Adult and Young Peoples Substance Misuse Needs Assessment 2016

Completed by the Prevention, Inclusion and Public Health Team - April 2016

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WHAT DO WE KNOW?

1.0 Introduction

This needs assessment forms part of the Lewisham Joint Strategic Needs Assessment (JSNA) and informs the implementation of the Health and Wellbeing strategy and the Drug and Alcohol delivery plans. It provides an up-to-date picture about alcohol and drug related harm in Lewisham and suggests how it can be addressed. It allows Lewisham to demonstrate the effectiveness of the existing treatment system and highlights any gaps in treatment delivery, which prevent an individual from moving through and out of treatment and on to live a substance free life in the community.

This needs assessment was conducted between October 2015 and March 2016, by the Prevention and Inclusion Team (P&I) and Public Health, drawing on a variety of data sources.

Unless otherwise stated the needs assessment examines treatment data from 2014/15. Due to changes in treatment methodology (adults only) this report does not compare adult performance in 2014/15 with previous years, but looks at progress in Q2 2015/16.

2.0 Facts and figures

Alcohol and drugs use has a major impact on health, anti-social behavior, crime and other important social issues, including the well-being and development of children and young people.

According to the findings of the Drug Misuse Crime Survey 2014/15[1]:

- Around 1 in 12 (8.6%) adults aged 16 to 59 had taken an illicit drug in the last year. This equated to around 2.8 million people.
- Around 1 in 5 (19.4%) young adults aged 16 to 24 had taken an illicit drug in the last year. This proportion was more than double that of the wider age group, and equated to around 1.2 million people.
- Just over one-third (34.7%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.

There is a wealth of information available regarding the prevalence and impact of drug and alcohol use including:

- An estimated 300,000 people are dependent on crack and/or heroin in England
- There are reports of an increasing use of other psychoactive substances ('legal highs') and image and performance enhancing drugs and a growing concern about dependence on prescribed and over the counter medicines
- Alcohol is the leading risk factor for deaths among men and women aged 15 to 49 in the UK and alcohol impacts on other public health outcomes
- Over 9 million people in the UK drink at levels harmful to their health, with 1.9m showing some signs of dependence

[1] The Crime survey measures levels of drug use (only) in a national sample of 16 to 59 year olds. Figures refer to drug treatment in the last month and last year prior to interview, as well as drug use at any point in the respondents lifetime.

- Alcohol has been associated as a causal factor in over 60 conditions including liver disease, circulatory diseases, cancers and depression in those drinking at harmful levels and also those increasing risk drinkers
- Early deaths from liver disease are increasing. It is of concern that England has one of the highest death rates from liver disease in Western Europe and it is the only disease where the death rate among those under 65 has been rising.
- Drinking at higher risk levels increases the risk of alcohol-related disease. For example, the risk of liver disease is increased by 13 times and risk of coronary heart disease is increased by 1.7 times for men and 1.3 times for women.[2]
- An individual's drug use or dependence on drugs can significantly affect people around them including their family, friends, communities and society.
- An estimated one in three of the English treatment population has a child living with them at least some of the time.
- Presentations to treatment for opiates (all ages) have been falling over the last six years (55,494 to 44,356), reflecting the downward trend in prevalence of heroin use.
- Non-opiate-only clients had the highest rates of successful exits with almost two thirds (64%) completing treatment, followed by 61% of alcohol clients. Opiate clients had a completion rate of 30%.
- Sixty one percent of people who died while in contact with services in 2014-15 were opiate clients
- Overall numbers accessing treatment for alcohol have increased by 3% since 2009-10
- The estimated cost to the NHS of caring for an injecting drug user is £35,000 over their lifetime.
- Cannabis is the most common drug that young people, with more than four-fifths (86%) of young people in specialist services say they have a problem with this drug
- Alcohol is the next biggest problem substance with just over half the young people in treatment (51%) seeking help for its misuse during 2014-15.
- The number of deaths due to substance misuse over a seven year period from 2009 to November 2015 (latest data) was 183. Most of these (130 - 71%) were alcohol clients. Among those accessing treatment for drug use, there were 35 (19.1%) deaths, whilst deaths for substance misuser's dependant on a combination of both alcohol and drugs was 18 (9.8%) (Appendix 16).
- 34% of all drug related deaths are due to mixed drug and alcohol poisoning. 61% of all mixed drug and alcohol poisoning is due to opiates mixed with alcohol. Overall, 76% of all deaths (alcohol related and drug related and mixed drug and alcohol related) were in males. The age range all deaths related to drug and alcohol use was 20 to 93 years old. Most drug and mixed drug and alcohol deaths for men and women occurred in those younger than 60.

[2] PHE JSNA Support Pack

Local Prevalence Estimates

Drugs

The estimated number of opiate and/or crack users (OCU) and injectors in Lewisham is set out below:

	Lewisham		London	England
	Prevalence estimate (15-64)	Rate per 1000 of population		
OCU	2438	12.41	9.55	8.40
Opiate	1875	9.54	7.63	7.32
Crack	1823	9.28	6.96	4.76
Injecting	599	3.05	1.97	2.49

Source: PHE Prevalence Estimate 2011/12

Figures suggest Lewisham has a higher prevalence of opiate and/or crack users (OCU) and injectors (per 1000 of population) compared with the region and England average.

Alcohol

Estimates of abstainers, lower risk, increasing risk and higher risk drinkers:

	Population estimate for all groups			Population estimate for drinkers only	
	Lewisham		London	Lewisham	London
	n	%	%	%	%
Abstainers	46029	22.2	24.5	-	-
Lower risk	118194	57.0	52.1	73.2	69.1
Increasing risk	31873	15.4	15.8	19.7	20.9
Higher risk	11365	5.5	7.6	7.0	10.0

Source: NW England Public Health Observatory, Topography of Drinking Behaviours in England - August 2011

Figures suggest Lewisham has a higher proportion of lower risk drinkers (Appendix 13) in both cohorts compared with the London average. Estimates of drinkers and abstainers are broadly similar compared with the London average.

In Lewisham the rate of hospital admissions for alcohol related harm have increased from 1836 to 2300, per 100,000 residents since 2008/09[3]. The upward trajectory follows a similar trend compared with other geographic, but the rate in Lewisham is higher (and rising) (Appendix 14).

[3] Public Health Lewisham

Admissions to hospital for mental and behavioural disorders due to alcohol for Lewisham was 116.5 per 100,000 population, the rate for England was 84.1 per 100,000[4].

13% of those screened for health checks have excess alcohol intake (about 90 per quarter)[5].

Young People

While the majority of young people do not use drugs nor alcohol, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life[6].

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries[7].

The main prevalence data for trends in alcohol, drug and tobacco use amongst young people is the annual schools survey in England'[8].

- 46% of pupils aged 11-15 said they had drunk alcohol, smoked or tried drugs at least once.
- 38% drunk alcohol, 18% have smoked and 15% have taken drugs.
- 4% of pupils aged 11 were more likely to have sniffed volatile substances and (1%) taken cannabis

Prevalence data from other sources say:

- 11% of 15 year olds had tried cannabis at least once[9].
- The proportion of young adults aged 16 to 24 who had taken an illicit drug in the last year is similar to the findings of the 2013/14 survey, at 19.4% (around 1 in 5) from 19.0%[10].

Although the latest report shows declining trends in substance use overall, it highlights the increased risk of drug use among pupils who truant or who have been excluded from school and whose circumstances or behaviour already make them a focus of concern. The same survey also indicates that young people at risk of misusing drugs and alcohol are also likely to be smoking and that one of the factors linked to increased initiation of smoking is experimentation with drugs and alcohol[11].

[4] Public Health Lewisham
[5] Public Health Lewisham
[6] YP JSNA Support pack Public Health England 2015/16
[7] Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries
[8] Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre
[9] What About YOUth survey
[10] www.crimesurvey.co.uk/index.html
[11] Public Health England 2014

Admissions to hospital due to substance misuse for young people aged 15 to 24 in Lewisham, was 92.3 per 100,000 population against 70.3 in London and 88.8 in England – 2012/13 to 2014/15. The confidence intervals are quite wide for this indicator as it's only looking at a small section of the population, Lewisham are therefore deemed to be statistically similar to England. [12]

Accommodation Need

In order for an individual to sustain recovery it is imperative that they are able to reintegrate into the community and one way of enabling them to achieve this is to provide them with somewhere to live.

Many homeless people have one or more support need: 41 per cent alcohol; 31 per cent drugs; 45 per cent mental health[13].

Lewisham has almost double (16%) the proportion of adults reporting an urgent housing need (those with NFA and a housing problem) at the start of treatment compared with national average (9%), the majority of this cohort are males (Appendix 7).

According to PHE there are no young people in Lewisham reporting an urgent housing need. This is in line with the national picture. The majority of young people in treatment in Lewisham year to date reported living with their parents, other relatives or independent settled accommodation (85%), this is similar to the national average 82%.

Ensuring access to housing and housing related support services at the different stages of recovery can present a number of challenges for local partners as people may have a range of complex housing-related needs and therefore require a wide range of responses.

An individual may find it difficult to become stable in their treatment programme without access to suitable housing or housing support. They may also find it difficult to sustain their recovery post treatment, without a stable place to live[14]

Single Homeless Intervention Programme (SHIP)

Most of the housing stock and supported housing for homeless people comes under the umbrella of the Single Homelessness Intervention Programme (SHIP). Any homeless clients requiring 'supported' or other accommodation must apply through SHIP.

In 2015/16 there were a total of 535 units[15] in the Lewisham housing pathway. A snapshot exercise of 169 service users from the above cohort highlighted:

- 33 (20%) had a primary alcohol need
- 33 (20%) had a primary drugs need

Employment, Training & Education

[12] Public Health Lewisham
[13] http://www.crisis.org.uk/pages/rough-sleeping.html
[14] Public Health England

[15] Accommodation spaces

The Department of Work and Pensions (DWP) reports 1 in 15 benefit claimants has a drug or substance misuse problem. 1 in 25 benefit claimants has an alcohol misuse problem. Employment is a key component to establishing a stable life and allowing people to live independently.

NOMS Labour Market Profile for Lewisham[16]:

In 2014/15 the unemployment/economically inactive[17] rate for clients in treatment mirrored the national average (47%). Of this cohort, Lewisham has a higher proportion of individuals who are long term sick or disabled, at 29% against a national average of 21%.

Those in regular employment are lower, at 14% against 19% nationally. Being in work or accessing education and training is linked to better treatment outcomes (Appendix 7).

Jobcentreplus (JCP)

2014-2015 saw the success of partnership working between treatment agency and JCP partners seeing an increase of Treatment Provider Referral (TPR2)[18], Key Performance Indicators (KPI) being set for treatment providers to increase Employment Training and Education (ETE) activity and outcomes.

The drug strategy recognises ETE as a key indicator to successful outcomes and sustained recovery, recent work has seen an improved relationship between JCP Partnerships. The government has implemented a number of significant welfare reforms affecting every significant working age benefit claimant.

There are two key reforms, impacting a large percentage of service users locally:

- the transfer of claimants from Incapacity Benefit (IB) to either Employment & Support Allowance (ESA) or Jobseeker's Allowance (often referred to as 'ESA migration')
- the staged introduction of Universal Credit Start in February 2016

NOMS Labour Market Profile for Lewisham[19]:

On the 31st March 2012 Lewisham had a similar proportion of individuals in treatment on benefits, at 65% (561/862), against a national average of 61%. The majority were Employment Support Allowance, Incapacity Benefit and Income Support.

Employment, Education and Training at Start of Treatment (ETE - Young People under 18)

Over half (51%) of young people in treatment year to date are in school or further education college, this is similar to the national average (52%). A further (24%) are receiving education in a pupil referral unit or at home, again similar to the national average (20%).

Lewisham has a lower proportion of young people NEET, at 10% against 15% nationally.

[16] Lewisham Employed (74% in Employment, 64% employees & 10% self-employed) 6% Unemployed https://www.nomisweb.co.uk/reports/lmp/la/1946157254/report.aspx
[17] Not in employment or unemployed
[18] Form used by the treatment provider to share information with JCP
[19] https://www.nomisweb.co.uk/reports/lmp/la/1946157254/report.aspx

Young people are 2.1[20] times more likely to become NEET (six months or more) if they are using substances.

Local views - Service User & Carer Involvement

The prevention and Inclusion team remains committed to meaningful service user and carer involvement, working in partnership to build a robust, service user driven, recovery community that is valued and normalised practice.

In 2014-15 Lewisham established a growing recovery community, with the reach of involvement from SU from diverse backgrounds increasing, complex care, shared care, aftercare, YP and supported housing services. SU's were involved in co-production, engagement, development and commissioning activities.

A local pharmacy audit conducted in 2015 showed, service user where positive about their experiences of supervised consumption and OST pick up's.

Mutual Aid partners continue to be a valued partner in delivering recovery peer lead focus to the local drug and alcohol population. Mutual aid is bridging the gap for treatment naïve and offering an out of hour's service which creates recovery community opportunities. Local attendance has increased averaging 20-30 attendees per meeting.

Feedback from SU has highlighted the following gaps in treatment: lack of women's provision's and early opportunity to engage in treatment, financial hardship as a result sanctions introduced with changes to the benefit system, skills gap - lack of computer skills/ literacy.

[20] http://researchbriefings.files.parliament.uk/documents/SN06705/SN06705.pdf

3.0 What are the key inequalities?

Socio-economic status

Drug and alcohol related harms fall disproportionately on the poorest in society.

On the 31st March 2012 Lewisham had a higher proportion of individuals in treatment on benefits, at 65% against a national average of 61%. The majority were Employment Support Allowance, Incapacity Benefit and Income Support.

For the most deprived tenth of the population, hospital admissions, where the main reason for admission is alcohol, are 55% higher and alcohol related deaths 53% higher than the least deprived tenth of the population.

In 2014/15 the unemployment/economically inactive[21] rate for clients in treatment mirrored the national average (47%). Of this cohort, Lewisham has a higher proportion of individuals who are long term sick or disabled, at 29% against a national average of 21%.

Lewisham had almost double (16%) the proportion of adults reporting an urgent housing need at the start of treatment compared with national average (9%). The majority of this cohort were male.

An individual may find it difficult to become stable in their treatment programme without access to suitable housing or housing support. They may also find it difficult to sustain their recovery post treatment, without a stable place to live[22]

Sexual orientation

Lesbian, Gay, Bisexual, Transgender, Transsexual & Questioning (LGBTQ) clients

0.4%[23] of Lewisham households are made up of same sex couples in civil partnerships (Census 2011). This is more than double the average for England.

Gay or bisexual adults were more likely to have taken any illicit drug in the last year than heterosexual adults. In particular, gay or bisexual men were the group most likely to have taken any illicit drug in the last year (33.0 per cent had taken drugs in the last year), with higher levels of illicit drug use than gay or bisexual women (22.9 per cent) and heterosexual men (11.1 per cent)[24].

Local intelligence confirm the proportion of individuals from LGBTQ communities accessing specialist treatment services in Lewisham remains low 5%, similar to the previous year.

[25]There is a substantial body of evidence demonstrating that LGBT people experience significant health inequalities, which impact both their health outcomes and their experiences

[21] Not in employment or unemployed
[22] Public Health England
[23] http://www.lewishamjsna.org.uk/a-profile-of-lewisham/social-and-environmental-context/sexual-orientation
[24] Health & Social Care Information Centre (hscic) – Statistics on Drug Misuse – 2014
[25] Williams et al (2013) The LGB&T Public Health Outcomes Framework Companion Document

of the healthcare system. [26] Has substance misuse been considered as part of a wider investigation into the health inequalities affecting LGBT people?

Gender

Men are more likely to take drugs than women. Around one in eight (11.9%) men aged 16 to 59 had taken an illicit drug in the last year, compared with around one in eighteen (5.4%) women[27].

In Lewisham, in 2014/15, the ratio of adult males to females in the treatment population was 74% to 31%[28] . Males remain significantly over-represented in treatment compared with the national (70%) and population average[29]. The three groups - opiate, non-opiate and non-opiate and alcohol have a very similar distribution with just under three quarters of each group being male. It appears that the gap between men and women in treatment is widening as in Q2 2015/16 proportions increased to 79%, whilst females have decreased to 21% (Appendix 1).

In 2014/15 the ratio of male to female YP (aged 10-25) in the treatment population was 57% to 43%. Males made up the majority young people in treatment, higher than the general population in Lewisham in this age group (49%), but lower than the national average (65%). In Q2 2015/16 proportions have decreased for both cohorts to 53% and 21% respectively (Appendix 9).

Men (67%) are twice as likely to attend A&E due to an alcohol and violence incident than women, who make up just a third of attendances.

Vulnerabilities and gender differences

Self-harm[30] and sexual exploitation[31] are specific issues facing females in Young People's drug treatment in Lewisham, at 43% and 15%, against 5% and 0% respectively males. Nationally proportions for females are 33% and 12% respectively (Appendix 12)**.**

Based on the national prevalence of 7%, an estimated 1,302 children in Lewisham self harm between the ages of 11-16[32]. [33]As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. A number of reports have highlighted that substance misuse could be an indicator of child sexual exploitation and abuse.

[26] . The Lesbian and Gay Foundation www.lgf.org.uk/policy-research/the-lgbt-public-health-outcomes-framework-companion-document
16 www.lgf.org.uk/policy-research/JSNA
[27] Drug Misuse Crime Survey For England & Wales 2014/15
[28] PHE NDTMS statistics report
[29] Lewisham, Male 49% Female 51%
[30] Self-harm refers to the deliberate self-infliction of damage to body tissue. Association of YP Health – Adolescent Self Harm - 2013
[31] The sexual exploitation of children and young people is a form of child sexual abuse – HM Gov Safeguarding Children & YP from Sexual Exploitation
[32] Public Health Lewisham
[33] Public Health England 2014/15

Age

Younger people are more likely to take drugs than older people. The level of any drug use in the last year was highest among 16 to 19 year olds (18.8%) and 20 to 24 year olds (19.8%). The level of drug use was much lower in the oldest age group (2.4% of 55 to 59 year olds)[34]. Those who use other substances tend to be younger, as can be seen in the 20/14/15 Crime Survey for England and Wales. This survey shows that cannabis, ecstasy and powder cocaine are more commonly used by 16-24, with 16.3% using in the last year (compared with 6.7% for the general population aged 16-9).

According to PHE individuals are more likely to start using drugs in their late teens and early twenties and, seek treatment within eight years of first use. Non-opiate clients and Non-opiate and alcohol rend to be younger than clients who present for opiate use. A larger proportion will have started their heroin/opiate use in the 80's and 90s and are now in their 40s[35]. The number aged 40 and over accessing services in England has risen by 21% and the number aged 50 and over by 44%.

The median age of Opiate clients is 41 (38 national), slightly younger than non-opiates clients at 43 years of age (29 national) and alcohol & non-opiate clients at 44 years of age (34 national). Clients presenting with problematic alcohol use are the oldest with a median age of 45, in-line with the national average. The majority of clients in treatment 2014/15 were between the ages of 30 and 49 (Appendix 1). This compares with 35%[36] of the population.

However, the pattern of young people engaging in drug and alcohol use does not translate into numbers into treatment. The current young person's service works with 11-25 year olds and only 52% of the current clients are under 18 and the overall number in treatment is very small. Lewisham young people aged 16-17 represent the age group with the highest reported substance misuse need (40%) (Appendix 9).

Ethnicity

According to a substance misuse report from the Health and Social Care Information Centre – 2014, the prevalence of drug dependence varies with ethnicity. Black men are more likely (12.4%) and South Asian men are least likely (1.5%) than men from other ethnic groups surveyed, to report symptoms of dependence. In women this ranged from 4.8% of Black women to 0.2% of South Asian women[37].

Individuals recorded as white British made up the largest ethnic group in treatment (60%, 690) in Lewisham with a further 11% (130) from other white groups. This compares with a general population of 42% and 12% respectively.

In Lewisham Black African (11.6%) residents are now more numerous than Black Caribbean (11.2%) and Black Other have also seen a sizable increase from 2.1% to 4.1%. Yet Black African and Black Caribbean residents appear to be less well represented in treatment at 2.9%, 6.1% respectively (Appendix 2).

[34] Drug Misuse Crime Survey For England & Wales 2014/15
[35]Adult substance misuse statistics from NDTMS 2014/15
[36] ONS 2014
[37] Health & Social Care Information Centre (hscic) – Statistics on Drug Misuse – 2014

Borough Comparisons – Proportion in treatment:

	Lewisham	London
	Black African	Black Caribbean
Greenwich	1.8%	1.9%
Lambeth	1.6%	6.6%
Lewisham	2.9%	6.1%
Southwark	2.6%	6.1%

Source: NDTMS PHE

These figures (when taken in conjunction with the report from the Health and Social Care Information Centre) suggests that Lewisham is not alone in failing to engage Black Communities in treatment but that this represents a key inequality.

The majority of young people in treatment under the age of 18 are Black Caribbean, at 30% (24/79) against 6% of under 18's in general population. White British are second, at 22% against 15% of under 18's in general population and Black African third, at 10% against 8% of under 18's in general population. There are currently zero Mixed Asian, Indian or Bangladeshi young people in treatment (Appendix 10).

Clients in contact with the Criminal Justice System (CJS)

Lewisham has a significantly lower proportion of clients in treatment with an offending history, at 16% drugs and 4% alcohol only, against 58% and 6% nationally (Appendix 6).

These figures should be viewed with an air of caution due to organisational changes at the National Probation Service (NPS) and the Community Rehabilitation Company (CRC) which may be impacting on figures.

[38]The relationship between problem drug use and crime is complex. Even so, all the evidence indicates that problem drug users are responsible for a large percentage of acquisitive crime, such as shoplifting and burglary

4. Targets and Performance

Specialist treatment service - Adults

Individuals achieving the Public Health Outcome indicator 2.15 for Opiate and Non-opiate users demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. Successful completions are a key measure of a recovery focussed treatment system.

In Lewisham this remains similar to the national average, with 7.3% (58/791) Opiate users and 39.7% (160/403) Non-opiate users successfully completing[39] treatment in the twelve months up to 31st March 2015, against 7.2% and 38.5% respectively nationally.

[38] Public health England

[39] Free from substance misuse dependency or substance misuse is no longer problematic (the latter does not apply to heroin or crack)

Recent data covering the twelve month period to 30th September 2015 shows a decline in the numbers of adults successfully completing their treatment since the baseline, with only Non-opiates remaining in the top quartile at 47.4% (93/196). Alcohol only users successfully completing have fallen below the national average at 31.1% against 39.1% (Appendix 3).

Re-presentation[40] rates are relatively high in Lewisham compared with top quartile range, particularly for poly substance users and dependent drinkers. With 9/41 (22%) and 11/61 (18%), returning to treatment having successfully completed (Appendix 3).

[41] Individuals who re-present (i.e. those who have had many goes round the system) are less likely to complete treatment successfully. Circumstances can change, as does the ability to cope. Re-presentation is not necessarily a failure, individuals should be quickly re-assessed and a new care plan prepared to addresses changed needs.

Overall penetration rates for opiate and/or crack use in Lewisham are lower than the national average, with 34.4% of the estimated number of opiate and/or crack users in treatment compared with 52.1% nationally.

Treatment outcomes

Treatment outcome data in Lewisham shows that with exception of crack users, all other cohorts stop using in the first six months of treatment. 84 Lewisham clients reported using crack at treatment start and 24 (29%) were no longer using by 6 month review. This is just under the lower expected range 31% to 52%. Alcohol abstinence is within expected range.
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[42]Evidence suggests that clients who stop using opiates in the first 6 months of treatment are 4.3 times more likely to complete successfully than those that continue to use.

Employment and housing outcomes (treatment exit) have improved in the latest period but remain lower than national average for all adults (Appendix 4).

Access to suitable stable housing and housing related services contributes to a successful completion and sustained recovery. In addition, being in work or accessing education and training is linked to better treatment outcomes.

Further investigation is needed to understand why Lewisham has a larger proportion of opiate users still using at six month review, also with the following complexity factors that negatively impact on successful completions: using on top, injecting, unemployment and a housing problems, compared with the national average (Appendix 4). In addition, we need to address the large number using the substance longer than 21 years (career length), at 48% compared with a cluster average of 31% (Appendix 5).

[40] Individuals who have returned to treatment after completing treatment successfully
[41] Public Health England
[42] Public Health England

Harm Reduction

Blood Bourn Virus (BBV) testing presents an excellent opportunity to reduce long term harm to individuals in this high risk group through providing a pathway to treatment for those who carry a BBV, in addition to reducing long-term costs to health services.

Data on harm reduction initiatives around hepatitis in Lewisham shows that the rate of acceptance of HBV vaccination is above the national average (32.9% compared to 21.9%) with 30 starting and 35 completing a course of the 115 who accepted the offer. HCV testing rates for injecting drug users exceed national rates at 90% against 71%.

Clients in contact with the Criminal Justice System (CJS)

Lewisham have seen a considerable increase in referrals of offending clients from criminal justice services in the community to community treatment this quarter (from 12% to 45%), an indication that pathways between criminal justice and treatment agencies and are improving. However, there is still work to be done to increase numbers in treatment as Lewisham has a significantly lower proportion of clients in treatment with an offending history 47%, against 64% nationally (Appendix 5).

These figures should be viewed with an air of caution due to organisational changes at the National Probation Service (NPS) and the Community Rehabilitation Company (CRC) which may be impacting on figures.

Drugs & Alcohol – Lewisham Police Intelligence - 2012 to 2016

Under the Misuse of Drugs Act 1971 it is an offence to:[43]

- possess a controlled substance
- possess a controlled substance with the intent to supply
- unlawfully supply a controlled drug (even when there's no charge made for the drug)
- allow premises you occupy or manage to be used for the purpose of drug taking

The total number of drugs recovered by Lewisham Police under the Misuse of Drugs Act has increased from 1394 to 1706 (22%) since 2014.

As in previous years, cannabis was the most commonly recovered drug, at 80% (1367/1706) of all possessions recorded, second was cocaine at 10% (165/1706) and third heroin at 5% (79/1706). Proportions are similar to 2014, at 84%, 7% and 4% respectively.

[43] Police UK

Referral Sources into Drug & Alcohol Treatment in Lewisham in 2014/15

The most common referral route into treatment in 2014/15 was self for all individuals across all substance groups. This is consistent with the national picture. Opiate referrals from this source were highest at 65% against 47% nationally. In Q2 2015/16 referrals from this source have fallen to 53%.

These figures should be viewed with an air of caution as individuals may not disclose the correct referral route at assessment, and will therefore be recorded on NDTMS as a self-referral.

For alcohol only clients, the next common referral from this source was through health services 19% (GP 12%, Hospital & A&E 3% and other Health 4%). This compares with 33% nationally. In Q2 2015/16 referrals from this source have grown to 26%.

In contrast, health services accounted for 6% of opiate client referrals against 10% nationally. The criminal justice system was the second most common referrals source for opiate clients (22%). This compares with 9% of referrals coming from the criminal justice system for alcohol only clients. Overall 4% of referrals came from substance misuse services, against 9% nationally (Appendix 6).

Prescription Only Medication and Over the Counter Medication (POM/OTC)

The 2010 Drug Strategy[44] covers dependence on all drugs, including addiction to medicines (ATM), individual's dependant on prescription only medicines (POM) or over-the-counter (OTC) medicines.
According to the Addiction to Medicine (ATM)[45] report published in 2011, between 1991 and 2009, community prescribing of Opioid medicines, has increased from 228.3 million to 1384.6 million items.

In 2014/15 147 (12%) of clients in treatment reported an addiction to medicines (ATM). Including 130 dependant on a combination of illicit drugs and POM and OTC, and an additional 17 whose primary substance of choice is POM and OTC - only. The majority are Male at 69%. The proportion in Lewisham is generally similar to the national average (Appendix 6).

Given the changing trends in substance misuse and the increase in dependence on medicines (ATM), it is important that commissioners of substance misuse treatment in Lewisham have an understanding of not only illicit drug use, but also addiction to medicines, in order to ensure services have the capacity to support local needs.

Young People (young people under 18)

Lewisham has seen the number of YP receiving specialist treatment fall by 18 % from 199 to 163 (12 month rolling). The direction of travel in Lewisham is three times the national (-6%),

[44] http://www.nta.nhs.uk/search.aspx?query=Drug+Strategy+2010

[45] http://www.nta.nhs.uk/uploads/addictiontomedicinesmay2011a.pdf

although other like boroughs have also experienced significant decline (Southwark -50% and Greenwich -27%).

This could be for a number of reasons including, the reduction of YP in alcohol and drug treatment across all geographic has fallen to 18,349 from 19,126 since 2013/14, it is also suggested that the pull on resources and closure of YP provisions may have impacted on referral pathways into treatment and the reconfiguration of the treatment system in Lewisham.

Treatment Exit

Planned exits remain above baseline and national average, at 86% (44 out of 51 young people exiting the treatment system successfully), against 80% nationally. This suggests that services are responding to the needs of YP and helping them to overcome dependency.

Referral Source

Referrals to services in Lewisham are widely spread from a variety of sources, with 33% of referrals from 'self, family and friends' against a national average of 12%. The biggest increase in referrals came from Youth Justice Service, at 22% from 9% in previous quarter. Referrals from A&E remain low, similar to the national picture (appendix 11).

Effective partnership working will help to unblock referral pathways and increase numbers in treatment.

Vulnerabilities of YP in treatment

The majority of YP who present to substance misuse treatment in Lewisham have at least one vulnerability, which together reduces the social tools most YP would be able to draw upon to help them overcome difficult periods.

The proportion of YP in Lewisham who began using problem substances before the age of 15 has reduced from 99% to 84% (93% nationally) and those not in education, employment or training (NEET) from 18% to 14% (18% nationally) since 2014/15.

Those involved in offending/ anti-social behaviour has increased from 36% to 54% in the same period (33% nationally) (Appendix12).

Gender differences

In 2014/15 self harm and sexual exploitation are highlighted as specific issues facing females in YP treatment in Lewisham, at 43% and 15% (5% and 0% males). Nationally proportions are 33% and 12% respectively (Appendix 11).

Based on the national prevalence of 7%, an estimated 1,302 children in Lewisham self harm between the ages of 11-16[46].

[46] Public Health - Lewisham 2015

Child sexual exploitation is a form of child sexual abuse. As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. A number of reports have highlighted that substance misuse could be an indicator of child sexual exploitation and abuse[47].

Although these figures suggest a large difference between sexual exploitation experienced by boys and girls, research from Barnardo's has highlighted difficulties in identifying sexual exploitation of boys and young men because they often do not disclose abuse.

Substance misuse services need to consider gender specific treatment interventions where the need is highlighted.

Youth Offending

The majority of young people who present to Lewisham's treatment services have at least one aggravating factor to their personal circumstances which increases their likelihood of substance misuse and reduces the social tools that most young people would be able to draw upon to help them overcome difficult periods such as addiction.

In 2014/15 the proportion of YP in substance misuse treatment involved in offending/antisocial was similar to the national average, at 36% against 32% nationally (Appendix 14).

Alcohol

The overall proportion of clients in treatment with problematic alcohol use in 2014/15 mirrors the national average (51%), 287 of these individuals presented with alcohol alone, with the other 454 individuals reported use of other substances. In Q2 2015/16 presentations have fallen to 45%[48].

Lewisham had a significantly higher proportion of clients in treatment drinking at higher risk levels at treatment start, compared with the national average, at 81% against 75% nationally (Appendix 14)[49].

Lewisham had a higher proportion of individuals in alcohol treatment consuming 1000+ units at treatment start, at 27%, against 19% nationally (Appendix 14)[50].

Lewisham had a significantly higher proportion of adults attending residential rehabilitation for alcohol treatment compared with the national average, at 11% against 3% nationally (Appendix 14)[51].

Lewisham had higher proportion of opiate clients new to treatment, reporting problematic drinking 9 days or more (26%), compared with the national average 21% (Appendix 15)[52].

[47] Public Health England 2014/15
[48] PHE Recovery Diagnostic Tool 2014/15
[49] PHE Alcohol JSNA Support Pack
[50] PHE Alcohol JSNA Support Pack
[51] PHE Alcohol JSNA Support Pack
[52] PHE Alcohol JSNA Support Pack

Admission to hospital for mental and behavioural disorders due to alcohol for Lewisham was 116.5 per 100,000 of the population, the rate for England was 84.1 per 100,000 of the population [53].

Lewisham have seen the number of alcohol and violence related attendances at Lewisham A&E, fall from 108 to 60 (44%) since records started in July 2010 (appendix 16)[54].

Men (67%) are twice as likely to attend A&E due to an alcohol and violence incident than women, who make up just a third of attendances. Those aged 16-35 are over represented in such A&E attendances, contributing over half of the total number of attendances, despite comprising only a third of the total population.

Saturdays and Sundays have the most number of attendances throughout the whole period analysed. Attendances tend to be clustered between 5-7pm, 10-11pm and 12-1am. After 4am, attendances are lower and gradually increase after 10am towards lunch time.

5.0 National and local strategies

National Drug Strategy 2010[55]

The National Drug Strategy, 2010 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the outcomes highlighted;

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

The Home Office is currently consulting on the development of the new 2016 Drug Strategy; where it is assumed that the focus will continue to remain on abstinence and recovery but with an emphasis on providing holistic interventions and treatment services with less financial resources.

Public Health Outcomes Framework (PHOF)[56]

The Public Health Outcomes Framework Healthy lives, healthy people: Part 1 'Improving Outcomes and Supporting Transparency sets the overall context. There are two high-level outcomes, linked to further indicators four 'domains' across public health. The specific outcomes which relate to drugs and alcohol include:

[53] Public Health Lewisham
[54] Public Health Lewisham
[55] Drug Strategy 2010 – Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life
[56] http://www.phoutcomes.info/

1) 2.15: Successful completion of drug treatment – Individuals achieving this outcome demonstrate a significant improvement in health and well being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

2) 2.16: People entering prison with substance dependence issues who are previously not known to community treatment - There is significant evidence that treatment interventions for the management of substance misuse can help to reduce re-offending'

3) 2.18: Alcohol related hospital admissions – This indicator measures progress made in reducing alcohol-related accidents, injuries, assaults and self-harm.

4) 4.06: Under 75 mortality rate from liver disease.

Lewisham Health and Well Being Strategy - "Health and Wellbeing for all Lewisham residents by 2013"

Over the next three years (2015-18): the overall priorities for action are:

- to accelerate the integration of adult, children's and young people's care;
- to shift the focus of action and resources to preventing ill health and promoting independence;
- supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health.

Collective and concerted action on these three priorities, working with local communities, could bring about significant population level improvements. These priorities align with, and support delivery of, key national and local policies and programmes. These include the NHS five year Forward View, the Care Act, the Our Healthier South East London Consolidated Strategy, Lewisham's Adult Integrated Care Programme, and Lewisham's new Children & Young People's Plan. All these policies and programmes prioritise integration, prevention, collective action and stronger communities.

Reducing Alcohol Harm from is one of the key priorities in the ten year Lewisham Health and Well Being Strategy. The key actions to be delivered from 2015-18 on Reducing Alcohol Harm are:

- Practitioners to be skilled in identifying those at risk from alcohol harm and in delivering brief interventions
- Fewer drinkers at increased or higher risk of harm from alcohol and a decrease in the number of alcohol-related hospital admissions
- More people accessing and completing alcohol treatment services.
- Young people successfully exiting treatment in a planned way.
- A decrease in alcohol use by adults and young people across the borough
- Stabilise the number of early deaths from liver disease in Lewisham and, to achieve the same or lower levels as England

An Alcohol Delivery Group meets on a quarterly basis to develop, refine and monitor these actions. Progress to date is as follows:

- There has been a continued focus on enforcement regarding the availability and supply of alcohol and the Licensing Policy has been reviewed
- Increase in numbers screened for alcohol: All pregnant women are now screened for alcohol. Proportion of those having NHS Health checks screened for alcohol has increased significantly to almost 100% and is now embedded in programme.
- Increase in the number of front line workers trained to identify alcohol misuse and deliver brief interventions
- The Specialist alcohol care team at Lewisham hospital has become increasingly effective at reaching dependent drinkers in A & E and as inpatients, although their capacity is stretched and below the national average
- From April 2015 Specialist services for young people and shared care with GPs were re-commissioned from new providers

An Alcohol Harm performance Dashboard is used by the group to measure success and there are a number of indicators which are reported to the Health and Well Being Board on a regular basis:

- Alcohol related admissions rate
- Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions
- Mortality from liver disease in males under 75

Health and Wellbeing Strategy Delivery Plan 2015-18:

Performance measure	Current performance	Comparator performance	Target 2017/18	Who is monitoring this?
Alcohol related admissions (ASR per 100,000 pop)	606	645	N/A	Alcohol Delivery Group
Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions (Local source)	500	N/A	1000	Alcohol Delivery Group
Mortality from liver disease in males under 75 (DSR per 100,000)	31.3	23.4	N/A	Alcohol Delivery Group
Mortality from liver disease in females under 75 (DSR per 100,000)	13.2	12.4	N/A	Alcohol Delivery Group

Source: Public Health Lewisham

The Safer Lewisham Partnership (SLP)[57]

The Safer Lewisham Partnership is the statutory crime and disorder partnership for Lewisham. The Partnership has a duty to conduct an audit of crime, disorder, anti-social behaviour and drug misuse in Lewisham, to consult widely on the findings and set strategies to tackle the issues identified. The Partnership meets quarterly and is chaired by the Mayor of Lewisham.

[57] http://www.lewishamstrategicpartnership.org.uk/partnership_safer.asp

Lewisham Children and Young People Plan (CYP) – 2015/2018[58]

The Lewisham's Children and Young People's Plan 2015 – 2018 sets out the aims and priorities for all agencies working with children and young people across the borough. The specific outcome area which relate to drugs and alcohol is Be Healthy & Active' – HA5: which aims to reduce the prevalence and impact of alcohol, smoking and substance misuse.

Success is measured by the following performance indicators:

Performance measure	2014/15 baseline	Comparator baseline	Target 2017/18
5 Lewisham 15 year olds classified as smokers (regular & occasional)	8%	8% (national)	7%
No. of young people under 18 in substance misuse services	127	N/A	
% of Lewisham children accessing substance misuse services with positive outcomes	62%	80%	90%

Source: 'It's Everybody's Business' Lewisham's Children & Young People's Plan 2015 – 2018

6. What works?

Investing in effective prevention, treatment and recovery interventions is essential for tackling the harm that drugs and alcohol can cause, helping users overcome their addiction, reducing involvement in crime, sustaining their recovery, and enabling them to make a positive contribution to their family and community.

Treatment works. [59]The link between crime and drug and alcohol misuse is well established. There is significant evidence that treatment interventions for the management of substance misuse can help to reduce re-offending[60]. For every pound spent on treatment there is a saving of £3 pounds on crime. As well as saving on costs associated with social problems and poor health. Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis 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[61].

[62]Effective health and public-health commissioning of specialist treatment that achieves positive outcomes for individuals, families and communities by:

[58] http://www.lewisham.gov.uk
[59] Public Health England
[60] http://www.nta.nhs.uk/prison-based.aspx
[61] Public Health England 2014
[62] PHE Adult Drug and Alcohol Prevention and Treatment – Good Practice 2015/16

- Effective partnership working between local authority-led public health, the NHS (clinical commissioning groups and NHS England local area teams), mental health services, Jobcentre Plus, Work Programme providers, adult social care, children's services and criminal justice agencies
- Drugs misuse and dependence are prevented through early identification and interventions
- There is prompt access to effective treatment
- Operating transparently according to assessed need
- Bringing providers and mutual aid together
- Service user and local communities involvement, including through Healthwatch
- Access to suitable accommodation
- Support into work
- Integrated recovery support around training, education, voluntary work and general improvement of skills and work experience

Alcohol

Evidence points to a multi faceted and integrated response aimed at individual drinkers, at risk groups and whole populations and best practice includes the following:

a) Effective population level approaches are in place which will reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol related harm.
b) Large scale delivery of identification and brief advice (IBA) to those at the most risk of alcohol related ill-health. Early interventions aimed at individuals in at risk groups can make people aware of the harm they may be doing and prevent extensive damage to health and well-being.
c) Specialist alcohol care services for people in hospital.
d) Prompt access to effective alcohol treatment. There are packages of psycho social support, pharmaco-therapeutic and recovery interventions that are accessed by target populations and deliver sustained recovery from alcohol dependency

Young People

Intervening early works and saves money:[63]

- Young people's drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year
- Drug and alcohol interventions can help young people get into education, employment and training, bringing a total lifetime benefit of up to £159m
- Every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8
- [64]Patterns of young people's drug and alcohol use often change, so services need to be flexible and respond effectively to changing needs. Cannabis and alcohol are the most common substances that young people say they have a problem with when they present to specialist substance misuse services. However, organisations working with young people should be prepared to deal with all substances, including tobacco and novel psychoactive substances. A small minority will present with class A drug problems (such as heroin and cocaine).

[63] PHE Alcohol and drugs prevention, treatment and recovery: why invest?
[64] PHE YP Drug and Alcohol Prevention and Treatment – Good Practice 2015/16

Whilst not all young people's substance misuse is problematic, and not all of those who do have problematic use go on to become entrenched addicts, there is clearly a need to provide exceptional interventions providing both prevention and specialist treatment to reduce harm and to ensure young people who have problematic substance misuse overcome this.

There are a number of specific issues facing girls; including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence, and involvement in sexual exploitation. Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols[65].

Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, better educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex[66].

A good public health approach should however consider the needs of developing young adults up to the age of 24, a period which includes heightened stages of exposure to health and wellbeing risks. Clear transitions and joint care plans with adult services will help under 18s who require on-going support beyond their 18th birthday[67].

7 Current activities and services

Lewisham actively seeks to meet the changing needs of Lewisham residents in relation to those seeking help and treatment to address substance misuse issues.

In February 2014 the DAAT Board agreed that the system be re-designed in order to better meet the needs of the following groups:

- Alcohol users
- Young people under the age of 25
- People who wish to access services in primary care settings
- People who come into contact with the criminal justice service
- Minority groups who do not wish to access a mainstream integrated drug service

This redesign led to the creation of the following commissioned services in Lewisham:

- Core Adult Treatment Service
- Community based/shared care service for people with drug and alcohol problems
- Reintegration & Aftercare Service

[65] Public Health England 2014
[66] The Health of Lewisham Children and Young People, The Annual Report of the DPH of Lewisham 2015
[67] Public Health England 2014

- Drug and alcohol treatment service for young people under 25

Core Adult Treatment Service

The treatment system had at its heart a large integrated service delivering interventions for adults aged 18 and over (those aged under 25 can also access the young person's service described below) provided by CRI (now known as CGL)[68]. The service delivers support, treatment and rehabilitation interventions to promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training.

The service provides prescriptions for substitute medications such as methadone as well as community alcohol detoxification and managing the interface with the Criminal Justice System and all health services including GPs, hospitals, and pharmacies. CGL provide a lead nurse to work with the Liaison Antenatal Drug Service (LANDS) midwife, a consultant addictions psychiatrist in the women's health clinic, Midwifery department at University Hospital Lewisham. Social workers and health visitors also work with patients to address some of their wider support needs, i.e. child protection issues, parenting issues and financial support and advice.

CGL also delivers a needle exchange programme throughout the borough. The service comprises of 7 pharmacies and 5 non-pharmacy sites, including CGL's treatment base in Lewisham High Street.

In accordance with NICE guidelines, all sites offer a range of disposable equipment including needles and sharps bins and advice about safe injecting practice[17]. At each contact, clients are advised about how to minimise the risk of infection and arrangements for testing can be made.

Primary Care Recovery Service (PSRS)

The Lewisham Primary Care Recovery Service is a community based treatment service for people with drug and alcohol problems, working alongside GPs, Pharmacists, Nurse and Health Care Workers to deliver shared care.

Services include: assessment, titration, alcohol screening, brief/extended interventions nurse led community detoxifications, Intensive key-working, pre and post detox support, group work peer support and BBV screening.

Reintegration & Aftercare Service (ReAL)

ReAL is an abstinence-based service offering support and advice to people working on their recovery from drugs and/or alcohol, by building resilience and relapse prevention; alongside opportunities to gain and build skills to move on and out of treatment. The service also provides support and opportunities to access employment, training and education.

[68] CRI changed their name from Crime Reduction Initiatives (CRI) to 'change, grow, live'(cgl) w.e.f 1st April 2016

Drug and alcohol treatment service for young people under 25

Lifeline – The Hub is a drug and alcohol service for young people up to the age of 25. There is a specialist transition worker and an agreement to use a common triage assessment with adult services for 18-25 year olds.

Much of the work is carried out in satellite sites across the borough including youth centres, YOS, Probation, housing providers and Lewisham Hospital.

In addition to these commissioned services the council also provides a range of services and interventions via other means:

Detoxification and rehabilitation

Residential detoxification is delivered via core contracts with 3 providers while rehabilitation provision is procured on a needs led basis via a framework agreement.

Hidden Harm Service

It is important to provide smooth pathways into specialist treatment for possible hidden harm population(s) of alcohol-dependent parents, or those with childcare responsibilities. [69]Over a quarter of the English treatment population has a child living with them at least some of the time. The overall number of substance using parents or those with childcare responsibilities in treatment in Lewisham is lower than the national average (Appendix 8).

The Hidden Harm Service[70] was created in 2010 in response to the rising issue of parental substance misuse. In Lewisham this service effectively links adult services with children and family services ensuring that the family receives a holistic, co-coordinated and comprehensive approach with easy access to appropriate services to address their needs.

28%-33% of all Children's Social Care cases involve parental substance abuse, each case has an average of 2 children affected and 57% of the cases are Child protection. 18% of all children's social care cases have parental mental health and substance misuse. Children's social care caseloads show that in 29% of cases parental mental health is a significant problem, in each case an average 1.4 children is effected and 61% of these cases are child protection, if there is parental substance misuse as well this child protection figure rises to 90%.

The Hidden Harm service has worked with 73 parents in 2014/15 and supported them to access drug or alcohol treatment within the borough. In 42.3% of all referrals to Hidden Harm, alcohol is the primary substance; it plays a part in 57.6% of the total referrals.

[69] PHE JSNA Support Pack
[70] The service works with all children and young people from ages 0-18

There are a number of effective population level approaches in place which reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol related harm:

Crime, Enforcement & Regulation (CER) Service

The new service, which commenced in August 2015, sits within the Crime Reduction Service and works to deliver strategic objectives set by the Safer Lewisham Partnership. It amalgamates four previously existing service areas within the council and their related functions, including trading standards, licensing, community safety and public health and nuisance. The CER service is responsible for responding to complaints and meeting statutory requirements and responsibilities across these thematic areas. It has four teams of officers who have delegated authority to enforce relevant legislation across those areas.

The service also acts as the licensing authority for the London borough of Lewisham and is responsible for delivering all licensing functions of the council. This involves, processing applications to statutory deadlines, supporting the licensing committee in its duties and enforcing and where necessary prosecuting against breaches of licensing conditions.
A new Statement of Licensing Policy has recently been agreed, which includes a review of the Cumulative Impact Zones, with a view to extending or increasing the number in Lewisham.

The Director of Public Health is now a Responsible Authority under the Licensing Act and utilises intelligence about alcohol harm to different population groups, including geographical areas within Lewisham to make representations to the Licensing Committee and to inform the future development of Cumulative Impact Zones.

Schools

Lewisham Public Health provide a whole school and wider community approach to drug and alcohol education, within Primary and Secondary Schools for a fee. Along with workshops to help parents/carers gain accurate information and dispel the myths around drugs and alcohol under a Service Level Agreement with each school.

Alcohol Identification Brief Advice Training programme

A training programme to enable large scale delivery of identification and brief advice (IBA) to those at the most risk of alcohol related ill-health contributes to the Health and Well Being board's plan to increase the number of brief interventions delivered in a range of lifestyle areas. It started in July 2013 and has trained over 750 front line staff so far and offered briefing sessions to managers. The aim of IBA is to introduce the concepts of alcohol related harm and how to deliver an evidence based intervention. The training explores the learning and provides participants with practical skills needed to deliver alcohol IBA with their everyday work routine.

The IBA training is delivered by the Alcohol Academy aimed at non – specialist workers (i.e. not alcohol workers) to a wide range of groups and settings, who have face to face contact with the public. The training includes post training evaluation to monitor outcomes.

WHAT IS THIS TELLING US?

8.0 What are the key gaps in knowledge and/or services?

(Percentages may equal more than 100% due to rounding)

The ratio of adult Males to Females in treatment population was 74% to 31%.

The ratio of Males to Females (aged 10-25) in the treatment population was 57% to 43%.

Lewisham has a significantly lower proportion of under 18's in treatment at 52% against 83% nationally. Young people aged 16-17 represent the age group with the highest reported substance misuse need (40% - 107/270) in Lewisham.

African (11.6%) adult residents are now also more numerous than Caribbean (11.2%), yet these client groups appear to be less well represented in treatment at 2.9% (33/1155) and 6.1% (71/1155) respectively.
The majority of young people in treatment under the age of 18 are Black Caribbean, at 30% (24/79) against 6% of under 18's in general population. White British are second, at 22% against 15% of under 18's in general population and Black African third, at 10% against 8% of under 18's in general population. There are currently zero Mixed Asian, Indian or Bangladeshi young people in treatment.

Recent data covering the twelve month period to 30th September 2015 shows a decline in the numbers of adults successfully completing their treatment since the baseline. Alcohol only users successfully completing have fallen below the national average at 31.1% against 39.1%.

Re-presentation rates are relatively high in Lewisham compared with top quartile range, particularly for poly substance users and dependent drinkers. With 9/41 (22%) and 11/61 (18%), returning to treatment having successfully completed.

The number of YP receiving specialist treatment has fallen by 18 % from 199 to 163 (12 month rolling).

Self-harm and sexual exploitation are specific issues facing females in YP treatment in Lewisham, at 43% (20/46) and 15% (7/46), against 5% (5/97) and 0% (0/97) respectively males. Nationally proportions are 33% and 12% respectively

Lewisham had a large proportion of opiate clients using the substance longer than 21 years (48% - 372/780), compared with a cluster average of 31%

Lewisham has a significantly lower proportion of clients in treatment with an offending history, at 16% (191/1193) drugs and 4% (11/286) alcohol only, against 58% and 6% nationally.

Lewisham had a significantly higher proportion of clients in treatment drinking at higher risk levels at treatment start, compared with the national average, at 81% (234/289) against 75% nationally.

Lewisham had a higher proportion of individuals in alcohol treatment consuming 1000+ units at treatment start, at 27% (78/289), against 19% nationally.

Lewisham had a significantly higher proportion of adults attending Resi Rehab for alcohol treatment compared with the national average, at 11% (31/294) against 3% nationally.

Lewisham had higher proportion of opiate clients new to treatment, reporting problematic drinking 9 days or more (26% -101/387), compared with the national average 21%.

Admission to hospital for mental and behavioural disorders due to alcohol for Lewisham was 116.5 per 100,000 population, the rate for England was 84.1 per 100,000.

Lewisham had almost double (16% - 87/533) the proportion of individuals reporting an urgent housing need (those with NFA and a housing problem) at the start of treatment compared with national average (9%).

Lewisham had a higher proportion of individuals were long term sick or disabled, at 29% (154/533) against a national average of 21%.

Those in regular employment are lower, at 14% (73/533) against 19% nationally. Being in work or accessing education and training is linked to better treatment outcomes.

On the 31st March 2012 Lewisham had a similar proportion of individuals in treatment on benefits, at 65% (561/862), against a national average of 61%.

Lewisham had a larger proportion of opiate users still using at six month review, also with the following complexity factors that negatively impact on successful completions: using on top, injecting, unemployment and a housing problems, compared with the national average.

The overall number of substance using parents or those with childcare responsibilities in treatment in Lewisham is lower than the national average.

It is of concern that deaths from liver disease among people under 75 are increasing in Lewisham as in England. Most of these deaths are due to alcohol misuse. Deaths among under 75s for all other causes are decreasing.

The proportion of individuals from LGBTQ communities accessing specialist treatment services in Lewisham remains low, similar to the previous year.

Given the changing trends in substance misuse and the increase in dependence on medicines (ATM), it is important that commissioners of substance misuse treatment in Lewisham have an understanding of not only illicit drug use, but also addiction to medicines, in order to ensure services have the capacity to support local needs.

Feedback from service user has highlighted the following gaps in treatment delivery:

- lack of women's provision's and early opportunity to engage in treatment
- financial hardship as a result sanctions introduced with changes to the benefit system
- skills gap - lack of computer skills/ literacy.

9.0 What is coming on the horizon?

The Home Office is currently consulting on the development of the new 2016 Drug Strategy; where it is assumed that the focus will continue to remain on abstinence and recovery but with an emphasis on providing holistic interventions and treatment services with less financial resources.

At the time of writing the New Psychoactive Substances (NPS) Bill had just been delayed and it is unclear when this will return to Parliament but it seems clear that this area of substance misuse is likely to increase over the coming years.

Given the changing trends in substance misuse and the increase in dependence on medicines (ATM), it is important that commissioners of substance misuse treatment in Lewisham have an understanding of not only illicit drug use, but also addiction to medicines, in order to ensure services have the capacity to support local needs.

Pregabalin misuse

Local intelligence has highlighted an increase in the misuse of pregabalin[71], which has resulted in an increase in issues with local treatment providers and other partnership agencies. A Pregabalin Dependency Pathway has been developed in Lewisham to ensure a consistent approach to prescribing, especially where patients are requesting increasing doses, younger male patients are presenting with vague symptoms of nerve pain/anxiety or newly registered patients are specifically requesting pregabalin.

Understanding the interdependency of sex and substance misuse

There is a changing demographic profile of Lewisham and increasing number of men who have sex with men living in Lewisham. Understanding the interdependency of sex and substance misuse, including chemsex and risks associated with each will be required in addition to ensuring that any commissioning of specialist services ensures effective working with sexual health services.

Updated alcohol consumption guidelines

The Department of Health has released updated alcohol consumption guidelines that will take effect immediately (although the wording is being consulted on until April 1st 2016). The new guidelines state that:

- There should be single guideline for men and women: This will now be 14 units a week for both men and women.
- There is an additional recommendation not to 'save up' 14 units for one or two days - but instead to spread them over three or more days
- A 'protective effect' is less significant than it was - i.e. one or two glasses of red wine does not prevent you from getting heart disease, as is often reported
- Alcohol and pregnancy: The previous line 'If pregnant women choose to drink they should limit their drinking to one or two units once or twice a week' will be removed to remove the current ambiguity around drinking in pregnancy

[71] Pregabalin was first developed as an anticonvulsant drug but is now mainly used for neuropathic pain and as an adjunct therapy for partial seizures

- The new guidelines will present new evidence about the clear links between alcohol consumption and cancer

Licensing

Lewisham Council has recently published a new Statement of Licensing Policy and will be reviewing the number and extent of the Cumulative Impact Zones within the policy, drawing on local intelligence about alcohol related violence and alcohol related harm.

Public Health allocation

The reduced Public Health allocation to local authorities is likely to have an impact on the resource available to fund preventive and specialist services.

Welfare Reforms

The Welfare Reforms which are currently being implemented are likely to lead to reduced disposable income for many people misusing substances and may affect recovery rates.

Substance misuse service 2016

The core specialist substance misuse service will be re-tendered in 2016, with a view to commissioning a new service from April 2017.

10.0 What should we do next?

Priorities for 2016/17:

- Investigate the under-represented groups in treatment i.e. older adults, women & certain BAME groups; with the aim to increase active participation for underrepresented groups in the Borough
- Work with JCP to investigate benefits profile of clients in treatment
- Investigate the increasing number of adults in treatment for 6 years or more; in addition to the examining the growing number of service users receiving treatment for Opiate use 21 years or more.
- Utilise ‘phasing and layering’ approach recommended by ‘Medications in Recovery’ and target treatment according to need.
- Minimise/reduce using on top as a recognised risk factor in DRD and also unsuccessful treatment, continue to provide Naloxone provision for those at risk of overdose.

- Review primary care services & pathways in order to work more collaboratively with GPs. i.e. to review opioid substitution therapy management with the view to improve the number of service users successfully completing treatment.

- Investigate what may be contributing to the reduction of treatment naïve clients and improve engagement.

- Establish the number of individuals who may be using and not accessing treatment, in order to ensure services can adapt to meet the needs of the community.

- Develop and implement a partnership marketing and communications plan/strategy that enables access to clear understandable information about services available and how to access

- Gather intelligence on new drugs/new psychoactive substances and develop effective responses to deal with the need.

- Explore how we might work with Sexual Health to understand the impact legal highs and or club drugs have on sexual health and Men who have Sex with Men (MSM), as they are more likely to use recreation drugs and participate in poly-drug use, and not access mainstream treatment provisions.

- Establish electronic recording for all needle exchange services in Lewisham.

- Investigate Tier 4 activity with regard to high numbers of alcohol clients accessing tier 4 treatment. .

- Improve referral pathways and expand interventions to support those most at risk through: identification; early intervention and brief advice by key professionals; interventions through the criminal justice system; primary care/pharmacist helping people onto treatment pathways; accessible levels of treatment.

- Make treatment providers aware of low penetration rate figures, and ensure they roll out an advertising campaign to expand awareness of treatment and to increase referrals from all sectors, specifically A&E and to consider placing a worker in A&E over weekend evenings

- Investigate the increase in older adults in alcohol treatment and Improve alcohol provision for this cohort and those who are increasing risk and higher risk drinkers in Lewisham.

- Consult with service users to improve and develop future service provision.

- Review pharmacy-based services and evaluate current activity.

- Increase number of individuals accessing BBV testing in order to: Maximise identification of BBV and facilitate treatment to enhance awareness and prevent BBV transmission. Explore testing for Hepatitis A, HIV, tuberculosis and other communicable diseases.

- Developing integrated pathways for family services as it is apparent that family services need to be central to Lewisham's treatment system in order to help overcome the wider harms caused by substance misuse.

- With the reduction in overall funding investigate structures for early interventions to reduce the long-term demand for treatment.

- Improve recording of users' recovery capital

- Continue to have multi-faceted approach to alcohol with a focus on population level enforcement regarding supply of alcohol, targeted scaled delivery of brief interventions and a specialist service with an increased focus on alcohol treatment, recovery and treatment completion in addition to completion of treatment for long term drug users.

- Continue to protect children and young people by reducing the supply of illegal alcohol and underage sales through a sustained focus on the enforcement of statutory regulations

- Selling alcohol to under age consumers must be identified and appropriate legal action taken to help reduce under age alcohol consumption.

- Optimise the use of social media, working in partnership with young people, to get key messages across to young people about smoking, drinking alcohol and using drugs

- Making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area & the day and hours when it can be sold, is an effective way of reducing alcohol-related harm.

- Effective partnership working will help to unblock referral pathways and increase numbers in treatment.

- Decrease the number of referrals into treatment for alcohol at an earlier stage through increasing number of very brief interventions delivered and refining care pathways.

- Given the low numbers in the criminal justice system cohort, increase the number of referrals through improving the referral pathway

- Ensure services address the high rates of tobacco use among users and staff through referrals to the Stop Smoking Service and robust smoke free policies. Develop referral pathways into cessation services.

- Ensure service users access other lifestyle interventions such as health checks, health trainers, healthy walks and healthy eating & cookery classes

- Improve treatment completion rates for alcohol

- Reduce numbers of re-presentations via Mutual Aid support.

- Explore additional treatment pathways for service users i.e. access to Mutual Aid groups

- Given the changing trends in substance misuse and the increase in dependence on medicines (ATM), it is important that commissioners in Lewisham have an understanding of not only illicit drug use, but also addiction to medicines, in order to ensure services have the capacity to support local needs.

- Ensure service users access other lifestyle interventions such as health checks, health trainers, healthy walks and healthy eating & cookery classes.

Appendices

Appendix 1

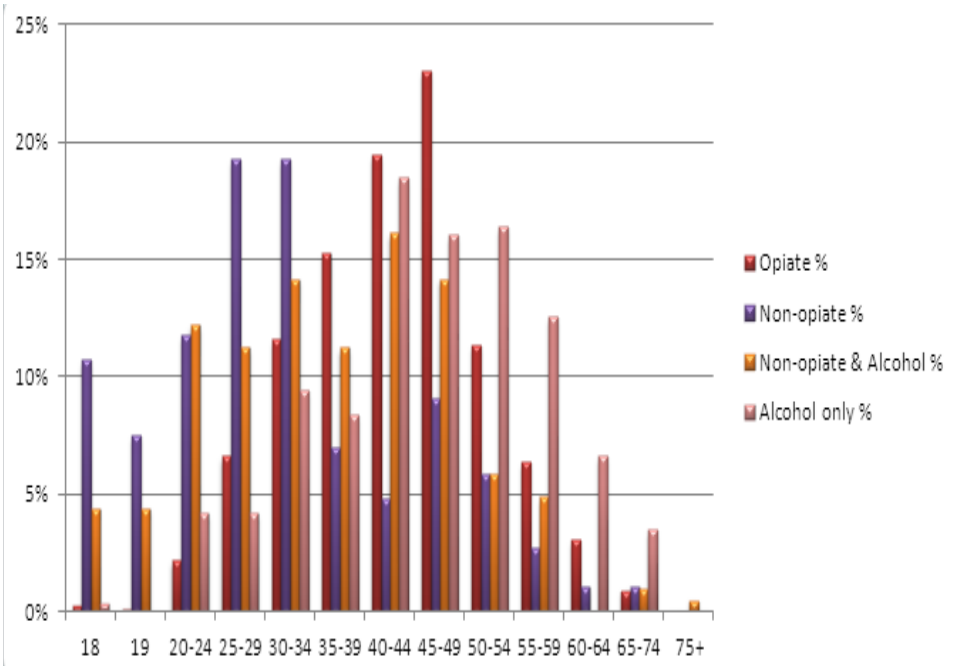
Adults

The table shows gender distribution of clients in treatment 2014/15 by four substance types (with a year to date update at quarter 2 2015/16):

	2014/15							Q2 2015/16				
	Male		Nat	Female		Nat	All	Male		Female		All
	n	%	%	n	%	%	n	n	%	n	%	n
Opiate	579	74	73	208	26	27	797	489	73	45	27	534
Non-opiate only	127	68	75	60	32	25	187	86	66	45	34	131
Non-opiate & alcohol	138	67	74	67	33	26	205	98	68	47	32	145
Alcohol only	185	65	62	102	35	38	207	132	63	76	37	208
Total	1029	74%	70%	437	31%	30%	1396	805	79%	213	21%	1018

Source: PHE Adult Partnership Activity Report & National Stats

The table shows age distribution of clients in treatment 2014/15 by four substance types:



Source: PHE Adult Partnership Activity Report & National Stats (Percentages may equal 0% or >100% due to rounding)

The table shows ethnic distribution of clients in treatment 2014/15 (with a year to date update at quarter 2 2015/16):

	In treatment in Lewisham				Lewisham Borough Profile			
	2014/15		Q2 2015/16		2011 Census		2001 Census	
All	1466		1155		275,885		248,922	
	n	%	n.	%	No.	%	No.	%
White - British	840	57.356	690	59.7	114,446	41.5	141,814	56.9
White - Irish	58	4.0	43	3.7	5,206	1.9	6,990	2.8
White - Gypsy or Irish Traveller	-	-	-		208	0.1	-	-
White - Other	129	8.8	87	7.5	27,826	10.1	15,294	6.1
White and Black Caribbean	49	3.3	46	4.0	8,539	3.1	4,760	1.9
White and Black African	8	0.5	7	0.6	3,559	1.3	1,599	0.6
White and Asian	4	0.3	5	0.4	3,045	1.1	1,565	0.6
Other mixed	25	1.7	18	1.6	5,329	1.9	2,475	1.0
Indian	4	0.3	6	0.5	4,600	1.7	3,487	1.4
Pakistani	1	0.1	1	0.1	1,596	0.6	1,090	0.4
Bangladeshi	1	0.1	1	0.1	1,388	0.5	1,229	0.5
Chinese	1	0.1	0	0.0	6,164	2.2	3,431	1.4
Other Asian	21	1.4	13	1.1	11,786	4.3	3,644	1.5
African	38	2.6	33	2.9	32,025	11.6	22,571	9.0
Caribbean	101	6.9	71	6.1	30,854	11.2	30,543	12.3
Black - Other	120	8.2	73	6.3	12,063	4.4	5,146	2.1
Arab	-	-	-	-	1,456	0.5	-	-
Other Ethnic Group	35	2.4	27	2.3	5,795	2.1	3,284	1.3
Not stated/missing	31	2.1	33	3	-	-	-	-

Source: PHE Adult Partnership Activity Report and Local Census data (percentages may equal 0% or >100% due to rounding)

The table shows latest successful completions covering a 12 month period:

	Baseline period		D.O.T		Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	LQ	(%)	(n)	* National average	
Opiate	7.2%	57 / 787	▼	▼	5.9%	46 / 777	10.07% - 13.59%	79 to 105
Non-opiate	48.1%	90 / 187	▼	▼	47.4%	93 / 196	44.44% - 58.28%	88 to 114
Alcohol	43.6%	125 / 287	▼	▼	31.1%	89 / 286	39.12%*	-
Alcohol and non-opiate	36.1%	74 / 205	▼	▼	33.2%	73 / 220	42.47% - 56.52%	94 to 124

Source: PHE DOMES

The table shows latest successful completions who have returned to treatment within 6 months:

	Baseline period		D.O.T		Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	LQ	(%)	(n)	* National average	
Opiate	8.3%	3 / 36	▼	▼	13.8%	4 / 29	11.54% - 0.00%	3 to 0
Non-opiate	2.5%	1 / 40	▲	—	0.0%	0 / 51	0.00% - 0.00%	0 to 0
Alcohol	11.8%	9 / 76	▼	▼	18.0%	11 / 61	10.73%*	-
Alcohol and non-opiate	2.7%	1 / 37	▼	▼	22.0%	9 / 41	4.26% - 0.00%	1 to 0

Source – PHE DOMES

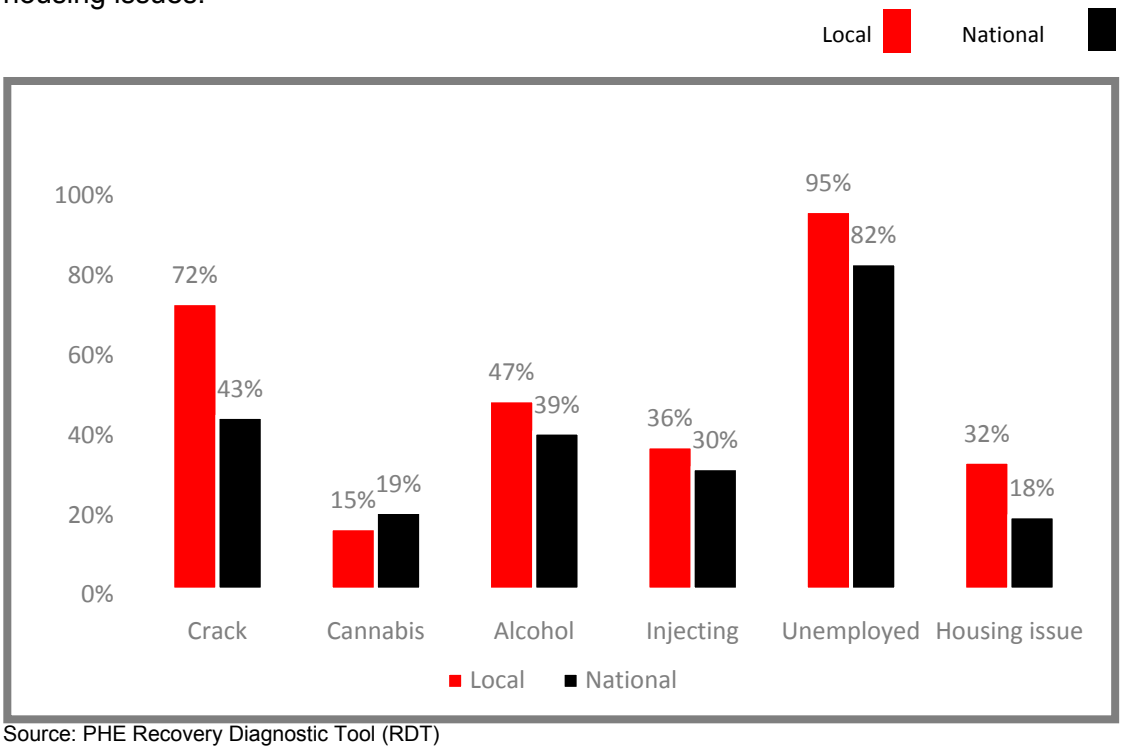
The table shows latest treatment outcomes at 6 month review:

1.4 Abstinence and reliably improved rates at 6 months review in the last 12 months	Abstinence rates		Expected range for your clients	Reliably improved
	(%)	(n)		(%)
Opiate abstinence and reliably improved rates	30.8%	33 / 107	24.1% - 41.9%	29.0%
Crack abstinence and reliably improved rates	28.6%	24 / 84	31.0% - 52.0%	16.7%
Cocaine abstinence and reliably improved rates	47.8%	11 / 23	35.8% - 76.3%	17.4%
Alcohol abstinence and reliably improved rates	16.0%	24 / 150	15.8% - 29.1%	23.3%
1.5 No longer injecting: 6 month review in last 12 months	48.8%	20 / 41	47.3% - 77.0%	14.6%

1.6 Housing and employment outcomes at successful completion of treatment	(%)	(n)	National average
Opiate Clients			
Clients with no reported housing need (Exit TOP)	86.5%	32 / 37	96.0%
Clients working >= 10 days in last 28 at exit	23.1%	9 / 39	24.3%
Non-Opiate Clients			
Clients with no reported housing need (Exit TOP)	90.3%	121 / 134	96.3%
Clients working >= 10 days in last 28 at exit	22.3%	29 / 130	32.9%

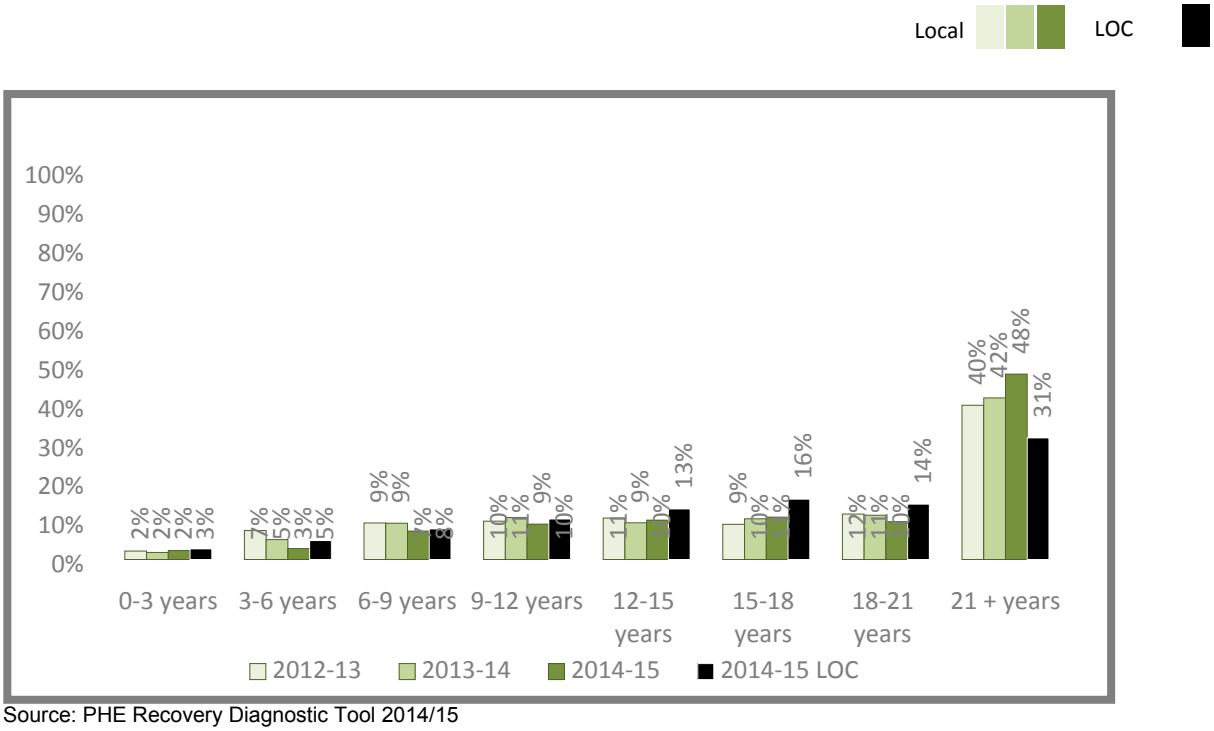
Source: PHE DOMES

The graph below gives the percentage of opiate clients in Lewisham who are still using opiates at six month review and also using other drugs, injecting, are unemployed or having housing issues:



Source: PHE Recovery Diagnostic Tool (RDT)

This chart shows the drug-using career length of opiate clients in treatment:



Source: PHE Recovery Diagnostic Tool 2014/15

The table shows the proportion of the treatment population in with an offending history:

	Latest period		National average
	(%)	(n)	(%)
Opiate	18.9%	147 / 777	23.0%
Non-opiate	14.3%	28 / 196	20.5%
Alcohol	3.8%	11 / 286	6.3%
Alcohol and non-opiate	7.3%	16 / 220	14.6%

Source: PHE DOMES

The table shows routes taken by drug and alcohol users to access structured treatment, by four substance groups:

Referral Source	Alcohol & Non-opiate		Non-opiate (only)		Alcohol (only)		Opiate		Total		
									LBL		Nat
Self, family & friends	83	60%	76	52%	138	60%	152	65%	449	60%	47%
GP	12	9%	7	5%	28	12%	4	2%	51	7%	13%
Hospital (including A&E)	1	1%	0	0%	7	3%	4	2%	12	2%	3%
Health (other)	15	11%	16	11%	9	4%	4	2%	44	6%	6%
Substance misuse service	6	4%	1	1%	12	5%	13	6%	32	4%	9%
CJS	16	12%	35	24%	21	9%	52	22%	124	17%	17%
Other	5	4%	10	7%	16	7%	5	2%	36	5%	5%
Subtotal Total	138	100%	145	100%	231	100%	234	100%	748	100%	100%
Missing or unknown	1		0		0		0		1		
Total	139		145		231		234		749		14646

Source: PHE Adult Partnership Activity Report & Adult substance misuse from NDTMS

This table shows the number of clients in treatment who cited prescription-only or over-the-counter medicine use at any point in latest treatment journey - 2014/15:

		Local	Proportion of treatment population	Numerical split by gender		National	Proportion of treatment population
		n		M	F	n	
Number of adults citing POM/OTC use:	Illicit use	130	11%	90	40	26,266	13%
	No illicit use	17	1%	12	5	6,173	3%
	Total	147	12%	102	45	32,439	16%

Source: PHE Drug JSNA Support Pack

The table shows individuals with an accommodation need (new treatment journeys) – 2014/15:

Accommodation status at the start of treatment	Local		Proportion by gender		National	
	n	Proportion of new presentations	M	F	n	Proportion of new presentations
Urgent problem (NFA)	87	16%	19%	9%	7,188	9%
Housing problem	84	16%	14%	20%	10,973	14%
No housing problem	328	62%	63%	59%	58,801	73%
Other	33	6%	4%	12%	1,467	2%
Not stated/Missing	1	0%	0%	0%	1,813	2%

Source: PHE Drug JSNA Support Pack

The table shows employment status for individuals in treatment (start of treatment) – 2014/15:

Employment status at the start of treatment	Local		National	
	n	Proportion of new presentations	n	Proportion of new presentations
Regular employment	73	14%	15,080	19%
Unemployed/Economically inactive	252	47%	37,893	47%
Unpaid voluntary work	3	1%	197	0%
Long term sick or disabled	154	29%	17,135	21%
In education	18	3%	1,181	1%
Other	13	2%	2,062	3%
Not stated/Missing	20	4%	6,694	8%

Source: PHE Drug JSNA Support Pack

The table shows the benefits profile of individuals in treatment – 31st March 12:

Benefit profile of treatment population	Local n	Proportion of all in treatment on 31/03/2012	National n	Proportion of all in treatment on 31/03/2012
Number of individuals in drug treatment on 31/03/2012	862		134,090	
Number of individuals in drug treatment on 31/03/2012 recorded as being on benefits (of any type) on the 31/03/2012	561	65%	82,347	61%
Number of individuals in treatment recorded as being on benefits on the 31/03/2012 (by type)*:				
Jobseekers Allowance (JSA)	78	9%	19,178	14%
Employment Support Allowance (ESA)	216	25%	28,378	21%
Incapacity Benefit (IB)	212	25%	25,552	19%
Income Support (IS)	217	25%	26,315	20%
Disability Living Allowance (DLA)	148	17%	19,167	14%
Other	22	3%	4,308	3%

PHE Drug JSNA Support Pack

Proportion of adults in treatment living with children under the age of 18 - Q2 2015/16:

	Latest period		National average
	(%)	(n)	(%)
Opiate	19.7%	153 / 777	30.1%
Non-opiate	13.8%	27 / 196	24.2%
Alcohol	21.3%	61 / 286	25.2%
Alcohol and non-opiate	20.0%	44 / 220	23.7%

Source: PHE DOMES

Young People

The table shows YP (up to age 25) gender distribution of clients in treatment 2013/14 - 2014/15 (with a year to date update at quarter 2 2015/16):

	2013/14		2014/15		Q2 2015/16		National
	no.	%	no.	%	no.	%	%
Male	158	58%	153	57%	80	53%	65%
Female	114	42%	116	43%	70	47%	35%
All	272	100%	269	100%	150	100%	100%

Source: PHE YP Activity Report

The table shows YP (up to age 25) age distribution of clients in treatment 2013/14 - 2014/15 (with a year to date update at quarter 2 2015/16):

	2013/14		2014/15		Q2 2015/16		National
	no.	%	no.	%	no.	%	%
Under 13	0	0%	0	0%	1	1%	1%
13-14	43	16%	47	17%	12	8%	16%
15	67	25%	44	16%	25	17%	21%
16	54	20%	57	21%	17	11%	23%
17	46	17%	50	19%	23	15%	22%
18	32	12%	30	11%	15	10%	9%
19	14	5%	20	7%	9	6%	3%
20-21	15	6%	19	7%	28	19%	3%
22-24	1	0%	2	1%	18	12%	3%
25	0	0%	0	0%	2	1%	0%
All	272	100%	269	100%	150	100%	100%

Source: PHE YP Activity Report

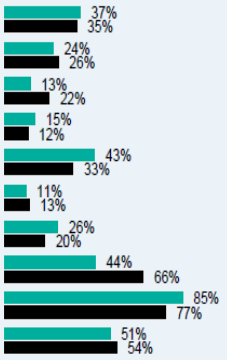
The table shows ethnicity (young people up to age 17)

	In treatment						Lewisham Borough Profile
	2013/14		2014/15		Q2 2015/16		2011 Census
	n	%	n	%	n	%	
White British	73	35%	57	29%	17	22%	14.8%
White Irish	3	1%	2	1%	1	1%	0.2%
White Gypsy or Irish Traveller							0.0%
White Other	10	5%	7	4%	4	5%	2.9%
White & Black Caribbean	24	11%	19	10%	6	8%	3.3%
White & Black African	2	1%	4	2%	1	1%	1.4%
White & Asian	0	0%	1	1%	0	0%	1.2%
Other Mixed	12	6%	16	8%	3	4%	2.3%
Indian	0	0%	0	0%	0	0%	0.6%
Pakistani	1	0%	1	1%	1	1%	0.4%
Bangladeshi	0	0%	0	0%	0	0%	0.3%
Chinese	1	0%	0	0%	1	1%	0.8%
Other Asian	4	2%	3	2%	2	3%	2.4%
Black African	14	7%	19	10%	8	10%	8.0%
Black Caribbean	40	19%	45	23%	24	30%	5.8%
Black Other	25	12%	21	11%	7	9%	4.3%
Arab							0.3%
Other ethnic group	0	0%	0	0%	2	3%	1.1%
Not stated	1	0%	4	2%	1	1%	
Missing/inconsistent	0	0%	0	0%	1	1%	
All Ethnic groups	210		199		79		

Source: PHE YP Activity Report

This table shows some areas where the presenting needs of young females differs from young males in treatment:

	Local				National	
	Females		Males		Females	Males
	n	%	n	%	%	%
Total in treatment*	73	37%	126	63%	35%	65%
Affected by domestic abuse	11	24%	8	8%	26%	18%
Diagnosed mental health problem	6	13%	8	8%	22%	15%
Involved in sexual exploitation	7	15%	0	0%	12%	1%
Involved in self harm	20	43%	5	5%	33%	9%
Not in education, employment or training	5	11%	21	22%	13%	20%
Involved in offending/antisocial behaviour	12	26%	39	40%	20%	38%
Citing alcohol as a problematic substance	32	44%	38	30%	66%	44%
Citing cannabis as a problematic substance	62	85%	121	96%	77%	91%
Aged 15 or under	37	51%	55	44%	54%	44%



* *Proportions are of all males / females in treatment*

Source: Source: PHE YP JSNA Support Pack (a YP may report more than one vulnerability therefore the % may be >100%)

The table shows referral routes into treatment for YP under 18 YTD (new presentations):

Referral Source	Lewisham				National
	Baseline 2014/15	Q1	Q2		
Children & family Services	10%	15%	12/79	15%	20%
Education Services	22%	19%	16/79	20%	22%
Health & Mental Health	7%	6%	4/79	5%	8%
Accident & emergency	1%	1%	1/79	1%	2%
Substance Misuse Services	1%	0%	1/79	1%	3%
Youth Justice Service	50%	9%	17/79	22%	29%
Self, family & Friends	4%	47%	26/79	33%	12%
Other (inc blank)	4%	3%	2/79	3%	4%

Source: PHE YP Partnership Activity Report (by age)

The table shows the range of vulnerabilities of YP in substance misuse treatment in Lewisham 2014/15:

Number of young people with each risk/ vulnerability item	Local		National	Proportions are of all young people entering services fo specialist substance misuse interventions
	n	%	%	
Substance specific vulnerabilities				
Opiate and/or crack user	3	2%	2%	2% 2%
Alcohol users*	3	2%	4%	2% 4%
Using two or more substances**	61	43%	61%	43% 61%
Began using main problem substance** under 15	142	99%	93%	99% 93%
Current or previous injector	0	0%	1%	0% 1%
Wider vulnerabilities				
Looked after child	14	10%	12%	10% 12%
Child in need	1	1%	6%	1% 6%
Affected by domestic abuse	19	13%	21%	13% 21%
Identified mental health problem	14	10%	18%	10% 18%
Involved in sexual exploitation	7	5%	5%	5% 5%
Involved in self harm	25	17%	17%	17% 17%
Not in education, employment or training (NEET)	26	18%	17%	18% 17%
NFA/unsettled housing	0	0%	2%	0% 2%
Involved in offending/antisocial behaviour	51	36%	32%	36% 32%
Pregnant and/or parent	1	1%	2%	1% 2%
Subject to a child protection plan	4	3%	7%	3% 7%
Affected by others' substance misuse	8	6%	21%	6% 21%

Source: PHE YP JSNA Support Pack (YP may report more than one vulnerability therefore the % may be >100%)

Appendix 13

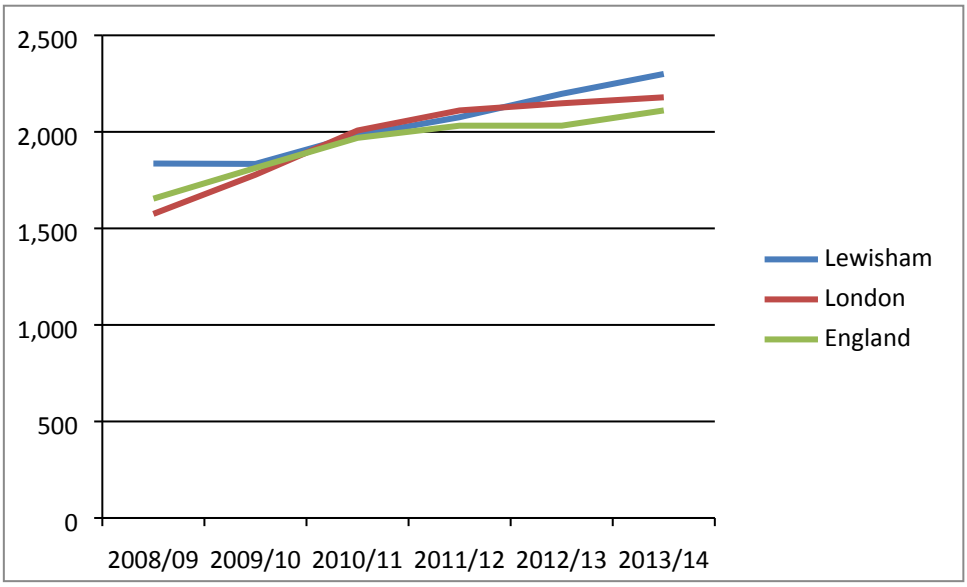
Alcohol

Alcohol drinking categorisation and definitions

Drinking Category	Government definition	Operational definition
Abstainers	No Government definition for abstinence exists.	A person whose weekly alcohol consumption was reported in the General Lifestyle Survey as 0 units over the previous 12 months.
Lower risk	Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman .**	A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=21 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=14 units in the previous 12 months.
Increasing risk	Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day.* Weekly limits are more than 21units to 50 units for a man and more than 14 units to 35 units for a women.**	A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as being >21 units to <=50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >14 units to <=35 units in the previous 12 months.
Higher risk	Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.*	A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >35 units in the previous 12 months.

Source: NW England Public Health Observatory, Topography of Drinking Behaviours in England - August 2011

The figure below shows hospital admissions where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable 2008/09 to 2013/14:



Source: Public Health Lewisham

The table show the number in treatment drinking at higher risk levels and units consumed at start of treatment 2014/15

	Local		% all in treatment	Proportion by gender		National		% all in treatment	Proportion by gender	
	n			M	F	n			M	F
Drinking at higher risk levels in the 28 days prior to entering treatment	234		81%	82%	79%	65,180		75%	75%	75%

% drinking at higher risk levels

Units consumed in the 28 days prior to entering treatment:

	Male	Female	0 units		1-199		200-399		400-599		600-799		800-999		1000+	
	n	n	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Local	190	99	3%	3%	15%	26%	16%	24%	19%	23%	15%	7%	12%	8%	19%	8%
National	53,656	33,238	7%	7%	18%	25%	19%	25%	20%	22%	13%	10%	10%	6%	13%	6%

Proportion by gender

Individuals with missing units data are not included in this section

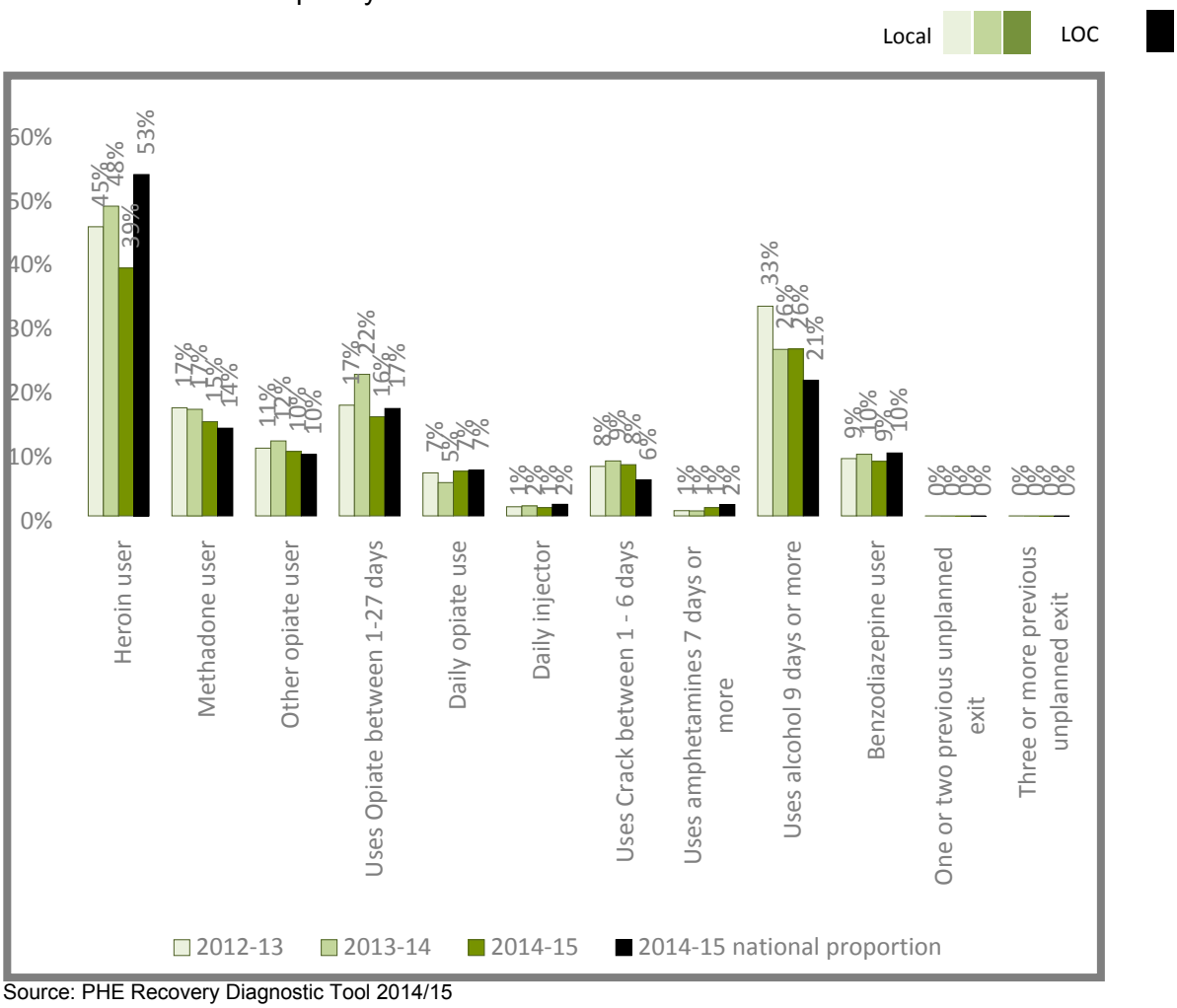
Source: PHE Alcohol JSNA Support Pack

The table show the number dependant drinkers who have been to residential rehabilitation 2014/15:

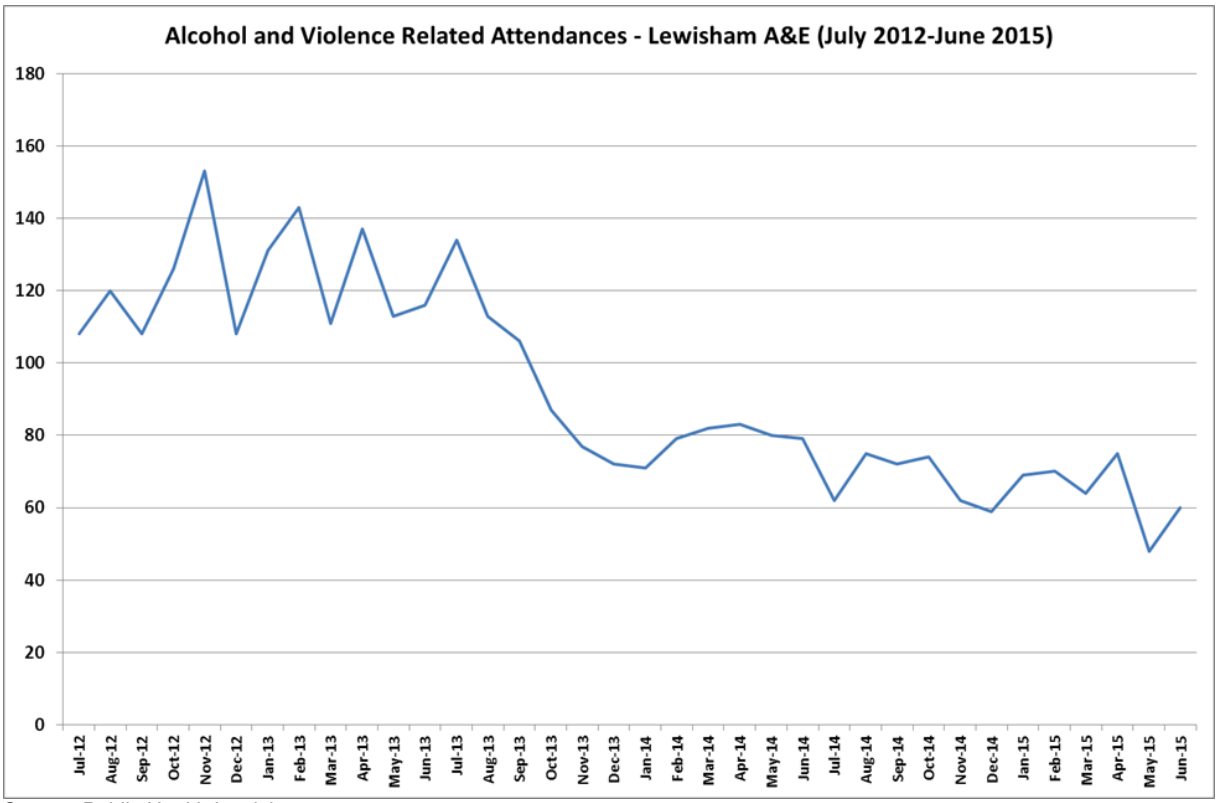
	Local n	% of all in treatment	National n	% of all in treatment
Number of adults who attended residential rehabilitation	31	11%	2,630	3%

Source: PHE Alcohol JSNA Support Pack

This chart shows the proportion of treatment naïve clients, who reported each of the factors that increase their complexity:



Source: PHE Recovery Diagnostic Tool 2014/15



Source: Public Health Lewisham

This table death due to drugs and alcohol in Lewisham – 2009 to November:

Year	Alcohol	Drugs	Mixed	Total
2015 (to Nov)	33	5	0	34
2014	17	3	2	21
2013	17	0	2	19
2012	16	5	0	21
2011	15	8	5	28
2010	16	7	1	24
2009	16	7	8	31
Total	130	35	18	183

Source: Primary Care Mortality Database, ONS (local analysis)

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Date written: May 2016