London Borough of Havering

Substance Misuse Needs Assessment 2023

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Abbreviations

Abbreviation	Meaning
AA	Alcoholics Anonymous
ASB	Anti-Social Behaviour
ATR	Alcohol Treatment Requirement
BBV	Blood Borne Viruses
BHC	Before Housing Costs
BHRUT	Barking, Havering & Redbridge University Trust
CAMHS	Children and adolescent mental health services
CCG	Clinical Commissioning Group
CDPB	Havering Combatting Drugs Partnership Board
CGL	Change Grow Live
CI	Confidence Interval
CJS	Criminal Justice System
CSB	Community Safety Board
D&A	Drugs and Alcohol
DCLG	Department for Communities and Local Government
DHSC	Department of Health and Social Care
DOMES	Diagnostic and Outcome Measure Executive Summary
DRR	Drug Rehabilitation Requirement
GLA	Greater London Authority
GP	General Practitioner
HCV	Hepatitis C virus
HES	Hospital Episode Statistics
HIV	Human Immunodeficiency Virus
HMPPS	His Majesty Prison and Probation Service
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IDVA	Independent domestic violence advocate
IMD	Index of Multiple Deprivation
JCU	Joint Commissioning Unit
JNSA	Joint Strategic Needs Assessment
LAPE	Local Alcohol Profiles for England
LBH	London Borough of Havering
LGA	Local Government Association
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning
LPC	Local Pharmaceutical Committee
LSD	Lysergic acid Diethylamide
LSOA	Lower Super Output Areas
MASH	Multi-Agency Safeguarding Hub
MDMA	Methylenedioxymethamphetamine

Abbreviation	Meaning
MH	Mental Health
MOJ	Ministry of Justice
NA	Needs Assessment
NDTMS	National Drug Treatment Monitoring System
NEL	North East London
NELFT	North East London Foundation Trust
NHS	National Health Service
NIDA	National Institute on Drug Abuse
NTA	National Treatment Agency for Substance Misuse
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCC	Police Crime Commissioner
PH	Public Health
PHE	Public Health England
PHI	Public Health Intelligence
PWID	Persons Who Inject Drugs
PYLL	Potential Years of Life Lost
SRO	Senior Responsible Officer
TBC	To be confirmed
TOPS	Treatment Outcome Profile
TOR	Terms of Reference
UK	United Kingdom
VCS	Voluntary Community Sector
WAY	What About YOUth
YJS	Youth Justice Service
YP	Young People

Executive summary

Background

The latest UK 10 year drugs strategy[1] published in December 2021 sets out how the government will combat illegal drug use, cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life, deliver a world-class treatment and recovery system and change attitudes in society around the perceived acceptability of illegal drug use.

Guidance for implementation of the national strategy at local level was published on 15 June 2022. Local areas are expected to define their geographical footprint which should be at least Lower Tier Local Authority, identify a Senior Responsible Officer (SRO) to chair a partnership board and lead the local strategy. The partnership board should bring together the different individuals and organisations with responsibility for delivering the strategic priorities of the drug strategy – breaking supply, treatment and recovery and reducing demand.

The Havering Combating Drugs Partnership Board (CDPB) was established in May 2022 to lead on the implementation of the national drugs strategy at local level.

Havering Needs Assessment and Strategy

A key task of the local partnership board has been to facilitate a joint needs assessment through the review of local drug data and evidence and using this to agree a local drugs strategy and action plan, including developing data recording and sharing mechanisms.

According to the local delivery guidelines, this process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. The needs assessment is expected to enable clear understanding of the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

The needs assessment draws on other relevant partnerships and pieces of work, such as local drugs market profiles, community safety strategic assessments and Joint Strategic Needs Assessments (JSNAs). A key resource has been the OHID database which brings together local authority level data on prevalence, treatment and recovery.

Areas of focus for the needs assessment working group are included in appendix 2. The partnership is required to develop a local strategic plan of action to reduce drug-related harm, based on the evidence from the needs assessment. Core issues to be considered are included in appendix 3.

[1] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Needs Assessment Aim & Objectives

The joint needs assessment aims at identifying the needs of the Havering population as regards drugs and alcohol misuse and to make recommendations to support the development of a local strategy and action plan. The following were the specific objectives:

- Collate, analyse quantitative and qualitative data to clearly identify the baseline of where local need, partnership, activity and performance are at present and any trends.
- Using partner engagement activities and qualitative data identify possible explanations of the current service provision and make recommendations for improvement.
- Identify areas of currently unmet need and inequalities and make recommendations on how identified needs will be addressed in future service commissioning.

Key Findings and recommendations

The table below summarises the key findings and recommendations from the needs assessment that are structured according to the six areas of the national outcomes framework.

Strategic Outcome	Key Findings	Recommendations
Reducing drug use	Havering has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by 2031.	As part of partnership working with key stakeholders in all relevant settings such as education, children homes, youth centres to create awareness on drugs and alcohol use risks at an appropriate early preventive stage, address related risks and refer to the local young people's drugs and alcohol service to deliver timely targeted support or treatment where necessary.
Reducing drug use	Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and south of the borough and along its western boundary.	As part of partnership working with key stakeholders to identify and address root causes of deprivation in identified areas and groups. Also identify and address existing inequalities in substance misuse prevalence, access and engagement with local treatment and recovery services and utilisation of treatment and treatment outcomes.
Reducing drug use	There were 863 homeless households in Havering in 2020/21. This is equivalent to a rate of 8.1/1000, double the England average (4 /1,000) but just about half the London average (17/1000).	Interagency working strategy is required to address root causes of homelessness, assess and identify substance misuse levels and needs and facilitate appropriate interventions including access to local treatment and recovery services.

Strategic Outcome	Key Findings	Recommendations
Reducing drug use	There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual (table 3). This a significant number but proportionately less than the London and England averages.	Interagency working strategy is required to provide support to LGBTQ members by addressing predisposing factors associated with their sexual orientation which include feelings of rejection and sometimes severe mental health problems. Signpost to available local services for support and treatment.
Reducing drug use	Latest data shows in 2021 there were 7,900 people in Havering aged 16-64 who were unemployed, a rate of 5.8%, similar to the London average but higher than the England average (4.6%).	Partnership working with key stakeholders is required to identify and address root causes of unemployment in identified areas and groups. Also identify and address existing inequalities in substance misuse prevalence, access and utilisation of services and treatment outcomes. Signpost to available local services for support and employment opportunities
Reducing drug use	Based on the Crime Survey for England, there are 14,032 people (7.6 %) in Havering aged 16-74 using illicit drugs. The highest proportion of users is of those aged 16-24 (21%) equivalent to 5282 young people.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug use	Based on the 2014/15 What About YOUth (WAY) survey , it is estimated that 4.0% of 15 year olds in Havering take Cannabis regularly (approx.162 fifteen year olds), 1.1% of 15 year olds in Havering take drugs regularly (approx. 39 fifteen year olds) and 5.5% of 15 year olds in Havering drink alcohol regularly (approx. 193 fifteen year olds).	Multiagency working strategy is required that includes health education on risks of binge drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug use	It is estimated that 14.3% of adults in Havering regularly binge drink. This is similar to the London and England averages. This equates to approximately 28,833 people.	Multiagency working strategy is required that includes health education on risks of binge drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.

Strategic Outcome	Key Findings	Recommendations
Reducing drug use	1 in 5 (20.7%) adults in Havering regularly drink excessively. This is similar to the London and England averages. This equates to approximately 41,738 people.	Multiagency working strategy is required that includes health education on risks of excessive drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug related crime	The overall number of offences reported to the metropolitan police has increased by 12.3% in Havering and now stands at 86.3/1,000 population.	Work closely with a range of partners involved in the local drug and alcohol system, including health, education, local government, the police and other criminal justice services and the voluntary sector, to coordinate a multi-agency response. A public health approach to reducing violent crime which seeks to prevent perpetrators from committing crime in the first place and through investing in vital early intervention and prevention work is recommended.
Reducing drug related crime	Latest data (2020/21) shows that 4990 violent crimes were reported in Havering. This was equivalent to a rate of 19/1,000 population.	As above
Reducing drug related crime	Number of substance misuse related crime incidents tripled between 2016 (388) and 2020 (1107). Among wards in Havering, Romford Town, Gooshays, Brooklands and Heaton had the highest number of reported incidents in 2021.	Working closely with a range of partners involved in the local drug and alcohol system, including health, education, local government, the police and other criminal justices services and the voluntary sector, to coordinate a multi-agency response. A public health approach to reducing violent crime which seeks to prevent perpetrators from engaging in substance misuse and committing crime in the first place and through investing in vital early intervention and prevention work is recommended.
Reducing drug related crime	In the last 12 months (ending October 2022) 1084 drug related crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 6.6% in Havering and now stands at 4.2/1,000 population, lower than the London average (5.5/1,000)	As above

Strategic Outcome	Key Findings	Recommendations
Reducing drug related crime	Havering reported fewer homicides in the last 2 years (9 cases) compared to other London boroughs but nonetheless a significant number that appear to be on an upward trend.	As above
Reducing drug related crime	In the last 12 months (ending October 2022) 938 possession of drugs crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 12.8% in Havering and now stands at 3.6/1,000 population, lower than the London average (4.6/1,000)	As above
Reducing drug related crime	In the last 12 months (ending October 2022) 146 drug trafficking crimes were reported in Havering. The overall number drug trafficking crimes reported to the metropolitan police has increased by 63.1% in Havering and now stands at 0.6/1,000 population, lower than the London average (0.9/1,000)	A multi-agency approach to intelligence sharing and development of interventions which: disrupts the supply of drugs through place management approaches and eliminates the exploitation of children and vulnerable people in serious organised crime.
Reducing drug related crime	No data available for the following key indicators: The number of drug-related homicides The number of county lines, number of county lines closed The number of moderate and major disruptions against organised criminals Testing on Arrest	London Metropolitan Police to advise on how this data will be provided in future as this indicator is a key national outcome and performance monitoring measure.
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcohol related admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 2862 people in Havering were admitted in hospital with alcohol related conditions.	Multiagency working strategy for population level health education on risks of excessive alcohol drinking, addressing known risk factors, identification and signposting of individuals with alcohol misuse problems to local support and treatment services including the hospital liaison service.

Strategic Outcome	Key Findings	Recommendations
Reducing drug-related deaths and harm	In the last 10 years Havering has had a lower alcohol specific admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 722 people in Havering were admitted in hospital with alcohol specific conditions.	As above
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcohol related mental and behavioural disorder admission rates for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 632 people in Havering were admitted in hospital with alcohol related mental and behavioural disorders.	As above
Reducing drug-related deaths and harm	In the last 3 years Havering has had a lower rate of alcohol related intentional self-poisoning by and exposure to alcohol admission rates for persons, males and females compared to England. However number of admissions remain significant. In 2020/21, 43 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol.	As above
Reducing drug-related deaths and harm	In the last 2 years Havering has had a similar alcohol related cardiovascular disease admission rates for persons, males and females to England. However number of admissions remain high. In 2020/21, 1469 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol.	As above

Strategic Outcome	Key Findings	Recommendations
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcoholic liver disease admission rates for persons and males compared to London and England. However number of admissions remain high. In 2020/21, 226 people in Havering were admitted in hospital with alcoholic liver disease.	As above
Reducing drug-related deaths and harm	Havering had a total of 364 new adult presentations to treatment for substance misuse during 2019/20. Of those, 77 (21%) were parents or adults living with children.	Improve joint working between local authority adult and children's social care services and local adult and young people substance misuse services to ensure child safeguarding concerns are identified and addressed promptly.
Reducing drug-related deaths and harm	There are approximately 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%)	As above
Reducing drug-related deaths and harm	There are approximately 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%)	As above
Reducing drug-related deaths and harm	Hepatitis C virus (HCV) continues to be the most common BBV among PWID in the UK.[2] In 2021, 36 patients in Havering attending treatment were diagnosed with Hepatitis C while 3 had HIV.	Coordinated working and monitoring of commissioned treatment and recovery services to continue to provide and improve take up of testing, safe injecting equipment and Hep B vaccination.

[2] Shooting Up: infections and other injecting-related harms (publishing.service.gov.uk)

Strategic Outcome	Key Findings	Recommendations
Reducing drug-related deaths and harm	Potential Years of Life Lost (PYLL) due to alcohol-related conditions among males have been rising in the last three years. The latest data (2020) shows Havering has a higher rate (1061/100,000) than the London average but lower than the England average.	Multiagency working strategy is required including health education on risks of excessive alcohol drinking, addressing known risk factors, early identification and signposting of individuals with alcohol misuse problems to local support and treatment services.
Reducing drug-related deaths and harm	Alcohol-related mortality among males has been rising in the last three years. The latest data (2020) shows 62 alcohol related male deaths were reported in Havering. This was a similar rate to England's (57/100,000) but higher than the London average (51/100,000).	As above
Reducing drug supply	Latest data shows Havering has a higher alcohol selling premises per square kilometre rate (4.8) as compared to the England average (1.3)	There is need for an audit of number of alcohol selling premises per square kilometre using current data and also to find out if there is a correlation between locality density and crime incidents.
Reducing drug supply	No data available for the following key indicator: The number of county lines, number of county lines closed	London Metropolitan Police to advise on how this data will be provided in future as this indicator is a key national outcome and performance monitoring measure.
Increasing engagement in drug treatment	In 2020/21, 82% of known dependent drinkers did not get in contact with alcohol treatment services. This was similar to the national average and equivalent to 1,844 people.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, early identification and signposting of individuals with alcohol misuse problems to local support and treatment services.
Increasing engagement in drug treatment	The number of adults receiving treatment at specialist drug misuse services in Havering has not changed significantly. In 2020/21 there were a total of 528 adults in treatment services The number of adults receiving treatment at specialist alcohol misuse services in Havering has not changed significantly in the last 5. In 2020/21 there were a total of 272 adults in treatment services.	As above

Strategic Outcome	Key Findings	Recommendations
Increasing engagement in drug treatment	In 2020/21, only 14 adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison. Overall engagement has been low in all areas i.e. about a third for England and less for Havering and London.	Maintain and monitor supplementary grant investment in the local drug and alcohol service to improve pathways, joint working, treatment access and engagement with adult offenders. Multiagency working strategy that ensures there is a functional coordinated care and follow up system is required.
Increasing engagement in drug treatment	It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment. It is estimated that there are 82% alcohol misusers in Havering who are not in treatment.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, early identification and signposting of individuals with substance misuse problems to local support and treatment services.
Improving drug recovery outcomes	The proportion of opiate users successfully completing treatment has overall deteriorated over the last 10 years. In 2020, only 6.3% (16 people) met this goal. The difference between Havering, London and England rates was not statistically significant The proportion of non-opiate users successfully completing treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 35% (84) non-opiate users in Havering successfully completed treatment. The proportion of patients successfully completing alcohol treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 40% (100) of all patients in Havering successfully completed treatment.	Local service provider to maintain on-going timely reviews of existing caseload and engage with service users to understand and respond to factors that contribute to low completion rates and address them accordingly to improve completion rates.

Strategic Outcome	Key Findings	Recommendations
Improving drug recovery outcomes	The Alcohol Treatment Requirement (ATR) focuses on offenders who are dependent on alcohol or whose alcohol use contributes to their offending. The aim is to reduce or eliminate the offender's dependency on alcohol. Out of the 22 referrals made to the Havering CGL treatment service in 2021, only about half were granted and only one patient completed treatment.	Multiagency review of ATR/DRR that recommends improvements in the local system to ensure that there is a more effective functional coordinated care and follow up system within the criminal justice system.
Improving drug recovery outcomes	The number of patients with housing problems starting treatment has been increasing in the last 4 years. In 2020/21 a total of 105 patients had housing problems. This is equivalent to 1 in 5 patients (21%)	Service providers should include assessment for other substance misuse risk factors and other wider determinants such as housing, employment, smoking etc. and ensure each patient has a holistic care package.
Improving drug recovery outcomes	More than half of male and female patients admitted for substance misuse treatment in Havering in 2022 were smokers	As above
Improving drug recovery outcomes	No significant improvement in employment status among non-opiate users in treatment at 6 months was reported in 2020/21. A deterioration in employment status (from 33% to 29%) was reported among alcohol users in treatment at 6 months in 2020/21.	As above
Improving drug recovery outcomes	An average of 5 deaths in treatment annually have occurred in Havering in the last 3 years	Carry out an audit to understand the profile and contributing factors of reported deaths to inform harm reduction interventions and facilitate ongoing partnership in addressing the issue.

Acknowledgements

Working group	Partner
Tha Han	LBH Public Health Service
Anthony Wakhisi	LBH Public Health Service
Thomas Goldrick	LBH Public Health Intelligence
Daren Mulley	LBH Joint Commissioning Unit
Teresa Milanzi	LBH Children Services
Lucy Goodfellow	LBH Policy & Performance
Diane Egan	Community Safety Partnership and Crime Prevention
Nina Willis	Supported Living
Jakir Hussain	Job Centre Plus
Justine Wilson-Darke	Safeguarding
Elisabeth Major	Safeguarding Children Partnership & Adults' Board
Juned Mohammed	CGL
Monica Chauhan	CGL
Irvine Muronzi	NELFT
Steve Andrews	Youth offending service
Paul Rose	VCS
Vivien Saxby	Healthwatch
James Avery	BHRUT

1 Background – National & Local Context

1.1 National Context

The latest UK 10 year drugs strategy[3] published in December 2021 sets out how the government will combat illegal drug use, cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life, deliver a world-class treatment and recovery system and change attitudes in society around the perceived acceptability of illegal drug use. For the 10 year long term outcomes and metrics see appendix 1. In its short term plan, it's expected that by the end of 2024/25 the whole-of-government mission will have:

- **prevented nearly 1,000 deaths**, reversing the upward trend in drug deaths for the first time in a decade

- **delivered a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places** – an increase of 20% – including:
  - ✓ 21,000 new places for opiate and crack users, delivering 53% of opiate and crack users in treatment
  - ✓ at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
  - ✓ a treatment place for every offender with an addiction

- **contributed to the prevention of three-quarters of a million crimes** including 140,000 neighbourhood crimes through the increases in drug treatment

- **closed over 2,000 more county lines** through relentless and robust action to break the model and bring down the gangs running these illegal lines

- **delivered 6,400 major and moderate disruptions – a 20% increase – against activities of organised criminals,** including arresting influential suppliers, targeting their finances and dismantling supply chains

- **significantly increase denial of criminal assets,** taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

1.2. Local Context

Guidance for implementation of the national strategy at local level was published on 15 June 2022. Local areas are expected to define their geographical footprint which should be at least Lower Tier Local Authority, identify a Senior Responsible Officer (SRO) to chair a partnership board and lead the local strategy. The partnership board

[3] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

should bring together the different individuals and organisations with responsibility for delivering the strategic priorities of the drug strategy – **breaking supply**, **treatment and recovery and reducing demand.** The partnership strategy will be signed off by:

- Elected local authority leader
- Police and Crime Commissioner (including Mayors with PCC functions)
- Local authority Chief Executive(s) or Director(s) of Public Health
- Regional Probation Director
- Integrated Care Board Chief Executive

The chart below shows recommended core members of the partnership;

1.3 The responsibilities of partnerships

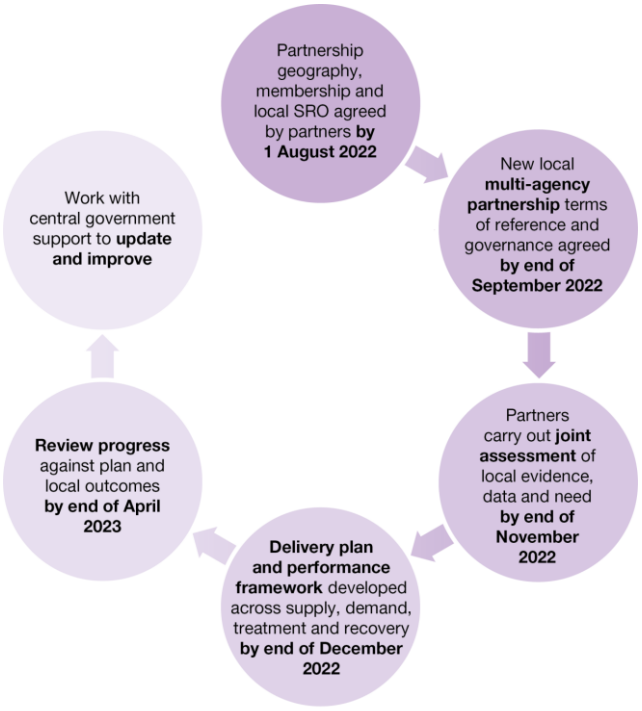
Partnerships have huge potential to level up neighbourhoods and make significant progress in combating illicit drugs and the harms they drive. Key functions include;

- a joint local needs assessment, reviewing local drug data and involving all relevant partners
- agreement of a local drugs strategy and delivery plan that reflects the national strategic priorities, including developing data recording and sharing at a local level
- regularly reviewing progress, reflecting on local delivery of the strategy, resolving current issues and agreeing priorities.

For Havering's Partnership terms of reference see appendix 4.

1.4 Key Tasks and Timelines

The chart below shows key tasks and target dates expected by national government for local partnerships;



1.5 Alcohol

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs. Therefore, while the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships are asked to ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs.

1.6 Havering Combating Drugs Partnership Board

The Havering Combating Drugs Partnership Board (CDPB) was established in May 2022 to lead on the implementation of the national drugs strategy at local level. Membership includes representatives from:

- Public Health
- Joint Commissioning Unit
- Social services
- Community Safety and Crime Prevention
- Housing
- Jobcentre Plus
- Education
- Children Services
- Safeguarding Children Partnership & Adults' Board
- NHS MH Commissioner
- NHS medicine Management
- Local Pharmaceutical Committee (LPC)
- Primary care
- CGL (Local Adult and YP Service Provider)
- NELFT
- Voluntary, community and social enterprise sector
- Metropolitan Police:
- Probation Service
- Youth offending service
- NEL CCG
- People affected by drug-related harm: CGL
- Healthwatch
- Independent domestic violence advocate (IDVA) service
- Local schools and further education representatives
- Licensing team
- Communications

1.7 Havering Needs Assessment and Strategy Delivery

A key task of the CDPB has been to facilitate a joint needs assessment through the review of local drug data and evidence and using this to develop and agree a local drugs strategy and action plan, including developing data recording and sharing mechanisms.

According to the local delivery guidelines[4], this process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. The needs assessment will enable clear understanding of the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

The needs assessment draws on other relevant partnerships and pieces of work, such as local drugs market profiles, community safety strategic assessments and Joint Strategic Needs Assessments (JSNAs). A key resource has been the OHID[5] database which brings together local authority level data on prevalence, treatment and recovery.

Areas of focus for the Havering working group are included in appendix 2. The partnership is also required to develop a local strategic plan of action to reduce drug-

[4] Guidance for local delivery partners (publishing.service.gov.uk)

[5] Public health profiles - OHID (phe.org.uk)

related harm, based on the evidence from the needs assessment. Core issues to be considered are included in appendix 3.

1.8 Aims and objectives

The joint needs assessment aims at identifying the needs of the Havering population as regards drugs and alcohol misuse and to make recommendations to support the development of a local strategy and action plan. The following are the specific objectives:

- Collate, analyse quantitative and qualitative data to clearly identify the baseline of where local need, partnership, activity and performance are at present and any trends.
- Using partner engagement activities, learning from reviews, and qualitative data identify possible explanations of the current service provision and make recommendations for improvement.
- Identify areas of currently unmet need and inequalities and make recommendations on how identified needs will be addressed in future service commissioning.

2 Methodology

A working group drawn from key stakeholders (see appendix 4) was formed to carry out the needs assessment on behalf of the combating drugs partnership board. Because of the short delivery period i.e. September – November 2022, the needs assessment mainly relied on quantitative data available publicly and from local service providers.

A short stakeholder qualitative survey was also carried out to help in understanding perceived substance misuse needs and challenges in service provision. The working group was led by the LB Havering Principal Public Health Specialist and supported by the Drugs and Alcohol Services Commissioner and a Consultant in Public Health.

Local, regional and national data on drugs and alcohol were collated and analysed for trends alongside reviewing of existing policy documents. The main data sources were the Havering Joint Strategic Needs Assessment (JSNA), Office for Health Improvement and Disparities (OHID) Fingertips[6] , the National Drug Treatment Monitoring System (NDTMS), SafeStats - a platform hosting a variety of London's crime and community safety datasets[7] and CGL the local drugs and alcohol service provider.

The key policy document that guided the assessment was the 'From harm to hope: A 10-year drugs plan to cut crime and save lives'[8]. The selection of indicators for the needs assessment were in particular based on the National Combating Drugs Outcomes Framework as specified in the policy document (see appendix 1) mainly focusing on five key areas: *reducing overall drug use, reducing drug related crime, improving drug recovery outcomes, increasing engagement in drug treatment and reducing drug-related deaths and other harms.*

Following data analysis and reporting, the working group reviewed and identified key findings and developed appropriate recommendations which were presented to the partnership board and approved for inclusion in the local combating drugs strategy.

[6] https://fingertips.phe.org.uk/

[7] https://www.london.gov.uk/programmes-strategies/research-and-analysis/people-and-communities/safestats/about-safestats

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1092762/Guidance_for_local_delivery_partners_July_2022.pdf

3. The Havering population

3.1 Population Size & Growth

According to the latest census report (2021), Havering's resident population is estimated to be 262,000. This represents a growth by approximately 24,800 (10.4%) since the last census in 2011. The growth in Havering is higher than our nearest statistical neighbours (7.9%), London (7.7%) and England (6.6%) but lower than the North East London (NEL) region (11.1%).The biggest growth was seen in 25 to 39 year olds (26.5%) and young children, with the 0-4 age group (21%) having the second highest growth of all local authorities in the country.

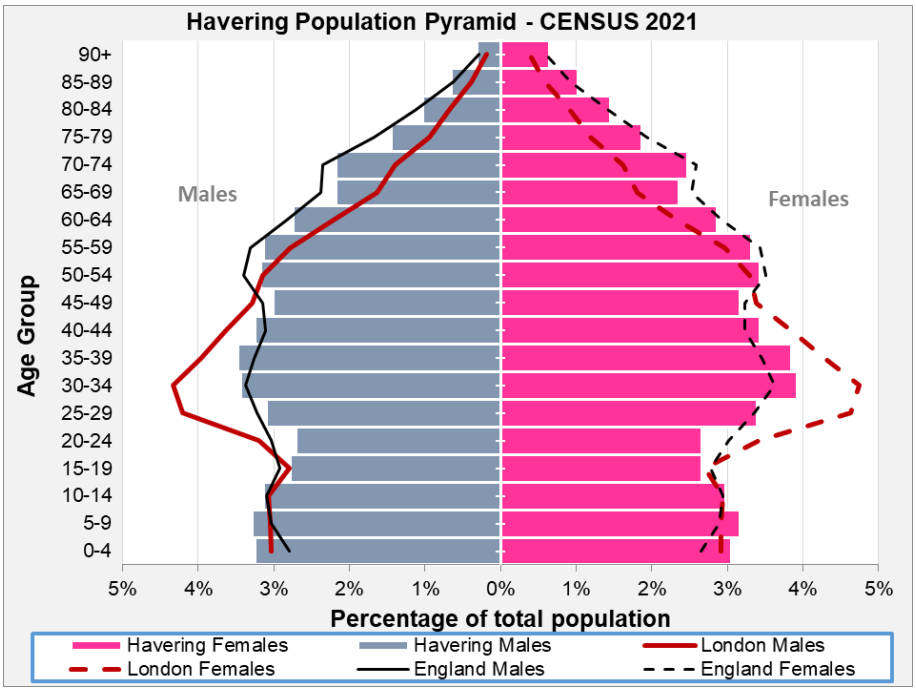
3.2 Households

According to the 2021 census, there are 101,300 households in Havering; an increase of 4,100 (4.2%) since 2011. This is a lower growth as compared to London and England which experienced increases of 13.3% and 6.1% respectively.

3.3 Age Structure

After population size, age structure is the biggest single determinant of need for health and social care services. The Havering population structure is similar to the England's average with a relatively higher proportion of older people and less of young people aged 15 – 49 as compared to London average (Figure 1).

Figure 1: Havering population pyramid – Census 2021



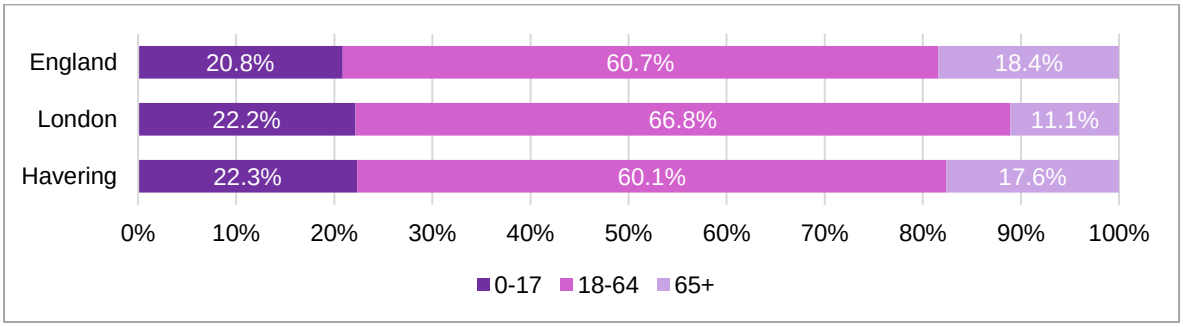
Source: ONS, Census 2021

Compared to the last census done a decade ago (2011), the 2021 Census shows the number of children aged under 18 in Havering has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively. Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by 2031. This is a vulnerable group at high risk of engaging in substance misuse due to their increased interaction with social media some of which appear to promote substance misuse and facilitate easy access.[9]

Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London (similar to England – see figure 2).

Evidence shows there is a growing trend of substance misuse especially alcohol among older people. Furthermore, chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.[10]

Figure 2: Comparing Havering aged 0-17, 18-64 & 65+ populations to London and England



Source: Office for National Statistics (ONS), Census 2021

3.4 Ethnicity

Ethnicity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion as well as the fear of such negative incidents, can have a significant impact on mental and physical health. Health-related practices, including healthcare-seeking behaviours, also vary between ethnic groups. Just as importantly, there are marked ethnic differences regarding the wider determinants of health. Taken together these factors result in a complex picture such that some minority ethnic groups appear to have better health status than the White British population and some much worse; with the pattern differing with life stage, disease and risk factor. Hence, it is difficult and potentially misleading to make generalisations. Nonetheless some groups, notably individuals identifying as Gypsy or Irish Traveller, and to a lesser

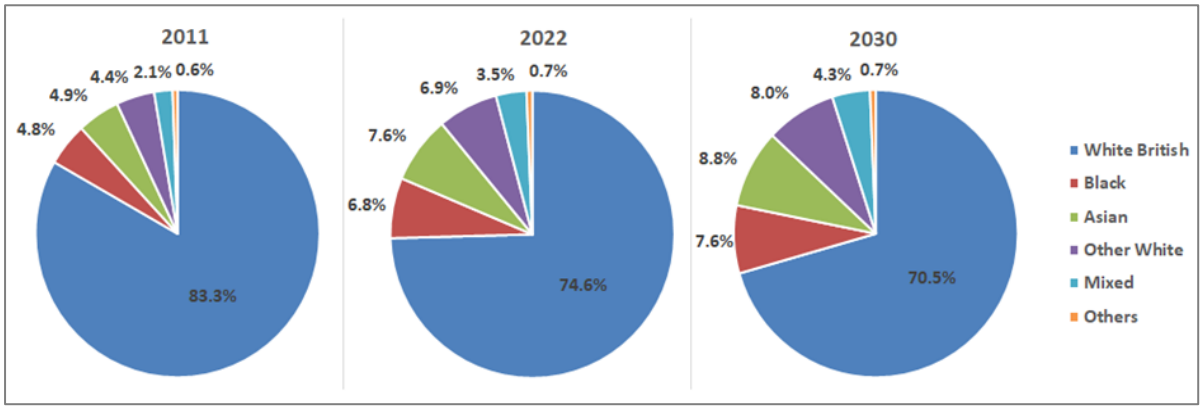
[9] The Influence of Social Media on Teen Drug Use - Addiction Center
[10] Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)

extent those identifying as Bangladeshi, Pakistani or Irish, stand out as having poor health across a range of indicators.[11]

Diversity has increased in the recent past. Nonetheless, Havering remains more similar to England as a whole than London in terms of ethnic diversity with 74.6% identifying as White British (Figure 3). Further increases in diversity are likely.

Evidence shows drug use is generally proportionally greater amongst white communities than minority ethnic groups in the UK but this may change as young people become more absorbed into predominant national culture with the potential for increasing drug problems in these communities. The extreme social stigma associated with drug use in some ethnic groups may also lead to under-estimation of problems and inhibit service provision.[12]

Figure 3: Havering change in ethnic populations, 2011-2030



Data Source: GLA Ethnic Projections

[11] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf

[12] Policy report - Drugs and diversity_ ethnic minority groups (policy briefing).pdf (ukdpc.org.uk)

4. Substance Misuse Risk factors

4.1 Deprivation

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation.[13] [14]

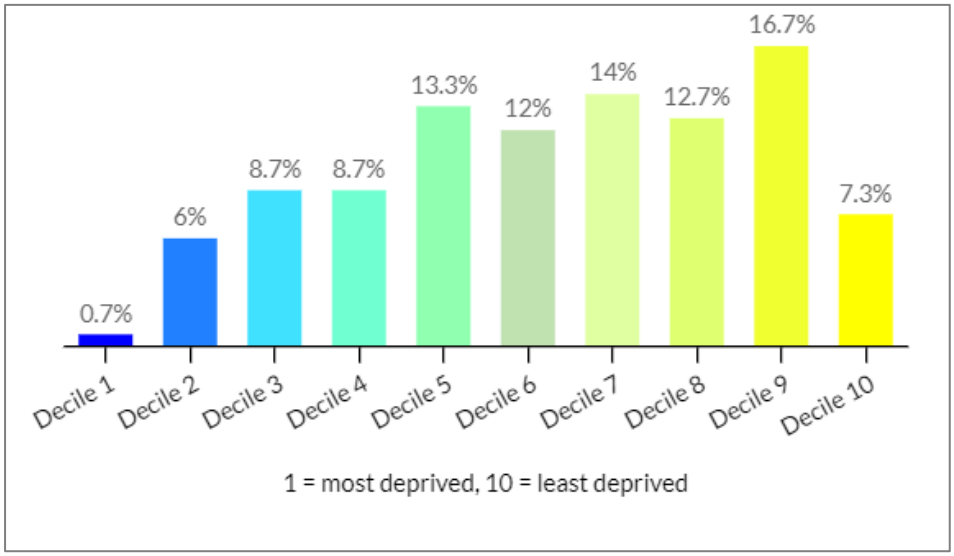
These factors are also moderate drug treatment outcomes. Being in education or employment and being in good physical health can increase the chances of successful substance misuse treatment, whilst substance misuse can also impact on education, employment and health. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment.[15]

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. IMD combines information from seven domains to produce an overall relative measure of deprivation. The domains are: Income; Employment; Education; Skills and Training; Health and Disability; Crime; Barriers to Housing Services; Living Environment. Each domain is given a weighting and is based on a basket of indicators. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas the proportion of LSOAs within the area that lie within each decile can be compared.

Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs. Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and south of the borough and along its western boundary are shown in map below (Figure 5). Overall, Havering is among the least deprived areas in London and nationally.

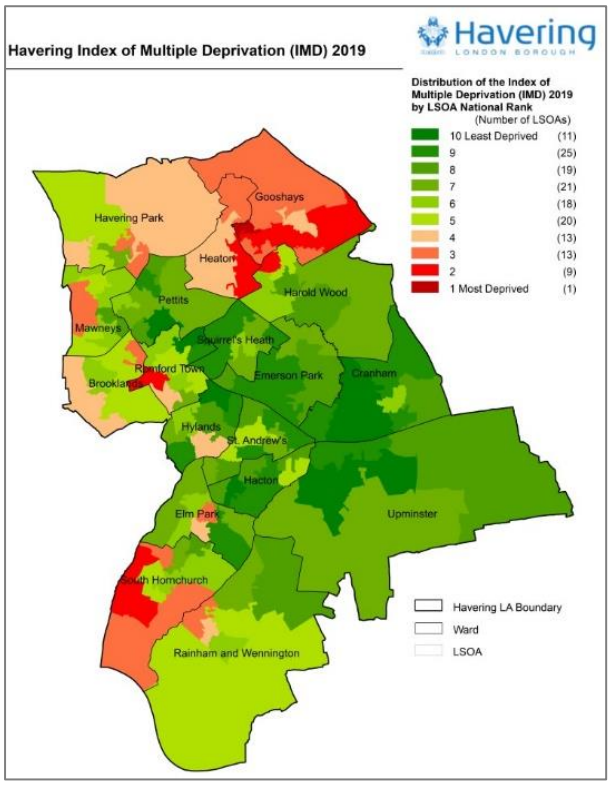
[13] Advisory Council on the Misuse of Drugs (2018) What are the risk factors that make people susceptible to substance use problems and harm?
[14] Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies
[15] PHE, Health matters: preventing drug misuse deaths (2017)

Figure 4: Deprivation deciles and percentage of Havering LSOAs in each decile, IMD 2019



Source: Ministry of Housing, Communities & Local Government[16]

Figure 5: Havering distribution of the index of multiple deprivation (IMD 2019) by LSOA



Source: Ministry of Housing, Communities & Local Government

[16] English indices of deprivation 2019 - GOV.UK (www.gov.uk)

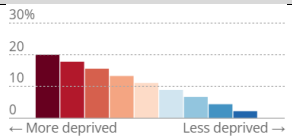
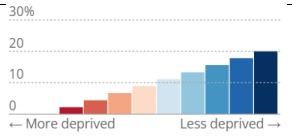
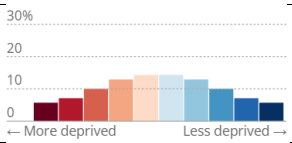
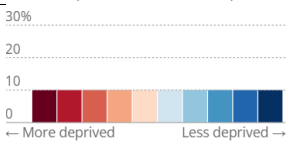
4.2 Income

Median gross weekly pay of people living in Havering (£705pw) is below the London average (£728pw) but significantly higher than the England average (£613pw). However, earnings of people who work in Havering (£614; who may or may not actually live in the borough) are very similar to the England average. This suggests that residents who work outside the borough e.g. commute into central London, attract a higher rate of pay than peers who work locally.[17]

Although average pay may be modest by London standards, the proportion of adults in Havering that are income deprived[18] (10.8%) is below the national average (12.9%) and is the 8th lowest of the 32 London boroughs.

ONS has grouped local authorities into four distinct income deprivation profiles according to the distribution of deprivation within them (see Figure 6 below). Havering has an 'n' shaped profile with more neighbourhoods with close to average levels of income deprivation. Nonetheless, 27,000 adults resident in the borough are income deprived overall, and there is significant variation across Havering.

Figure 6: ONS income deprivation profiles

Income deprivation profile	Distribution graphic	Text description	Examples
More income deprived		More neighbourhoods towards the deprived end of the scale	Barking and Dagenham, Newham, Waltham Forest, Hackney, Tower Hamlets
Less income deprived		More neighbourhoods towards the least deprived end of the scale	Brentwood, Bromley, Kingston upon Thames, Richmond upon Thames
'n' shaped profile		More neighbourhoods with close to average levels of income deprivation	Havering, Redbridge, Barnet, Harrow
Flat profile		Similar % of neighbourhoods at all levels of income deprivation	Basildon, Southend, Bexley, Merton, Croydon

Source: Exploring local income deprivation (ons.gov.uk)

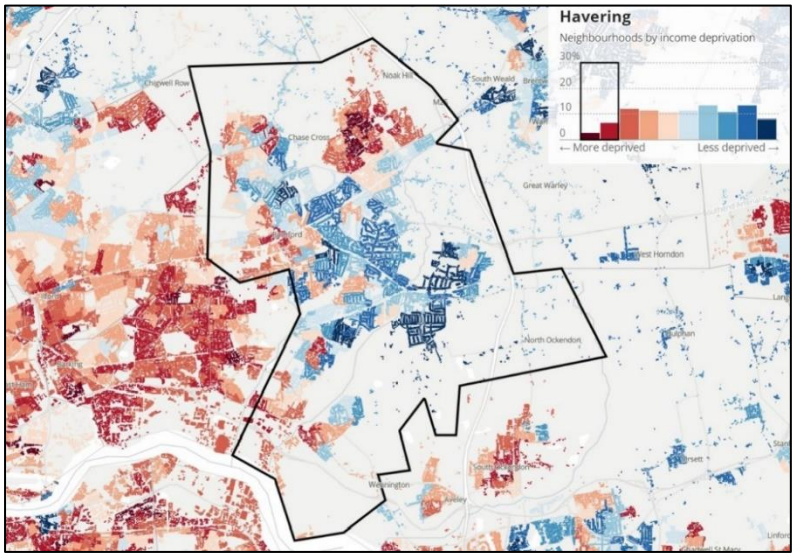
In the least deprived neighbourhood in Havering, 1.6% of people are estimated to be income-deprived. In the most deprived neighbourhood, 33.9% of people are estimated

[17] ONS (2021) Annual survey of hours and earnings – residence analysis. https://www.nomisweb.co.uk/reports/lmp/la/1946157270/report.aspx?#tabempocc

[18] IMD - Income Deprivation - score - measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people who are out-of-work, and those who are in work but who have low earnings (and who satisfy the respective means test).

to be income-deprived. The gap between these two figures, the internal disparity in income deprivation, is 32.3 percentage points in Havering. Generally, the local authorities in England with the greatest internal disparity (around 50%) have the highest levels of income deprivation overall. Local authorities with the smallest internal disparities, around 15%, tend to be rural, high income, and non-coastal.

Figure 7. Distribution of income deprivation at neighbourhood level, Havering, 2019



Source: Exploring local income deprivation (ons.gov.uk)

To avoid inequitable access to services, and reduce inequality in life outcomes, including health inequalities, decision makers must ensure that resources and service provision are married to the level of need at locality, if not sub-locality level, consistent with the principle of 'proportionate universalism'[19] advocated by Marmot et al[20].

4.3 Children in low income families (under 16s)

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks such as substance misuse that can have a serious impact on their mental health. The Marmot Review recommended a policy objective of giving every child the best start in life.

Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in

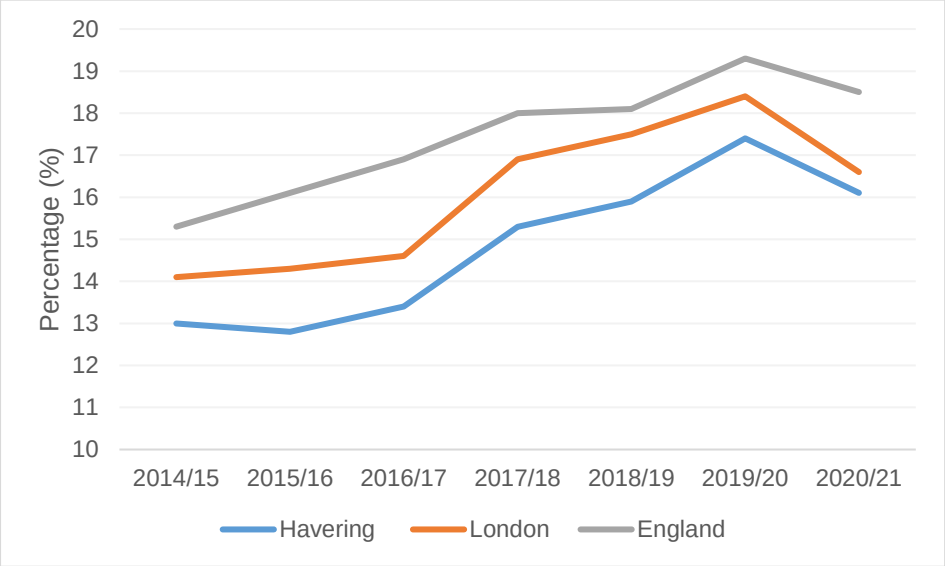
[19] Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are universally available and able to respond to the level of presenting need in the area / community served.

[20] See LGA summary of the Marmot review into health inequalities in England and the role of local government in tackling the social determinants of health inequalities. https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

these statistics. Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes. It is used to measure the number and proportion of individuals who have income below this threshold.

The percentage of children in low income families reduced marginally across England between 2020 and 2021, but overall specific area trends indicate an upward trajectory in the last 7 years in Havering, London and England. In 2020/21, 8,576 (16.1 %) children in Havering were estimated to be living in low income families. This proportion was however lower than the London and England averages (Figure 8 & table 1).

Figure 8: Children in relative low income families (under 16s) 2015-21



Source: OHID Fingertips

Table 1: Number of Children in Havering in relative low income families (under 16s) 2015-21

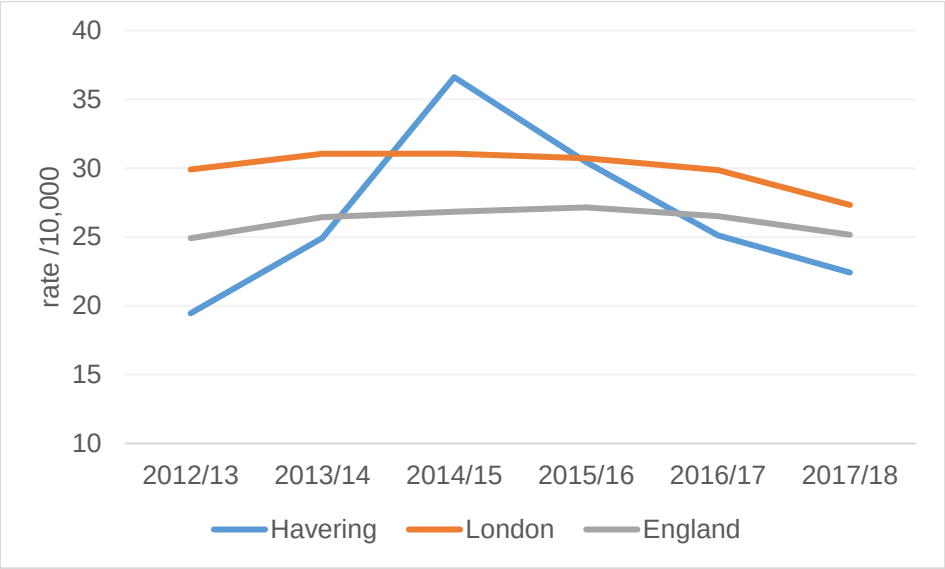
Time period	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Havering Count	6,129	6,157	6,653	7,766	8,209	9,153	8,576

Source: OHID Fingertips

4.4 Children leaving care

Young people in care are over-represented in mental health statistics. Being in care when young is also a determinant of adult mental health, and is associated with increased levels of antisocial behaviour including substance misuse, emotional instability and psychosis. Latest data (Figure 9 & table 2) shows Havering had over 120 children who left care in 2018, a rate of 22.4/10,000 children, lower than the London and England averages. Overall, apart from 2014/15 when Havering had the highest rate, Havering rates have remained below the London average.

Figure 9: Children leaving care: rate per 10,000 children aged under 18



Source: OHID Fingertips

Table 2: Number of Children in Havering leaving care (under 18s) 2012-18

Time period	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Havering Count	100	130	195	165	140	127
Denominator	51396	52120	53258	54203	55748	56671

Source: OHID Fingertips

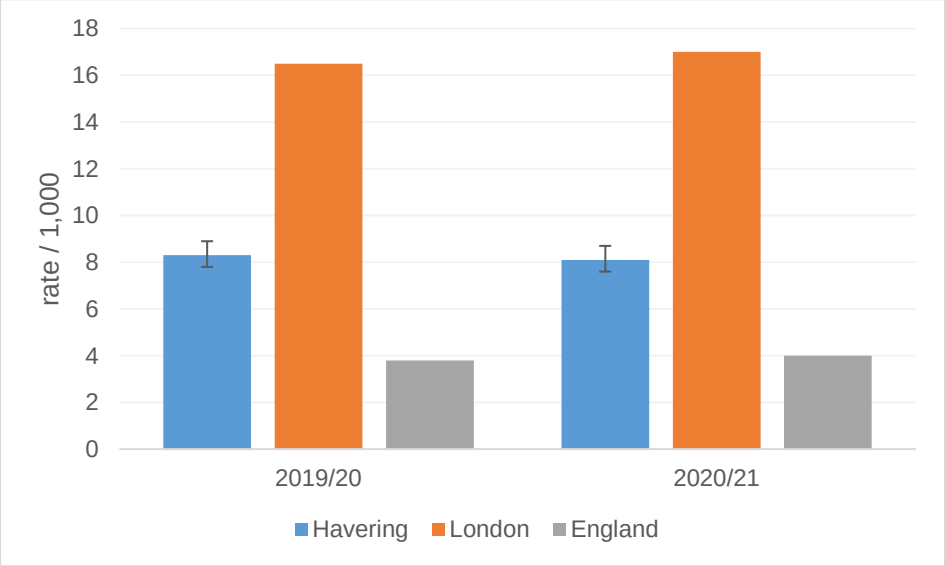
4.5 Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. Homelessness is associated with poor health, education and social outcomes, particularly for children.[21]

There are a number of risk factors associated with the likelihood of someone becoming homeless, and these broadly fall under individual circumstances and the wider forces. The risks range from drug and alcohol issues, bereavement, or experience of the criminal justice system, to the wider determinants of health such as inequality, unemployment, and housing supply and affordability.[22]

Latest data shows there were 863 homeless households in Havering in 2020/21. This is equivalent to rate of 8.1/1000, double the England average (4 /1,000) but just about half the London average (17/1000).

Figure 10: Households in temporary accommodation, crude rate per 1,000 estimated total households



Source: OHID Fingertips

[21] https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities
[22] https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/

4.6 Sexual Orientation

Substance abuse is a significant problem among members of the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community. From alcohol abuse and binge drinking to the use of harder drugs like methamphetamines, heroin, and opioids, many people in the sexual minority struggle with addiction. Statistics show that LGBTQ adults are more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder.[23]

There are many contributing factors to the high prevalence. These include; discrimination and social stigma, bullying, harassment and being victims of hate crimes. They also lack support as many choose to keep their sexual identity secret to avoid discrimination. Living this type of double life can create feelings of loneliness and anxiety. Those who do choose to come out often face rejection from family and friends, and as a result often turn to substance abuse to help dull the pain. For those suffering from internalized homophobia, alcohol and drugs serve as a mechanism for silencing negative thoughts. When drunk or high, LGBTQ individuals can temporarily enjoy living as their true selves.[17]

There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual (table 3). This a significant number but proportionately less than the London and England averages (table 4)

Table 3: Estimated number of persons by sexual orientation, Havering, London and England

Sexual Orientation	Havering	London	England
Heterosexual or straight	201,700	6,326,000	41,812,000
Gay or lesbian	2,800	184,000	718,000
Bisexual	1,100	87,000	502,000
Other	-	53,000	306,000
Don't know or refuse	1,200	466,000	1,472,000

Source: Annual Population Survey, Office for National Statistics

Table 4: Estimated % of persons by sexual orientation, Havering, London and England

Sexual Orientation	Havering	London	England
Heterosexual or straight	97.2%	88.9%	93.3%
Gay or lesbian	1.3%	2.6%	1.6%
Bisexual	0.5%	1.2%	1.1%
Other		0.7%	0.7%
Don't know or refuse	0.6%	6.5%	3.3%

Source: Annual Population Survey. Office for National Statistics

[23] Medley, G., Lipari, R.N., Bose, J., Cribb, D.S., Kroutil, L.A., &McHenry, G.. (2016). Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health.

4.7 Crime

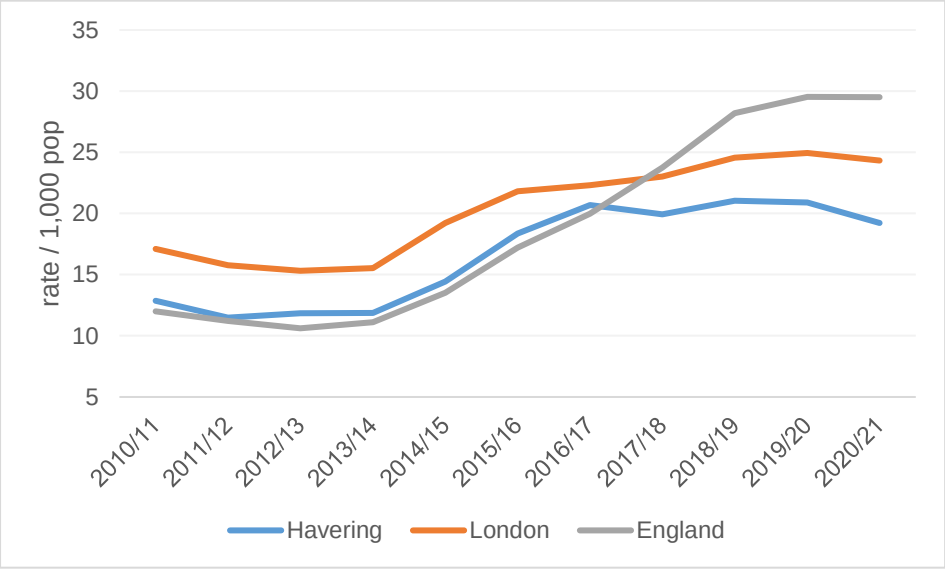
Although the link between substance misuse and crime is complex, there is evidence to suggest that a significant number of those committing criminal offences have problematic alcohol or drug use.[24]

There are well-established links between substance misuse (both illicit drug use, especially opiates and crack, and problematic alcohol consumption) and crime. Summaries of the evidence on reducing reoffending from both the Ministry of Justice and the Scottish Government highlight that drug treatment programmes generally have a positive impact on reoffending and offer value for money, and they identify that there is good evidence that alcohol-related interventions can help reduce hazardous drinking.[25]

4.7.1 Violent crime - violence offences per 1,000 population

The rate of violent crimes has been rising in the last 10 years. Latest data (2020/21) shows that 4990 violent crimes were reported in Havering. This was equivalent to a rate of 19/1,000 population, lower than the London and England averages (Figure 11).

Figure11: Violence offences per 1,000 population 2010/11 – 2020/21



Source: OHID Fingertips

[24] https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/specific-areas-of-delivery/substance-misuse/

[25] https://justiceinnovation.org/sites/default/files/media/documents/2020-08/substance_misuse_briefing.pdf

Table 5: Number of violence offences in Havering and population size, 2010/11 – 2020/21

Time period	Havering Count	Denominator
2010/11	3,014	234,100
2011/12	2,713	236,200
2012/13	2,819	237,900
2013/14	2,846	239,700
2014/15	3,493	242,100
2015/16	4,520	246,000
2016/17	5,162	249,400
2017/18	5,048	253,400
2018/19	5,387	256,000
2019/20	5,388	257,800
2020/21	4,990	259,600

Source: OHID Fingertips

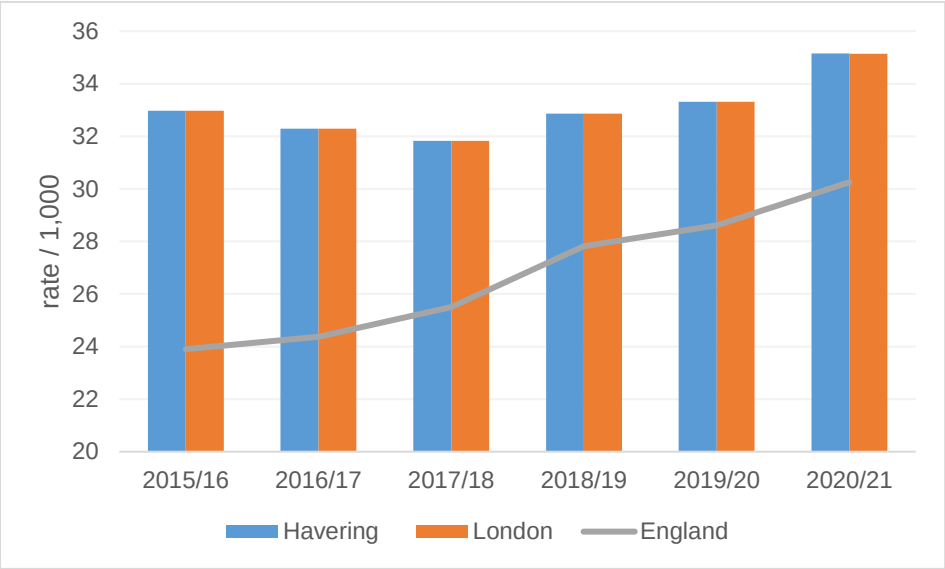
4.7.2 Domestic abuse-related incidents and crimes

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in Ending Violence against Women and Girls, Strategy 2016 – 2020, to do what it can to contribute to a cohesive and comprehensive response.

Domestic abuse-related offences and incidents are recorded by the police in those aged 16 or over. Domestic abuse related offences and incidents are defined as threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. Offences have been recorded as a crime, whereas the number of incidents refers to those that were not recorded as a crime and the two categories are mutually exclusive.

Figure 12 shows the rate of domestic abuse related incidents have been growing in the last 5 years in all areas. Data for Havering like all other local authorities in London is based on the police force area hence similarity in rates. In 2021 the estimated rate was 35/1,000 which was higher than the England average (30/1000).

Figure 12: Domestic abuse-related incidents and crimes recorded by the police, crude rates per 1,000 persons aged 16+, 2015-21



Source: OHID / ONS[26]

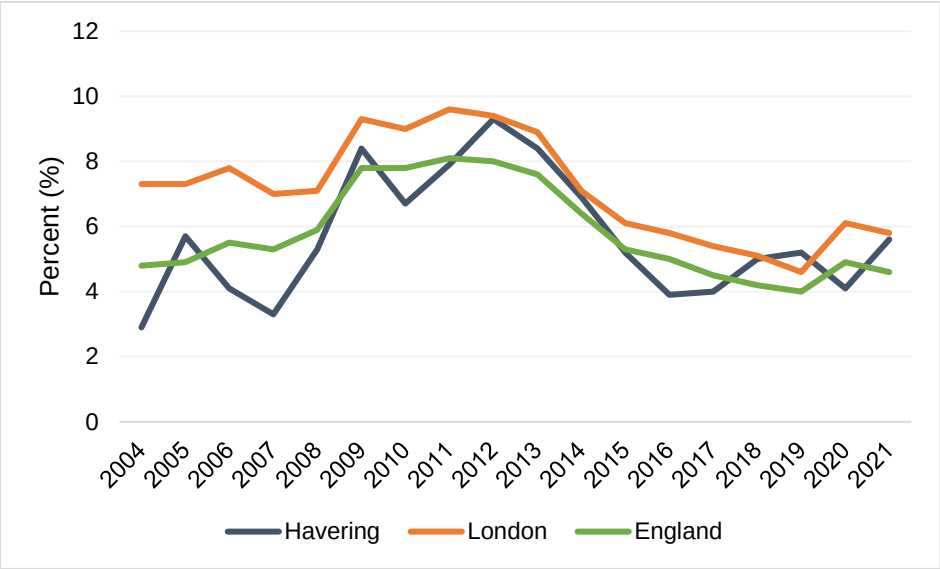
4.8 Unemployment

Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. People with long term psychiatric problems are less likely to be in employment than those with long-term physical disabilities, despite indications that most people with severe mental illness would like to work.

The rate of unemployment has overall declined in the last 10 years. However a substantial number of people able and willing to work remain unemployed. Latest data (Figure 13) shows in 2021 there were 7,900 people in Havering aged 16-64 who were unemployed, a rate of 5.8%, similar to the London average but higher than the England average (4.6%).

26 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables

Figure 13: Percentage of the economically active population aged 16+ without a job - unemployment rate 16-64



Source: NOMIS- ONS annual population survey

5 Prevalence of Substance Misuse

5.1 Proportion of population reporting drug use in the last year (by age)

Based on the Crime Survey for England, there are 14,032 people (7.6 %) aged 16-74 using illicit drugs. The highest proportion of users is of those aged 16-24 (21%) equivalent to 5282 people in Havering (Table 6).

Table 6: Proportion of 16 to 74 year olds reporting use of any drug[1] in the last year, year ending March 2020

Age	Estimated Percentage in England	Population in Havering	Estimated number in Havering
16-74	7.6	184,632	14,032
16-24	21.0	25,151	5,282
25-59	6.8	121,466	8,260
60-74	1.0	38,015	380

Source: Office for National Statistics - Crime Survey for England and Wales

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills/powders/drugs.

5.2 Alcohol

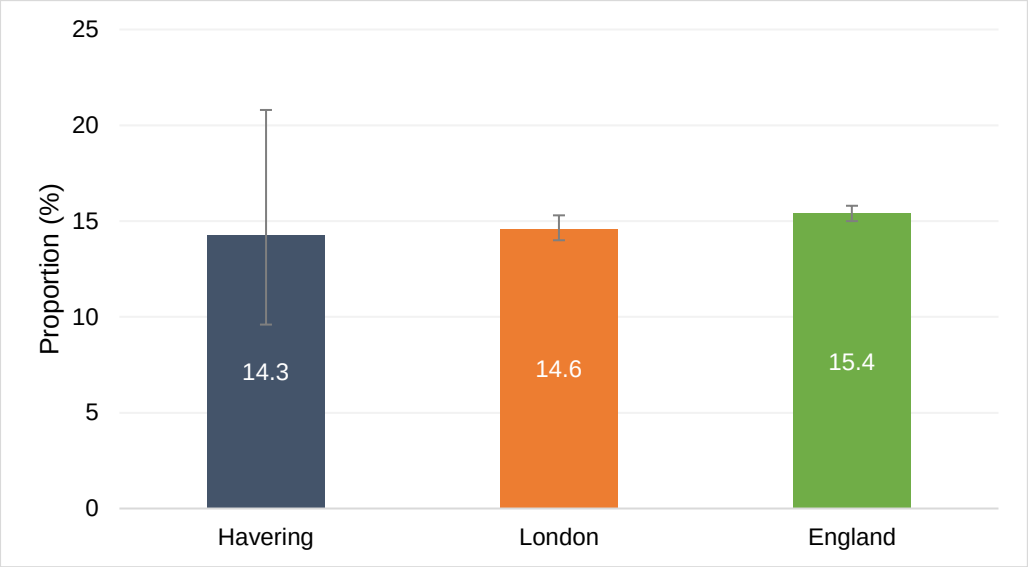
Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms.

5.2.1 Binge drinking

It is estimated that 14.3% of adults in Havering regularly binge drink. This similar to the London and England averages. This equates to approximately 28,833 people.

Figure 14: Percentage of adults binge drinking on heaviest drinking day, 2015-18

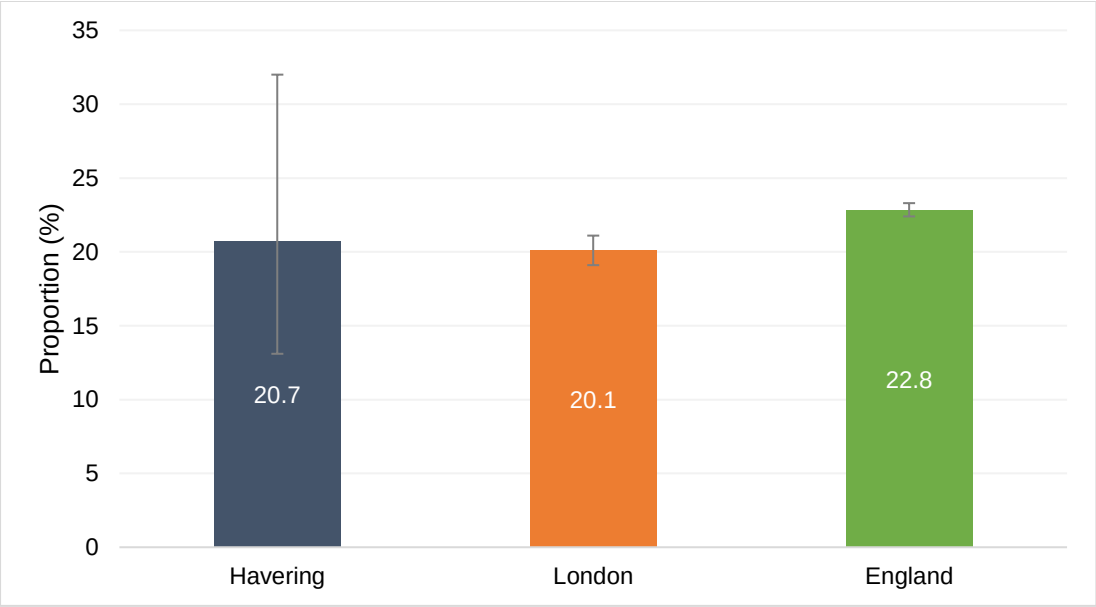


Source: OHID - Health Survey for England

5.2.2 Excessive drinking – over 14 units a week

1 in 5 (20.7%) adults in Havering regularly drink excessively. This similar to the London and England averages. This equates to approximately 41,738 people.

Figure 15: Percentage of adults drinking over 14 units of alcohol a week, 2015-18



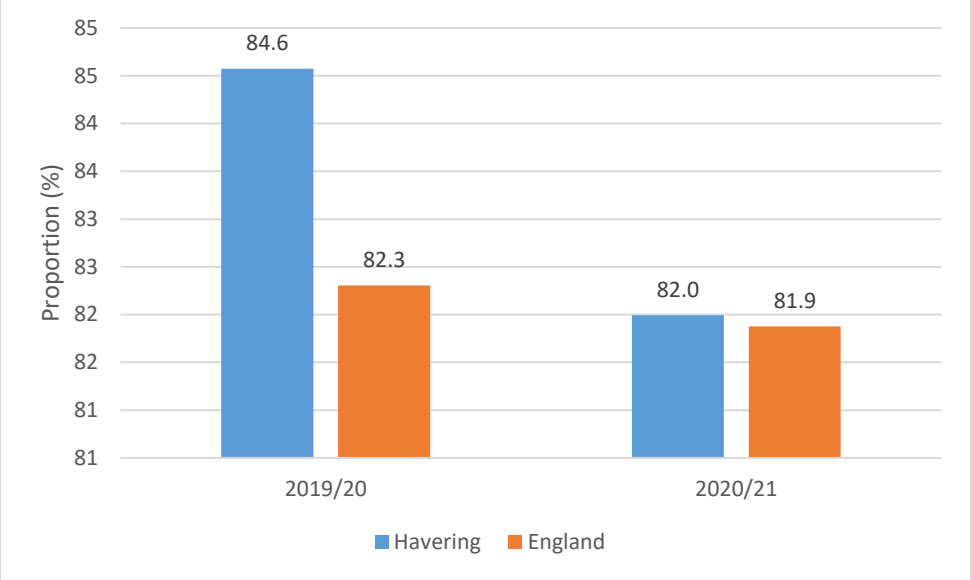
Source: OHID Fingertips

5.2.3 Dependent drinkers not in treatment

Services delivering evidence-based and effective structured substance misuse treatment interventions are vital components of a local authority's response to substance misuse and dependence Such interventions can improve the lives of individuals, the life chances of their children and family, and community stability. They also have a significant impact in reducing alcohol related deaths and in reducing crime and health costs. The harmful effects of alcohol are greater in poorer communities and effective treatment services can play an important role in addressing these inequalities.

The percentage of known dependent drinkers not in treatment reduced in the last 2 years. In 2020/21, 82% of known dependent drinkers did not get in contact with alcohol treatment services (Figure 16). This was similar to the national average and equivalent to 1,844 people.

Figure 16: Percentage of dependent drinkers not in treatment, 2018-21



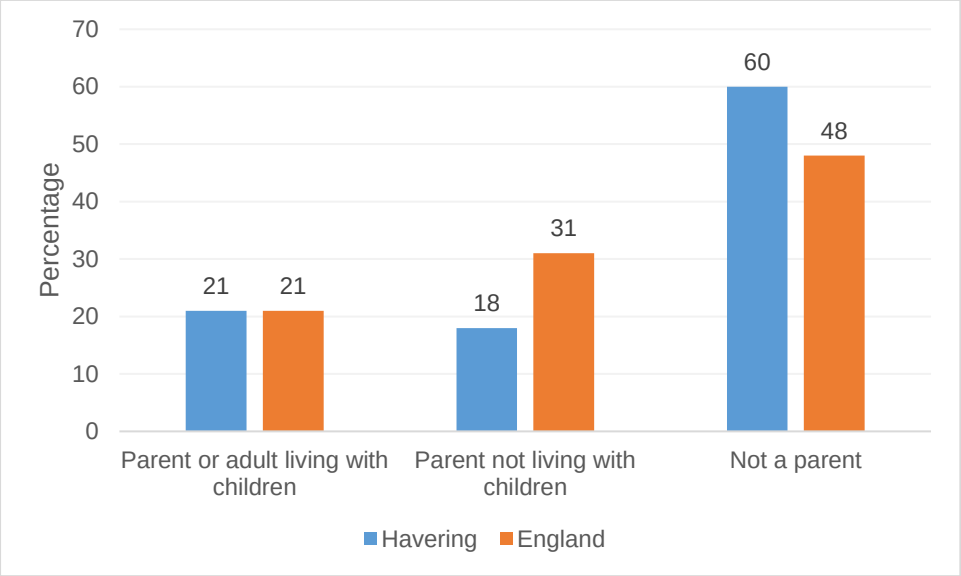
Source: National Drug Treatment Monitoring System

5.3 Parental substance misuse

5.3.1 Parental status of people starting treatment

Havering had a total of 364 new adult presentations to treatment for substance misuse during 2019/20. Of those, 77 (21%) were parents or adults living with children. This rate was similar to the England average. 66 (18%) were parents not living with children and 220 (60%) were not parents and had no contact with children.

Figure 17: Proportions of all clients (New presentations) in each of the family categories, for Havering and England.



Source: NDTMS

5.3.2 Number of adults with alcohol dependence living with children, rates per 1,000 population and unmet treatment need.

There are approximately 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%) (table 7 and 8).

Table 7: Estimated number of adults with alcohol dependence living with children in Havering, rate per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	399	2	2	80	80%	75%
Male	252	3	3	40	84%	79%
Female	147	1	1	40	73%	65%

Source: NDTMS

Table 8: Estimated number of adults with alcohol dependence living with children in England, rate per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	120,552	3	25,435	79%
Male	80,458	4	13,058	84%
Female	40,094	2	12,377	69%

Source: NDTMS

5.3.3 Number of adults with drug /opiate dependence living with children, rates per 1,000 population and unmet treatment need.

There are approximately 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%) (Tables 9 and 10).

Table 9: Estimated number of adults with opiate dependence living with children in Havering, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	189	1	2	59	69%	72%
Male	141	2	2	39	72%	75%
Female	48	1	1	20	58%	65%

Source: NDTMS

Table 10: Estimated number of adults with opiate dependence living with children in England, rates per 1,000 of the population and unmet treatment need.

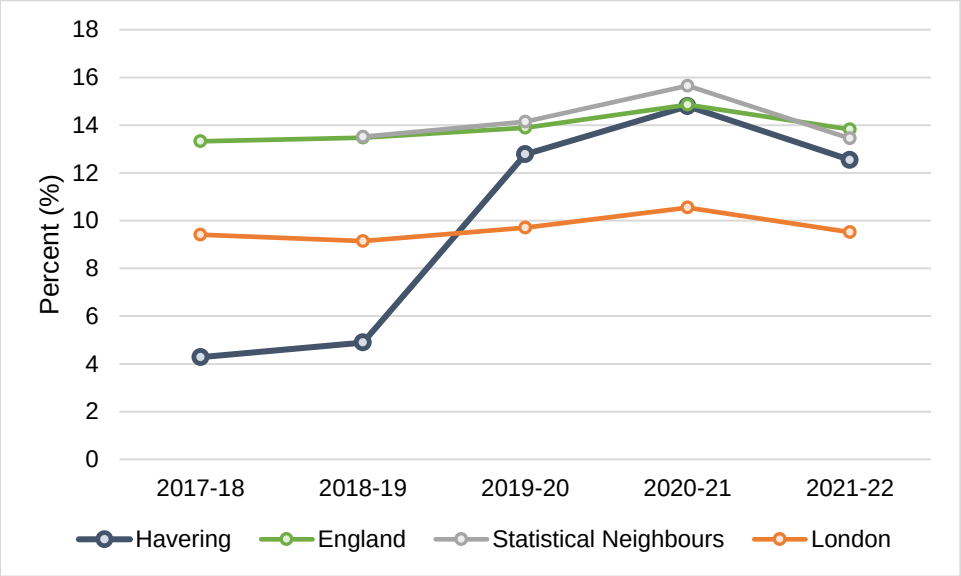
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	74,713	2	31,469	58%
Male	50,828	3	18,901	63%
Female	23,884	1	12,568	47%

Source: NDTMS

5.3.4 Percentage of children social care assessments that identified alcohol misuse by a parent

At the end of children social care assessments completed in 2021/22, the percentage of the assessments that had identified alcohol misuse by a parent in Havering was 12.5%, higher than London (9.5%) but lower than England (13.8%). In Havering, whilst this is a slight decrease from the previous year (14.8%), this is a large increase from 4.3% in 2017/18.

Figure 18: Episodes with assessment factor information, in the year ending 31 March: alcohol misuse by a parent identified at the end of assessment, for Havering, Statistical Neighbours, London and England

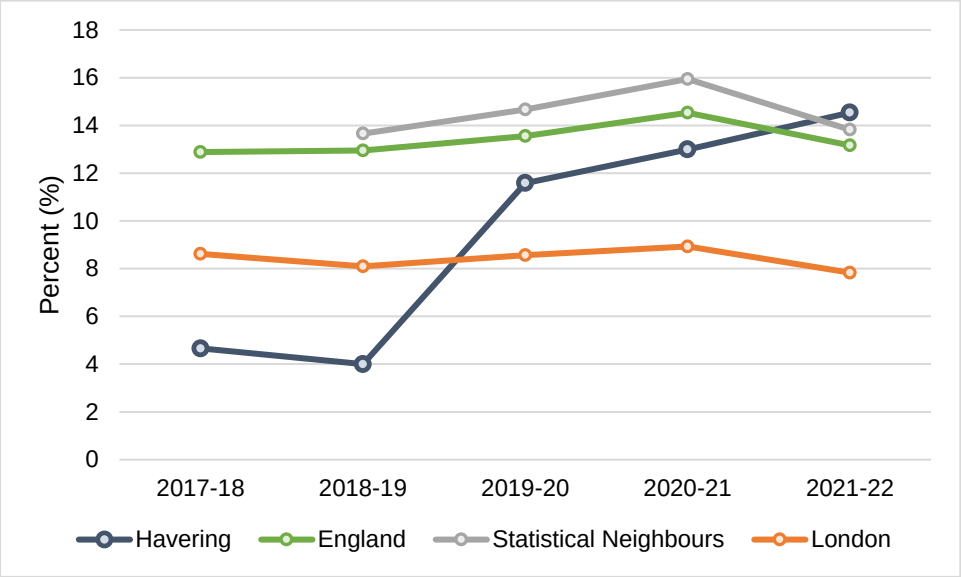


Source: Children's Social Care Benchmarking Tool (BMt) V3.28 (Data to Insight)

5.3.5 Percentage of children social care assessments that identified drug misuse by a parent

At the end of children social care assessments completed in 2021/22, the percentage of the assessments that had identified drug misuse by a parent in Havering was 14.5%, higher than London (7.8%) and England (13.2%). In Havering, this is a large increase from 4.0% in 2018/19.

Figure 19: Episodes with assessment factor information, in the year ending 31 March: drug misuse by a parent identified at the end of assessment, for Havering, Statistical Neighbours, London and England

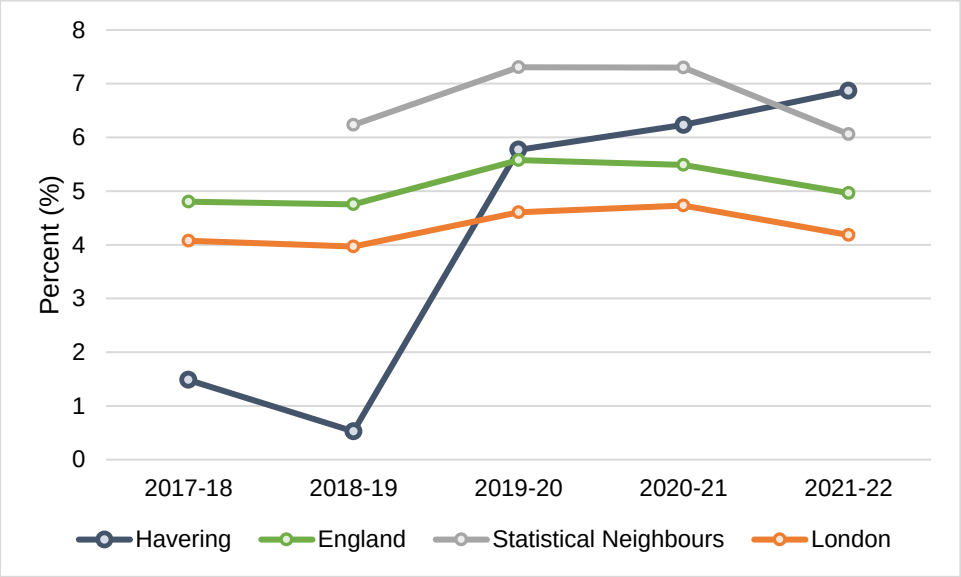


Source: Children's Social Care Benchmarking Tool (BMt) V3.28 (Data to Insight)

5.3.6 Percentage of children social care assessments that identified drug misuse by a child

At the end of children social care assessments completed in 2021/22, the percentage of the assessments that had identified drug misuse by a child in Havering was 6.9%, higher than London (4.2%) and England (5.0%). In Havering, this is a large increase from 0.5% in 2018/19.

Figure 20: Episodes with assessment factor information, in the year ending 31 March: drug misuse by a child identified at the end of assessment, for Havering, Statistical Neighbours, London and England



Source: Children's Social Care Benchmarking Tool (BMt) V3.28 (Data to Insight)

Over the same period, Havering has seen a significant increase in assessments where the mental health of the child was identified as a factor, rising from 3% of assessments in 2017/18 to 18% in 2021/22. There may be a correlation between these factors, i.e. increased identification of mental ill health in children and young people may lead to greater exploration of the use of substances within the family.

5.4 Number of people with Blood Borne Viruses (BBV) among service users

People who inject drugs (PWID) experience substantially worse health outcomes than the general population. Prevention, detection and treatment of infections related to injecting drug use remain issues of public health concern in the UK. The coronavirus (COVID-19) pandemic had a significant impact, limiting access to blood-borne virus (BBV) testing and safe injecting equipment, which may have widened health inequalities.

The spread of the blood borne viruses can be interrupted and prevented through harm reduction policies such as needle and syringe exchange programmes and vaccination. Currently, vaccination of injecting users for Hepatitis B and C is routinely available.

Hepatitis C virus (HCV) continues to be the most common BBV among PWID in the UK.[27] In 2021, 36 patients in Havering attending treatment were diagnosed with Hepatitis C while 3 had HIV (table 11).

Table 11: Number of patients attending treatment centres in Havering with blood-borne virus (BBV)

Type of BBV	Number of cases per year	
	2021	2022
HIV	<5	<5
Hepatitis C	36	8
Hepatitis B	0	0

Source: Havering CGL

5.5. Number of rough sleepers, veterans and LGBTQ+ among service users

Levels of drug and alcohol abuse are relatively high amongst the homeless population. Rough sleeping is a dangerous and isolating experience. People sleeping rough are more likely to be victims of crime and almost 17 times more likely to have been victims of violence (in the past year compared to the general public). Women are particularly vulnerable, nearly 1 in 4 have been sexually assaulted whilst rough sleeping. Additionally, many people who rough sleep develop issues with drugs and alcohol. Drug taking and alcohol in particular can make it difficult for those who are experiencing rough sleeping to be helped off the streets as continued abuse can end up with them being excluded from accommodation.[28]

Veterans with mental health problems have been highlighted as a high-risk group for substance misuse difficulties. Compared to civilians, those who have served in the military are almost twice as likely to suffer from alcohol problems, with 67% of men and 49% of women in the UK military classifying as having a drinking problem, compared to only 38% of men and 16% of women in the general population (Fear et al., 2007).[29]

UK veterans are also more likely to present with substance misuse problems relating to drugs, with 5.2% reporting drug dependence compared to only 3.5% of civilians (Woodhead et al., 2011).[30] In addition to military culture, distressing service experiences and mental health difficulties, veterans are at an even greater risk of substance misuse compared to serving personnel due to problems adjusting back to

[27] Shooting Up: infections and other injecting-related harms (publishing.service.gov.uk)
[28] https://www.local.gov.uk/supporting-health-needs-those-who-are-experiencing-rough-sleeping
[29] Fear, N. T., Iversen, A. C., Meltzer, H., Workman, L., Hull, L., Greenberg, N., & Jones, M. (2007). Patterns of drinking in the UK Armed Forces. Addiction, 102(11), 1749-1759.
[30] Woodhead, C., Rona, R. J., Iversen, A., MacManus, D., Hotopf, M., Dean, K., ... & Wessely, S. (2011). Mental health and health service use among postnational service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. Psychological medicine, 41(2), 363-372.

civilian life (Thompson et al., 2011).[31] Studies have demonstrated that only a small proportion of veterans with mental health difficulties actually seek help due to not knowing where to go, believing civilian services will not help and, the stigma surrounding mental health (Mittal et al., 2013).[32]

For LGBTQ vulnerability see risk factors section on sexual orientation.

Latest data from Havering CGL shows that out of 387 registered patients there are 19 who belong to the LGBTQ group and 8 rough sleepers.

Table 12: Number of patients from vulnerable groups attending treatment centres in Havering

Year	Rough Sleepers	Veterans	Pregnant women	LGBTQ+
2021	25	10	<5	23
2022	8	<5	<5	19

Source: Havering CGL

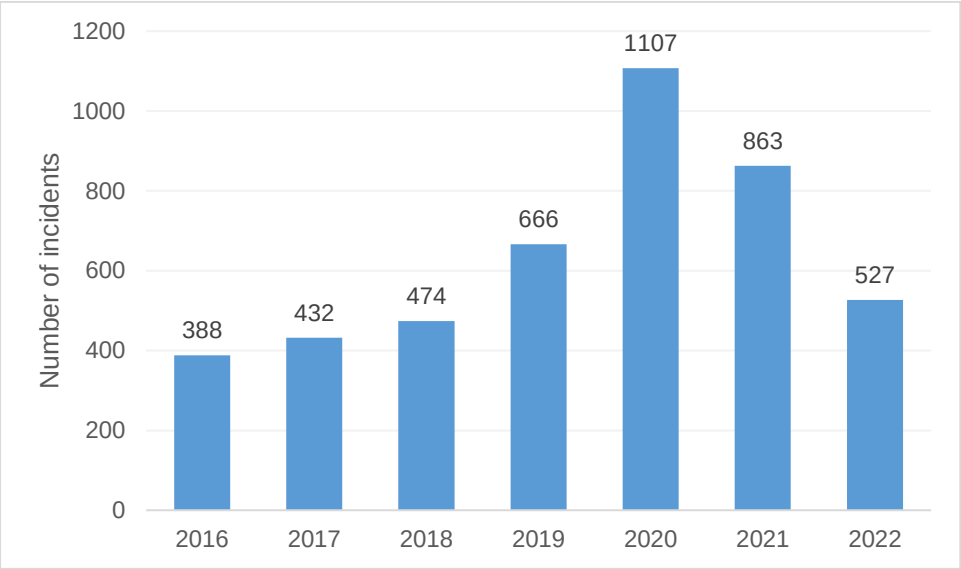
5.6 The number of neighbourhood crimes related to drug and alcohol use

Number of cases of substance misuse related incidents have been on the rise and tripled between 2016 (388) and 2020 (1107). There was a slight drop in 2021 to 863 but overall incidents appear to have peaked during the COVID-19 pandemic period (2020-21) as during national restrictions drug dealers became easier to locate and arrest with increased time to investigate. (Figure 18).

[31] Thompson, J. M., MacLean, M. B., Van Til, L., Sudom, K., Sweet, J., Poirier, A., & Pedlar, D. (2011). Survey on transition to civilian life: Report on regular force veterans. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa, 4.

[32] Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G. (2013). Stigma associated with PTSD: Perceptions of treatment seeking combat veterans. Psychiatric rehabilitation journal, 36(2), 86.

Figure 21: Number of substance misuse related incidents in Havering reported to London Metropolitan Police Service, 2016-2022



Source: safestats.london.gov.uk

Romford Town, Gooshays, Brooklands and Heaton among Havering wards had the highest number of reported incidents in 2021.

Table 13: Number of substance misuse related incidents in Havering reported to London Metropolitan Police Service by ward, 2016-2022

Row Labels	2016	2017	2018	2019	2020	2021	2022	Grand Total
Brooklands	38	39	29	56	74	53	39	328
Cranham	8	<5	<5	11	30	18	5	76
Elm Park	12	29	14	25	37	27	22	166
Emerson Park	<5	<5	<5	9	33	12	10	71
Gooshays	19	29	25	37	96	62	39	307
Hacton	5	14	6	14	28	21	5	93
Harold Wood	9	14	16	25	77	42	29	212
Havering Park	9	11	19	25	46	35	12	157
Heaton	18	22	13	30	98	53	41	275
Hylands	12	13	27	28	26	24	19	149
Mawneys	<5	9	20	36	34	31	19	152
Pettits	11	13	18	19	29	33	12	135
Rainham and Wennington	28	17	31	60	75	47	36	294
Romford Town	142	148	165	184	254	262	157	1312
South Hornchurch	21	16	22	27	62	35	33	216
Squirrel's Heath	21	24	16	24	27	38	14	164
St. Andrew's	19	22	32	39	45	35	20	212
Upminster	11	10	14	17	36	35	15	138
Grand Total	**388**	**432**	**474**	**666**	**1107**	**863**	**527**	**4457**

Source: safestats.london.gov.uk

5.7 Casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The vast majority of road traffic collisions are preventable.[33] Alcohol consumption is responsible for around 15% of all deaths in reported road accidents. The legal limit in the UK is 35 micrograms of alcohol per 100ml of breath. However, any amount of alcohol affects your ability to drive safely. The effects can include slower reactions, increased stopping distance, poorer judgement of speed and distance and reduced field of vision, all increasing the risk of having an accident or fatality.[34]

[33] Road Safety and Public Health Guide Update, RoSPA https://www.rospa.com/rospaweb/docs/advice-services/road-safety/practitioners/road-safety-and-public-health-guide-update-2019.pdf#:~:text=The%20original%20Road%20Safety%20and%20Public%20Health%20guideiwas,%28CAPT%29%20and%20the%20Transport%20and%20Health%20Study%20Group

[34] Reported road casualties in Great Britain, provisional estimates involving illegal alcohol levels https://www.gov.uk/government/statistics/reported-road-casualties-in-great-britain-provisional-estimates-involving-illegal-alcohol-levels-2020/reported-road-casualties-in-great-britain-provisional-estimates-involving-illegal-alcohol-levels-2020

Latest data 2018-20 shows 2.8% of casualties in road traffic accidents in Havering failed a breath test. This was similar to the London and England averages (table 14).

Table 14: Percentage of casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred

	2017 - 19	Lower CI 95.0 limit	Upper CI 95.0 limit	2018 - 20	Lower CI 95.0 limit	Upper CI 95.0 limit
Havering	2.6	2.0	3.3	2.8	2.2	3.6
London	2.3	2.2	2.4	2.2	2.1	2.3
England	3.5	3.4	3.5	3.6	3.5	3.7

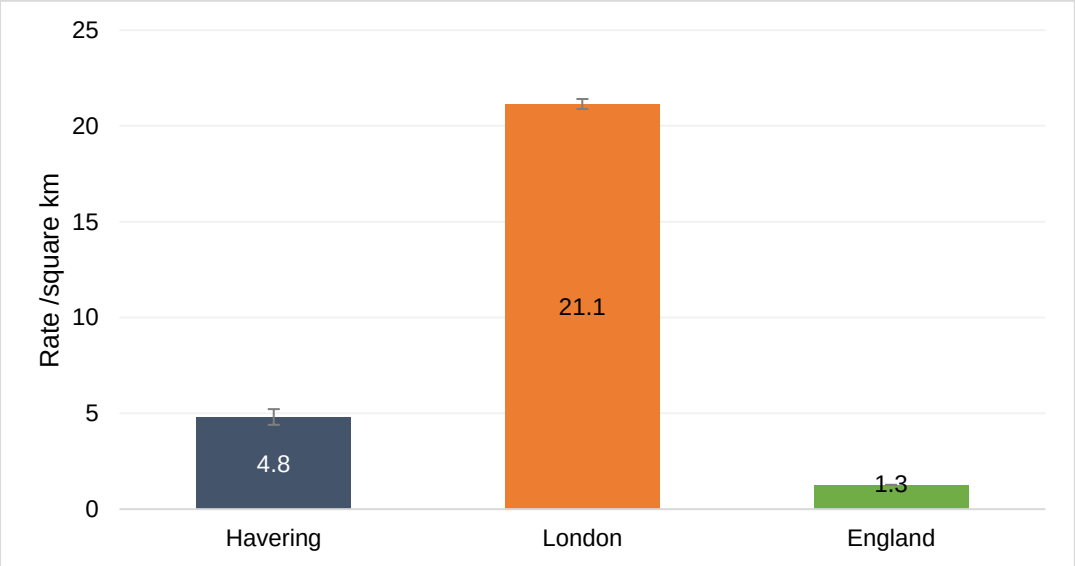
Source: OHID Fingertips

5.8 Number of premises licensed to sell alcohol per square kilometre

The supply and demand for alcohol in local authority areas should be considered alongside alcohol harms. Licensing is one of the few areas where local areas have the power to act to reduce alcohol availability.

Latest data shows Havering has a higher alcohol selling premises per square kilometre rate (4.8) as compared to the England average (1.3) (Figure 22).

Figure 22: Number of premises licensed to sell alcohol per square kilometre 2017-18



Source: OHID Fingertips

5.9 Estimated prevalence of opiate and/or crack cocaine use

Data on the prevalence of opiate and/or crack cocaine use is an essential part of the evidence base used to formulate policy, inform service provision, and assess the wider population impact of interventions. Although direct enumeration is not possible, indirect techniques can provide estimates of drug misuse prevalence. Based on the Public Health Institute[35], Liverpool John Moores University modelling (2016/17) the estimated prevalence of opiate and/or crack cocaine use nationally is 5.4/1,000 population aged 15-64 which translates to approximately 427 people aged between 15-64 years in Havering.

5.10 Percentage of young people who have taken cannabis in the last month at age 15

Illicit drug use, particularly by young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government. However there is scarcity of recent data to determine the extent of the problem. Based on the 2014/15, What About YOUth (WAY) survey[36], it is estimated that 4.0% of 15 year olds in Havering take Cannabis regularly (table 15). This translates to approximately 162 fifteen year olds.

Table 15: Percentage of young people who have taken cannabis in the last month at age 15

Area Name	Sex	Age	Time period	Value	Lower CI 95.0 limit	Upper CI 95.0 limit
England	Persons	15 yrs	2014/15	4.6	4.5	4.8
London	Persons	15 yrs	2014/15	5	4.8	5.3
Havering	Persons	15 yrs	2014/15	4	2.8	5.2

Source: What About YOUth (WAY) survey

[35] http://www.nta.nhs.uk/facts-prevalence.aspx
[36] Child and Maternal Health - Health behaviours in 15 year olds - OHID (phe.org.uk)

5.11 Percentage of young people have taken drugs (excluding cannabis) in the last month at age 15

Based on the 2014/15, What About YOUth (WAY) survey, it is estimated that 1.1% of 15 year olds in Havering take drugs regularly (table 16). This translates to approximately 39 fifteen year olds.

Table 16: Percentage of young people who have taken drugs (excluding cannabis) in the last month at age 15

Area Name	Sex	Age	Time period	Value	Lower CI 95.0 limit	Upper CI 95.0 limit
England	Persons	15 yrs	2014/15	0.9	0.8	0.9
London	Persons	15 yrs	2014/15	1	0.9	1.1
Havering	Persons	15 yrs	2014/15	1.1	0.4	1.7

Source: What About YOUth (WAY) survey 2014/15

5.12 Percentage of regular drinkers at age 15

Excessive alcohol consumption is a major health concern in England. In order to tackle the problems of excessive drinking the government published their Alcohol Strategy in 2012. The strategy set out proposals aimed at tackling the 'binge drinking' culture and its associated impacts, as well as to reduce the number of people who drink to damaging levels.

Previous research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood. As a result, in 2009 The Chief Medical Officer for England issued guidance that young people under 15 should not drink alcohol at all.

Based on the 2014/15, What About YOUth (WAY) survey, it is estimated that 5.5% of 15 year olds in Havering drink alcohol regularly (table 17). This translates to approximately 193 fifteen year olds.

Table 17: Percentage of young people who have drunk alcohol in the last month at age 15

Area Name	Sex	Age	Time period	Value	Lower CI 95.0 limit	Upper CI 95.0 limit
England	Persons	15 yrs	2014/15	6.2	6	6.4
London	Persons	15 yrs	2014/15	3.1	2.9	3.3
Havering	Persons	15 yrs	2014/15	5.5	4.1	6.8

Source: What About YOUth (WAY) survey

Change Grow Live (CGL)[37] is currently the specialist adult and young people drug and alcohol treatment and recovery service commissioned by the LB Havering. Most of children referrals to CGL in 2021 and 2022 came from schools, police community resolutions and youth justice system (table 18)

Children (<18)

Table 18: Number of children referred to CGL from other services

Service	2021	2022
Schools	41	81
Police Community Resolutions	0	36
YJS	83	32
Social Worker	14	10
Employer (alcohol only)	0	9
Hospital	10	9
Children's mental health services	5	5
Early help	7	5
School Nurse	1	4
Alternative education	2	3
CLA - looked after	1	2
Relative	3	2
Self	5	2
Universal Education	0	2
Adult treatment provider	1	1
Children and Family Services	1	1
Concerned other	0	1
Non child mental health services	0	1
Non treatment substance misuse services	0	1
Crime Prevention	0	0
Secure Children's Home	0	0
Targeted Youth Support	4	0
Website	0	0
YP Treatment Provider	3	0

Source: Havering CGL

[37] Info - Aspire - Havering | Change Grow Live

Adults (18+)

Most of adult referrals to CGL in 2021 and 2022 came from NELFT and Self.

Table 18: Number of adults referred to CGL from other services

Service	2021	2022
NELFT	206	173
Self	386	276
Hospital	20	56
Adult social care services	52	41
GP	51	39
Probation	28	36
Hospital alcohol care team/liaison nurse	37	34
Other	24	27
Housing/homelessness team	40	22
Adult treatment provider	22	21
Children and Family Services	0	13
Domestic abuse service	2	6
Recommissioning transfer	0	5
Prison	14	4
Relative/peer/concerned other	6	3
YP structured treatment provider	0	2
ATR	4	1
DRR	8	1
Employment/education service	1	1
Liaison and Diversion	0	1
Outreach	3	1
Self-referred via health professional	0	1
Arrest referral	5	0
Community Rehabilitation Company (CRC)	2	0

Source: Havering CGL

6 Admissions

6.1 Alcohol admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures used in LAPE and elsewhere to assess this burden: the Broad and the Narrow measure.

Broad definition: A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

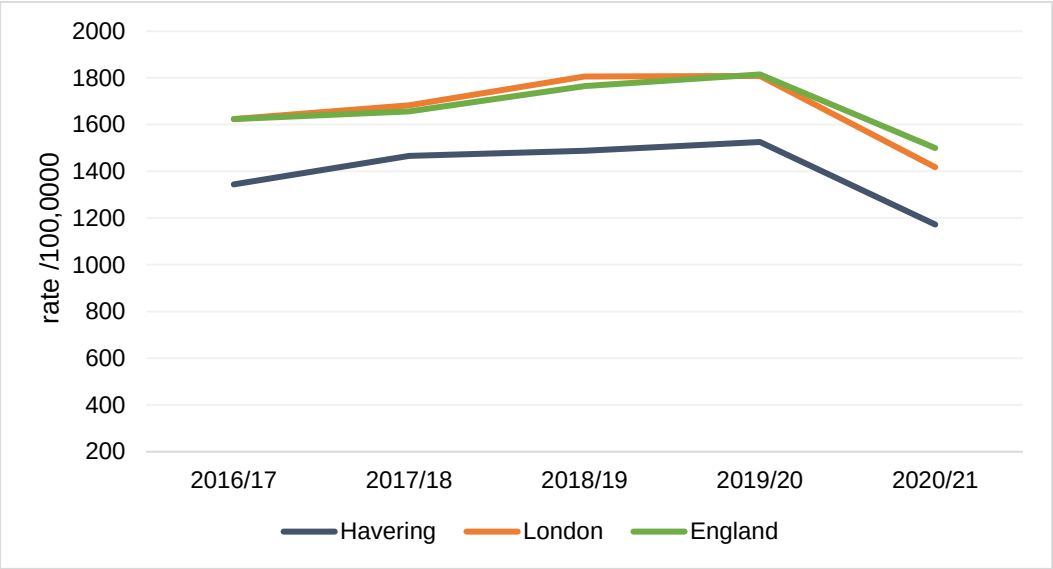
Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

6.1.1 Admission episodes for alcohol-related conditions

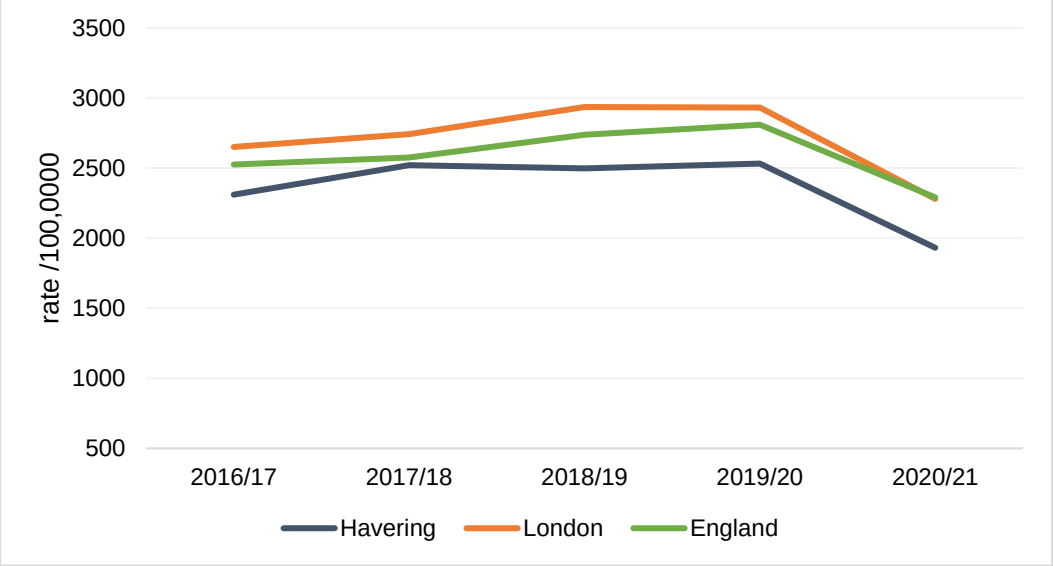
In the last 5 years Havering has had a lower alcohol related admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 2862 people in Havering were admitted in hospital with alcohol related conditions (Figure 23 – 24).

Figure 23: Directly age standardised rate /100,000 population, admission episodes for alcohol-related conditions (broad), persons, 2016/17 - 2020/21



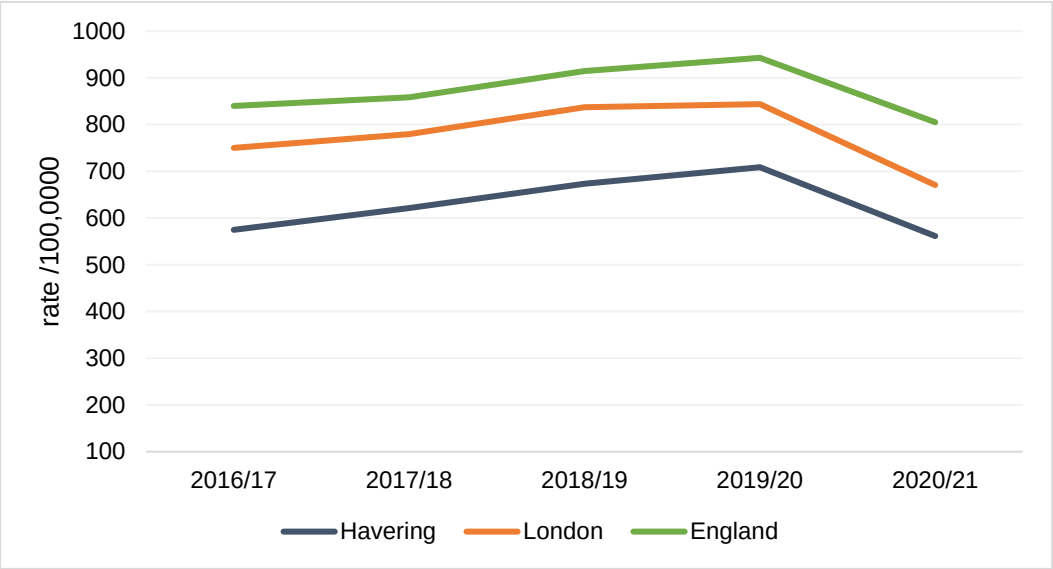
Source: OHID Fingertips

Figure 24: Directly age standardised rate /100,000 population, admission episodes for alcohol-related conditions (broad), males, 2016/17 - 2020/21



Source: OHID Fingertips

Figure 25: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related conditions (broad), females, 2016/17 - 2020/21

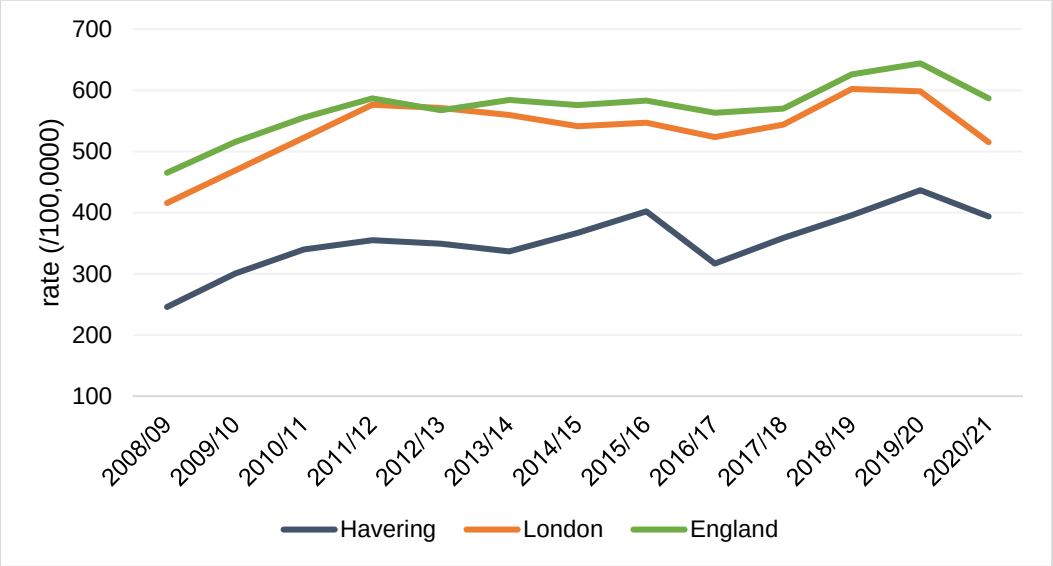


Source: OHID Fingertips

6.1.2 Admission episodes for alcohol-specific conditions (narrow).

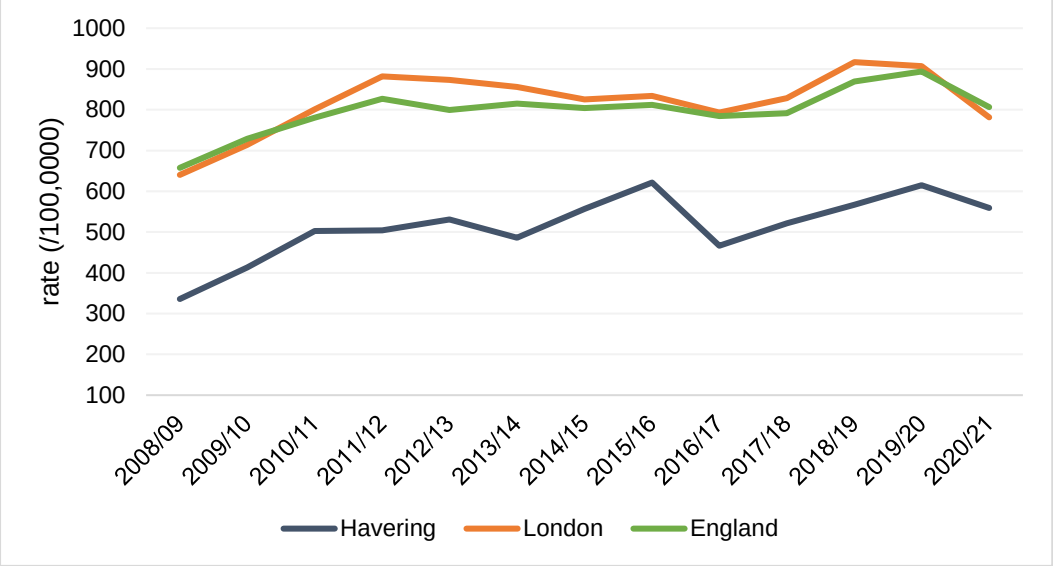
In the last 10 years Havering has had a lower alcohol specific admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 722 people in Havering were admitted in hospital with alcohol specific conditions (Figures 26 - 28).

Figure 26: Directly age standardised rate /100,000 pop, admission episodes for alcohol-specific conditions (narrow), persons, 2008/09 - 2020/21



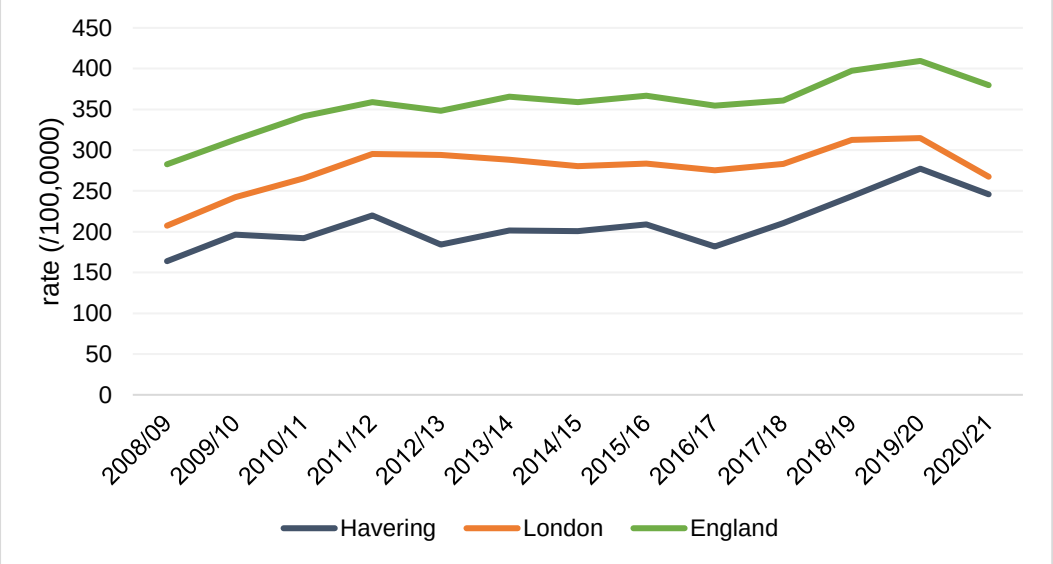
Source: OHID Fingertips

Figure 27: Directly age standardised rate /100,000 pop, admission episodes for alcohol-specific conditions (narrow), males, 2008/09 - 2020/21



Source: OHID Fingertips

Figure 28: Directly age standardised rate /100,000 pop, admission episodes for alcohol-specific conditions (narrow), females, 2008/09 - 2020/21

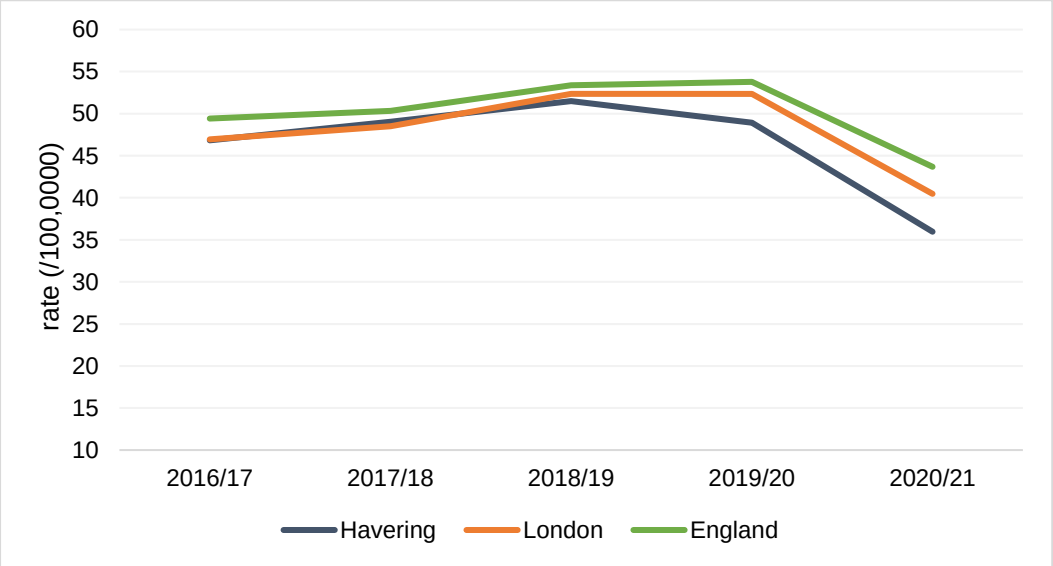


Source: OHID Fingertips

6.1.3 Admission episodes for alcohol-related unintentional injuries, (narrow).

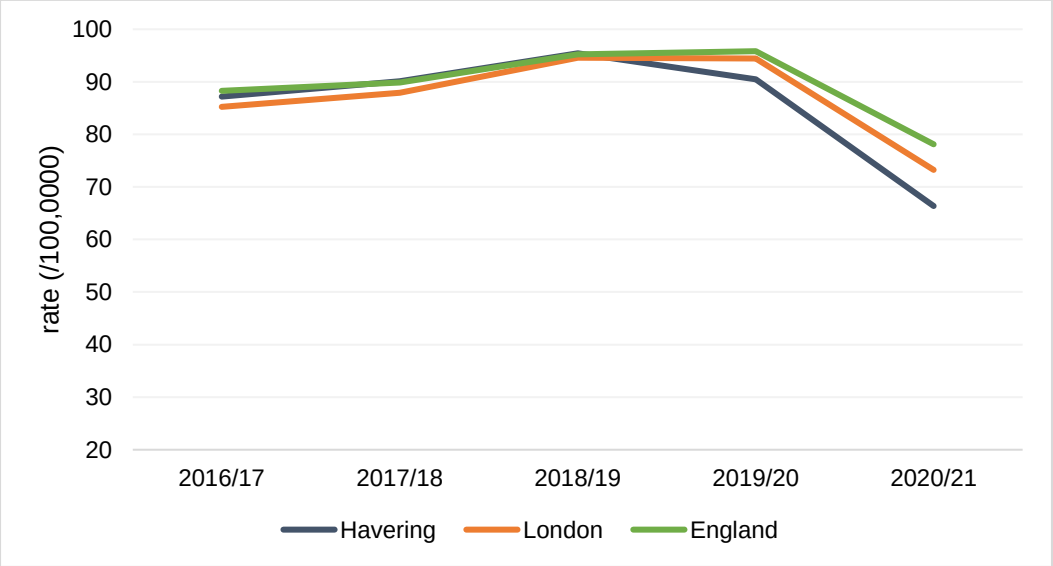
In the last 3 years Havering has had a lower alcohol related unintentional injuries admission rate for persons, males and females compared to London and England. However number of admissions remain significant. In 2020/21, 88 people in Havering were admitted in hospital with related unintentional injuries (Figures 29-31).

Figure 29: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related unintentional injuries (narrow), persons, 2016/17 - 2020/21



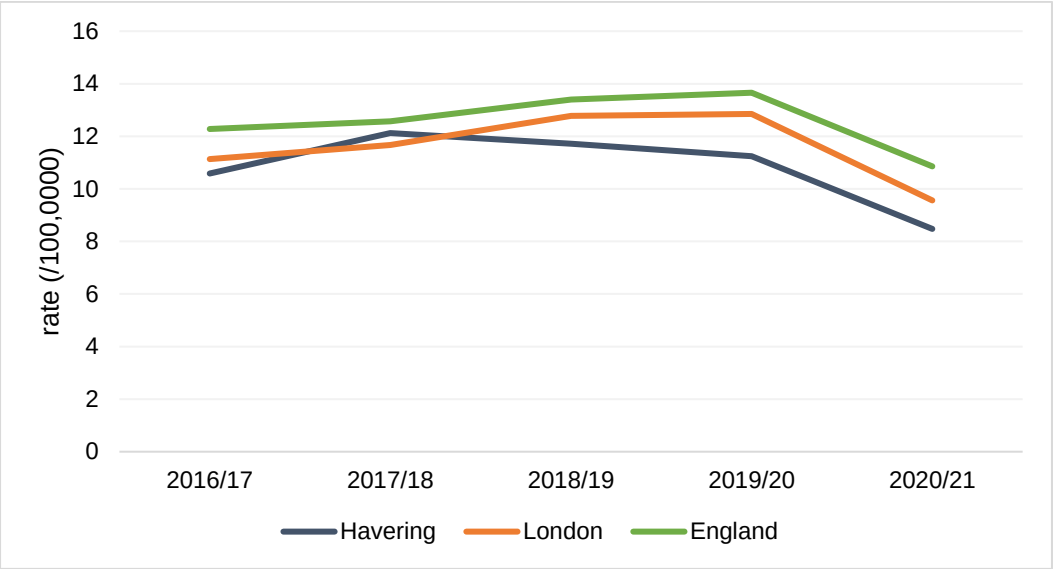
Source: OHID Fingertips

Figure 30: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related unintentional injuries (narrow), males, 2016/17 - 2020/21



Source: OHID Fingertips

Figure 31: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related unintentional injuries (narrow), females, 2016 - 21

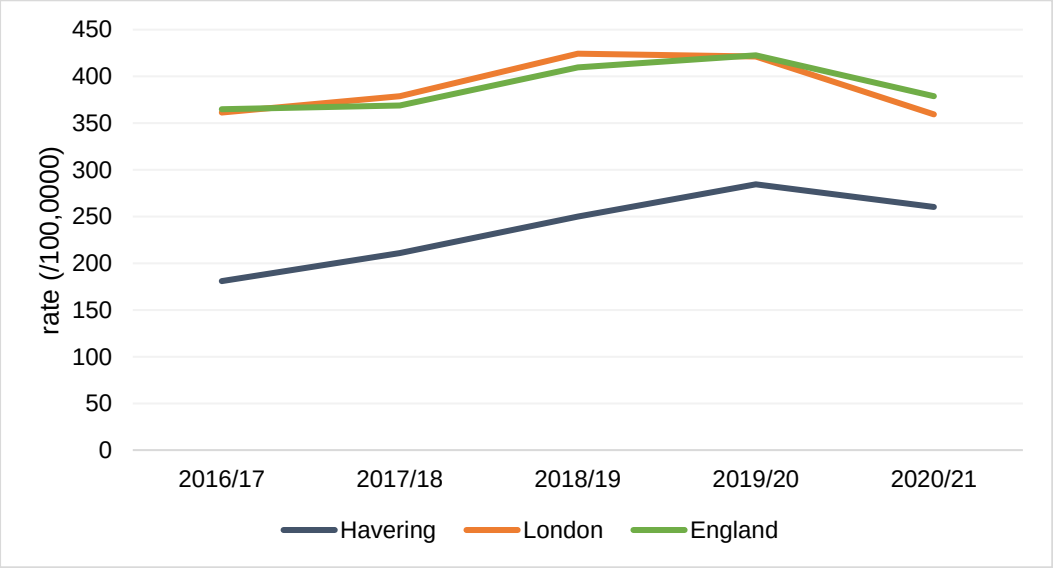


Source: OHID Fingertips

6.1.4 Admission episodes for mental and behavioural disorders due to use of alcohol

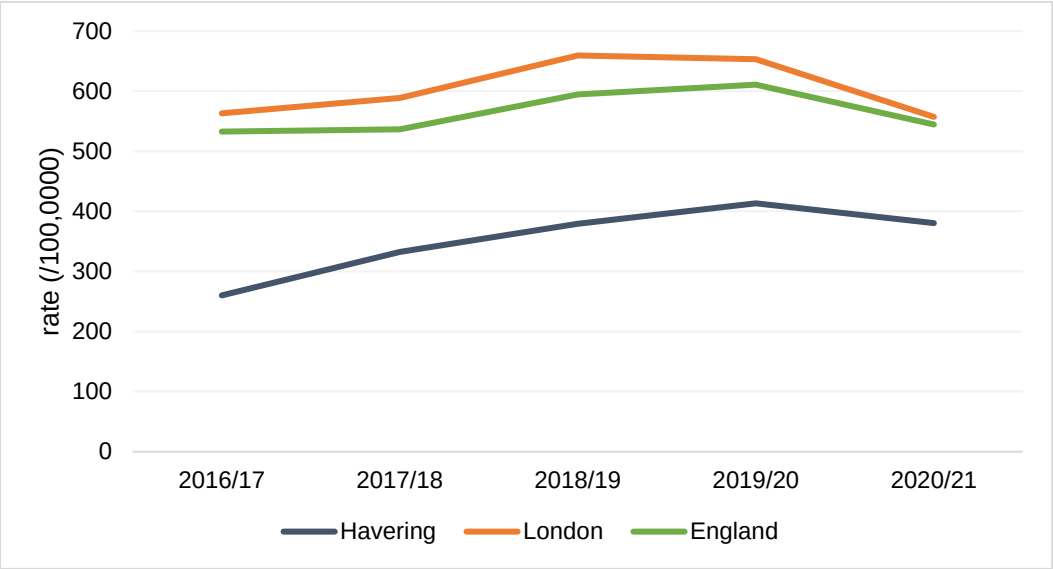
In the last 5 years Havering has had a lower alcohol related mental and behavioural disorder admission rates for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 632 people in Havering were admitted in hospital with alcohol related mental and behavioural disorders (Figures 32-34).

Figure 32: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related mental and behavioural disorders (broad), persons, 2016/17 - 2020/21



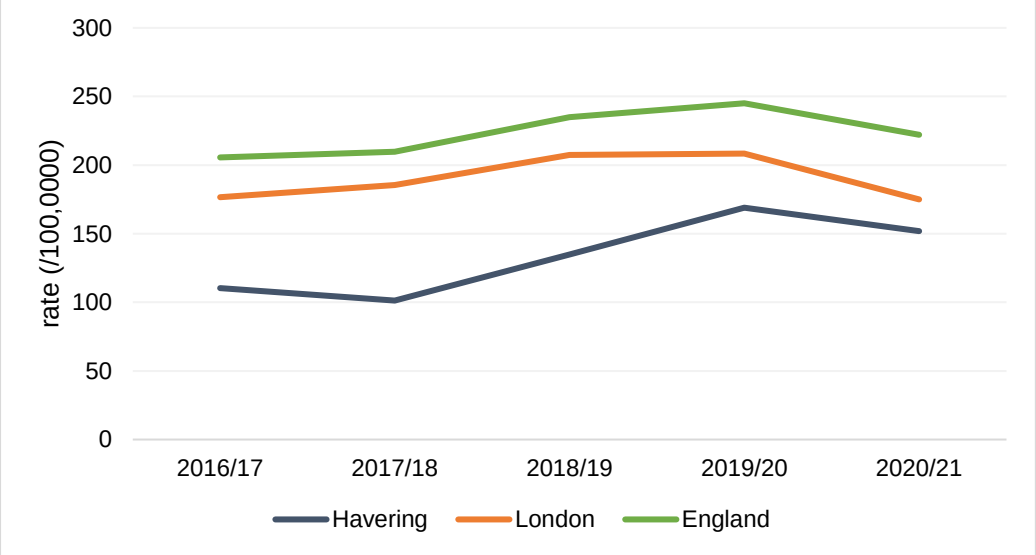
Source: OHID Fingertips

Figure 33: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related mental and behavioural disorders (broad), males, 2016/17 - 2020/21



Source: OHID

Figure 34: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related mental and behavioural disorders (broad), females, 2016/17 - 2020/21

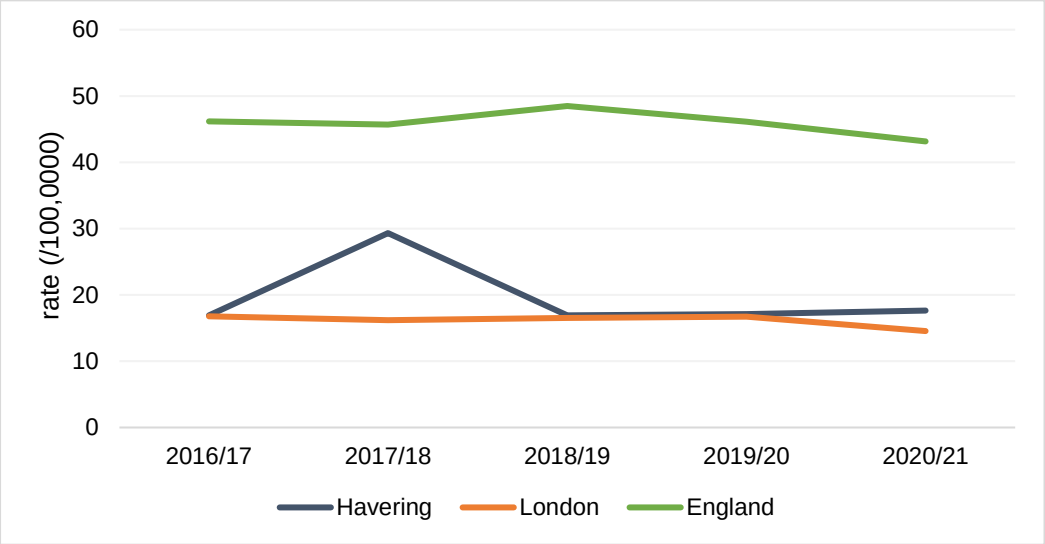


Source: OHID

6.1.5 Admission episodes for intentional self-poisoning by and exposure to alcohol

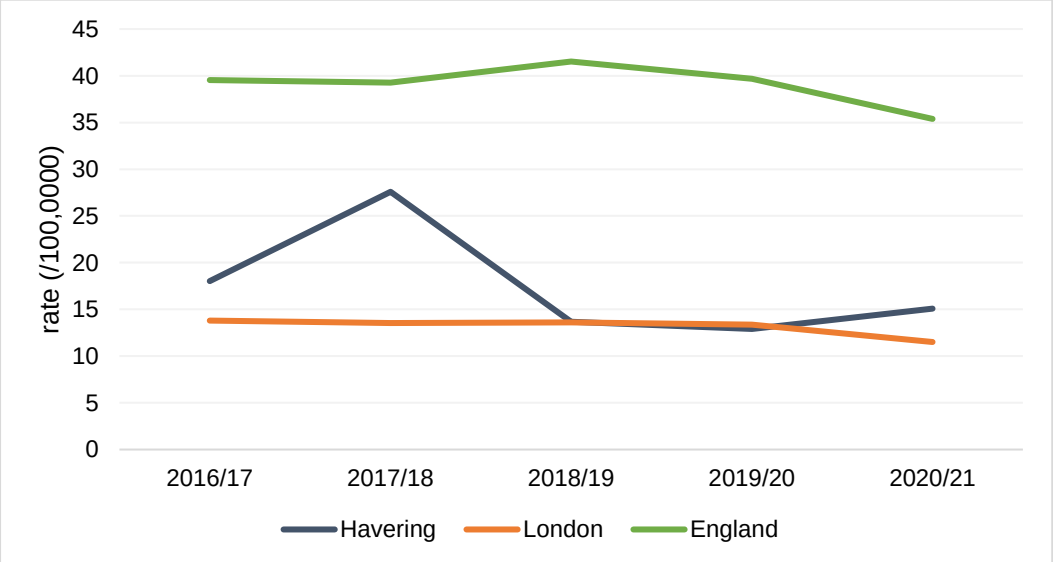
In the last 3 years Havering has had a lower rate of alcohol related intentional self-poisoning by and exposure to alcohol admission rates for persons, males and females compared to England. However number of admissions remain significant. In 2020/21, 43 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol (Figures 35-37).

Figure 35: Directly age standardised rate /100,000 pop, admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (Persons), 2016/17 - 2020/21



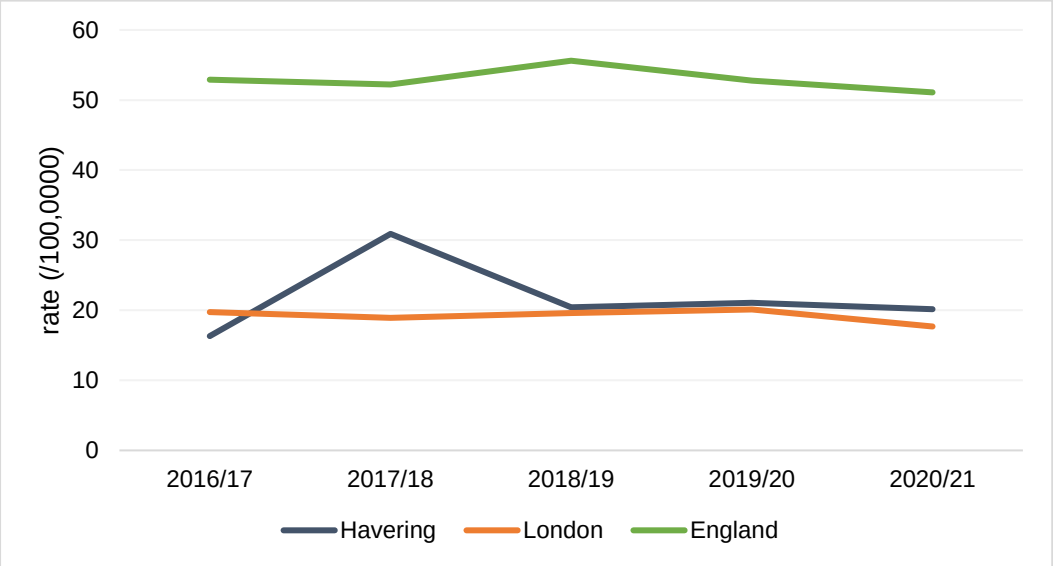
Source: OHID Fingertips

Figure 36: Directly age standardised rate /100,000 pop, admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (males), 2016/17 - 2020/21



Source: OHID Fingertips

Figure 37: Directly age standardised rate /100,000 pop, admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (females), 2016/17 - 2020/21

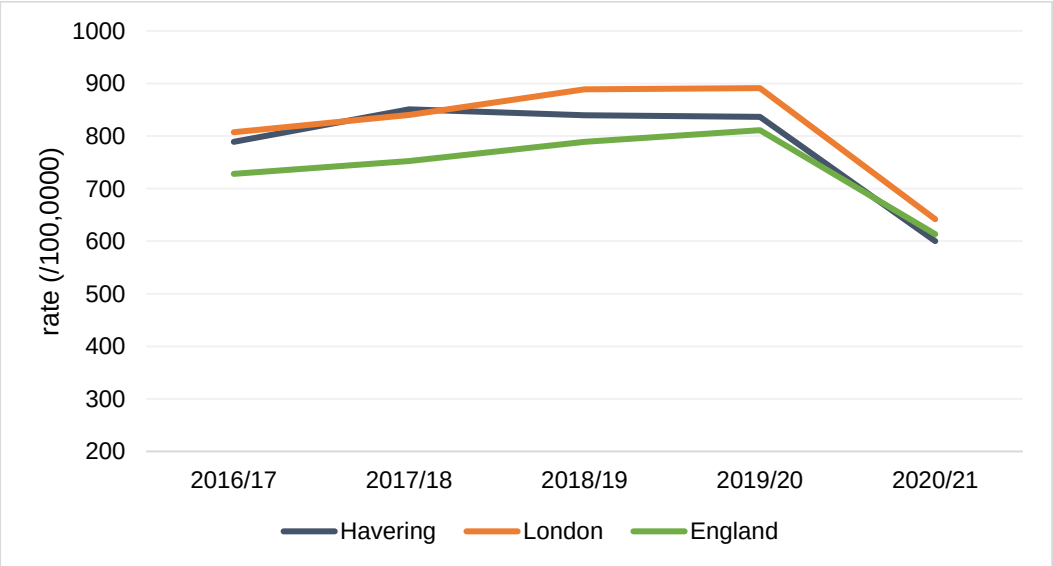


Source: OHID Fingertips

6.1.6 Admission episodes for alcohol-related cardiovascular disease

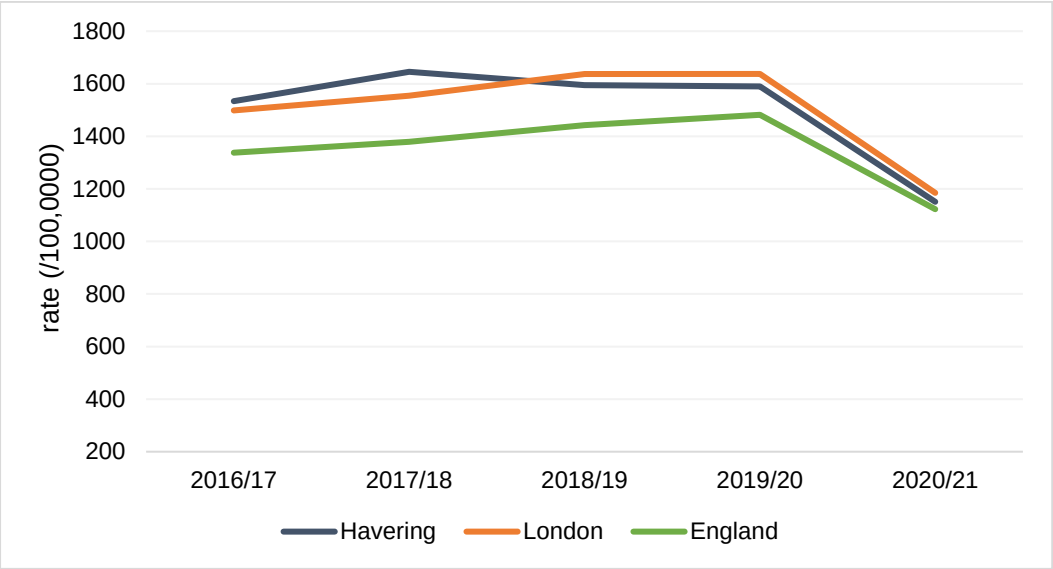
In the last 2 years Havering has had a similar alcohol related cardiovascular disease admission rates for persons, males and females to England. However number of admissions remain high. In 2020/21, 1469 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol (Figures 38-40).

Figure 38: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related cardiovascular disease (broad) (persons), 2016-21



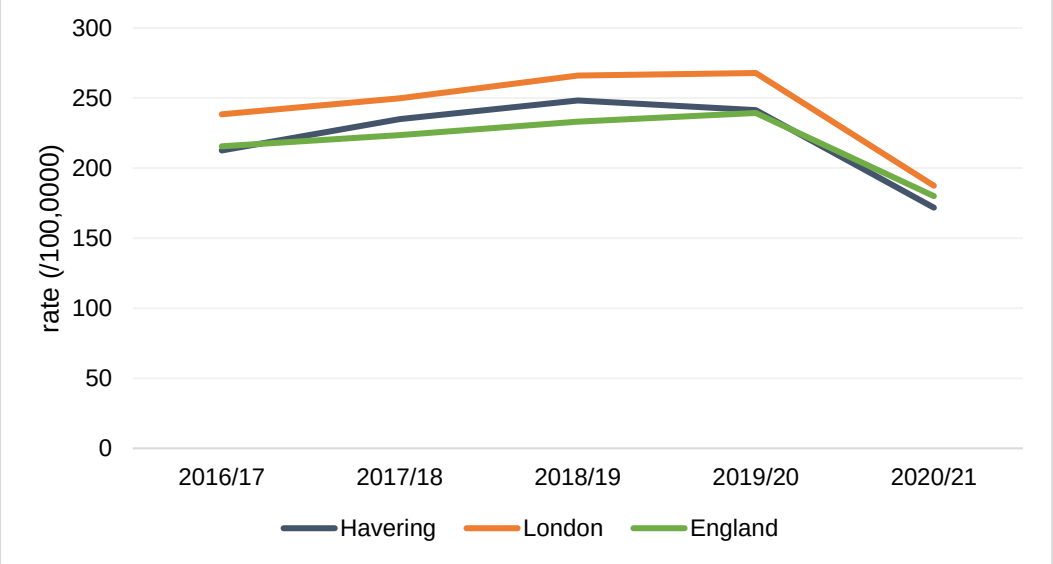
Source: OHID Fingertips

Figure 39: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related cardiovascular disease (broad) (males), 2016-21



Source: OHID Fingertips

Figure 40: Directly age standardised rate /100,000 pop, admission episodes for alcohol-related cardiovascular disease (broad) (females), 2016 - 21

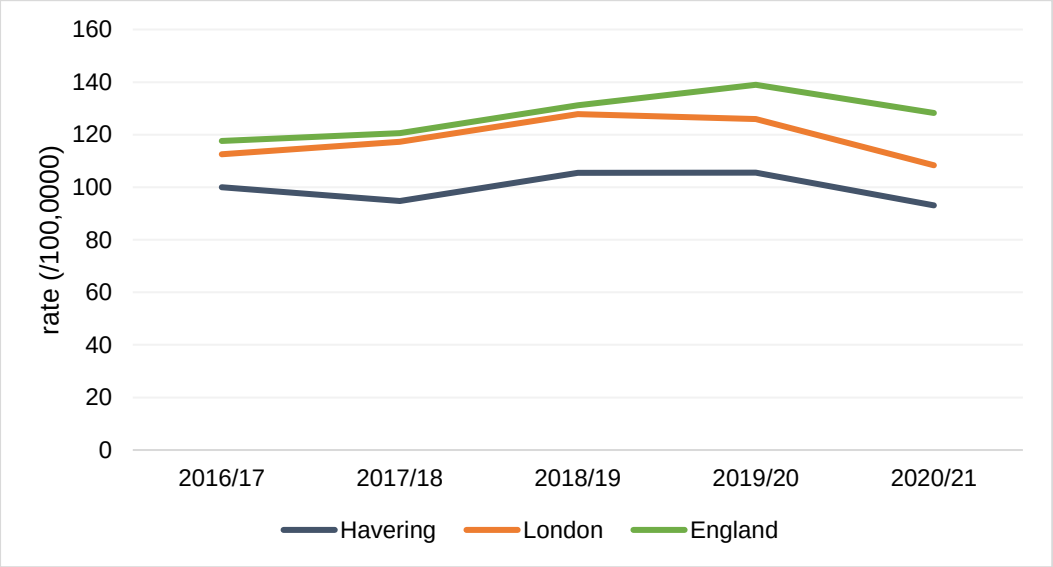


Source: OHID Fingertips

6.1.7 Admission episodes for alcoholic liver disease

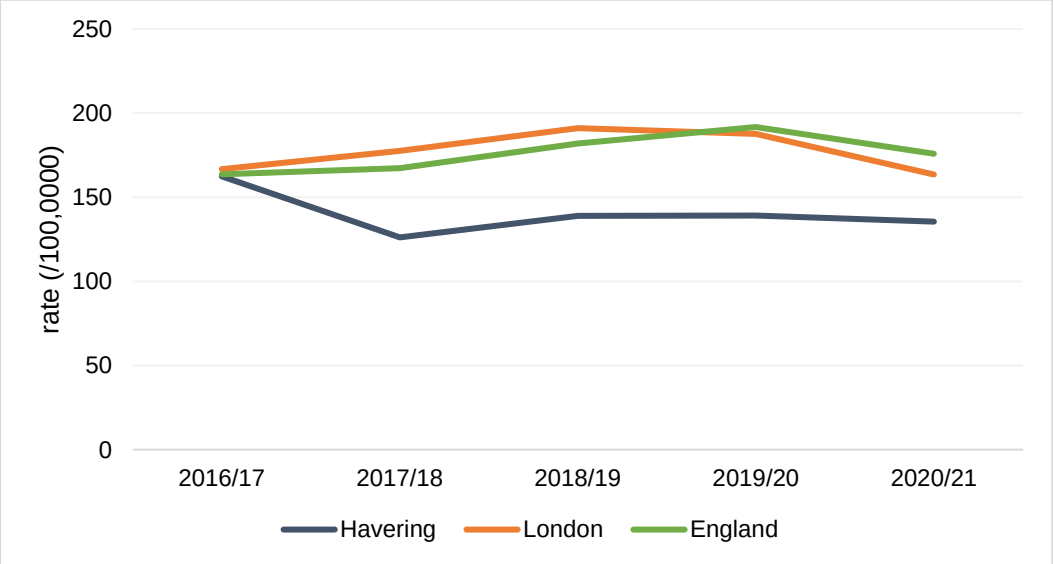
In the last 5 years Havering has had a lower alcoholic liver disease admission rates for persons and males compared to London and England. However number of admissions remain high. In 2020/21, 226 people in Havering were admitted in hospital with alcoholic liver disease (Figures 41 - 43).

Figure 41: Directly age standardised rate /100,000 pop, admission episodes for alcoholic liver disease (broad) (persons), 2016-21



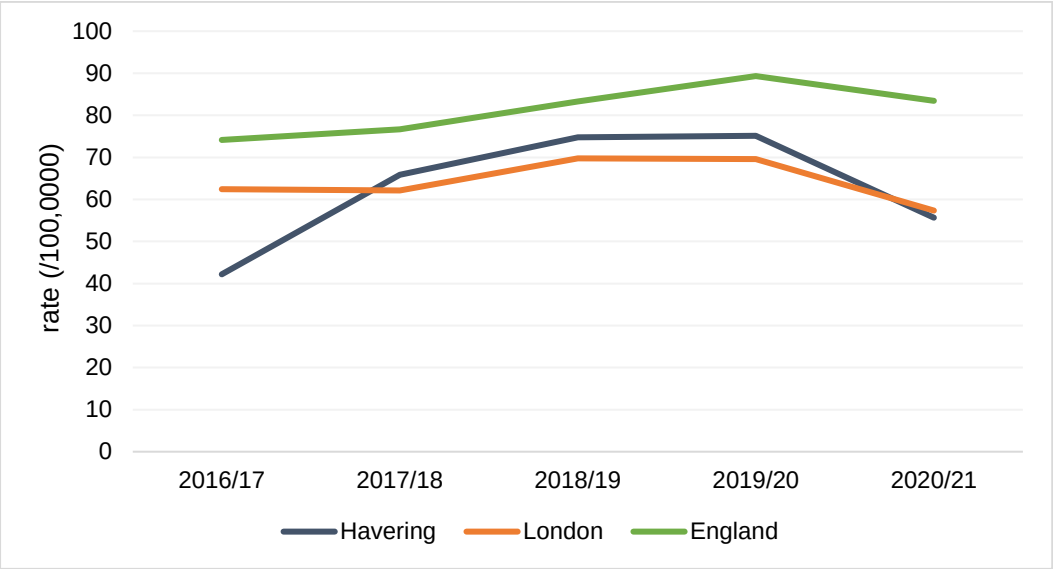
Source: OHID Fingertips

Figure 42: Directly age standardised rate /100,000 pop, admission episodes for alcoholic liver disease (broad) (males), 2016-21



Source: OHID Fingertips

Figure 43: Directly age standardised rate /100,000 pop, admission episodes for alcoholic liver disease (broad) (females), 2016/17 - 2020/21



Source: OHID Fingertips

7. Dual Diagnosis

Direct indicators of dual diagnosis are currently largely unavailable. However, mental health problems are very common among those in treatment for drug use. Number in treatment gives an overall indication of the level of service use in a local area.

7.1 Referrals to Havering treatment service (CGL) from NELFT

In 2021 and 2022, a total of 379 adults with dual diagnosis were referred to the Havering treatment service (CGL) from NELFT.

Table 19: Adult referrals received at CGL from NELFT

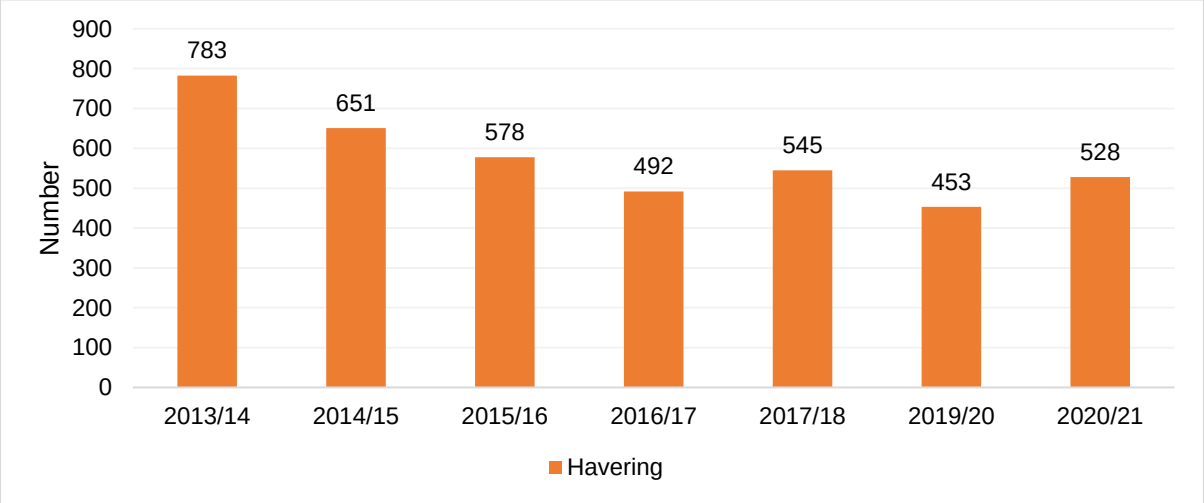
Year	Number of referrals
2021	206
2022	173

Source: Havering CGL

7.2 Number of adults in treatment at specialist drug misuse services

The number of adults receiving treatment at specialist drug misuse services in Havering has not changed significantly in the last 5 years except in 2019/20 when 453 cases were reported. In 2020/21 there were a total of 528 adults in treatment services (Figure 44).

Figure 44: Number of adults in Havering receiving treatment at specialist drug misuse services

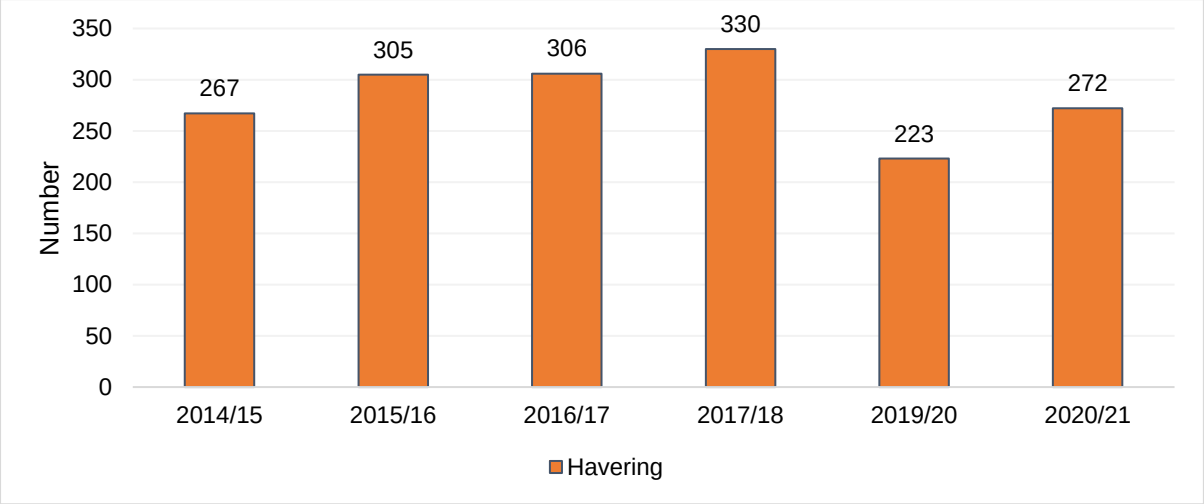


Source: PHE Fingertips - National Drug Treatment Monitoring System

7.3 Number of adults in treatment at specialist alcohol misuse services

The number of adults receiving treatment at specialist alcohol misuse services in Havering has not changed significantly in the last 5 years except in 2019/20 when a low number of 223 cases was reported. In 2020/21 there were a total of 272 adults in treatment services.

Figure 45: Number of adults in Havering receiving treatment at specialist alcohol misuse services



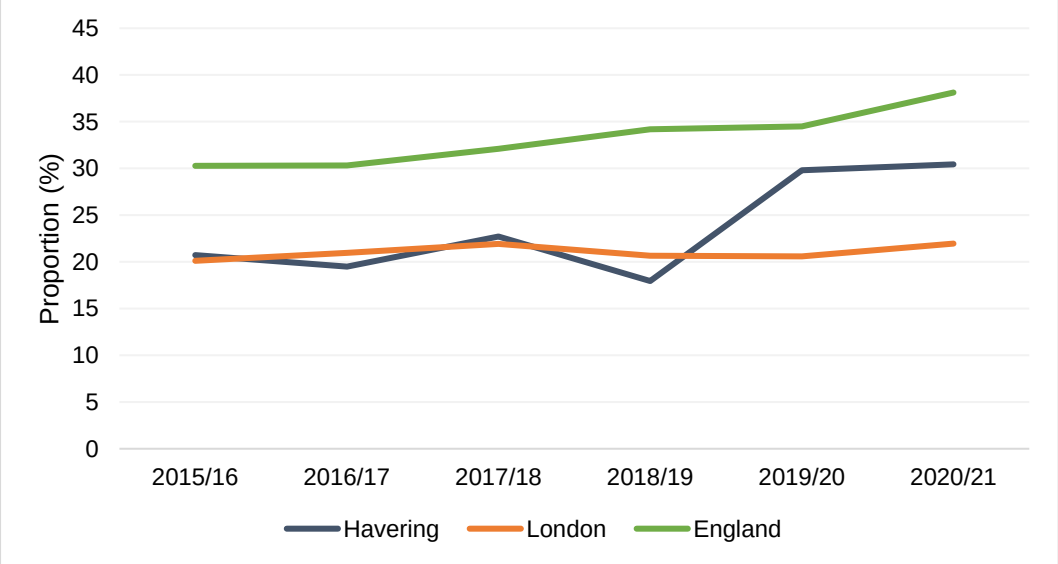
PHE Fingertips - National Drug Treatment Monitoring System

8 Community-based structured treatment following release from prison

This indicator supports one of the three shared objectives in the 2018-2021 National Partnership Agreement between MOJ, HMPPS, DHSC, NHS England, and OHID to strengthen integration of services and continuity of care between custody and the community. The indicator measures the proportion of adults released from prison (into the Local Authority Area) with substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release.

In the last 2 years Havering's performance has been better than the London average but lower than the England average for the last 5 years. In 2020/21 14 adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison. Overall engagement has been low in all areas i.e. about a third for England and less for Havering and London (Figure 46).

Figure 46: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison



Source: OHID - National Drug Treatment Monitoring System

9. Treatment Service Tiers

Alcohol and Drug services based on the NTA, Models of Care for Adult Drug Treatment Misusers can be classified into 4 tiers as explained below.[38]

Tier 1

Tier 1 interventions include provision of alcohol and/or drug-related information and advice, screening and referral to specialised drug treatment. Tier 1 interventions are provided in the context of general healthcare settings, or social care, education or criminal justice settings where the main focus is not drug treatment.

Tier 2

Tier 2 interventions include provision of alcohol and/or drug-related information and advice, triage assessment, referral to structured alcohol and/or drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare. Tier 2 interventions may be delivered separately from Tier 3 but will often also be delivered in the same setting and by the same staff as Tier 3 interventions. Other typical settings to increase access are through outreach (general detached or street work, peripatetic work in generic services or domiciliary (home) visits) and in primary care settings.

Tier 3

Tier 3 interventions include provision of community-based specialised alcohol and/or drug assessment and co-ordinated care planned treatment and alcohol and/or drug specialist liaison. Tier 3 interventions are normally delivered in specialised alcohol and/or drug treatment services with their own premises in the community or on hospital sites. Other delivery may be by outreach (peripatetic work in generic services or other agencies or domiciliary or home visits). Tier 3 interventions may be delivered alongside Tier 2 interventions.

Tier 4

Tier 4 interventions include provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare. Ideal settings to provide inpatient alcohol and/or drug detoxification and stabilisation are specialised dedicated inpatient or residential substance misuse units or wards.[39] [40]

[38] https://www.drugsandalcohol.ie/20325/1/nta_modelsofcare_update_2006.pdf
[39] Explanation of Tiered approach to service provision | Northern Ireland Drug and Alcohol Services (drugsandalcoholni.info)
[40] Alcohol and drug misuse prevention and treatment guidance - GOV.UK (www.gov.uk)

9.1 Number of adults in treatment by type (opiate, crack, other drugs, alcohol) tier 3 & 4

Latest data (2022) shows the majority of adults in Havering in tier 3 are admitted for alcohol and/or non-Opiate treatment while those in tier 4 are mainly on alcohol misuse treatment.

Table 20: Number of adults in Havering in treatment by type (opiate, crack, other drugs, alcohol), tier 3

Year	Alcohol	Non-Opiate	Opiate	Alcohol & Non-Opiate	Other Mix
2021	206	121	17	112	71
2022	164	89	7	66	41

Source: Havering CGL

Table 21: Number of adults in Havering in treatment by type (opiate, crack, other drugs, alcohol), tier 4

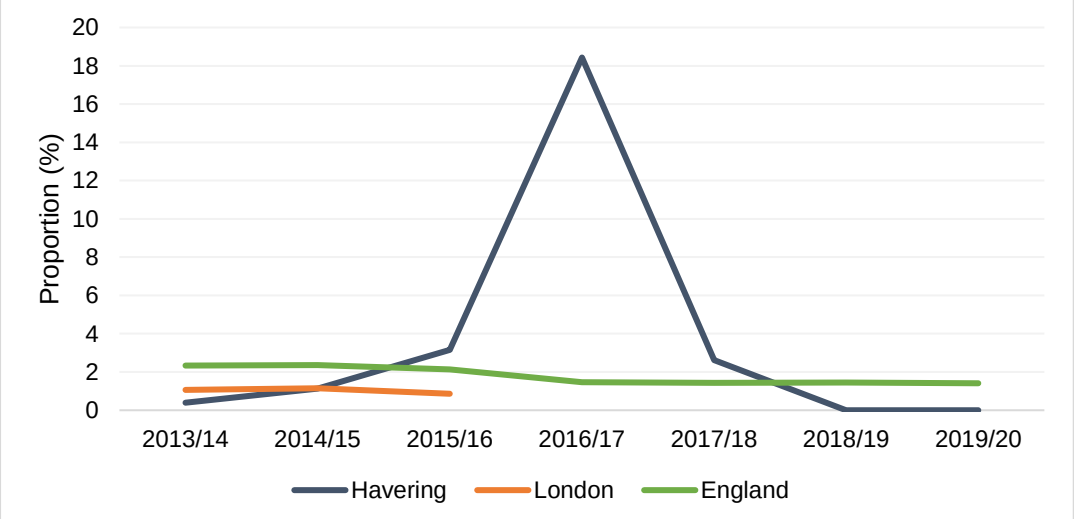
Year	Alcohol	Non-Opiate	Opiate	Alcohol & Non-Opiate	Other Mix
2021	9	0	3	0	0
2022	8	0	0	0	1

Source: Havering CGL

9.2 Patients waiting more than three weeks for drug treatment

The proportion of first time patients waiting for more than three weeks for drug treatment has improved significantly and in the last 3 years has been 0% and therefore better than the England average.

Figure 47: Percentage waiting more than three weeks for drug treatment

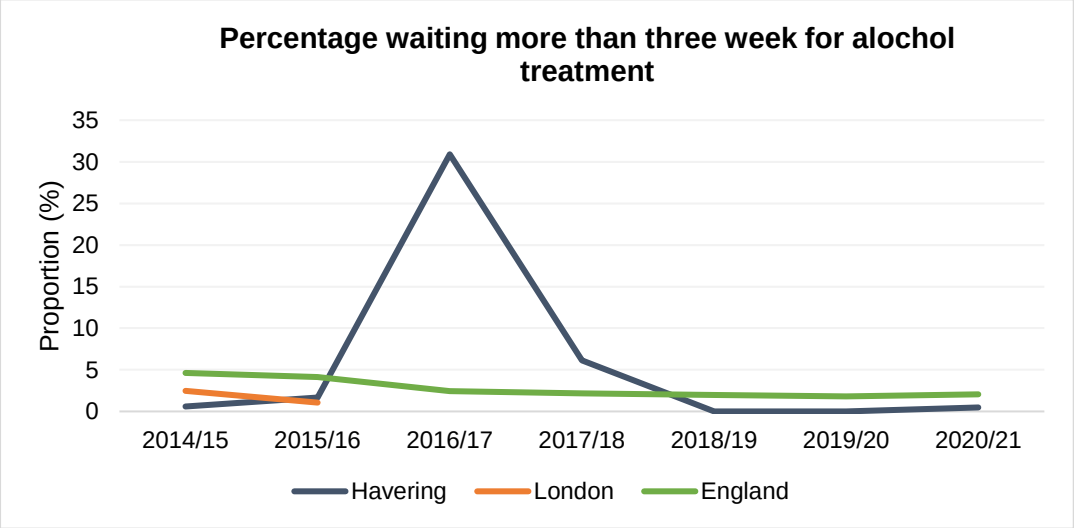


Source: National Drug Treatment Monitoring System

9.3 Patients waiting more than three weeks for alcohol treatment

The proportion of first time patients waiting for more than three weeks for alcohol treatment in Havering has improved significantly. In the last 3 years, rates have been less than 1% and better than the England average (Figure 48).

Figure 48: Percentage waiting more than three weeks for alcohol treatment



Source: National Drug Treatment Monitoring System

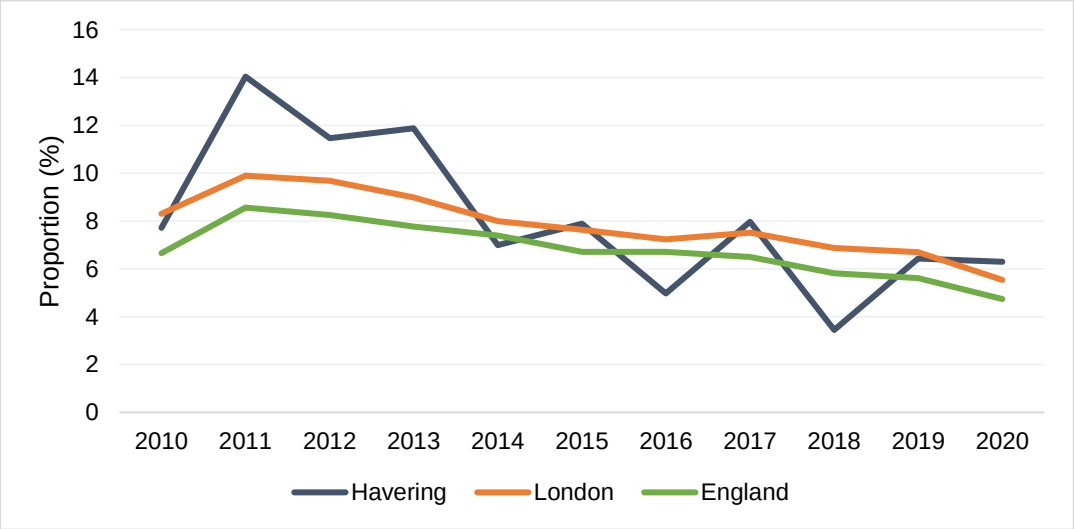
10 Successful completion of treatment

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. It aligns with the ambition of both public health and the Government's drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing re-offending outcome as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn has benefits to a range of wider services and addresses those who cause the most harm in local communities.

10.1 Successful completion of treatment - opiate users

The proportion of opiate users successfully completing treatment has overall deteriorated over the last 10 years. In 2020, only 6.3% (16 people) met this goal. The difference between Havering, London and England rates was not statistically significant (Figure 49).

Figure 49: Percentage of patients successfully completing drug treatment - opiate users

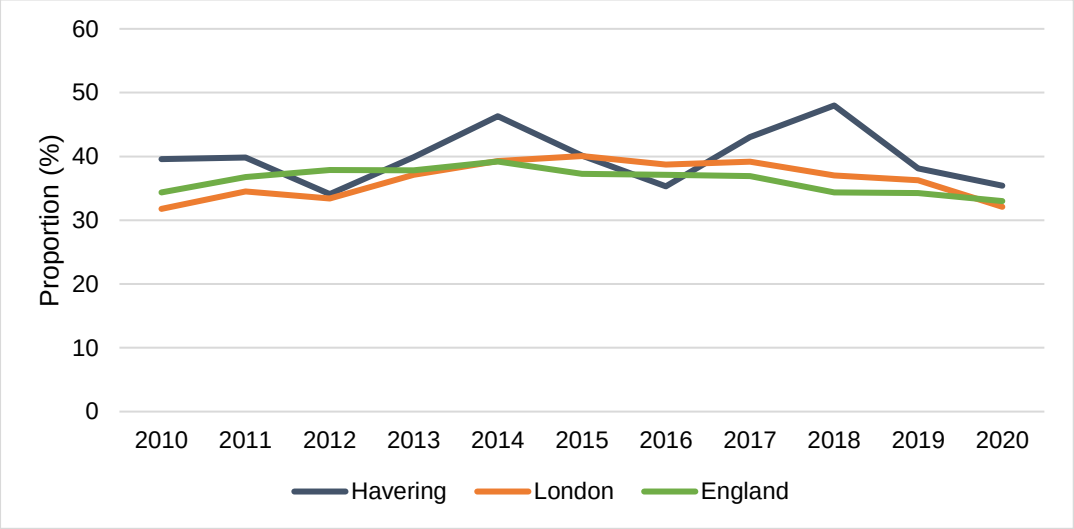


Source: OHID - National Drug Treatment Monitoring System

10.2 Successful completion of treatment - non-opiate users

The proportion of non-opiate users successfully completing treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 35% (84) non-opiate users in Havering successfully completed treatment (Figure 50).

Figure 50: Percentage of patients successfully completing drug treatment – non-opiate users

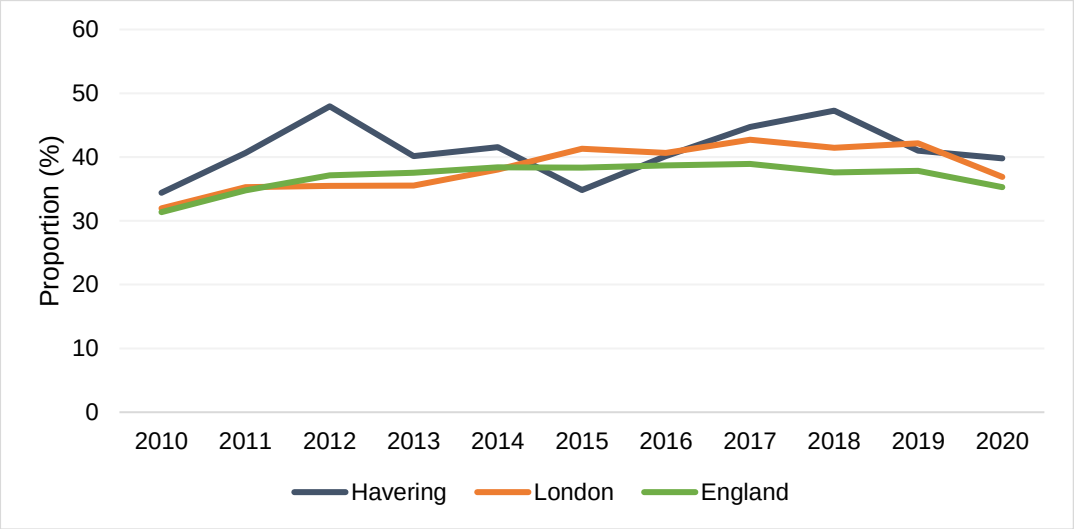


Source: OHID - National Drug Treatment Monitoring System

10.3 Successful completion of treatment for alcohol

The proportion of patients successfully completing alcohol treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 40% (100) of all patients in Havering successfully completed treatment (Figure 51).

Figure 51: Percentage of patients successfully completing alcohol treatment



Source: OHID - National Drug Treatment Monitoring System

10.4 Alcohol Treatment Requirements (ATR) Referrals

The Alcohol Treatment Requirement (ATR) is a provision under the Criminal Justice Act 2003 which came into force in April 2005. Under this legislation, a Judge or Magistrate can compel offenders as part of either a Community Order or a Suspended Sentence Order to submit to treatment where there is a clear link between alcohol dependency and offending behaviour. The length of an ATR can be of 6 to 36 months duration, subject to the availability of treatment.

The Alcohol Treatment Requirement (ATR) focuses on offenders who are dependent on alcohol or whose alcohol use contributes to their offending. The aim is to reduce or eliminate the offender's dependency on alcohol.[41]

Out of the 22 referrals made to the Havering CGL treatment service in 2021, only about half were granted and only one patient completed treatment (Table 22).

Table 22: Number of ATR referrals and treatment completions

Year	Referrals	Granted	Completed
2021	22	12	1
2022	26	10	6

Source: Havering CGL

41 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/426676/Supporting_CO_Treatment_Reqs.pdf

10.5 Number of CJS and veterans among the Tier 4 places

About half (5/12) of patients in tier 4 were either from the Criminal Justice System (CJS) or veterans. In 2021, the majority of tier 4 patients completed their treatment (9/12) (Table 23).

Table 23: Number of CJS and veterans among the Tier 4 places and completions

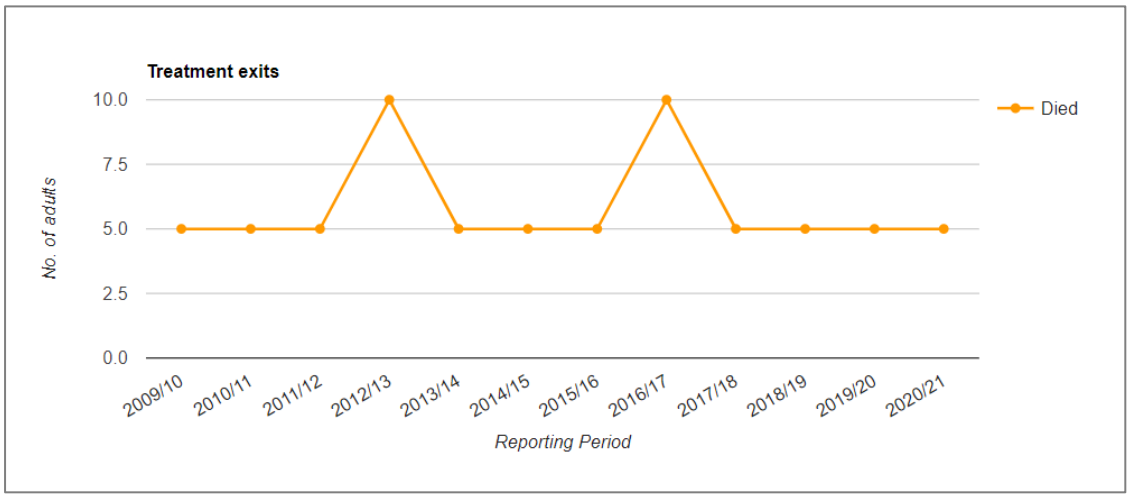
Year	Total in Tier 4	Veterans	CJS	Total completions
2021	12	2	3	9
2022	9	0	1	5

Source: Havering CGL

10.6 Deaths in treatment

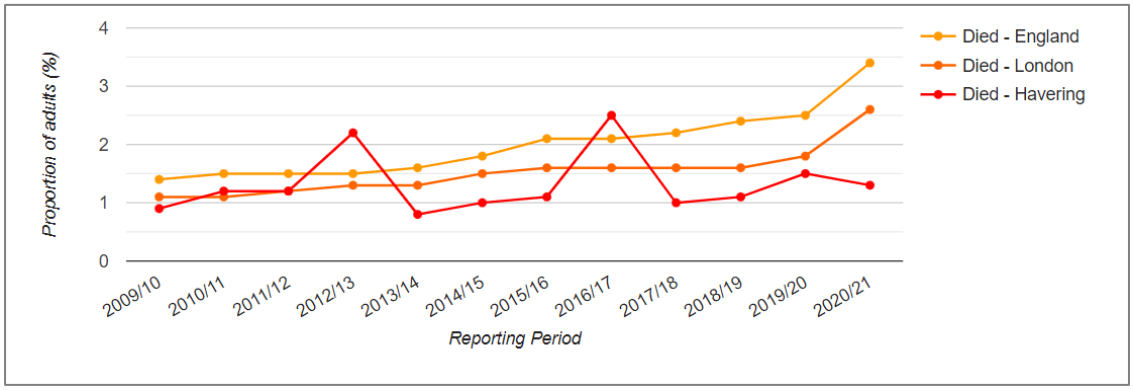
An average of 5 deaths in treatment annually have occurred in Havering in the last 3 years (Figure 52). As a proportion of all patients in treatment, the death rate in Havering over the same period was lower than the London and England averages although the differences may not be statistically significant due to small numbers involved (Figure 53).

Figure 52: Number of deaths in treatment due to substance misuse, Havering, 2009-21



Source: NDTMS

Figure 53: Proportion of deaths in treatment due to substance misuse, Havering, London, England, 2009-21

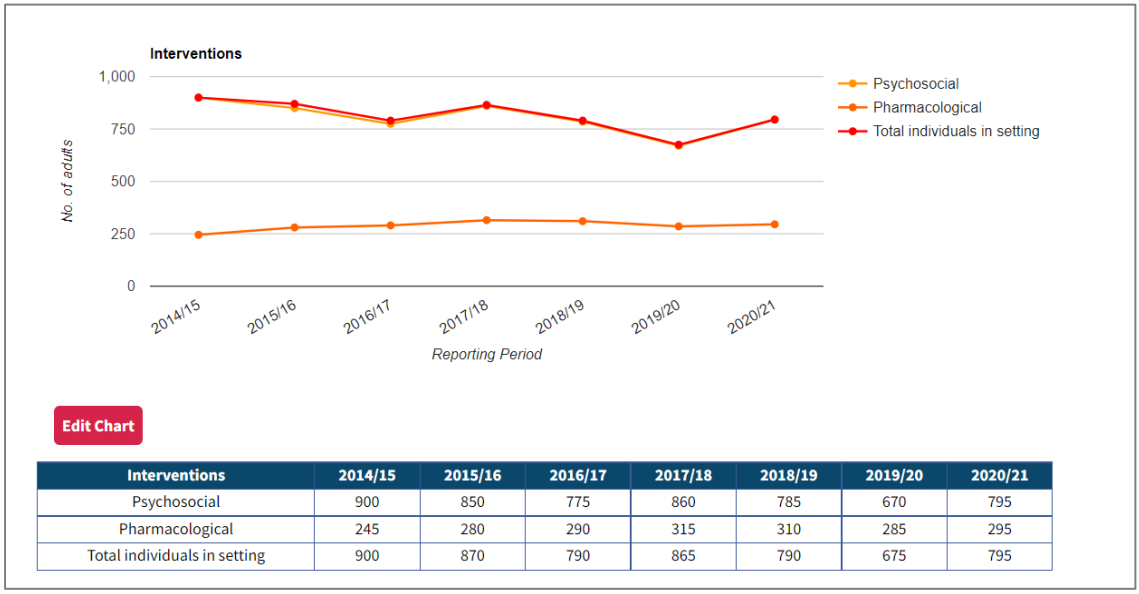


Source: NDTMS

10.7 Breakdown of settings where treatment took place

The majority of cases are treated in the community (99%) and only a few (10 or less annually) in other settings such as inpatient, primary care and residential care (Figure 54 -58).

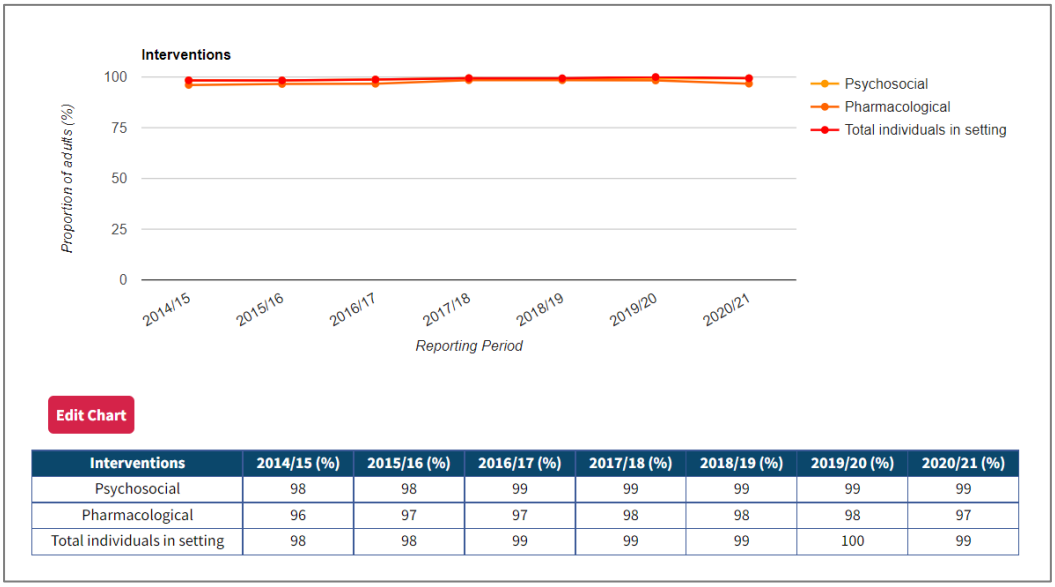
Figure 54: Number of patients treated in community settings and type of intervention



Interventions	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Psychosocial	900	850	775	860	785	670	795
Pharmacological	245	280	290	315	310	285	295
Total individuals in setting	900	870	790	865	790	675	795

Source: NDTMS

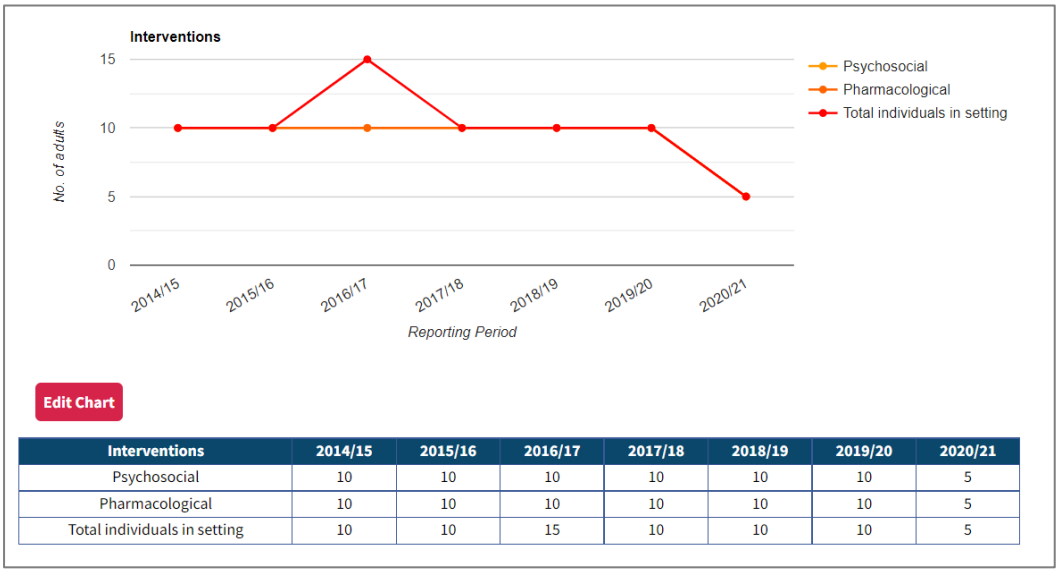
Figure 55: Proportion of patients treated in community settings and type of intervention



Interventions	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Psychosocial	98	98	99	99	99	99	99
Pharmacological	96	97	97	98	98	98	97
Total individuals in setting	98	98	99	99	99	100	99

Source: NDTMS

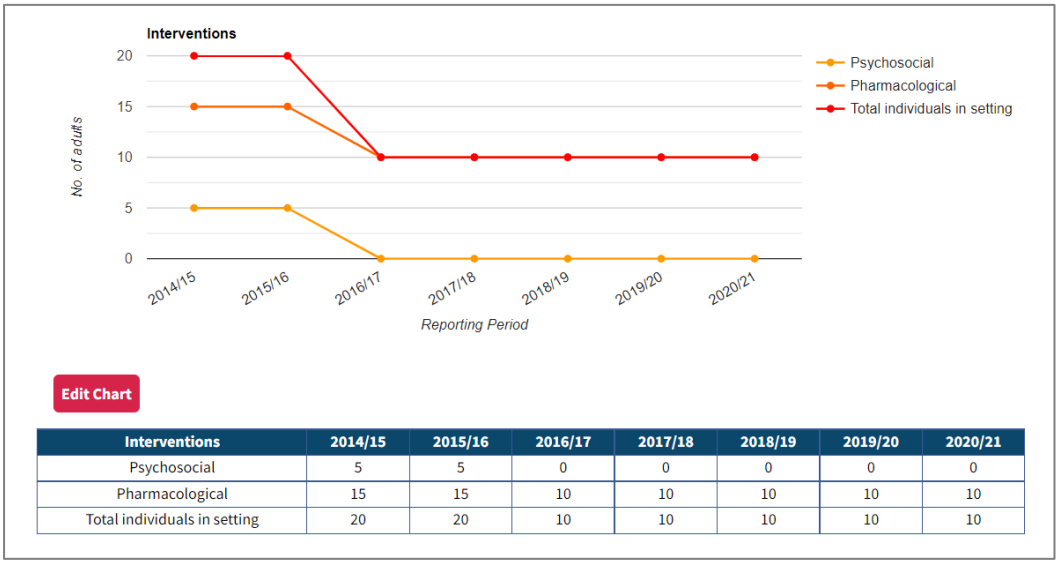
Figure 56: Number of patients treated in inpatient /hospital settings and type of intervention



Interventions	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Psychosocial	10	10	10	10	10	10	5
Pharmacological	10	10	10	10	10	10	5
Total individuals in setting	10	10	15	10	10	10	5

Source: NDTMS

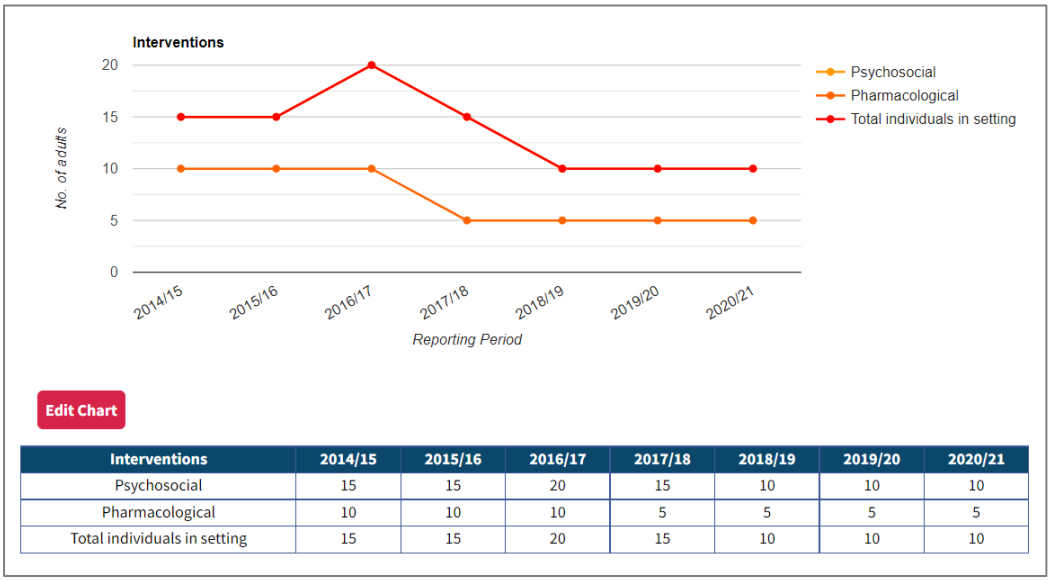
Figure 57: Number of patients treated in primary care settings and type of intervention



Interventions	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Psychosocial	5	5	0	0	0	0	0
Pharmacological	15	15	10	10	10	10	10
Total individuals in setting	20	20	10	10	10	10	10

Source: NDTMS

Figure 58: Number of patients treated in residential care settings and type of intervention



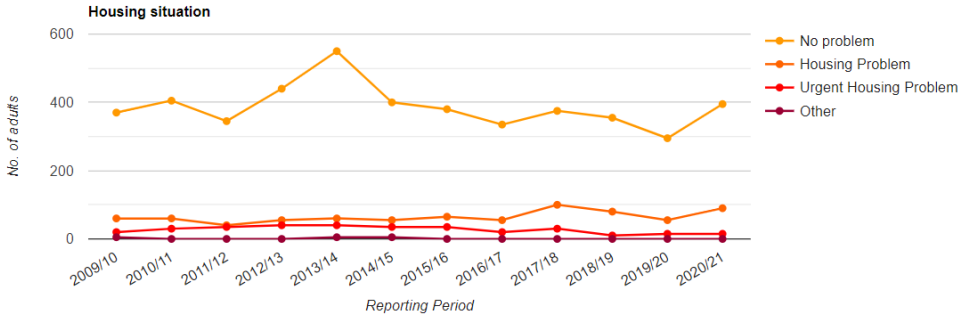
Interventions	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Psychosocial	15	15	20	15	10	10	10
Pharmacological	10	10	10	5	5	5	5
Total individuals in setting	15	15	20	15	10	10	10

Source: NDTMS

10.8 Housing need for people with problems with new psychoactive substances starting treatment

The number of patients with housing problems starting treatment has been increasing in the last 4 years. In 2020/21 a total of 105 patients had housing problems. This is equivalent to 1 in 5 patients (21%) (Figure 59 and 60).

Figure 59: Number of patients in Havering starting treatment with housing need

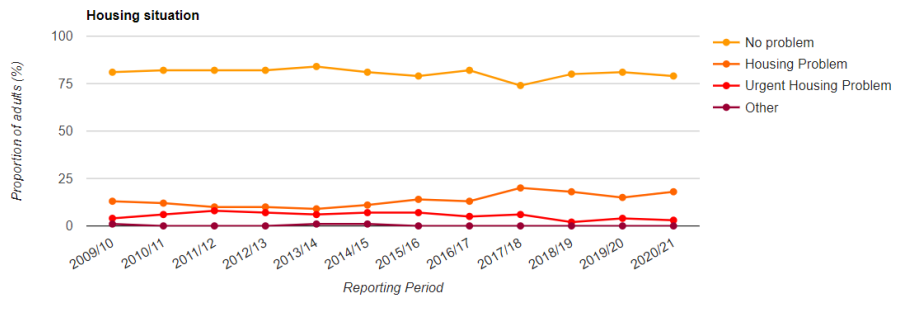


Edit Chart

Housing Situation	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
No problem	370	405	345	440	550	400	380	335	375	355	295	395
Housing Problem	60	60	40	55	60	55	65	55	100	80	55	90
Urgent Housing Problem	20	30	35	40	40	35	35	20	30	10	15	15
Other	5	0	0	0	5	5	0	0	0	0	0	0

Source: NDTMS

Figure 60: Number of patients in Havering starting treatment with housing need



Edit Chart

Housing Situation	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
No problem	81	82	82	82	84	81	79	82	74	80	81	79
Housing Problem	13	12	10	10	9	11	14	13	20	18	15	18
Urgent Housing Problem	4	6	8	7	6	7	7	5	6	2	4	3
Other	1	0	0	0	1	1	0	0	0	0	0	0

Source: NDTMS

10.9 Number of children and adults in stable accommodation following treatment

Table 24 and 25 shows majority patients in Havering, following successful treatment are facilitated to access stable accommodation.

Table 24: Number of children who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use

Year	Total Completed treatment	Alcohol free in treatment	Drug free in treatment	Sustained reduction in drug use
2021	28	<5	16	11
2022	25	<5	<5	15

Source: Havering CGL

Table 25: Number of adults who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use

Year	Total Completed treatment	Alcohol free in treatment	Drug free in treatment	Sustained reduction in drug use
2021	124	47	39	38
2022	165	43	47	75

Source: Havering CGL

10.10 Smoking prevalence in adults admitted to treatment for substance misuse

Tables 26 and 27 show that the more than half of male and female patients admitted for substance misuse treatment in Havering in 2022 were smokers

Table 26: Smoking prevalence in male adults (18+) admitted to treatment for substance misuse

Year	Smokers	Non-smokers (Never smoked)	Non-smokers (Previously a smoker)	Unknown	Total admitted
2021	149	34	18	59	261
2022	144	50	16	66	277

Source: Havering CGL

Table 27: Smoking prevalence in female adults (18+) admitted to treatment for substance misuse

Year	Smokers	Non-smokers (Never smoked)	Non-smokers (Previously a smoker)	Unknown	Total admitted
2021	62	33	13	31	143
2022	92	25	9	43	172

Source: Havering CGL

10.11 Treatment outcomes – Employment

10.11.1 Opiate users

Figure 61 and 62 show a significant improvement (from 8% to 15% in 2020/21) in employment status among opiate users in treatment at 6 months.

Figure 61: Change in number in employment following 6 months in treatment, Havering, 2015-21

Treatment outcome	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Baseline	10	5	15	10	10	5
Review	10	5	15	15	15	10

Source: NDTMS

Figure 62: Change in proportion in employment following 6 months in treatment, Havering, 2015-21

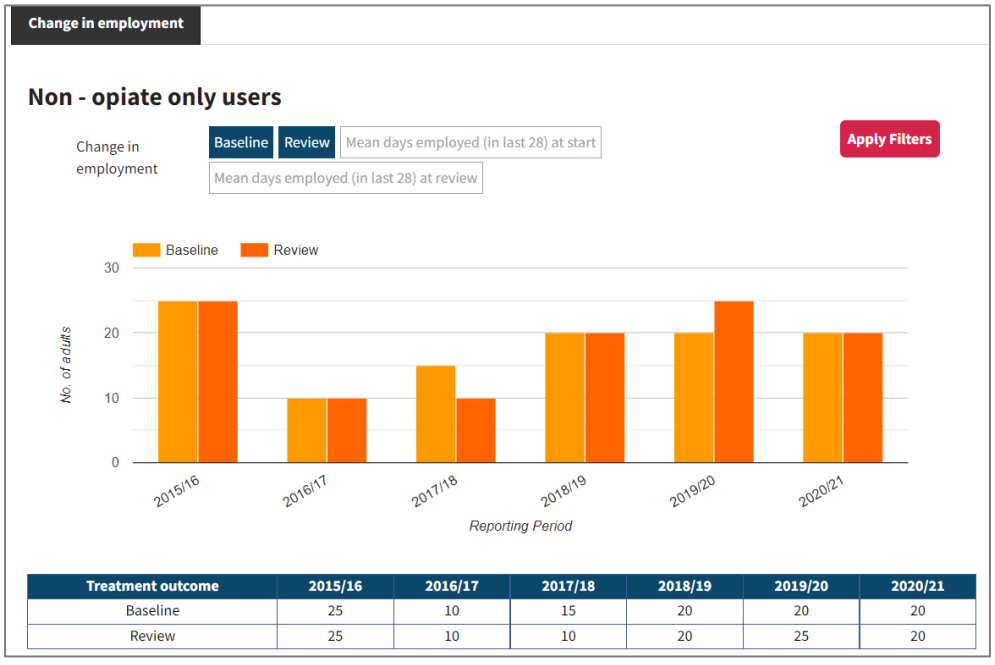
Treatment outcome	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Baseline	20	13	27	17	29	8
Review	20	13	27	25	43	15

Source: NDTMS

10.11.2 Non-opiate users

Figure 63 and 64 show no significant improvement in employment status among non-opiate users in treatment at 6 months in 2020/21.

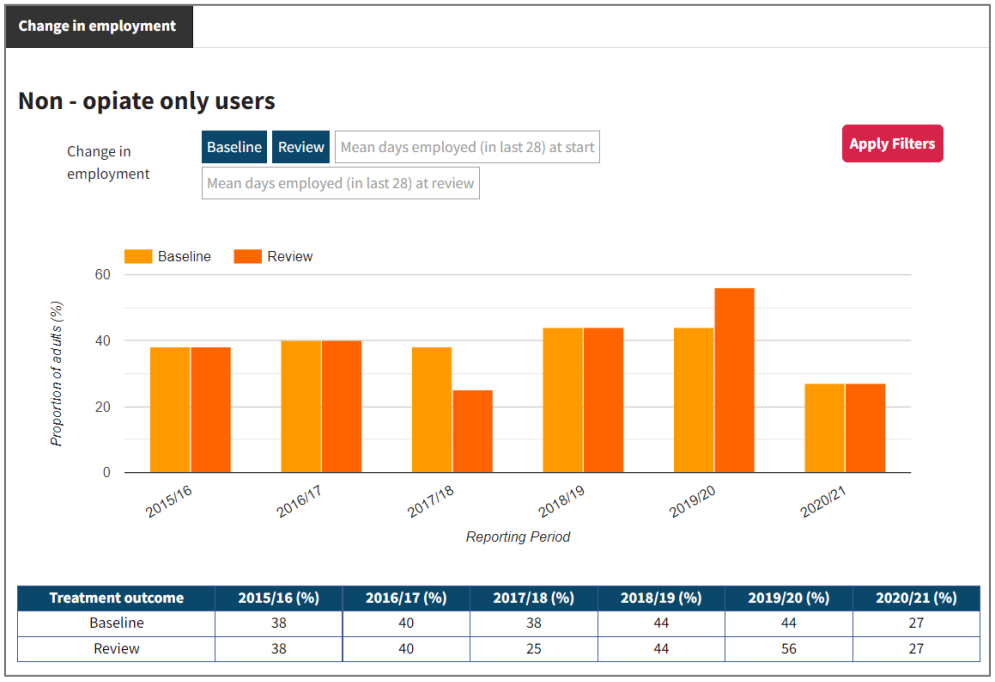
Figure 63: Change in number in employment following 6 months in treatment, Havering, 2015-21



Treatment outcome	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Baseline	25	10	15	20	20	20
Review	25	10	10	20	25	20

Source: NDTMS

Figure 64: Change in proportion in employment following 6 months in treatment, Havering, 2015-21



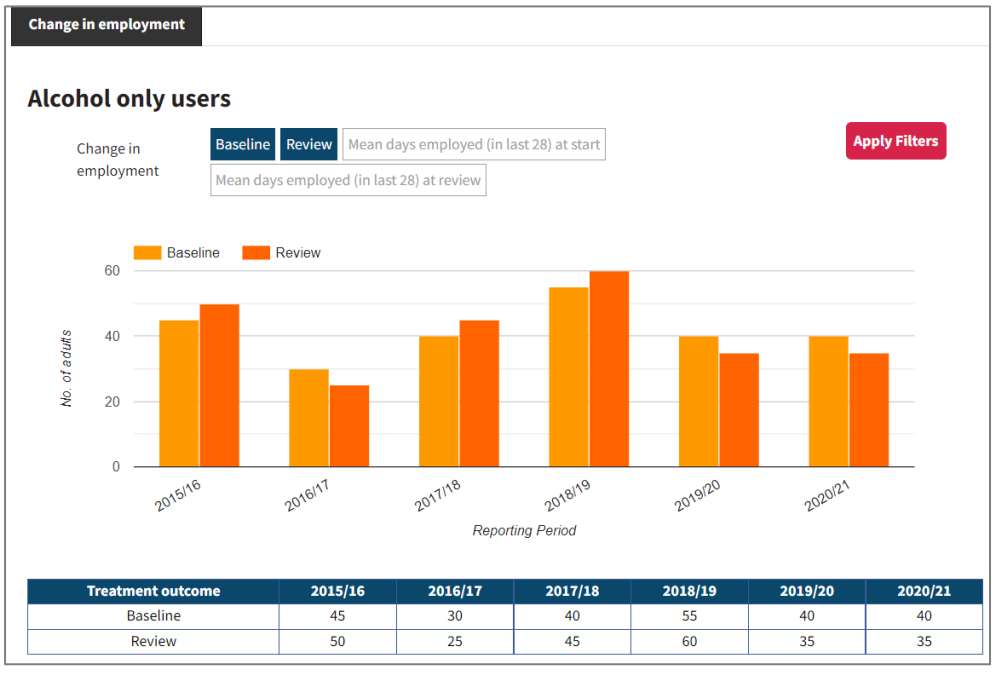
Treatment outcome	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Baseline	38	40	38	44	44	27
Review	38	40	25	44	56	27

Source: NDTMS

10.11.3 Alcohol misusers

Figure 65 and 66 show deterioration in employment status (from 33% to 29%) among alcohol users in treatment at 6 months in 2020/21.

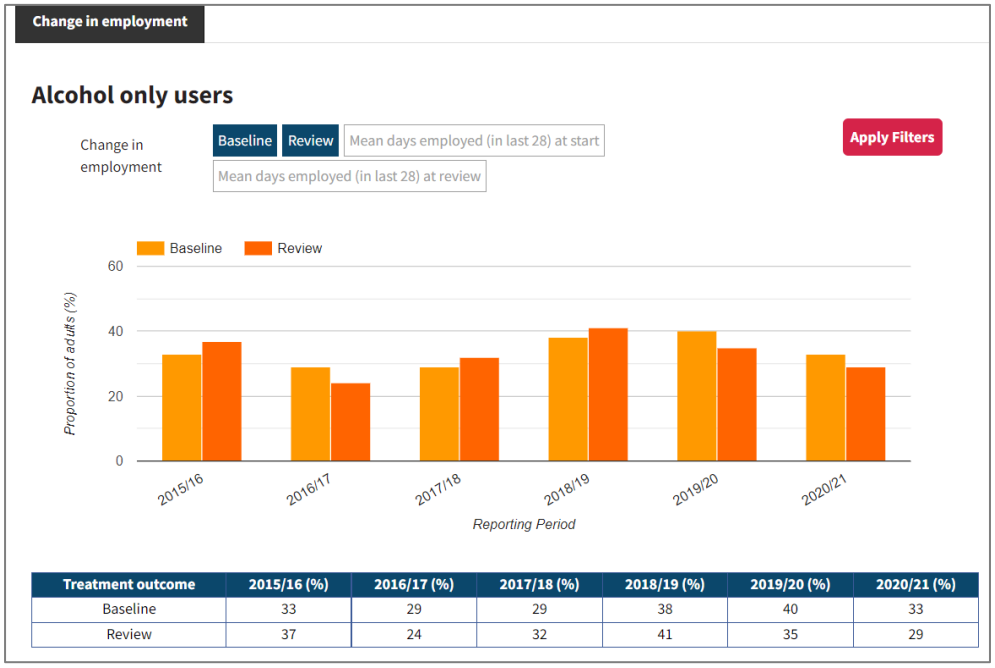
Figure 65: Change in number in employment following 6 months in treatment, Havering, 2015-21



Treatment outcome	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Baseline	45	30	40	55	40	40
Review	50	25	45	60	35	35

Source: NDTMS

Figure 66: Change in number in employment following 6 months in treatment, Havering, 2015-21



Treatment outcome	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Baseline	33	29	29	38	40	33
Review	37	24	32	41	35	29

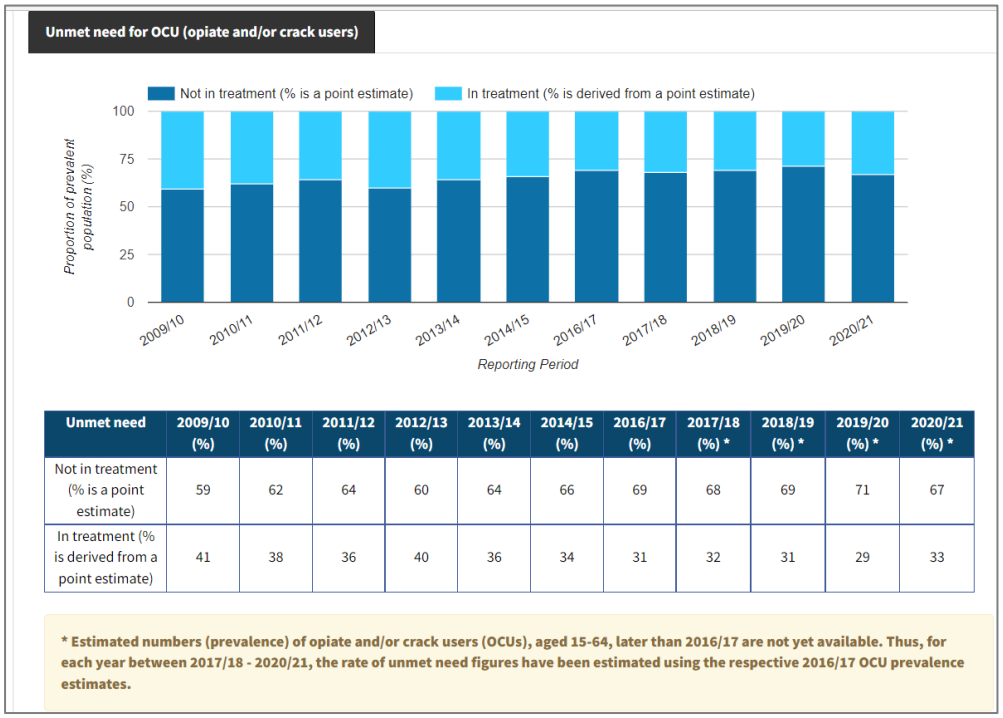
Source: NDTMS

11. Unmet need for treatment

11.1 Opiate and /or crack users

It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment.

Figure 67: Estimated proportion of Opiate and /or crack users not in treatment



Unmet need	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2016/17 (%)	2017/18 (%) *	2018/19 (%) *	2019/20 (%) *	2020/21 (%) *
Not in treatment (% is a point estimate)	59	62	64	60	64	66	69	68	69	71	67
In treatment (% is derived from a point estimate)	41	38	36	40	36	34	31	32	31	29	33

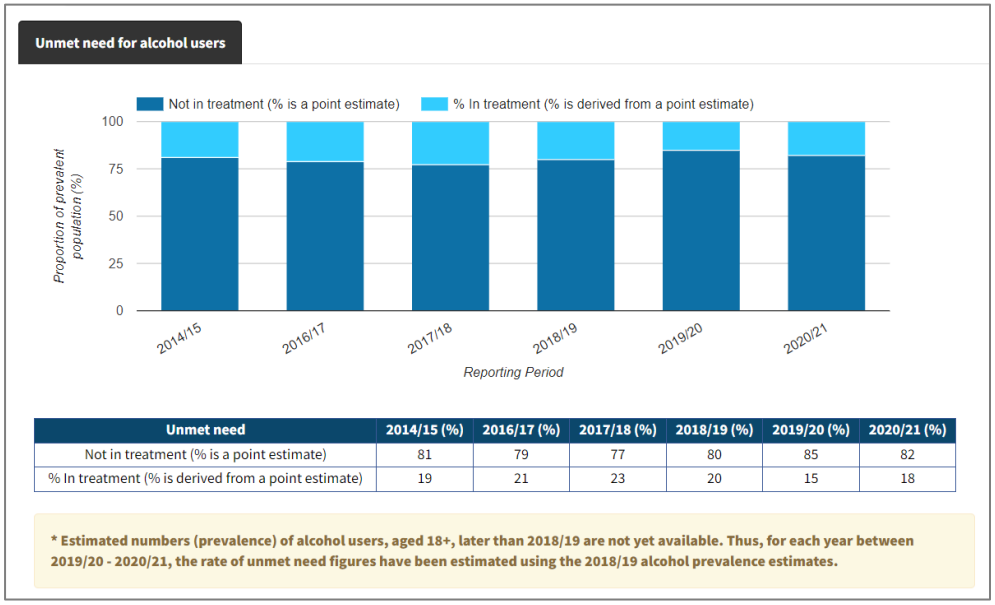
*** Estimated numbers (prevalence) of opiate and/or crack users (OCUs), aged 15-64, later than 2016/17 are not yet available. Thus, for each year between 2017/18 - 2020/21, the rate of unmet need figures have been estimated using the respective 2016/17 OCU prevalence estimates.**

Source NDTMS

11.2 Alcohol misusers

It is estimated that there are 82% alcohol misusers in Havering who are not in treatment.

Figure 68: Estimated proportion of alcohol misusers not in treatment



Unmet need	2014/15 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Not in treatment (% is a point estimate)	81	79	77	80	85	82
% In treatment (% is derived from a point estimate)	19	21	23	20	15	18

*** Estimated numbers (prevalence) of alcohol users, aged 18+, later than 2018/19 are not yet available. Thus, for each year between 2019/20 - 2020/21, the rate of unmet need figures have been estimated using the 2018/19 alcohol prevalence estimates.**

Source NDTMS

12 Community safety

12.1 The number of drug-related homicides

According to the Homicide Index, in the last three years (2019 -2021) almost a third (32%) of homicide victims in the UK were thought to be under the influence of alcohol and/or illicit drugs at the time of the homicide:[42]

- 18% had been drinking alcohol
- 6% had been taking an illicit drug (which include all controlled drugs under Schedule 2 of the Misuse of Drugs Act 1971)
- 8% were under the influence of both

The proportion of homicides that have involved drug users or dealers, or have been related to drugs in any way, have increased over the last decade, from 40% in the year ending March 2011 to 52% in the year ending March 2021.[43]

Havering reported fewer homicides in the last 2 years (9 cases) compared to other London boroughs but nonetheless a significant number that appear to be on an upward trend (Table 28).

[42] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtableshomicideinenglandandwales

[43] Homicide in England and Wales - Office for National Statistics (ons.gov.uk)

Table 28: Homicides in London boroughs 2011 -22

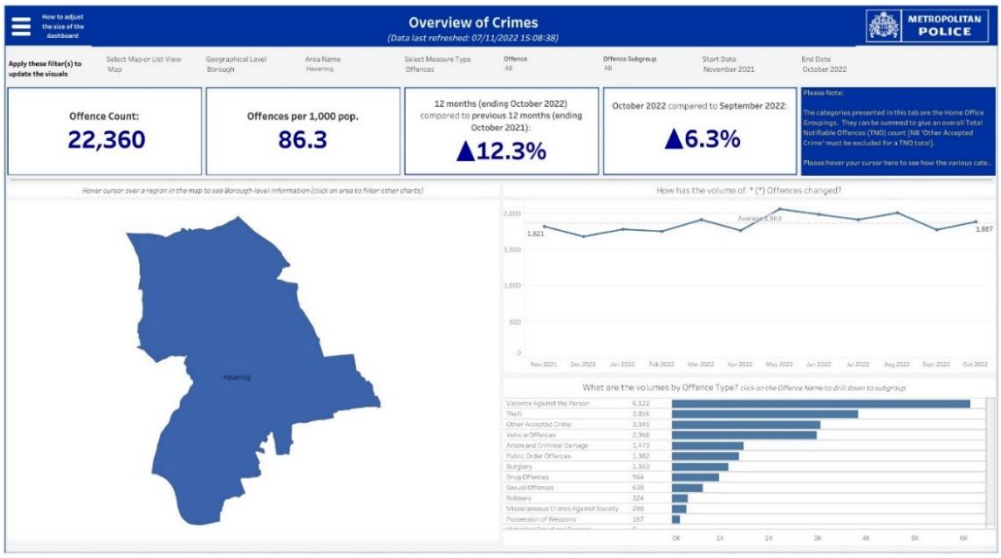
London Area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Grand Total
Haringey	6	13	7	<5	9	<5	7	10	18	9	28	<5	117
Greenwich	8	7	16	<5	13	7	7	17	12	7	20	6	123
Waltham Forest	13	5	<5	17	<5	<5	<5	8	9	7	17	<5	87
Brent	12	8	8	8	13	14	8	6	11	16	15	<5	121
Redbridge	<5	20	5	<5	6	<5	<5	11	<5	14	15	6	92
Croydon	8	9	7	6	<5	12	11	11	<5	10	14	7	99
Islington	10	13	9	7	8	5	7	7	5	8	13	<5	94
Lambeth	29	10	9	14	9	<5	7	5	6	8	13	5	115
Lewisham	15	12	9	12	<5	8	5	5	<5	5	11	<5	89
Newham	<5	15	9	8	8	8	8	16	13	20	11	5	125
Tower Hamlets	8	7	13	6	6	9	16	5	12	<5	11	<5	99
Hillingdon	6	<5	<5	7	8	<5	<5	5	<5	5	10	<5	53
Westminster	<5	6	10	<5	10	<5	7	5	18	<5	8	<5	72
Havering	<5	<5	<5	<5	<5	<5	<5	5	6		7	<5	31
Hounslow		<5	5	5	<5	<5		5		5	7	8	38
Barnet	12	<5	<5	7	<5	11	6	3	5	14	6	9	80
Enfield	<5	5	15	7	14	<5	6	16	<5	19	6	<5	101
Hackney	<5	<5	13	8	17	<5	<5	<5	8	10	6		78
Kingston Upon Thames	<5	<5	<5	<5	<5	<5	<5	<5		6	6	<5	34
Wandsworth	9	<5	7	12	<5		12	8	13	11	6	<5	88
Southwark	19	7	<5	10	5	6	9	10	8	14	5	8	105
Ealing	5	5	9	12	12	6	9	10	12	<5	<5	<5	91
Hammersmith & Fulham	7	<5	6		<5	<5	6	7	10	<5	<5	<5	50
Richmond Upon Thames			<5	<5				<5	<5	<5	<5	6	23
Merton	<5	<5	<5		<5	6	<5	<5	<5	10	<5		32
Camden	5	12	<5	<5	<5	<5	5	15	14	<5	<5	<5	67
Barking & Dagenham	<5		6	16	5	10	<5	13	5	<5	<5	<5	67
Bromley	<5	<5	<5	<5			<5	6	<5	<5	<5		24
Kensington & Chelsea				<5	<5	<5		11	5	<5	<5		27
Sutton	<5	<5		<5						5	<5		13
Bexley	5	<5	<5	<5	<5	<5		<5	<5	<5		<5	26
Harrow	<5	<5		<5	<5	<5	<5		<5	<5		<5	22
Heathrow				<5									<5
Grand Total	**205**	**183**	**186**	**195**	**178**	**138**	**164**	**232**	**218**	**237**	**256**	**94**	**2286**

Source: SAFESTATS, London

12.2 All offences in Havering reported to the Metropolitan Police

The overall number of offences reported to the metropolitan police has increased by 12.3% in Havering and now stands at 86.3/1,000 population.

Figure 69: Number and rate of offences in Havering reported to the Metropolitan Police

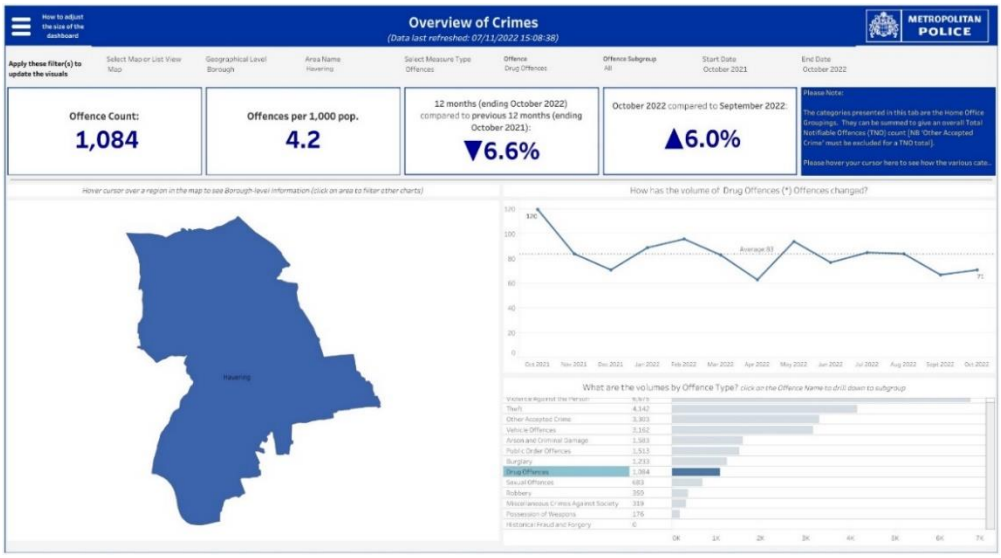


Source: SAFESTATS, London

12.3 Drug related crimes

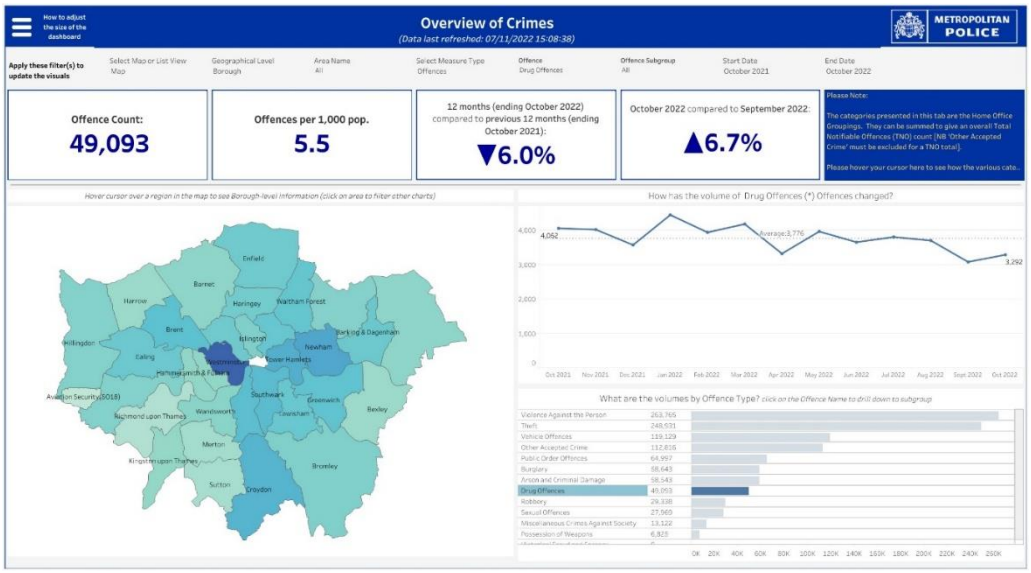
In the last 12 months (ending October 2022) 1084 drug related crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 6.6% in Havering and now stands at 4.2/1,000 population, lower than the London average (5.5/1,000) (Figure 70 and 71).

Figure 70: Number and rate drug related crimes in Havering reported to the Metropolitan Police



Source: SAFESTATS, London

Figure 71: Number and rate drug related crimes in London reported to the Metropolitan Police

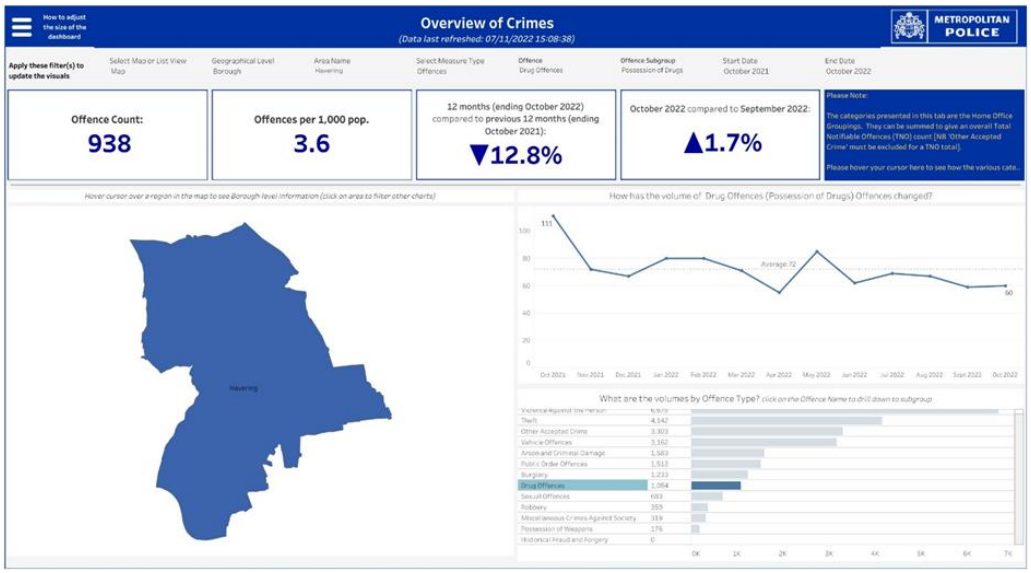


Source: SAFESTATS, London

12.4 Drugs possession

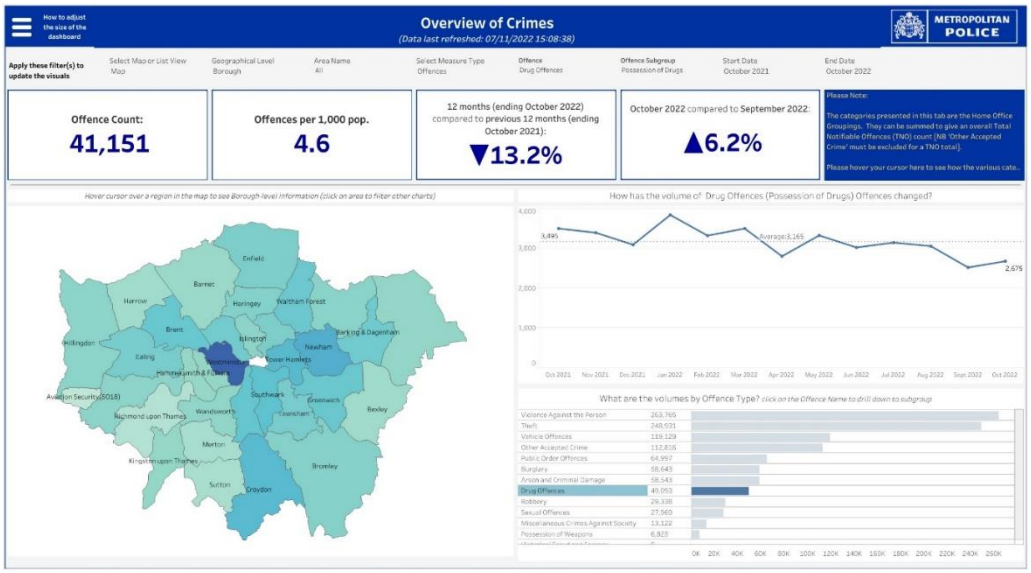
In the last 12 months (ending October 2022) 938 possession of drugs crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 12.8% in Havering and now stands at 3.6/1,000 population, lower than the London average (4.6/1,000) (Figure 72 and 73).

Figure 72: Number and rate possession of drugs crimes in Havering reported to the Metropolitan Police



Source: SAFESTATS, London

Figure 73: Number and rate possession of drugs crimes in London reported to the Metropolitan Police

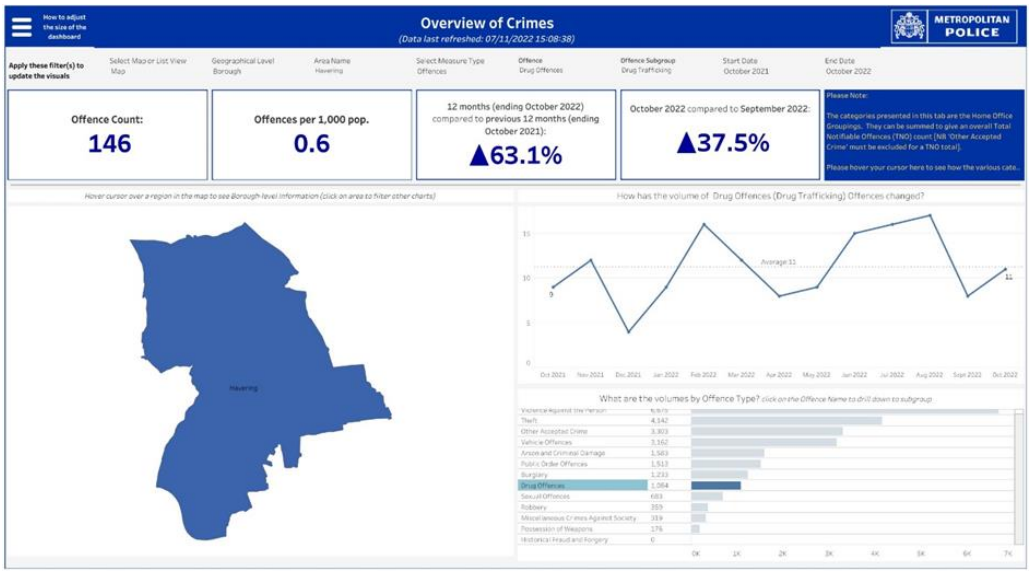


Source: SAFESTATS, London

12.5 Drug trafficking

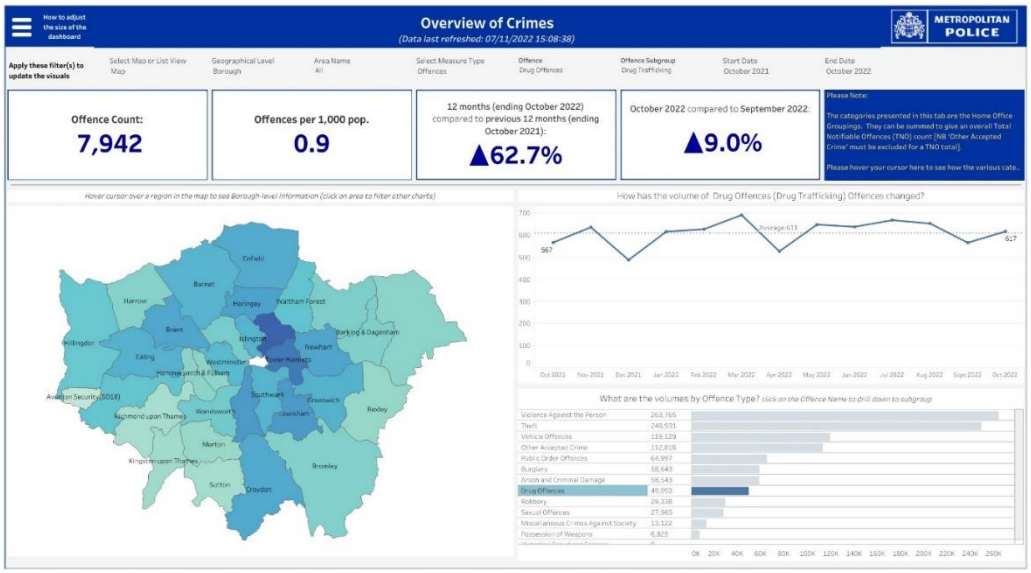
In the last 12 months (ending October 2022) 146 drug trafficking crimes were reported in Havering. The overall number of drug trafficking crimes reported to the metropolitan police has increased by 63.1% in Havering and now stands at 0.6/1,000 population, lower than the London average (0.9/1,000) (Figure 63 and 64).

Figure 74: Number and rate drug trafficking crimes in Havering reported to the Metropolitan Police



Source: SAFESTATS, London

Figure 75: Number and rate drug trafficking crimes in London reported to the Metropolitan Police



13 Impact of substance misuse on children, families and community

13.1 Parental status of people starting treatment

Havering had a total of 364 new adult presentations to treatment during 2019/20. Of those, 77 (21%) were parents or adults living with children. This was similar to the England average. 66 (18%) were parents not living with children and 220 (60%) were not parents and had no contact with children (table 29). Children can face significant harm, neglect, and exposure to other risky adults and young people, when cared for by parents using substances. There is an increased risk of those children being accommodated by the Local Authority if the parents do not receive effective preventive support and help.

Table 29: The proportions of all clients in each of the family categories, for Havering and England.

	All in treatment		New presentations		
Family category	Havering	England	Havering	England	Parental status
Parent living with children	19%	18%	17%	16%	Parent or adult living with children
Other child contact - living with children	7%	6%	4%	5%	Parent or adult living with children
Parent not living with children	18%	30%	18%	31%	Parent not living with children
Not a parent and not in contact with children	56%	46%	60%	48%	Not a parent
Incomplete data	0%	0%	0%	0%	Excluded

Source: NDTMS

13.2 Parental alcohol dependency prevalence

13.2.1 Established number of adults with alcohol dependence living with children, rates per 1,000 population and unmet treatment need.

There are 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%).

Table 30: Estimated number of adults with alcohol dependence living with children in Havering, rate per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	399	2	2	80	80%	75%
Male	252	3	3	40	84%	79%
Female	147	1	1	40	73%	65%

Source: NDTMS

13.2.2 Established number of adults with drug /opiate dependence living with children, rates per 1,000 population and unmet treatment need.

There are 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%).

Table 31: Estimated number of adults with opiate dependence living with children in Havering, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	189	1	2	59	69%	72%
Male	141	2	2	39	72%	75%
Female	48	1	1	20	58%	65%

Source: NDTMS

14. Mortality

14.1 Years of life lost due to alcohol related conditions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

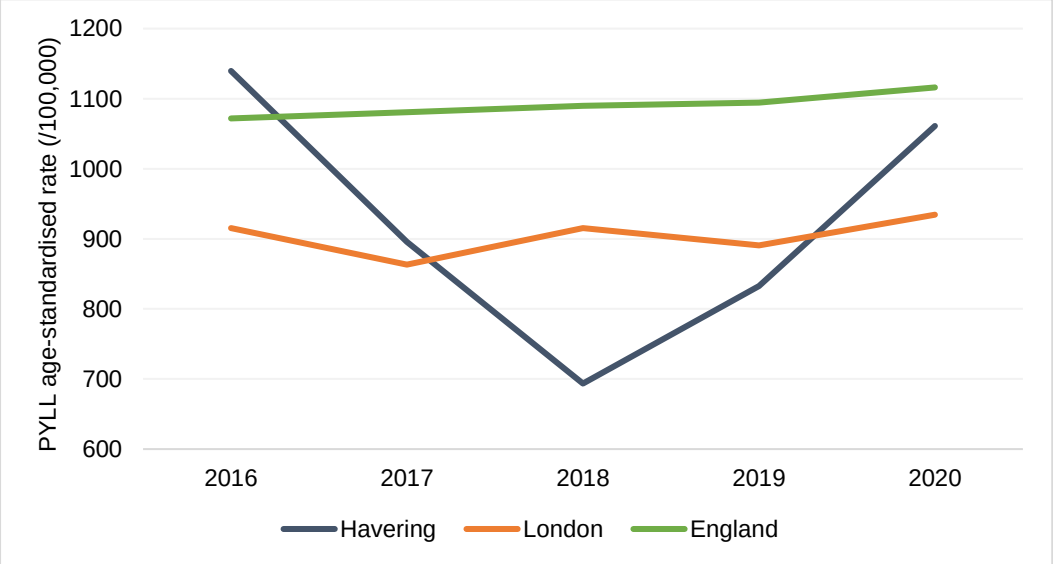
Potential years of life lost (PYLL) is a measure of the potential number of years lost when a person dies prematurely. The basic concept of PYLL is that deaths at younger ages are weighted more heavily than those at older ages. The advantage in doing this is that deaths at younger ages may be seen as less important if cause-specific death rates were just used on their own in highlighting the burden of disease and injury, since conditions such as cancer and heart disease usually occur at older ages and have relatively high mortality rates.

Substance use can lead to other risks, such as unemployment, homelessness and poverty, which create a cycle of dependency and loss.

PYLL due to alcohol-related conditions among males have been rising in the last three years. The latest data (2020) shows Havering has a higher rate (1061/100,000) than the London average but lower than the England average.

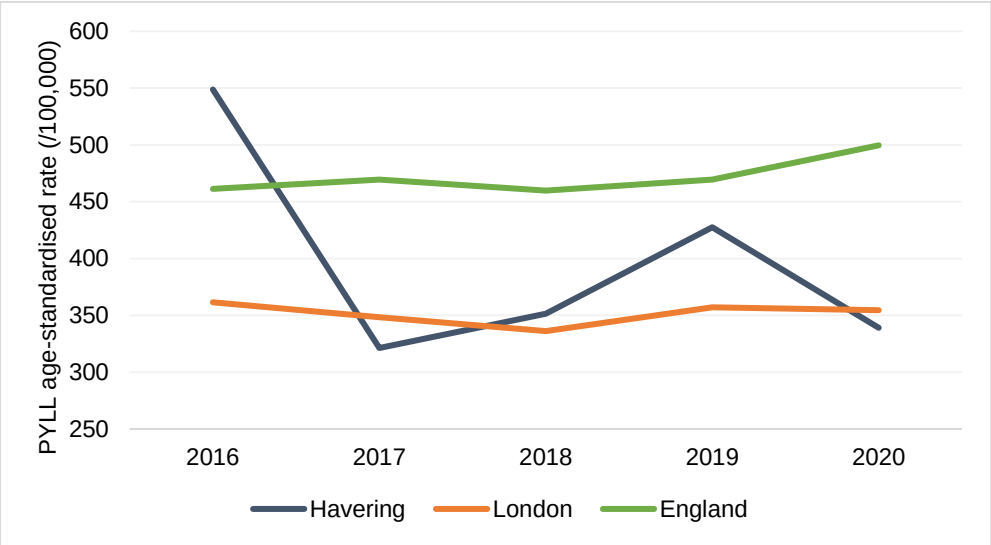
Among females rates have declined in the last two years. The latest data shows Havering's rate (339/100,000) is lower than both the London and England averages.

Figure 76: Potential years of life lost (PYLL) due to alcohol-related conditions, all ages, directly age-standardised per 100,000 population, Males.



Source: OHID

Figure 77: Potential years of life lost (PYLL) due to alcohol-related conditions, all ages, directly age-standardised per 100,000 population, Males.



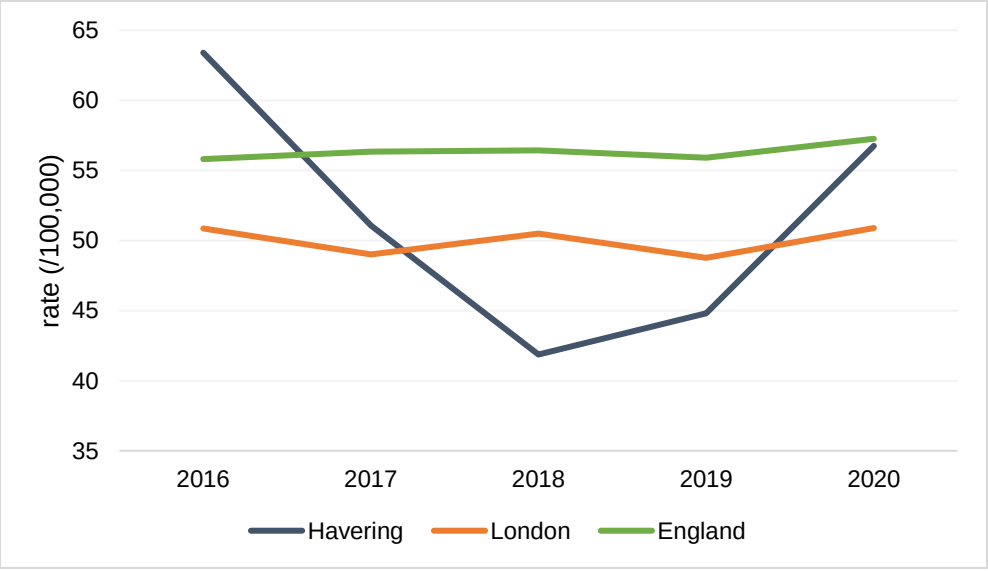
Source: Office for National Statistics (ONS)

14.2 Alcohol-related mortality

Alcohol-related mortality among males has been rising in the last three years. The latest data (2020) shows 62 alcohol related deaths were reported in Havering. This was a similar rate to England's (57/100,000) but higher than the London average (51/100,000).

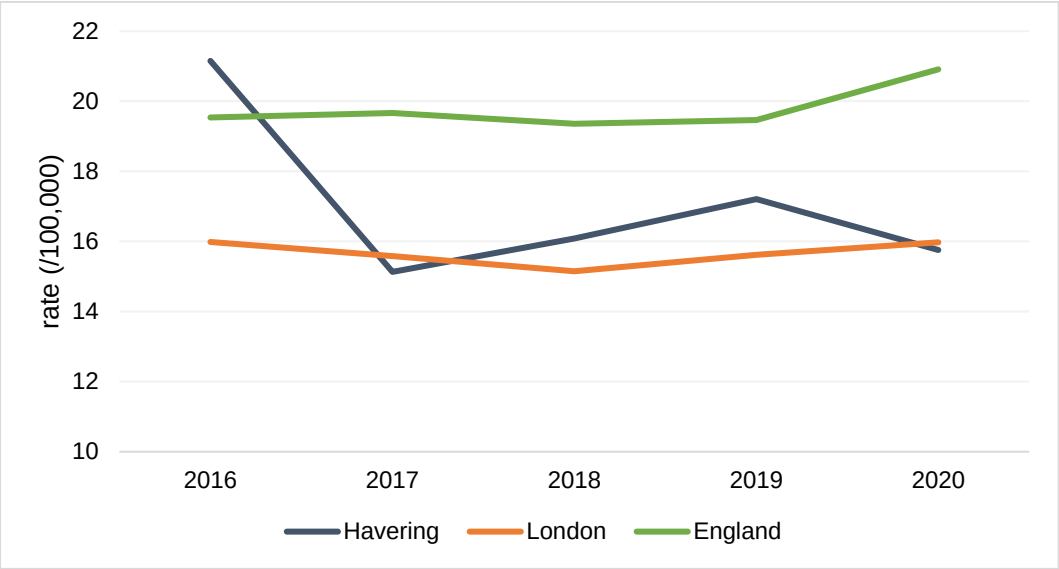
Among females the rate has declined in the last two years. The latest data shows Havering's rate (16/100,000) is similar to the London average and lower than the England average.

Figure 78: Alcohol-related mortality, all ages, directly age-standardised rate per 100,000 population, Males.



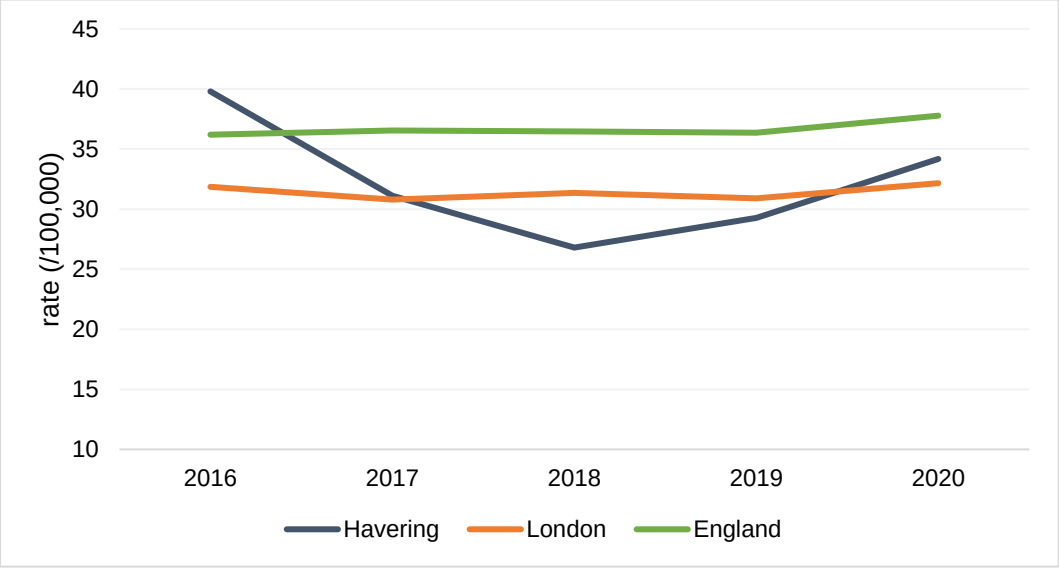
Source: Office for National Statistics (ONS)

Figure 79: Alcohol-related mortality, all ages, directly age-standardised rate per 100,000 population, Males.



Source: Office for National Statistics (ONS)

Figure 80: Alcohol-related mortality, all ages, directly age-standardised rate per 100,000 population, Persons.

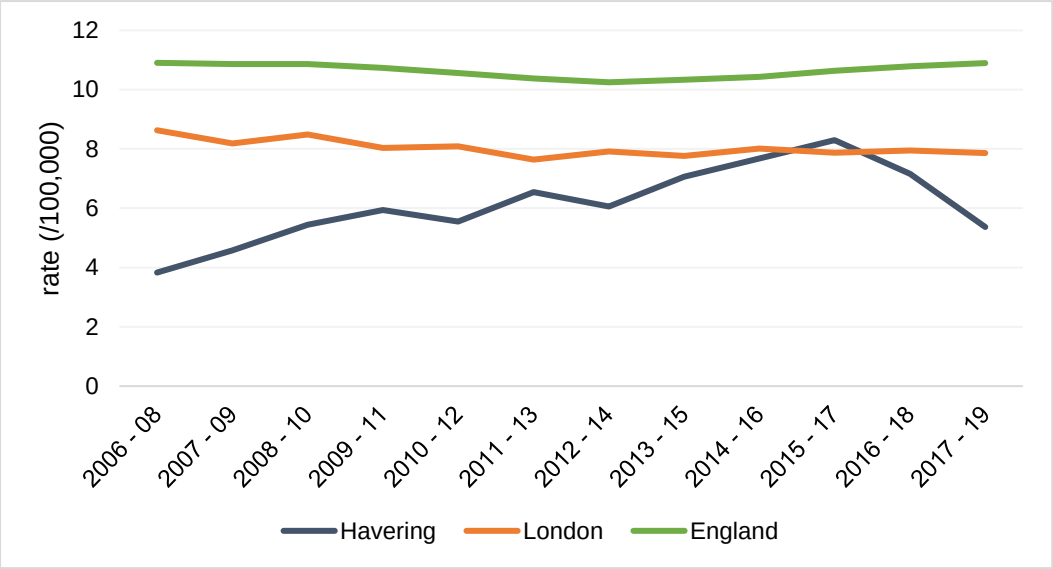


Source: Office for National Statistics (ONS)

14.3 Alcohol-specific mortality

Alcohol-specific mortality among all persons has declined in the last three years. The latest data (2017-19) shows Havering has a lower rate (5/100,000) than both London and England.

Figure 81: Alcohol-specific mortality, all ages, directly age-standardised rate per 100,000 population, Persons.

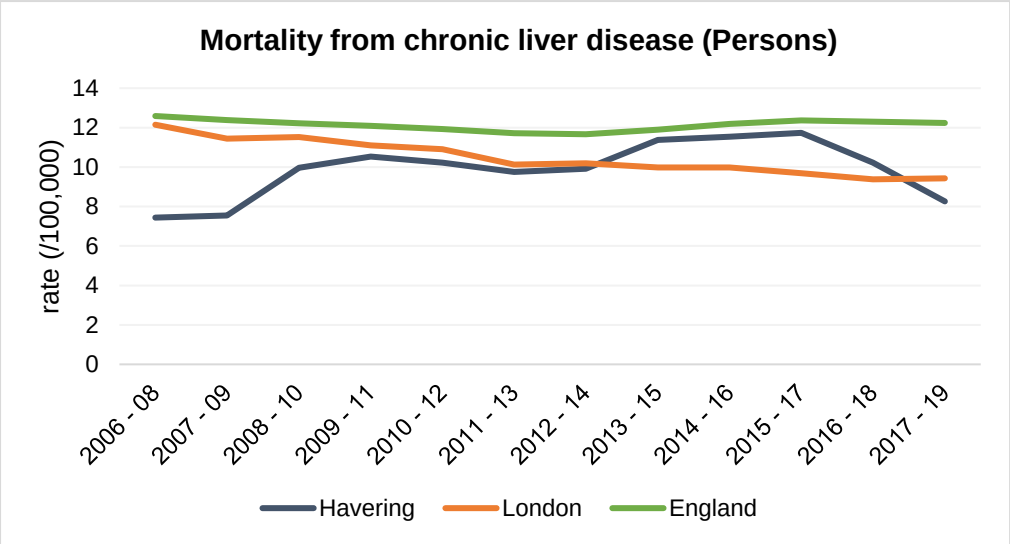


Source: Office for National Statistics (ONS)

14.4 Mortality from chronic liver disease

Chronic Liver Disease mortality among all persons has declined in the last three years. The latest data (2017-19) shows Havering has a lower rate (8/100,000) than both London and England.

Figure 82: Chronic Liver Disease mortality, all ages, directly age-standardised rate per 100,000 population, Persons.

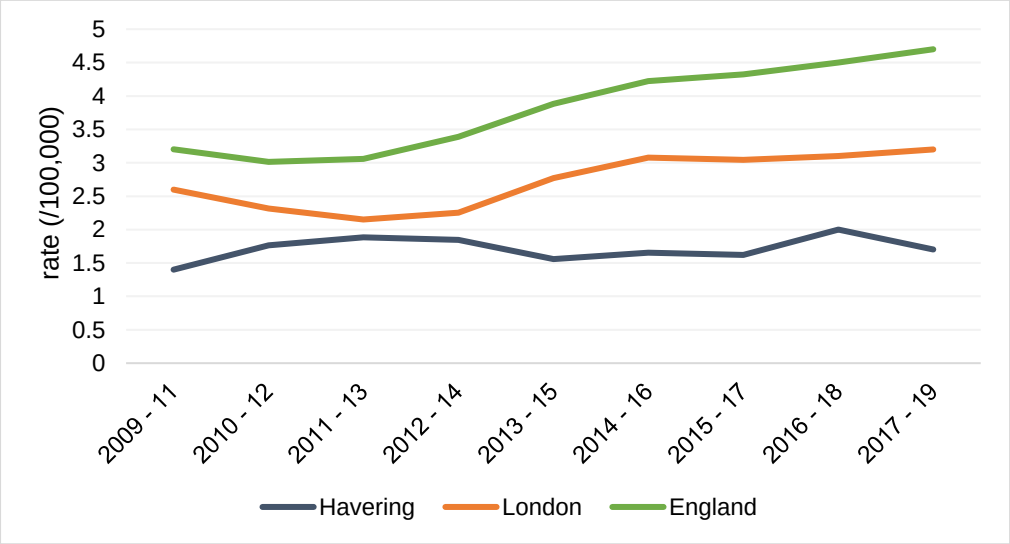


Source: Office for National Statistics (ONS)

14.5 Drug-related mortality

Drug related mortality among all persons has not significantly changed in the 9 years. The latest data (2017-19) shows Havering has a lower rate (1.7/100,000) than both London and England.

Figure 83: Chronic Liver Disease mortality, all ages, directly age-standardised rate per 100,000 population, Persons.



Source: Office for National Statistics (ONS)

16. Stakeholder engagement

16.1 Local data sharing workshop

Discussions amongst stakeholders at the Havering Drugs & Alcohol Needs Assessment working group identified that data sharing was very important to the success of delivering outcomes amongst local organisations and service providers for residents in Havering. From Harm to Hope share this vision quoting *"..it is essential that partners unlock the power of data across different organisations at a local level to help understand and tackle the problems facing their areas".* Havering council facilitated a workshop to understand further the data requirements and needs of various partners as well as difficulties and current good practice that can be built upon.

There were three main questions that were put forward to the group at the workshop and these were:

1. What information is held across the partnership that would be useful to inform our drug and alcohol strategy, service provision, and ultimately improve outcomes for those we support?
2. What data would partners want to access that you don't currently, to support the ways in which you provide services / care?
3. What has been your experience of trying to access or share data, up until now?

Answers and discussion points were collated using an online tool (Padlet) and are detailed below.

Question 1 - What information is held across the partnership that would be useful to inform our drug and alcohol strategy, service provision, and ultimately improve outcomes for those we support?

- DOMES report from NDTMS
- National Drugs Treatment Monitoring System (NDTMS), DOMES report, Local YP performance report, Local adult performance report
- Prevalence of drug and alcohol as a concern in contacts received via MASH (both children and adults)
- Referral data held by multiple providers.
- Drug and alcohol as a concern captured through social care assessments
- OHID Fingertips
- Drug testing recorder
- NELFT - to ask them to include details
- HES
- Police data around arrests related to ASB, drug and alcohol.
- Licensing data around alcohol retailers

Question 2 - What data would partners want to access that you don't currently, to support the ways in which you provide services / care?

- Number of deaths in Havering, where cause of death is linked to drug or alcohol
- Ambulance call outs
- Violence data related to D&A (e.g. within the family setting)
- Number of Havering residents (by age and geographical area) currently under mental health services who are recorded to be current users of drugs or dependent on alcohol
- County lines activity data as required by the framework
- Demographics

Question 3 - What has been your experience of trying to access or share data, up until now?

Answers and discussions around this question centred on timeliness and accessibility of data, including information governance challenges.

In summary, data is available and is shared amongst partners however there is scope to improve. The NEL ICB has developed a data sharing framework which will help address these issues and should result in data being shared quicker and more easily. The framework sets out a list of principles that all partners will agree and sign up to which will facilitate easier sharing of data. The new framework will support the sharing of Personal Data between its members for purposes that include:

- supporting the provision of integrated health and social care;
- planning and commissioning of health and social care services;
- assessing and improving health and social care services;
- enabling research.

The new framework will effectively support the shift from the current disjointed model of health and social care to a model that better reflects the intention of Integrated Care Systems (ICSs).

16.2 Stakeholder Survey

Drugs and Alcohol Needs Assessment - Stakeholder Survey

Havering Council, with the support of the Needs Assessment Working Group, developed a survey to gather data that provides a valuable insight into the views and experiences of key stakeholders who work with children, adults and families in Havering. This was shared with local stakeholders that either work or volunteer for organisations that are involved in working with children or adults affected by drug and/or alcohol misuse. In more detail, the survey posed the following questions;

1) Which service area do you work in?
2) In your view, what are the key drug and alcohol issues facing individuals, families and communities in Havering?
3) What are the key issues facing your service area when supporting children and/or adults who misuse substances?
4) What are your views on the local children and/or adult drug and alcohol treatment and recovery services in Havering?
5) What are your views about how services work together in Havering to support people who misuse substances?
6) How do you think services in Havering could improve the local drugs and alcohol system to support children and adults who misuse substances?
7) If you could make improvements to how Havering supports children and/or adults, what 3 things would you prioritise and why?

Using the Council's web based survey tool, the survey was shared and cascaded by members of the Needs Assessment working Group and Combatting Drugs partnership in October 2022. The survey was open for two weeks and, in total, there were 15 responses to the survey. A thematic analysis has been completed for questions 2-7 and, where appropriate, each question has been distilled into themes. This section will review stakeholders' responses.

Question 1 - Which service area do you work in?

As mentioned above, there was a total of 15 responses to the survey. In more detail, the respondents were from the following agencies;

1) Community Safety
2) Havering Integrated Adolescent Safeguarding Services
3) Havering Youth Services
4) Children's Social Care
5) Havering Youth Justice
6) Community Pharmacy
7) Adult Social Care
8) Youth Justice Service
9) CAMHS/YJS
10) Community Adult Mental Health

Question 2 - What are the key drug and alcohol issues facing individuals, families and communities in Havering?

There were a number of consistent themes that emerged from the responses regarding what they key issues are facing individuals, families and communities in Havering. These can be summarised under the following themes;

- **Availability:** Availability of drugs (including the use of vaping and edibles) and increased use of drugs including in public areas
- **Crime & Safeguarding:** Parental use affecting children, county lines and child exploitation
- **Mental Health:** impacting on drug/alcohol use
- **Service accessibility:** including expanding pharmacy services and non-engagement in spite of offer of local support services and service capacity to deal with demand
- **Wider socio-economic determinants:** including homelessness, unemployment and debt

Question 3 - What are the key issues facing your service area when supporting children and/or adults who misuse substances?

Some themes were similar to responses in Question 2, however some different nuances emerged. Responses are summarised below.

- **Support accessibility:** difficulty accessing formal support for: those with complex needs or dual diagnosis, intergenerational or multigenerational trauma or family use of drugs, victims and perpetrators of domestic abuse, young people impacted by country lines, communities impacted by drugs and related ASB. Lack of Naloxone service, community activities and early intervention/outreach work.
- **Safeguarding:** country lines, gangs and perceived glamour of being in a gang, young people exploitation, hidden harm from parents and disguised compliance from young people, intergenerational drug abuse
- **Other related crime:** gangs, ASB, drug related litter, crime related to paying for drugs/drug debt
- **Other socio-economic factors:** drug debt, homelessness, mental health relating to poverty and arrears
- **Communication:** communication with partners can be improved, advice & referral process not clear, services that are available not clear, non-engagement with people especially with early outreach

Question 4 - What are your views on the local children and/or adult drug and alcohol treatment and recovery services in Havering?

Responses can be divided into two themes of things that are working well and things that can improve:

- **Things that work well:**
  - Wize-up (suggestions this should be expanded)
  - Transitions from children to adults as CGL have been awarded both contracts
  - Commitment to joint working across partners, especially to support complex cases
  - Some good partnership work already

- **Things that can improve:**
  - Broader services
  - Specialist 1:1 provision
  - Not enough funding/resources/limited availability (general, detox, naloxone)
  - Lack of knowledge of services that are available/referral process
  - Effectiveness of current services
  - Lack of provision for follow up/relapse

Question 5 - What are your views about how services work together in Havering to support people who misuse substances?

Responses were very mixed, with sentiment either very positive (6) or very negative (6) regarding working together (3 neutral/no comment). Below are summarised comments:

- **Good:** Good partnerships in place, joint working, good work with Wize-up, D&A often discussed at multi-agency meetings, good sharing of pertinent information
- **Bad:** Not joined up, communication could be better, partnerships well-intentioned but ineffective, better sharing of information, confusing roles & responsibilities, too many agencies directly involved leading to disengagement, difficult for an agency/person to take a lead, key worker approach would be better

Question 6 – How do you think Havering could improve the local drugs and alcohol system to support children and adults who misuse substances?

The most common two themes were an increase in preventative work and specialist 1:1 work. Other comments included better transition between children and adult services, more resource/funding, better data sharing and integration, better advertising services/raising awareness of what is available. Detailed comments regarding the two main themes have been summarised in the table below

Preventative work	**Specialists**
Drug amnesties (in schools too)	Single person of contact/key worker
Workshops to existing groups	Be more engaging
Drop in sessions in the community	Build relationships with clients
Earlier interventions too	Share specialists across boroughs
More work in schools	Reduce disengagement rates / follow up

Question 7 - If you could make improvements to how services in Havering support children and/or adults who misuse drugs and/or alcohol, what 3 things would you prioritise and why?

The most common responses involved:

- Increased awareness and availability of services
- Specialist workers / key workers
- Better outreach and engagement
- Integrated services & better joint working / closer work with Mental Health services
- Early intervention / work more with schools / parental support
- Tackling county lines & gangs

Other responses included:

- Vaping
- Tackling street based dealing
- Not criminalising groomed children
- Better housing for people who misuse
- More AA groups
- Naloxone service
- More community pharmacies commissioned to increase access
- Awareness of new and emerging drug trends
- Remove focus from law enforcement
- CAMHS to accept children who are substance misusing
- Smoother transitions from Children's to Adult's services

16.3 CGL Service User Feedback

1. Of all successful discharges from when contact was implemented, how many said yes to recommending service? (Successful Discharges – December 2021 – March 2022)

16th Dec 21 (Started Recording via contact) - March 22 (End of Financial Year)

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
Yes	35	18	13	4	70 (78.6%)
No	2	1	1	0	4
Not Answered	6	6	2	1	15
Total	43	23	16	5	89

- 70 / 89 (78.6%) clients would recommend the service
- Alcohol Clients – 35 / 43 (89.3%)
- Non-Opiate Clients – 18 / 23 (78.2%)
- Alcohol & Non-Opiate Clients – 13 / 16 (81.3%)
- Opiate Clients – 4 / 5 (80.0%)

April 2022 – September 2022 (Current Financial Year)

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
Yes	82	49	44	15	190 (86.3%)
No	1	2	2	1	6
Not Answered	5	8	8	3	24
Total	88	59	54	19	220

- 190 / 220 (86.3%) clients would recommend the service
- Alcohol Clients – 82 / 88 (93.1%)
- Non-Opiate Clients – 49 / 59 (83.0%)
- Alcohol & Non-Opiate Clients – 44 / 54 (81.4%)
- Opiate Clients – 15 / 19 (78.9%)

2a. TOPS (clients who triaged between April 21 and March 22 with an Exit Tops completed)

How involved do you feel in the decisions made about the support you receive on a scale of 1-20?

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
0-11	30	21	25	6	82
11+	167	95	65	28	355
No response	4	0	0	2	6
Total	201	116	90	36	443

- 355 / 443 (80.1%) clients who triaged between April 2021 and March 2022 positively reported that they felt involved
- Alcohol Clients – 167 / 201 (83.0%)
- Non-Opiate Clients – 95 / 116 (81.8%)
- Alcohol & Non-Opiate Clients – 65 / 90 (72.2%)
- Opiate Clients – 28 / 36 (77.7%)

2b. TOPS (clients who triaged between April 21 and March 22 with an Exit Tops completed)

How satisfied are you with the support you receive on a scale of 1-20?

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
0-11	31	20	24	6	81
11+	167	96	66	28	357
No response	3	0	0	2	5
Total	201	116	90	36	443

- 357 / 443 (80.5%) clients who triaged between April 2021 and March 2022 positively reported that they felt satisfied with the support they received
- Alcohol Clients – 167 / 201 (83.0%)
- Non-Opiate Clients – 96 / 116 (82.7%)
- Alcohol & Non-Opiate Clients – 66 / 90 (73.3%)
- Opiate Clients – 28 / 36 (77.7%)

2a. TOPS (clients who triaged between April 21 and March 22 with latest Review TOPS completed)

How involved do you feel in the decisions made about the support you receive on a scale of 1-20?

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
0-11	45	16	20	29	110
11+	131	63	76	187	457
No response	1	0	1	3	5
Total	177	79	97	219	572

- 457 / 572 (79.8%) clients who triaged between April 2021 and March 2022 positively reported that they felt involved
- Alcohol Clients – 131 / 177 (74.0%)
- Non-Opiate Clients – 63 / 79 (79.7%)
- Alcohol & Non-Opiate Clients – 76 / 97 (78.3%)
- Opiate Clients – 187 / 219 (85.3%)

2b. TOPS (clients who triaged between April 21 and March 22 with latest Review TOPS completed)

How satisfied are you with the support you receive on a scale of 1-20?

	ALCOHOL	NON-OPIATE	ALCOHOL & NON-OPIATE	OPIATE	Total
0-11	44	13	28	23	108
11+	132	66	78	192	468
No response	1	0	1	3	5
Total	177	79	97	219	572

- 473 / 572 (82.6%) clients who triaged between April 2021 and March 2022 positively reported that they felt satisfied with the support they received
- Alcohol Clients – 132 / 177 (74.5%)
- Non-Opiate Clients – 66 / 79 (83.5%)
- Alcohol & Non-Opiate Clients – 78 / 97 (80.4%)
- Opiate Clients – 192 / 219 (87.6%)

17 Key Findings & Recommendations

Strategic Outcome	Key Findings	Recommendations
Reducing drug use	Havering has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by 2031.	As part of partnership working with key stakeholders in all relevant settings such as education, children homes, youth centres to create awareness on drugs and alcohol use risks at an appropriate early preventive stage, address related risks and refer to the local young people's drugs and alcohol service to deliver timely targeted support or treatment where necessary.
Reducing drug use	Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and south of the borough and along its western boundary.	As part of partnership working with key stakeholders to identify and address root causes of deprivation in identified areas and groups. Also identify and address existing inequalities in substance misuse prevalence, access and engagement with local treatment and recovery services and utilisation of treatment and treatment outcomes.
Reducing drug use	There were 863 homeless households in Havering in 2020/21. This is equivalent to a rate of 8.1/1000, double the England average (4 /1,000) but just about half the London average (17/1000).	Interagency working strategy is required to address root causes of homelessness, assess and identify substance misuse levels and needs and facilitate appropriate interventions including access to local treatment and recovery services.
Reducing drug use	There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual (table 3). This a significant number but proportionately less than the London and England averages.	Interagency working strategy is required to provide support to LGBTQ members by addressing predisposing factors associated with their sexual orientation which include feelings of rejection and sometimes severe mental health problems. Signpost to available local services for support and treatment.
Reducing drug use	Latest data shows in 2021 there were 7,900 people in Havering aged 16-64 who were unemployed, a rate of 5.8%, similar to the London average but higher than the England average (4.6%).	Partnership working with key stakeholders is required to identify and address root causes of unemployment in identified areas and groups. Also identify and address existing inequalities in substance misuse prevalence, access and utilisation of services and treatment outcomes. Signpost to available local services for support and employment opportunities

Strategic Outcome	Key Findings	Recommendations
Reducing drug use	Based on the Crime Survey for England, there are 14,032 people (7.6 %) in Havering aged 16-74 using illicit drugs. The highest proportion of users is of those aged 16-24 (21%) equivalent to 5282 young people.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug use	Based on the 2014/15 What About YOUth (WAY) survey , it is estimated that 4.0% of 15 year olds in Havering take Cannabis regularly (approx.162 fifteen year olds), 1.1% of 15 year olds in Havering take drugs regularly (approx. 39 fifteen year olds) and 5.5% of 15 year olds in Havering drink alcohol regularly (approx. 193 fifteen year olds).	Multiagency working strategy is required that includes health education on risks of binge drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug use	It is estimated that 14.3% of adults in Havering regularly binge drink. This is similar to the London and England averages. This equates to approximately 28,833 people.	Multiagency working strategy is required that includes health education on risks of binge drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug use	1 in 5 (20.7%) adults in Havering regularly drink excessively. This is similar to the London and England averages. This equates to approximately 41,738 people.	Multiagency working strategy is required that includes health education on risks of excessive drinking, addressing known risk factors, identification and signposting of individuals with substance misuse problems to local support and treatment services.
Reducing drug related crime	The overall number of offences reported to the metropolitan police has increased by 12.3% in Havering and now stands at 86.3/1,000 population.	Work closely with a range of partners involved in the local drug and alcohol system, including health, education, local government, the police and other criminal justice services and the voluntary sector, to coordinate a multi-agency response. A public health approach to reducing violent crime which seeks to prevent perpetrators from committing crime in the first place and through investing in vital early intervention and prevention work is recommended.

Strategic Outcome	Key Findings	Recommendations
Reducing drug related crime	Latest data (2020/21) shows that 4990 violent crimes were reported in Havering. This was equivalent to a rate of 19/1,000 population.	As above
Reducing drug related crime	Number of substance misuse related crime incidents tripled between 2016 (388) and 2020 (1107). Among wards in Havering, Romford Town, Gooshays, Brooklands and Heaton had the highest number of reported incidents in 2021.	Working closely with a range of partners involved in the local drug and alcohol system, including health, education, local government, the police and other criminal justices services and the voluntary sector, to coordinate a multi-agency response. A public health approach to reducing violent crime which seeks to prevent perpetrators from engaging in substance misuse and committing crime in the first place and through investing in vital early intervention and prevention work is recommended.
Reducing drug related crime	In the last 12 months (ending October 2022) 1084 drug related crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 6.6% in Havering and now stands at 4.2/1,000 population, lower than the London average (5.5/1,000)	As above
Reducing drug related crime	Havering reported fewer homicides in the last 2 years (9 cases) compared to other London boroughs but nonetheless a significant number that appear to be on an upward trend.	As above
Reducing drug related crime	In the last 12 months (ending October 2022) 938 possession of drugs crimes were reported in Havering. The overall number of drug related crimes reported to the metropolitan police has reduced by 12.8% in Havering and now stands at 3.6/1,000 population, lower than the London average (4.6/1,000)	As above

Strategic Outcome	Key Findings	Recommendations
Reducing drug related crime	In the last 12 months (ending October 2022) 146 drug trafficking crimes were reported in Havering. The overall number drug trafficking crimes reported to the metropolitan police has increased by 63.1% in Havering and now stands at 0.6/1,000 population, lower than the London average (0.9/1,000)	A multi-agency approach to intelligence sharing and development of interventions which: disrupts the supply of drugs through place management approaches and eliminates the exploitation of children and vulnerable people in serious organised crime.
Reducing drug related crime	No data available for the following key indicators: The number of drug-related homicides The number of county lines, number of county lines closed The number of moderate and major disruptions against organised criminals Testing on Arrest	London Metropolitan Police to advise on how this data will be provided in future as this indicator is a key national outcome and performance monitoring measure.
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcohol related admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 2862 people in Havering were admitted in hospital with alcohol related conditions.	Multiagency working strategy for population level health education on risks of excessive alcohol drinking, addressing known risk factors, identification and signposting of individuals with alcohol misuse problems to local support and treatment services including the hospital liaison service.
Reducing drug-related deaths and harm	In the last 10 years Havering has had a lower alcohol specific admission rate for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 722 people in Havering were admitted in hospital with alcohol specific conditions.	As above
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcohol related mental and behavioural disorder admission rates for persons, males and females compared to London and England. However number of admissions remain high. In 2020/21, 632 people in Havering were admitted in	As above

Strategic Outcome	Key Findings	Recommendations
	hospital with alcohol related mental and behavioural disorders.	
Reducing drug-related deaths and harm	In the last 3 years Havering has had a lower rate of alcohol related intentional self-poisoning by and exposure to alcohol admission rates for persons, males and females compared to England. However number of admissions remain significant. In 2020/21, 43 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol.	As above
Reducing drug-related deaths and harm	In the last 2 years Havering has had a similar alcohol related cardiovascular disease admission rates for persons, males and females to England. However number of admissions remain high. In 2020/21, 1469 people in Havering were admitted in hospital with intentional self-poisoning by and exposure to alcohol.	As above
Reducing drug-related deaths and harm	In the last 5 years Havering has had a lower alcoholic liver disease admission rates for persons and males compared to London and England. However number of admissions remain high. In 2020/21, 226 people in Havering were admitted in hospital with alcoholic liver disease.	As above
Reducing drug-related deaths and harm	Havering had a total of 364 new adult presentations to treatment for substance misuse during 2019/20. Of those, 77 (21%) were parents or adults living with children.	Improve joint working between local authority adult and children's social care services and local adult and young people substance misuse services to ensure child safeguarding concerns are identified and addressed promptly.
Reducing drug-related deaths and harm	There are approximately 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%)	As above

Strategic Outcome	Key Findings	Recommendations
	are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%)	
Reducing drug-related deaths and harm	There are approximately 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%)	As above
Reducing drug-related deaths and harm	Hepatitis C virus (HCV) continues to be the most common BBV among PWID in the UK.[44] In 2021, 36 patients in Havering attending treatment were diagnosed with Hepatitis C while 3 had HIV.	Coordinated working and monitoring of commissioned treatment and recovery services to continue to provide and improve take up of testing, safe injecting equipment and Hep B vaccination.
Reducing drug-related deaths and harm	Potential Years of Life Lost (PYLL) due to alcohol-related conditions among males have been rising in the last three years. The latest data (2020) shows Havering has a higher rate (1061/100,000) than the London average but lower than the England average.	Multiagency working strategy is required including health education on risks of excessive alcohol drinking, addressing known risk factors, early identification and signposting of individuals with alcohol misuse problems to local support and treatment services.
Reducing drug-related deaths and harm	Alcohol-related mortality among males has been rising in the last three years. The latest data (2020) shows 62 alcohol related male deaths were reported in Havering. This was a similar rate to England's (57/100,000) but higher than the London average (51/100,000).	As above
Reducing drug supply	Latest data shows Havering has a higher alcohol selling premises per square kilometre rate (4.8) as compared to the England average (1.3)	There is need for an audit of number of alcohol selling premises per square kilometre using current data and also to find out if there is a correlation between locality density and crime incidents.

[44] Shooting Up: infections and other injecting-related harms (publishing.service.gov.uk)

Strategic Outcome	Key Findings	Recommendations
Reducing drug supply	No data available for the following key indicator: The number of county lines, number of county lines closed	London Metropolitan Police to advise on how this data will be provided in future as this indicator is a key national outcome and performance monitoring measure.
Increasing engagement in drug treatment	In 2020/21, 82% of known dependent drinkers did not get in contact with alcohol treatment services. This was similar to the national average and equivalent to 1,844 people.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, early identification and signposting of individuals with alcohol misuse problems to local support and treatment services.
Increasing engagement in drug treatment	The number of adults receiving treatment at specialist drug misuse services in Havering has not changed significantly. In 2020/21 there were a total of 528 adults in treatment services The number of adults receiving treatment at specialist alcohol misuse services in Havering has not changed significantly in the last 5. In 2020/21 there were a total of 272 adults in treatment services.	As above
Increasing engagement in drug treatment	In 2020/21, only 14 adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison. Overall engagement has been low in all areas i.e. about a third for England and less for Havering and London.	Maintain and monitor supplementary grant investment in the local drug and alcohol service to improve pathways, joint working, treatment access and engagement with adult offenders. Multiagency working strategy that ensures there is a functional coordinated care and follow up system is required.
Increasing engagement in drug treatment	It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment. It is estimated that there are 82% alcohol misusers in Havering who are not in treatment.	Multiagency working strategy is required that includes health education on risks of substance misuse, addressing known risk factors, early identification and signposting of individuals with substance misuse problems to local support and treatment services.
Improving drug recovery outcomes	The proportion of opiate users successfully completing treatment has overall deteriorated over the last 10	Local service provider to maintain on-going timely reviews of existing caseload and engage with service users to understand and respond to

Strategic Outcome	Key Findings	Recommendations
	years. In 2020, only 6.3% (16 people) met this goal. The difference between Havering, London and England rates was not statistically significant The proportion of non-opiate users successfully completing treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 35% (84) non-opiate users in Havering successfully completed treatment. The proportion of patients successfully completing alcohol treatment in Havering has fluctuated in the last 10 years. In the last two years there has been no significant difference in performance between Havering, London and England. In 2020, only about 40% (100) of all patients in Havering successfully completed treatment.	factors that contribute to low completion rates and address them accordingly to improve completion rates.
Improving drug recovery outcomes	The Alcohol Treatment Requirement (ATR) focuses on offenders who are dependent on alcohol or whose alcohol use contributes to their offending. The aim is to reduce or eliminate the offender's dependency on alcohol. Out of the 22 referrals made to the Havering CGL treatment service in 2021, only about half were granted and only one patient completed treatment.	Multiagency review of ATR/DRR that recommends improvements in the local system to ensure that there is a more effective functional coordinated care and follow up system within the criminal justice system.
Improving drug recovery outcomes	The number of patients with housing problems starting treatment has been increasing in the last 4 years. In 2020/21 a total of 105 patients had housing problems. This is equivalent to 1 in 5 patients (21%)	Service providers should include assessment for other substance misuse risk factors and other wider determinants such as housing, employment, smoking etc. and ensure each patient has a holistic care package.

Strategic Outcome	Key Findings	Recommendations
Improving drug recovery outcomes	More than half of male and female patients admitted for substance misuse treatment in Havering in 2022 were smokers	As above
Improving drug recovery outcomes	No significant improvement in employment status among non-opiate users in treatment at 6 months was reported in 2020/21. A deterioration in employment status (from 33% to 29%) was reported among alcohol users in treatment at 6 months in 2020/21.	As above
Improving drug recovery outcomes	An average of 5 deaths in treatment annually have occurred in Havering in the last 3 years	Carry out an audit to understand the profile and contributing factors of reported deaths to inform harm reduction interventions and facilitate ongoing partnership in addressing the issue.

Appendix 1: National Combating Drugs Outcomes Framework

The needs assessment should enable clear understanding of the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

National Combating Drugs Outcomes Framework **Our ambition: a safer, healthier and more productive society by combating illicit drugs**	
What we will deliver for citizens (strategic outcomes)	**Measured by:**
Reducing drug use	• the proportion of the population reporting drug use in the last year (reported by age) • prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	• the number of drug-related homicides • the number of neighbourhood crimes
Reducing drug-related deaths and harm	• deaths related to drug misuse • hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	**Measured by:**
Reducing drug supply	• the number of county lines closed • the number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	• the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) • continuity of care – engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	• the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use **Key additional components integral to recovery include housing, mental health, and employment**

Appendix 2: What to ask as part of a needs assessment [45]

Questions to consider for the needs assessment might include:

- How can we measure if our residents' lives are improved?
- How can we measure if specific services are being delivered well?
- How are we doing at the moment on the most important of these metrics?
- Which partners have a key role to play in doing better?

Note that partnerships should think carefully about organisations, groups and individuals who might not already be involved in this work – for example community groups not directly related to drug harm, or people who are not currently engaging with services

- What initiatives do we know work to improve things?

There should also be a commitment to try new things and develop the evidence base where there aren't already effective, clearly evidenced approaches.

In conducting analysis, the partnership should make reference to:

- the full range of **drug use**, whatever substance, and whether use is recreational or dependent
- the presence of **drug supply** within the local area and exported to other areas
- the impact of both **drug supply and use on crime**, including serious violence, homicide and acquisitive crime
- a **wide range of issues**, to include housing, employment, mental and physical health and wellbeing, and education
- all **demographics**, with reference to all protected characteristics, to ensure any disparities in need or impact are identified and addressed, noting the specific potential challenges in relation to stigma and substance use
- **geographical** disparities
- the **accessibility** of services, noting routes into services (e.g. referral sources)

[45] Drugs strategy guidance for local delivery partners - GOV.UK (www.gov.uk)

Appendix 3: Drugs strategy commitments for local areas to cover in their plans[46]

Break drug supply chains

1. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
2. going after the money – disrupting drug gang operations and seizing their cash
3. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
4. tackling the retail market – improving targeting of local drug gangs and street dealing
5. restricting the supply of drugs into prisons – applying technology and skills to improve security and detection

Deliver a world-class treatment and recovery system

1. delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
2. strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
3. ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
4. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
5. improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
6. increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
7. keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

Achieve a generational shift in the demand for drugs

1. applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm
2. delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs
3. supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

[46] Drugs strategy guidance for local delivery partners - GOV.UK (www.gov.uk)

Appendix 4: Substance Misuse Needs Assessment working group TOR

1 Purpose

To conduct a joint needs assessment through the review of local drug/alcohol data and evidence, and make recommendations to support the development of a local drugs strategy and action plan.

2 Membership

Partner	Nominee
LBH Public Health Service	Tha Han
LBH Public Health Service	Anthony Wakhisi
LBH Public Health Intelligence	Thomas Goldrick
LBH Joint Commissioning Unit	Daren Mulley
LBH Children Services	Teresa Milanzi
LBH Policy & Performance	Lucy Goodfellow
Community Safety Partnership and Crime Prevention	Diane Egan
Supported Living	Nina Willis
Job Centre Plus	Jakir Hussain
Safeguarding	Justine Wilson-Darke
Safeguarding	Elisabeth Major
CGL	Juned Mohammed
CGL	Monica Chauhan
NELFT	Irvine Muronzi
Youth offending service	Steve Andrews
VCS	Paul Rose
Healthwatch	Vivien Saxby
BHRUT	James Avery

3 Objectives

- Agree a work plan with milestones
- Collaboratively agree on the scope of the needs assessment and people responsible for various tasks
- Develop interview schedules for qualitative data collection and stakeholder engagement
- Collate and analyse all data required for agreed indicators.
- Compile final report and present to the Combating drugs partnership board for sign off.

4 Governance

- The working group will be led by Anthony Wakhisi, Principal public health specialist and in his absence Tha Han, Consultant in Public Health.
- Daren Mulley to lead the qualitative data collection / stakeholder engagement
- Victoria Stokes will be overall project manager for needs assessment and strategy
- Tha to lead the high level strategy development due by December 2022.
- The working group will report to the Combating Drugs Partnership Board.

5 Frequency of meeting and quorum

The working group will meet at least monthly. Members should send in representatives whenever they are unable to attend.

6 List of Indicators

Considering the national guidelines and previous needs assessments the following indicators have been identified for inclusion in needs assessment.

Indicator	Source	Responsible
Quantitative		
Risk Factors		
Deprivation score (IMD 2019)	Department for Communities and Local Government (DCLG)	Public Health Intelligence
Percentage people living in 20% most deprived areas in England	DCLG	Public Health Intelligence
Children in low income families (under 16s)	HM Revenue and Customs	Public Health Intelligence
Children leaving care: rate per 10,000 children aged under 18	Department for Education & Local Data	Public Health Intelligence
Statutory homelessness: rate per 1,000 households	Department for Communities and Local Government & Local Data	Public Health Intelligence
Violent crime - violence offences per 1,000 population	Home Office & Local Data	Public Health Intelligence
Domestic abuse-related incidents and crimes	Office for National Statistics (ONS) & Local Data	Public Health Intelligence
Percentage of the economically active population aged 16+ without a job	NOMIS - Labour Force Survey & Local Data	Public Health Intelligence
Prevalence (trend and breakdown by age, ethnicity, geography where available)		
Proportion of population reporting drug use in the last year (by age) – [Nationally imposed outcome measure]	**HSE**	**PHI**
Percentage of adults binge drinking on heaviest drinking day	OHID Fingertips	Public Health Intelligence

Indicator	Source	Responsible
Percentage of adults drinking over 14 units of alcohol a week	OHID Fingertips	Public Health Intelligence
Percentage of dependent drinkers	OHID Fingertips	Public Health Intelligence
Parental status of people starting treatment	OHID Fingertips	Public Health Intelligence
BBV among service users		CGL
Prevalence of rough sleepers, veterans, pregnant women and LGBTQ+ among service users		CGL
The number of neighbourhood crimes related to drug and alcohol use [Nationally imposed outcome measure]		CSB/ RRG Diane Egan
Alcohol use among those arrested for acquisition crime		CSB/ RRG Diane Egan
Drug use among those arrested for acquisition crime		CSB/ RRG Diane Egan
Alcohol use among those arrested for violent crime		CSB/ RRG Diane Egan
Drug use among those arrested for violent crime		CSB/ RRG Diane Egan
Alcohol related road traffic accidents (in which at least one driver failed a breath test)	OHID Fingertips	Public Health Intelligence
Number of premises licensed to sell alcohol per square kilometre	OHID Fingertips	Public Health Intelligence, to link with data from licensing
Prevalence of opiate and /or crack cocaine use [Nationally imposed outcome measure]		PHI+CGL+CSB
Estimated prevalence of Problem Drug Use amongst 15-64 year olds	Annual Survey	Public Health Intelligence
Estimated prevalence of injecting drug use amongst 15-64 year olds	Annual Survey	Public Health Intelligence
Percentage of 15 year old pupils who usually take illicit drugs at least once a month	Annual Survey	Public Health Intelligence
Percentage of 15 year old pupils who have taken an illicit drug in the last year	Annual Survey	Public Health Intelligence
Proportion of 15 year olds drinking on a weekly basis	Annual Survey	Public Health Intelligence
Children in child protection due to parents with alcohol misuse		Teresa Milanzi
Children in child protection due to parents with drug misuse		Teresa Milanzi
NHS Service Use		
GP consultations related to alcohol, opioid, non-opioid		NEL ICB
A&E use related to alcohol, opioid and non-opioid		A&E
Number of referrals to CGL from other services and trend		CGL
Admissions		
Admission episodes for alcohol-related conditions	OHID Fingertips	Public Health Intelligence

Indicator	Source	Responsible
Admission episodes for alcohol-specific conditions	OHID Fingertips	Public Health Intelligence
Admission episodes for alcohol-related unintentional injuries	OHID Fingertips	Public Health Intelligence
Admission episodes for mental and behavioural disorders due to use of alcohol	OHID Fingertips	Public Health Intelligence
Admission episodes for intentional self-poisoning by and exposure to alcohol	OHID Fingertips	Public Health Intelligence
Admission episodes for alcohol-related cardiovascular disease	OHID Fingertips	Public Health Intelligence
Admission episodes for alcoholic liver disease	OHID Fingertips	Public Health Intelligence
Dual Diagnosis		
Admission episodes for mental and behavioural disorders due to use of alcohol	OHID Fingertips	Public Health Intelligence
Referral received at CGL from NELFT		CGL
Referrals received at NELFT from CGL		NELFT
Number in treatment at specialist drug misuse services	OHID Fingertips	Public Health Intelligence
Number in treatment at specialist alcohol misuse services	OHID Fingertips	Public Health Intelligence
Concurrent contact with mental health services and substance misuse services	OHID Fingertips	Public Health Intelligence
Concurrent contact with mental health services among those who entered specialist alcohol misuse services		CGL
Concurrent contact with mental health services among those who entered specialist drug misuse services		CGL
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	OHID Fingertips	Public Health Intelligence
Treatment Services		
Number in treatment by type (opiate, crack, other drugs, alcohol) and tier [Nationally imposed outcome measure]		CGL/ PHI
Percentage waiting more than three weeks for drug treatment	OHID Fingertips/NDTMS	Public Health Intelligence
Percentage waiting more than three weeks for alcohol treatment	OHID Fingertips/NDTMS	Public Health Intelligence
Successful completion of treatment of opiate use	OHID Fingertips/NDTMS	Public Health Intelligence
Successful completion of treatment for non-opiate use	OHID Fingertips/NDTMS	Public Health Intelligence
Successful completion of treatment for alcohol	OHID Fingertips/NDTMS	Public Health Intelligence
Number that received Tier 4 services		CGL
Engagement with treatment within 3 weeks of leaving prison		CGL/ RRG

Indicator	Source	Responsible
[Nationally imposed outcome measure]		
ATR		CGL/ CSB Diane Egan
Number of CJS and veterans among the Tier 4 places		CGL
Number that completed Tier 4 services		CGL
Deaths in treatment - opiate users	OHID Fingertips/NDTMS	Public Health Intelligence
Deaths in treatment - non-opiate users	OHID Fingertips/NDTMS	Public Health Intelligence
Deaths in treatment - alcohol only	OHID Fingertips/NDTMS	Public Health Intelligence
Breakdown of settings where peoples' treatment took place	OHID Fingertips/NDTMS	Public Health Intelligence
Housing need for people with problems with new psychoactive substances starting treatment	OHID Fingertips/NDTMS	Public Health Intelligence
The proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use [Nationally imposed outcome measure]		Public Health Intelligence+ CGL
Smoking prevalence in adults (18+) admitted to treatment for substance misuse	OHID Fingertips/NDTMS	Public Health Intelligence
Community Safety		
The number of drug-related homicides [Nationally imposed outcome measure]	Community Safety	Diane Egan
The number of county lines, number of county lines closed [Nationally imposed outcome measure]	Community Safety	Diane Egan
The number of moderate and major disruptions against organised criminals [Nationally imposed outcome measure]	Community Safety	Diane Egan
Testing on Arrest – achieve 95%	Community Safety	Diane Egan
Alcohol Treatment Requirements (annual)	Community Safety	Diane Egan
Drugs Rehabilitation Requirements (annual)	Community Safety	Diane Egan
Number of individuals testing positive for drugs who fail to engage with treatment service and where there is subsequently a failure in follow up	Community Safety	Diane Egan
Children and families		
% of current foster carers having attended information sessions on substance misuse	Children services	Teresa Milanzi
% of Early Help home assessment visits attended by CGL Havering where substance misuse is, or is identified as likely to be, an issue	CGL	Juned Mohammed
% of recovery plans produced by CGL for parents that are shared with Early Help	CGL	Juned Mohammed

Indicator	Source	Responsible
Substance misuse by children who had been looked after continuously for at least 12 months	Children services	Teresa Milanzi
Parental Substance Abuse (number and percentage)	Children services	Teresa Milanzi
Parental Alcohol Abuse (number and percentage)	Children services	Teresa Milanzi
Mortality		
Years of life lost due to alcohol related conditions	OHID Fingertips	Public Health Intelligence
Alcohol-related mortality Nationally imposed outcome measure]	OHID Fingertips	Public Health Intelligence
Alcohol-specific mortality Nationally imposed outcome measure]	OHID Fingertips	Public Health Intelligence
Mortality from chronic liver disease	OHID Fingertips	Public Health Intelligence
Drug-related mortality Nationally imposed outcome measure]		Public Health Intelligence
Qualitative data		
Service users & Service providers	CGL	Juned Mohammed
Residents' perception and issues	Community Safety	Diane Egan
Substance misuse in schools	Schools	Lucy Goodfellow
Crime and substance misuse	Probation Services / Prison /Police	Diane Egan
Alcohol outlets and licencing	Licensing team	Oisin Daly
Service commissioning	JCU	Daren Mulley
Housing / Supported Housing	Nina Willis	Nina Willis
Mental Health	NELFT	Irvine Muronzi
Substance misuse and employment	Job Centre Plus	Jakir Hussain
Voluntary sector role	VCS	Paul Rose
Children and Adult safeguarding issues	Safeguarding	Justine Wilson-Darke
Primary Care & Social subscribing	TBC	TBC
Community Pharmacy role	Community pharmacy commissioned services	Shilpa Shah
Drugs data and information sharing	All partners	Lucy Goodfellow

7. Needs assessment and strategy timelines

Steps / Milestones	Activities	Timeline	Responsible
1. Health Needs Assessment Part 1 (Mostly quantitative with some qualitative data)	Agree on assessment scope and indicators	July 2022	Anthony & CDPB
	Establish a working group to collect and analyse data based on agreed indicators	July 2022	Anthony & CDPB
	Identify data sources and collect / access data	July / August 2022	Anthony & Working Group
	Produce a template for NA reporting	July/ August 2022	Anthony
	Data analysis and reporting	August / September 2022	Anthony & Working Group
	Interviews, Focus Group Discussions and Stakeholder Engagement tools & prioritisation	August 2022	Daren, Anthony, Tha
	Stakeholder and service user events & reporting	September - January 2023	Daren & Working Group
	Draft needs assessment report presentation to the board	October 2022	Anthony & Tha
	Address arising issues and compile final health needs assessment report	November 2022	Anthony
	Submit Part 1 NA to central government	November 2022	Tha
2 Health Needs Assessment Part 2 (comprehensive – quantitative and qualitative data)	Further stakeholder and service user events & reporting	January – February 2023	Daren
	Further data analysis and reporting	January – February 2023	Anthony
	Final Needs Assessment presentation to partnership board	March 2023	Anthony & Tha
3. Strategy development	Establish a strategy working group to draft strategy	October 2022	Tha & Anthony
	Facilitate workshops to develop high level strategy	October - November 2022	Tha & Anthony
	Present high level strategy to partnership board for sign off	December 2022	Tha & Anthony
	Submit strategy to central government	December 2022	Anthony
	Further work on comprehensive strategy	January – April 2023	Anthony & Tha
	Strategy equality impact assessment	April 2023	Anthony & Tha
4. Draft strategy for consultation	Facilitate online consultation and partner engagement	May - June 2023	

Steps / Milestones	Activities	Timeline	Responsible
			Anthony, Tha & Communication team
5. Final Report	Presentation to the partnership board	July 2023	Anthony & Tha
	Presentation to the HWB	July/August 2023	Anthony & Tha
	Approval and publication	July/August 2023	Anthony
6. Initiate strategy implementation	Initiate strategy implementation	July /August 2023	Anthony & Tha