

## 7.11 Substance misuse

Substance misuse is defined by the National Institute for Health and Care Excellence (NICE) as intoxication or regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

Most substance misuse is illicit in nature, and therefore factual information on drug use is difficult to obtain, unless it relates to those people known to drug treatment services or the police. Some information is available from the adult psychiatric morbidity in England (2007)<sup>1</sup> report which provides projected prevalence estimates for people with drug dependence at a local authority level.

Substance misuse treatment policy in England is guided by the National Drug Strategy published in 2010<sup>2</sup>. The strategy sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence.

Treatment for substance misuse in Barking and Dagenham is provided by a mixture of statutory and voluntary sector provision. Funding comes from Public Health England (PHE), the Mayor's Office for Police and Crime (MOPAC) and the Local Authority.

### 7.11.1 How many people misuse drugs

The Public Health England (PHE) has estimated that there are 2.8 million adults who have used an illegal drug in the past year; this mostly has an impact on the poorer communities. In England there were 249,000 heroin and crack users, with 40% of prisoners having used heroin and 1,200,000 affected by drug addiction in their families.

PHE Alcohol and Drugs Prevention, Treatment and Recovery: why invest, highlight that deaths among "heroin users are 10 times the death rate in the general population 2248 drug misuse deaths were registered in 2014, the highest on record. Deaths involving heroin were 64% higher than in 2012", (<http://www.nta.nhs.uk/uploads/alcoholanddrugswhyinvest2015.pdf>)

Estimated prevalence of drug misuse (opiate and crack) is based on data from Police drug test data, substance misuse treatment data and National Probation Service (NPS) data which is used to project how many Opiate and Crack Users (OCUs) reside in each area of England. Figure 7.11.1 shows the estimated

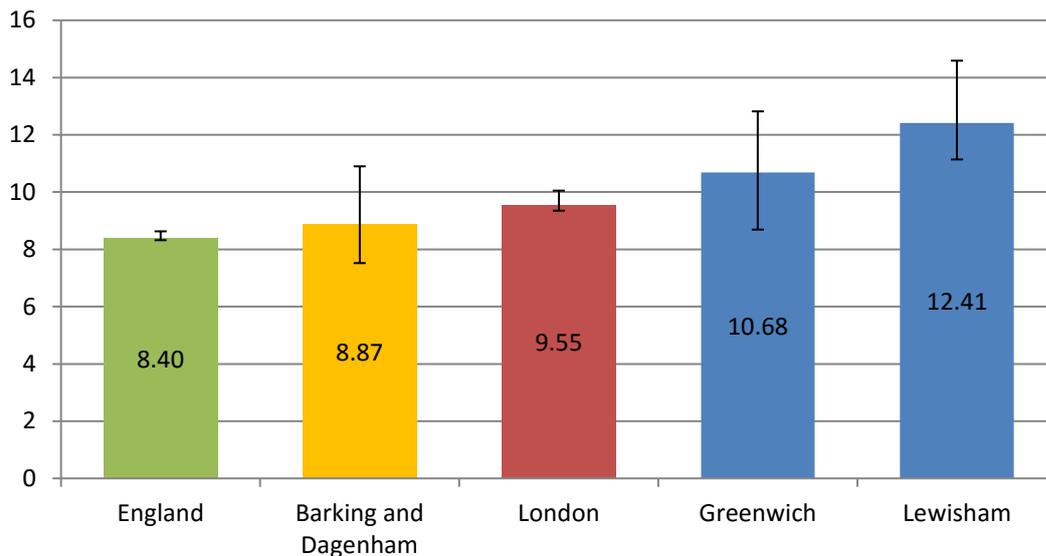
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<sup>1</sup> Adult psychiatric morbidity in England, 2007. NHS Information Centre for health and social care <http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf>

<sup>2</sup> Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life HM Government 2010 <http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy/drug-strategy-2010?view=Binary>

prevalence of OCU's in Barking and Dagenham and comparisons with prevalence in England, London and comparator boroughs. The boroughs of Greenwich and Lewisham are used as comparators as these boroughs are both London Boroughs which fall into the same index of multiple deprivation deciles as Barking and Dagenham.

**Figure 7.11.1: Prevalence of Opiate and Crack users (OCU) –rate per 1,000 residents, 2011/12**



Source: Glasgow Prevalence Estimates, released August 2014

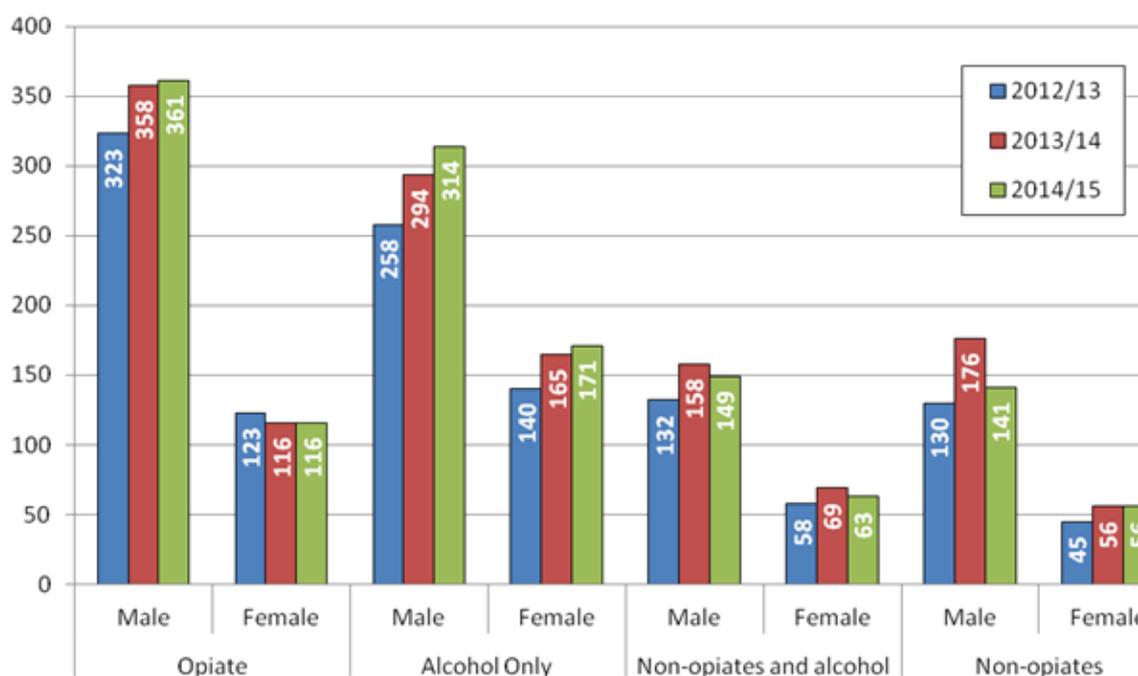
The 2011/12 Glasgow Prevalence Estimates for OCU's are the latest available at time of writing this JSNA refresh (June 2016). According to the 2011/12 Glasgow Prevalence Estimates, there are around 1,079 OCU's living in Barking and Dagenham (95% confidence interval 915 to 1,327). 490 OCU's (45% of the estimated number of OCU's residing in Barking and Dagenham) were engaged in treatment between April 2013 and March 2014. The estimated number of injecting OCU's residing in the borough is 278 (95% Confidence Interval of 185-490).

Locally there has been an 8.6% increase in the estimated number of OCU's residing in the borough when comparing the 2010/11 and 2011/12 estimates. In comparison there has been a 4.5% increase across London and 1.6% decrease in the national estimate of OCU's.

From 2011 there has been a national drive led by PHE, to focus on recovery. The reason for this is because previous drives were to get people into effective treatment however this resulted in long term maintenance with no exit strategy to become abstinent.

Figure 7.11.2 gives a breakdown of the drug types used by individuals in treatment during 2013/14 in Barking and Dagenham. Note that this chart looks at drugs used and that one individual may be using up to three different substances and would therefore appear in this chart more than once.

**Figure 7.11.2: Individuals receiving drug and alcohol treatment by drug category, Barking and Dagenham, 2014/15**



Source: NDTMS 2014/15 JSNA Report

### 7.11.2 Economic consequences

PHE highlight that the annual cost of drug addiction costs society £15.4 billion every year; therefore any heroin or crack user who is not in treatment and is committing crime costs society on an average of £26,074 a year. The annual cost of drug-misuse costs the National Health Service (NHS) in England £488 million every year and for those parents' who have children taken into care due to their drug-misuse costs £42.5 million, furthermore parental drug use is a risk factor in 29% of all serious case reviews.

A typical heroin user can spend around £1,400 per month on drugs, 2.5 times the average mortgage. Furthermore, heroin and crack addiction causes crime which leads to disrupting communities and their safety. The latest findings from PHE state that heroin or crack user who are not in treatment and committing crime costs society an average £26,074 a year; therefore, for every £1 spent on drug treatment it saves society £2.50 and the public valuing drug treatment, as 82% said treatment's greatest benefit was improving community safety as it makes their communities safer and reduces crime.

### 7.11.3 Services and treatment for adults who misuse drugs

Barking and Dagenham has redesigned the drugs and alcohol services a integrated model. This enables the service users to choice where treatment takes place, either in Barking (Red Lion Service) or Dagenham (St Luke's Service), gives them a choose of a location that suites them; therefore improving engagement. The Red Lion Service is an open access services where people can self refer or can be referred too for assessment and or brief advice.

Service users are care coordinated by both Red Lion and St Lukes services and those identified as requiring further structured interventions will be referred to Horizon Service, who deliver a Structured Day-care Programme (SDP) in group settings, one to one sessions and counselling.

The doctor attends both Service in Barking and Dagenham who is able to offer substitute opioid prescriptions to service users within 48 hours and each services has a nurse on site who is able to undertake all health assessments.

The Red Lion Service continues to provide criminal justice interventions, what was formerly known as the Drugs Intervention Programme (DIP), to those service users who are coming through the criminal justice system, either through police custody who are drug tested positive, those released back into the community from HMP Prisons' and those who are subject to community Orders, which are imposed by Magistrates Courts.

The Home Office decommissioned DIP as a national programme in October 2013 and PHE has taken on the responsibility for collecting and reporting the data which was previously reported to the Home Office for criminal justice intervention.

Treatment data shows that the Barking & Dagenham treatment system treated 55.5% (599) of the estimated local OCU population between April 2013 and March 2015. The remaining estimated OCU population (464) are not accessing services and they are described as "treatment naïve".

**Table 7.11.1: Drug users in treatment, Barking and Dagenham, 2013/14**

<b>2014/15 OCU Treatment Data</b>	<b>Based on 'Smoothed' Glasgow (2011/12) Estimate</b>
In treatment on 31/03/2015	378
In treatment during 2014/15 and discharged	128
Known to treatment but not treated in the year	109
Not known to treatment (Treatment naïve)	464
<b>Total OCU estimate</b>	<b>1,079</b>

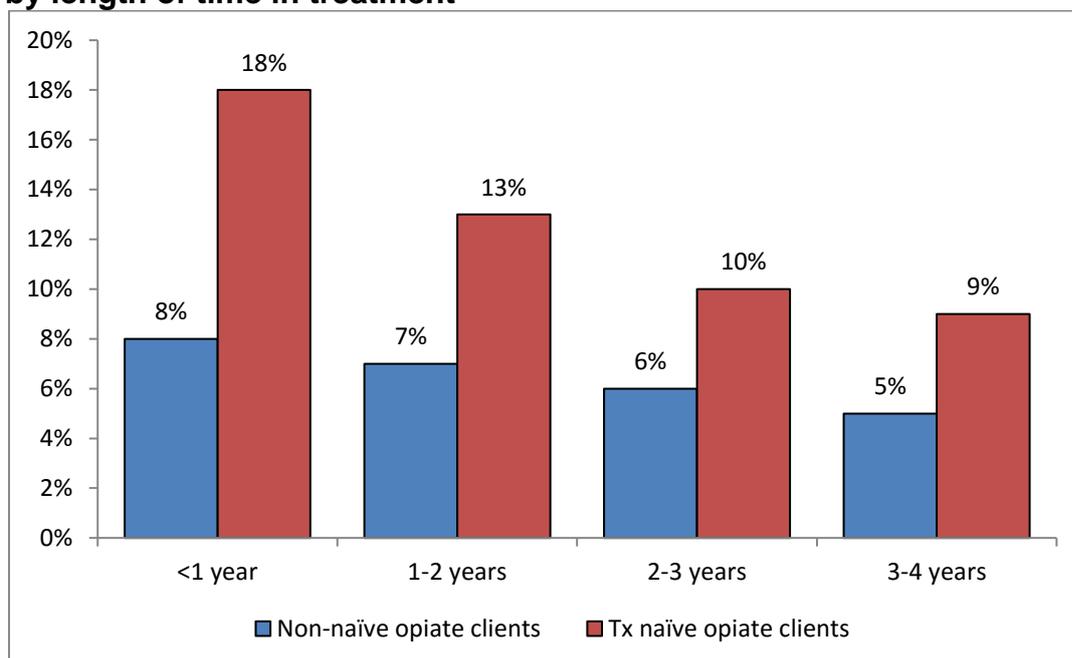
Source: NDTMS Needs Assessment Data, 2013/14

### **Successful completions**

According to the National Drug Treatment Monitoring System (NDTMS) data, the successful completion rates for those who are treatment naïve is twice that of those who have had previous experience of treatment in their first year of engaging in services. In 2014/15 (see Fig 7.11.3) the successful completion rate for treatment naïve clients was 18% in their first year compared to 8% for those who have had previous treatment episodes.

This indicates that treatment services need to maximise the outcomes for first time entrants into drug treatment and to apply a different approach to service users who know the system.

**Figure 7.11.3: England Treatment Naïve Opiate Completion Rates for 2014/15 by length of time in treatment**



Source: NDTMS – Recovery Diagnostic Toolkit

### Re-representations

Public Health England uses NDTMS data for each borough and compares it to the 32 areas (called Local Outcome Comparators) that are most similar to them in terms of the complexity. The comparator areas are based specifically on the complexity of the populations in substance misuse treatment and not on broader similarity between the general populations of local authorities. Of those individuals who successfully completed treatment in Barking and Dagenham between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016 23.5% of opiate users and 9.3% of non-opiate users re-presented to services within six months. In comparison the top quartile range for the cluster is 12% to 0% re-presentation rate for opiate users and 3.3% to 0% for non-opiate users indicating that more could be done to reduce the number of individuals re-presenting to treatment.

The Recovery Support provision is now at the heart of all services which enables service users to access further support packages such as ensuring they have stable accommodation such as housing, supporting them into education, training or employment. Signposting service users to mutual aid organisation such Alcohol Anonymous (AA), Necrotic Anonymous (NA) or SMART Recovery programme, will aid service user's to build their lives, through social networks, family relationships and ultimately leading to them reach their full potential.

Adult services have implemented a joint timetable which service users are able to 'pick and mix' programmes that offer interventions that support abstinence, introduce life skills and promote education, training or employment opportunities. Individuals can access as much or little support as they feel which is discussed prior to treatment completion.

## **Recovery and Lifestyle Lounge**

The weekend is often the most vulnerable time for service users. Barking and Dagenham Borough Council has been awarded a grant by PHE to create a weekend service for service users throughout the borough by creating a gardening areas with raised beds and greenhouses in the service's outdoor spaces to grow fruit and vegetable; improve kitchen areas and equipment to offer cooking support and develop library resources for service users.

The grant has enable services to purchase a range of equipment for social and creative activities such as creative writing and art, and create a peer-lead hub allowing laptops/tablets to be accessed on site. Service users will learn a wide range of new skills, feel a sense of connection to the community, and feel less isolated at their most vulnerable times.

The aim of the Recovery and Lifestyle Lounge is to train existing and recruit new peer mentors and recovery champions within the services. The Recovery and Lifestyle Lounge will attract those that are 'treatment naïve', in addition to those 'revolving door' service users that need additional support to maintain positive lifestyle changes.

The 'Recovery and Lifestyle Lounge' will be open from 12pm to 5pm and rotate across the local services allowing for choice for service users and a wider coverage of support available across the weekend.

## **Treatment outcome profile data**

A Treatment Outcome Profile (TOP) is completed with each service user at the start of drug treatment, at the care plan review stage(s) and at the point of discharge. Services ask the service user a range of questions about their substance misuse and injecting behaviour, whether they are involved in any criminal activity or involved in education, training or employment as well as self ratings on their psychological health. Comparing TOP scores over time allows a longitudinal change in service user behaviour over time and the impact and effectiveness of substance misuse treatment.

## **Main findings from 2014/15 TOP data**

The information obtained from TOP provides a clear picture of those people leaving treatment who are either abstinent or using occasionally. Given that the focus has moved from numbers in effective treatment to sustained treatment outcomes, TOPs are becoming a much more useful tool to use. As a result of the effectiveness of TOPs is now a specific.

The latest 2014/15 Quarter 4 TOP review data shows 271 individuals has a TOP review following six months of treatment. Overall the review data shows good levels of reduction in substance misuse following six months of treatment compared to their level of use when the service users started treatment.

**Table 7.11.2: Number and percentage of service users who became abstinent from each drug by six month review (N=271 individuals)**

Drug type used	No. of individuals using at treatment start	No. of individuals who have stopped	% who have stopped	Expected range of performance	Better / in line / worse than expected?
Opiates	63	27	43%	25% to 30%	Better
Crack	49	24	49%	24% to 55%	In line
Cocaine	37	24	66%	41% to 76%	In line
Amphetamines	1	1	100%	16% to 100%	In line
Cannabis	45	17	38%	27% to 58%	In line
Alcohol	196	29	15%	15% to 27%	In line
Injecting	210	69	33%	0% to 100%	In line

Source: NDTMS 2014/15 Quarter 4 Adult TOPS review outcome report source: [www.NDTMS.net](http://www.NDTMS.net)

This reduction in use carries on throughout treatment as shown by the numbers of opiate and crack users who are abstinent from each drug by planned exit. However, further improvements are needed with the remaining Class A drug users and injecting drug users.

**Table 7.11.3: Number and percentage of service users who became abstinent from each drug by planned exit in 2014/15 Qtr 4 (N=271 individuals)**

Drug type used	No. of individuals using at treatment start	No. of individuals who have stopped	% who have stopped	National	Better / in line / worse than expected?
Opiates	23	22	94%	not available	-
Crack	17	17	100%	not available	-
Cocaine	48	42	87%	81%	In line
Amphetamines	-	-	-	81%	-
Cannabis	70	41	58%	57%	In line
Alcohol	188	107	57%	49%	In line
Injecting	177	168	95%	95%	In line

Source: NDTMS 2014/15 Quarter 4 Adult TOPS review outcome report source: [www.NDTMS.net](http://www.NDTMS.net)

TOPs data suggest, as in previous years, that some individuals increase their use of other drugs such as alcohol and cannabis when they reduce their main drug use. Although the numbers generated by the quarterly reports are low and only provide a snapshot (due to the short periods used) this has been a consistent trend across reporting periods as evidenced in the previous JSNA. For the individuals who commence alcohol use and continue to use alcohol, further analysis of TOPs data

would be beneficial to ascertain the frequency of use and the level of units consumed. This will help to assess the level of harm and inform further treatment interventions.

### **Injecting drug users**

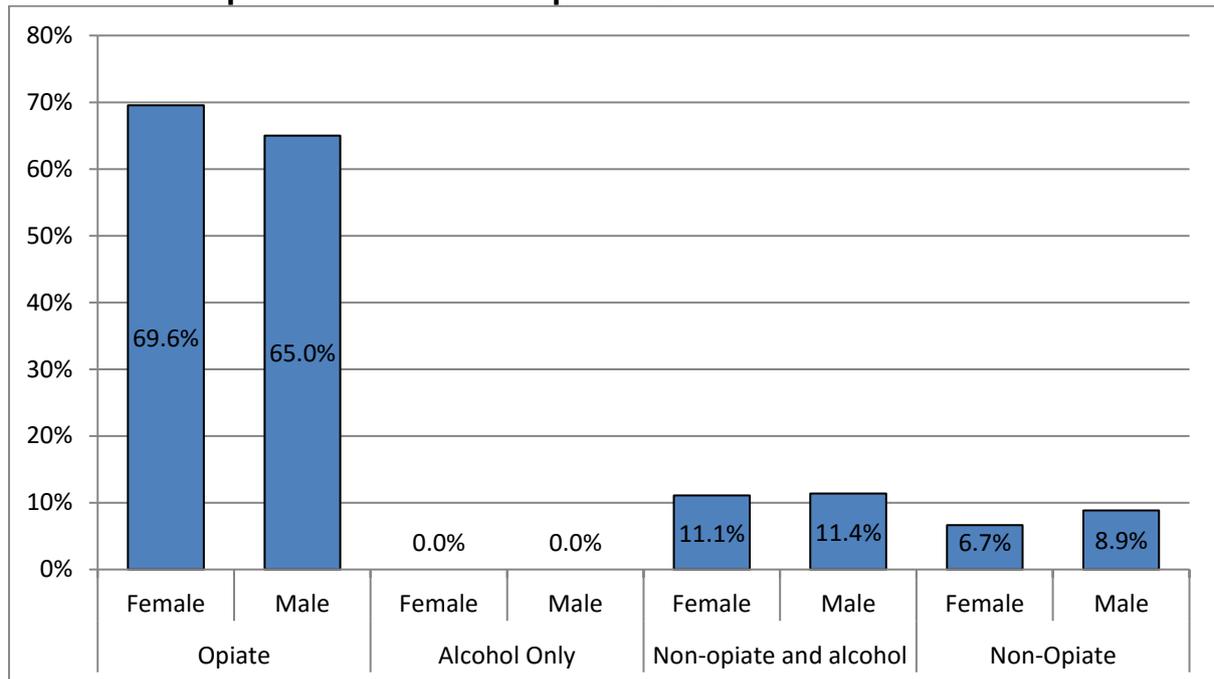
The Needle and Syringe Programmes (NSPs) at Red Lion showed that of the 326 individuals using the exchange in 2014/15, 116 (37%) were steroid users and 146 (45%) stated they have never been in treatment (this includes steroid users who are not expected to receive substance misuse treatment). Furthermore 177 (54%) were already in treatment at the time of using the needle exchange. The Substance Misuse Strategy Team work with the treatment providers to ensure that those drug users who are using the exchange but are not in treatment are supported to access treatment through the open access service if they accept. All individuals are provided with harm minimisation information and advice associated with injecting use including steroid users.

The NSPs is to be extended into St Luke's Service as it directly reduces the harm caused to service users who inject drugs, but the consequent reduction in the prevalence and spread of blood borne viruses (BBV) benefits wider community.

### **Blood borne virus (BBV)**

All drug users are at risk of contracting a blood borne virus (BBV) especially if they share equipment. Many interventions such as needle exchange have gone some way in order to reduce the harm. In addition treatment providers offer screening and immunisation against Hepatitis B and screening for Hepatitis C and HIV with a view to refer to specialist treatment should a test be positive. Currently, in Barking and Dagenham, all drug users engaging in treatment are offered screening for Hepatitis B and C. According to data published by Public Health England 90% of eligible individuals should complete a course of hepatitis B vaccinations. However, fewer numbers are accepting and completing the vaccinations for Hepatitis B and this will remain a priority for services.

**Figure 7.11.4: Percentage of eligible population starting treatment in 2014/15 who have completed a course of Hepatitis B vaccinations**



The BBV vaccination will now be carried out by the nurses at St Luke's, supported by the Dr and nurse lead – stating that this will improve

## HIV

There has been an 11.4% increase in the rate of individuals diagnosed with HIV in Barking and Dagenham between 2011 and 2014. The latest figures (2014) for Barking and Dagenham in relation to diagnosed prevalence is 6.09 per 1,000 adults (age range 15-59), which is above the London and England averages of 5.85 and 2.22 per 1,000 adults respectively. Clinical staff within the prescribing service in Barking and Dagenham has been trained to test service users for HIV and provide appropriate support. All service users are offered this test as well as a medical review and appropriate onward referrals to specialist services are made depending on the outcome. To date there have been no positive test results for HIV amongst the service users screened.

## HMP Prisons Closures

With the planned closures of prisons such as HMPs Holloway and Pentonville the adult drug service will no longer have a dedicated Prison Link Lead; to ensure that this does not affect the service user being 'picked up' when released, all recovery coordinators have been trained in Criminal Justice processes.

The prison services will continue to send 'Alerts' when a service user is released, these will be allocated and managed by recovery coordinators and will continue to offer an escort service if requested by the individual or professionals. All prison releases have priority appointments.

To ensure that there is a continuity of care, robust systems have been implemented which will ensure that all medical charts and paperwork is received prior to the

release date. This will enable the clinical data administrator to prepare prescriptions which will be ready on the day of their release.

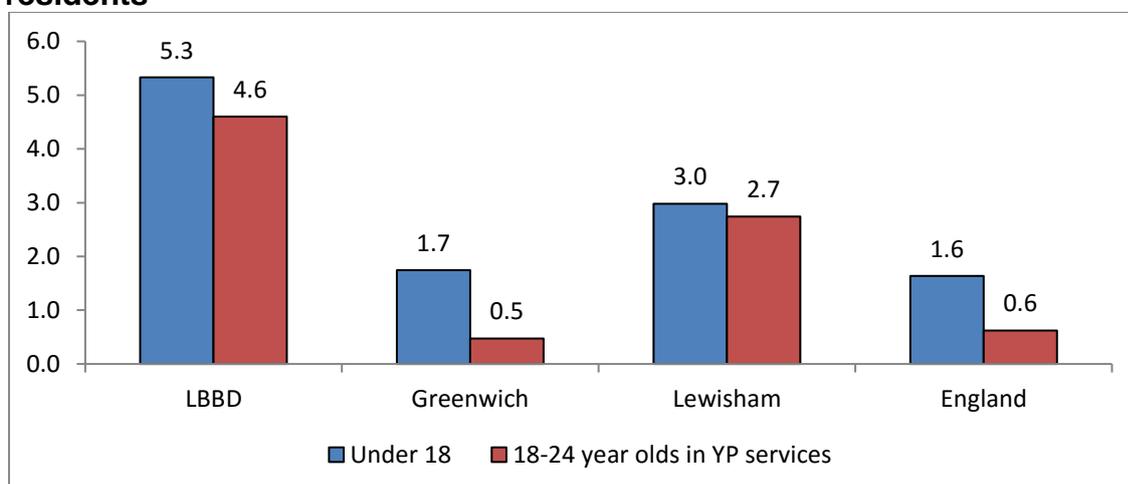
### 7.12.4 Young people and drug misuse

The Adult substance misuse statistics from the NDTMS state that the majority of individuals presenting to treatment at younger people's services across England in 2015/16 stated problems with either cannabis or alcohol (2,322, 75.9%, and 1,684, 55.1%). Most presentations for New Psychoactive Substances (NPS) are in the younger, under 18, age groups, though the total number accessing treatment young people's services for NPS remains relatively low (1,060, 4.8%).

The young people's substance misuse service, Subwise work with young people up to the age of 21 and can work with individuals up to the age of 25 where appropriate. The number of young people (under 18 years) receiving tier 3 structured drug and alcohol treatment has increased year on year. In 2014/15 Barking and Dagenham had the highest number of young people in treatment in London with 302 accessing services. Barking and Dagenham have consistently had the highest number of young people in treatment over the last three years. This is due to excellent partnership work to help raise awareness of the local services and improved referral pathways across all areas including schools, youth centres, social services and other partnership services. This has led to more young people accessing services.

### Young People's Outcome Report (YPOR)

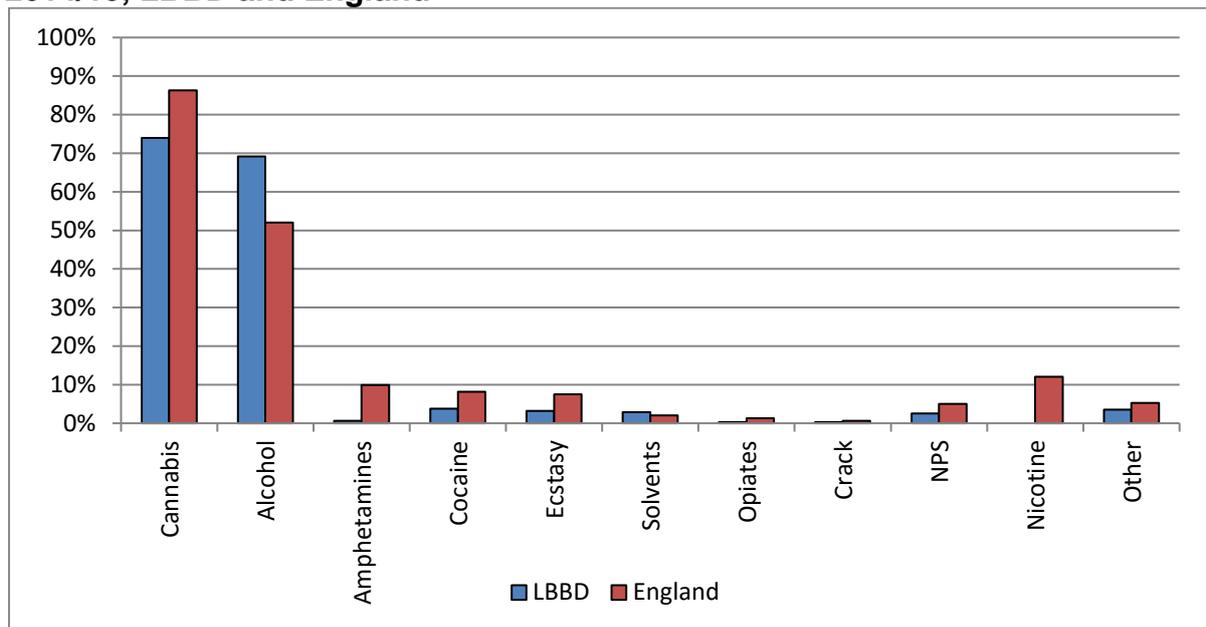
**Figure 7.11.4: Number of Young People accessing treatment 2014/15, per 1,000 residents**



Source: Public Health England, 2014/15 NDTMS Young People's Partnership report

Nationally young people's treatment services have reported an increase in cannabis use, however locally alcohol is reported as the most prevalent. When services for young people begin to use the Young People Outcome Records the information obtained will give a clearer picture of young people's offending behaviour and drug use on discharge from treatment.

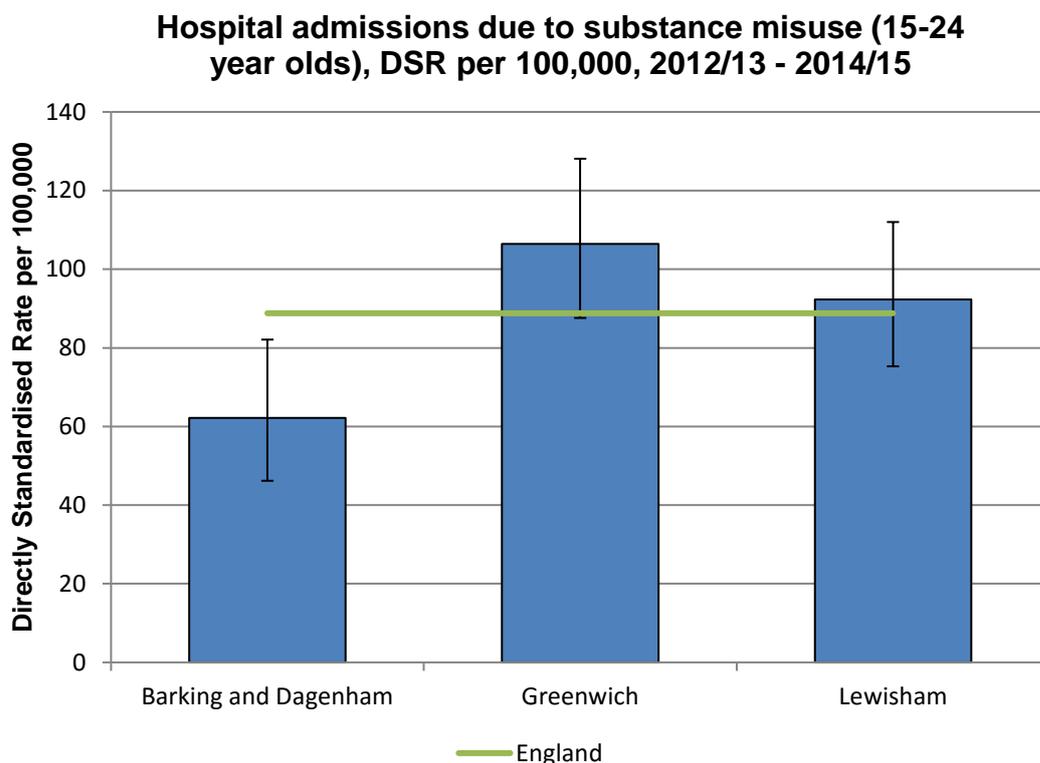
**Figure 7.11.5: Percentage of under 18s in treatment using each substance, 2014/15, LBBB and England**



Source: Public Health England, 2014/15 NDTMS Young People's Partnership report

Hospital Admissions for substance misuse for young adults (15-24) are compared below with Greenwich and Lewisham. According to the latest data, Barking and Dagenham's admission rate per 100,000 15-24 year olds is significantly lower than the England rate.

**Figure 7.11.6: Hospital admissions due to substance misuse (15-24 year olds), DSR per 100,000**



Source: Public Health Profiles, Public Health England, <http://fingertips.phe.org.uk/>

**Table 7.11.7: Hospital admissions due to substance misuse, age 15-24 years, Barking & Dagenham, statistical neighbouring boroughs, regional and England, 2012/13–2014/15.**

Local Authority	2012/13 - 2014/15	Significance	Number
Barking and Dagenham	62.2	Lower	50
Greenwich	106.4	none	112
Lewisham	92.3	none	103
England	88.8	N/A	-

Source: Public Health Profiles, Public Health England, <http://fingertips.phe.org.uk/>

**“Recovery Capital”**

Subwize has developed a young person’s “recovery capital” which provides a weekly programme of afterschool activities including a football coaching session in partnership with West Ham Football Club and a music group. Following a successful pilot Subwize have made a bid to the National Lottery Awards to provide regular boxing coaching and boxing qualifications to young people.

Subwize was successful in secured funding to take five vulnerable young people on a weekend sailing trip to the North Sea with Sailing Charity The Cirdan Trust. Subwize is continuing to exploring future funding which will enable them to undertake such activities in the future.

### **Sexual Health**

Subwize is working in partnership with sexual health services and professionals to address the high rates of teenage pregnancy and sexually transmitted infections in Barking and Dagenham. All Subwize workers have been trained by Barking and Dagenham's Condom Distribution Officer to offer C-Cards and condoms to young people.

Subwize is due to start providing a satellite service at the Young Person's Sexual Health Walk in Clinic in Barking Hospital. This service will target vulnerable young people whose sexual health may be put at risk due to substance use; the workers will also encourage existing service users to access sexual health services and STI screening.

### **Hidden harm**

The Hidden Harm report produced by the Home Office in 2003 estimated that 2-3% of children under the age of 16 years had one or both parents with serious drug problems. If this ratio were applied to the borough today it would equate to between 966 and 1,448 children living with or being affected by their parent's drug misuse. This is an increase from last year's ratio between 767 and 1,150 children.

The key predictors of drug use are a lack of parental discipline, family cohesion and lack of parental monitoring. Some aspects of family structure such as large family size and low parental age are also linked to adolescent drug use.

Of the 1,667 individuals assessed across all drug and alcohol treatment services (tiers 2 and 3 treatment interventions) during 2013/14 (latest data), 821 (49%) were identified as parents. Further analysis showed that 262 individuals in treatment had some or all of their children living with them. The remaining 584 had children but the children were not residing with the service user, such as children living with a carer and this also includes being cared for by the local authority. Often grandparents have a significant role in caring for grandchildren when their sons or daughters are unable to provide daily care and meet basic parenting requirements. Since the hidden harm service was introduced in 2012 within Children's Services, there has been a high number of referrals for children of substance abusers and also their families. As a result of the positive work carried out within this area additional resource has been given to enhance the service.

### **Troubled Families**

The Troubled Families (TF) programme takes a strong local grip on the delivery of integrated services to families with complex needs. The programme was built on earlier 'whole family' approach which was introduced in 2006, which worked with families, brings all services involved in the family together which provided a 'wraparound' interventions, improve outcomes and cut costs. Further information can be found in the Troubled Families JSNA, section 2.9

Barking and Dagenham Children Service has been delivering the program and in April 2015 the programme was rolled out to Adult Services and has been successfully embedded into adult and young people's substance misuse services. Not to label families as troublesome, the programme has been rolled out as 'Enabling Families', rather than Troubled Families.

The substance misuse services will identify families through their caseloads and if they meet two or more of TF criteria then the case manager will discuss this further with the individual. Once consent has been granted the case manager will continue to provide a holistic 'whole family' approach and to ensure that the family receive the appropriate support. Furthermore, the case manager will take on the responsibility as the coordinator, who will liaise with other professionals involved with the family to ensure that there is no duplication of work and following up partners actions.

A referral would be sent to TF team who are responsible for monitoring whether the services are delivering an effective service that meets the family's needs.

### **Legal highs**

The New Psychoactive Substances (NPS), previously referred to as 'Novel Psychoactive Substances' and "Legal" Highs, which are created by slightly tweaking the molecular structure of existing illegal drugs, such as Ecstasy. Because these are chemically brand new substances, many of them previously remained legal by default. NPS were readily available online and in 'Head Shops', which could be found on most UK high streets. The issue of NPS is particularly significant in the UK, according to the United Nations Office on Drugs and Crime, the UK has the largest market for legal highs in the European Union.

Like all psychoactive substances, NPS can have a significant detrimental impact on the user's mental and physical health. As the majority of NPS were initially legal they were readily accessible and often cheaper than illegal substances, making them an attractive alternative for drug users.

The Psychoactive Substances Act 2016 came into force on 26th May 2016, making it illegal to produce, supply, import or export a psychoactive substance that is likely to be used to get high.

Education can be used to build factual awareness for young people about the risks associated with using NPS, as well as harm reduction advice for those using NPS. In partnership with Barking and Dagenham Health & Personal Development Advisor and Subwize, provide training to teachers to ensure that they are up-to-date on information around NPS who are able to disseminate this to young people. Training also enables the teachers to identify signs of those young people who use legal highs and make referred to Subwize. It is recognised that it would be beneficial to have an NPS lead in every secondary school in the borough who will be able to take a more proactive role.

Furthermore Subwize works closely with school Personal, Social, Health and Economic Education (PSHE) leads and Safeguarding Leads to support and assist vulnerable young people who may have substance misuse issues or be affected by the substance misuse issues of their parents or carers.

## **Changes to the Probation Service**

The Government has made significant changes to the Probation Trust which was dissolved on 31<sup>st</sup> May 2014 and the work that was previously undertaken by London Probation Trust has now been transferred to either the National Probation Service (NPS) or Community Rehabilitation Company (CRC).

The NPS continues to manage high risk offender aged 18 and over and the CRC work with offenders who have been either sentenced by the courts to a Community Order or Suspended Sentence Order, or released on licence from prison to serve the rest of their sentence in the community, under the Offender Rehabilitation Act 2014 and will continue to supervise ex-offenders for a 12 month period after their release from prison.

In London the contract for the CRC was awarded to MTCnovo a private company who are delivery the work as a consortium with a number of public, private and third sector shareholders. The contracts were award to MTCnovo in December 2014 and the implementation continues to take place.

While the changes and the implementation continues to take place within CRC, those offenders who have been sentenced to Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR) community Order's imposed by Magistrates Courts, are being managed by the CRC Offender Managers. However, this has be challenging as there is no direct responsibility under the new framework of CRC's that identifies a senior offender manager who takes the overall responsibility to gather update information from Offender Manager and coordinate case conference with partners involved.

Barking and Dagenham and CRC have agreed that in the interim period they will continue to using existing framework to monitor offenders who are subject to such an Orders through continuing to share information with the responsible offender manager who is managing the individual(s) and through the monthly case conferences.

## **Smoking Cessation**

PHE want to see a tobacco free generation by 2025; although there is a continuing decline in smoking rates, PHE highlight that 1 in 5 adults are smoking and there are approximately around 90,000 regular smokers aged between 11 and 15 years and it is estimated that smoking causes 17% of all deaths in people aged 35 years and over.

In Barking and Dagenham, stop smoking services commission various partners and services who are able to support local people and provide support to those who would like to stop smoking; this could be through one to one counselling, groups and or through medication.

Adult substance misuse services are implementing smoking cessation within their services and staff are being trained enabling them to incorporate smoking cessation programs within their Structure Day-care Programmes (SDP) for drugs and alcohol.

Subwize are working partnership with the Barking and Dagenham Stop Smoking Team to improve the service given to young smokers. The whole Subwize team have received Level 2 training and are in discussion which will enable the service to distribute Nicotine Replacement Therapy to young people.

### **Parents and Prescribing**

Adfam report (2014) highlights that there have been 17 Serious Case Reviews involving the ingestion of Opioid Substitution Treatment (OST) drugs by children in the last five years and potentially they could be more incidents that may not have come to light. OST are extremely valuable in supporting drug addiction and vast majority of service users who are prescribed will use these safely; however it is recognised that methadone is toxic, powerful and dangerous to children if not stored appropriately or used inappropriately by parents/carers.

NICE has highlighted the mortality risk associated with methadone in 'opioid-naïve' people. As Buprenorphine carries less risk of overdose and is only partially absorbed when swallowed, NICE also outline that the decision on which medicine to use should take into account of the person's lifestyle and families circumstances such as whether the service user is considered chaotic and could put children and other individuals living at risk.

Although a risk assessment are undertaken by the prescribing services in Barking and Dagenham who will provide a lockable boxes for the safe storage of medication; however, we cannot be complacent, as they are still cases and incidences where children accidentally indigested these drugs or are given to them by their parents/carers. CGL who provide the clinical intervention within the borough have undertaken the decision and implemented a policy which takes into account the NICE guidelines and will prescribe Buprenorphine. If the service user is unable or is unwilling to transfer to Buprenorphine then CGL will arrange methadone supervised consumption.

## **Recommendations for Commissioners:**

To prevent substance misuse in young people, commissioners need to ensure that relevant and up to date drug and alcohol education will be delivered by Physical, Social, Health and Economic (PSHE) leads in schools. The PSHE leads will be trained by the School Drug and Alcohol Advisor. In order to establish gaps in pupil knowledge a survey needs to be carried out when the autumn term starts in September.

Services need to look at tailored drug treatment provision. Services should offer a menu of treatment with explanations of what the options of treatment are. This will ensure that drug treatment is bespoke to the individual as opposed to a 'one size fits all' approach. This should include interventions that are offered off site in premises that are more appropriate for service users. This may help to keep people in effective treatment and therefore complete treatment successfully.

According to Treatment Outcome Profile (TOPs) data, a number of users are still using Class A drugs at the point of successful discharge from treatment. The Substance Misuse Strategy Team's vision is for all service users to be free from Class A drug use at point of planned exit and this should be included in future service specifications.

TOPs data also shows that where individuals are still using alcohol at the point of planned treatment exit, their daily use has not significantly reduced compared to when they first started treatment. Furthermore in some cases individuals have commenced using alcohol at the end of their treatment journey. Further analysis is required to ascertain the frequency of use and the level of alcohol units consumed. This will help to assess the level of harm and inform further treatment interventions. The Substance Misuse Strategy Team will conduct a scoping exercise into the extent of any abuse of Pregabalin and Gabapentin within its drug and alcohol treatment population. The findings and recommendations from the scoping exercise will be reported back to the Substance Misuse Strategy Board in December 2015.

The Substance Misuse Strategy Team to assess the demand for, and effectiveness of the new treatment pathway for addictions to medicines and report back to LBBDD's Substance Misuse Strategy Board and Public Health England.

The new prescribing services will look to increase the numbers entering GP shared care during 2015-16 and to review training provision generally across shared care and to consider the feasibility of funding training places for shared care GPs.

The Substance Misuse Strategy Team to explore additional funding streams either through partners or co-funding so that training programmes for female offenders with substance misuse issues such as Maidie Create and Ghost Academy can continue to be delivered in the future.