

Substance misuse in the City of London and Hackney



Annual report of the Director of Public Health for
City and Hackney 2019/20



Foreword

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I have chosen to focus on substance misuse, both alcohol and drug use, for my first report as the joint Director of Public Health for the City of London and Hackney. This is in order to highlight not just the many harms caused by alcohol misuse and illicit substances but also to call for a greater focus on the actions that can be taken to address these harms. No one agency can effectively prevent or provide services to our residents who are experiencing the wide-ranging health and social impacts of substance misuse.

The impacts of Covid-19 continue to be felt across all aspects of our communities, services and businesses. The extent to which the pandemic continues to change society is still evolving and this is also the case for substance misuse. Supply of both alcohol and illicit substances was significantly disrupted along with treatment services - rapid changes needed to be implemented to ensure substitute prescribing could be safely maintained and services shifted online.

Fear, stress and worry are all normal responses to the unknown and have been heightened throughout the pandemic compounded by far reaching effects on every aspect of daily life. The short, medium- and long-term effect of the pandemic and its interrelationship with substance misuse and mental health is only now starting to be understood. For some people, the disruption has led to a reduction in harmful behaviours. For others, increased mental health stresses have led to increased substance misuse.

For too long the combined challenges of a so-called dual diagnosis, of both a mental health condition and substance misuse, has made accessing treatment and care for either or both more difficult. Services have not always worked together as needed to ensure there is no wrong door into services and to start the journey to recovery.

In my report I describe the need, harms and local responses to substance misuse, and I call for the adoption of six principles that should underpin our approach, rooted in evidence-based interventions and recognised good practice.

The common factor uniting these principles is the need for partnership working. In recognition of this, I will be seeking feedback and advice on these recommendations prior to the production of a supplementary second part to this report, to be published in the new year.

In developing these principles by incorporating the views of political representatives, service users and those within the local health system, I aim to assure their success through consensus building and shared ownership. This should ultimately allow us to review the full scope of services and public health interventions and agree where we should focus our attention as the system responds to the challenges brought about by the pandemic.

A handwritten signature in black ink, appearing to read 'Sandra Husbands'.

Executive summary

Substance misuse creates harms for the individual, their families, and the wider community. To effectively address substance misuse, a partnership approach is required across the widest range of organisations and society to not only support people into effective treatment, but also strengthen protective factors and address the root causes. This partnership needs to reflect the interrelatedness of the risk factors which make people more vulnerable to problematic use of drugs and alcohol.

Drug and alcohol misuse contribute towards a wide range of physical and mental health conditions, increasing the risk of illness, hospital admissions and premature death. Furthermore, drug and alcohol misuse are often associated with poverty, insecure housing, homelessness and unemployment. It can negatively impact on friends and family, as well as having negative social consequences such as crime, anti-social behaviour and economic costs. These are not issues that can be remedied by either the public health or medical professions working in isolation. Addressing them requires a broad coalition of partners such as probation services, the police, the education sector, adult social care and mental health providers among others. This needs to be underpinned by strong political support and advocacy.

In Hackney and the City approximately one third of adults are estimated to drink more than the recommended low risk limit (14 units of alcohol per week). Only a minority of those with alcohol dependency are receiving treatment.

Just over 4,000 16-59-year olds in Hackney and around 100 in the City of London are frequent drug users. In Hackney only 44 % of the estimated number of residents using opiates, and 10 % using non-opiate/crack, are accessing treatment. These figures indicate a high level of unmet need.

Priority local issues that need to be addressed include:

- The reducing number of residents with alcohol dependence accessing treatment services, especially given local high alcohol related hospital admissions and death rates
- An ageing cohort of opiate and poly-drug users, with significant physical and psychological health needs
- The number of residents with both mental health conditions and substance misuse who are not currently receiving any mental health support
- Increasing inequalities locally and nationally, including for health, housing, employment, education and income
- The impact of the coronavirus crisis locally, including the additional negative impacts this is having on mental health and inequalities
- Significant improvement in equity of access to a full range of drug and alcohol treatment interventions through the newly commissioned Hackney and the City integrated service.

The basis of our response to these issues must be prompt identification and effective prevention of substance misuse and related harm.

This includes preventative measures, such as education and information provision; early intervention and brief advice; and specialist treatment, including in-patient care. From October 2020 Hackney and the City has had

a single integrated drug and alcohol treatment service. This will build on the successes of the previous service, but it has also been designed to address the gaps identified above. If we are successful with this approach, it should lead to a greater level of resilience to substance misuse in both the individuals at risk and our community more broadly.

Six core principles should underpin this response. Achieving them requires commitment from all stakeholders, and so consensus building will be key as we chart a path forward.

- 1) **Prevent:** reduce the availability of alcohol and illicit substances, increase price and restrict marketing especially where viewable by children.
- 2) **Assess:** Universal use of assessment tools to identify children and adults at risk of substance misuse harms, including both use and dealing especially so called “county lines”. These tools need to be implemented across all services who come into contact with residents including education, housing, social care, health and criminal justice settings.
- 3) **Dual Diagnosis:** All clients accessing health or social care services with a suspected or confirmed mental illnesses are assessed for substance misuse at least every 12 months and an up to date dual treatment plan is recorded where a need is identified.
- 4) **Inform:** Provide locally relevant information on the effects of substance misuse and where to get support, treatment or to exit illicit dealing/supply-ensuring information is widely known and all practitioners are confident to make an effective referral to local services.
- 5) **Refer:** Where either a vulnerability or existing substance misuse need is identified an effective referral is made within the last 12 months, documented and follow up enquiry made with the client.
- 6) **Excel:** A renewed local focus on helping people into effective treatment and ensure treatment outcomes including reductions in drugs overdoses, abstinence or harm reduction and successful blood borne virus outcomes are amongst the best in country.

Contents

1. Background	6	5. Conclusion and recommendations	17
2. Substance misuse and its impacts	7	Prevent	17
Physical and mental health	7	Assess.....	17
Socioeconomic impacts	9	Dual Diagnosis	18
Friends and family.....	11	Inform	18
Wider society	12	Refer.....	18
3. Prevalence of substance misuse in the City and Hackney	13	Excel	18
Alcohol.....	13	6. Appendix A: Related Policy Documents	19
Drugs.....	14	National policies and recognised guidance	19
4. Emerging issues	15	Local Policies.....	19
Mental health and Dual Diagnosis	15	7. Appendix B: Case Study	20
Increasing inequality	15	8. References	22
Changes in the City of London	16		

1. Background



Alcohol and drug use occur in all sections of society across England, but the nature, extent and acceptability varies significantly with culture and religion. The majority of people do not use illicit drugs or drink above the recommended limits. However, a significant number do, and this can have a serious negative impact on their physical and mental health, social relationships, economic circumstances and lifestyle choices, in addition to wider family, environmental and economic impacts.

In Hackney and the City of London, we are committed to reducing the harm associated with drugs and alcohol. We will do this not only by providing up to date and accurate information on the risks of substance use (allowing local people to make an informed decision about their choices) but also by providing excellent and effective treatment and support to those who are affected by substance misuse. Importantly, individuals struggling with substance misuse will be fully involved in the decisions made about their treatment journey.

However, providing information and services in itself is not sufficient. To effectively address substance misuse there must be ongoing partnership work to address the root causes and ensure that the treatment system is trusted and easily accessible. Outcomes should not only focus on harm minimisation, recovery and abstinence but also ensuring clients are able to address housing, employment and wider health issues. All agencies across the private, voluntary and statutory sector must work together to ensure effective identification of need, referral and ongoing support for residents who would benefit from accessing treatment services. We recognise the importance of behavioural science and continue to look at opportunities to embed behavioural insight-led approaches into our work.

2. Substance misuse and its impacts

Physical and mental health

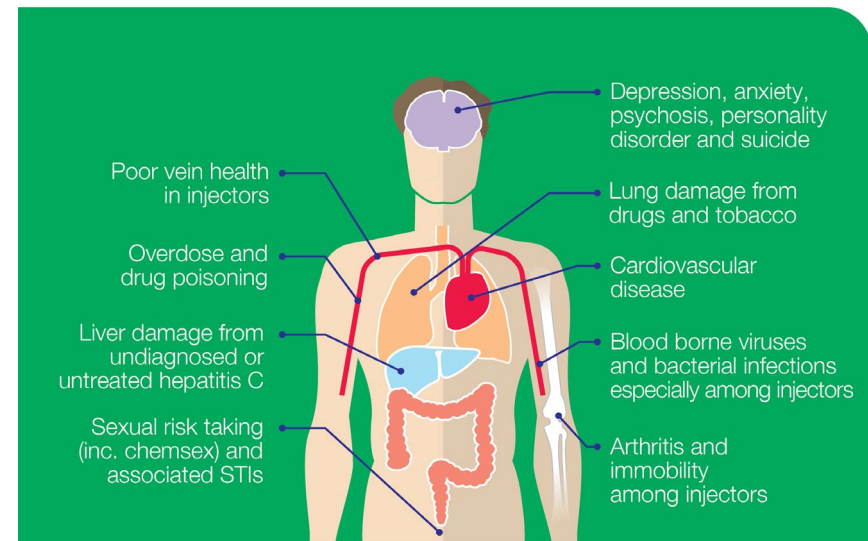
Physical health

Alcohol and drug misuse are associated with a wide range of negative physical health outcomes. In the short-term this can include indigestion, nausea, diarrhoea, changes to appetite, heart rate, wakefulness, blood pressure, and mood changes. Individuals can also overdose from substances which can lead to death. In the longer term, it can also increase the risk of a wide range of long-term physical health conditions, including stroke, cardiovascular disease, cancers, psychosis and brain damage. Some of the longer-term health risks associated with alcohol and drug misuse are outlined in the images on the right-hand side of the page, **courtesy of Public Health England.** [1]

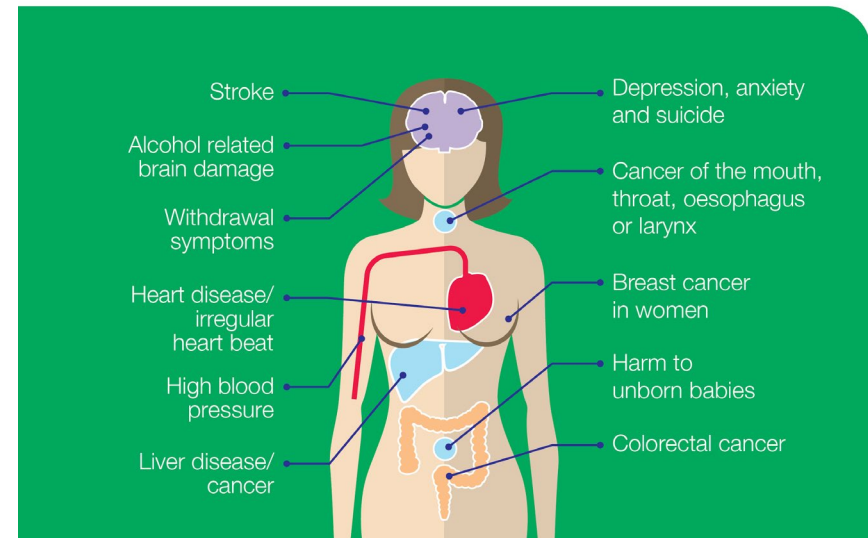


Public Health
England

Drug misuse damages health



Alcohol use damages health

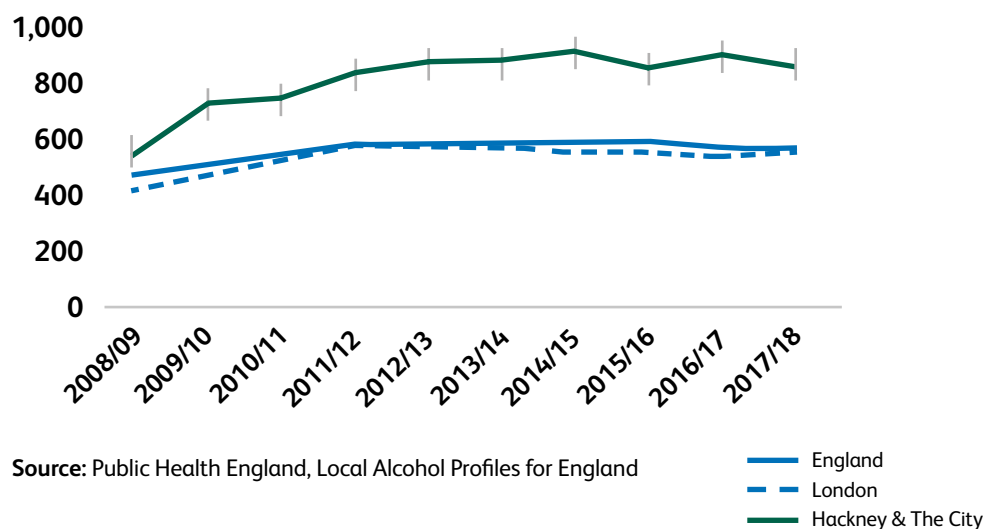


Local health data

The rate of drug related deaths in Hackney¹ has consistently been greater than both the England and London average recent years. Between 2015 - 2017, there were 50 recorded drug related deaths in Hackney equating to 6.4 deaths per 100,000 population, compared to 3.0 for London. Although this reduced to 44 for 2016-18, 5.4 deaths per 100,000, this remains above the rate for London at 3.1 per 100,000, or England at 4.5 per 100,000.

Alcohol is the leading risk factor for ill health, early death and disability among people aged 15-49 years in England and the 5th leading risk factor for these areas across all age groups. [2]. In terms of hospital admissions, alcohol has a significant impact locally, as seen in Figure 1. This is for adults only, for under 18s the figure is lower than England and London averages.

Figure 1: Rates of alcohol-specific hospital admission episodes (all ages, directly age standardised rate per 100,000 of population, 2008/09 to 2017/18)



Source: Public Health England, Local Alcohol Profiles for England

— England
 - - London
 — Hackney & The City

¹Data not available for City of London due to small numbers



Mental health

Poor mental health can be both a cause and a consequence of substance misuse. Compared with the general population, people addicted to drugs or alcohol are approximately twice as likely to suffer from mood and anxiety disorders and, similarly, people with mental health problems are more likely to be dependent on drugs and/or alcohol. [3] Evidence indicates that alcohol use causally increases the risk of depression, however, there is also evidence that many people in the UK drink alcohol in order to help them cope with emotions or situations that they would otherwise find difficult to manage. [4] [5] Over 40% of new presentations to the local drug and alcohol treatment service in 2017/18 self-reported a concern with mental health and asked for support.

Socioeconomic impacts

The importance of partnership working becomes clear when we consider the range of wider socioeconomic issues that have a reciprocal relationship with substance misuse. Issues that are strongly associated include poor housing, social deprivation and unemployment. These can only be tackled in the context of the wider system, necessitating the involvement of multiple agencies. One of the key roles of Public Health is to facilitate this kind of partnership working, by developing professional relationships, helping colleagues understand what the data is telling us, and creating opportunities for partners to develop system-level solutions. This should all be rooted in an empathetic, strengths-based approach that recognises the value of the individual.

This kind of attitude is exemplified by MEAM, making every adult matter. This framework is used by local partnerships across England to develop a coordinated approach to tackling multiple disadvantage in their local area. Locally, our STEPS (Supporting Transitions and Empowering People Service) program provides numerous examples of how powerful this can be. A case study is provided in **Appendix B**.

Poor housing and Homelessness

Drug and alcohol problems can be both a cause and a symptom of homelessness, with substance use being recognised locally as a key driver for rough sleeping. [6] In 2019/20, 275 and 434 rough sleepers were identified in Hackney and the City of London respectively, a large increase of 112 people in Hackney and a small reduction of 7 people in the City of London since the previous year. Of rough sleepers assessed across London during this time period, 77 % reported using drugs, alcohol and/or having a mental health need, demonstrating that substance use and mental health are significant risk factors within the local homeless population.

Rough sleepers are among those most vulnerable to the risks of coronavirus, and given the impact coronavirus is having on employment and the wider economy it is likely that more people will become homeless over the coming months. In response to the needs of this high risk group, in line with the wider government initiative, Hackney Council and the City of London Corporation worked to find appropriate accommodation for everyone sleeping rough, or in a shelter, in Hackney and the City during lockdown. This has provided an opportunity for the council/corporation, local health trusts and voluntary sector and community organisations to engage the homeless population and provide wraparound support in a way that was not previously possible.

The *Covid Homeless Rapid Integrated Screening Protocol* (CHRISP) conducted by clinicians from University College London Hospital (UCLH), following the 'Everyone In' initiative to protect the homeless during the pandemic, provided a health assessment for 140 rough sleepers in Hackney. CHRISP data found 51 % of rough sleepers met clinical thresholds for a diagnosis of depression and/or anxiety, with a further 25 % suffering from a severe mental health condition, such as bipolar disorder or psychosis. A further 17 % were dually diagnosed, meeting the clinical thresholds for daily injecting drug use and severe mental health.

Importantly, this focus on delivering health and wellbeing interventions to recently housed rough sleepers includes testing for Covid-19, alongside the screening of blood borne virus, tuberculosis, and physical and mental health. The Covid-19, Homeless, Rapid, Integrated, Screening Protocol survey is being carried out by UCLH's Find and Treat team. Findings from CHRISP will inform a local needs assessment of this population to further inform local pathways, service delivery and the identification of appropriate move on options for longer term sustained housing.

Deprivation

People living in more deprived areas live, on average, shorter and unhealthier lives. [7] Deprivation is linked to almost all health outcomes. In terms of substance misuse, there is an association between deprivation and prevalence of opiate and crack cocaine use, and also an association with poorer treatment outcomes. The Index of Multiple Deprivation (IMD) is a combination of a number of indices: income deprivation; employment deprivation; health deprivation and disability; education skills and training deprivation; barriers to housing and services; living environment deprivation; and crime. [8] In 2019, Hackney was ranked² the 22nd most deprived local authority in England and the City of London was the 135th out of 149. Hackney continues to rank poorly in areas such as income, crime, barriers to housing and services and has over 50% of the lower super output areas ranked as being in the most deprived 10% nationally.

² Rank of Extent

Employment

Drug and alcohol use and misuse is known to have an impact on employment, and other areas that support employment such as education and training programmes.



For example, alcohol misuse has been estimated to cost £7billion in lost productivity across the country. [10] In addition, the majority of individuals engaged in drug and alcohol treatment report they are unemployed. Effective treatment services work to support service users back into employment or other kinds of meaningful activities. Employment and recovery from drug and alcohol misuse are mutually reinforcing.

Friends and family

Drugs and alcohol can also have a negative impact on friends and family. A recent national survey in England found that one in five adults had been harmed by the drinking of another person in the previous 12 months. [11]

Parental drug and alcohol misuse can also have a detrimental effect on the health and wellbeing of children. The Department for Education's (DfE's) **Characteristics of children in need** showed that in 2016 to 2017, drug use was assessed as a factor (either parent or child-related) in 19.7% of cases and alcohol use was a factor in 18%. It is associated with an increased likelihood of the children partaking in risk-taking behaviours, reduced educational attainment and earlier uptake of drugs or alcohol. Alcohol during pregnancy also creates a risk of Fetal Alcohol Spectrum Disorders (FASD), causing neurodevelopmental problems that impact on the life chances of those affected.

In 2017/18:

- 11 new presentations to drug and alcohol treatment across Hackney and the City of London were pregnant women, equating to 5% of all new presentations
- 14% of new presentations for alcohol misuse and 12% of new presentations for drug misuse were living with children in 2017/18 (their own or others)
- However, in Hackney it is estimated that only 16% of alcohol dependent residents and 55% of opiate dependant residents living with children are receiving drug and alcohol treatment, demonstrating a notable unmet need. Numbers in the City of London are too small for meaningful analysis. [12]

Hackney and the City's Pregnancy Multidisciplinary Team (MDT)

Since 2018 Hackney Recovery Service's offer to pregnant women has improved significantly in response to this unmet need. The Pregnancy MDT was also established in response to the specific needs of pregnant and perinatal women in Hackney and the City, which included greater co-occurring mental health issues in this population:

- The pregnancy and perinatal MDT consists of the consultant psychiatrist, families worker, midwife, recovery workers, and the health visitor.
- The MDT occurs every two weeks, via Microsoft Teams.
- The focus of the MDT is around holistic assessment of substance misuse difficulties, diagnosis of comorbid mental health difficulties, psychosocial planning, communication and feedback from midwives, MDT planning, sharing of information, and referral to mental health perinatal services if required.

Outcomes from this innovative partnership working include; increased referrals to Mother and Baby Units, with treatment being prioritised for pregnant women through referrals to detox units and rehabilitation facilities, the MDT has been able to advocate for women and identify additional needs such as complex PTSD, social and general anxiety and bipolar disorder. Women have successfully been referred to Hackney's Orbit service to continue learning about how substance misuse impacts upon theirs and their babies' health and wellbeing and to learn parenting and self-care skills.

Wider society

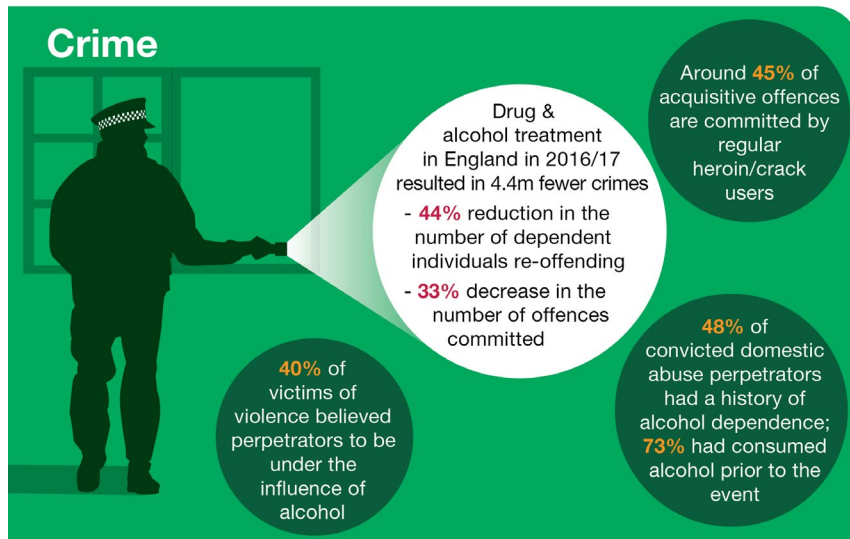
Crime

Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Up to 80% of weekend arrests are alcohol related and over half of violent crime is committed under the influence of alcohol. [13] Furthermore 45% of all acquisitive offences (for example theft, burglary, and robbery) are committed by regular heroin or crack cocaine users. [14]

Local data across the City of London and Hackney echo the above statements with ambulance dispatches for alcohol assaults increasing at times and on days where alcohol is more likely to be consumed. It is important to note that Hackney and the City's night time economy is attractive to visitors, so the increase may not wholly relate to the residents.

Drug and alcohol treatment have a proven track record of reducing crime.

Drug and alcohol misuse harms communities*



Annual costs of drug misuse and alcohol related harm*



Economic costs

The costs associated with drug and alcohol use, and their associated harms, are substantial. They include costs associated with deaths, NHS treatment, crime, policing and lost productivity in the workplace. [1]

The evidence shows us that alcohol and drug treatment helps people to recover and is value for money. Treatment is associated with immediate and long-term savings to the public purse, e.g.

every £1 spent on drug treatment, saves £2.50

* * Courtesy of Public Health England

3. Prevalence of substance misuse in the City and Hackney

It is challenging to estimate how many people use substances within a local area. This is partly due to the hidden nature of substance misuse, possibly linked to the legal status of many substances, or potential feelings of shame or embarrassment. Many people also underestimate the risks associated with their lifestyle choices; for example, underestimating their alcohol consumption by as much as 40 %, and how risky their drinking patterns are. [15]

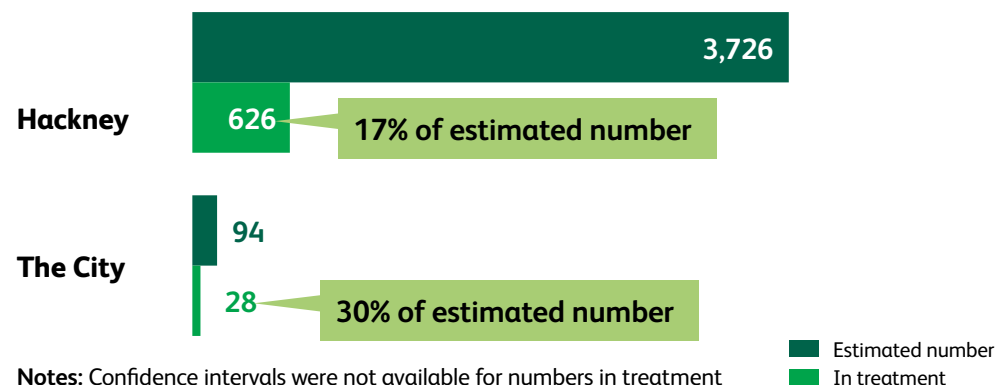
However, there are some estimation tools available that give local authorities and other services (e.g. healthcare) an idea of the amount of substance misuse occurring in a local area, and therefore, the support and treatment needed.

Alcohol

About one third of adults in Hackney are estimated to drink more than 14 units of alcohol per week (commonly agreed to be the lower risk limit for alcohol consumption) but around one fifth of residents abstain from alcohol completely. [16] A local survey in 2019 suggested that some people may not have good insight into their drinking habits, with over 70 % of those who thought they did not drink to excess being assessed as ‘high-risk’ drinkers using the AUDIT-C tool.

Public Health England estimates that nearly 4,000 residents across the City and Hackney are dependent on alcohol, with 83 % of those adults in Hackney and 69 % in the City not receiving treatment for this. [18]

Figure 2: Estimated number of Hackney and City of London residents with alcohol dependency (age 18+, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



System wide approaches to prevention can help our community to reduce levels of harmful drinking, and multidisciplinary alcohol care teams linking primary care, secondary care and the community are very effective in reducing alcohol harms and costs to the health system and wider society.

Cross-sectional data extracted from primary care records on 1st April 2018 showed that 16 % of City and 6 % of Hackney residents registered with a GP aged 18 and over had completed an AUDIT-C assessment. Of these, nearly 500 City residents and 5,475 Hackney residents aged 18 and over had an AUDIT-C score of 5 and above indicating increasing or higher risk drinking (8 % and 2 % of the resident adult population respectively). Brief advice and screening such as this are essential to a systems wide approach to the identification and prevention of substance misuse.

Drugs

The 2017/18 Crime Survey for England and Wales (CSEW) gives an estimate of the prevalence of people using drugs in London. We can use this prevalence estimate by applying it to our local population data. This crudely predicts the number of people using drugs in Hackney and the City (Table 1). The CSEW also estimates that around 2.1 % of 16-59-year olds nationally are frequent drug users³. [19] Applied locally to 2018 population projections, these estimates suggest that just over 4,000 16-59-year olds in Hackney and around 100 in the City of London are frequent drug users.

Table 1: Local estimates of Hackney and the City residents using drugs in the last year by type (age 16-59, 2017/18)

Substance type	National prevalence England	Regional prevalence London	Hackney estimated No.	City of London estimated No.
Any Class A drug ⁴	3.5 %	3.3 %	6,387 (2.2 %) ⁵	165 (1.9 %) ⁶
Any drug ⁷	9.0 %	9.3 %	18,001 (6.4 %)	466 (5.6 %)

Source: Home Office, CSEW 2017/18, [18]

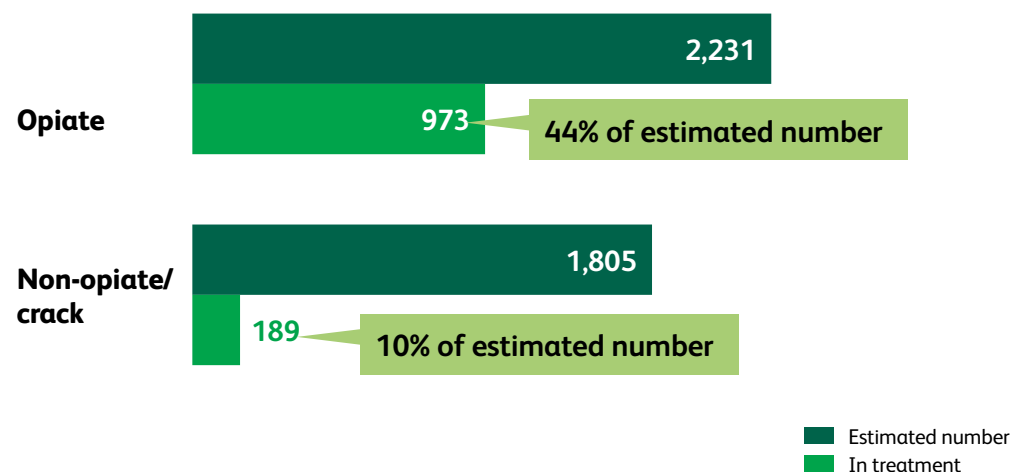
³ Frequent use refers to use of any drug more than once a month in the past year.

⁴ Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

⁵ Based on the 2018 mid-year population estimate of 279,700

Public Health England uses a tool developed by Liverpool John Moores University to estimate the prevalence of opiate and/or crack cocaine use in local areas. [20] This tool suggests there are approximately 2,880 residents across Hackney and the City using opiates and/or crack cocaine. As with alcohol, there is a high level of unmet need, with over half of those estimated as dependent on opiates and/or crack cocaine not receiving treatment for this.

Figure 3: Estimated number of Hackney residents using opiates and/or crack cocaine (age 15-64, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



⁶ Based on the 2019 mid-year population estimate of 8,700

⁷ Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills/powders/drugs smoked, ketamine, methamphetamine and mephedrone.

4. Emerging issues

Mental health and Dual Diagnosis

Unfortunately, due to continually increasing health inequalities, a deteriorating economy and the coronavirus crisis, prevalence of mental health problems in the City and Hackney are likely to increase over the coming months and years. Mental health thus needs to be a high priority to strengthen prevention efforts with substance misuse, as in 2019/20, 56 % of substance misuse treatment service users had a mental health treatment need identified.

Published guidance emphasises that an integrated approach to treatment and support is essential. Yet, a quarter of all new presentations to Hackney and the City's treatment system in 2019/20, with a self-disclosed mental health issue, were not receiving any support or treatment for their mental health.

However, work is underway in Hackney and the City to review and improve the pathways and partnership working between substance misuse and mental health services, so that service users receive more joined up care going forward. In North East London, a novel approach to mental health service provision is emerging, focusing on blended teams that draw on a wide range of partners to meet the needs of our community. Our new substance misuse provider is becoming more engaged with this promising neighbourhoods model, enabling service users to have a package of support that is tailored to their specific needs. Along with this additional capacity to bring drug and alcohol treatment into the community to better tailor the recovery journey to the individual's need, the new substance misuse service will provide a Dual Diagnosis post to lead on evidence based, best practice for substance misuse to complement the work of the new blended mental health teams.

Increasing inequality

The recently published report: Health equity in England: *The Marmot Review 10 years on*, [22] found that inequalities in the UK have continued to increase across a wide range of domains, including health, education, housing, employment and income. This is likely to be at least partly a consequence of the last decade of austerity, including factors such as the closure of children's centres; declines in education funding; an increase in precarious work and zero hours contracts; a housing affordability crisis and a rise in homelessness; more people with insufficient money to lead a healthy life and resorting to food banks; and ignored communities with poor living conditions and little reason for hope.

These increasing inequalities are likely to directly and indirectly led to increased levels of substance misuse. Often, inequalities are interrelated and can have a compounding effect. For example, low income is a risk factor on its own but children living in poverty are also more likely to be exposed to adverse childhood experiences. These experiences in turn elevate the risk that children and young people will experience negative health and social outcomes across the life course, including higher risk of substance misuse. The more adverse childhood experiences, the worse the outcomes are likely to be. For example, where children have four or more adverse childhood experiences, they are five times more likely to use illicit drugs and seven times more likely to be addicted to alcohol than children who have not. [23]

The effect of inequalities is being magnified by the coronavirus pandemic, and regardless of how quickly we can overcome the virus, these impacts are likely to be felt for a long time to come.

Many people have experienced trauma as a result of the crisis, including frontline workers, people who have lost loved ones, those who were seriously ill but recovered and those who struggled to feed or look after themselves and their families during the crisis. Economic inequalities have increased, with the least affluent struggling more than ever with debts, housing, employment and health. Children from the most deprived families are also most likely to have had their education negatively impacted by lockdown restrictions, which will have long-term effects on their opportunities in life.

All these issues create risk factors for substance misuse. How we respond to coronavirus therefore has significance far beyond the direct effects of the virus; it will determine the future of our community and our ability to build an environment that is conducive to lowering the risk factors for harmful use of alcohol and drugs.

Changes in the City of London

The Covid-19 pandemic and the introduction of strict social distancing measures, combined with “lockdown” in March 2020 and move to Tier 2 and 3 Covid restrictions, has led to a huge shift in the daytime population in the City of London. With the vast majority of City workers and other desk-based workers in central London working from home and the likelihood that this will remain the case in at least the short- to medium-term, this brings about significant changes to the Night Time Economy (NTE) in the Square Mile. These changes will, in turn, have a large impact on the “social” use of alcohol and substances among City workers and visitors to the City’s NTE; the effects of which it is too early to confirm. Most cocaine use among City workers has typically been in combination with alcohol consumption.

In addition, increased working from home has necessitated different approaches in terms of supporting City employers to share messages about alcohol and drug related harm and harm reduction with their workforces, such as through virtual channels and signposting to digital resources. This is not necessarily the case with regards to the City’s “hidden” workforce (such as security guards and cleaners), who continue to travel into the Square Mile and work on-site.

5. Conclusion and recommendations

The challenges that substance misuse creates for individuals and families in our community are only likely to increase as the broader social impacts of the pandemic become apparent. The current pattern of need across the City and Hackney highlights how important it is for us to ensure our treatment services are able to deliver for those affected, and our approaches to prevention must take in to account the wider determinants of health and focus on reducing health inequalities between different groups in our population.

None of this can be achieved by single measures that tackle isolated problems. We need the entire system to respond, and partners must work together to achieve this. As such, any recommendations should be made in the spirit of collaboration and consensus. I therefore propose the following six principles that should underpin partnership working. We will seek feedback from these partners to agree on how these principles should be employed and developed in response to the increasing need we are likely to see in the coming months and years.

Prevent

Reduce the availability of alcohol and illicit substances, increase price and restrict marketing especially where viewable by children.

A fundamental component of our approach to reducing the harms of substance misuse is creating an environment that is less conducive to it. For alcohol, Shoreditch and Dalston are already Special Policy Areas, creating a presumption that new licencing applications will be refused; more generally,

we advocate to continually seek appropriate and effective opportunities to discourage excessive consumption, through reducing 'special offers' and price reductions.

Our new service provider is obliged to support and promote local and national campaigns (e.g. Dry January, Alcohol Awareness Week), in an effective and strategic manner. The City and Hackney should use these opportunities to support national efforts to reinforce messaging around alcohol consumption, in particular zero alcohol during pregnancy; Fetal Alcohol Spectrum Disorders increase the future risks of substance misuse for those affected, and prevention is thus crucial to breaking recurrent cycles of alcohol misuse across generations.

Assess

Universal use of assessment tools in all agencies to identify children and adults at risk of substance misuse harms, including both use and dealing especially so called "county lines".

Consistent application of assessment frameworks must be a cornerstone of our approach to substance misuse. We need all professionals to be confident in applying these, such as the AUDIT-C framework for alcohol, and tools such as DAST for illicit substances, and to have clear subsequent referral pathways and mechanisms. Our new service provider is working closely with GPs to ensure a seamless transition of referral pathways, and this needs to be the case for all partners in the health system and social care.

Application of assessment frameworks also underpins our ability to recognise young people at risk of exploitation. The incentives for young people to become involved in gangs and “county lines” can be powerful, and we need a multiagency approach to supporting parents and carers to overcome these. Appropriate assessment forms the basis of this approach.

Dual Diagnosis

All clients accessing health or social care services with a suspected or confirmed mental illnesses are assessed for substance misuse at least every 12 months and an up to date dual treatment plan is recorded where a need is identified.

The interrelationship between mental health and substance misuse creates challenges in delivering services for people with the most complex needs. Joined up services which seek to eliminate the walls between interventions for mental health and substance misuse require good record keeping and dual treatment plans, designed to allow people to reconnect with services if treatment is halted prematurely.

Inform

Provide locally relevant information on the effects of substance misuse and where to get support, treatment or to exit illicit dealing/supply - ensuring information is widely known and all practitioners are confident to make an effective referral to local services.

All partners in the health, social care and education sectors need to be confident and aware of the services we are providing, with the opportunity to develop relationships with providers and develop an understanding of the services offered. Open days and networking meetings should be encouraged

and can be facilitated by the Public Health team. Public Health in conjunction with our new service provider Turning point will also aim to develop our approach to Shared Care among GPs.

Refer

Where either a vulnerability or existing substance misuse need is identified, an effective referral is made within the last 12 months. This must be documented and a follow up enquiry made with the client.

Consistency and quality of referrals from the health, social care and education providers must be continually reviewed, alongside a recognition that making a referral does not represent the end of our duty to the individual. Follow up is required to ensure treatment commences and results in a successful outcome. This often requires sensitivity to individual circumstances, for example the observation that many people referred for support with alcohol misuse find services that also tackle other types of substance misuse unacceptable.

Excel

A renewed local focus on helping people into effective treatment and ensure treatment outcomes including reductions in drugs overdoses, abstinence or harm reduction and successful blood borne virus outcomes are amongst the best in country.

We must draw on all the evidence available to us to provide the best service. This starts with our communities and service users; sharing of experiences through stories and user representation in decision making forums is an opportunity for all partners to take ownership and responsibility for substance misuse. Regular focus on NDTMS metrics and reflection on how we can improve upon them should similarly be a collaborative effort.

6. Appendix A: Related Policy Documents

National policies and recognised guidance

National Drug Strategy (2017) - Sets out the Government's partnership approach to tackle drug misuse at a local, national and international level. It is focused on reducing demand, restricting supply, building recovery and global action. [26] This expands on the aims of the previous strategy in 2010, namely to provide additional focus on reducing illicit drug use and increase the rate of people recovering from addiction and/or dependence on substances.

Drug misuse and dependence: UK guidelines on clinical management (2017): These guidelines, commonly known as the 'Orange Book', provide information for clinicians and commissioners on evidence-based pharmacological and psychosocial treatments, ensure safe clinical and prescribing practices within specialist drug and alcohol services, and other clinical environments such as hospitals, custody settings and GP practices. [27]

The National Institute for Health and Care Excellence (NICE) Guidelines: Commissioners and substance misuse services will comply with NICE guidelines on managing alcohol use disorders and drug misuse to ensure high quality practices for alcohol and drug use prevention, identification, assessment and treatment. [28]

Local Policies

Hackney's Alcohol Strategy (2017-2020): This local alcohol strategy is the result of a consultation process with residents and partners aiming to reduce alcohol-related harm in Hackney. [29] It is based on four core principles:

- encourage healthier drinking behaviours
- commission appropriate and responsive services
- support families, carers and young people affected by alcohol misuse
- promote responsible drinking environments.

Hackney Community Safety Partnership Strategic Assessment (2018-2019): This strategy focuses on tackling crime and disorder in Hackney and has three strategic priorities linked to alcohol and drug misuse:

- gangs, youth crime, youth victimisation and engagement
- alcohol related crime, licensing and safer socialising
- substance misuse, treatment and drug dealing.

City's Draft Alcohol Strategy (2019-2023): This strategy is currently in consultation with residents and workers of the City of London, but it stands on three main outcomes:

- people being informed about the risks of alcohol-related harms
- people being and feeling safe in the night-time economy
- people having the support they need to access services.

7. Appendix B: Case Study

The following case study has been provided with the permission of S. His story highlights the problems that people encounter dealing with a system where the parts do not always work together well. His engagement with the Multiple Needs Service shows how effectively partners from different agencies can be when they collaborate to overcome the problems to allow those with substance misuse problems to flourish.

S is a 50 year old male who was diagnosed with clinical depression, bi polar and personality disorder at a young age but his mental health worsened when his dad died unexpectedly. S was first introduced to class A drugs when he was an inpatient in a mental health hospital by other patients and his drug use, crack and heroin, continued after he was discharged. S was last sectioned in December 2015 for two months following an overdose as a deliberate serious suicide attempt.

S has a history of offending including charges for possession and shoplifting. Prior to his hospital admission S was homeless so on discharge he was placed in a hostel for ex-offenders in Stoke Newington by Probation.

S was referred to the Multiple Needs Service, MNS, in August 2016 by his keyworker at Hackney Recovery Service (HRS). S had been a client at HRS and prescribed 45mls of methadone since May 2016. S scored high on the Chaos Index at 39 out of 48 as he had support needs in all four key areas, mental health, substance use, criminal justice and unstable housing. S was on a methadone script but continued to use crack and heroin on a weekly basis, he was no longer being supported by mental health services but was compliant on medication prescribed by GP for clinical depression and bi-polar and he continued to attend probation.

When S was first referred to MNS he didn't know how the team could support him and asked to 'take it slow' as he didn't want to feel overwhelmed, but after the first few meetings he started to open up and spoke about his family and his mental health and substance use. S wasn't feeling supported at the hostel and there were concerns about issues he was having with the other resident in his flat and there was no 'move on' plan in place. This was impacting his mental health, in particular when he experienced bi-polar low moods he was finding it difficult to keep himself safe in his environment. S was expressing suicidal ideation and at times he considered hospital admission. MNS were active in coordinating and attending case management meetings with S, the hostel, HRS and Probation in order to develop a shared support plan.

Whilst putting a move on plan in place we were informed by the hostel that S had accrued almost £3000 rent arrears that he needed to pay off first. There appeared to be a short fall in housing benefit of around £50 per week, S wasn't in a financial position to cover this and pay off arrears so MNS took the lead on finding a solution. Through investigation, MNS were informed that this was an error as the hostel were classed as supported accommodation, so therefore a benefit cap does not apply. During this process, MNS discovered that S was registered for council accommodation and with the rent arrears now cleared, he was eligible to bid. MNS supported S to bid on properties and used their knowledge of Hackney to ensure they were in areas that suited his needs. Within a few weeks of bidding S was invited to view a property, MNS supported him to attend, he accepted the property and collected the keys and signed the tenancy agreement that same day.

The hostel supported S to move from the hostel into the flat three weeks later,

and allowed him to take the single bed and a small table from his room as he had no furniture of his own. In addition, the hostel and HRS applied for funding from various sources to help furnish the flat, enabling S to buy a fridge freezer and washing machine and in addition MNS Service bought him a microwave. MNS supported S with a PIP application which was successful and he used this to buy a cooker, double bed frame and put £200 towards a sofa and the other £250 was paid for from the Sherriff's Fund. A year later, because S had been unable to save for a double mattress, MNS team bought him one to celebrate maintaining his tenancy for one year and his 50th birthday.

Once settled in a safer environment and engaging well with MNS and HRS support, S wanted to access services to support his mental health. HRS contacted his GP who referred S to The Therapeutic Outreach Service (TCOS), a service for people with personality disorder and MNS referred S to the Wellbeing Network. MNS supported S to attend his assessment for TCOS and he was accepted for the 8 week Group Introduction programme and whilst he waited to start he attended some group sessions at the Wellbeing Network and continued to attend the peer led weekly SMART group.

S went on to complete the introduction programme at TCOS but found it challenging so felt unable to continue with the Wellbeing Network as well. When he was invited back to TCOS to discuss his progress and the next stage of treatment, S asked MNS to go with him and when asked, how MNS Team support him, he replied by saying, 'they saved my life'. S has been accepted for

the next stage of treatment at TCOS but was advised there is a 9 month wait to start and is currently still waiting. In the meantime he is encouraged to check in with TCOS if needed but is otherwise supported by HRS and MNS.

S continues to attend the SMART group and HRS and has reduced his methadone dose by more than half to 20mls. He had managed to reduce his dose to 5mls but at that point he experienced symptoms of withdrawal and bought street methadone to prevent him from using heroin over a weekend. S initiated a joint meeting with MNS and his keyworker at HRS to discuss what happened and together we decided it was best for him to go back up to 20mls as he'd also had some disruption with the medication prescribed by his GP. In joint meetings since then S has explored residential detox as an option and after attending several pretox groups and further discussion, has decided he is ready. There is a plan in place and funding agreed for S to attend 3 weeks residential detox to be followed by a 12 week abstinence day programme at HRS.

In recent weeks, a number of other service users and professionals have commented on the way S contributes during group sessions and how well it supports his peers. He has been exploring with MNS ways he could develop his skills and is considering an NVQ in Advice and Information with a view to facilitating his own peer led groups. Most recently he attended a MEAM learning hub where he contributed well and was proud to tell people he is an MNS service user.

8. References

- (1) Alcohol and drug prevention, treatment and recovery: why invest?, 2018. [Online]. Available: [gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest](https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest)
- (2) Public Health England, “The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies,” 2016 [Online] Available: [gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review](https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review)
- (3) National Institute on Drug Abuse, “Health Consequences of Drug Misuse,” 2017. [Online]. Available: drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction
- (4) Boden, JM. and Fergusson, DM., “Alcohol and depression,” *Addiction*, vol. 106, no. 5, pp. 906-14, 2011.
- (5) Mental Health Foundation, “Cheers? Understanding the relationship between alcohol and mental health,” 2006. [Online].
- (6) DRAFT- Rough sleeper strategy
- (7) City and Hackney Public Health Team, Joint Strategic Needs Assessment: Living Standards (2017). [Online]. Available: hackneyjsna.org.uk/wp-content/uploads/2018/05/Living_standards.pdf
- (8) Ministry of Housing, Communities and Local Government. Indices of Multiple Deprivation, Borough 2000-2007, London Datastore (2010) [online].
- (9) YouGov Profiles, City of London Workers’ health study, 2019. [Unpublished].
- (10) Alcohol Change, “Alcohol in the workplace”. [Online] alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-in-the-workplace
- (11) Public Health England, “Alcohol’s harm to others,” 2019. [Online]. Available: [gov.uk/government/publications/alcohols-harm-to-others](https://www.gov.uk/government/publications/alcohols-harm-to-others)
- (12) Public Health England, “Problem parental drug and alcohol use: a toolkit for local authorities,” May 2018. [Online]. Available: [gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem](https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem)
- (13) Institute of Alcohol Studies, “Alcohol’s impact on emergency services,” 2015. [Online]. Available: alcoholpolicy.net/2015/10/alcohols-impact-on-emergency-services-ias-report.html
- (14) Mills, H; Skodbo, S; and Blyth, P, “Understanding the organised crime: estimating the scale and the social and economic costs. Home Office Research Report 73.,” Home Office, London , 2013.

- (15) Department of Health and Social Care, Drinkers can underestimate drinking habits, 2013. [Online]. Available: gov.uk/government/news/drinkers-can-underestimate-alcohol-habits
- (16) Public Health England, “Local Alcohol Profiles for England,” 2018. [Online]. Available: fingertips.phe.org.uk/profile/local-alcohol-profiles [Accessed July 2018].
- (17) BMG research on behalf of Hackney Borough Council, “Health and Wellbeing Survey 2019,” 2019. [Online]. Available: hackneyjsna.org.uk/wp-content/uploads/2019/06/Hackney-Health-and-Wellbeing-Survey-2019-Report.pdf
- (18) Public Health England, University of Sheffield, ‘Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment adult prevalence 2016/17, November 2018
- (19) Home Office, “Drug misuse: findings from the 2017 to 2018 Crime Survey for England and Wales (CSEW),” July 2018. [Online]. Available: gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew [Accessed October 2018].
- (20) Centre for Public Health, Liverpool John Moores University, “Opiate and crack cocaine use: prevalence estimates by local area 2014/15,” 2017.
- (21) Drugwise, Fentanyl, [online] drugwise.org.uk/fentanyl/
- (22) Institute of Health Equity 2020, Health Equity In England: The Marmot Review 10 Years On, Available: health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf
- (23) Larkin, W., “Twenty Years Asleep – Responding to the Adverse Childhood Experiences Research...and how asking the right questions can change the world!”, 2018.

