Harrow Substance Misuse Strategy 2015-2020

Acknowledgements

Thank you to everyone who has contributed to this strategy, particularly to Fizz Annand, independent consultant, who conducted the Harrow substance misuse needs assessment which is the foundation for this Strategy.

Executive summary

Our vision for Harrow	1. **PREVENT** harmful use of substances by influencing supply and demand 2. **PROTECT OTHERS** from indirect harm caused by substance misuse **3. PROMOTE SUSTAINED RECOVERY** by intervening early and offering comprehensive services which supports sustained recovery from dependence and rebuild lives.
The public health importance of substance misuse	• Misuse of drugs and alcohol causes harm to health • It is responsible for a significant proportion of hospital admissions and ambulance callouts • It causes crime, disorder and antisocial behaviour and compromises economic development • It has an indirect impact on children and families of users • There are considerable inequalities associated with use • It limits individual potential • There are tried and tested ways to prevent substance misuse and protect others from harm • Treatment is cost effective saving the public sector money over time
The issue in Harrow	Harrow experiences a lower level of alcohol and drug-related harm than regional or national averages. However, it is estimated that over 50,000 adults in Harrow are drinking alcohol above the maximum recommended and are putting their health at risk. In 2013/14, there were 364 people in alcohol treatment in Harrow but nearly a third had been in treatment at least once before. Alcohol-related hospital admissions for adults are going up every year. In 2013/14 there were 1101 London Ambulance callouts in Harrow registered as related to alcohol in adults and 35 callouts related to young people. In Harrow there are around 855 adults classed as problematic opiate and crack users which is lower than the national rate but it is estimated that less than half of all opiate and crack users in the Borough are in treatment. National estimates indicate around 22% of 11-15 year olds drink although this might be an overestimate locally given the ethnicity profile in Harrow. National estimates indicate cannabis is the most common drug used by young people; Nationally, 12% of 11-15 year olds, 19.3% of 16-19 year olds reported using any drug in the last year. If these rates were representative for Harrow, this would equate to 1560 11-15 year olds and 2123 16-19 year olds in Harrow using any drug in the last year. Whilst such estimates do not necessarily equate with the numbers having problems because of their drug use, they do emphasise the need for action to prevent, protect young people and intervene early where a need for treatment is indicated. In 2013/14 there were 151 under 18s in community based drug/alcohol treatment in Harrow. Substance misuse service performance is relatively high in Harrow: • 11.9% of opiate users accessing services completed their treatment and did not re-present to services within 6 months. This is higher than similar boroughs and the England average (7.8%). • For non-opiate users successful completion rates are significantly higher (50%) than the comparative boroughs (38%) and the proportion who successfully complete and do not re-present to treatment within 6 months has increased

	since the 2010 baseline to 49.4% which is also significantly higher than the England average of 40.6%. • Of the 364 accessing alcohol treatment services in 2013/14, 46.2% of clients successfully completed the treatment (above national average) but 12.1% of clients returned to services for alcohol treatment within 6 months which is above the national average.
What actions will we take?	Broad areas of action over the next 5 years should include: **PREVENT harmful use of substances by influencing supply and demand** • Review the availability of alcohol and density of licensed premises • Review the local price of alcohol and consider action on cheap alcohol • Support action to reduce the supply of harmful substances • Change behaviour in high risk groups through the provision of information and brief advice • Take collaborative action on the social determinants of substance misuse • Review action to prevent substance misuse in young people • Promote healthy behaviours in the general population **PROTECT OTHERS from indirect harm caused by substance misuse** • Refer children at risk of sexual exploitation to appropriate services • Minimise the potential risk to children with parent who misuse substances • Join up substance misuse and domestic violence services and strategies • Consider opportunities to link with the Troubled Families programme • Ensure appropriate links are made with Community Safety agenda **PROMOTE SUSTAINED RECOVERY** by intervening early and offering comprehensive services which rebuild lives. • Improve action on blood borne viruses in injecting drug users • Partnership working between hospital teams and community substance misuse services • Accessible and integrated specialist treatment and recovery services for adults and young people • Ensure individuals with a mental health and substance misuse problem gain rapid access to the support they require to recover • Ensure all stakeholders have easy access to up-to-date information which explains the substance misuse services available and the pathways for referral • Assure that substance misuse services are safe and effective, auditable, continuously improving and evolving to need.
Substance misuse expenditure and return on investment	The annual Public Health ring-fenced grant allocation for 2015-16 is £9.146m for Harrow and enables spend on substance misuse services to be funded, currently in the region of £2.5m. Substance misuse services have now been recommissioned (subject to expiry of 10 day standstill period). The successful providers are Westminster Drug Partnership (WDP) in partnership with Central North West London NHS Trust (CNWL) for the adult service and Compass for the young people service. This re-procurement will improve integrated service provision and has resulted in efficiencies of 2.5% year on year to be delivered thanks to redesigned pathways and streamlined contract management. External grant funding cannot be guaranteed in the longer term, requiring commissioning intentions (and contractual obligations) to be reviewed annually in line with the available financial envelope. Drug and alcohol treatment is cost effective – for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs[1] and for every £1 spent on drug treatment saves £2.50 in costs to society[2]. Every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8[3].

How will the strategy be implemented?	Partnership is key to successful implementation of this strategy. Work has started already on a range of these proposed actions led by Public Health. A strategy implementation group comprising representatives from all stakeholder organisations and with user involvement is proposed, meeting quarterly tasked with developing a more detailed implementation plan and monitoring outcomes. An initial stakeholder engagement meeting will be planned to coincide with the award of substance misuse provider in order to plan for the successful transition of services and to facilitate broader consultation on the contents of this strategy.
How will success be monitored?	Successful completion of drug treatment is already monitored as part of the Harrow Council performance scorecard. This Strategy proposes a series of outcomes in the prevent/protect/promote recovery sections. All these outcomes are measurable through routine surveys or treatment data supplied through Public Health England or the National Drug Treatment Monitoring System (NDTMS). A dashboard will be drawn up and monitored by the strategy implementation group and an annual report produced to document progress.

2. Purpose of this Strategy

Harrow Council has a responsibility to provide substance misuse services and is currently in the process of recommissioning services. However, action to address the use of drugs and alcohol must be broader than this. This strategy outlines what we can do to prevent substance misuse, how we can protect families and the wider community from harm and how to identify those who need treatment early and support them to recover from dependence and lead fulfilling and healthy lives.

This Strategy has been developed in collaboration with a range of stakeholders and is based on the findings of the substance misuse needs assessment conducted by Fizz Annand, independent consultant. There is a need however for further consultation to ensure annual action plans are developed in partnership with the full range of stakeholders, including service users.

3. The public health importance of substance misuse

3.1 It causes harm to health

Alcohol is the third biggest lifestyle risk factor for disease and death in the UK, after smoking and obesity, even after adjusting for the benefits that moderate consumption may have on reducing the risk of heart disease[4]. There are over 50 health and behavioural problems with which alcohol is associated. Drug use is similarly associated with health problems such as cardiovascular disease, mental illness, and blood borne viruses such as hepatitis B and C which can cause long term liver damage. It is estimated that 65% of those with Hepatitis C in Harrow are current or previously injecting drug users. The health harms associated with New Psychoactive Substances (or legal highs) is at present unknown given the chemicals are not tested for use by humans. Increasing use amongst young people nationally, is a significant concern.

3.2 It is responsible for a significant proportion of hospital admissions and ambulance callouts

Hospital admissions due to alcohol specific conditions for under 18's in Harrow are the fourth lowest in London and Harrow is ranked in the 'least amount of harm' (level 1) category compared to the 'nearest neighbours'. Although at lower levels than regional averages, alcohol-related hospital admissions for adults are going up every year. In Harrow in 2013/14 there were 1101 London Ambulance callouts registered as related to alcohol use in adults and 35 callouts related to young people predominantly in the 15-17 year age group. A national A&E staff survey[5] estimated that 35% of all visits are related to alcohol consumption, increasing at peak times to 70%.

3.3 It causes crime, disorder and antisocial behaviour and compromises economic development

Almost half of all violent assaults are alcohol related. Alcohol-related crime, disorder and antisocial behaviour is estimated to cost London's Police and Councils £1.2 billion each year[6]. Binge drinking appears to increase the risk of offending[7] and those who "pre-load" at home before going out for

further drinking are more likely to be involved in violent crime[8]. Nationally, a fifth of all violent incidents in 2010–11 took place in or around a pub or club. There is positive relationship between the number of alcohol premises and the associated harms[9]. Heroin and crack addiction is linked to acquisitive crime such as shoplifting and burglary and tackling illegal activity associated with drug use is a drain on local Police resource.

3.4 There are considerable inequalities associated with use
The health harms are concentrated in deprived groups[10] which may reflect a cumulative effect of unhealthy behaviours such as smoking and poor diet as well as reduced access to social and financial support and to treatment and care. Unmanageable debt, poor housing, unemployment and social deprivation can lead to or exacerbate substance misuse. To illustrate, of the 364 adults in treatment for alcohol misuse in 2013/14, nearly a third had been in treatment before; 67% were unemployed, 19% had a mental health issue and 17% had a housing issue.

3.5 It has an indirect impact on children and families of users
It is often implicated in domestic violence and marital breakdown. Children of parents with alcohol problems have an increased risk of experiencing physical, psychological and behavioural problems and alcohol is implicated in 16% of road fatalities. Parental substance use is mentioned in more than a quarter of all serious case reviews.

3.6 It limits individual potential
Harrow has a higher proportion of clients from the Criminal Justice System accessing substance misuse services than other London boroughs and 31% of Criminal Justice clients accessing substance misuse services reoffend.

Substance misuse can have a major impact on young people's education, their health, their families and their long term chances in life[11]. Particular groups of young people are at a greater risk of substance misuse, such as those involved in crime and antisocial behaviour, children in need or children in care and care leavers, young people at risk of exclusion or excluded or not in education, employment or training, young people at risk of sexual exploitation, young people with mental health issues and young people whose parents misuse drugs or alcohol.

3.7 There are tried and tested ways to prevent substance misuse
As an example, if all 'increasing risk' and 'higher risk' adult drinkers in Harrow were asked about their drinking habits and received information and brief advice in primary care the estimated saving would be £10.9m (based on NHS, crime and productivity savings)[12].

3.8 Treatment is cost effective saving the public sector money over time
The National Treatment Agency found that for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs[13]. Public Health England estimates that for every £1 spent on drug treatment saves £2.50 in costs to society and every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8[14].

The annual Public Health ring-fenced grant allocation for 2015-16 is £9.146m for Harrow and enables spend on substance misuse services to be funded, currently in the region of £2.5m. Substance misuse services have now been recommissioned. This re-procurement will improve integrated service provision and has resulted in efficiencies of 2.5% year on year to be delivered thanks to redesigned pathways and streamlined contract management. Whilst the ring-fence is maintained, any efficiencies achieved on public health expenditure create capacity and flexibility in the grant. External grant funding cannot be guaranteed in the longer term, requiring commissioning intentions (and contractual obligations) to be reviewed annually in line with the available financial envelope.

4. The scale of the issue in Harrow

Adults
Harrow has a lower level of use of substances and associated harm than regional and national averages. However, over 50,000 adults in Harrow are thought to be drinking alcohol above the maximum recommended[15] and are putting their health at risk. In 2013/14, there were 364 people in alcohol treatment in Harrow but nearly a third had been in treatment at least once before.

Most recent estimates indicate there were around 855 adults classed as problematic opiate and crack users (OCUs)[16]. This prevalence is lower than the national rate. However, the proportion of OCUs in treatment in 2013/14 in Harrow was 49.1% which is lower than the estimated national penetration rate (52.3%)[17]. In 2013/14, 382 opiate clients were in treatment and there were 42 completions of treatment. There were 179 non-opiate users in treatment in 2013/14. Harrow has a higher proportion of clients from the Criminal Justice System accessing substance misuse services than other London boroughs and a high level of opiate clients returning to treatment within 6 months. 31% of Criminal Justice clients accessing substance misuse services reoffend.

Young people
If the national prevalence of alcohol drinking in 11-15 year olds (22%[18]) applied to Harrow then based on a population size of approximately 13,000 that would mean around 2,860 11-15 year olds in Harrow drink, although not necessarily at problematic levels.

Nationally, 12% of 11-15 year olds, 19.3% of 16-19 year olds, 18.7% of 20-24 year olds reported using any drug in the last year with cannabis being the most common drug used by young people. The table below gives an indication of potential drug use by young people in Harrow, if these rates from national surveys are applied. Estimates of the percentage and number using drugs does not necessarily equate to the number of people having problems because of their drug use.

	11-15 year olds	16-19 year olds	20-24 year olds
Population in Harrow	13,000	11,000	16,000
Modelled estimate of number using any drug in last year in Harrow (based on national rates)	12% n=1560	19.3% n=2123	18.7% n=2992
Modelled estimated of number using cannabis in last year in Harrow (based on national rates)	7.5% n=975	15.1% n=4077	

Source: Harrow young people substance misuse needs assessment based on *Smoking, Drinking and Drug use among Young People in England in 2012 and* The Crime Survey for England and Wales and ONS and GLA population tools.

Crack cocaine and heroin use is associated with the highest level of harm. There is considerable uncertainty in estimating usage amongst young people in Harrow. Best estimates[19] suggest significantly lower than London rates with between 75 and 285 young people between the ages of 15 and 24 using opiates and/or crack (best estimate 123) and between 40 and 181 opiate users (best estimate 69).

5. Substance misuse service provision in Harrow

5.1 Adults

At present five agencies currently make up the adults treatment system (Compass, WDP Harrow, Each, Blenheim Community Drug Project, Radiate), one of which is out of borough.

The tier 4 treatment (inpatient detoxification and residential rehabilitation) is funded separately from the main community treatment providers.

Service performance is relatively high in Harrow:
- 11.9% of opiate users accessing services completed their treatment and did not re-present to services within 6 months. This is higher than similar boroughs and the England average (7.8%).
- For non-opiate users successful completion rates are significantly higher (50%) than the comparative boroughs (38%) and the proportion who successfully complete and do not re-present to treatment within 6 months has increased since the 2010 baseline to 49.4% which is also significantly higher than the England average of 40.6%.
- Of those accessing alcohol treatment services in 2013/14, 46.2% of clients successfully completed the treatment (above national average) but 12.1% of clients returned to services for alcohol treatment within 6 months which is above the national average.

Adult substance misuse services are currently being recommissioned with the expectation that the new service will start from October 2015.

5.2 Young people
Three agencies currently make up the young people's treatment system in Harrow (Ask – a joint organisational approach between Each and Compass, and Ignite).

Access to specialist services for young people requires a lower threshold of use and associated problems than adult services. Young people's alcohol and drug use is generally less established than adults', so they tend to respond quickly and positively to interventions. Clients using Young People's treatment services are less likely to be physically dependent on drugs or alcohol than adults who use treatment services, although this can occur if the problems are not addressed early on.

In 2013/14 there were 151 under 18s in community based drug/alcohol treatment[20]. There were 96 new treatment journeys. Cannabis was the main drug used by those in treatment (92%) followed by alcohol (38%). Data concerning use of New Psychoactive Substances is not currently collected.

The gender split of young people in treatment in 2013/14 was 23% female and 77% male. Two thirds of the clients are in the 16 and 17 age group. The majority of young people using treatment in Harrow are from a white UK background (39%). Nationally, 79% of service users are from a white UK background. It appears therefore that Harrow has an ethnically diverse client group in young people's treatment services.

The majority (80%) of service users are in mainstream education, quite a low proportion (5%), are in alternative education. In 2013/14, 41 individuals were identified as presenting with issues other than drugs which might make them vulnerable; compared to national benchmarks, Harrow service users had significantly higher levels of anti-social behaviour (ASB) and criminality, and higher levels of service users on a child protection plan. The higher levels of ASB and criminality may be explained by a higher proportion of Criminal Justice System referrals. However the proportion of referrals from children and families services is lower than national rates and there may be a benefit in identifying how earlier referrals could be made.

Consultation as part of the Harrow Young People's Drug and Alcohol needs assessment highlighted a need for a more strategic approach to join up the work of specialist drug and alcohol providers with those of mainstream services for children and young people to avoid duplication of efforts and gaps in meeting need.

Young people substance misuse services are currently being recommissioned with the expectation that the new service will start from October 2015.

6. Our vision for the future

The vision for Harrow is to:

6.1 **PREVENT** harmful use of substances by influencing supply and demand

Prevention measures are aimed at the whole population of Harrow. They aim to prevent the escalation of substance use and harm and stop people becoming drug or alcohol dependent. They aim to make lower risk drinking the norm and an easy choice to make and promote drug free lives. It is important to say this is about more than promoting awareness; we also need to act on issues like poverty, employment and housing and create an environment which promotes health and wellbeing and discourages substance misuse. Without such decisive steps, it is likely that the need for treatment will grow in the future.

6.2 **PROTECT OTHERS** from indirect harm caused by substance misuse

Protection is about reducing the indirect health and social harm caused to families, communities and society linked to substance misuse.

6.3 PROMOTE SUSTAINED RECOVERY from dependence by intervening early and offering comprehensive services which rebuild lives.

A much smaller number of Harrow's residents need specialist treatment and support to recover from dependence on substances. Early intervention is paramount which requires system change to ensure wherever risk behaviour is noted, be it by a hospital doctor, a social worker or youth offending worker, the staff are knowledgeable and confident about making referrals to their local treatment and support services.

Treatment must focus on offering a package of support – including substitute prescribing, housing and employment support as well as peer support - to ensure individuals do not default to substance misuse and instead can continue to rebuild and progress their lives, making a positive difference for themselves, their families and the wider community.

7. Our values and principles

Equality and accessibility: We believe that Harrow residents should have equal access to services, which are appropriate to their needs and which take account of age, gender, disability, sexuality, race and religious and cultural beliefs. We will ensure our services are easily accessible and our service users and their families are at the heart of our work to tackle substance misuse.

Effective multi-agency and collaborative working: To have real and lasting impact on the health and wellbeing of the people of Harrow, there is a need for collaborative multi-agency work across local health, social care, family service, housing, youth justice, education and employment services to address the range of vulnerabilities. This means all professionals need to look for opportunities to work together to prevent substance misuse and support sustained recovery from dependence.

Evidence based practice: We will ensure that we use data to inform our understanding of need in the Borough and research evidence to inform the development of effective services and action.

Alignment with Harrow Health and Wellbeing Strategy and Corporate Plan: The action proposed in this Strategy aligns closely with Harrow Council's corporate objectives to:

- Make a difference for the most vulnerable
- Make a difference for communities
- Make a difference for local businesses
- Make a difference for families

This Strategy also aligns with the Harrow Health and Wellbeing Strategy because action is multi-disciplinary, spread across the life course and proposes action on the social determinants of health.

8. Our actions to **PREVENT** harmful use of substances by influencing supply and demand

By 2020 in Harrow we will have:

- Reduced drug and alcohol use in the borough.
- Reduced numbers of young people drinking before aged 15.
- Reduced numbers of adults and young people drinking above the NHS guidelines including binge drinking.
- Improved public awareness around harms related to substance misuse and improved resilience, particularly in young people, to make healthy choices.

Key areas of work include:

8.1 Review the availability of alcohol and density of licensed premises

There is evidence of a relationship between the number of licensed premises and increased consumption of alcohol and also alcohol-related violence[21]. International evidence suggests that

making it less easy to buy alcohol, by reducing the number or density of outlets selling it and conditions under which it can be sold, is an effective way of reducing alcohol-related harm[22], specifically binge drinking and alcohol related crime[23] and drinking in young people[24].

It is important to state that the 'offtrade' (i.e. supermarkets and off-licenses) are now responsible for a larger proportion of sales of alcohol (65% in 2009) than the on-trade (bars and clubs)[25]. This implies that more alcohol is now consumed in the home as compared with public venues which may have a bearing on alcohol-related harm hidden from public view such as domestic abuse.

The local authority is responsible for granting licenses to premises selling and supplying alcohol through the Licensing Act 2003. The Director of Public Health is one of the responsible authorities who are entitled to comment on applications and make representations to the licensing authority within 28 days if they think the application threatens one of the following statutory licensing objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

In light of the above, it is essential to work more closely and provide Public Health support to the Council's licensing team.

8.2 Review the local price of alcohol and consider action on cheap alcohol

It is currently possible to buy a can of lager for as little as 20p and a two-litre bottle of cider for £1.69[26] because there is no minimum price per unit of alcohol. Lower prices are associated with increased consumption and harm[27] with very cheap alcohol being disproportionately drunk by the heaviest drinkers and under 18s[28]. Those who consume the most alcohol are known to "shop around" for the cheapest form of alcohol[29].

The practice of "pre-loading" at home prior to a night out has resulted from cheap alcohol being available in supermarkets and off-licences[30]. In a recent study, 66% of 17–30 year olds arrested in a city in England claimed to have "pre-loaded"[31] before a night out, with pre-loaders two and half times more likely to be involved in violence than other drinkers. This has contributed to a fifth of all violent incidents occurring in, or around, a pub or club.

Research suggests increasing the price of alcohol is the best way to reduce consumption at a population level[32]. The introduction of a minimum price per unit of alcohol nationally would end the sale of very cheap alcohol disproportionately drunk by those at higher risk of harm. Evidence suggests that setting the minimum unit price at 40p per unit would affect the heaviest drinkers the most without a substantial impact on moderate drinker's consumption and spend[33]. The same 'social reference pricing' in Canada and been correlated with a sustained reduction in violent crime[34].

It is estimated that a 40p minimum unit price would lead to an estimated 30,000 fewer alcohol-related hospital admissions per year after 10 years, and approximately 50,600 fewer total crimes per year with a total expected annual saving of £140 million in health and crime costs after 10 years[35].

Nationally, the plan to introduce minimum unit price for alcohol has stalled. The local authority could take a number of potential actions:

- Advocate for national minimum unit pricing to be introduced
- Explore bylaws which would facilitate local introduction of minimum unit pricing
- Implement a responsible retailer programme, like that which has been introduced in Haringey and Camden and Islington. These voluntary agreements stop the sale of super strength alcohol, single cans and sales to street drinkers, particularly in areas associated with street drinking and alcohol related harm. There are also opportunities to work with retailers around price promotions on alcohol given research indicates such offers encourage customers to buy more[36] and subsequently drink more[37].

8.3 Support action to reduce the supply of harmful substances

There is an opportunity to support action by Police and Trading Standards Officers to reduce the supply of illegal substances. It is important to establish what action is currently being taken and what collaborative actions could helpfully:

- reduce the sale of New Psychoactive Substances (legal highs) over the internet and in 'head shops'
- reduce the sale of counterfeit alcohol
- break the link between drugs and gang activity in Harrow.

8.4 **Change behaviour in high risk groups through the provision of information and brief advice** (IBA)

There is good evidence that the provision of information and brief advice by a trained professional at a key moment in time, such as at a time of concern about the individual's health can change attitudes and reduce risk taking behaviour – such as substance use. At least one in eight at risk drinkers reduce their drinking and experience improved health as a result of IBA[38]. The research suggests dependent drinkers are likely to need specialist treatment.

Estimated net savings if all 'increasing risk' and 'higher risk' adult drinkers in Harrow received screening and brief interventions in primary care is £10.9m (based on NHS, crime and productivity savings)[39].

In Harrow, fifteen pharmacies currently provide alcohol IBA through the use of scratchcards which enable customers to review their drinking habits. Subject to the scratchcard results, pharmacists can provide brief advice or refer on to specialist services if appropriate. In future, substance misuse providers will be responsible for this programme and contract with pharmacies which will give more support to pharmacists and improve monitoring and evaluation.

A&E at Northwick Park reportedly already conduct alcohol screening for all attendances but data is not collected at a Borough level so it is not possible at present to evaluate this intervention. This is a key area for future work.

Training in IBA is required to increase the capacity of universal and targeted services staff to work with low level/risk substance use themselves without the need to refer on to specialist service providers. There are a wide range of stakeholders who may benefit from training including pharmacists, GPs, health visitors, school nurses, teachers, adult social care, children's social care services, safeguarding specialists, domestic violence providers, mental health teams, housing support workers, Police/teams working with clients in the criminal justice system and hospital staff in A&E and on wards. Specialist substance misuse providers are best placed to run regular training sessions which relevant professionals in Harrow should be encouraged to attend. However, given turnover of staff and the need for regular prompts to ensure the training is used, it may be advantageous to adopt a 'train the trainer' model.

It is important to ensure all training covers new psychoactive substances as we know that nationally this is a growing area of use – the workforce needs to be aware of the substances, impacts and potential issues as well as usual pathway and referral routes.

8.5 Take collaborative action on the social determinants of substance misuse

In our efforts to prevent substance misuse, it is important not only to concentrate attention on the issues resulting from substance misuse but also on the factors which may lead to substance misuse in the first place. Whether you are rich or poor plays a part – women in the lowest income bracket (lowest 20% of household income) are 33 times more likely to be dependent on drugs than women in the top income bracket (highest 20% of household income)[40]. Unmanageable debt, unemployment, housing problems and social deprivation can lead to or exacerbate substance misuse[41].

It is therefore key that the substance misuse strategy implementation group includes representatives from all these directorates within Harrow Council and that opportunities for collaborative action are scoped and acted upon.

8.6 Review action to prevent substance misuse in young people

The Chief Medical Officer recommends that children should not drink before the age of 15 and older teenagers who do drink alcohol should do so in a supervised environment. The guidance suggested that young people should drink on no more than one day per week and conform to the limits recommended for adults. This is due to the association with early drinking and increased health risks, including alcohol-related injuries; truancy, exclusion, and lower educational attainment; involvement in violence; suicidal thoughts and attempts; having more sexual partners; pregnancy and sexually transmitted infections; using drugs; and employment problems[42].

Special attention should be given to groups considered at higher risk of substance misuse including young people at risk of/involved in crime and antisocial behaviour, children in need or children in care and care leavers, young people at risk of exclusion or excluded or not in education, employment or training, young people at risk of sexual exploitation, young people with mental health issues, young people whose parents misuse drugs or alcohol.

A range of research has been carried out on what influences drinking behaviour among children and young people. For younger children it is generally thought that parents and other family members play the key role in forming their initial understanding of alcohol, but as children grow older and begin to socialise more, peers start to have an increasing impact on their attitudes, choices and behaviour. There has also been an increase in the attention paid to the impact of commercial advertising and social networking on drinking behaviour. Supportive relationships, strong ambitions and good opportunities are key protective factors against early drinking and young people's misuse of alcohol.

All young people should have access to information, advice and effective drug/alcohol education in mainstream settings such as schools. Schools should understand the connections between pupils' physical and mental health, their safety, and their educational achievement, and are well placed to provide good pastoral care and early intervention for problems which may arise from, or lead to, substance misuse. There is good evidence for the use of drug and alcohol education programmes in schools[43]. Fear based approaches are not effective in reducing substance use. Neither are programmes which rely only on providing information or only aim to boost self-esteem. An interactive approach to teaching is essential.

The Harrow needs assessment highlighted that referrals from schools in Harrow to Harrow Young People's specialist substance misuse services are currently low and some schools are reluctant to allow drug and alcohol specific services access to undertake prevention work or take up the offer of support to develop appropriate schools policies.

There is a need to evaluate the extent to which schools, including independent schools, are aware of local sources of support and have relevant policies in place. There is value in recruiting 'champions' (Head Teachers) from within schools and colleges to help promote prevention services, highlight successful outcomes and raise awareness at a strategic level. This could be facilitated by engagement from education representatives in the strategy group proposed.

In schools work that is undertaken in the borough at present, there is no parental involvement as standard. Parents are only involved where Young People receiving 1:1 support request their involvement. Support, training and involvement of parents whose children may be using drugs or alcohol is a 'gap' in the borough which if addressed may result in heightened awareness, better outcomes, and increased referrals to specialist services.

NICE guidance recommends that local partners concerned with the needs of children:

- Use existing tools to identify children and young people who are misusing, or at risk of misusing, substances. The Harrow young people's substance misuse needs assessment

notes an opportunity for Harrow Council Children's Services to improve their data collection methods to identify whether social care referrals involve drugs or alcohol.
- Work with parents and carers and other organisations involved with children and young people to provide support and, where necessary, to refer them to other services
- Offer motivational interviews to those who are misusing substances
- Offer group-based behavioural therapy to children aged 10–12 years who are persistently aggressive or disruptive – and deemed at high risk of misusing substances. Offer their parents or carers group-based parent skills training.
- Offer a family-based programme of structured support to children aged 11–16 years who are disadvantaged and deemed at high risk of substance misuse.

It is important to consider the mechanisms to reach children outside of school settings and to compare the aspiration contained in this section with good practice that is already being undertaken.

8.7 Promote healthy behaviours in the general population

On their own, mass media campaigns are not enough to change drinking behaviour[44]. However, if based on traditional marketing principles (social marketing) and focused on specific target audiences, campaigns may influence attitudes, beliefs and motivations[45]. They are therefore not a standalone option but may be a useful element of a strategy to prevent alcohol related harm, provided the activity is sustained over time[46]. The impact of campaigns centred around the health risks of alcohol is greater for "less entrenched drinkers and those more motivated by long term health, such as people aged 35–54, those in ABC1 social groups, and many women. Younger adults tend not to see long term health risks as compelling."[47] Research suggests information alone does not motivate most heavy drinkers to change their behaviour.

It is recommended that if campaigns are commissioned, that they are based on the learning from rigorously evaluated campaigns such as those published in the Alcohol Learning Centre[48] and may have more impact if they are run in conjunction with national awareness weeks and campaigns such as 'Dry January'. It is recommended that an evaluation of the impact and cost effectiveness of existing social marketing campaigns takes place before implementation.

Alcohol and drug use increases the risk of problems in the workplace such as absenteeism, presenteeism, low productivity, inappropriate behaviour, impaired decision making, errors and accidents. Promoting health in the workplace and in particular, giving information and advice around sensible use of alcohol and signposting to specialist services will be a key part of work undertaken as part of this substance misuse strategy.

9. Actions to PROTECT OTHERS from indirect harm caused by substance misuse

By 2020 in Harrow we will have:
- Reduced street drinking in the borough, substance related anti-social behaviour and offending.
- Improved pathways between domestic violence and substance misuse services.
- Improved identification of victims and perpetrators of domestic violence with substance misuse problems.
- Improved identification and support for those with mental health and substance misuse problems.
- Increased identification of parental substance misuse and early referrals of children to appropriate support services.

Key areas of work include:

9.1 Refer children at risk of sexual exploitation to the appropriate services

Substance misuse has been highlighted throughout the Rotherham report[49] regarding child sexual exploitation. Child sexual exploitation (CSE)is defined as follows,

"*Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.*

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.[50]"

Addiction and mental health are reported as common themes in the Rotherham case files. Almost 50% of children who were sexually exploited or at risk were found to have misused alcohol or other substances. The use of substances is reported to have been part of the grooming process, provided for free by those involved in the exploitation. Years after the abuse suffered by the individuals in Rotherham, a disproportionate number had developed drug and alcohol addiction.

In order to address the concerns identified around CSE, a multi-agency training package (facilitated by the Local Safeguarding Children's and Adults Boards) has been developed in Harrow. The training intends to ensure that all frontline professionals, including substance misuse staff working with young people in the Borough are better informed and equipped to recognise the signs of child sexual exploitation and take action.

The Substance Misuse Strategy Implementation group should be mindful of the need to ensure that the skill sets of specialist substance misuse services providers are sustained and pathways are established to refer children at risk of CSE to the appropriate services.

9.2 Minimise the potential risk to children with parent who misuse substances

The harmful effects of substance misuse are not just confined to the individual users but extend to their children and families as well. Maternal use of drugs and alcohol is a risk factor for childhood mental disorder. Children of parents with substance misuse problems have an increased risk of going on to misuse substance themselves, experiencing physical, psychological and behavioural problems and almost a third of serious case reviews mention substance misuse[51].

It is vital that pathways are established between universal, targeted services and specialist substance misuse services to safeguard the health and wellbeing of children.

There is a specialist midwifery service for vulnerable women based at Northwick Park hospital. Joint working with the specialist substance misuse provider is essential but at present, the numbers of drug/alcohol clients identified and referred by the specialist midwifery service is fairly low, and mainly drug users. Approximately 12 drug/alcohol clients a year are identified out of a caseload of around 400-500.

During 2012-13 (the latest data available), 49.5% of those in substance misuse treatment were recorded as being parents. There were 501 children under the age of 18 in Harrow living, at least some of the time, with a parent in substance misuse treatment[52]. Of those clients in treatment who had children living with them, 14.9% (n=39) had a recognised mental health need. We need to ensure all children whose parents are accessing treatment are identified, and the needs of those young people, particularly when acting as carers for their parents, are met.

There is an established Multi-agency Safeguarding Hub (MASH) where information is shared by different agencies about vulnerable children, families and adults. Specialist Substance Misuse Treatment providers are part of this Hub. Information should be captured about the number of referrals made to MASH concerning children of substance misusing parents.

In addition to this however, there needs to be a comprehensive system to ensure all adults accessing substance misuse services are asked whether they have/live with children. This information should be recorded and monitored to systematically quantify the need in Harrow and the effectiveness of our response. Care must be taken to explain to clients how this information will be used as clients have reported reluctance to disclose this information for fear of the implications for the care of their children.

At present, a Hidden Harm coordinator is employed by current young people's substance misuse service provider in Harrow. Their job is to support parents with drug or alcohol problems to engage with treatment services and reduce risks to their children.

A Hidden Harm coordinator will be recommissioned as part of the new substance misuse integrated services and will be cited in adult services, as the worker does not work directly with the children but the parents. However, the focus is still on minimising the risk to the child and the expectation would be extensive joint working with Children and Families Services. Very few referrals have been received from health agencies (GPs or hospitals) which should be an area for development in the future.

There is no service specifically to support young carers of drug/alcohol using parents however the generic young carers support service has been open to young carers who are identified. Harrow young carers service has however had very low numbers of referrals of substance misuse young carers, approximately 3 in the last 4 years. Section 96 of the Children and Families Act 2014 has now provided young carers with the right to an assessment of their need. The Care Act 2014 places a responsibility on Local Authorities and their partners to consider the needs of young people when carrying out an assessment of adult service users and/or adult carers needs. Adult substance misuse services will be expected to support the Local Authority in identifying young carers when assessing the needs of adult substance misusers and making the appropriate referral, with consent, to Children and Families Service for a young carers needs assessment. The new Young Person's Service in Harrow provided by Compass will provide support to young carers as an 'at risk' group and support them to access the generic provision.

A pilot of the 'Parents Under Pressure' model is being considered by Harrow council Early Intervention Team. This is a course for substance misusing parents (of under 2½ year olds), a well researched preventative model which has been successfully used elsewhere. Further work should be undertaken to adopt a strategic approach to providing and promoting parenting support for this group to avoid duplications between programmes provided by Council/specialist substance misuse providers.

It is important to emphasise that the figures quote above only represent children whose parents are in treatment and therefore consideration should be given to how we can make every contact with children and their parents count and assure that all children of substance misusing parents are identified, parents are encouraged to access specialist services and the health and wellbeing of any children are safeguarded.

9.3 Join up substance misuse and domestic violence services and strategies

Domestic violence is defined as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional [53].

There is a strong association between alcohol and domestic violence, physical violence and sexual assault[54] although it is important to emphasise that substance use should not be seen as an explanation or excuse for violent or abusive behaviour.

- Research estimates that 25-50% of those who perpetrate domestic violence have been drinking at the time of assault. Twice as much alcohol is now purchased in the off-trade[55] compared within pubs and bars potentially magnifying the impact on domestic violence whilst hiding its influence from public view.
- Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally[56].
- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence[57].
- Some women are introduced to substances by their abusive partners as a way of increasing control over them[58].When a woman's partner is also her supplier, it will be particularly difficult for her to end the relationship.
- When a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service[59].
- Women whose partners misuse substances may minimise or excuse their violence on those grounds; it is important to emphasis that even if substance use ceases, the violence and abuse usually continues[60]
- Women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other women to report or even to name their experience as domestic violence; and when they do, are in a particularly vulnerable position, and may be unable to access any suitable sources of support.
- Women with problematic substance use who experience domestic violence deserve and need support from domestic violence services as much as, or more than, any other woman.

There is some multi-agency partnership ongoing in the form of the Harrow MARAC - Multi-agency risk assessment conference. This is a meeting where information is shared between professionals about the highest risk domestic violence (DV) cases in the borough. The intention is to assess the risk and develop a co-ordinated plan to reduce repeat victimisation and prevent domestic violence homicides. The victim does not attend but is represented by an Independent Domestic Violence Advisor (IDVA) who can speak on their behalf.

The number of referrals to the MARAC from drug and alcohol treatment services has been very low – around three a year. Conversely, there is a perception that the number of MARAC cases is increasing where drugs or alcohol are used problematically either by the perpetrator or the victim and is known to treatment services. It is helpful that substance misuse providers continue to attend MARAC meetings to contribute to developing a complete picture of the case and provide further treatment options.

It is important to emphasise that the MARAC only deals with the most serious 10% or so of all DV incidents reported where the risk of harm is considered the greatest. Harrow is a low crime borough but domestic and sexual violence forms a larger proportion of crime in Harrow than in any other London borough[61]. There is therefore a need for broader action aside from the use of MARAC to facilitate early intervention and action if there is a perceived interaction between domestic violence and substance misuse.

In Harrow, there is a crisis intervention and advocacy service for victims of domestic violence provided through Independent Domestic Violence Advisors (IDVA). There is a refuge to accommodate those fleeing domestic violence and this enables Harrow to access the London-wide network of refuge provision since women usually seek accommodation away from their home borough to increase their safety. The Harrow substance misuse needs assessment highlighted that substance misuse clients experiencing domestic violence may have problems accessing refuges and it is not clear the extent to which IDVAs are accessed. Further investigation could be undertaken to assess the need and establish integrated pathways.

There are a variety of opportunities for collaboration across this agenda which link directly to the stated priorities of the Harrow Domestic and Sexual Violence Strategy.

- It is important to ensure that the specialist substance misuse treatment workforce, particularly those engaged with Criminal Justice clients (such as Drug Intervention Programme workers), are trained and confident in identifying and responding to domestic violence and able to deliver high quality interventions and/or make referrals to appropriate agencies in order to increase the safety, health and wellbeing of victims and their children.
- It is important that all those professionals handling domestic violence cases (both victims and perpetrators) are aware of the links with substance misuse and are able to identify drug or alcohol problems, provide support and refer on to specialist services for treatment as necessary.
- In terms of 'perpetrators', there may be opportunities for Substance Misuse specialists to help domestic violence offenders, as part of perpetrator programmes, to address their substance misuse which is regarded as a contributory factor but never an explanation or excuse for domestic violence. At present, there is no voluntary perpetrator programme in Harrow although places can be purchased by children's services. This is important since only a very small proportion of cases of domestic violence that arise in Harrow each year result in a conviction that is within the scope of the Probation Service which could include an order for attendance at such a programme[62].

9.4 Link to the Troubled Families programme

The Troubled Families Programme was launched by Government in 2012. Troubled Families are identified as those with complex issues, who are more likely to access services and require intensive support. The focus is on getting children back into school, reduce youth crime and anti-social behaviour, getting adults back into work and reducing the need for services. The programme has been recently expanded to consider how service reform may help those affected by Domestic Violence; younger children who need help as well as adults and children with physical and mental health problems.

Substance misuse is reportedly an underlying factor for many families known to social care and Early Intervention Services but may not always be identified as a primary need on presentation. One of the key areas for future exploration is how information can be useful shared between substance misuse providers and Troubled Families teams with a view to improving health and wellbeing outcomes of all. Further work should be undertaken to establish:

- How much of an issue substance misuse is in the families identified
- Where are the opportunities for collaboration?
- What examples exist of data sharing agreements with appropriate safeguards
- What connections need to be made in the pathway

9.5 Ensure appropriate links are made with community safety agenda

Crime, disorder and antisocial behaviour are strongly linked to alcohol; it is estimated to cost £11bn a year in England[63]. A significant proportion of incidents of violent crime involves one or more participants who have been drinking alcohol[64] – the British Crime survey reports that the victim believed the offender to be under the influence of alcohol in 44% of violent incidents in 2010-11

Binge drinking appears to increase the risk of offending[65]. Those who "pre-load" at home before going out for further drinking are more likely to be involved in violent crime[66].

It is vital to link with the Harrow Community Safety Plan which will be refreshed in 2015. The current plan (September 2013) set a target to make Harrow the safest borough in London by 2017, requiring a reduction of almost 2500 crimes a year. The current focus of the Plan is particularly on issues reported in Harrow town centre and in the Greenhill area.

There is an opportunity to work with Police and community safety colleagues to review the extent to which relevant information and data is shared. For example, triangulation of data to assess the impact of substance misuse on crime and disorder in Harrow. Use of data to target interventions – for example, if anonymised A&E data was linked to alcohol-related incidents, a profile of the most problematic premises or streets in Harrow could be drawn up. Sharing data on methanol poisoning is another example as this could provide information about the counterfeit alcohol being sold in specific premises and help support Trading Standards and police action on illegal sales. The extent to which outreach by substance misuse specialists could address community safety issues such as street drinking will be assessed.

There is an opportunity to link with Harrow Fire Service to reduce risk of fire in homes of those misusing substances and ensure adequate means of escape in case of fire. The Fire brigade can supply leaflets and smoke alarms as well as fire proof bedding. The Fire Service could also be trained in the use of information and brief advice where they identify individuals at risk.

10. A personal story of recovery from a Harrow service user

"My journey of recovery has taken me 5 years, with the help of my Doctor and services in Harrow.

When I realised that I had a problem with alcohol I went to my Doctor and I was lucky, they knew about what services were available and they contacted them. I was assessed and allocated a key worker and joined a pre-detox group. These groups were helpful because I then knew I wasn't alone with my problems and there were other like minded people around. It was a little frustrating waiting for detox as I was in pain if I didn't drink. I couldn't deal with any life situations they just seemed to stress me out. I began to isolate and that wasn't good.

After home detox I started a 12 week Structured Day Programme. There I was able to start learning about being assertive, setting healthy boundaries, and gaining a bit of confidence. It was a little scary at first, but it felt ok after a while, I wasn't being judged by anyone and that was a big thing, thinking people were looking down their nose at me.

Seeing a 1-2-1 Councillor I started to trust and open up a little more. I managed to stay sober for 4 months. I didn't attend any of the open groups that were available because I thought I was ok! Well that wasn't true, and I managed to control it for a short time but it had progressed very quickly. I was too ashamed to go back into services, and I smashed myself again drinking.

It was my friend that called the services for me and took me back to try again. I had a young child and I didn't want to leave them. I was very fortunate that my family helped me out. After that detox I went back to complete another Structured Day Programme but once again I never went to any open groups or AA meetings.

This time I managed 6 month sobriety but I still couldn't manage daily life. I tried a few AA meetings and they weren't for me, so yet again I smashed myself to pieces again. My family were angry, very annoyed, I felt alone and I no longer cared about anything or anyone. I stayed with my friend for a while but it didn't help. My child was now living with my sister so I felt I had nothing to live for! Eventually when I had been taken to hospital a few times and discharged the next day I was constantly being sick and I hadn't eaten for a week. I had lost so much weight I was like a bag of bones. I changed my mind about another in house detox for 10 days and then went into rehab for 12 weeks. If I hadn't done this I would have died, I couldn't even walk. Going to detox was very hard but with their help I could start eating and moving around a little.

When I went down for rehab and I was very scared, it was a (12 step) (AA) rehab. I was still weak and it seemed relentless. At first I didn't know what to expect, but I started to listen to what was being

said and bits were starting to sink in and were making a little sense. I done 90 meetings in 90 days and with all the groups during the day and being around like minded people was helping me. I felt a sense of belonging. I graduated after 12 weeks and was so happy to be going home. I then re-done the Structured Day Programme as my aftercare and graduated again. Then I done open groups also attending AA meetings 4-5 times a week.

This time around I had listened to what was being said and I was being assertive, setting healthy boundaries and lots of life skills I never had before. I am now over a year sober and my life is slowly getting back on track. I am mostly happy nowadays and I do some volunteer work in drug and alcohol services and enjoy giving something back to the community."

11. Actions to PROMOTE SUSTAINED RECOVERY from dependence by intervening early and offering comprehensive services which rebuild lives.

By 2020 in Harrow we will have:

- Increased in alcohol screening and brief advice in primary care and A&E in Harrow.
- Reduced hospital admissions and attendances relating to substance misuse
- Reduced substance misuse related death and other serious incidents related to clients accessing substance misuse services.
- Reduced Hepatitis B in clients accessing substance misuse services.
- Reduced Hepatitis C in clients accessing substance misuse services.
- Increased HIV testing in clients accessing substance misuse services.
- Reduced risk of blood borne virus transmission
- Reduced waiting times to first treatment intervention.
- Better understanding of drug type used, particularly amongst vulnerable groups
- Increased proportion of all clients and specifically, criminal justice clients, successfully completing treatment.
- Reduced number of people dependent on drugs in the borough.
- Reduced re-presentations (people who complete treatment but represent within 6 months) in all clients and specifically, criminal justice clients.
- Increased number of clients in 'effective treatment'
- Reduced time in treatment (not at the expense of re-presenting).
- Increased abstinence from substances amongst clients in treatment at 6 months follow up.
- Increased proportion of clients no longer injecting at 6 month follow up.
- Increased proportion of clients successfully completing treatment with no reported housing need.
- Increased proportion of clients successfully completing treatment working more than 10 days in last 28 at exit.
- Improved mental wellbeing and physical health including smoking status and weight for those exiting treatment.

Key areas of work include:

11.1 Improve action on blood borne viruses in substance misusers

Hepatitis means inflammation of the liver. The most common causes are viral infections. Hepatitis B and C are two such viruses that are carried in the blood and can be passed on to others who come in contact with the blood of an infected person.

Injecting drug users who may have used needles or equipment contaminated with blood from an infected person are at risk of infection with these viruses. The virus can be transmitted through

sexual intercourse if bodily fluids are contaminated with blood but for Hepatitis C, the risk of this is very low.

Chronic infection over many years can cause liver damage and lead to liver failure and liver cancer in infected individuals. More than 70% of those infected with Hepatitis B and C have no symptoms at the time of becoming infected[67] and 40% of those infected in England remain undiagnosed.

Chronic liver disease may also lie silent and go undetected for many years meaning when a patient does present with symptoms the prognosis is poor. Hepatitis C related hospital admissions, registrations for liver transplants and deaths from end stage liver disease and liver cancer are rising in England.

Hepatitis B can be prevented through a course of vaccinations. However, of the 113 people in substance misuse treatment who accepted the course of hepatitis B vaccinations in the last year, only 31 people completed the course. Substance misuse providers should give careful consideration of how to increase completion of the course of vaccinations.

A good proportion of those infected with hepatitis B and C, if treated early with anti-viral therapy as recommended by NICE will clear the infection. However, very few people are accessing services[68].

In addition, the new Sexual Health Strategy for Harrow places an expectation on substance misuse services to offer HIV testing to all clients as part of screening for blood borne viruses and to record this data. There are opportunities for substance misuse services to work closely with local sexual health and family planning services to review and update data sharing and patient referral pathways between the two services.

In Harrow, we estimate that there are in the region of 1260 people infected with Hepatitis C, 65% of which are thought to be current or previously injecting drug users. Of those engaged with substance misuse services, 78% are tested for Hepatitis C which is above the current national average of 73.9% but rates have previously been lower than national rates.

Testing is one component in reducing the prevalence of Hepatitis B and C. Not only is it the first step towards offering treatment which could lead to a cure, it is also an opportunity to discuss how to limit spread of the disease and for those who test negative, how to protect themselves from infection in the future through use of clean needles and equipment and having safe sex.

It is recommended that Hepatitis B, C and HIV testing should be offered as standard to all accessing substance misuse services. Action must not stop there however.

For Hepatitis, clear pathways from substance misuse services to local liver services should be established in collaboration with Harrow CCG. The number of people testing positive, the number being referred to treatment, the numbers receiving treatment, the numbers completing treatment and the outcomes of treatment should ideally be recorded. In discussions with liver services consideration could be given to provision of hepatitis treatment in the drug treatment setting and the use of peer support for clients accessing hepatitis treatment has been found to be useful in some boroughs to help adherence to treatment.

It is recommended that substance misuse service staff are familiar with hepatitis B and C and undertaking the Royal College of General Practitioners online course may assist in the development of this.

Finally, it is important to emphasise the need for an expanded needle exchange service in Harrow in order to supply injecting drug users with clean needles and syringes to facilitate safer injecting and reduce the chance of transmission of blood borne viruses. Clearly emphasis should be placed on reducing injecting behaviour but whilst it continues, needle exchange is an important action to reduce the prevalence of blood borne viruses.

11.2 Partnership working between hospitals and community substance misuse services

Hospital A&E departments and wards are seeing a significant number of people misusing or at risk of misusing drugs or alcohol, some of which frequently return due to a lack of engagement with community drug and alcohol treatment services. The Harrow substance misuse young people's needs assessment highlights that there were no referrals from the Accident and Emergency Department at Northwick Park to community substance misuse services. A&E should be a major referrer given the level of alcohol-related presentations known to attend nationally.

It is important that pathways are put in place to ensure Harrow residents attending hospital receive timely and specialist care to address their substance misuse, thereby reducing the associated harm.

Alcohol liaison services entail specialist staff working in hospital to 'identify and work with patients drinking at levels that may impact or have already impacted their health'[69].

In Harrow, an alcohol liaison nurse is currently commissioned to provide this specialist support and received 233 referrals from Harrow residents (adults) in 2013/14, demonstrating a clear need. The data related to this service indicates that the model needs to be reviewed; only half of the Harrow clients were seen by the alcohol liaison nurse due to insufficient capacity, half of the referrals received to this service were repeat presentations and there is a significant unmet need for residents of other North West London boroughs attending Northwick Park hospital (half of total referrals to this service were not Harrow residents).

It is recommended that strategic work is initiated across North West London, led by Harrow, to develop a model for a hospital based alcohol liaison service. Based on national guidance, it is recommended that the service is led by a hospital Consultant champion to embed the service pathway in all wards and clinics throughout the hospital.

From July 2015, there will be at a part time Independent Domestic Violence Adviser based at Northwick park to guide A&E, the Urgent care Centre and Maternity Services through the Domestic Violence referral pathway as well as carrying a caseload of their own. It is vital that this post and in-house hospital alcohol liaison teams work closely together.

11.3 Commission accessible and integrated substance misuse specialist treatment and recovery services for adults

Harrow Council is responsible for commissioning specialist substance misuse treatment and support services for adults in the Borough. Following an extensive review of existing services in Harrow and consultation with stakeholders including service users, a new service will be commissioned from October 2015.

The Harrow substance misuse needs assessment highlighted a range of issues with the current substance misuse service provision:

- Treatment system service users, GPs and providers experience it as fragmented and somewhat confusing.
- Feedback showed that it is not clear to referrers, clients and workers within the system exactly what each service does or who to contact.
- A wish for a more streamlined system was expressed.
- Outreach was identified as a gap in the system, both street outreach coordinated with enforcement campaigns, and 'in-reach' to services such as vulnerable adults teams.

A new service pathway has been designed to meet the changing needs of the local diverse population and under represented groups. The new service will:

- Be holistic and focused not just on getting people into treatment and meeting targets but on supporting permanent change for the service user to cease offending, stop harming themselves, their family and their communities and successfully contribute to society.
- Be suitable for criminal justice clients (CJS) as well as non-CJS clients.

- Make greater use of shared care between GPs and specialist treatment providers to ensure people are treated closer to home and in a familiar setting.
- Include outreach to engage with those who may not be reached by mainstream services.
- Be geographically and culturally accessible.
- Have a single point of contact for new referrals, a single assessment process and a single/shared data system.
- Improve multi-disciplinary resulting in integrated care plans and reduced risk of harm to children and families.

The new model in Harrow will be delivered by one provider - WDP in partnership with Central North West London NHS Trust (subject to expiry of 10 day standstill period). WDP will manage contracts with inpatient detoxification and rehabilitation services, pharmacy and GP shared care to ensure that the service model is integrated and tailored to the needs of the service user. The service will comprise two independent components:

- The 'Intake, engagement and harm reduction service' will be the first point of contact that many clients have with community substance misuse services. The focus of this service is to reduce harm to the individual through needle exchange, action on blood borne viruses and substitute prescribing if appropriate. There is good evidence that well-delivered substitute prescribing therapy provides a platform of stability and safety that protects clients and creates the time and space for them to move forward[70].

- An 'Abstinence focussed and recovery service' is the second service component to which clients 'graduate' from the intake service (although it may be appropriate for some clients to fast-track straight to this service). This service aims to build sustained recovery through access to peer support including mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous as well as education, employment and training support. Recovery and reintegration support should be viewed as an integral part of what is on offer in treatment rather than a service that is referred to at the end of treatment.

The new service will establish satellites in locations such as sexual health clinics, GPs and pharmacies in other to engage potential service users who have not historically chosen to walk into a drugs and alcohol service.

It is particularly important to emphasise that specialist substance misuse services in Harrow must:
- Address unemployment, homelessness, poor education, deprivation and victimisation which are some of risks that can jeopardise treatment and recovery journeys.
- Do more to engage with dependent drinkers given Public Health England state as many as 94% of dependent drinkers are not in treatment at any one time. Novel approaches to improve engagement such as Alcohol Concern's 'Blue Light' project may be usefully piloted.
- Meet the needs of a growing number of older drug users, many of whom have serious addiction and health problems.
- Improve engagement with ethnic groups to understand and address their reported reluctance to seek support from specialist substance misuse services, particularly in relation to khat use.
- Give consideration to how to create an ongoing support network or 'recovery champions' for service users to access even after leaving treatment.
- Have clear links and pathways to universal health and wellbeing services such as smoking cessation and sexual health
- Be equipped to give appropriate information and advice to improve the physical and mental health of clients accessing substance misuse services.

11.4 Commission accessible and integrated treatment services for young people

Harrow Council is responsible for commissioning specialist substance use treatment and support services for young people in the Borough. Following an extensive review of existing services in Harrow and consultation with stakeholders including service users, a new service will be commissioned from October 2015. The winner bidder (subject to expiry of 10 day standstill period), Compass, will deliver a Hub and Spoke model which delivers the service in co-locations e.g. Children

in Need, Looked After Children Team, Children and Adolescent Mental Health Services, and peripatetic sites i.e. A&E/Paediatrics, Young Carers, Youth Centres.

The role of specialist services is to support young people to address their substance use, reduce the harm caused by it and prevent it from becoming a greater problem as they get older. It is important to say that specialist services are only a small part of the support structure these young people need. Local partnerships need to continue to provide the full range of universal and targeted services, and to ensure all those different services work in a joined-up way.

The new Service Specification requires the provider to deliver car (as needs assessed) to young people up until age 24 years to avoid the 'cliff edge' transition into adult services. Compass have experience of working with young people until the age of 24 years providing individualised interventions ranging from age appropriate information and advice through to specialist prescribing and multi-agency involvement in Tier 4 placements.

Going forward it is important that:

- The referral pathway to substance misuse services from education services (including the tuition service that includes The Helix), Children and Adolescent Mental Health Services, Children and Families services and GPs and A&E improves – referrals from all these sources are lower than national rates.
- There is a single point of contact for access to specialist substance misuse services for young people.
- Specialist substance misuse providers are well informed about New Psychoactive Substances (NPS), for which referrals are very low in Harrow at present despite increasing trends nationally. CNWL will provide 'Club Drug' clinics in Harrow to address stimulant and NPS use.
- There is long term follow up work with discharged clients. A regular 'recovery check-up' call, as recommended in adult treatment approaches could easily be built in to aftercare plans for an agreed timescale.
- Families of young people misusing drugs or alcohol are involved in treatment since specialist treatment programmes are understood to be more effective where families are involved.
- Substance misuse services have clear links and pathways to universal health and wellbeing services such as smoking cessation and sexual health. Substance misuse services are now registered for the C-Card scheme enabling them to offer free condoms to eligible young people.
- Substance misuse service providers are equipped to give appropriate information and advice to improve the physical and mental health of clients accessing substance misuse services.

11.5 Ensure individuals with a mental health and substance misuse problem gain rapid access to the support they require to recover

There is a clear association between mental illness and drug and alcohol dependency, both as a consequence and as a cause[71]. For young people, emotional and behavioural disorders are associated with an increased risk of experimentation, misuse and dependency[72].

A dual diagnosis service will be commissioned as part of the adults substance misuse service. The intention of this service is to support staff in addressing the needs of those with mental health issues alongside substance misuse, and to ensure clients receive appropriate care from both substance misuse and mental health services.

However, more work must be undertaken to map pathways between adults and children and adolescent mental health services and substance misuse services. Clear links should be made with work on suicide prevention in the Borough.

11.6 Ensure all stakeholders have easy access to up-to-date information which explains the substance misuse services available and the pathways for referral.

In the Harrow substance misuse needs assessment, professionals asked for better communication with treatment services, more clarity about treatment pathways and options – including leaflets and a single website.

A transition plan will be implemented as part of the re-commissioning of community substance misuse services. Providers will be responsible for ensuring all public and professionals are able to access up-to-date information about specialist treatment services both now and in the future. This means simple and accessible information should be developed and published online.

11.7 Assure that services are safe and effective, auditable, continuously improving and evolving to need

Commissioned services must be high quality, safe, effective, auditable, continuously improving and evolving to changing need in the population. To facilitate this, adequate clinical, financial and information governance will be a key priority which will monitored through contract performance processes. This will include identification, reporting, investigation and learning from serious incidents. There should be clear channels for investigation and escalation. Furthermore, it is vital that there are established routes into children and adults safeguarding to protect individuals from significant harm or exploitation.

In order that services continue to meet current and future need, it is important that a substance misuse data dashboard is developed and monitored. This should enable the outcomes desired from the implementation of this strategy to be monitored and for all stakeholders to agree what data can be measured.

12. Process for implementation of strategy

Effective working across organisational priorities and cultures is essential for successful implementation of this strategy. Some of the stakeholder groups are outlined below. It is recommended that a strategy implementation group is set up which meets quarterly to facilitate partnership working, develop annual implementation plans and to oversee this programme of work.

It is suggested that the following stakeholders sit on the strategy implementation group although not all attendees would be required to attend each meeting but participate according to the relevance of the agenda.

- Substance misuse commissioners
- Public Health
- Community safety representative
- Domestic violence representative
- Environment (licensing)
- Providers
- CCG clinician, commissioner and governance representative
- Secondary care
- Voluntary sector representatives
- Children's services
- Safeguarding
- Service user

An initial stakeholder engagement meeting will be planned to coincide with the award of substance misuse provider in order to plan any transition of treatment services and to facilitate broader consultation on the contents of this strategy.

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