

# Redbridge Substance Misuse Strategy 2023-2028

*Making substance misuse everybody's business*



Ambitious for Redbridge

<b>Contents</b>	<b>Page</b>
<b>Foreword</b>	<b>3</b>
<b>Executive Summary</b>	<b>5</b>
<b>1.0 Introduction</b>	<b>7</b>
<b>2.0 The Current situation: National and Local picture</b>	<b>11</b>
<b>3.0 Young People and Substance Misuse</b>	<b>14</b>
<b>Redbridge Young Persons &amp; Young Adults Substance Misuse Profile for 2020/21 at a glance</b>	<b>15</b>
<b>4.0 Adults and Substance misuse - Alcohol</b>	<b>17</b>
<b>Redbridge Alcohol only Client's Profile at a glance</b>	<b>18</b>
<b>5.0 Adults and Substance misuse - Drugs</b>	<b>21</b>
<b>Redbridge drug clients' profile at a glance</b>	<b>22</b>
<b>6.0 Developing this strategy through partnership</b>	<b>25</b>
<b>7.0 Recommendations</b>	<b>25</b>
<b>8.0 Appendix</b>	<b>48</b>

## Foreword from



Cllr Mark Santos

Cabinet Member  
for Health & Social Care



Cllr Khayer Chowdhury

Cabinet Member  
for Crime, Safety and Community Cohesion

We are pleased to present the new Redbridge Substance misuse strategy which sets out our key priorities and how we will work across the Partnership to reduce drug and alcohol related harms in our community. The strategy builds on previous strategies and reconfirms our ongoing commitment to tackle substance misuse in Redbridge.

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.

In December 2021 the government published its new 10-year drug strategy; *From harm to hope: A 10 year drugs plan to cut crime and save lives*. The strategy was informed by an independent review carried out by Dame Carol Black which made 32 recommendations for change across government departments and other agencies to improve the effectiveness of drug prevention and treatment and help more people to recover from dependence.

The new Redbridge Substance misuse strategy incorporates the three main strategic priorities from the National strategy.

- Break drug supply chains
- Deliver world class treatment and recovery services
- Achieve a shift in the demand for recreational drugs

In addition to supporting the five priorities set out in the Redbridge Community crime commission.

- Domestic violence
- Drugs and violence
- Violence against women and girls
- Anti-social behaviour
- Burglary

Working closely with partner agencies such as Police, Probation and Community Safety we aim to tackle the effects of drug related crime and anti-social behaviour which will contribute to making Redbridge a '*safer*' and '*stronger*' community for our residents.

With additional grant funding from central government, we are able to increase capacity within our services as well as incorporating innovative new interventions which will ensure our local residents receive the highest quality treatment to support their recovery from drugs and/ or alcohol dependence.

## Executive Summary

The human, financial, and societal costs of substance misuse are significant:

- There are more than 300,000 heroin and crack addicts in England, who between them are responsible for nearly half of all burglaries, robberies, and other acquisitive crime<sup>1</sup>.
- Almost 3,000 individuals die because of illicit drug use each year in England and Wales and it drives half of all homicides.
- It currently costs society £19.3 billion a year, 86% of which is attributable to the health and crime-related costs of the heroin and crack cocaine markets<sup>2</sup>.
- In 2018/19 there were 358,000 estimated admissions where the main reason for admission to hospital was attributable to alcohol (narrow measure). This is 6% higher than 2017/18 and 19% higher than 2008/09<sup>3</sup>
- Alcohol-related harm is estimated to cost the NHS in England £3.5 billion every year. This is up from the estimates in 2006/7 which was around £2.7 billion.<sup>4</sup>

### What does this mean for Redbridge?

In Redbridge there are an estimated 1,486 opiate and/or crack cocaine users (known as OCU's)<sup>5</sup> and 2,251 dependent alcohol users<sup>6</sup>. Support is available for these individuals via integrated drug and alcohol community treatment services (provided locally by third sector provider VIA<sup>7</sup> and residential detoxification and rehabilitation services.

In 2021 Redbridge council commissioned an innovative approach to understanding the fear and impact of crime in the borough- The Redbridge Community Crime Commission (2021)<sup>8</sup> cites the following in relation to substance misuse:

*"Homegrown gangs are involved in drug dealing and the young people are recruited from chicken shops, estates and schools, users are acting as runners and professionals commented that they are seeing this at a younger and younger age. A bleak picture was painted of young people sucked into a life of illegal drugs, dealing (county lines) weapons, exploitation, and criminality".*

---

<sup>1</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

<sup>2</sup> <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#list-of-recommendations>

<sup>3</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-1>

<sup>4</sup> <https://www.england.nhs.uk/2019/01/nhs-long-term-plan-will-help-problem-drinkers-and-smokers/#:~:text=Alcohol%2Drelated%20harm%20is%20estimated,%C2%A33.5%20billion%20every%20year>

<sup>5</sup> Office for Health Improvement & Disparities (OHID) Adult Drug Commissioning Support pack: 2022-23 Key Data

<sup>6</sup> Office for Health Improvement & Disparities (OHID) Adult Alcohol Commissioning Support pack: 2022-23 Key Data

<sup>7</sup> [Redbridge – R3 - via \(viaorg.uk\)](#) and [Redbridge - Fusion - via \(viaorg.uk\)](#)

<sup>8</sup> [final-report-with-alt-text-for-web.pdf \(redbridge.gov.uk\)](#)

The report states:

- Reporting of drug offences has increased by 90% in the last 3 years.
- 8% of all notifiable crimes from May 2020 – April 2021 were drug and possession of weapons offences.
- 75% of respondents to a local public consultation identified public drug use as a problem and 47% identified people being drunk and rowdy in a public place.

### **Updating Redbridge's last substance misuse strategy**

This 5-year substance misuse strategy for Redbridge (2022 - 2027) is an update to the Redbridge Substance Misuse Recovery strategy (2017 - 2021). The last two years of its tenure, and all our lives, have been dominated by the global pandemic Covid-19, a virus which has killed 6.4m people worldwide, 180k in the UK and 930 in Redbridge\*. Covid-19 starkly highlighted health inequalities in our communities. None of which are more evident than in those who misuse drug and alcohol and all the attendant co-morbidities that come with it such as living in poverty, entrenched in criminal activity, with poor physical health/mental health, insecure/poor housing often with trauma in their backgrounds. The pandemic has also illuminated chronic problems in our health and social care system and made many of them worse. The Government has pledged £4.8bn to 'level up' areas (to reduce inequality between places while improving outcomes in all places) and 'build back better' by tackling long-term problems to deliver growth that creates high-quality jobs across the UK.

### **A new 10-year national drug strategy**

The end of 2021 also heralded the publication a new national 10-year drug strategy which acknowledged that a new partnership approach was needed and no one department or sector can tackle the complex, often entrenched, issues and impacts of substance misuse. This new strategy comes with significant new funding- over £3 billion over the next three years - to reduce drug related crime, death, harm, and overall use, alongside a requirement to strengthen national and local accountability for this spend by putting in place strong partnerships at the local level between education providers, local authorities, the NHS, and criminal justice agencies.

Redbridge council acknowledges that this shift in approach must happen locally over the next five years, shifting the responsibility of substance misuse, not just to fall to Public health, but to be shared across each department/directorate and wider external partners making it EVERYBODY'S BUSINESS.

This Strategy outlines this new strengthened partnership approach to tackling the problems associated with drug and alcohol issues in Redbridge, with the new funding and the opportunities this brings. The priorities identified within this strategy have been developed based on an understanding of needs in relation to substance misuse and following consultation with local stakeholders.

## 1.0. Introduction

### 1.1 Scope of the strategy

Redbridge council integrated strategy and commissioning team commissioned a consultant to pull together this strategy, updating the 2017 - 2021 Substance Misuse Recovery Strategy. Its purpose is to establish the nature and extent of substance misuse and its impact across the borough with a focus on:

- Treatment
- Support for children and families impacted by substance misuse
- Supporting local thinking around expanding substance misuse treatment provision into a 'hub and spoke model' stretching access to community treatment across the borough via the proposed Family and Community hubs
- Access to treatment and outcomes for those with the nine protected characteristics and if there is a suggestion of unmet need for these individuals or those from criminal justice/ mental health background
- Expanding the remit for substance misuse from public health across every directorate within the council and giving it a more corporate status
- Support for individuals engaging in Chemsex through the development of culturally appropriate interventions and integration with local sexual health services
- Aligning this strategy with the council's other local corporate strategies

With the aim of producing a clear analysis of local information from which to set the Vision and priorities around substance misuse for the London borough of Redbridge for the next five years.

### 1.2 What is substance misuse?

According to World Health Organisation (2018), substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

The Chief Medical Officer's (CMO) alcohol guidelines<sup>9</sup> state that drinking any level of alcohol comes with health risk for everyone and people should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease low.

In scope of this commission is drug and alcohol use that causes the most harm to individuals and communities and covers both adults and young people. This tends to be heroin and crack cocaine in adults and cannabis, new psychoactive substances, and alcohol in younger people.

This strategy sets out:

- Redbridge's Vision regarding substance misuse
- Key facts about substance misuse, its direct and indirect impact
- Recommendations to address substance misuse in Redbridge over the next 5 years

---

9

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf)

### **1.3 Limitations**

This rapid (19 days) mixed methods review draws together the findings of a consultation exercise, and key messages from national guidance, local policy, and datasets. Due to time and practical constraints, the resulting report is not an exhaustive review of Redbridge's adult and young person's substance misuse services and wider support system, nor is it a systematic examination of all associated literature and datasets, it is a snapshot.

### **1.4 Updating: The Redbridge Substance Misuse Recovery Strategy 2017-2021<sup>10</sup>**

The previous 5-year strategy aimed: *"To reduce substance misuse and addiction across the lifespan of Redbridge residents."* This was to be delivered via:

- A new recovery service better aligning clinical, therapeutic and recovery outcomes for adults. This service must synergistically provide care with young people service and together embed transition arrangements and a family's approach.
- Streamlining all pathways with primary and secondary care services, including social care (rehabilitation and recovery), especially safeguarding vulnerable children, young people, sexual health and adults.
- Strengthening primary care delivery by working with GP Practices and community pharmacies.
- Strengthening and maintaining quality of service provision.

In 2018 the council retendered its adult and young person's (under 18) substance misuse treatment services bringing previously separate drug and alcohol support agencies into one integrated recovery orientated service run by Westminster Drug Project (WDP). Partnership working began from day one to build robust relationships and pathways between primary, secondary, and adult social care, children and young person's services, the Criminal Justice System (CJS), the voluntary sector and community groups. This work continues.

### **1.5 The Impact of Covid-19 on substance misuse**

However, progress with delivering these objectives will have been hindered from March 2020 to the time of this commission (March 2022) by the impact of Covid-19. Like many other services, substance misuse treatment agencies were affected by the need to protect their staff and service users during the pandemic, especially in the early stages. Most services restricted face to face contact which affected the type of interventions that service users received. These interventions included:

- Supervised consumption of opioid substitution prescription (switched to take home doses).
- Fewer service users were able to access community and inpatient detoxification.

---

<sup>10</sup> The Redbridge Substance Misuse Recovery Strategy 2017-2021



- Testing and treatment for blood borne viruses (BBVs) and liver disease greatly reduced.

These restrictions will impact the outcome data recorded for this period (2020/21) and the data analysed in this report (although efforts to obtain trend data dating back to 2018/19 have been made where feasible).

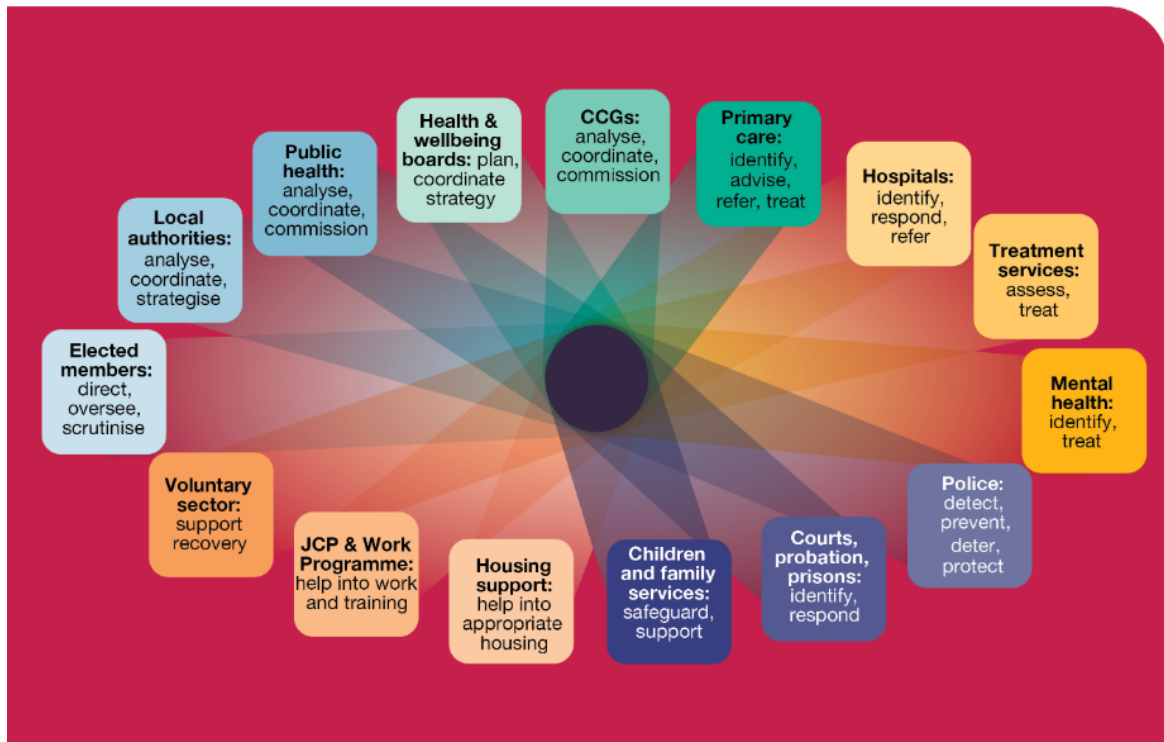
## **1.6 Oversight of the new Substance Misuse Strategy in Redbridge**

The multifaceted impacts caused by substance misuse call for a multi-agency response. Locally such a partnership response was historically provided by Redbridge Substance Misuse Treatment Oversight Group (RTOG), however from April 2022 the RTOG will be changing to the Substance Misuse Strategic Delivery Group (SMSDG). Membership comprises of representatives from the following:

- Probation & Community Rehabilitation Company (CRC)
- Housing
- Sexual Health
- Mental Health
- Community Safety
- Police
- Adult Social Care
- Treatment Provider
- Public Health
- Barking Havering & Redbridge (BHR) Clinical Commissioning Group (CCG)
- Pharmacy Providers
- Sexual health
- BHR consultant hepatologist
- Service User representatives

The SMSDG will report into the Community Safety Partnership Board which will provide the appropriate overarching governance for this Strategy and the SMSDG will meet on a quarterly basis and will be tasked with monitoring the annual Action Plan of the recommendations from this strategy. ***Partnership is crucial to successful implementation of this strategy.***

## Partnership: the key to success



11

<sup>11 11</sup> Public Health England (2018) Alcohol and drugs prevention, treatment, and recovery: Why Invest?

## 2.0 The Current Situation: The National and Local picture

### Summary of the new National 10-year drug strategy

In December 2021 the government published a new 10-year drug strategy *From harm to hope: A 10-year drugs plan to cut crime and save lives*<sup>12</sup>, the first ever drug strategy to commit the whole of government and public services to work together in a new longer-term approach to reverse the worrying upward trajectory of drug use, drug related deaths and drug related crime.

Underpinned by the two whole-system reviews by Dame Carol Black, this joined up approach is one that recognises the complexity and entrenched nature of the issues involved that cannot be addressed by one government department or sector. This new strategy comes with significant new funding- over £3 billion over the next three years - to reduce drug related crime, death harm and overall use, alongside a requirement to strengthen national and local accountability.

It sets out three core priorities:

1. Break drug supply chains
2. Deliver a world-class treatment and recovery system and
3. Achieve a shift in the demand for recreational drugs

There is an expectation by the end of 2024/25 to have:

- Prevented nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- 54,500 new high-quality treatment places, (an increase of 20%) including 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- A treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- Further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- Closed over 2,000 more county lines
- Contributed to the prevention of three quarters of a million crimes
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Sufficient commissioning and co-ordinator capacity in every local authority

This will go towards the governments 'levelling up' mission with people living longer, healthier lives in safe and productive neighbourhoods.

---

<sup>12</sup> See reference 1

## **2.1 Building on Dame Carol Black's Review findings**

The new drug strategy is underpinned by the findings of Dame Carol Black's independent review of drugs conducted in 2020<sup>13</sup>, which set out the scale of the challenge for the treatment and recovery system. In summary, the review found that:

- Disinvestment in adult treatment with an even greater reduction in funding for young people's specialist substance misuse services and a growing level of unmet need
- There is a lack of oversight and accountability at a local and national level with the re-introduction of incentives and levers, alongside locally held joint responsibility and accountability, needed to regenerate, and revitalise the system
- Prolonged shortage of funding has depleted the workforce resulting in a loss of skills, expertise, and capacity from this sector
- Caseloads have grown too high reducing the quality of treatment
- There is a lack of specialist services, including inpatient detoxification and residential rehabilitation
- Recovery support has been underfunded, including housing and employment support, and recovery communities
- There are high levels of physical and mental health need, without sufficient focus on drugs and alcohol within NHS and mental health services or within the workforce, and links with drug treatment are far too weak
- More than a third of people in prison are there due to crimes relating to drug use
- Too few offenders are in treatment to make lasting change to their behaviour

## **2.2 What does this mean for Redbridge?**

Over the next three years Redbridge council will receive approximately £1.2m enhanced funding to contribute towards achieving the outcomes that are described in the new drug strategy and Dame Carol Black's vision for drug treatment and recovery systems, with the aim of both improving the quality and capacity of local drug and alcohol treatment.

## **2.3 There is a strong Return on Investment for continued Substance misuse Funding**

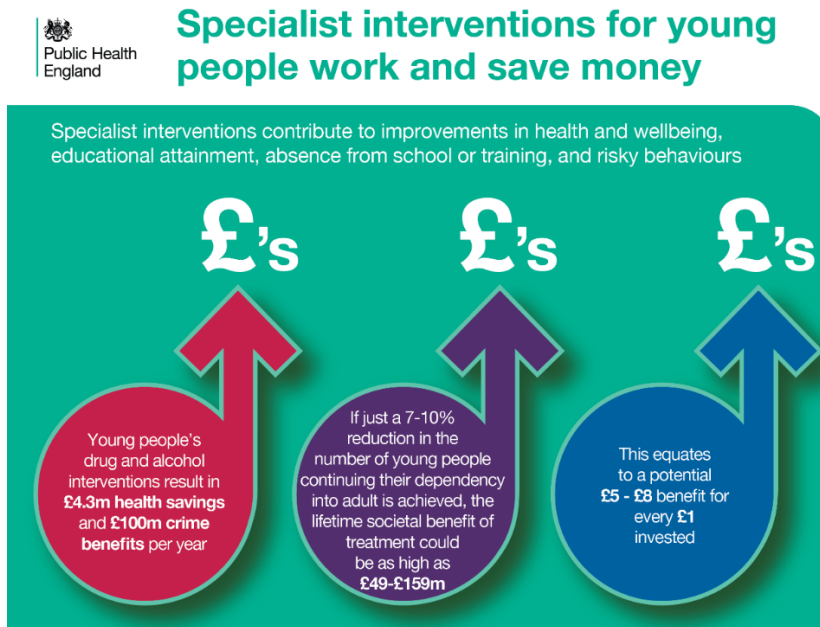
Part one and two of Dame Carol Black's review highlighted the strong 'invest to save' case for drug treatment, all the more important given the pressure on government finances caused by the pandemic. Substance misuse treatment for both adults and young people in the community is the responsibility of Local Authorities and is commissioned from NHS Trusts and third sector providers. The Dame Carol Black review highlighted the significant disinvestment there has been over the past decade in adult treatment with an even greater reduction in funding for young people's specialist substance misuse services because Local Government budgets have been squeezed and central Government funding and oversight has fallen away. Although Part one of the review showed that the societal costs of drug misuse are £20 billion each year, in 2020 to 2021 only £650 million was spent on drug treatment. Evidence suggests that for:

---

<sup>13</sup> <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#list-of-recommendations>

**Every £1 currently spent on harm reduction and treatment gives a combined health and justice return on investment of £4**

Failure to invest will inevitably lead to increased future pressures on the criminal justice system, health services, employment services and the welfare system



## 2.4 Disinvestment in young person's drug and alcohol services

The evidence is equally strong for the efficacy and value for money of investing in specialist interventions for young people's substance misuse. A Department for Education cost-benefit analysis<sup>15</sup> found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services. Evidence suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment, or training (NEET) and reduced risk-taking behaviour, such as offending. Local authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating young people's substance misuse as a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services<sup>16</sup>.

## 2.5 Alignment to local Corporate Strategies

Two of the aims of this Strategy are: expanding the remit for substance misuse from public health across every department within Redbridge council and giving it a more corporate status and aligning this Strategy with other local corporate strategies.

<sup>14</sup> See reference 10

<sup>15</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf)

<sup>16</sup> See reference 2

- There are very few direct references to substance misuse within current strategies, specifically the recently published Strategic Plan and Community Crime Commission.
- Interventions to address addiction have a strong evidence base and Return on Investment (see above) and Redbridge council will receive over £1m over the next 3 years to satisfy the ambitions of the new national drug strategy. Therefore, it is suggested the council prioritises reducing drug and alcohol related harm across each of its directorates and in partnership with local CJS, NHS and Voluntary and Community stakeholders.
- If efforts are aligned and substance misuse becomes everybody's business the net result will reduce pressures on the criminal justice system, health and mental health services, employment services and the welfare system, bringing much needed cost savings and see improved health and wellbeing, better educational attainment, and reduced risk-taking behaviour, such as offending in Redbridge's children.
- The substance misuse recommendations from seven relevant local policies and reports, or suggested amendments to include substance misuse or prioritise it in those strategies due for renewal have been collated and these aligned/ proposed recommendations can be found in the Appendix.

### 3.0 Young People and Substance Misuse

- The Dame Carole Black review reiterated that preventing drug use is more cost-effective and socially desirable than dealing with its consequences and one of the priorities within the new drug national drug strategy is on preventing the onset of substance misuse in young people.
- There is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills can have a preventative impact.
- Indicators of risky substance misuse in the wider under 18 population in Redbridge described in the OHID Young people substance misuse support pack suggests<sup>17</sup>:
  - Between 2017/18-2019/20 the rate of substance misuse related hospital admissions in under 18's was 74 (per 100,000) below that of England which was 85.
  - In 2020/21 of the 145 Looked after Children in Redbridge, **none of them** were identified as having a substance misuse problem compared with 3% nationally. This may imply substance misuse need is being missed and there is a training need within children's social care workforce.
  - Both drug and alcohol related suspensions (7%) and permanent exclusions (24%) are higher in Redbridge than in the rest of England (3% and 10% respectively). Consideration should be given as to how this is addressed as it may imply a training or awareness gap in the schools, or a zero-tolerance policy may be in place.
- Evidence suggests certain groups of young people, particularly those who have suffered adverse childhood experiences (known as ACEs), are more likely to develop drug and alcohol problems that will accompany them into adulthood. These include using multiple substances (poly-drug use); having a mental health treatment need; being a looked after child and not being in education, employment, or training (NEET)
- ***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***

---

<sup>17</sup> Office for Health Improvement & Disparities (OHID) Young people substance misuse commissioning Support pack: 2022-23 Key Data

## Redbridge Young Persons & Young Adults Substance Misuse Profile for 2020/21 at a glance

- There are 68 young people (under 18) and 7 (18-24) young adults in treatment, the most common cited primary substance is cannabis (81%) then alcohol (11%)
- 76% of the young people in treatment stated they had consumed no units of alcohol in the 28 days prior to entering treatment (compared with 50% nationally) and 24% drank 1-199 units (compared with 44% nationally).
- 63: 37 male: female ratio split, similar to national
- Of the 68 young people in treatment, more than half (53%) are aged 16-17 and over a third (35%) were 14-15.
- 36 young people presented to specialist services during 2020/21, 32 of these were under 18 and 4 were aged 18-24. The age groups are broadly similar to those already in treatment.
- Of the 68 young people referred to the young people's substance misuse service in 2020/21 nearly half (47%) were White British. Similar to the adult substance misuse service and recognising the diverse multicultural nature of the borough this diverges from the national picture where it is 73%. Of the remaining 53% the biggest ethnic cohorts are Other black (7%), Pakistani (6%)/Other White (6%)
- Young people in treatment in Redbridge in 2020/21 were less likely than those in the rest of England to:
  - Have substance misuse and mental health issues
  - Have a problem with their housing
  - Be unemployed
  - Smoke (at the start of treatment)
- Auditing may be required of these vulnerabilities to ensure they are not missed at assessment.
- The most common referral source is Children & Family services (26%), followed by Education services (22%), followed by Youth justice services (19%). This broadly matches the national picture. There appears to be robust referral routes in place to specialist young people's substance misuse services from local sectors although gaps may be via the Pupil Referral (PRU), Youth Offending Team (YOT), Health, mental health and A&E settings which may require reviewing.
- Young people in Redbridge are more likely to successfully complete substance misuse treatment than the rest of England.
- ***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***



#### 4.0 Adults and Substance misuse - Alcohol

- Nationally nearly 20% of the general population drink at levels that increase their risk of harm and nearly 600,000 (more than twice the entire population of Redbridge) are thought to be dependent drinkers.
- Latest data suggests nearly half (47%) the population of Redbridge abstains from alcohol, compared with 16% nationally, (likely to be linked to the large local multicultural BAME community) yet there are an estimated 2,251 dependent drinkers in the borough of which only 345 are in specialist treatment. This met need rate (15%) is just below the average for England (18%)
- Increases in rates of proxy indicators of alcohol related harm in Redbridge, such as *alcohol specific hospital admissions* (although below national and London rate) and *alcohol related mortality* (33.3/1000,000), comparable to London rate and just below national rate (37.8) and *admission episodes for alcohol related cardiovascular disease (male)* at 1,146/100,000 comparable with the London (1,185) and England (1,123) rate, suggest 'hidden harm' and individuals that are in need of specialist support not accessing it.
- The annual cost of alcohol related harm in England is around £21.5bn.
- In 2020, nationally alcohol related deaths increased by 17% in males and 24% in females from 2019.
- Parental alcohol misuse is strongly correlated with family conflict and with domestic violence and abuse. 12% (8) of the young people in specialist treatment in Redbridge were affected by domestic abuse in their home.
- There is a strong evidence base for local population wide prevention interventions for alcohol, such as exercising full licensing powers to manage the availability and accessibility of alcohol and Identification and Brief Advice (IBA) can help individuals reduce their alcohol consumption, which reduces risks of ill health and deaths. Hospital based Alcohol Care Teams (ACT): identify inpatients and A&E attenders with alcohol problems and provide specialist care. These services save money by reducing length of stay, re-admissions, A&E attendances, and ambulance callouts.
  - Partnership working is needed to provide a strategic response to cross-cutting issues. Drug and alcohol misuse affects every agency, and each agency has a role to play in a coordinated response.
  - ***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***

## **Redbridge Alcohol only Client's Profile at a glance**

### ***Numbers in treatment***

- Total of 250 Redbridge residents in alcohol treatment at the end of 2020/21, 186 starting treatment during 2020/21. Overall, since 2019/20, numbers in treatment (+3%, n = 242) and new presentations to treatment (+3%, n= 181) have increased.
- 62% of those presenting to treatment in 2020/21 were drinking at lower levels (0-399 units) in the 28 days prior to entering treatment, compared with 47% nationally and fewer were drinking at the higher levels (800 – 1,000 units) 10% locally compared with 19% nationally.

### ***Unmet need***

- Slightly lower rates of unmet need for alcohol users in Redbridge, with 15% of dependent alcohol users in treatment locally compared with 18% nationally.

### ***Referral source into treatment***

- The greatest source of referrals into alcohol only treatment in Redbridge is self-referrals, similar to national picture followed by 'All other referral sources,' then GP. There is a broad range of referrers, often better than the national picture.

### ***Protected characteristics***

#### ***Ethnicity***

- The ethnicity profile varies significantly from the rest of England and matches that of the drug only cohort in that 45% is non-white, with the most significant BAME cohort being Indian comprising 1 in 4 of the total treatment population.
- White British males appear to be under-represented only making up 31% of the White British cohort. Also, only 6 (3% of the total alcohol treatment population) Pakistanis presented for alcohol treatment in 2020/21, which seems low given that they comprise 13.7% of the 2018 ethnic profile of Redbridge, both may warrant investigation

#### ***Gender***

- Sex split of 73 (male): 27% (female) compared to 58:42 nationally, this may imply a need attract more females into alcohol treatment

#### ***Age***

- The biggest age cohort in alcohol only treatment is 40 - 49
- The age profile matches that of England's in that 62% locally are 18 - 49 compared with 61% for England.
- Males appear to be under-represented in the younger cohorts (18 - 39) comprising 26% of that age group compared with the rest of England (32%)

## **Sexuality/Disability/Parental status**

- Alcohol clients presenting to treatment in Redbridge in 2020/21 were less likely than those in England to:
  - Have a disability/ be from the LGBTQ community/ be parents. As a protected characteristic this may require review to ensure there are no barriers in place for these cohorts
- Like drug clients, alcohol dependent clients are more likely to not be a parent (74%, compared with 55% nationally). This seems worse for females in Redbridge (77%) than nationally (51%), this is further backed up by the data regarding the number of children living with alcohol using adults where the local gender split is 82% male: 18% female. A focus should be made to attract more parents, especially females into alcohol treatment in Redbridge.

## ***Housing, employment, and Co-occurring/Mental health need***

- The majority (86%) of those presenting to alcohol treatment in Redbridge do not have a housing problem, similar to those in the rest of England (90%)
- 34% of new entrants to alcohol treatment compared with 36% nationally.
- Mental health treatment need was identified for under half of new presentations to alcohol treatment (45%) compared with 64% nationally and 76% were receiving mental health treatment, comparable with national levels (80%). Numbers of clients with co-occurring status have been lower in Redbridge than in England in both the 2019/20 and 2018/20 datasets and may require review to ensure there are no barriers to those experiencing co-occurring substance misuse and mental health issues.

## ***Measures of recovery***

### ***Early drop out***

- Treatment engagement was an issue for new presentations to alcohol treatment in 2020/21 (22% dropped out before 12 weeks compared with 13% nationally) males were more likely than their national counterparts to drop out early. This requires review.

### ***Leaving treatment abstinent***

- The proportion of clients who leave treatment abstinent is significantly higher in Redbridge (80%) compared to the rest of England (53%), the average days of drinking at treatment exit is also lower (5.1 versus 11.5). This is positive to see and indicates a recovery orientated treatment system aimed at getting alcohol clients in and out of treatment relatively quickly. This may also be due to the slightly lower drinking levels at entry to treatment in Redbridge.

### ***Length of time in treatment***

- 49% of clients in Redbridge leave treatment between 1-3 months compared to 35% nationally.

### ***Successful completions***

- Nearly half (43%) of those in alcohol only treatment leave successfully and do not return within 6 months compared with 35% nationally. There was no gender difference locally or nationally.

***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***

## 5.0 Adults and Substance misuse - Drugs

- Latest ONS data suggests as a nation our recreational drug use has increased in the past decade with cannabis the most used drug followed by powder cocaine.
- There are an estimated 1,486 opiate and/or crack users in the borough of which only 562 are in specialist treatment. The met need rate (26%) is considerably lower compared with national rates (47%)
- The annual cost of illicit drug misuse in the UK is £10.7bn.
- Statistics suggest addiction to opiates and/or crack cocaine is linked to around half of all acquisitive crime (including theft, burglary, and robbery) to fund a drug habit.
- The latest data from Drug Crime statistics for England and Wales (2021)<sup>18</sup> suggests that police recorded drug crime in Redbridge increased by 28% between 2019/ 20 (1,396) and 2020/21 (1,792) with the most prevalent crime being Possession.
- It is estimated that Redbridge adults committed 49,000 offences before accessing treatment and the social and economic costs saved for the borough as a result of the protective nature of drug treatment is £5.8m.
- There has been an 80% increase in drug related deaths since 2012, with the number of heroin-related deaths doubling in that time. There were 22 drug related deaths between 2018-2020 in Redbridge and the rate of hospital admissions due to drug poisoning was 15.4/100,000 compared with 50.22 nationally. These are noted as poisoning admissions can be a future indicator of future deaths.
- There is a strong evidence base for local population wide Prevention interventions for drugs such as needle and syringe programmes and services to test for and treat blood borne viruses are evidence-based and reduce the risk of transmission. They can also function as a point of engagement with drug users where they can access pathways to other treatment and health services. Provision of naloxone can reduce the risk of death from opiate overdose.
- There is a strong evidence base for the value for money of investing and return on investment in investing in this - for every £1 currently spent on harm reduction and treatment gives a combined health and justice return on investment of £4.
- ***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***

---

<sup>18</sup> <https://researchbriefings.files.parliament.uk/documents/CBP-9039/CBP-9039.pdf>

## **Redbridge drug clients' profile at a glance**

### ***Numbers in treatment and substances used.***

- Total of **562** Redbridge residents in drug treatment at the end of 2020/21, two-thirds for opiate use and the most cited substance in addition to opiates is crack cocaine, alcohol then cannabis.
- **301** starting treatment during 2020/21. Overall, since 2019/20, numbers in treatment (+1.8%, n = 552) and new presentations to treatment (+3.8%, n= 290) have increased. This increase can be seen in all substance types bar opiate users for both numbers in treatment and new presentations.

### ***Unmet need***

- Significantly worse unmet need across all drug groups compared with the national rate, this dates back to 2018/19. Rates for Opiate and/or Crack users (OCU's) are the worst at 26% met need compared with 47% nationally. (Crack 28% met need compared with 42% nationally and Opiate 30% met need compared with 53% nationally).

### ***Referral source into treatment***

- The most common source is self-referral (60%), followed by All other sources (15%) this follows the national picture (59% and 16% respectively). Robust local referrers into treatment are social services (6% compared to 3% nationally) and GPs (5% versus 4% nationally).
- CJS referrals are lower (12%) than the national rate (16%) and may require attention.

### ***Protected characteristics***

#### ***Ethnicity***

- Over half (58%) of new presentations to drug treatment in Redbridge in 2020/21 were white, compared with 84% nationally. This reflected the diverse ethnic makeup of the borough. The 3<sup>rd</sup> biggest cohort is Indian.

#### ***Age***

- There is very little difference in the age of drug users presenting to drug treatment in Redbridge compared with England, with the majority (81%) in the 18-49 age category, with nothing statistically significant when age and sex is analysed.

#### ***Gender***

- 75: 25 male: female ratio split, compared with 71:29 nationally
- Gender split by ethnic groups positive, except for Indian females which may require investigation.

## **Sexuality/Disability/Parental status**

- Drug clients presenting to treatment in Redbridge in 2020/21 were less likely than those in England to:
  - Have a disability/ be from the LGBTQ community/ be parents (as a protected characteristic this may require review to ensure there are no barriers in place for these cohorts)

## ***Housing, employment, and Co-occurring/mental health need***

- The majority (79%) of new clients in 2020/21 did not have a housing problem, compared with 77% nationally. 22% were in regular employment, comparable with national levels (21%)
- Mental health treatment need was identified for just under half of new presentations to drug treatment (45%) compared with 63% nationally and 65% were receiving mental health treatment, comparable with national levels (71%)

## ***Measures of recovery***

### ***Early drop out***

- For Redbridge drug users early unplanned exits (19%) are slightly higher than the rest of England (16%) and when examined by drug group higher for alcohol and non-opiate (22% versus 16%) and opiate users (24% versus 15%). This has been 26% in Redbridge for opiate users in 2019/20 and 2018/19. This requires attention especially for the opiate group who will be adjusting to Opiate Substitution Therapy (OST) initiation and will be particularly vulnerable to overdose should they drop out of treatment.

### ***Successful completions***

- This data suggests non-opiate users (39%) are significantly more likely to successfully complete (and not re-present) in Redbridge than nationally (33%), with females more likely than males to complete non-opiate treatment and the reverse for opiate users.
- Opiate users also successfully complete at rates higher than the rest of England, but the gap is less significant (7% in Redbridge and 5% nationally).
- The data suggests that the rate of abstinence from opiates (48%) at 6-month review are slightly lower than national figure (51%) however all other drug groups abstinence rates are significantly higher than the rest of England.
- In 2020/21 Redbridge has a significantly higher proportion of opiate users in treatment for under 2 years and a significantly lower proportion of those in for 6yrs plus than the national average. This suggests Redbridge treatment system is recovery orientated which is positive.

### ***Deaths in treatment***

- There were no deaths in treatment in 2020/2021

### ***Harm reduction***

- In 2020/21 50% of eligible clients in Redbridge were offered and accepted a hepatitis B vaccination compared with 29% nationally
- In Redbridge, 68% of drug clients, presenting to drug treatment that were eligible for a Hepatitis C test accepted one compared with 41% nationally), 19/20 and 18/19 data backs up this positive trend. Again, this has been a traditionally strong area of delivery reflected in 2019/20 and 2019/18 data.

### ***Substance misuse and prison– rates of Continuity of Care***

- A total of 45 opiate clients were referred to local treatment services in Redbridge in 2020/21 17 clients (38%), started treatment in the community, within 3 weeks of release from custody, compared with 45% nationally. However, caution must be applied to these inferences the ongoing impact of Covid-19 in the secure estate.

***The data outliers identified in this section (where there is a trend dating back to at least 2019/20 or beyond) has been included in an Action Plan as part of the recommendations.***



## **6.0 Developing this strategy through partnership**

### **Key points from the Strategic Stakeholder Consultation**

Through interviews with eight local stakeholders the strengths, weaknesses, and gaps regarding substance misuse in Redbridge emerged \*

#### **Strengths:**

- Robust outreach arrangements
- Innovation- Redbridge was the first area in Europe to pilot Buprenorphine- a long release form of OST and the use of the Capital card in the adult treatment service, which rewards service users for engagement through a reward points system.
- Good partnership working between substance misuse commissioners and partners.

#### **Weaknesses:**

- Need stronger partnership working, to address unmet need, we will need a long-term plan and joined up working between all key sectors e.g., Treatment, NHS, mental health, CJS, LA, voluntary sector to bridge the gap into local communities etc).

#### **Suggestions for improvement:**

- Strong themes of engaging with the general public and community groups came through, but in a different/ smarter way (How & the Where) and Upskilling and empowering communities to understand substance misuse, break down stigma and the role they can play in addressing it through training (the What)
- Using universal spaces in a smarter way to engage with the general public about substance misuse e.g., through Libraries, the Council Customer Contact Centre, parks, train staff in substance misuse awareness and IBA, have leaflets for support services.
- Need to engage people in unobvious ways in community settings e.g., running or knitting groups or allotments then build up trust and then we can start breaking down stigma and offering substance misuse awareness training.
- Need to consider the support we offer families impacted by substance misuse, the model is not strong (especially when they don't reach the threshold for specialist support) and we need to take the stigma and shame out of it.

The opportunity for engagement of parents, young people and adults with drug and alcohol issues in the proposed Family/ Community hubs came up but also the potential logistics that will need to be considered.

- Offering substance misuse awareness training, IBA training. We also need to upskill the community groups to better understand how drug culture e.g., grooming, dealing, exploitation works. We need to take the same approach with risk or radicalisation and vaccination programme, need to break down cultural barriers.
- The need for more enforcement was suggested but with the recognition this alone was not the solution.

- Finally, the need to intervene earlier, strengthening the early intervention/ prevention offer emerged, by offering age-appropriate drug and alcohol awareness training for younger age cohort in schools e.g., Year 5 & 6 (know about drugs, they see open drug dealing in the area therefore we should educate them about it)

\* The feedback related to the commissioned specialist services for young people and adults has been shared with them directly for action planning.

The themes emerging from these interviews underpinned the Recommendations for the Strategy.

## 7.0 Recommendations

The recommendations are underpinned by analysis of outcome data relating those in substance misuse treatment in Redbridge, broader datasets relating to potential population level drug and alcohol harm, review of local and national policies and research, and themes and suggestions emerging from the strategic consultation. As a result, they are laid out as:

- Six broad strategic priorities for Redbridge council and partners to address over the next five years to achieve the vision for substance misuse which is to reduce the impact of drug and alcohol related harms have on our residents, families, communities and businesses through integrated partnership and multi-agency working.
- A granular 2022/23 1-year Action Plan for the first year of the 2022-2027 Substance Misuse Strategy
- An Action Plan reflecting the strategic priorities relating to data outliers for the drug and alcohol treatment population and the general population (at an adult drug/alcohol and young person's level)

A more granular one-year implementation Plan can be found below and will be refreshed on an annual basis. Oversight and monitoring of these six Strategic priorities and the annual Implementation Plan will be the remit of Redbridge Substance Misuse Strategic Delivery Group (SMSDG) through their quarterly meetings.

### 10.1 The six strategic priorities for this Substance Misuse Strategy are:

- 1) Integrated partnership working between services, partners, communities, and service users
- 2) A stronger prioritisation of Prevention and early intervention
- 3) Commission and deliver effective, evidence-based treatment and recovery services
- 4) Target individuals or groups e.g., young people experiencing ACES, homeless and CJS cohort known to be higher risk with tailored interventions
- 5) Strong supportive safer communities
- 6) Strengthening of a robust multi-agency information sharing and information governance system

<b>Priority 1</b>	<b>Integrated partnership working between services, partners communities and service users</b>
What we will do.	Working together with services, partners, communities, and service users
What it will mean.	<p>Ensure services and pathways are clearly communicated to partners.</p> <p>Work through the Substance Misuse Strategic Delivery Group (SMSDG) to jointly plan and deliver the Strategy and use collective influence to raise the profile of the impact of substance misuse and increase numbers accessing treatment</p> <p>Continue to engage with service users in all service redesign, pathway and service review and ongoing service improvement</p> <p>Formalise processes for engagement of family, friends, and carers of substance misuse service users</p>
Measure	<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> </ul>
Lead Agency	Redbridge Public Health and Westminster Drug Project

Priority 2	A stronger prioritisation of Prevention and early intervention
What we will do.	Increase awareness and understanding of substance misuse among professionals and communities to support those who are most vulnerable to it and address unmet need
What it will mean.	<p>Support workforce development that focuses on making drugs and alcohol everybody's business. Roll out training opportunities to frontline staff across health, social care, the community, and voluntary sector. The training should raise awareness of substance misuse issues, reduce the stigma surrounding it and enable professionals to identify, offer brief advice and where appropriate refer to age-appropriate specialist services</p> <p>Work closely with communities to understand and tackle substance misuse and the stigma associated with it, empowering communities to feel part of the solution</p> <p>Apply a targeted approach to identify young people, vulnerable adults, and families most at risk of drug/alcohol use; drug dealing; gang involvement or (sexual/other) exploitation at an earlier stage</p> <p>Co-design drug and alcohol campaigns and messages that are credible with communities, these should ensure individuals and communities know about the risks associated with drugs and alcohol and where to get help locally.</p>
Measure	<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Increase the number of community engagement opportunities</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase the numbers of families impacted by substance misuse accessing structured support</li> <li>• Increase the number of substance misuse awareness training programmes and IBA training rolled out within the borough</li> </ul>
Lead Agency	Redbridge Public Health, Westminster Drug Project. Redbridge Substance misuse strategic recovery group.

<b>Priority 3</b>	<b>Commission and deliver effective, evidence-based treatment and recovery services that are accessible to all who need them</b>
What we will do.	Provide holistic support that is accessible and meets the needs of the community
What it will mean.	<p>Ensure structured and unstructured treatment is accessible to all clients in both adults and young people’s service to achieve successful completion of treatment and prevent substance related deaths</p> <p>Understand and reduce barriers to accessing treatment (paying special attention to protected characteristics highlighted within this Strategy)</p> <p>Consider the logistics and opportunities for co-location of specialist adult and YP services in the proposed Community and Family hubs</p> <p>Strengthen pathways across the substance misuse system e.g., with primary care, A&amp;E, mental health, detoxification and rehabilitation and treatment within feeder prisons</p> <p>Improve engagement and treatment of drug and alcohol using offenders who attend the adult treatment service in order to reduced local rates of drug and alcohol related crime and reoffending</p> <p>All partners will play a part in ensuring there is meaningful wrap around support e.g., ETE, Accommodation and lifestyle/aftercare services for drug and alcohol users to support them to maintain recovery</p> <p>Improve the mental and physical health of those with substance misuse problems</p>
Measure	<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase rates of successful completions</li> <li>• Reduce numbers of drug and alcohol related deaths</li> <li>• Increase referrals from the CJS (young person and adult services)</li> <li>• Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions)</li> <li>• Increase referrals from cohorts with protected characteristics</li> <li>• Increase access to ETE, Accommodation and lifestyle/aftercare services</li> <li>• Increase physical health checks, ensure service users have access to GP services and increased engagement/joined up working with mental health services</li> </ul>
Lead Agency	Redbridge Public Health and Westminster Drug Project

<b>Priority 4</b>	<b>Target individuals or groups e.g., young people experiencing ACES, homeless and CJS cohort known to be higher risk with tailored interventions</b>
What we will do.	Identify those cohorts most likely to be at higher risk of substance misuse, at an earlier stage and offer them evidence-based support before the harm escalates for themselves, their families, or communities.
What it will mean.	<p>Consider and strengthen the offer of support to families and carers and young people affected by substance misuse</p> <p>Ensure offenders with substance misuse have clear pathways into treatment</p> <p>Ensure rough sleepers with substance misuse have clear pathways into treatment</p> <p>Strengthen working relationships with mental health services to ensure those with co-occurring mental health and substance issues have clear pathways to treatment and there is 'no wrong door'</p> <p>Ensure there is understanding of the risks of sexual exploitation for young people and treatment pathways and support for sex workers within outreach services and young persons and adult drug and alcohol treatment services</p>
Measure	<ul style="list-style-type: none"> <li>• Increase referrals to specialist substance misuse treatment (and additional services where required) from the following cohorts: <ul style="list-style-type: none"> <li>○ Families and carers and young people affected by substance misuse</li> <li>○ Drug and alcohol using offenders</li> <li>○ Rough sleepers</li> <li>○ Those with co-occurring substance misuse and mental health diagnoses</li> <li>○ Those experiencing multiple ACES and at risk of sexual exploitation/sex workers</li> </ul> </li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase referrals from the CJS (young person and adult services)</li> <li>• Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions)</li> </ul>
Lead Agency	Redbridge Public Health and Westminster Drug Project

<b>Priority 5</b>	<b>Strong supportive safer communities</b>
What we will do.	Tackling substance misuse related ASB and the stigma that is attached to substance misuse to build supportive communities that facilitate recovery
What it will mean.	<p>Act on the research recommendations regarding drug markets and what works to disrupt them</p> <p>Tackle the stigma that is attached to substance misuse to build supportive communities that facilitate recovery</p> <p>Tackle substance misuse related ASB</p> <p>Disrupt drug markets and reduce the visibility of open drug markets and open drug use</p> <p>Identify at an early-stage vulnerable persons being exploited by substance misusers and drug dealers</p> <p>Improve public confidence through collaborative problem solving and community based multiagency campaigns which address drug paraphernalia, open use of drugs, and drug and alcohol related anti-social behaviour and their knowledge of where specialist support is available</p> <p>Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol.</p> <p>Work with criminal justice partners to ensure that responses to young people’s drug and alcohol related offending are appropriate to their needs.</p>
Measure	<ul style="list-style-type: none"> <li>• Reduce resident concerns about people using or dealing drugs/about street drinking</li> <li>• Increase the number of people entering and completing treatment through the criminal justice route and through use criminal orders</li> <li>• Reduce drug-related activity in and around local hotpots leading to an increase in residents’ perception of safety</li> <li>• Increase in arrests and charges for drug offences and drug</li> <li>• Increases in the amount of Class A and B drugs seized</li> <li>• Reduce drug and alcohol related re-offending rates</li> </ul>
Lead Agency	Redbridge Public Health, Redbridge Community Safety



<b>Priority 6</b>	<b>Strengthening of a robust multi-agency information sharing and information governance systems</b>
What we will do.	Further development of multi-agency information sharing agreement using locally agreed data/ information sharing protocols to identify, plan, implement action and review effectiveness to address local drug and alcohol issues.
What it will mean.	Close working relationships and routine information sharing fostered between Children's services and the young person's drug and alcohol service and between homelessness services and the adult drug and alcohol service
Measure	<ul style="list-style-type: none"> <li>• An updated multi-agency information sharing agreement</li> </ul>
Lead Agency	Public Health & Community Safety

## 2022/23 1-year Implementation Plan for the Redbridge Substance Misuse Strategy

Actions		Timescale July 2022 – June 2023				Measure	Responsible Lead
		Q1	Q2	Q3	Q4		
<b>STRATEGIC PRIORITY 1: Integrated partnership working between services, partners communities and service users.</b>							
<b>Working together with services, partners, communities, and service users</b>	Launch the Strategy with a full comms plan across internal and external partners using it as a vehicle to raise the profile of the impact of substance misuse, the services available and increase numbers accessing treatment. Ensure both adult and YP providers are linked and correctly featured on Redbridge Council website					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Substance misuse has a more corporate status, it becomes everybody's business, and the remit is shared across directorates within Redbridge council</li> </ul>	Commissioning Team
	Use the Strategy as a vehicle to re-launch/launch the Substance Misuse Strategic Delivery Group (SMSDG) and if necessary, attract more senior membership, strengthen senior level governance of the Strategy					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Substance misuse has a more corporate status, it becomes everybody's business, and the remit is shared across directorates within Redbridge council</li> <li>• The Strategy has strengthened senior governance and accountability</li> </ul>	Substance Misuse Strategic Delivery Group (SMSDG)

	<p>Work through the Substance Misuse Strategic Delivery Group (SMSDG) to jointly plan and deliver the Year 1 Implementation plan of the Strategy and use collective influence to raise the profile of the impact of substance misuse, the services available and increase numbers accessing treatment</p>					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> </ul>	<p>Substance Misuse Strategic Delivery Group (SMSDG)</p>
	<p>Co-production of an Open day for both adult and YP providers to promote awareness of services. Event must have senior endorsement/attendance from internal/external partners</p>					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> </ul>	<p>Substance Misuse Strategic Delivery Group (SMSDG)/ Commissioners</p>
	<p>Consider the Collated Corporate Substance Misuse recommendations (see Appendix) and develop mechanism for aligning with senior partners for their achievement and prioritising substance in future local policies e.g., the Community Safety Partnership Strategy</p>					<p>Substance misuse has a more corporate status, it becomes everybody's business, and the remit is shared across directorates within Redbridge council</p>	<p>Substance Misuse Strategic Delivery Group (SMSDG)/ Commissioning Team</p>

**STRATEGIC PRIORITY 2: A stronger prioritisation of Prevention and early intervention**

	<b>Action</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Measure</b>	<b>Responsible Lead</b>
	<p><b>Increase awareness and understanding of substance misuse among professionals and communities to support those who are most vulnerable to it and address unmet need</b></p> <p>Support workforce development that focuses on making drugs and alcohol everybody's business. Roll out training opportunities to frontline staff across health, social care, the community, and voluntary sector. The training should raise awareness of substance misuse issues, reduce the stigma surrounding it and enable professionals to identify, offer brief advice and where appropriate refer to age-appropriate specialist services</p>					<ul style="list-style-type: none"> <li>• Increase the number of substance misuse awareness training programmes and IBA training rolled out within the borough</li> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase the number of community engagement opportunities</li> </ul>	Commissioning Team / providers
	<p>Work closely with communities to understand and tackle substance misuse and the stigma associated with it, empowering communities to feel part of the solution.</p>					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase the number of community engagement opportunities</li> </ul>	Commissioning Team

	Co-design drug and alcohol campaigns and messages that are credible with communities, these should ensure individuals and communities know about the risks associated with drugs and alcohol and where to get help					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase the number of community engagement opportunities</li> </ul>	Substance Misuse Strategic Delivery Group (SMSDG)/ Commissioning Team
<b>STRATEGIC PRIORITY 3: Commission and deliver effective, evidence-based treatment and recovery services.</b>							
	<b>Action</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Measure</b>	<b>Responsible Lead</b>
<b>Provide holistic support that is accessible and meets the needs of the community</b>	Co-design and implement an Action Plan with both adult and YP providers based on the Strategic priorities relating to data outliers and feedback from the Strategy					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Enhanced communication and partnership working</li> </ul>	Commissioning Team / providers
	Understand and reduce barriers to accessing treatment (paying special attention to protected characteristic cohorts highlighted in the Strategy)					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Increase referrals from cohorts with protected characteristics</li> </ul>	Commissioning Team / providers

	Strengthen pathways across the substance misuse system e.g., with primary care, CJS partners, A&E, mental health, alternative education settings, detoxification and rehabilitation and treatment within feeder prisons					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Enhanced communication and partnership working</li> </ul>	Commissioning Team / providers
	Consider the logistics and opportunities for co-location of specialist adult and YP services in the proposed Community and Family hubs					<ul style="list-style-type: none"> <li>• Increase the number (and quality) of referrals to specialist treatment</li> <li>• Reduce unmet need for drug and alcohol cohorts</li> <li>• Enhanced communication and partnership working</li> <li>• Increased referrals from families and carers and young people affected by substance misuse</li> </ul>	
<b>STRATEGIC PRIORITY 4: Target individuals or groups e.g., young people experiencing ACES, homeless and CJS cohort known to be higher risk with tailored interventions</b>							
	<b>Action</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Measure</b>	<b>Responsible Lead</b>
<b>Identify those cohorts most likely to be at higher risk of substance</b>	Consider and strengthen the offer of support to families and carers and young people affected by substance misuse					Increased referrals from families and carers and young people affected by substance misuse	Commissioning Team / providers/ Children's Services

<b>misuse, at an earlier stage and offer them evidence-based support before the harm escalates for themselves, their families, or communities.</b>	Ensure offenders with substance misuse have clear pathways into treatment, particularly those coming out of prison					Increased referrals from the CJS (young person and adult services)  Improved rates of Continuity of Care (e.g., successful referrals from secure estate to community treatment) Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions)	Commissioning Team / providers/ CJS partners
	Ensure rough sleepers with substance misuse have clear pathways into treatment via the enhanced funding resource from OHID Rough sleeper grant					Increased referrals for rough sleepers	Commissioning Team / providers/ Homelessness services

**STRATEGIC PRIORITY 5: Strong supportive safer communities**

	<b>Action</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Measure</b>	<b>Responsible Lead</b>
<b>Tackling substance misuse related ASB and the stigma that is attached to substance misuse to build supportive communities that facilitate recovery</b>	Act on the research recommendations regarding drug markets and what works to disrupt them					Reduced drug-related activity in and around local hotpots leading to an increase in residents' perception of safety	Commissioning Team /Community Safety/CJS partners
	Improve public confidence through collaborative problem solving and community based multiagency campaigns which address street drinking, drug paraphernalia, open use of					Reduce resident concerns/complaints about people using or dealing drugs/street drinking	Commissioning Team /Community Safety/ CJS partners

	drugs, and drug and alcohol related ASB how and their knowledge of where specialist support is available						
<b>STRATEGIC PRIORITY 6: Strengthening of a robust multi-agency information sharing and information governance system</b>							
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		
	Establish a multiagency information sharing and information governance system					Information sharing protocol agreed	Commissioning Team & Substance Misuse Strategic Delivery Group (SMSDG)
	Close working relationships and routine information sharing fostered between Children's services and the young person's drug and alcohol service and between homelessness services and the adult drug and alcohol service						Commissioning Team /Adult and YP providers/ Children's Services and Homelessness services



**An Action Plan reflecting the strategic priorities relating to data outliers for the drug and alcohol treatment population and the general population (at an adult drug/alcohol and young person’s level)**

Due to the potential impact of the pandemic on the 2020/21 data used for this needs assessment identified outliers are only included here if they have a historic trend dating back to at least 2019/20. \* Denotes where they date back to 2018/19. \*\* Denotes no national comparison data available before 2020/21

**Recommendations to address Alcohol Related Harm at the Population and Specialist Treatment Level for Adults**

		Data/ performance	
Cohort	Measure	Rationale	Lead
<b>Treatment population</b>	Address potential unmet need for alcohol users	Unmet need data suggests in 2020/21 15% of dependent alcohol users are in treatment in Redbridge compared with 18% nationally*	Adult treatment provider
	Consider how to address potential under-representation of the following protected characteristics cohorts	<p><b>Gender</b> There is a suggested under-representation of females in alcohol only treatment. They comprise 27% of the total treatment population compared to 42% nationally</p> <p><b>Ethnicity</b> There is a suggested under-representation of White British males in alcohol treatment. They comprise 31% of the cohort compared with 50% females There is a suggested under-representation of Pakistanis in alcohol treatment. They comprise 3% of the alcohol treatment population yet 13.7% of the 2018 ethnic profile of Redbridge <sup>19</sup></p> <p><b>Disability**</b></p>	Adult treatment provider

<sup>19</sup>

<https://iao.blob.core.windows.net/publications/reports/f11c199d237c4cb79bca5427bfe8511d/E09000026.html>

		<p>A higher proportion (77%) of new clients in Redbridge had no disability compared with the rest of England (68%)</p> <p><b>Sexuality**</b> A significantly higher proportion (97%) of new clients were heterosexual compared with the rest of England (89%)</p> <p><b>Parental status</b> 73% of new clients in Redbridge were not parents compared to 55% nationally. This appears worse for females in Redbridge where 77% not parents compared with 51% nationally. This suggestion is further supported by the data regarding number of children living with alcohol using adults where the local gender split is 82% male: 18% female in Redbridge compared with 47:53 nationally.</p>	
	Consider how to address potential under-representation in co-occurring cohort	The proportion of adults who entered drug and alcohol treatment in 2020-21 and were identified as having mental health treatment need is much lower in Redbridge (45% for alcohol cohort) compared to the rest of England (64%).	
	Consider how to reduce rates of early unplanned exits for alcohol only cohort	22% dropped out before 12 weeks compared with 13% nationally) males were more likely than their national counterparts to drop out early*	Adult treatment provider
<b>General population</b>	Review the range of evidence-based population-wide and targeted prevention for alcohol users being utilised in Redbridge	Rates for <b>Alcohol related mortality</b> . 'at 33.3/100,000 this rate is comparable with the London rate (32.2) but is below the England rate (37.8). It sits (exactly) in the middle of the 33 London boroughs with 16 <sup>th</sup> worst rate in London. Even	Commissioning Team

	<p>e.g., the roll out of Identification and Brief Advice (IBA) training, full use of licensing powers and Alcohol Care Teams</p>	<p>though there has been an uptick in this measure in Redbridge in the past year, it is not statistically significant.</p> <p>Rates for '<b>Admission episodes for alcohol specific conditions</b>' locally are increasing and getting worse, however at 364/100,00 it is better than the England average of 587/100,000, and London average 515/100,000 and compared to London boroughs has the 6<sup>th</sup> best rate in London.</p> <p>Rates for '<b>Admission episodes for alcohol related cardiovascular disease (male)</b>' are not increasing but at 1,146/100,000 are comparable with the London (1,185) and England (1,123) rate, although they are 13<sup>th</sup> lowest in London.</p> <p>IBA and ACT would also support improving unmet need in alcohol users in Redbridge</p>	
--	----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**Recommendations to address Drug Related Harm at the Population and Specialist Treatment Level for Adults**

		Data/ performance		
Cohort	Measure	Rationale		Lead
<p><b>Treatment population</b></p>	<p>Address Unmet need across all drug groups</p>	<p>Significantly worse unmet need across all drug groups compared with the national rate*</p> <p>Opiate and/or Crack users (OCU's) are the worst at 26% met need compared with 47% nationally.</p> <ul style="list-style-type: none"> <li>• Crack 28% met need compared with 42% nationally</li> <li>• Opiate 30% met need compared with 53% nationally) *</li> </ul>		<p>Adult treatment provider</p>

	<p>Consider how to address potential under-representation of the following protected characteristics cohorts</p>	<p><b>Ethnicity</b> There is a suggested under-representation of Indian females presenting to drug treatment, they comprise 7% of the Indian cohort compared with 13% nationally</p> <p><b>Disability**</b> A higher proportion (77%) of new clients in Redbridge had no disability compared with the rest of England (68%). This proportion is higher than previous years so could be explained by vulnerable disabled drug users shielding during the pandemic.</p> <p><b>Sexuality**</b> A significantly higher proportion (95%) of new clients were heterosexual compared with the rest of England (86%)</p>	<p>Adult treatment provider</p>
	<p>Consider if there is potential under-representation of prescription-only medicine users</p>	<p>There is a suggested under-representation of Prescription only medicine users.</p> <p>13 individuals presented for drug treatment citing POM/OTC only (e.g., not also using illicit drugs This makes up 2% of the total treatment population compared to 4% nationally. 1% (8 individuals) were also using illicit drugs, compared with 10% nationally.</p> <p>Low numbers make meaningful analysis difficult however this dates back to 2018/19 focus may be required to this area to ensure services are set up for POM/OTC users locally and appropriate pathways to support are in place *</p>	
	<p>Consider how to address potential under-representation in co-occurring cohort</p>	<p>The proportion of adults who entered drug and alcohol treatment in 2020-21 and were identified as having mental health treatment need is much lower in Redbridge (45% for drug using cohort) compared to the rest of England (63%)</p>	<p>Adult treatment provider</p>

	Consider how to reduce rates of early unplanned exits for drug cohort	For Redbridge drug users early unplanned exits (19%) are slightly higher than the rest of England (16%) and when examined by drug group higher for alcohol and non-opiate cohort (22% versus 16%) and opiate users (24% versus 15%). This latter figure has been 26% in Redbridge for opiate users in 2019/20 and 2018/19*	Adult treatment provider
	Consider pathways from the secure estate to community treatment for drug users	A total of 45 opiate clients were referred to local treatment services in Redbridge in 2020/21 17 clients (38%), started treatment in the community, within 3 weeks of release from custody, compared with 45% nationally. However, caution must be applied to these inferences the ongoing impact of Covid-19 in the secure estate	Adult treatment provider
<b>General population</b>	Review the range of evidenced based population-wide and targeted prevention for drug users being utilised in Redbridge e.g., harm reduction services; Needle and syringe programmes and services to test for and treat blood borne viruses and widespread	<p>There were 22 drug related deaths between 2018-2020 in Redbridge.</p> <p>The latest data from Drug Crime statistics for England and Wales (2021)<sup>20</sup> suggests that police recorded drug crime in Redbridge increased by 28% between 2019/ 20 (1,396) and 2020/21 (1,792) with the most prevalent crime being Possession.</p> <p>These interventions would also address unmet need amongst drug using cohorts.</p>	Commissioning Team

<sup>20</sup> <https://researchbriefings.files.parliament.uk/documents/CBP-9039/CBP-9039.pdf>

	provision of naloxone		
--	-----------------------	--	--

**Recommendations To address Drug and Alcohol Related Harm at the Population and Specialist Treatment Level for Young People and Young Adults**

	Data/ performance		
Cohort	Measure	Rationale	Lead
<b>Treatment population</b>	Consider how to strengthen the referral pathway between the Pupil Referral Unit (PRU) and Youth Offending Team (YOT)	Referrals from PRU to the YP treatment service were 7% in Redbridge and 14% nationally.  Zero (0%) referrals from the YOT to the YP treatment service compared with 84% nationally (although other YP CJS referral paths are inflated e.g., other youth justice 63% in Redbridge compared with 13% nationally so may be how the system is configured locally)	YP Treatment provider
	Consider the pathway to stop smoking support for those young people identified as smoking	Only 4/68 (6%) of the young people in treatment in Redbridge were smoking at the start of treatment compared with 27% nationally. This may require attention to ensure young people are asked about their smoking status and offered support to quit as backdated data to 2018/19 suggests smoking cessation is not routinely offered to young people identified as smoking	
<b>General under 18 and 18-24 population</b>	Consider substance misuse awareness training need in	In 2020/21 of the 145 Looked after Children in Redbridge, <b>none of them</b> were identified as having a substance misuse problem	Commissioning Team

	Looked After Children's teams	compared with 3% nationally. This may imply substance misuse need is being missed and there is a training need within children's social care workforce. Trend data back to 2017/18 was not available implying numbers are under 5 and this issue is historic.	
	Consider working with education setting to reduce the rate of drug/alcohol related suspensions and permanent exclusions	There is a suggestion that both drug and alcohol related suspensions (7%) and permanent exclusions (24%) are higher in Redbridge than in the rest of England (3% and 10% respectively).	Commissioning Team

## 8.0 Appendix

### Collation of Recommendations from the seven current local Redbridge policies/ research papers that pertain to substance misuse to assist an integrated partnership approach to their achievement or substance misuse's inclusion in future policies

They have been categorized into the following groups:

#### 1. Current policy/research papers with reference to substance misuse.

- a. Ilford mapping and assessment study- offending, drugs, and exploitation: recent trends and future responses
- b. Statement of Licensing Policy (SOLP) 2020-2025
- c. The Community Crime Commission - Drugs and Street Violence Chapter
- d. The Community Crime Commission - Anti-social behaviour (ASB) Chapter

#### 2. Current policy/research papers which have recommendations which could be extended to include substance misuse.

- a. Redbridge Joint Partnership Plan for 2025- Growing a new Redbridge
- b. The Community Crime Commission - Drugs and Street Violence Chapter
- c. The Community Crime Commission - Burglary & Public Confidence Chapter

#### 3. Policy/research papers due for renewal which could potentially include substance misuse in the next iteration.

- a. The Joint Strategic Needs Assessment (JSNA) 2020
- b. Redbridge Housing Strategy 2017-2022
- c. HWB strategy 2017-2021

### 10.1 Current policy/research papers with reference to substance misuse in their recommendations

Ilford mapping and assessment study- offending, drugs, and exploitation: recent trends and future responses	
Desired outcome	Scope/Recommendation
Break down the chains which root the drug ecosystem	To address the thriving and visible drugs market operating in and around Ilford town centre the police and partners will need to break the local chains which sustain the ecosystem which has taken root there. This will require multiple facets of partnership working from local policing enforcement to closure of crack dens and dealing (trap) houses. Clearly national policing agencies such as the National Crime Agency (NCA) also need to be involved here as the networks involved link into higher levels of organised crime. Action should however also extend to addressing the lower-level sustaining elements of this ecosystem such as begging, sex work, and the buying and selling of stolen goods. The adopted strategy here should focus on disruption of the often very visible networked links. This in turn will lessen confidence and market turnover.
Data sharing	Data-sharing amongst key agencies and stakeholders could be improved, including cross-border relationships with other YOTs and consideration of the setting up of a forum of key agencies and community members to review gang-related activity in the borough.



Drug training in schools (including Primary schools)	Engagement with local schools, including primary schools, should be reviewed, and widened to ensure they can engage in education and training about drugs and street gangs without feeling they will then be branded or associated reputationally as being a “gang-affected” school. This should include programmes for capacity-building with young people and resilience training to help deter young people from gang activity. This would be bolstered by teacher training and ensuring all staff are up to speed with how gangs present, recruit, groom, exploit and coerce.
More joined up working /data sharing between teams supporting street populations	Street outreach teams working with those who are homeless, involved in street-based sex work or street begging should all be closely inter-related with strong and robust data-sharing and all services closely working together.
Ensuring Early interventions are early enough	Establish early intervention services that are truly “early,” (both pre-emptive and proactive), preventative and accessible to young people before any formal statutory interventions are needed. This must be supported by clear definitions and boundaries and by effective data-sharing. This can be supported and further enhanced by establishing a dialogue with early intervention teams in neighbouring boroughs to share best practice and data.
Improved access and support mechanisms for minority ethnic users of heroin	Improved access and support mechanisms for minority ethnic users of heroin (in the Punjabi and Afghani community). Such groups are often reluctant to access current facilities and support.
Information sharing.	More formalised and routine data and intel-sharing between police and substance misuse agencies and wider partners. This should include feedback on police operations and what is being seen on the streets. Greater clarity regarding data-sharing protocols, the GDPR and what is permissible to share, would enhance confidence amongst partners.

### Statement of Licensing Policy (SOLP) 2020 - 2025

Desired outcome	Scope/Recommendation
For Public Health to exercise its role as a Responsible authority	Public Health is now included as a Responsible Authority (RA) within the licensing process but can only directly influence premises licensed to sell alcohol, late night refreshment and events requiring a license under the Licensing Act 2003 insofar as they relate to the four licensing objectives. However, as health is not one of these objectives Licensing Authorities cannot, under the Licensing Act 2003, review a licensed premises, or amend or refuse a licensing application, on the sole grounds that it is to the detriment of public health. However, the Public Health Team, as a Responsible Authority, are entitled to comment on licensing applications and their feedback is considered when the Licensing Authority reaches its decision.

To mitigate the harm to individuals, communities and businesses arising from street drinking	The Policy lists the steps it expects licensees to take to mitigate and discourage street drinking which is centred around the following hotspots: <ul style="list-style-type: none"> <li>• Barkingside</li> <li>• Ilford town centre</li> <li>• Ilford Lane</li> <li>• Cranbrook Rd</li> <li>• Woodford</li> </ul>
To encourage the use of Pubwatch as best practice	The policy cites Pubwatch as good practice. This is a scheme that enables Licensees to share information, intelligence and advice about crime, disorder, and anti-social behaviour in the area with each other, the Council, and the Policy.

**The Community Crime Commission - Drugs and Street Violence Chapter**

<b>Desired outcome</b>	<b>Scope/Recommendation</b>
To reduce drug dealing, drug use, violence, begging and street drinking; and support the police to disrupt the 'drugs ecosystem' by tackling sellers of stolen goods.	Increase uniformed council and police enforcement

**The Community Crime Commission - Anti-social behaviour (ASB) Chapter**

<b>Desired outcome</b>	<b>Scope/Recommendation</b>
Support drug and alcohol users and homeless individuals	Increase outreach opportunities for drug and alcohol treatment and support for homeless people.

**10.2 Current policy/research papers which have recommendations which could be extended to include substance misuse.**

**Redbridge Joint Partnership Plan for 2025- Growing a new Redbridge**

<b>Desired outcome</b>	<b>Scope/Recommendation</b>	<b>Proposals for inclusion of substance misuse</b>
Keep the borough clean and safe (1 year goal)	Triple Enforcement team to 30 officers	To address drug dealing, begging, sex working etc, could these officers also be involved in signposting to support?
Tackling the root causes of social challenges (1 year goal)	New social action strategy	Social action strategy lends itself to working with substance misuse within communities

Tackling the root causes of social challenges (1 year goal)	First time entrants to the youth justice system	What support will be offered to if their offending is linked to substance misuse (either through use of, or involvement in dealing drugs)?
Tackling the root causes of social challenges (4-year goal)	New mental health services for schools	Reference should be included to substance misuse in young people (under 18's)
Tackling the root causes of social challenges (4-year goal)	End street homelessness in Redbridge	Links between rough sleeping and substance misuse should be taken into consideration and ensure joined up working between sectors.

### The Community Crime Commission - Drugs & Street Violence Chapter

<b>Desired outcome</b>	<b>Scope/Recommendation</b>	<b>Proposals for inclusion of substance misuse</b>
Reduce drugs and street violence	Create an ambitious Youth Diversion and Early Intervention Strategy that includes a review of current services and increases opportunities for early intervention, making the most of what is already available locally. Work with schools to identify young people who need support and provide mentors who can offer them stability and guidance.	Applied for young people at risk of, using substances or First-time entrants to the youth justice system for possession/dealing drugs
Reduce drugs and street violence	Increase the number of youth outreach services created with and for all young people in every part of Redbridge and empower the voluntary sector to support young people at risk as soon as it is needed rather than when a criminal threshold has been passed.	An opportunity to opportunistically engage with young people at risk of using/dealing drugs or using substances and offer harm minimisation advise
Reduce drugs and street violence	Review mental health support for children and young people, including CAMHS, to understand the causes of harm and reduce the high thresholds for support, delivering quicker intervention to	As young people tend not to experience vulnerabilities in isolation consideration should be given to the complex relationship between mental health and young person's substance misuse where it can be used as a coping mechanism

	improve young people's life chances	for mental health issues and mental health issues can result from using drugs and alcohol.
Reduce drugs and street violence	Work with children and young people to improve the links between the services they use, co-designing new services and ways of working to make the system respond better to their needs.	Applied to young people in substance misuse services
Reduce drugs and street violence	Make creative use of Community Hub sites or derelict high street properties let at nominal rents to develop new services like Box Up Crime.	Applied to young people in substance misuse services

### The Community Crime Commission - Burglary & Public Confidence Chapter

Desired outcome	Scope/Recommendation	Proposals for inclusion of substance misuse
N/A	There are currently no recommendations relating to substance misuse in the burglary and public confidence chapter	<p>Given that the new national drug strategy statistics suggest addiction to opiates and/or crack cocaine is linked to around half of all acquisitive crime (including theft, burglary, and robbery) to fund a drug habit this feels like an omission.</p> <p>Drug using offenders can be offered interventions at police custody/ court to assess if their offending is linked to their addiction. If this is found to be the case, they can be offered a community sentence which mandates them to attend structured community or residential treatment and undergo regular drug testing instead of a custodial sentence. This is known as a Drug Rehabilitation Requirement (DRR) and their usage can reduce rates of acquisitive crime which would satisfy the vision for the Community Crime Commission to 'turn the tide on crime.'</p>

### 10.3 Policy/research papers due for renewal which could potentially include substance misuse in the next iteration.

#### The Joint Strategic Needs Assessment (JSNA) 2020

##### Proposals for inclusion of substance misuse

There are no direct references to substance misuse within the JSNA.

One area that could be prioritised and included in the next JSNA is to consider including substance misusers as a priority group within the remit of the newly Commissioned local Stop Smoking Service (SSS)

Redbridge has a dedicated stop smoking service (SSS) which offers 1-2-1 support to local residents, according to the 2019/20 JSNA it prioritises special groups who are at risk of tobacco related harm. This includes smokers with mental health problems, groups with higher prevalence of smoking such as manual workers and those with long term conditions but does not identify substance misusers as a priority group.

This should be considered when developing the new specification for the retender process and when it is rolled out a satellite service with the adult and young person's substance misuse service should be established.

#### Redbridge Housing Strategy 2017-2022

##### Proposals for inclusion of substance misuse

This strategy is due for renewal, given the rise in rough sleepers during the pandemic and the strong overlap between homelessness and substance misuse (according to the homeless charity Crisis two thirds of homeless people cite drug or alcohol use a reason for why they first became homeless) supporting substance misusers into accommodation and to retain accommodation should be a priority when it is refreshed and reference made to the learnings from the Everybody in scheme offering emergency accommodation to rough sleepers during the pandemic and ongoing work to address their substance misuse needs with the additional government funding LB Redbridge received.

#### HWB strategy 2017-2021

##### Proposals for inclusion of substance misuse

This strategy is due for renewal is there an opportunity to include/ refresh the substance misuse related measures that were in the last strategy e.g.

- Decrease in alcohol consumption among children and young people
- Working with partners (including the local voluntary sector) to tackle factors that make it difficult for people, especially among Redbridge's diverse communities, to maintain good mental wellbeing such as homelessness, substance misuse, domestic violence, and social isolation.

- Work with local law enforcement, GPs, voluntary sector, hospitals, and other partner services to ensure effective models of early identification and support for people who have mental health and substance misuse needs
- Targeted support will help people reduce smoking and tobacco use, drug and alcohol use, harmful sexual practices, sedentary behaviour, and poor diet