope offers free and confidential outreach & 1:1 support for women in Tower Hamlets. Beyond Support is a free and confidential UK wide call back service for women who are looking for a 'safe space' to talk (not a 24/7 helpline).	Free phone 0800-1337870 or Door of hope referral form http://www.doorofhope.org.uk/contact.php http://www.beyondsupport.org.uk
Domestic Abuse	If your partner, ex-partner or family member is making you scared or threatening you, this could be domestic abuse.	Call 020 7364 2448/7957 for advice or the National Domestic Violence Helpline on 0808 2000 247, open 24 hours a day 7 days a week.
Drink Coach	Take the Alcohol Test to see how risky your drinking is, download our free DrinkCoach App to track your drinking.	https://drinkcoach.org.uk/alcohol-test
Drug Interventions Programme	Support for substance misusing clients involved in the Criminal Justice System.	020 7364 4459 Out of hours (7am –10pm): 0800 389 4442
Early Help Hub	A single point of access for the public, those working with children, young people and their families. Offers support as soon as problems start to emerge.	020 7364 5006 or access the link for Online Enquiry Form https://bit.ly/2AA2WNy
Health E1	Homeless Medical Centre. Currently running a daily walk-in clinic	020 7247 0090 for opening times 9-11 Brick Lane E1 6PU
HOST	Housing Options: If you are threatened with homelessness or are homeless, you should come to the Housing Options Service office at; Albert Jacobs House, 62 Roman Road, Bethnal Green London E2 OPG	020 7364 5000 for opening times
Reset Outreach & Referral Service	A route into drug and alcohol treatment, safe and non-judgmental advice, Support Groups, 1 2 1 Support and signposting to other support services	0800 802 1860 or visit: The Dellow Centre, 82 Wentworth Street, E1 7SA
Reset - Adult Substance Misuse Treatment Service	Free, confidential drug and alcohol treatment for adults, whole family support, parenting programmes	020 3889 9510 reset.towerhamlets@cgl.org.uk
Safe East - Young People's Substance Misuse and Sexual Health Service	A free, confidential health and wellbeing service for children and young people who need support around drug and alcohol use and/or sexual health to the age of 19 (up to 25 if you are in care, have special educational needs or a disability)	020 3954 0091 compass.towerhamletsyphws@nhs.net Clinical hub, 59 Mile End Road E1 4TT
Street Link	Concerned about someone over the age of 18 that you have seen sleeping rough? you can use this website to send an alert to Street Link	0300 500 0914 https://www.streetlink.org.uk

Contact lbth.SubstanceMisuseTeam@towerhamlets.gov.uk for updates.

Reporting drug-related crime (drug-dealing) or anti-social behaviour visit : <https://www.met.police.uk/ro/report/asb/asb-b/report-antisocial-behaviour/> or <https://www.met.police.uk/> or telephone 101 if non urgent or 999 if urgent.