

Executive Summary

Key points for Barking & Dagenham, Young People & Substance Misuse (General Population)

National Young Person's Substance Misuse

- 1.1 The Dame Carol 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 national drug strategy is on preventing the onset of substance misuse in young people.
- 1.2 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 (LAC) and not being in education, employment, or training (NEET)

Barking & Dagenham Young Person's Substance Misuse

- 1.3 Indicators of risky substance misuse in the wider under 18 population in Barking & Dagenham outlined in the OHID 2020/21 Young people substance misuse support pack suggests:
 - Substance misuse hospital admissions do not appear to be an issue in Barking & Dagenham in 2020/21 with the local rate (68) below the national rate (85) however trend data dating back to 2016/17 suggests the rate has matched the national rate for 3-out of the last 5-years so this measure is worthy of close monitoring.
 - Alcohol related admissions are much lower than the national rate.
 - There is a significantly higher rate of first-time entrants to the youth justice system 320/100,000 in Barking & Dagenham than for the rest of England 169/100,000, as this rate has been in excess of the national rate since 2016/17, it is essential diversionary activities are in place to reach these vulnerable young people (and identify substance misuse) as early as possible before their offending escalates.
 - In 2020/21 of the 264 Looked After Children in Barking & Dagenham (for at least 12 months), 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.
 - Numbers of drug and alcohol related suspensions and exclusions from school are so low for these measures making trend analysis based on percentages meaningless, especially for the exclusions. Consideration should be given as to how this is measured/reviewed more accurately locally to ensure the suspensions do not exceed 3% and the exclusions do not exceed 10% and then how it is addressed if they do. It may imply a training or awareness gap in the schools, a zero-tolerance policy may be in place, it could be cultural and there is a need for substance misuse professionals to offer training and awareness packages to mainstream and alternative schools and ensure there is a referral pathway to specialist drug and alcohol support.

1.4 What works

- 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.

Barking & Dagenham Young People & Young Adults (Treatment Population) 2020/21

1.5 Numbers in and starting treatment

- In 2020/21 there were 155 young people in specialist substance misuse treatment, 26 of these were young adults (aged 18-24), comprising 17% of the total treatment population compared with 23% nationally. Trend analysis dating back to 2016/17 does not back this up as a significant trend.
- 103 young people presented to specialist services during 2020/21, 90 of these were under 18 and 13 were aged 18-24. The age groups are broadly similar to those already in treatment.
- Trend data dating back to 2016/17 suggests a significant decrease for both numbers of young people and young adults in specialist substance misuse services (-54%) and new presentations (-55%) (bar 2018/19). This is a steeper reduction trajectory than the rest of the country and therefore requires review.

1.6 Primary reported substance

- The most common primary substance cited is (overwhelmingly) cannabis (82%) then alcohol (11%) matching the national picture, then ketamine (3%)
- There is a relatively narrow range of drugs cited beyond these top three - 2% nicotine; 1% cocaine; 1% crack; 1% amphetamine.

Tobacco use

- 27/129 (21%) of the young people in treatment in Barking & Dagenham were smoking at the start of treatment compared with 27% nationally.
- This figure has fluctuated in the past 4-years it has been measured (2019/20 30% locally compared with 32% nationally; 2018/19 20% locally compared with 52% nationally; 2017/18 33% locally compared with 53% nationally).
- The partnership will wish to ensure young people are asked about their smoking status and offered support to quit. Also, anecdotal evidence suggests young people locally are vaping (often not to give up smoking) which may require specialist input from the stop smoking lead as to how to address locally.

Drinking levels

- 78% 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 21% drank 1-199 units (compared with 44% nationally).

Routes into treatment

- The data suggests an emphasis on referrals from the Youth Justice System-the top referrer - with 40% of referrals in Barking & Dagenham compared with 22% nationally, followed by 28% from Education setting comparable with national rates (25%) and Children & Families 20% locally, also comparable with national rates (22%).

- Two areas that deviate from the national picture are self-referrals and health referrals.
- As both trends date back to 2017/18 this is worthy of review as may indicate an increase of the marketing of the young person's service and strengthening the pathway from health settings.

1.8 Protected characteristics of those in and starting treatment

Ethnicity

- Of the young people referred to specialist young people's substance misuse service in 2020/21 over half (54%) were White, recognising the diverse multicultural nature of the borough this diverges from the national picture where it is 77%.
- Using the GLA prediction data for 2022 as a crude comparator as the borough's ethnicity profile for under 18's it suggests there is an underrepresentation of:
 - Black young people (comprise 15% of the treatment population compared with 30% of the GLA prediction data)
 - Asian young people (comprise 17% of the treatment population compared with 25% of the GLA prediction data)

This requires review.

Gender

- The gender split in treatment in 2020/21 is 70% male and 30% female, which differs to the rest of England where it is 64: 36 and the GLA 2022 prediction data (male 52%: female 48%) and therefore may be worthy of focus.

Age

- The age profile in 2020/21 is slightly younger with 43% under 15 locally, compared with 33% nationally but granular analysis of trend data dating back to 2016/17 does not support this as a trend
- The majority of young people (45%) in treatment in Barking & Dagenham were 16-17 years old, comparable with the national picture (43%).

Parental status

- The majority (53%) were not a parent or living with children compared with 59% nationally, 45% were however, more likely to be 'not a parent but living with children' (someone else's children) compared to 36% nationally.

1.9 Additional support needs

Co-occurring mental health and substance misuse issues

- 17% of young people in treatment had a mental health need compared with 42% nationally, it is positive to see 77% of those were getting treatment for this (compared with 55% nationally).
- This is hard to ascertain if this is significant and worthy of review as the 'lower rate of identification but better proportion in treatment' trend dates back to 2017/18 but numbers have been decreasing to below 10 hindering statistical analysis with percentages.

Housing and homelessness

- The majority of young people in substance misuse services 114 (88%) locally are living with their parents (82% nationally) and 10 (8%) are living in supported housing (compared to 4% nationally).

Education and employment

- Young people in treatment in Barking & Dagenham are more likely to be in mainstream education (65%) than their national counterparts (56%). Although this may reflect the fact that Education Services are the second highest referrer to treatment in the borough.

Length of time in treatment

- This data suggests the majority of young people (42%) exit between 13-26 weeks in Barking & Dagenham compared with 33% nationally, however trend data back to 2016/17 does not suggest this is a trend worthy of investigation.

Interventions delivered

- All (100%) of the young people in Barking & Dagenham received psychosocial support and 96% compared with 66% nationally received harm reduction support, which is positive.
- No one was recorded as requiring inpatient or residential rehabilitation.

Vulnerabilities of young people in specialist substance misuse services

- The data for wider vulnerabilities for Barking & Dagenham under 18's in substance misuse treatment is similar to the rest of the country, with antisocial behaviour the most cited vulnerability for both, and in both cases is more likely to be cited by males, compared with self-harm which is more likely to be cited by females.

Planned exits

- Young people are more likely to leave substance misuse treatment in a planned way in Barking & Dagenham than the rest of England, rates have been in excess of, or similar to the national rate since 2016/17, this is also the case for re-presentation rates. **This is positive.**

2 Key points for Drugs: Barking & Dagenham (General population)

National Drugs

- Latest ONS data suggests as a nation our recreational drug use has increased in the past decade with cannabis the most commonly used drug followed by powder cocaine.
- The annual costs of illicit drug misuse in the UK are £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.

Barking & Dagenham Drugs Profile

- It is estimated that Barking & Dagenham adults committed 62,000 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 £6.8m
- The latest data from Drug Crime statistics for England and Wales (2021) suggests that police recorded drug crime in Barking & Dagenham increased by 45% between 2019/ 20 (1,183) and 2020/21 (1,711) with the most prevalent crime being Possession. This is the 4th greatest increase in London.
- There were 20 drug related deaths between 2019-2021 in Barking & Dagenham which equates to a rate of 3.2/100,000, comparable to the London rate of 3.4/100,000 and below the England rate of 5.1/100,000.
- The rate of hospital admissions due to drug poisoning was 26.16 compared with 50.22 nationally, although much lower than the national rate, these are noted as poisoning admissions can be an indicator of future deaths.

2.2 What works

- 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 act 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.
- 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

2.3 Barking & Dagenham Adult Drug Users (Treatment Population) 2020/21

Rates of unmet need

- The rate of unmet need gives the proportion of those currently not in treatment. Given the protective factor of treatment, the higher the rate of unmet need the more significant the impact on areas such as crime, BBVs, unemployment, safeguarding etc.
- There are an estimated 1,293 opiate and/ or crack users in the borough (known as OCUs), the met need rate (29%) is significantly below that of England (47%) and even worse for opiate users (39% compared with 53% nationally), the rate for crack users is also below the national average (30% compared with 42% nationally).
- Unmet need has been higher than the national rate in Barking & Dagenham for all drug groups since 2016/17 and getting worse and therefore requires focus for improvement.

Numbers in treatment and substances used

- There was a total of 634 Barking & Dagenham residents in substance misuse treatment for drug use at the end of 2020/21, with 316 starting treatment during the year. Overall, since 2016/17, numbers in treatment and new people starting drug treatment have both decreased by 28%. This decrease can be seen in all substance types bar the opiate cohort.
- Numbers in treatment and new presentations have both been on a downwards trajectory since 2016/17 and ticked up in 2019/20

- Of the 634 clients in treatment for drug use in Barking & Dagenham, over a half (56%) were in for opiate use. Compared to England, in 2020/21 in Barking & Dagenham a lower proportion of clients (56%) were in for opiate treatment (70% nationally) and the remainder were almost equally split to non-opiate 24% locally compared with 14% nationally and Alcohol & non-opiate 20% locally compared with 15% nationally.

Tobacco use

- The proportion of adult drug users identified as smoking tobacco at the start of treatment for drug misuse in Barking & Dagenham (85%) is much higher than the national average (65%) and this higher rate is reflected across the three drug groups.
- Given the relatively high figures, and the fact that rates have been in excess of the national average since 2017/18, services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are 3 times as likely to quit as those who try to quit unaided.

Prescription Only Medicine (POM) and Over The Counter Medicine (OTC)

- There were 36-individuals presented for drug treatment citing POM/OTC adjunctive to other drug use. This makes up 6% of the total treatment population comparable to the national average (10%). 14 individuals (2%) were using POM only, also comparable with 4% nationally, these local/national proportions have been consistent since 2016/17.

New Psychoactive Substances (NPS) and Club drugs

- No individuals presented to community treatment in 2020/21 citing club drug use and opiate use, however 9-presented with any club drug use. These low numbers have been the trend since 2016/17. Low numbers of this cohort are also often the case in outer London boroughs with heavy users preferring to use the central London specialist services, however pathways should be considered between treatment services and sexual health services (for those engaging in chemsex).

Referral source into treatment

- Analysis of the sources of referrals into drug treatment in Barking & Dagenham in 2020/21 reveal that the most common source is self-referral, followed by All other sources, this follows the national picture. Referrals come in from a broad variety of sectors (Hospital/ A&E, GP etc) at a similar or better rate than the rest of England,
- Social services are noteworthy as a strong referrer with 10% of referrals coming from this source compared to 3% nationally.
- The only area deviating from the national picture is the CJS route (13% locally compared with 19% nationally), however, trend data dating back to 2016/17 suggests this has fluctuated over the past 4 years so is not statistically significant.
- Granular analysis of the breakdown of CJS referrals in 2020/21 suggests the main source is Prison 40% locally compared with 56% nationally, which requires strengthening. This is explored further in the Criminal Justice Section below.

Waiting times

- Waiting times have historically not been an issue for Barking & Dagenham, with 99-100% of clients meeting the target time for entry into treatment of 3-weeks or less since 2016/17.

Treatment engagement (preventing early drop out before 12-weeks)

- When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.
- These rates have been better than the national rate for all drug cohorts since 2016/17, when broken down to drug using cohorts' rates are also similar to or better than the national average, which is particularly positive for opiate users who will be adjusting to their Opiate Substitute Treatment (OST) dose and vulnerable to overdose if they drop out of treatment.

2.4 Protected Characteristics of those in drug treatment

Gender & Ethnicity

The data suggests a potential under-representation of the following cohorts in drug treatment, which requires culturally sensitive focus (where appropriate) as to potential barriers and how they can be mitigated:

- Female (comprise 25% of the Drug treatment population in 2020/21 compared with 51% of the general 2018 borough profile)
- Black African (comprise 4% of the Drug treatment population in 2020/21 compared with 18% of the general 2018 borough profile)
- Indian (comprise 1% of the Drug treatment population in 2020/21 compared with 6% of the general 2018 borough profile)
- Focus should be given to the recording of ethnicity as the cumulative figure for Other/not stated/ missing/unknown/Incomplete is 7%

Age

- From 2016/17 to 2020/21 there was an increase in the proportion of those 50+ in treatment (12%-> 19%). This is in line with national and regional trend of ageing opiate user cohort.

Sexuality

- The proportion of service users identifying as gay/lesbian (2%) was similar in Barking & Dagenham compared to England (2%), although London has the largest LGBTQ community in the UK (estimated 3.8% compared with 2.7% nationally) so access and pathways may be worth reviewing.

Disability

- A similar proportion (65%) of new clients in Barking & Dagenham had no disability compared with the rest of England (65%) and 6% (n=18) cited a Learning disability as a need compared with 3% of clients nationally. This is positive as it implies there are no barriers to disabled clients however the partnership may wish to ascertain what additional support clients citing a Learning disability are offered.

Parental status

- Whilst the majority of clients were not parents/no child contact 53% in Barking & Dagenham, this is lower than the national percentage of 60% and 18% were parents living with children compared with 13% nationally.
- Overall, the data suggests drug users locally are more likely to be parents and living with their children than nationally, if child safeguarding practices are robust this is a positive as it suggests no barriers to treatment for this cohort and evidence suggests that being a parent is a protective factor for retaining substance misusers in treatment.

2.5 Additional Support Needs

Housing

- 38 clients were homeless with an urgent housing problem (12%) and a further 40 (13%) had housing problems comparable with 14% nationally. Therefore, interventions and pathways need to be in place to support clients with housing issues. However, the majority (75%) of new clients in 2020/21 did not have a housing problem.

Employment

- Most clients (57%) were unemployed yet almost 1 in 4 (23%) were in regular employment (compared with 21% nationally).
- 14% of new presentations were long-term sick or disabled, lower than the national figure of 21%. Although this may reflect the fact that this data is from the Covid-19 pandemic year when those termed vulnerable may have been more likely to be shielding and not presenting to services, this trend of a lower proportion of long-term sick/disabled service users has been present in the data since 2016/17 and therefore requires review as it may be that there are individuals that require support with their benefits status

Co-occurring & Mental health needs

- The data suggests mental health treatment need was identified for under half of all drug only clients (49%, compared with 63% nationally), among these (70%) were getting treatment, comparable with 71% nationally)
- Lower rates of identification of co-occurring mental health and substance misuse have been an issue since 2017/18 and therefore require review.
- This requires prioritising, especially given these numbers are likely an underestimate of need among clients in substance misuse treatment due to potential underdiagnosis, eligibility thresholds for accessing mental health services, and underdeveloped care pathways

Measures of recovery - Successful completions

- Successful completion rates are better locally for all drug cohorts than the England average since 2017/18

Reduced use

- In 2020/21 abstinence rates at 6-month review, in the last 12-months for all drug groups were comparable to, or better than, national rates except for crack users

(39% abstinent locally compared with 48% nationally), however when trend data is examined dating back to 2016/17 this is not significant.

Time in treatment

- In 2020/21 the proportion of opiate users in treatment for six years or more in Barking & Dagenham was 23%, which was comparable to the national average (27%). Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems) will usually find it harder to successfully complete treatment so this is positive.

3 Criminal Justice pathway

Treatment population with prior convictions

- The proportion of adults in drug treatment in Barking & Dagenham with a prior conviction is 25% comparable with 29% nationally.

Substance misuse and prison – rates of Continuity of Care

- Continuity of care refers to the percentage of individuals who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other support and were successfully engaged. This is the same as the Public Health Outcomes Framework (PHOF) indicator C20
- In 2020/21 17.2% successfully engaged following release compared with 34.5% nationally. Rates have been fluctuating and below the national average since 2016/17 and therefore require focus, however caution must be applied to these inferences given the relatively low numbers and the impact of Covid-19 in the secure estate during this period.

Residential rehabilitation

- A total of 3 (0%) of drug clients were referred to residential rehabilitation from Barking & Dagenham compared with 2% nationally. These lower rates have been evident since 2016/17 and therefore require review as to the potential underutilisation of residential rehabilitation as a treatment option for drug users locally.

Overdose death prevention

- Naloxone is an antidote drug (administered via injection or nasally) which can reverse opiate overdose, it is used by paramedics and given to opiate users and their friends and family.
- In 2020/21 69% (n=243) of opiate adults in treatment in Barking & Dagenham were issued naloxone compared with 28% nationally, this is positive as it will be mitigating opiate overdoses and deaths and has been a trend dating back to 2017/18 (when this data began).

Deaths in treatment

- Deaths in treatments are not necessarily drug related, it means that someone died whilst engaged with community substance misuse treatment.
- In 2020/21 7-people died whilst in substance misuse treatment in Barking & Dagenham- all opiate users. Neither the local rate for total deaths nor per drug group is in excess of the national rate.
- A review of historical data dating back to 2016/17 suggests the proportion of deaths in treatment (for all drug groups) locally was below the national rate for all years dating back to 2018/19 and in excess of it between 2016/17-2017/18.

4 Key points for Alcohol: Barking & Dagenham (General population)

National Alcohol

- Nationally nearly 20% of the population drink at levels that increase their risk of harm and nearly 600,000 (2.8 x the entire population of Barking & Dagenham) are thought to be dependent drinkers.
- The annual costs of alcohol related harm in England are around £21.5bn.
- Parental alcohol misuse is strongly correlated with family conflict and with domestic abuse.

London Alcohol

- Across London, consumption data suggests that higher risk drinking has increased significantly during the pandemic, whilst alcohol-specific deaths rose by 23% in London in 2020.
- The rate of Alcohol related mortality in Barking & Dagenham is 37.2/100,000 comparable with the London rate (32.2/100,00) and the England rate (37.8/100,000). It is the 4th highest rate in London.

Barking & Dagenham Alcohol

- Barking & Dagenham residents are far more likely to abstain from alcohol than the rest of England and fewer (15.1%) are drinking over 14 units per week compared with the rest of England (22.8%). This is likely to be linked to its multicultural non-white demography who are less likely to drink alcohol/binge drink alcohol.
- Despite these lower rates, other proxy indicators of alcohol related harm in Barking & Dagenham, such as alcohol related hospital admissions, alcohol related mortality and alcohol related conditions such 'Admission episodes for alcohol-related cardiovascular disease' which is the 3rd worst in London, suggest 'hidden harm' and individuals that need specialist support not accessing it.

What works

- 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: 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.

4 Barking & Dagenham Adults Alcohol Users (Treatment Population) 2020/21

Rates of unmet need

There are an estimated 2,105 dependent drinkers in the borough of which 377 are in specialist treatment (described further in the Barking & Dagenham Treatment Population Profile). This equates to 18% of the potential alcohol dependent population which matches the England average. This rate has been comparable with/or better than the national rate since 2016/17.

Numbers in treatment

- There was a total of 251 Barking & Dagenham residents in alcohol only treatment at the end of 2020/21, with 178 starting treatment during the year. Since 2016/17 both numbers in treatment (-43%) and new presentations (-16%) have significantly decreased.
- The trend data in the graph below shows numbers in treatment and new presentations have both been on a downwards trajectory since 2016/17 and ticked up in 2019/20

Monthly alcohol units drunk by alcohol clients in treatment in Barking & Dagenham 2020/21

- 42% of clients drank <400 units in Barking & Dagenham in the 28-days prior to commencing treatment compared with 35% nationally, but 23% were drinking in excess of 1000+ units compared to the rest of England, and these will be extremely vulnerable complex individuals

Tobacco use

- The proportion of adult alcohol users identified as smoking tobacco at the start of treatment for drug misuse in Barking & Dagenham (57%) is much higher than the national average (43%),
- Given the relatively high figure, and the fact it has been in excess of the national average since 2017/18 (bar 2019/20), services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided.

Referral source into treatment

- Analysis of the sources of referrals into alcohol treatment in Barking & Dagenham in 2020/21 reveal that the most common source (44% of all referrals) is self-referral (63% nationally), followed by Social Services (17% compared with 4% nationally) and All other referral sources (16% locally compared with 13% nationally). Referrals come in from a broad variety of sectors (Hospital/ A&E, CJS etc) at a similar or better rate than the rest of England which is positive.

Waiting times

- Waiting times have historically not been an issue for Barking & Dagenham, with 100% of clients meeting the target time for entry into treatment of 3 weeks in 2020/21.

4.2 Protected characteristics

Gender & Ethnicity

- The data suggests a potential under-representation of the following cohorts in alcohol treatment, which requires culturally sensitive focus (where appropriate) as to potential barriers and how they can be mitigated:
- Female (comprise 43% of the Alcohol treatment population in 2020/21 compared with 51% of the general 2018 borough profile)
- Black African (comprise 8% of the Alcohol treatment population in 2020/21 compared with 18% of the general 2018 borough profile)
- Bangladeshi (comprise 1% of the Alcohol treatment population in 2020/21 compared with 6% of the general 2018 borough profile)

Age

- In 2020/21 the age profile is younger in the Barking & Dagenham treatment population with 39% under 40 (compared with 31% nationally) and 5% 60+ (compared with 12% nationally) and 13% in the general 2018 borough profile). This may require focus to ensure older adults are not facing barriers to accessing alcohol treatment.

Sexuality

- The proportion of service users identifying as gay/lesbian (2%) was similar in Barking & Dagenham compared to England (3%), although London has the largest LGBTQ community in the UK (estimated 3.8% compared with 2.7% nationally) so access and pathways may be worth reviewing.

Disability

- A comparable proportion (69%) of new clients in Barking & Dagenham had no disability compared with the rest of England (68%) and 4% cited a learning disability as a need compared with 2% of clients nationally.

4.3 Additional support needs

Parental status

- The majority of clients were not parents/no child contact 40% in Barking & Dagenham, significantly lower than the national percentage of 55%. Over a third (37%) were parents living with children compared with 22% nationally, which implies there are no barriers to parents accessing alcohol treatment which is positive.

Housing & Employment

- 4% (8) clients were homeless with urgent housing problem (compared with 2% nationally) and a further 19 (11%) had housing problems compared to 7% nationally. Therefore, interventions and pathways need to be in place to support clients with housing issues. Having said that, the majority (85%) of new clients in 2020/21 did not have a housing problem.
- Although over a third (35%) of alcohol clients are employed, matching the national figure (36%), nearly half, the majority, (48%) are unemployed or long-term sick/disabled (12%) compared to 41% and 18% respectively. Similar to the drug using cohort this trend of a significantly lower rate of long-term sick clients/disabled

clients locally compared with nationally this requires review to ascertain if there is a need for additional benefits support or a need to strengthen pathways to/from Job Centre Plus.

Co-occurring and Mental health needs

- The data suggests mental health treatment need was identified for over half of all alcohol only clients (52%, compared with 65% nationally), among these (79%) were getting treatment, compared with 80% nationally).
- Lower rates of identification of co-occurring mental health and substance misuse have been an issue since 2017/18 and therefore require review.
- This requires prioritising, especially given these numbers are likely an underestimate of need among clients in substance misuse treatment due to potential underdiagnosis, eligibility thresholds for accessing mental health services, and underdeveloped care pathways.

4.4 Measures of recovery

Successful completions

- Rates of successful completion for alcohol users have been consistent since 2016/17 (bar 2017/18), and latest data for 2020/21 suggest that rates of alcohol only users successfully completing and not re-presenting is now 37% comparable with the national rate of 35%.

Treatment engagement (preventing early drop out before 12 weeks)

- Rates of treatment engagement have been consistently better than the national average since 2016/17 and in 2020/21 7% of alcohol clients dropped out before 12 weeks compared with 13% nationally (although numbers are low ranging from 1-17).

Leaving treatment abstinent

- Abstinence rates at planned exit for alcohol clients were 61% in 2020/21, higher than the national rate of 53% and females more likely to become abstinent than males. Performance has been in excess of the national average since 2017/18
- For those who do not become abstinent there is an average reduction in drinking days from 18 to 8 (better than the national picture (20-days to 12-days respectively).

Time in treatment

- NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The length of a typical treatment period is just over 6 months, although nationally 12% of adults remained in treatment for at least a year.
- 68% of clients in Barking & Dagenham leave treatment between 1- 6 months compared to 65% nationally and there are no other outliers of concern.

Residential rehabilitation

- In 2020/21 3 people (1%) of alcohol clients were referred to residential rehabilitation from Barking & Dagenham compared with 2% nationally. As this is a

historically underutilised pathway (0% versus 2% in 2019/20 ;0% versus 3% in 2018/19; 2% versus 3% in 2017/18 and 1% versus 3% in 2016/17) the partnership may wish to review its use.

Deaths in treatment

- In 2020/21 3 people died whilst in treatment for alcohol use in Barking & Dagenham the rate for this cohort (1.20%) was comparable with the national average of 1.39.
- Rates have been lower than, or comparable with, the national average since 2017/18

5 Key points from the Stakeholder Consultation

Throughout October and November 2022, the Consultant interviewed 37 local professional stakeholders, in groups/individually, online and face to face, from the following areas:

Adult support

- Local Authority Staff (Community Safety team, Public Health team, Specialist intervention service, Family support and Safeguarding/ Family Drug & Alcohol Courts (FDAC), Core adult in-take team, Adults social care (Adult Safeguarding) and Community solutions (housing and homelessness)
- The adult substance misuse treatment service (Change Grow Live - CGL)
- Mental Health Services (North East London NHS Foundation Trust - NELFT)
- Criminal justice partners- The Metropolitan Police and National Probation Service (NPS)
- Domestic abuse support services (Refuge and Cranstoun)
- Department of Work and Pensions (DWP) Job Centre Plus

Young person's support

The young persons and young adults' substance misuse treatment provider (Subwize-WDP)

- Local Authority staff (Youth Offending Service (YOS), Community solutions, Family hubs, Early help, Children's Care and Support)
- Spark2Life (young person's peer mentoring project)
- Mayesbrook Park School (Pupil Referral Unit)
- Children and Adolescent Mental Health Services (CAMHS)

The purpose of these interviews was to ascertain:

- What's working in Barking & Dagenham in relation to substance misuse
- What's not working in Barking & Dagenham in relation to substance misuse/perceived gaps in provision and support/ barriers/underserved communities.
- What partnership working needs strengthening
- Solutions and recommendations.

The transcripts were qualitatively analysed for common themes which suggested the following, they have been split between adult and young people. The themes and suggestions regarding gaps have been used to underpin a set of recommendations (seen in the Recommendations section)

Adult

What's working well/ strengths in the system

- The interviews suggested a fairly well-resourced borough, working in a joined-up way with the following assets:
 - a robust adult substance misuse treatment provider- CGL,
 - Family Drug and Alcohol Courts (FDAC),
 - Pause Project,
 - Family hubs coming online,
 - a newly funded complex criminal justice team,
 - a robust Integrated Offender Management (IOM) model
 - homeless day centre (The Source) which allowed for substance misusing rough sleepers to access a primary care and CGL via satellite services.

Partnership working

- Partnership working between substance misuse partners was broadly described as robust in this small borough, with the monthly Tier 4/mortality/ criminal justice operational meetings cited alongside the tenacious spirit of the commissioner- Amolak Tatter- who was described as a connector, strengthening joined up working across the partnership.
- Whilst largely described as strong, one interviewee described partnership working as 'passive' overly reliant on the Local authority to lead.
- One weakness that came through time and time again was the Police who it was perceived do not share data/intelligence at the right level or at the right time (and at their own admission 'we need to reinvigorate buy in for the substance misuse agenda'). Partners felt this had been exacerbated by a high turnover of leadership and the Police going into a tri-borough arrangement with Redbridge and Havering resulting in a lack of specific B&D level data. The need for a Police Drug Strategy was suggested, outlining their approach regarding drugs (and associated drug supply, gangs, and violence).
- Other suggestions to strengthening substance misuse related joined up working included building stronger working links with Faith groups and the Voluntary sector.

What's not going well/weaknesses in the system

- It was observed that clients had become increasingly complex, with co-morbidities, requiring a more resource heavy multi-agency approach.
- A strong theme that emerged was the perennially complicated issue of co-occurring substance misuse and mental health problems, although this is not specific to Barking and Dagenham but a chronic issue across the whole of England, exacerbated by the rise in demand for mental health services, raising of thresholds and loss of staff.
- A theme that came up regarding the challenges that the care sector is facing is the 'recruitment crisis' within substance misuse and mental health providers. This is not exclusive to Barking & Dagenham or even London but will be exacerbated by the number leaving the sector post Covid-19, the new roles created by the additional funding, the escalating cost-of-living pressures for London.
- A strong local theme that emerged with both the adult and young people's stakeholders was that the borough is not 'intelligence led' there is a lack of data/intelligence sharing by the Police which means that the borough has not got a strong enough understanding of the following and how they interlink:

- Drug supply
- Violence
- Gangs (need mapping)
- County lines
- Child exploitation/missing children
-
- This blended into a theme that arose describing a ‘thriving’ drugs market in Barking & Dagenham, interlinked with the ‘normalisation’ of cannabis use.
- A complex theme that emerged was given the shift in the past 10 years in the borough’s demographic profile to become increasingly ethnically diverse, (between 2001 and 2016, the population increased by 25% and the proportion of White British residents fell from 90% of residents to less than 50%), respondents questioned if they are reaching all members of the community and if the council need to reconsider how services are delivered via community hubs or services communities DO engage with such a Primary care, rather than labelling these communities as ‘hard to reach’ or ‘non-engagers’.
- A strong theme to emerge was the need to shift the focus with substance misuse to early intervention/ prevention and this could be achieved by much requested drug and alcohol workforce training. This would need to be delivered on a rolling basis with a focus on case studies to embed contextual understanding and ensure the ethnically diverse workforces had a strong understanding of drug and alcohol issues which overcome cultural norms.

Perceived gaps in service provision and focus

Cohorts needing to be identified and offered interventions included (in order of citation):

- Eastern European cohort
- Black and Minority Ethnic (BAME) communities
- Women
- LGBTQ cohort and those with No Recourse To Public Funds (NRPF)
- Parents/ carers

Services and resources identified as potentially missing from Barking & Dagenham

- Were identified as:
 - an over reliance on short term funding,
 - a need for stronger awareness of domestic abuse and its links with substance misuse,
 - a lack of assertive outreach workers in the borough,
 - a need to embed substance misuse within Primary care,
 - the need for more robust links with the voluntary sector to support post treatment recovery and a Drug and Alcohol Policy for the Local Authority.

5 Young People

What’s working well/ strengths in the system.

It was felt the borough has a good young person’s substance misuse provider-Subwize WDP- with excellent leadership from their manager Tariq Musinguzi (who was cited frequently throughout the consultation).

Both Tariq and Subwize were felt to be embedded within the borough and an active participant on a number of multiagency panels (Crime exploitation group (CEG)/Multi-

agency Sexual Exploitation Group (MASE) and Multi-Agency Safeguarding Hub (MASH) and offering drug and alcohol training. Subwize was described as adaptive, responsive to emerging needs and working at the root causes/drivers of substance misuse for young people.

As with adult, a theme of robust partnership working emerged, facilitated by regular multi-agency Boards and Panels (see above).

A spirit of innovation emerged within the young people's consultation with a number of pilots being rolled out, not necessarily exclusively aimed at those using substances but cohorts whose use had emerged as a result of the pilot. However, these pilots and support organisations were often on precarious year on year grant funding which threatened their continuity.

Hidden harm is the term used to describe the potential impact of parental substance misuse on children and families, there are Hidden Harm workers within Subwize supporting this cohort, which emerged as a strength for the borough. In addition, it was felt there was a robust offer for the Transition cohort (18–24-year-old) via a Transition worker within the newly created complex CJS team, a Transition Panel and a DWP Pathfinder pilot working with this cohort.

What's not working/ weaknesses

Themes to emerge were

- The need to intervene earlier for young people with substance misuse, ideally in Primary school before problems emerge and it's too late.
- Need more focus and understanding regarding what works for girls around substance misuse, exploitation, and risk.
- The need to work in a more intelligence-led way via a data sharing agreement.

Perceived gaps in service provision and focus

- Gaps were highlighted as the need for more diversionary activities for young people and a need for drug and alcohol awareness training for the professional workforce and parents and the need for a focus on young people at risk of exclusion (as substance misuse may be an additional vulnerability for this cohort in both using and involved in dealing).