

**DRAFT - London Borough of Barnet**  
**Substance misuse strategy 2015 – 2020**

**Authors:**

Dr Wazirzada M. Rehman Khan

*Senior Health Improvement Specialist*

*Barnet and Harrow Public Health Teams (B&H Public Health Teams)*

Dr Jeffery Lake – *Consultant in Public Health, (B&H Public Health Teams)*

Sarah Crouch – *Consultant in Public Health, (B&H Public Health Teams)*

**Additional contributions:**

Dr Fizz Annand - *Independent Consultant - Working with Barnet and Harrow Public Health Commissioning Team*

Bridget O'Dwyer – *Senior Commissioning Manager, Substance Misuse Service, (B&H Public Health Commissioning Team)*

Katerina Athanasiadou - *Commercial Business Specialist - Commercial, Contracts and Procurement Resources Division – Harrow Council*

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**Glossary of terms**

- Substance misuse – relate to both drugs and alcohol misuse
- DV and VAWG coordinator - Domestic Violence and Violence against Women and Girls coordinator
- CS or Community Safety team – relates to community safety team for the London Borough of Barnet (LBB). The service incorporates the DV & VAWG coordinator.
- LBB – London Borough of Barnet
- D&A services – Drug and Alcohol or substance misuse service
- YP – Young people
- LAPE data – Local Alcohol Profile for England data
- DOMES report – Diagnostic Outcome Monitoring Executive Summary report
- NDTMS data – National Drug Treatment Monitoring System data
- FRANK – Friendly confidential drug advice service
- CAF – Common Assessment Framework
- MASH- Multi-Agency Safeguarding Hub
- MARAC- Multi-Agency Risk Assessment Conference
- NPS – New Psychoactive Substances
- BBV- Blood Borne Virus
- ASB- Anti-social Behaviour
- IBA training – Identification and Brief Advice training

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## Executive Summary

<b>Our vision for Barnet</b>	<ol style="list-style-type: none"> <li>1. <b>PREVENT</b> harmful use of substances</li> <li>2. <b>PROTECT OTHERS</b> from indirect harm caused by substance misuse</li> <li>3. <b>PROMOTE SUSTAINED RECOVERY</b> from dependence by intervening early and offering comprehensive services which rebuild lives.</li> </ol>
<b>The public health importance of substance misuse</b>	<ul style="list-style-type: none"> <li>• It causes harm to health</li> <li>• It is responsible for a significant proportion of hospital admissions and ambulance callouts</li> <li>• It causes crime, disorder and antisocial behaviour and compromises economic development</li> <li>• There are considerable inequalities associated with substance misuse</li> <li>• It has an indirect impact on children, families and carers of the users</li> <li>• It limits individual's potential</li> <li>• There are tried and tested ways to prevent substance misuse and protect others from harm</li> <li>• Treatment is cost effective saving the public sector money over time</li> </ul>
<b>The issue in Barnet</b>	<p>An estimated 70,000 <b>adults</b> in Barnet are drinking alcohol above the maximum recommended level and are putting their health at risk. In 2013/14, there were 595 people using alcohol treatment services in Barnet - a rise of 53% compared to 5 years ago. Nearly a third of these patients had been in treatment at least once before.</p> <p>With regard to drugs misuse, the most up to date prevalence data (2011/12), estimates around 1,492 problematic opiate and/or crack users (OCU) in Barnet. The proportion of OCU's in treatment in Barnet was 42.6%, which is lower than the estimated national rate (53.4%).</p> <p>The impact of drugs and alcohol misuse is more pronounced in <b>young people</b> with regard to their health, education and prospects of progression in life. Particular groups at risk of substance misuse include children in care, young people with mental health issues, or young people at risk of/or not in education, employment or training, or involved in crime and antisocial behaviour and/or at risk of sexual exploitation. National estimates indicate around 22% of 11-15 year olds drink once a month and the most common drug used by young people is cannabis. An estimated 12% of 11-15 year olds and 19.3% of 16-19 year olds have used any drug in the past 12 months. If we extrapolate these rates to Barnet's population, an estimated 4,400 11-15 year olds drank alcohol in the last month while 2,400 of 11-15 year olds and 2,895 of 16-19 year olds used any drug in the previous year.</p> <p>The transfer of Public Health to local authorities provides an opportunity for us to respond to substance misuse in a joint up and coordinated way. Not only we have a responsibility in managing licensing arrangements, preventing crime and improving community safety, we are now also responsible for substance misuse treatment and recovery services.</p>

<p><b>What actions will we take?</b></p>	<p>In the next five years, the broad areas of actions would be around three key areas:</p> <p><b>PREVENT harmful use of substances by influencing supply and demand</b></p> <ul style="list-style-type: none"> <li>• Review the availability of alcohol and location and number of licensed premises</li> <li>• Consider action on the local price of alcohol and on cheap alcohol</li> <li>• Support action that can be taken to reduce the supply of harmful substances</li> <li>• Change behaviour in high risk groups through the provision of information and brief advice (IBA)</li> <li>• Take collaborative action on the social determinants of substance misuse</li> <li>• Review and recommend action to prevent substance misuse in young people</li> <li>• Promote healthy behaviours in the general population</li> </ul> <p><b>PROTECT OTHERS from indirect harm caused by substance misuse</b>  <i>– a whole family approach i.e. children and vulnerable adults</i></p> <ul style="list-style-type: none"> <li>• Refer children at risk of sexual exploitation to appropriate services</li> <li>• Minimise the potential risk to children with parent who misuse substances by increasing the early identification of children within the family and through increased information sharing.</li> <li>• Consider opportunities to link with the Troubled Families programme</li> <li>• Ensure appropriate internal and external links are made with Community Safety team and Domestic Violence and Violence against Women and Girls coordinator, Licensing team, Early Intervention and Prevention team, Children and Adults Safeguarding teams, Families services, Primary Care services, Secondary Care services including mental health, sexual health and A&amp;E teams, Education and Police.</li> </ul> <p><b>PROMOTE SUSTAINED RECOVERY</b> by intervening early and offering comprehensive services which rebuild lives.</p> <ul style="list-style-type: none"> <li>• Improve action on blood borne viruses in injecting drug users</li> <li>• Partnership working between hospital teams and community substance misuse services</li> <li>• Data sharing protocols and referral pathways</li> <li>• Accessible and integrated specialist treatment and recovery services for adults and young people</li> <li>• Ensure individuals with a mental health and substance misuse problem gain rapid access to the support they require to recover</li> <li>• Ensure all stakeholders have easy access to up-to-date information which explains the substance misuse services available and the pathways for referral</li> </ul>
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	<ul style="list-style-type: none"> <li>Assure that substance misuse services are safe and effective, auditable, continuously improving and evolving to need.</li> </ul>
<b>Substance misuse expenditure and return on investment</b>	<p>The annual Public Health ring-fenced grant allocation for London Borough of Barnet, for 2015-16, is £14.335m while the current spent on substance misuse services is in the region of £2.93m annually. Barnet and Harrow joint Public health service has now recommissioned the contracts for adults and young people for 2.5 years from 1<sup>st</sup> October 2015 - to 31<sup>st</sup> March 2018 with an option to extend for a further period of up to 2 years. The re-procurement will improve integrated service provision and has resulted in efficiencies of 2.5% year on year to be delivered through redesigned pathways and streamlined contract management. External grant funding cannot be guaranteed in the longer term, requiring commissioning intentions (and contractual obligations) to be reviewed annually in line with the available financial envelope.</p> <p>There is good evidence that drug and alcohol treatment is cost effective – for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs and for every £1 spent on drug treatment £2.50 is saved in costs to society. Similarly, every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8.</p>
<b>How will the strategy be implemented</b>	<p>Public Health has started work on a range of proposed actions but partnership is essential for a successful implementation of this strategy over the next five years.</p> <p>We propose the development of strategy implementation group to be led by Public Health and comprised of representatives from stakeholder organisations and service users. The group will be expected to meet on a quarterly basis and jointly propose a detailed implementation plan with attention to other related areas the Council's strategy e.g. in relation to Community Safety, Domestic Violence and Violence against Women and Girls, and Early intervention and Prevention.</p>

## **Purpose of this document**

Barnet and Harrow joint Public Health service has a responsibility to provide substance misuse services in Barnet and is currently finalising the recommissioning of these services. However, actions to address the use of drugs and alcohol are broader than this. This strategy outlines what we can do to prevent substance misuse, how we can protect families and the wider community from harm and how to identify those who need treatment early and support them to recover from dependence and lead fulfilling and healthy lives.

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

## **1- Local Picture**

### **1.1- Substance misuse among adults in Barnet<sup>1</sup>**

The vast majority of the Barnet residents, who drink alcohol, do so within the recommended level<sup>2</sup> (74.3%; 209,638). However, just over 70,000 adults in Barnet are thought to be drinking alcohol above the maximum recommended level and are putting their health at risk\*. Of these, around 19,000 adult residents are drinking to an extent considered to be damaging for health. There are no local estimates for alcohol dependence in Barnet; however, modelling based on national surveys<sup>3</sup> suggests that around 5.9% (8.7% of men, 3.3% of women) of adults in Barnet may have some form of alcohol dependence.

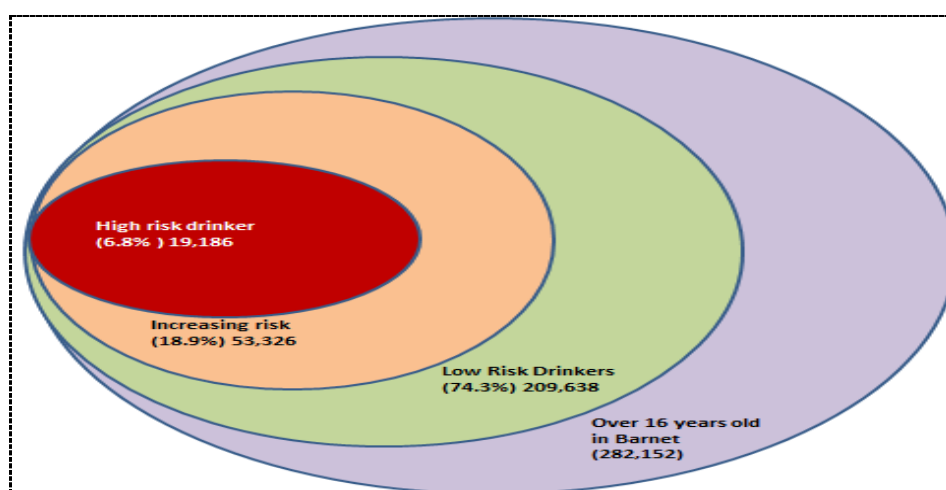


Figure1 – Public Health England (2014) Local Alcohol Profiles for Barnet

<sup>1</sup> Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

<sup>2</sup> Public Health England (2014) Local Alcohol Profiles for England <http://www.lape.org.uk/>

<sup>3</sup> Adult psychiatric morbidity in England, 2007- Results of a household survey  
<http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>



In Barnet, there were 595 adults (67% males and 33% females) in **treatment** for alcohol misuse in 2013/14 – a rise of 53% compared to the 5 years ago. The above number includes a third of the clients who had been through one to more previous treatment journeys. The level of successful treatment completions among alcohol clients in 2013/14 was 28.1% which was **below** the national average of 37.5%. There is an even lower completion rate for clients from the Criminal Justice System (20.9%). Furthermore the percentage of repeat presentations to treatment services within 6 months in Barnet was **higher** (15%) compared with the national level (12%).

In Barnet, there were an estimated 1,492 problematic opiate and/or crack users (OCU)<sup>4</sup> with less than half (42.6%) in treatment<sup>5</sup>.

Between 2011/12 and 2013/14, the number of **opiates** clients under treatment for went up from 561 to 603. In 2013, the proportion of opiates users who successfully completed treatment was 8.6% which is lower compared to London 9.0% but better than the national rate of 7.8%.

Similarly, the total number of **non-opiates** clients under treatment went up from 143 in 2011/12 to 238 in 2013/14. The proportion of non-opiates users who successfully completed treatment in Barnet (2013) was significantly lower (20.4%) compared to London (37.2) and national level 37.7%<sup>6</sup> and the successful treatment completion for clients from the Criminal Justice System (CJS) was even lower at 8.8% (Opiates users)<sup>7</sup>.

**\* Risk levels**

**Lower risk drinking** – fewer than 22 units a week for men, fewer than 15 units a week for women.

**Increasing risk drinking** – between 22-50 units a week for men, between 15-35 units a week for women

**Higher risk drinking** – more than 50 units a week for men, more than 35 units a week for women.

**Binge drinking** - drinking double or more the guidelines on a single drinking occasion.

**Dependent drinking** - refers to having developed alcohol dependence, where the person affected has started to have an excessive desire to drink, or is showing some loss of control over his/her drinking.

## **1.2 - Substance misuse among young People<sup>8</sup>**

The Chief Medical Officer recommends that children should not drink before the age of 15 and older teenagers who do drink alcohol should do so in a supervised environment. The guidance suggested that young people should drink on no more than one day per week and conform to the limits recommended for adults\*. This is due to the association with early drinking and increased health risks, including alcohol-related injuries; truancy, exclusion, and lower educational attainment; involvement in violence; suicidal thoughts and attempts; having more sexual partners; pregnancy and sexually transmitted infections; using drugs; and employment problems<sup>9</sup>.

<sup>4</sup> Drugs And Alcohol – Facts and Figures, Prevalence estimates by Local Authority 2011/12 <http://www.nta.nhs.uk/facts-prevalence.aspx>

<sup>5</sup> DOMES report Q4 2013-2014

<sup>6</sup> Public Health England Outcome Indicators 2.15i and 2.15ii

<sup>7</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

<sup>8</sup> Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014

<sup>9</sup> Chief Medical Officer for England, Guidance on the consumption of alcohol by children and young people: Supplementary Report, 2009. Referenced in <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

Although, there are no local estimates on the prevalence and levels of alcohol consumption among young people in Barnet, the national rates can be applied to local population to obtain these estimates. According to the national survey<sup>10</sup>, in 2013, around two-fifths of pupils (39 per cent) aged 11-15 years had drunk alcohol at least once, while 22% had drunk in the last 4 weeks and 9% had drunk alcohol in the last week. Crudely extrapolating these percentages to Barnet's population of 11-15 years old (an estimated 20,000), we might expect that 7,800 young people tried alcohol, and about, 4,400 have drunk alcohol in the last month and 1,800 in the last week. Boys and girls were equally likely to have drunk alcohol. The above estimate does not necessarily mean the young people are drinking problematically – *please see the section on impact of alcohol for more information.*

With regard to the drug use among young people, nationally the proportion of secondary school pupils (age 11-15) taking drugs decreased from 29% in 2001 to 17% in 2012. According to the national survey<sup>11</sup>, an estimated 17% of the pupils aged 11-15 years had taken drugs at some point in the past while 12% of the pupils had taken drugs in the last year and 6% had taken them in the last month. It also concluded that cannabis was the most widely used drugs by pupils in 2012 with 7.5% reporting taking it in the last year. The Crime Survey for England and Wales (CSEW) 2013/14 also found that cannabis was the most commonly used drugs by young adults aged 16-24 years with 15.1% having taken it in the previous year. Translating these figures to a Barnet context, we get the following numbers.

	<b>Barnet</b>					
	<b>11-15 year olds</b>		<b>16-19 year olds</b>		<b>20-24 year olds</b>	
<b>Population</b>	20,000		15,000		24,000	
<b>Any drug in last year</b>	12%	2,400	19.3%	2895	18.7%	4488
<b>Cannabis in last year</b>	7.5%	1,500	15.1%		5889	

Figure 2 - Barnet young people substance misuse needs assessment based on Smoking, Drinking and Drugs use among Young People in England in 2012 - The Crime Survey for England and Wales and ONS and GLA population tools.

Crack cocaine and heroin use is associated with the highest level of harm. There is considerable uncertainty in estimating usage amongst young people in Barnet. The estimates<sup>12</sup> suggest there are between 194 and 386 (best estimate 254) young people between the ages of 15 and 24 using opiates and/or crack and between 121 and 370 opiate users (best estimate 179).

The use and easy availability (over the internet) of New Psychoactive Substances (NPS) (also referred to as legal highs) is rapidly changing the nature of the UK drugs market. The health harms associated with NPS are unknown at present as the chemicals used are not tested for use in humans. Increasing use amongst young people nationally is a big concern. In Barnet we know little about the extent to which

<sup>10</sup> Smoking, drinking & drug use among young people in England 2013; Drinking Tables 4.1b, 4.3b and 4.4  
<http://www.hscic.gov.uk/catalogue/PUB14579>

<sup>11</sup> Ibid 10

<sup>12</sup> Ibid - Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014

legal highs are used as data concerning the use of NPS is not currently collected; however youth workers have reported an anecdotal rise in the use of NPS.

With regard to the demographic characteristics of young people in treatment (2013/14), 64% were male and 36% were females. The majority of the clients were from white UK background and two third of the overall clients were in the 16 and 17 age group. Most (58%) were in mainstream education and an additional 20% were in alternative education.

Based on the National Drugs and Treatment Monitoring System (NDTMS) for Barnet, the number of young people in **treatment** decreased from 103 in 2011/12 to 95 in 2013/14<sup>13</sup>. The mutually agreed care planned exits remained in line with the national benchmark and although the treatment completion rates were initially lower than national levels in 2013/14 these improved in a year to align themselves with national levels. On the other hand, the representations to treatment services within 6 months were much lower in Barnet compared to the national levels.

By examining the referrals to substance misuse services, in 2013/14, Barnet had higher rates of referrals from children and families sources than national levels (Barnet 25% vs. national level 17%), higher rates of referrals from health/mental health sources (13% Barnet vs. 7% nationally), lower rates of referral from youth justice (26% Barnet vs. 33% nationally) and lower levels of self/friends/family referrals (5% Barnet vs. 11% nationally).

The data from Common Assessment Framework (CAF) used by practitioners across children's services to assess a child's needs also identifies drugs or alcohol misuse as a Primary/Secondary or Other reason. In 2013/14, there were a total of 456 assessments initiated including 10 related to either substance misuse in young people or their parents/carers in Barnet<sup>14</sup>.

A significant proportion of young people who are in contact with the Youth Offending Team (YOT) have alcohol and /or drugs as one of the risk factors in their offending. Based on the 2013/14 data, 36% (n=46) of all YOT assessments showed moderate or above (ASSET score 2 or over) association with substance misuse.

### ***1.3 - Impact of substance misuse on local health services***

#### ***Hospital data***

Hospital admissions data reflects the general level of health harm from alcohol in the population. Hospital admissions can be a result of casual regular alcohol use above lower-risk levels as well as chronic heavy drinking in the population and is most likely to be found in increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers.

The last five year's Local Alcohol Profile for England (LAPE<sup>15</sup>) data for Barnet shows an increasing trend in the rates of alcohol related hospital admissions for both males and females until 2011/12 or 2012/13, when a slight drop occurred in all except the

<sup>13</sup> Ibid – Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014)

<sup>14</sup> Ibid - Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014)

<sup>15</sup> Public Health England – Local Alcohol Profiles for England <http://www.lape.org.uk/LAProfile.aspx?reg=X25001AA>

broad definition data for males. Although the overall admission rates for both males and females are still lower than regional averages, male admissions in Barnet are double than those for females. As for young people (under 18's), the LAPE data shows a distinct decreasing trend in alcohol related hospital admissions over the last five years.

Data captured on alcohol harm map (Alcohol Concern)<sup>16</sup>, estimated 63,557 alcohol related admissions and attendances in Barnet during 2012/13. Of these, 41,421 were visits to A&E and 5,456 were inpatient admissions. An estimated 22.8% (n=1,254) of the inpatient admissions were wholly attributed to alcohol. The overall alcohol-related healthcare costs in Barnet were an estimated £17.6m, equating to £61 per adult - a significant drain on local resources.

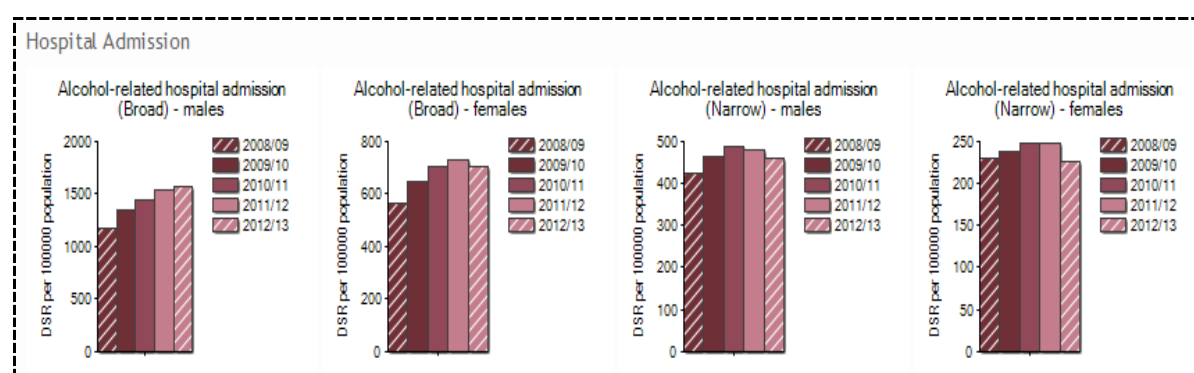


Figure 3 – Alcohol related Hospital admission data for Barnet residents (males and females 2008-2013)

The most up-to-date hospital data related to drug use is for 2012/13 (Barnet Primary Care Trust Data)<sup>17</sup> and based on that there were 332 hospital admissions, with either a primary or secondary diagnosis of drug related mental health and behavioural disorders. An additional 36 hospital admissions were related with a primary diagnosis of poisoning due to illicit drug use. The other impact of drugs on local health services is due to blood borne infections among intravenous drug users. It is also estimated that 73% of those with Hepatitis C in Barnet are either current or have previously injected drugs<sup>18</sup>.

### **Ambulance callouts**

A national A&E staff survey estimated that 35% of all visits are related to alcohol consumption, increasing at peak times to 70%<sup>19</sup>.

In 2013/14, nearly 1739 London Ambulance callouts for **adults** in Barnet (1182 for males and 555 for females) were registered as "related to alcohol"<sup>20</sup>. The age group with the highest number of alcohol-related callouts was 26-45 years old (740 callouts) followed by 46-65 years old (541) and 18-25 years old (301). The trend in age distribution of these callouts is the same in the last five years. The wards with the highest number of these callouts were Childs Hill, West Hendon and West

<sup>16</sup> Alcohol Concern (2014) Alcohol Harm Map- <http://www.alcoholconcern.org.uk/for-professionals/alcohol-harm-map/>

<sup>17</sup> Health and Social Care Information Centre (HSCIC) - Statistics on Drugs Misuse - England, 2013  
<http://www.hscic.gov.uk/catalogue/PUB12994>

<sup>18</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

<sup>19</sup> The cost of alcohol harm to the NHS in England, An update to the Cabinet Office (2003) study, July 2008 Health Improvement Analytical Team, Department of Health

<sup>20</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

Finchley. Although, the numbers of callouts are related to population density, there is also some indication that the areas identified as the borough hotspots for licensed premises comprise a high volume of alcohol related calls.

The drugs related London Ambulance callouts for adults in Barnet for the same period (2013/14) were 573 (254 for males and 319 for females) with the highest number among 26-45 years old (274).

For the same period (2013/14), the alcohol related London Ambulance callouts for **young people** (*under the age of 18 years*) were 73 (36 males and 37 females). The age group with the highest number of alcohol-related callouts was 15-17 year olds (60 callouts). Based on the local wards, the largest numbers of these callouts were from Edgware and East Barnet, while Oakleigh, Hale and Brunswick Park had the smallest number of callouts.

The drugs related London Ambulance callouts for young people in 2013/14 (*under the age of 18 years*) were 68 (18 for males and 50 for females) with the peak among 15-17 years old.

## **1.4- Associated and far reaching adverse effects of substance misuse**

### **i. Violence, crime and disorder**

Alcohol-related crime, disorder and antisocial behaviour cost an estimated £11bn per year (2010-11 costs, England). In London it is estimated to cost £1.2 billion to police and council resources each year<sup>21</sup>. In almost half (47%) of all violent offences in 2011/12 nationally, alcohol was a contributory factor in the crime<sup>22</sup> and victims believed the offender(s) to be under the influence of alcohol<sup>23</sup>. Binge drinking appears to increase the risk of offending<sup>24</sup> and those who “pre-load” at home before going out for further drinking are more likely to be involved in violent crime<sup>25</sup>.

The LAPE for Barnet shows a decreasing trend for alcohol related crimes and violent crimes with the exception of alcohol related sexual offences. Barnet is the second lowest borough in London for alcohol related violent crime, 8th lowest for alcohol related crime generally, and 6<sup>th</sup> lowest for alcohol related sexual offences<sup>26</sup>. Local data on the alcohol related crimes (provided by Community Safety team) for the period Jan-Dec 2013 showed that 8% (n=1,804) of the overall crimes in Barnet were related to alcohol. Of these 23% (n=72) were classed as violence with injury

<sup>21</sup> Safe Sociable London Partnership (2012) Presentation by Will Tuckley, Senior Responsible Officer for the London Health Improvement Board's Alcohol Priority; 5 Oct 2012. <http://www.safesociablelondonpartnership.co.uk/licensing-network/4579962300>

<sup>22</sup> Office for National Statistics (2012), Crime Statistics, Nature of Crime tables, 2011/12

<sup>23</sup> Ibid - Alcohol Concern (2014) Alcohol Harm Map. <http://www.alcoholconcern.org.uk/for-professionals/alcohol-harm-map/>

<sup>24</sup> Matthews S and Richardson A (2005): The 2003 Offending Crime and Justice Survey: alcohol-related crime and disorder. *Home Office Research Findings* 261

<sup>25</sup> Hughes K, Anderson Z, Morleo M and Bellis M A (2008): Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes, *Addiction*, 103(1), 60–65

<sup>26</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014



offences. More recently, Barnet Community Safety MARAC (Multi-Agency Risk Assessment Conference) has observed links between street drinking, rough sleeping, environmental degradation due to litter and a rise in anti-social behaviour in the Borough's hotspots.

On the other hand, drugs are related to crime through the effects they have on the user's behaviour and by generating violence and other illegal activity in connection with drug trafficking. Problem drug users are responsible for a substantial proportion of acquisitive crime, such as shoplifting and burglary and the research claims that young males who take drugs are five times as likely to commit criminal offences<sup>27</sup>. In comparison to alcohol, drugs related crimes in Barnet are fewer. In 2013, there were 130 drugs related allegations in Barnet (local data provided by Barnet Community Safety team on drugs related crimes). An early estimate from drug intervention programme suggests that 25% of Barnet clients have proven\* to reoffend which is 1% lower than the Met level.

*\*Proven Reoffending statistics are based on a conviction for a further offence with limited time period after the initial offence.*

## **ii. Domestic Violence (DV)**

It is estimated that alcohol is a factor in one-third of all incidents of domestic violence nationally, with many perpetrators having consumed alcohol prior to the assault. Victims of domestic violence may also use alcohol as a coping mechanism, which may in turn be used by partners as an excuse for continued violence<sup>28</sup>. In addition, twice as much alcohol is now purchased from the off-licence venues (*data comparison between 2000 and 2009*) than from pubs and bars - potentially magnifying the impact on domestic violence whilst hiding its influence from public view<sup>29</sup>.

Domestic violence and alcohol and/or drugs misuse were identified as the three most prevalent causes “**toxic trio**” of poor outcomes for Barnet families<sup>30</sup>.

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared between professionals about the highest risk domestic violence (DV) cases in the borough. In Barnet, the number of overall referrals to MARAC has increased over the last 3 years from 165 to 230. Similarly, the total number of MARAC cases where drug or alcohol issues are present is also increasing year on year<sup>31</sup>.

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<sup>27</sup> Barnet Community Safety Strategy 2015/2020

<sup>28</sup> Finney A (2004) Alcohol and intimate partner violence: key findings from the research. Findings 216. London: Home Office

<sup>29</sup> BBPA Statistical Handbook, 2010. Referenced in

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

<sup>30</sup> Children, Education, Libraries and Safeguarding Barnet Committee Commissioning Plan 2015 - 2020

<sup>31</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

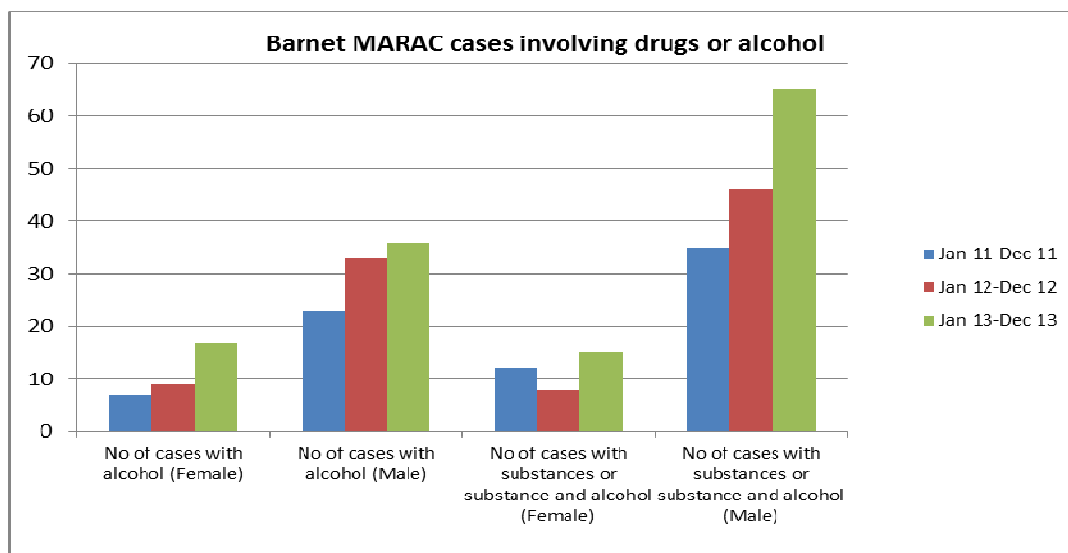


Figure 4 – Barnet MARAC cases involving D&A 2011-2013

### iii. Sexual violence

Alcohol consumption is a major factor in sexual violence. Many of those committing sexual assaults had consumed alcohol 6 hours prior to an incident (58% of 142 men imprisoned for rape)<sup>32</sup> and a further 12% had used a combination of alcohol and drugs. Furthermore, many victims of sexual assault have been drinking prior to the event. During 2013, there were 39 sexual offences related to alcohol and four related to drugs in Barnet<sup>33</sup>.

### iv. Areas with high density of alcohol selling venues

Nationally, a fifth (20%) of all violent incidents in 2010–11 took place in or around a pub or club. There is a good relationship between the number of alcohol premises and the associated harms<sup>34</sup>. Robert Young et al (2013)<sup>35</sup> identified a significant relationship between adolescents and their increased likelihood to drink alcohol based on living close (within 200 m) to an off-sales outlet and or drinking more frequently if living in areas with many nearby off-premises outlets.

In Barnet, there are around 823 premises selling alcohol and although the relationship between levels of crimes, noise, street drinking and callouts to front line services are multifactorial (i.e. dependent on population density, demographics and deprivation), there is an indication that in Barnet, these could be also linked with the concentration of on/off premises selling alcohol<sup>36</sup>.

<sup>32</sup> Grubin D and Gunn J (1990): The imprisoned rapist and rape. London: Department of Forensic Psychiatry, Institute of Psychiatry. Cited by Finney A. 2004. Alcohol and sexual violence: key findings from the research. Findings No.216.London: Home office

<sup>33</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

<sup>34</sup> Full to the Brim: Outlet density and alcohol-related harm - Alcohol Concern Cymru Briefing [http://www.alcoholconcern.org.uk/wp-content/uploads/woocomerce\\_uploads/2015/03/Full-to-the-brim.pdf](http://www.alcoholconcern.org.uk/wp-content/uploads/woocomerce_uploads/2015/03/Full-to-the-brim.pdf)

<sup>35</sup> Robert Young et al (2013); Associations between proximity and density of local alcohol outlets and alcohol use among Scottish adolescents <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3885793/>

<sup>36</sup> London Borough of Barnet, Trading Standards and Licensing, Development and Regulatory Services (2014); Impact of premises licensed the sale and supply of alcohol on crimes; Report on the problems associated with alcohol consumption in London Borough of Barnet.

## **1.5- Key substance misuse services**

### **Adults**

A new service specification has been developed this year with the expectation that the new Drugs and Alcohol service will start from October 2015. At present, the Public Health team commissions the following services;

- Barnet Drugs and Alcohol Services (BDAS)
- Westminster Drugs Project (WDP) Recovery Centre
- Haringey Action Group on Alcohol (HAGA)
- Identification and Brief Advice (IBA) via 17 pharmacies
- A shared care GP service for opiates users via eight GP surgeries

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

In addition to the above, Barnet also has a **Drugs Intervention Programme (DIP)** for clients from criminal justice service. The DIP clients can access a floating support service provided by Outreach Barnet on budgeting, income maximisation and tenancy maintenance. **Homeless Action Barnet** also delivers support to homeless clients, many of whom have alcohol rather than drugs issues.

WDP recovery centre also has a **carers group** that meets every week where carers are reassured that they are not alone and are offered support with understanding addiction better and offered a platform to listen and share common problems and feelings.

### **Young people**

A new service specification for young people is planned to be developed later in this year with the expectation to start in 2016.

At present, Public Health commissions Barnet Young People Drugs and Alcohol Service (**BYPDAS**) which provides community based drugs and alcohol tier 2/3 provision to children and young people who live in Barnet. BYPDAS has a close working relationship with the Youth Offending Team (YOT) to support young people with substance misuse issues identified during assessment. There is also a memoranda of understanding with key agencies who work with children excluded from school, looked after children, young offenders, young people with mental health problems and children from 'troubled families'.

Public Health also commissions a tier 1 substance misuse prevention school programme. The programme is universally offered to all primary and secondary **schools** in Barnet and is delivered by Tavistock and Portman NHS foundation Trust. The programme provides consultancy hours, training for staff and resource development; however, it will finish in July 2015. The Health Education Partnership will continue their work with Barnet schools, providing support for schools working towards the Healthy School London award. Through this schools will be supported to identify areas where they might require more support, one of which could be around alcohol / substances, and then signposted to where such support can be obtained.



In addition to the above, there is a support structure (**Time4us**) for young carers affected by adult drugs or alcohol misuse funded by the early Intervention funds from LBB; and the Mayor's Office for Policing and Crime (MOPAC) also provides grant to LBB that is used to support substance misuse and Youth Offender services.

## **2- Strategic direction**

### **2A- Our vision is to:**

**1- Prevent harmful use of substances:** Reduce dangerous level of alcohol intake and the use of illicit and harmful substances including legal highs.

Prevention measures are aimed at the whole population in general and young people in particular. The key areas of preventive work are to reduce the escalation of substance use and stop people becoming drug or alcohol dependent. It is important to say that, we also need to act on issues like poverty, employment and housing and to create an environment which promotes health and wellbeing and discourages substance misuse. Without such decisive steps, it is likely that the need for treatment will grow in the future.

**2- Protect others from indirect harm caused by substance misuse**

Protection is about reducing the indirect health and social harms suffered by families, communities and society linked to substance misuse. Protection involves a whole family approach and includes children, vulnerable adults and carers of those with substance misuse problem.

**3- Promote sustained recovery:** by intervening early and offering comprehensive services which supports sustained recovery from dependence and rebuild lives.

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

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

The above vision closely aligns with the broader strategic direction set in Barnet's Health and Wellbeing (HWB) strategy and the London Borough of Barnet's Corporate Plan.

Healthy communities: The three key themes from Barnet HWB strategy are; preparation for a healthy life, wellbeing in the community and how we live. Drugs and

alcohol misuse has a direct adverse impact on all three of the above themes. Preventing drug and alcohol misuse among our population will support the Council's vision for providing a good start in life to our children and young residents and will also offer our adults and older population to remain healthy and active. Prevention and protection will also mean that our residents live well, age well and stay well and feel safe in their communities.

*Safety of our children and giving them a great start in life:* Children living with parents with alcohol problems are at risk of physical, psychological and behaviour problems. Prevention and protection activities focused on controlling the sale of alcohol with strict processes for new licensing applications; more collaboration between different agencies along with early intervention and supporting parents and carers during treatment journey will help to ensure children and young people are safe in their homes and in the Borough. These activities will also play an essential role in providing every child a best start in life and to enable them to have control over their lives.

*A cleaner and safer place to live:* Litter due to alcohol misuse, particularly, street drinking, is an issue in the Borough. Introducing measures that reduce the availability of high strength alcohol and addressing street drinking especially among young people and rough sleepers will help deliver a cleaner Borough.

Drugs and alcohol misuse is associated with violent assaults, crime, fear of crime and fatalities related to road traffic accidents. Reducing opportunities for harmful substance misuse and treating dependency will provide clients with the opportunities to live healthy lives and will also reduce the crime activities linked with substance misuse. Similarly, it will offer residents with a sense of security and harmony in their communities.

*Better housing and economic prosperity:* Substance misuse can be both a cause and an effect of multiple underlying problems such as unemployment, debt and homelessness. Prevention, protection and effective treatment can help prevent and reverse this vicious cycle. It can help individuals to retain their homes, recover and end their risk of future homelessness by gaining employment and making positive contributions to society.

## **2B- Our values and principles<sup>37,38</sup>**

*Equality and accessibility:* As Barnet and Harrow joint Public Health service, we believe that Barnet residents should have equal access to services, which are appropriate to their needs and which take account of their age, gender, disability, sexuality, race and religious and cultural beliefs. We will ensure our services are easily accessible and our service users and their families are at the heart of our work to tackle drug and alcohol misuse. Similarly, we will support the delivery of safe and high-quality health and social care services.

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<sup>37</sup> Keeping Well, Keeping Independent – A Health and Wellbeing Strategy for Barnet (2012-2015)

<sup>38</sup> London Borough of Barnet, Corporate Plan 2015-2020

Effective multi-agency and collaborative working: We will ensure there is a holistic approach in reducing the harmful effects of substance misuse and, to achieve this, we will work in collaboration with both internal and external partners and promote data sharing and evidence of best practice at a multi-agency level.

Evidence based practice: We will ensure that we use research evidence of what is effective when making recommendations and developing services. We will also ensure that service users' experiences are good across the range of services.

## 2C- Strategic priorities in action

Substance misuse has multiple underlying causes and to have a real and lasting impact on the health and wellbeing of the people of Barnet, there is a need for **collaboration at multi-agency level**. Teams from different departments, such as Local Public Health, Substance misuse services for adults and young people, Primary Care, Secondary Care including A&E, Maternity and Mental Health services, Adult Social Care services, Children and Family services, Housing, Community Safety team with Domestic Violence and Violence against Women and Girls representative, Prevention and Wellbeing services, Youth Justice, Police, Education and Employment services need to work in partnership to address the range of vulnerabilities. In essence, all professionals need to improve communication and actively seek opportunities for collaborative work in order to prevent substance misuse alongside sustaining recovery from dependence.

The key strategic priorities are illustrated in the figure below followed by three main sections.

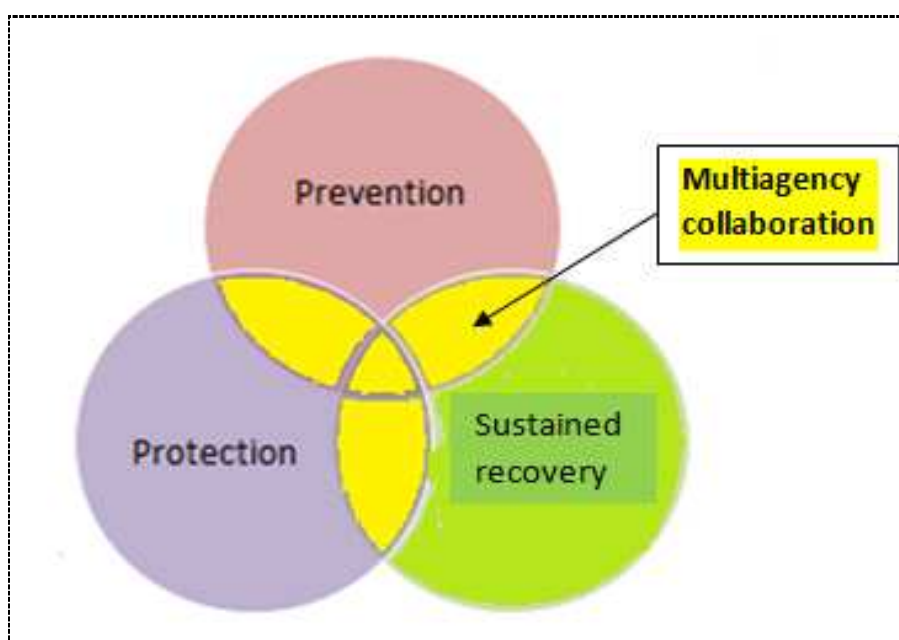


Figure 5 – Strategic priorities and levels of action

## 2.1 – Our actions to **PREVENT** harmful use of substances by influencing supply and demand

By 2020 in Barnet we will have:

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

*Key areas of work include*

### 2.1.1 Review the availability of alcohol and location and number of licensed premises

Easy availability of alcohol has a direct relationship with increased consumption and the associated harm. The relationship between the number of licensed premises and increased consumption of alcohol and also alcohol-related violence is mentioned previously and a recent review commissioned by the Barnet's licensing team have also concluded this link. International evidence suggests that making it less easy to buy alcohol, by reducing the number or density of outlets selling it and conditions under which it can be sold, is an effective way of reducing alcohol-related harm<sup>39</sup>, specifically binge drinking and alcohol related crime<sup>40</sup> and drinking in young people<sup>41</sup>.

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

The objectives are as follows:

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

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

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<sup>39</sup> NICE public health guidance 24. Alcohol-use disorders: preventing harmful drinking. June 2010

<sup>40</sup> Interventions on Control of Alcohol Price, Promotion and Availability for Prevention of Alcohol Use Disorders in Adults and Young People, University of Sheffield review for the NICE Public Health Programme Development Group, 2009.

<sup>41</sup> Anderson P, Baumberg B. Alcohol in Europe: a public health perspective: report to the European Commission, Institute of Alcohol Studies, 2006.

### 2.1.2 Consider action on the local price of alcohol and on cheap alcohol

It is currently possible to buy a can of lager for as little as 20p and a two-liter bottle of cider for £1.69 because there is **no minimum price** for alcohol<sup>42</sup>. The practice of “pre-loading” at home prior to a night out has resulted from cheap alcohol being available in supermarkets and off-licenses<sup>43</sup>. In a recent study, 66% of 17–30 years old arrested in a city in England claimed to have “pre-loaded”<sup>44</sup> before a night out, with pre-loaders two and half times more likely to be involved in violence than other drinkers. This has contributed to a fifth of all violent incidents occurring in, or around, a pub or club.

Those who consume the most alcohol are known to “shop around” for the cheapest form of alcohol<sup>45</sup>. Research suggests that **increasing the price of alcohol** is the best way to reduce consumption at a population level<sup>46</sup> and there is evidence that setting the minimum unit price at 40p per unit would affect the heaviest drinkers the most without a substantial impact on moderate drinker’s consumption and spend<sup>47</sup>. Nationally, the plan to introduce minimum unit price for alcohol has stalled and in Barnet the proposal to set a minimum unit price has been postponed at present. However, we can explore the practicality of a responsible retailer programme, like that which has been introduced in Haringey and Camden and Islington. These voluntary agreements stop the sale of super strength alcohol, single cans and sales to street drinkers, particularly in areas associated with street drinking and alcohol related harm. There are also opportunities to work with retailers around price promotions on alcohol given research indicates such offers encourage customers to buy more<sup>48</sup> and subsequently drink more<sup>49</sup>.

### 2.1.3 Support action that can be taken to reduce the supply of harmful substances

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

- reduce the sale of New Psychoactive Substances (legal highs) over the internet and in ‘head shops’
- reduce the sale of counterfeit alcohol

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<sup>42</sup> Health Committee (2012). Third report. Government’s Alcohol Strategy. Written evidence from the Department of Health <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

<sup>43</sup> HM Government 2012. The Government’s alcohol strategy. <https://www.gov.uk/government/publications/alcohol-strategy>

<sup>44</sup> Barton, A and Husk, K. Controlling pre-loaders: alcohol related violence in an English night time economy. Drugs and alcohol today - Referenced in

<sup>45</sup> Ibid - Health Committee (2012).....

<sup>46</sup> The likely impacts of increasing alcohol price: a summary review of the evidence base (2011). Home Office

<sup>47</sup> The Government’s Alcohol Strategy (2012); HM Government

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224075/alcohol-strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf)

<sup>48</sup> Blattberg, R C & Neslin, S A (1990). *Sales Promotion: Concepts, Methods, and Strategies*. Englewood Cliffs, NJ: Prentice-Hall, Inc

<sup>49</sup> Ibid - Independent Review of the Effects of Alcohol Pricing and Promotion, Part B, University of Sheffield, 2008.

- break the link between drugs and gang activity in the borough

#### 2.1.4 Raise awareness in high risk groups

Use of alcohol scratch cards which enable individuals to review their drinking habits is a simple concept. Subject to the scratch card results, a trained professional can provide a brief advice (5-10 mins) and refer on to specialist services if appropriate. There is good evidence that the provision of **information and brief advice (IBA)** by a trained professional at a key moment in time, such as at a time of concern about the individual's health can change attitudes and reduce risk taking behaviour. At least one in eight at risk drinkers reduce their drinking and experience improved health as a result of IBA<sup>50</sup>.

In Barnet<sup>51</sup>, 17 pharmacies are delivering IBA programme as part of the pilot, but there is lack of information on the level and extent of IBA in primary care settings. There is a need to review and expand the current IBA programme with its integration into broader substance misuse service provision that would support monitoring, on-going training requirement and evaluation. **Training** in IBA would enable staff to work with low risk individuals themselves and without the need to refer on to specialist service providers. There is a wide range of stakeholder who may benefit from training including pharmacists, GPs, health visitors, school nurses, teachers, adult social care, children's social care services, safeguarding specialists, community safety team, mental health teams, housing support workers, police/teams working with clients in the criminal justice system, fire services and hospital staff in A&E and on inpatient wards. Specialist substance misuse providers are best placed to run regular training sessions which relevant professionals in Barnet should be encouraged to attend. However, given turnover of staff and the need for regular prompts to ensure the training is used, it may be advantageous to adopt a 'train the trainer' model.

It is important to ensure all training covers new psychoactive substances (NPS) as we know that nationally this is a growing area of use – the workforce needs to be aware of the substances, impacts and potential issues as well as usual pathway and referral routes. The new treatment provider will be expected to provide "Club Drug Clinics" in the Borough to address stimulants and NPS use.

#### 2.1.5 Raise awareness in general population

The evidence from research commissioned by Department of Health (DH) suggests that the impact of campaigns centred on the health risks of alcohol is greater for "less entrenched drinkers and those more motivated by long term health, such as people aged 35–54, those in ABC1 social groups, and many women". Younger adults tend not to see long term health risks as compelling<sup>52</sup>. Research suggests information alone does not motivate most heavy drinkers to change their behaviour.

<sup>50</sup> Health Committee (2012). Third report. Government's Alcohol Strategy. Written evidence from the Department of Health <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

<sup>51</sup> Ibid - Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014

<sup>52</sup> 2CV (2008) Insight and action to help reduce levels of hazardous and harmful drinking, Qualitative research debrief. <http://www.aim-digest.com/digest/members%20over%20yr/harmfulnhs.pdf>

It is recommended that when our future campaigns are commissioned, they are based on the learning from rigorously evaluated campaigns such as those published in the Alcohol Learning Centre<sup>53</sup> and preferably run in conjunction with national awareness weeks and campaigns such as 'Dry January'. Similarly, any workplace health programmes should incorporate messages around substance use, particularly alcohol.

#### 2.1.5 Preventing drug and alcohol misuse among young people

A range of research has been carried out on what influences drinking behaviour among children and young people. For younger children, parents and other family members play the key role in forming their initial understanding of alcohol, but as children grow older and begin to socialise more, peers start to have an increasing impact on their attitudes, choices and behaviour.

All young people should have access to information, advice and effective drug/alcohol education in mainstream settings such as schools. Schools understand the connections between pupils' physical and mental health, their safety, and their educational achievement, and are well placed to provide good pastoral care and early intervention for problems which may arise from, or lead to, substance misuse. There is good evidence for the use of drug and alcohol education programmes in schools<sup>54</sup>. Fear based approaches are not effective in reducing substance use. Neither are programmes which rely only on providing information or only aim to boost self-esteem. An interactive approach to teaching is essential.

The Barnet needs assessment highlighted that referrals from schools in Barnet to Barnet Young People's specialist substance misuse services are currently low and some schools are reluctant to allow drug and alcohol specific services access to undertake prevention work or take up the offer of support to develop appropriate policies. There is a need to evaluate the extent to which schools, including independent schools, are aware of local sources of support and have relevant policies in place. There is value in recruiting 'champions' (Head Teachers) from within schools and colleges to help promote prevention services, highlight successful outcomes and raise awareness at a strategic level. This could be facilitated by engagement from education representatives in the strategy group proposed.

#### 2.1.6 Collaborative action on the social determinants of substance misuse

In our efforts to prevent substance misuse, it is important not only to concentrate attention on the issues resulting from substance misuse but also on the factors which may lead to substance misuse in the first place. For instance, socioeconomic situation, being rich or poor plays a part – women in the lowest income bracket (lowest 20% of household income) are 33 times more likely to be dependent on

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<sup>53</sup> Alcohol Social Marketing for England: Working together to tackle higher risk drinking  
[http://www.alcohollearningcentre.org.uk/library/Resources/SocialMarketing/Alcohol\\_SM\\_Toolkit.pdf](http://www.alcohollearningcentre.org.uk/library/Resources/SocialMarketing/Alcohol_SM_Toolkit.pdf)

<sup>54</sup> Drug prevention programmes in schools: what's the evidence? Mentor UK [www.mentoruk.org/wp-content/uploads/2011/11/Prevention-Evidence-Paper-Nov-11-Final.pdf](http://www.mentoruk.org/wp-content/uploads/2011/11/Prevention-Evidence-Paper-Nov-11-Final.pdf)



drugs than women in the top income bracket (highest 20% of household income)<sup>55</sup>. Similarly, unmanageable debt, unemployment, housing problems and social deprivation can lead to or exacerbate substance misuse<sup>56</sup>. As mentioned previously, the individuals with a history of alcohol and drug misuse require a holistic approach in order to sustain recovery. Without such efforts, treatment success can be short-lived.

It is of paramount importance that the substance misuse strategy implementation group includes representatives from all services from all these directorates within Barnet Council and that opportunities for collaborative action are scoped and acted upon. In this context, the key groups include both adult and young people drug and alcohol services, education, housing, welfare, police, communication, children and family services, community safety team with DV&VAWG coordinator, mental health, youth offending and social care teams work in collaboration and have robust referral mechanisms. Staff from these services should be able to identify drug and alcohol needs early on (including those of children and young people affected by parental drug and alcohol misuse), offer screening and brief intervention at the earliest opportunity and/or make timely referrals to appropriate service for further support.

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<sup>55</sup> Green et al 2005, McManus et al 2009 quoted in Public Mental Health: risk factors and protective factors. Dr Jonathan Campion. Director of Population Mental Health, UCL Partners

<sup>56</sup> Annual Report of the Chief Medical Officer 2013 - Public Mental Health Priorities: Investing in the evidence



## 2.2 – Our actions to **PROTECT OTHERS** from indirect harm caused by substance misuse<sup>57</sup>

By 2020, in Barnet we will have:

- Increased identification of parental substance misuse and early referrals of children and young people to appropriate support services.
- Reduced substance misuse related death and other serious incidents related to clients accessing substance misuse services.
- Improved pathways between domestic violence and substance misuse services.
- Improved identification of victims and perpetrators of domestic violence with substance misuse problems.
- Improved identification and support for those with mental health and substance misuse problems.
- Reduced street drinking in the borough, substance related anti-social behaviour and offending.
- Improved substance misuse focused collaboration between the NHS, Voluntary Sector, Police and Council (including Education, Housing, Welfare, Children's Services, Adult Services, Community Safety team with DV&VAWG coordinator, Domestic Violence, Licensing and Trading standards, Mental Health and Youth Offending teams) to prevent, protect from and treat substance misuse.

### **Key areas of work**

#### 2.2.1 Protection of vulnerable children and families/carers from drugs and alcohol related harm

The harmful effects of substance misuse are not just limited to the individual users but extend to their children, families and carers as well. The analysis of local data carried out for Barnet's **Early Intervention and Prevention strategy**<sup>57</sup> identified alcohol and/or drug misuse as one of the eight themes most likely to have a poor outcome for Barnet families. Alcohol misuse by parents is more widespread than drug misuse and affects a significant number of children<sup>58</sup>.

Substance misuse was highlighted throughout the Rotherham report regarding child sexual exploitation (**CSE**)<sup>59</sup>. Almost 50% of children who were sexually exploited or at risk were found to have misused alcohol or other substances. The use of substances is reported to have been part of the grooming process, provided for free by those involved in the exploitation. Years after the abuse suffered by the individuals in Rotherham, a disproportionate number had developed drug and alcohol addiction. Although LBB is different to other boroughs in terms of its demography, the importance of safeguarding vulnerable and young children against child sexual exploitation is the same.

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<sup>57</sup> London Borough of Barnet - Early Intervention and Prevention Strategy (2014)

<sup>58</sup> Office of the Children's Commissioner (2012) Silent Voices: Supporting Children and Young People Affected by Parental Alcohol Misuse [http://www.childrenscommissioner.gov.uk/content/publications/content\\_619](http://www.childrenscommissioner.gov.uk/content/publications/content_619)

<sup>59</sup> Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013)

In order to protect the vulnerable children, young adults and victims of domestic abuse, it is vital to have systems in place that can identify at risk individuals **early** and offer appropriate intervention to support their protection from harm.

In Barnet, the **Multi-Agency Safeguarding Hub (MASH)** acts as a single point of contact for all referrals where a child may have additional needs for services or be at risk of harm. It provides an intelligence hub where integrated multi-agency teams share information about vulnerable children, families and adults in order to risk assess and make decisions on further actions/referrals to appropriate teams. Specialist substance misuse treatment providers are part of the MASH. If a child's needs are at a lower level or if a case is being 'stepped-down' from Children's social care then the practitioner completes a **Common Assessment Framework**.

Whilst substance misuse may be a presenting factor in many social care cases, it is not picked up until further assessment or work is done with the young person and/or family. For instance, in 2013/14, there were a total of 456 CAF assessments including 10 related to either substance misuse in young people or their parents/carers in Barnet<sup>60</sup>. In order to provide early intervention, there is a need to consider more CAF assessments in all frontline services including drug and alcohol services. Similarly, there is a need for more clarity and robust pathways for adult patients under substance misuse treatment who are found to have/live with children.

At a family level, Barnet has a **Troubled Families** programme. Troubled families are identified as those with complex issues, who are more likely to access services and require intensive support. The programme is focused on getting children back into school, reducing youth crime and anti-social behaviour, getting adults back into work and reducing the need for services. One of the key areas for future exploration is around appropriate mechanisms for information sharing between substance misuse providers and Troubled Families team. In order to protect the vulnerable and provide early intervention, there is a need to consider the role of **Hidden Harm Specialist** – to enable joint assessments and improve information sharing/communications between different teams (including troubled families) and treatment services. The Hidden Harm coordinator can also identify and support parents who are involved in problematic drug and/or alcohol misuse in order to minimise the impact of this on their children or carers.

WDP recovery programme offers support to carers on a weekly basis at present. Barnet's adult needs assessment captured the suggestions from carers on expanding the service to more than once a week. Barnet Council also provides support to young carers affected by adult drug or alcohol misuse through a support service – **Time 4 us**. The service offers support for young people, who may be isolated, let down and in need of resilience building as a result of their parents' drug/alcohol use. Young people receive help to raise their awareness about drugs and alcohol and reassurance that they are not to blame, this improves their understanding and allows explanation of what is happening. The number of referrals from substance misuse services is low and there is a need to improve this by

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<sup>60</sup> Ibid - Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014)

promoting available services and confidence building among staff for making prompt referrals.

Substance misuse is regarded as a contributory factor for domestic violence and Barnet has a joint protocol to address the complicated cases around mental health, substance misuse and domestic violence (toxic-trio) to ensure the agencies have a coordinated response to the needs of these clients. The new Domestic Violence and Violence against Women and Girls Strategy (DV/VAWG)<sup>61</sup> for Barnet also advocates joint working between DV and the Public Health team. Similarly, the latest business plan for Barnet's Safeguarding Children Board<sup>62</sup> identifies effective working with D&A services, mental health, police and social work services to assess and agree plans for children who experience neglect.

In Barnet, the **Multi-agency risk assessment conference (MARAC)** aims to review and co-ordinate service provision in high risk cases with an aim to reduce repeat victimisation and to prevent DV related homicides. Although the total number of MARAC cases including those involving substance misuse have gone up in the past three years (between 2011 and 2013), the number of referrals from substance misuse service to the MARAC remains very low (2011, 2 referrals; 2012, 3 referrals; 2013, 1 referral). There is a need for a clear pathway and protocol to improve the number of referrals from substance misuse services to the MARAC along with the regular representation by their team in the MARAC meetings.

Barnet and Harrow joint Public Health service has recently commissioned a cross-agency training package for DV/VAWG and CSE which incorporates a substance misuse element. The training intends to ensure that all frontline professionals, including substance misuse staff working with young people in the Borough are better informed and equipped to recognise the signs of child sexual exploitation and take action.

From the above discussion, it is clear that protection of vulnerable individuals requires a holistic and multi-agency approach with agreed referral pathways between the **teams** and **safeguarding boards**; coupled with an effective communication and branding of services in a way that are perceived supportive and non-threatening to the service users.

### 2.2.2 Protecting communities

Substance misuse can lead to crime and violence in the community. There is good evidence that areas associated with higher density of premises selling alcohol also has a higher number of crimes, ambulance callouts related to substance misuse and street litter. In 2013/14, one of the top three areas of personal concern among individuals in Barnet<sup>63</sup> was crime with a fifth (20%) saying that they felt unsafe outside in their local area after dark (Residents' Perception Survey 2014). In the

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<sup>61</sup> Domestic violence and violence against women and girls Strategy 2013 – 2016

<sup>62</sup> Barnet Safeguarding Children Board Business Plan 2014-2016

<sup>63</sup> Barnet Council (2014). Residents' Perception Survey Quarter 2/3, 2013/14 [http://engage.barnet.gov.uk/consultation-team/residents-perception-survey-2013/user\\_uploads/residents--perception-survey-report-qtr-2-3-2013-14-final.pdf](http://engage.barnet.gov.uk/consultation-team/residents-perception-survey-2013/user_uploads/residents--perception-survey-report-qtr-2-3-2013-14-final.pdf)

same survey, Barnet residents' perceived rubbish or litter lying around and people being drunk or rowdy in public places as becoming more of a concern – (38% of residents saying rubbish or litter lying around was a very or fairly big problem and with teenagers hanging around the streets (28%) while people using or dealing drugs (26%) as the second and third biggest problems in the local area.

The clients in the criminal justice system (CJS) are some of the most complex clients using services and may have multiple health and social needs and hence the requisite to offer a holistic approach to these individuals in order to break the vicious cycle of harm and disorder in the community. Barnet has a **Drugs Intervention Programme (DIP)** which exists to support and encourage CJS clients into drug treatment with an aim to reduce drug-related reoffending. Barnet's **Integrated Offender Management (IOM)** programme lead by the Community Safety team, also works in collaboration with D&A services to address substance misuse as one of the factors driving repeat offences by the prolific offenders. One of the key priority outcomes in the new Barnet Community Safety Strategy<sup>64</sup> is a "sustained reduction in reoffending" and a vision for partnership working between voluntary and community teams including substance misuse, employment, education and training, mental health and housing.

There are opportunities for collaborative work with the **police, community safety and licensing and trading standards teams** in the Borough to address the issues to substance misuse related anti-social behaviour and street litter i.e. broken glass and empty cans. Triangulating local data – for example, anonymised A&E data linked to alcohol-related incidents can provide a profile of the most problematic premises or streets in the Borough. Similarly, sharing data on methanol poisoning is another example as this could provide information about the illicit or counterfeit alcohol being sold in specific premises and help support trading standards and police action on illegal sales. Any such efforts would strengthen our relationship with the partners and would also support them in targeting resources where most appropriately required.

Many accidental fires result from reduced awareness (e.g. falling asleep, distraction and carelessness), which is compounded when alcohol has been consumed. In 2011/12, an estimated 8% of the fires in England were linked with suspected drug or alcohol use<sup>65</sup>. There is an opportunity to link with Barnet Fire Service to reduce risk of fire in homes of those misusing substances and ensure adequate means of escape in case of fire. The Fire brigade can supply leaflets and smoke alarms as well as fire proof bedding. The Fire Service could also be trained in the use of information and brief advice where there identify individuals at risk.

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<sup>64</sup> Barnet Community Safety Strategy 2015/2020

<sup>65</sup> The effect of alcohol or drugs on casualty rates in accidental dwelling fires, England, 2011-12

## 2.3. Our actions to **PROMOTE** sustained recovery from dependence by intervening early and offering comprehensive services which rebuild lives.

By 2020 in Barnet we will have:

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

Key areas of work include:

### 2.3.1 - Improve action on blood borne viruses in substance misusers

Individuals taking injecting drugs carry a high risk of transmission of a number of blood-borne viruses (BBV). Most common among these are Hepatitis B, C and HIV. More than 70% of those infected with Hepatitis B and C have no symptoms at the time of becoming infected and 40% of those infected in England remain undiagnosed<sup>66</sup>. Chronic liver disease may also lie silent and go undetected for many years meaning when a patient does present with symptoms the prognosis is poor. Hepatitis C related hospital admissions, registrations for liver transplants and deaths from end stage liver disease and liver cancer are rising in England. A good proportion of those infected with hepatitis B and C, if treated early with anti-viral

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<sup>66</sup> Hepatitis B and C. Local Government Association briefing for councillors

therapy as recommended by NICE will clear the infection, however, very few people are accessing services<sup>67</sup>.

There are an estimated 1686 people infected with Hepatitis C in Barnet. Around 73% of these are thought to be either current or had previously used injectable drugs.

Although, hepatitis B can be prevented through a course of vaccinations, the rates of those who completed the full course of Hepatitis B vaccination is 29.8% which is below the national average rate of 35%. On the other hand, the rates for Hepatitis C testing along clients in treatment in Barnet are currently at 87.5% which is better than the current national average of 81.1% - DOMES report quarter 2, 2014/15<sup>68</sup>.

Testing for BBV infections, prompt referral to positive patients and vaccination for Hepatitis B presents an excellent opportunity to reduce health harms to individuals in the high-risk group. The new Sexual Health Strategy<sup>69</sup> for Barnet places an expectation on substance misuse services to offer HIV testing to all clients as part of screening for blood borne viruses and to record this data. There are opportunities for substance misuse services to **work closely** with local sexual health and family planning services to review and update data sharing and patient referral pathways between the two services.

For Hepatitis, **clear pathways** from substance misuse services to local liver services should be established in collaboration with Barnet CCG. Similarly, the use of peer support for clients accessing hepatitis treatment has been found to be useful in some boroughs to help adherence to treatment. It is also recommended that substance misuse service staffs are familiar with hepatitis B and C and the online course organized by Royal College of General Practitioners may assist in the development of this.

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

### 2.3.2. Partnership working between hospital teams and community substance misuse services

A large number of patients arrive in hospitals with a substance misuse related problem. The hospital A&E departments and wards are seeing a significant number of people misusing or at risk of misusing drugs or alcohol. Some of these individuals frequently return back to hospital services due to a lack of engagement with community drug and alcohol treatment services.

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<sup>67</sup> PHE Hepatitis C in London's drug using population. Emma Burke, PHE Programme Manager

<sup>68</sup> DOMES report quarter 2, 2014/15

<sup>69</sup> Barnet Sexual Health Strategy 2015-2020

Barnet young people substance misuse needs assessment identified no referrals from A&E services from local hospital (except Royal Free hospital). The needs assessment also highlighted the need for a systematic follow-up for those young people who are residents in Barnet and attend A&E for alcohol or drug related issues. Barnet substance misuse needs assessment for adults also identified the need to develop and expand alcohol liaison in hospitals. It is also important that robust pathways are put in place to ensure Barnet residents attending hospitals receive timely and specialist care at an earlier stage, thereby reducing the associated harm.

Similarly, individuals with a dual diagnosis of mental health and substance misuse often have multiple and complex needs which require a comprehensive, coordinated, seamless, multi-agency response.

The new service specifications for Barnet's adult substance misuse service encourages joint working relationship with hospital teams and requires the provider to deliver **drug and alcohol liaison** and **dual diagnosis workers**. The new dual diagnosis service will aim to provide advice and support to mental health agencies that are responsible for co-ordinating care delivery for service users with severe and enduring mental illness while drug and alcohol liaison service will provide advice, information and support to emergency department workforce and liaison with ward staff where relevant.

Both dual diagnosis and D&A liaison service will also incorporate the training, screening and brief interventions and facilitation of rapid access to community drug and alcohol treatment including detoxification.

### 2.3.3 Accessible and integrated specialist treatment and recovery services

A successful service relies on being easily accessible, matched with local needs and has an extension into community as outreach; while a successful outcome relies on offering holistic care to ensure both health and social needs of the patients are met so help them complete their recommended treatment and stay off the substance misuse in the future. In light of this, the new service specification for adult's D&A services includes the following key elements;

- Increase access with suitable opening times and developing a new outreach service.
- Increase the level of shared care by more primary care based prescribing, and/or nurse prescribing where appropriate.
- Incorporate the requirements of clients in the Criminal Justice System (DIP/CJIT) by swift access to prescribing and the quality, content and management of Psycho-Social Interventions (PSI).
- Develop stronger links with children and families' services (early intervention as well as safeguarding) and community resources to sustain recovery, health and wellbeing.
- Integrate with and benefit from, other external services such as mutual aid, employment support (Job Centre Plus), housing support, and abstinence based residential programmes.

Keeping the same principles and objectives, a service specification for children D&A services will be developed later in the year.

All commissioned services will be high quality, safe, effective, auditable, continuously improving and evolving to the changing needs of the population. To facilitate this, adequate clinical, financial and information governance will be a key priority which will be monitored through contract performance processes. This will include identification, reporting, investigation and learning from serious incidents. There should be clear channels for investigation and escalation.

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

In addition to the above there is a need for a comprehensive local communication plan to raise awareness and signpost both individuals to the specialist treatment services. The communication plan should also include information on referral pathways and any upcoming training programmes/events for the professionals.

#### 2.3.4. Data sharing protocols and referral pathways

Early identification needs to be followed up by agreed data sharing and referral pathways between all relevant services. For instance, hospital A/E department, maternity services, mental health and social services come across a significant number of people misusing or at risk of misusing drugs or alcohol. Some of these individuals visit/contact the services more frequently due to a lack of engagement with specialist drugs and alcohol treatment services. There is evidence of fragmented services and a lack of communication between health and social care services in Barnet - reflected as infrequent identification of vulnerable children in families with substance misuse problem.

An ideal service model is one where all relevant parties know about their partners' details, roles and have a regular to and fro communication. There is a need to review the existing protocols and pathways including consultation with partners to make them even more robust. In addition, we will encourage a multi-agency approach to improve data sharing and referrals via a local data sharing strategy. We envisage this as an immediate but on-going activity which will take shape over time with evidence of what works best at the local level.

#### 2.3.5 Sustain recovery by addressing underlying factors

Underlying mental health problem, unemployment, homelessness, poor education, deprivation and victimisation are some of the risks that can jeopardise treatment and recovery journey of the individuals. Public Health England has stated that 94% of dependent drinkers are not in treatment at any one time. Research evidence suggests that those who drop out are likely to be among the more risky or vulnerable individuals - the frequent hospital attenders, the repeated offenders and the person



committing anti-social behaviour<sup>70</sup>. The National Drug Strategy 2010<sup>71</sup> acknowledges the complex underlying causes and personal drivers of drug and alcohol misuse and suggests tailored packages of care and support to ensure the recovery is sustained.

**Homeless Action Barnet** delivers support to homeless clients, many of whom have alcohol rather than drugs issues while a **Floating Support** is available to clients from criminal justice system.

Carers of people with substance misuse problem play an essential role in helping them get the right treatment and support in successful recovery and providing a holistic approach is the key to sustained recovery. The new service specifications for adults drug and alcohol services acknowledge this by ensuring the services are available to families and carers.

In addition it expects the provider to;

- have good integration with other external services such as mutual aid, employment support (Job Centre Plus), housing support, and abstinence based residential programmes.
- have a dual diagnosis service to support staff in addressing the needs of those with mental health issues alongside substance misuse, and to ensure clients receive appropriate care from both substance misuse and mental health services.
- provide specialist advice/joint working to Child and Adolescent Mental Health Team (CAMHS)

Public Health team also piloted a successful employment support work (2014) to give people with common mental health conditions the support they need to get into paid employment. The success of the pilot has been translated into two new services in Barnet i.e. Individual Placement and Support (**IPS**) service for severe and endurance mental conditions and Motivational and Psychological Support (**MaPS**) for common mental health problems. This programme is also a good example of joint working between Public Health and Council's teams including Adult Social Care, the local Clinical Commissioning Group, Barnet, Enfield and Haringey Mental Health Trust, Jobcentre Plus, Department for Work and Pensions and local service users. However, there is a need for more collaboration between employment support team and D&A services to ensure all clients are screened at the beginning of the programme for their dependency on substance misuse and then linked with the D&A services for support and treatment as appropriate.

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<sup>70</sup> Alcohol Concern – Blue Light Project, Working with change resistant drinkers – The Project Manual 2014

<http://www.alcoholconcern.org.uk/wp-content/uploads/2015/02/Alcohol-Concern-Blue-Light-Project-Manual-Final.pdf>

<sup>71</sup> Drug Strategy (2010); HM Government; Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/98026/drug-strategy-2010.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf)

## 3- Strategy Implementation

### 3.1- Implementation process

As demonstrated in figure 6 below, partnership is the key to successful implementation of this strategy.



Figure 6: Partnership is the key to success, Public Health England

It is therefore recommended that a strategy implementation group is set up that oversees the delivery of strategic actions. It is suggested that the following stakeholders sit on the strategy implementation group (although not all attendees would be required to attend each meeting and participation will be required according to the relevance of the agenda).

- Substance misuse commissioners
- Public Health
- Community safety team with Domestic Violence and Violence against Women and Girls (DV&VAWG) coordinator
- Adult Social Care representative including representation from Prevention and Wellbeing team
- Environment (licensing)
- Providers
- CCG and secondary care (hospital) services
- Voluntary sector representatives
- Family services
- Safeguarding team
- Housing team
- User involvement

**3.2 - Key actions for 2015/16** *(Please note the table below is a list of both agreed and proposed actions that will be reviewed on a yearly basis by strategy implementation group with additions of new actions as appropriate)*

Key area	Proposed and agreed action	Proposed responsibility by team/s	Proposed timeframe
Recommissioning of new integrated substance misuse services	Development of new service specifications based on the needs assessment and ensure the new integrated service is accessible, promotes equality and takes account of users' age, gender, disability, sexuality, race and religious and cultural beliefs.	Public Health	October 2015 for adults and March 2016 for children
Collaborative multi-agency team working to offer holistic approach	<p>Setup a strategy implementation group with membership from local Public Health, Primary care, Secondary care, Housing, Welfare support, Children's and Family services, Adult Social services, Community Safety team with DV and VAWG coordinator, Licensing and Trading standards team, Youth Offending teams, Mental Health, Police, Fire, Education, and Voluntary sector.</p> <p>Implementation group to agree and commit to the strategic actions.</p> <p>Using the above group, ensure this strategy is aligned with other strategies in the borough.</p> <p>Provide Public Health intelligence input as appropriately required and to map hotspot areas in the borough on a regular basis.</p>	<p>Public Health to lead the setup with support from all teams.</p> <p>Strategy implementation group</p> <p>Public Health</p> <p>Public Health</p>	<p>September – October 2015</p> <p>Ongoing</p>
Raising awareness about drug and alcohol misuse and signposting to appropriate support services.	We <b>propose</b> engagement with young people for an insight to their attitudes and perception of drugs and alcohol misuse in order to develop key awareness messages.	Public Health in collaboration with Children's team	September – November 2015
	Raise awareness using social marketing principles that target individuals in all age groups especially young people, parents/carers in schools and non-school settings.	Public Health and substance misuse service.	November – December 2015

Key area	Proposed and agreed action	Proposed responsibility by team/s	Proposed timeframe
	Signpost residents to local carers group, local substance misuse services and online resources (such as FRANK and Alcohol Concern) for advice, support, treatment and recovery. Promote services within older people's services and vulnerable adult's teams.	Public Health  Substance misuse services	Ongoing
	We <b>propose</b> the continuation of the current alcohol scratch cards programme with wider provision in the borough's hotspot areas of alcohol related crime and highest number of premises selling alcohol.	Public Health	Ongoing
	We <b>propose</b> an exercise/programme for door and bar staff working at the licensed premises which raises awareness around; 1) the links between substance misuse and sexual offences 2) what to do in the event of a sexual assault 3) how to respond to and support victims and 4) how to preserve evidence.	Jointly between Public Health, Community Safety team, Licensing team and Police.	TBC
	Collaborative community awareness raising work in association with Drinkaware team	Public Health and Road Safety team	November – December 2015
Data sharing and referral pathways	Strategy implementation group to identify the main data streams for monitoring activities and effectiveness of the strategic recommendations.  We <b>propose</b> that all frontline teams identify known gaps in their communication plans around health (primary and secondary care such as A&E and maternity services), social care and community services.	Strategy implementation group  All via strategy implementation group.	December 2015
	We <b>propose</b> that all frontline teams agree on data sharing and referral pathways (between substance misuse and relevant key health, social care and community services).	Substance misuse team via strategy implementation group.	December 2015
Collaboration with	We <b>propose</b> Public Health's input to licensing applications	Public Health and Licensing	Ongoing

Key area	Proposed and agreed action	Proposed responsibility by team/s	Proposed timeframe
licensing and trading standards team	especially in hotspot areas of the borough and explore a responsible retailer programme to stop the sale of super strength alcohol, single cans.	team	
	We <b>propose</b> the test purchasing for the underage sale of alcohol and the assurance that licensees understand the responsibilities they have associated with selling or supplying alcohol to intoxicated persons.	Licensing team and Police	TBC
Collaboration with community safety team	We <b>propose</b> partnership work with community safety team of the LBB around a range of new legislative provisions such as drinking ban and criminal behaviour order	Public Health and Community Safety team	Ongoing
	We <b>propose</b> a reduction in alcohol-related harm and ASB (including street drinking) through consulting and involving local communities in developing local actions and facilitating multi-agency/multi-component approaches to identified problems.	Substance misuse services, Police and Community Safety team. Support from Healthwatch team.	September 2015 and then on on-going basis
	Identify and address the treatment and recovery needs of clients from Criminal Justice Service in police custody suites, prison, court and the community settings.	Substance misuse service and Community Safety team and Police	September 2015 and then on on-going basis
	We <b>propose</b> close working with enforcement partners to ensure street drinkers, including rough sleepers, receive outreach and support to access substance misuse services to help them cut down or stop drinking.	Substance misuse services to provide outreach  Community Safety team to provide intelligence	October 2015 and then on on-going basis
Collaboration with safeguarding teams	We <b>propose</b> the development of pathways that lead to timely identification and action to protect children from sexual exploitation	Children safeguarding team, Early Intervention team, Substance misuse services, Children and Families services	TBC
	Establish mechanisms to expose hidden harm associated with substance misuse and take actions to minimise the impact of substance misuse on children and carers of those with substance		

Key area	Proposed and agreed action	Proposed responsibility by team/s	Proposed timeframe
	misuse problem.		
Collaboration with early intervention, children and families teams	<p>Early identification and protection of vulnerable children and families via</p> <ol style="list-style-type: none"> <li>1) Ensure drug and alcohol issues are identified as part of CAF and other relevant assessments and that appropriate actions and referrals are made via MASH.</li> <li>2) Develop the role of hidden harm specialist to identify and support parents/carers who are involved in problematic drug and/or alcohol misuse and to minimise the impact of this substance misuse on their children.</li> <li>3) Train frontline staff in CAF assessment to identify vulnerable children of those with substance misuse issues.</li> </ol>	<p>Public Health and Early Intervention team Substance misuse services, Children and Families services</p> <p>Children and Families services</p> <p>CAF team</p>	<p>November 2015 and on-going as per local needs</p> <p>September 2015</p> <p>TBC</p>
Collaboration with domestic violence team	<p>Provide holistic approach to victims of domestic violence having substance misuse problem</p> <ol style="list-style-type: none"> <li>1) Explore the feasibility for Alcohol Concern 'Blue Light' project for novel ways to support alcohol treatment-resistant perpetrators of DV into treatment.</li> <li>2) Health coaching (one to one) for families that are affected by domestic violence, mental health and substance misuse "<b>toxic trio</b>".</li> </ol>	<p>Public Health</p> <p>Public Health, Families service and Domestic Violence teams</p>	<p>September 2015</p> <p>November 2015 - March 2016</p>
Collaboration with health partners	<p>Integrated substance misuse service to support hospital focused services via;</p> <ol style="list-style-type: none"> <li>1) Drug and alcohol liaison work in A/E, hospital wards and sexual health service.</li> <li>2) Collaboration with existing <b>alcohol liaison services</b> provided by secondary care services.</li> <li>3) Establishing <b>dual diagnosis</b> link between mental health and substance misuse service.</li> </ol>	Substance misuse service	October 2015 and then on on-going basis

Key area	Proposed and agreed action	Proposed responsibility by team/s	Proposed timeframe
	We <b>propose</b> the development of clear pathways from substance misuse services to local liver services in collaboration with Barnet CCG.	Substance misuse service and Barnet CCG	
Training of frontline staff	Rolling programme of training (e-learning) on identification and brief advice ( <b>IBA</b> ) for all frontline staff from health and social care including carers of those with substance misuse problem.	Public Health	Ongoing
	We <b>propose</b> housing and welfare support teams to provide IBA to all clients requiring support with referral to treatment services where required.	Housing and Welfare support team?	Ongoing
	We <b>propose</b> screening and provision of IBA to all clients assessing Public Health's employment support work with referral to treatment services where required.	Public Health via employment support providers	Ongoing
	We <b>propose</b> training programme for frontline professionals to ensure that are confident to provide assessment and support to those directly or indirectly affected by substance misuse.	Substance misuse provider	Yearly
Miscellaneous/Others	London Fire Brigade staffs to provide Home Fire Safety Visits (HFSV) in Barnet for residents and areas that are considered high risk from fire. This includes those residents identified with substance misuse problems.	London Fire Brigade	Ongoing
	Substance misuse services to be represented in MARAC meetings	Substance misuse service	Ongoing