

Barking and Dagenham Substance Misuse Strategy

2016 – 2020



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In Barking and Dagenham we understand the impact substance misuse has on an individual and the wider community and we are committed to ensuring that this is a priority for us. We have continued to invest in our substance misuse treatments services and have developed strong partnerships to address the wider impact on the community. As a partnership, we understand that having an addiction to a substance, whether it is alcohol, illegal drugs or prescribed medication is not a lifestyle choice and there are many contributing factors.

We are committed to ensuring that individuals who have become addicted, have opportunities to receive the treatment and support they need to enable them to become healthy and reach their full potential in life.

We are also committed to addressing the impact substance misuse has on the wider community through education and enforcement. For example, over the last 2 years we have ensured that all school pupils have been given age appropriate information about drugs and alcohol which dispels myths that may make experimenting with substances, including so called legal highs, attractive. The Council has also introduced and enforced Public Spaces Protection Orders regarding drinking alcohol in public areas and are seeking to do the same for the use of nitrous oxide (laughing gas). We want residents and visitors of Barking and Dagenham to feel safe when walking around the borough, and will not tolerate the few individuals who cause anti-social behaviour by using substances in public.

Through partnership working between the Local Authority, Public Health Services, Metropolitan Police, National Probation Service,

Community Rehabilitation Company (CRC), Job Centre Plus, Council for Voluntary Services (CVS) and drug and alcohol service providers we are confident we will significantly and positively change the landscape of substance misuse within Barking and Dagenham.



Cllr Maureen Worby, Cabinet Member for Social Care and Health Integration

Introduction

The London Borough of Barking and Dagenham is located at the heart of the Thames Gateway and has a vibrant community and significant investment opportunities alongside complex challenges.

Barking and Dagenham has seen a significant overall population increase of 13.4% to 185,911 (2011 Census), which equated to 22,000 more people living in the borough since 2001.

The 2014 mid-year population estimate was 198,294 and is projected to rise to 229,300 in 2022. This is a 20.3% increase and is the second largest in England after Tower Hamlets.

As a borough with a growing and diverse community with complex needs at a time of reducing resources, we face challenges in the future. However, the borough has developed excellent partnership working arrangements which enable resources to be shared to achieve the best outcomes for our community.

The Substance Misuse Strategy sets out our vision for improving the health and wellbeing of residents and reducing the impact of substance misuse on the wider community by 2020.

This Strategy identifies a number of objectives which will underpin commissioning plans and other agreements, to work in partnership, in order to make the greatest impact across the health and criminal justice system.

It also sets out how we will work together to deliver the agreed objectives over the next 4 years, whilst considering the changing political and financial environment that organisations are working in.

The Substance Misuse Strategy is the mechanism by which our Community Safety Partnership and Health and Wellbeing Board will address the identified objectives. The Strategy will be supported by a Delivery Plan which will be reviewed quarterly at the CSP Sub Groups.

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Vision

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To work in partnership to reduce the harm to individuals and the community caused by substance misuse.

Aims

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- Improve public health.
- Encourage social responsibility to reduce demand on public services.
- Enhance community safety.

Objectives

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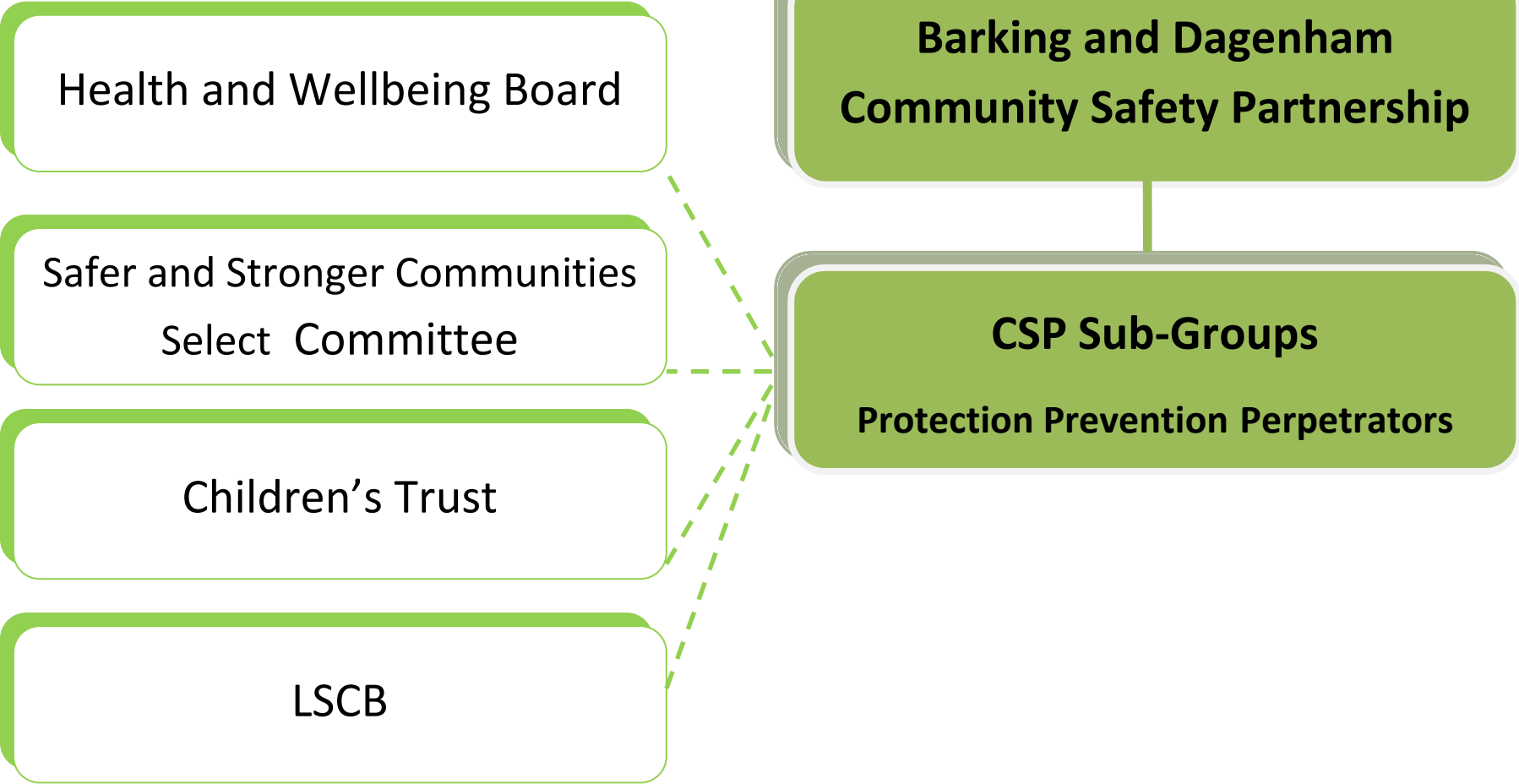
To achieve this Vision the key objectives of the Barking and Dagenham Substance Misuse Strategy are:

- Reduce the harmful impact of substance misuse on the wider community.
- Ensure everyone can access good quality healthcare when they need it and continue to enable access to effective treatment and promote sustained recovery.
- Enable social responsibility by supporting residents to take responsibility for themselves, their homes and their community.
- Protect the most vulnerable, keeping adults and children healthy and safe.

Links to other strategies and plans

There are a number of national, regional, and local documents that have influenced the development of Barking and Dagenham’s Substance Misuse Strategy. These are identified as follows:

National Policy and Strategy Documents	Regional Policies, Strategies and Plans	Local Policies, Strategies and Practices
National Drug Strategy (being developed) Outcome Frameworks for NHS, Public Health and Social Care	Police and Crime Plan 2013-17 Public Health England Joint Strategic Needs Assessment	Ambition 2020 Community Safety Plan 2014-2017 Community Safety Strategic Assessment Corporate Delivery Plan 2015-2016 2016-2017 Domestic Abuse Strategy 2015 Growth Strategy 2013-2023 Health and Wellbeing Strategy 2015-2018 Licensing Policy (LBBD) Housing Strategy 2012-2017 Local Area Plan Local Joint Strategic Needs Assessment London Borough of Barking and Dagenham Education Strategy 2014 to 2017



The Government put together a National Drug Strategy¹ in 2010 to tackle the issues of substance misuse across the Country. They advise that the most effective strategy is one that will meet local need and that services commissioned are in line with best practice. This strategy attempts to tackle local issues in line with the Government's National Drug Strategy, therefore the themes will be the same: Reduce Demand, Restrict Supply and Building Recovery in Communities.

Reducing Demand – creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop. This is key to reducing the huge societal costs, particularly the lost ambition and potential of young drug users. The UK demand for illicit drugs is contributing directly to bloodshed, corruption and instability in source and transit countries, which we have a shared international responsibility to tackle;

Restricting Supply – drugs cost the UK £15.4² billion each year. The UK must be made an unattractive destination for drug traffickers by attacking their profits and driving up their risks;

Building Recovery in Communities - this Government will work with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, and will offer a route out of dependence by putting the goal of recovery at the heart of all that we do. We will build on the huge investment that has been made in

treatment to ensure more people are tackling their dependency and recovering fully. Approximately 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year³. If these individuals are supported to recover and contribute to society, the change could be huge.

The latest findings from Public Health England indicate that each drug user not in treatment costs society £26,074. The findings also show that every £63 invested in drug treatment prevents a crime. **Every £1 spent on drug treatment saves £2.50** to society. NICE estimates the costs to society generated by each injecting drug user add up to £480,000 over their lifetime.

Furthermore, Public Health England Alcohol and Drug team (using Home Office data) estimate the borough saves **£9,017 per year per person** who is engaged in structured treatment. During 2014/15 there were 879 individuals engaged in structured drug treatment in Barking and Dagenham, therefore the total saving was estimated to be **£7,925,943**. It is crucial to ensure as many drug users as possible are engaged in treatment for their own benefit and the benefit of the residents of Barking and Dagenham.

¹ <http://www.homeoffice.gov.uk/drugs/drug-strategy-2010>

² Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) 'Measuring different aspects of problem drug use: methodological developments.' Home Office Online Report 16/06

³ Hay, G. and Bauld, L. (2008) Population estimates of problematic drug users in England who access DWP benefits: a feasibility study. DWP Working Paper No. 46. Department for Work and Pensions; and Hay, G. and Bauld, L. (forthcoming in 2010) Population estimates of alcohol misusers who access DWP benefits. DWP Working Paper.No. 94. Department for Work and Pensions

In Barking and Dagenham it is estimated that there are currently over 1,000 individuals who use opiates and/or cocaine⁴ and over 7,000 people using cannabis according to the National Crime Survey for England and Wales⁵ and 2011 census population figures.

In addition it is estimated that about one in five of the adult population of Barking and Dagenham are hazardous alcohol drinkers (drinking over the recommended 14 units per week), with nearly 6,000 of them drinking sufficient amounts to be harmful to their health⁶.

The Psychoactive Substances Act was introduced in May 2016. The Act is a legislative initiative aimed at banning psychoactive substances, and has been introduced in order to prevent the continued manufacturing of 'legal'. Locally, it is known that Nitrous Oxide (laughing gas) and Spice (synthetic cannabis) are the main substances used by young people that engage with the young people's drug project.

The borough has also set up an addiction to medicine treatment pathway to support those individuals who are either prescribed pain killers or purchase them over the counter and have subsequently become dependent on them.

In line with the visions of Ambition 2020, the commissioning of substance misuse services need to be less traditional and more efficient. Early intervention to support those that have been affected

by substance misuse is imperative to prevent the next generation of problematic drug and alcohol users.

A key area of work has been around education, to ensure that individuals are informed as much as possible with the known facts about substances so they can make an educated choice. We currently provide substance misuse workshops in all secondary schools in the borough and have commissioned a provider to work with PSHE leads to ensure that teachers have the most up to date and relevant tools to deal with the early identification of substance misuse issues.

The local treatment services have also seen an upward trend in the proportion of individuals who have completed treatment successfully over the last three years as a proportion of those in treatment. The number of people who then relapse and return to treatment is reducing.

It is imperative that treatment provision recognises that there are many elements to an individual's recovery journey. Whilst individuals may receive a variety of tailored interventions where there is a demonstrable need, this should be within a wider context of recovery planning from the outset.

Addictions to substances is also a key contributor to many other crimes, including domestic abuse which, due to its prevalence, is a priority in Barking and Dagenham. Harmful use of substances remains a cross cutting priority on the agenda for the Community Safety Partnership and Health and Wellbeing Board.

⁴ Source: Public Health England 2011/12 prevalence estimates for Opiate and Crack users, 2014: <http://www.nta.nhs.uk/facts-prevalence.aspx>

⁵ <http://www.crimesurvey.co.uk/index.html>

⁶ <http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5756>

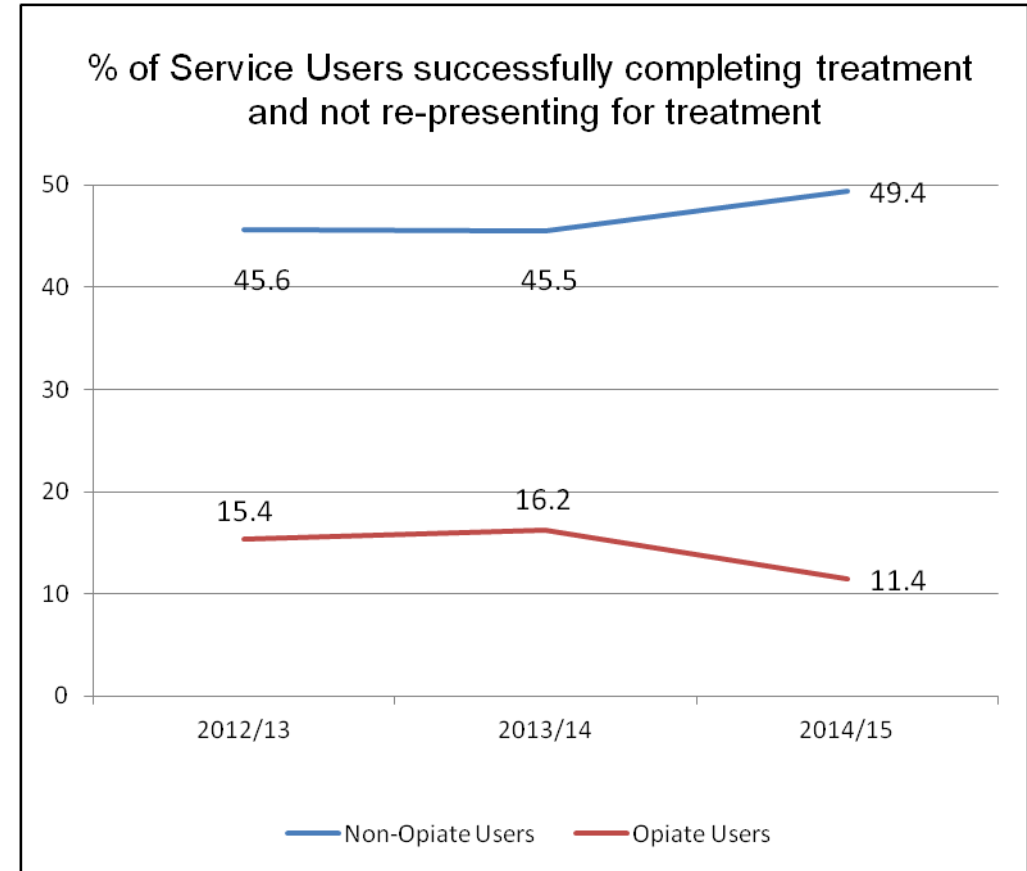
Public Health Outcome Framework: Indicator 2.15 - Successful Completion of Drug Treatment

Definition

The number and proportion of clients in treatment in the latest 12 months who successfully completed treatment and who did not then re-present to treatment again within six months, reported separately for opiate and non-opiate clients.⁷

The graph highlights performance in Barking and Dagenham in the last three years. There has been an increase of those individuals that used non opiate drugs, with almost half successfully completing treatment and not returning to Substance Misuse services.

Despite the decline in the number of people using opiates that successfully completed and not returned to Substance Misuse services, Barking and Dagenham are still one of the highest performing boroughs compared with boroughs clustered similar to ours.



⁷ Successful Completions and Re-Presentations: Partnership Report, Guidance Document 2014/15
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Reduce the harmful impact of substance misuse on the wider community

- To provide training and support to enforcement services to improve compliance with the Designated Public Place Order, also known as Controlled Drinking Zone and Public Spaces Protection Orders.
- Review alcohol licensing enforcement by the Council and Police to ensure all available resources are being used effectively and efficiently.

Ensure everyone can access good quality healthcare when they need it and continue to enable access to effective treatment and promote sustained recovery

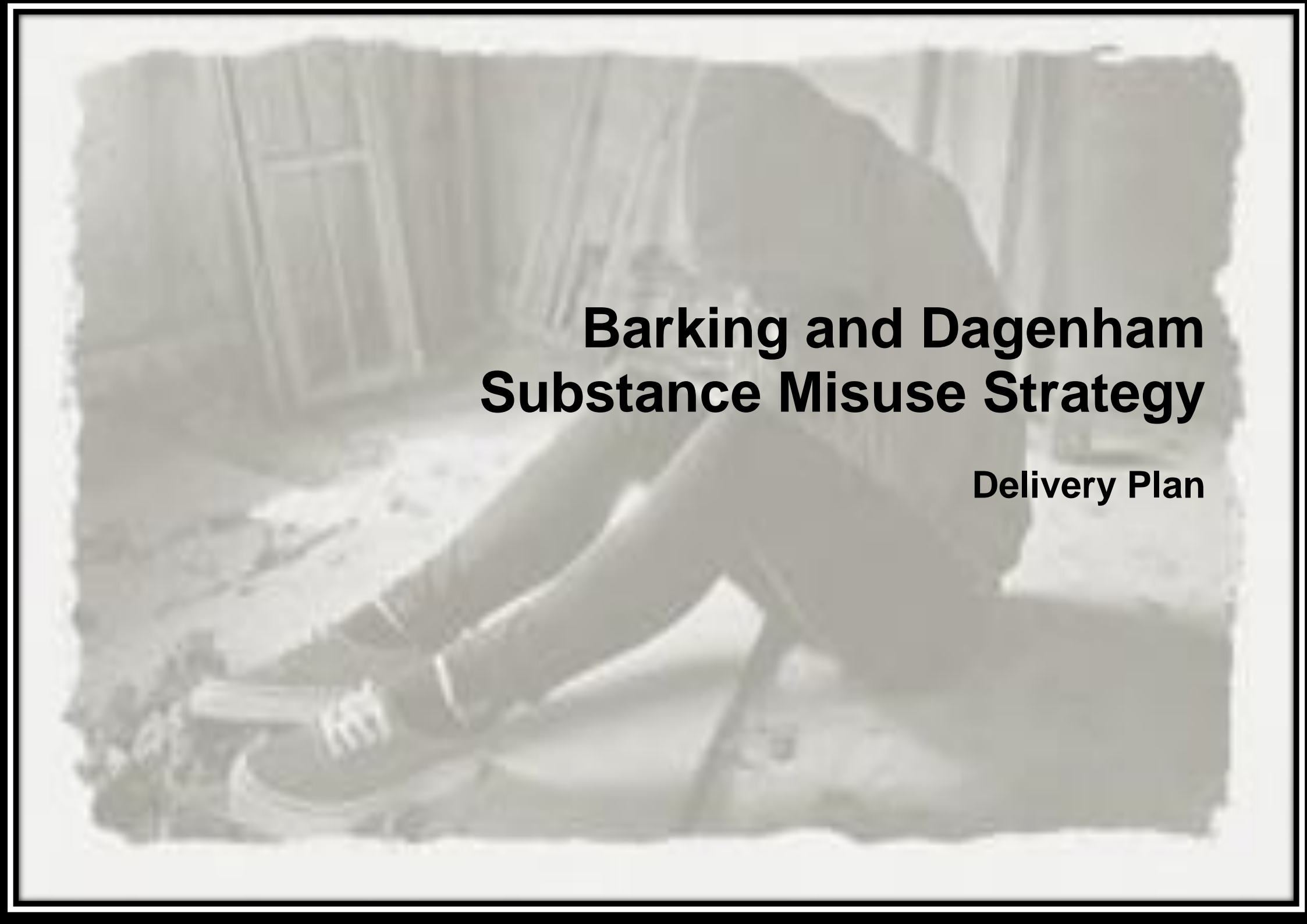
- To commission drug and alcohol services to support adults and young people to provide education and information and support people with problematic substance use to achieve a better quality of life and re-integration into the community.
- Increase the number of OCUs accessing treatment and being discharged from treatment free from drug dependency.
- Improve treatment coverage of non OCUs, as measured by numbers successfully engaged in treatment and re-presentation rates.

Enable social responsibility by supporting residents to take responsibility for themselves, their homes and their community

- To work in partnership with retailers and licensees to promote the Drink Aware campaign and reduce opportunities for alcohol misuse.
- Using intelligence from sources such as CCTV, Neighbourhood Watch and service users disrupt drug supply routes into the borough through targeted partnership activity.
- Provide intensive, bespoke support to Troubled Families, and other families with multiple complex needs to reduce the number of families who have drug and alcohol related issues.

Protect the most vulnerable, keeping adults and children healthy and safe

- To develop the programme around drug and alcohol education to be available to all schools to enable them to achieve the Healthy Schools Award.
- To work in partnership with GP's to support individuals who are addicted to prescribed medication.
- Identify high-risk population and offer them Identification and Brief Advice (IBAs) for alcohol harm reduction.
- Consider good practice from other areas and partnership working in relation to early intervention and action.

A grayscale photograph of a person sitting on a bench, looking down. The person is wearing a dark jacket and dark pants. The background shows a window with a grid pattern. The image has a torn paper edge effect.

Barking and Dagenham Substance Misuse Strategy

Delivery Plan

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
<p>1.1 Reduce the harmful impact of substance misuse on the wider community.</p>	<p>1.1.1 To provide training and support to enforcement services to improve compliance with the Designated Public Place Order, also known as Controlled Drinking Zone and Public Spaces Protection Orders.</p>	<p>1.1.1. No reportable incidents within PSPOs with respect to alcohol. Literature and signage widely and freely available throughout the borough advertising the laws regarding PSPOs in various forms that reflects the boroughs residents.</p>	<p>April 2017</p>	<p>Amolak Tatter (SMST)</p>
	<p>1.1.2 To continue to monitor where drug paraphernalia, in particular Nitrous Oxide canisters, are being discarded. The evidence will support the need for a Public Spaces Protection Order to ban the use of Nitrous Oxide in public. Furthermore, to encourage members of the public to report any sightings of drug taking or drug paraphernalia.</p>	<p>1.1.2 The introduction of a PSPO for Nitrous Oxide with no reported incidents within the PSPO of individuals using Nitrous Oxide in public. A reduction in the amount of discarded Nitrous Oxide canisters. Members of the public actively reporting drug related incidents to the 'report it' app or to the Anti Social Behaviour team.</p>	<p>April 2017 (evidence gathering) Sept 2017 (decision on PSPO – subject to CSP decisions)</p>	<p>Sonia Drozd (SMST), Katherine Gilcreest (ASB) and Jonathon Toy (Enforcement)</p>
	<p>1.1.3 Review alcohol licensing enforcement by the Council and Police to ensure all available resources are being used effectively and efficiently.</p>	<p>1.1.3 All new and existing premises within the borough to adopt the Challenge 25 scheme No incidences of sales to underage persons by license holders within the borough by the Test Purchase team.</p>	<p>April 2017</p>	<p>Mick McManus (SMST)</p>

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
	1.1.4 Prevent illegal sales of alcohol through continued enforcement operations.	1.1.4. Reduce the sales of illegal alcohol within the borough.	April 2017	Jonathon Toy (enforcement)
	1.1.5 Improve intelligence on new psychoactive substances.	1.1.5 By liaising with other London boroughs, including Criminal Justice agencies, intelligence will be shared to compare the use of New Psychoactive Substances (NPS). Any sellers or distributors of NPS within the borough will be disrupted with an aim to prosecute.	April 2017	Amolak Tatter (SMST)
	1.1.6 Improve intelligence on over the counter medicines and prescribed pain killers through better identification from GP's and Pharmacists.	1.1.6 To have a better understanding of the use of over the counter medication and prescribed pain killers. Residents will be signposted for support to reduce or withdraw from using medication.	February 2017	Jill Williams (SMST) and CCG
	1.1.7 Develop robust partnership working and information sharing with Community Rehabilitation Company (CRC), National Probation Service (NPS), Integrated	1.1.7 Increase in successful completions of Drug Rehabilitation Requirements and other drug or alcohol related criminal justice orders.	April 2017	Amolak Tatter (SMST), Metropolitan Police, CRC, and NPS

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
	<p>Offender Management (IOM), Metropolitan Police and other criminal justice statutory and voluntary sector agencies.</p> <p>1.1.8 To work with the police and community to share intelligence and disrupt local drugs markets.</p>	<p>1.1.8 An increase in the number of people reporting suspected drug dealing in the borough.</p>	<p>April 2017</p>	<p>Amolak Tatter (SMST) and Metropolitan Police</p>
<p>1.2 Ensure everyone can access good quality healthcare when they need it and continue to enable access to effective treatment and promote sustained recovery</p>	<p>1.2.1 To have a newly commissioned treatment system 2018/19.</p> <p>1.2.2 To outreach dependant drinkers more effectively in the community to raise awareness of the service available and its effectiveness and the benefits of engagement.</p> <p>1.2.3 To work with primary health professionals to identify addiction to medicines patients</p>	<p>1.2.1 To have an inclusive integrated community substance misuse service for the borough. An increase in the number of drug users that access treatment and do not re-present to services.</p> <p>1.2.2 An increase in the number of dependant drinkers successfully engaging in treatment including those in the underserved cohort.</p> <p>1.2.3 Referral pathways are successfully utilised between primary health care professionals and the community substance misuse services.</p>	<p>April 2018</p> <p>April 2017</p> <p>April 2017</p>	<p>Sonia Drozd (SMST)</p> <p>Mick McManus (SMST) and adult alcohol service provider (CGL)</p> <p>Jill Williams (SMST) and CCG</p>

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
<p>1.3 Enable social responsibility by supporting residents to take responsibility for themselves, their homes and their community</p>	<p>1.3.1 To work in partnership with retailers and licensees to promote the Drink Aware campaign and reduce opportunities for alcohol misuse.</p> <p>1.3.2 Using intelligence from sources such as CCTV, Neighbourhood Watch and service users disrupt drug supply routes into the borough through targeted partnership activity.</p> <p>1.3.3 Provide intensive bespoke support to Troubled Families, and other families with multiple complex needs to reduce the number of families who have drug and alcohol related issues.</p>	<p>1.3.1 Maintenance and development of the partnership working within the alcohol licensing board. 100% sign up and signage to the Drink Aware campaign</p> <p>1.3.2 An increase in the number of reports to police of drug dealing and suspected suppliers.</p> <p>1.3.3 Meet targets for referral to Troubled Families programme. Meet targets for successful completions of the Troubled Families programme across the borough</p>	<p>April 2017</p> <p>April 2017</p> <p>April 2017</p>	<p>Mick McManus (SMST) and the Licensing team</p> <p>CCTV team and Safer Neighbourhood police</p> <p>Amolak Tatter (SMST)</p>
<p>1.4 Protect the most vulnerable, keeping adults and children healthy and safe</p>	<p>1.4.1 To develop the programme around drug and alcohol education to be available to all schools to enable them to achieve the Healthy Schools Award.</p>	<p>1.4.1 An increase in the number of schools achieving the Healthy Schools Award.</p>	<p>April 2017</p>	<p>Joanne Caswell (PSHE)</p>

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
	1.4.2 Identify potential individuals who could be at risk of becoming problematic drinkers and offer them Identification and Brief Advice (IBAs) for alcohol harm reduction.	1.4.2 Delivery of an IBA training programme for GPs, alcohol champions, pharmacists and other people in the community that are in a position to deliver effective IBA, when needed. Recruiting professional people, who have contact with different cohorts of the residents within the borough, into the IBA programme.	April 2017	Mick McManus (SMST) and adult alcohol service provider (CGL)
	1.4.3 To ensure that the aging Class A population are adequately supported in terms of ongoing health care	1.4.3 A reduction in drug related deaths and an increase in the quality of end of life care.	April 2017	Amolak Tatter (SMST) and drug service provider (CGL)
	1.4.4 To increase the distribution of Naloxone for opiate using individuals to reduce overdose.	1.4.4 A reduction in the number of drug related deaths	April 2017	Amolak Tatter (SMST) and drug service provider (CGL)
	1.4.5 To provide more joined up work with substance misuse services and domestic violence services.	1.4.5 Increase in the referrals to the Multi Agency Risk Assessment Conference (MARAC) and domestic violence services where appropriate.	April 2017	Sonia Drozd (SMST) and Sasha Timmermans (MARAC)

OBJECTIVE	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
	<p>1.4.6 To provide more joined up work with children services highlighting the options for families that are affected by substance misuse.</p> <p>1.4.7 To work Children's services to identify young people that have experienced trauma including parental substance misuse and violence or abuse.</p>	<p>1.4.6 Increase in the number of referrals to the Hidden Harm service that works with children and young people affected by substance misuse. More families supported successfully and a reduction in the number of children removed from their homes.</p> <p>1.4.7 An increase in the number of children and young people receiving therapeutic support to deal with any trauma they have experienced.</p>	<p>April 2017</p> <p>April 2017</p>	<p>Sonia Drozd (SMST) and Children's Services</p> <p>Sonia Drozd (SMST) and Children's Services</p>