Combating Drugs Partnership Needs Assessment

June 2023

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Glossary of Terms

Term	Definition
ASB	Anti-social behaviour
ATR	Alcohol Treatment Requirement
AUDIT	Alcohol use disorders identification test
CDP(B)	Combating Drugs Partnership (Board)
CGL	Change Grow Live
CHAIN	A multi-agency database recording information about people sleeping rough in London
Cuckooing	A practice where people take over a person's home and use the property to facilitate exploitation
CYP	Children and Young People
DCMS	Department of Culture, Media and Sport
DfE	Department for Education
DHSC	Department of Health and Social Care
DLUHC	Department for Levelling Up, Housing and Communities
Dual Diagnosis	Co-occurring substance misuse and mental health problems
DWP	Department for Work and Pension
HAB	Homeless Action in Barnet
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HO	Home Office
IOM	Integrated Offender Management
IPD	Inpatient detoxification
JCDU	Joint Combating Drugs Unit
LAPE	Local Alcohol Profiles England
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-agency risk assessment conference
MoJ	Ministry of Justice
NDTMS	National Drug Treatment Monitoring System
OHID	Office for Health Inequalities and Disparities

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PHE	Public Health England
PSHE	Personal, social, health and economic education
PSPO	Public Space Protection Order
RSDATG	Rough sleeping drug and alcohol treatment grant
SSMTRG	Supplemental substance misuse treatment and recovery grant
TA	Temporary Accommodation
VAWG	Violence against women and girls
VCS	Voluntary community organisation
VVE	Violence, Vulnerability and Exploitation
WDP	Westminster Drug Project

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1. Introduction & Summary

The national drug strategy, 'From Harm to Hope', was published in December 2021. It sets out the government's 10-year plan to tackle harm caused by illegal drug use and related crime. The strategy was the government's response to two independent reports produced by Dame Carol Black in 2020 and 2021.

In keeping with prior drug strategies, From Harm to Hope sets out three strategic priorities:

1. Break drug supply chains (HO and MoJ)
2. Deliver a world-class treatment and recovery system (DHSC, MoJ, DLUHC, DWP)
3. Achieve a generational shift in the demand for drugs (HO, DfE, DHSC, MoJ, DCMS, DLUHC)

In June 2022, the Joint Combating Drugs Unit (JCDU) published guidance on setting up and operating Combating Drug Partnerships. Partnerships were tasked to come together to address all three strands of the governments drug strategy, by bringing together partners to assess needs, develop an action plan, and deliver locally relevant ambitions.

This needs assessment reflects the Barnet Combating Drugs Partnership ambition to develop a programme of work that addresses drug and alcohol misuse in Barnet by holistically assessing local needs and making key recommendations.

i. Breaking Drug Supply Chains

The 10-year UK Government plan to combat illegal drugs sets out the plan to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.

Barnet Council's new administration has made community safety a priority, and Barnet's 2022 Community Safety Strategy outlines how the council plans to work in partnership to tackle crime and anti-social behaviour (ASB).

There are numerous workstreams within Barnet Council that deliver elements of tackling crime and ASB, and in doing this also work to break drug supply chains. These come together in the London Borough of Barnet's Violence, Vulnerability and Exploitation (VVE) work.

Key messages & recommendations:

- There was a 3.5% increase in 'Violence with Injury' offences in Barnet over the 12 months to March 2022 compared to the previous year, and a 2.6% increase when compared to five years ago
- The last 5 years indicate a pattern whereby we see spikes of weapons related offences during the spring summer months and a decrease in the winter months
- The "Rescue and Response Year 4 Strategic Assessment" shows that in 2021/22 there were 21 referrals to the Rescue and Response (a county lines) project, a reduction of 3 from the previous year. London in total saw a reduction in referrals of 43%
- There were also total of 40 people in Barnet identified as having a link to County Lines, a reduction of 1 from the previous year. London in total saw a reduction of 27% in individuals identified as having a link to county lines
- Reductions in the Rescue and Response project are likely the result of COVID-19 lockdown measures which made it difficult for people to move freely in the community (data for subsequent years is not yet available to assess the impact)
- Rates of drug offences in Barnet are generally lower than London and England
- There are some areas which have particularly high rates of drug offences, higher than London and disproportionate to the rest of the borough. Colindale North is of particular note.

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- Offences relating to possession are two times as many as offences relating to drug trafficking
- Drug trafficking offences also have a much lower prosecution rate than possession offenses
- The report outlines pathways from criminal justice settings, such as police custody and prison, to treatment services and indicates that there is much work to be done to improve these pathways
- Close collaboration is requited between partners in the development of the serious violence duty strategic needs assessment
- Better partnership working with the Met police to successfully implement business and delivery plans
- Services should collectively work to improve pathways from criminal justice settings into treatment and recovery services

ii. Delivering a world-class treatment and recovery system

The government's drug strategy set out our ambition to significantly increase the capacity and quality of treatment and recovery services as part of the whole-system approach to tackling supply and demand. It is anticipated that this will not only reduce crime, but aims tol reverse the upward trend in drug and alcohol related deaths and benefit communities.

This report details key treatment and recovery data and makes recommendations on areas of development in the local treatment service.

Key messages & recommendations:

- Access to local treatment services can be improved through better geographic spread of services and improving local pathways
- Wards with higher deprivation also tend to have a higher number of substance misuse treatment episodes than the less deprived areas
- There is substantial unmet need across Barnet, including a number of parents who are not accessing support for their substance misuse needs and a falling number of young people in treatment
- Better partnership working is required with local GP's to improve identification of people misusing alcohol and improve address physical health problems for people misusing substances
- Women and girls are under-represented in treatment services
- Older adults using substances have specific needs such as better access to physical health and social care services
- Whilst rates of alcohol related admissions in Barnet are fairly low, there is a small group of people who have multiple hospital admissions and suffer on-going alcohol specific ill health.
- Drug related deaths in Barnet are low but alcohol related deaths are increasing
- There is good naloxone distribution in Barnet and this should continue to be a priority
- Rates of smoking in people who use drugs and alcohol are significantly much higher than the general population, both in adults and young people
- Young people in treatment often have other vulnerabilities that have increased their risks of substance misuse.
- Mental health concerns in young people and adults who misuse substances are higher than the general population, and many do not have access to suitable mental health support
- Opiates (specifically heroin) and alcohol are the most reported substances used by adults in treatment
- Cannabis and alcohol are the most reported substances used by young people in treatment
- People experiencing severe and multiple deprivation are more likely to experience challenges accessing services

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- There are some innovative local initiatives to respond to multiple and complex needs, however these operate in a piecemeal way.
- The incidence of substance misuse in perpetrators of domestic abuse is high
- Satellite provision across the borough should be developed, including reviewing needle exchange
- Opportunities for improving access from primary care, including establishing alcohol clinics and GP shared care scheme should be explored
- The partnership should aim to increase engagement of under-represented groups in treatment
- Develop closer working relationships with social care and substance misuse services to support older adults with complex needs
- Review dual diagnosis good practice and implement locally
- A partnership approach to addressing multiple and complex needs is required
- Addressing substance misuse issues in perpetrators of domestic abuse is essential

iii. Achieving a generational shift in the demand for drugs

The third priority of the national drug strategy is to "achieve a generational shift in the demand for drugs."

At a national level, it is expected this will be achieved through:

- an improved understanding of what works through investing in research,
- targeting people found in possession of illegal drugs with 'more meaningful consequences',
- improving prevention and early interventions via schools, and providing early, targeted support including to families

This report details actions that can be taken by partners in Barnet to support earlier identification and prevention of substance misuse issues.

Key messages & recommendations:

- Good PSHE provision is in place in Barnet however more can be done to broaden the scope
- Identification and Brief Advice (IBA) is available to all Barnet residents. However current reach is small and attempts to promote should be made.
- Workplace plays an important part in the health of Barnet residents, and addressing substance misuse in the workforce should be incorporated in to other workplace health initiatives
- Alcohol related harm should be considered when reviewing local licencing applications
- Although parental substance misuse in "child in need assessments" in Barnet is lower than England, it is higher than benchmark areas.
- The number of parents in treatment is low compared to identified need
- Barnet has a good range of parenting support programmes and early help services in place; however parents accessing treatment services tend to have not used these services, indicating they are not always reaching the right families.

2. Policy Context

National Drug Strategy

The national drug strategy, 'From Harm to Hope', was published in December 2021. It sets out the government's 10-year plan to tackle harm caused by illegal drug use and related crime. The strategy was the government's response to two independent reports produced by Dame Carol Black in 2020 and 2021.

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From Harm to Hope benefited from cross-government sponsorship, being signed off by the Home Secretary, the Secretary of State for Health and Social Care, and the Combating Drugs Minister. Delivery of the strategy was supported by considerable additional funding (almost £900m over three years) and the establishment of the cross-government Joint Combating Drugs Unit (JCDU).

In keeping with prior drug strategies, From Harm to Hope sets out three strategic priorities:

4. Break drug supply chains (HO and MoJ)
5. Deliver a world-class treatment and recovery system (DHSC, MoJ, DLUHC, DWP)
6. Achieve a generational shift in the demand for drugs (HO, DfE, DHSC, MoJ, DCMS, DLUHC)

The first aim, jointly owned by the Home Office and the Ministry of Justice, targets the illegal supply of drugs. It outlines actions to be taken to prevent drugs reaching the UK, target gangs which supply drugs to 'neighbourhood dealers', 'roll up' county lines, and prevent the supply of drugs into prisons.

The second aim is jointly owned by four departments, the Department of Health and Social Care, the Ministry of Justice, the Department for Levelling Up, Housing and Communities, and the Department of Work and Pensions. It sets out an ambition to improve drug treatment and recovery services, including through improving locally commissioned substance misuse treatment services, better service integration, increasing access to housing and substance misuse treatment for people sleeping rough, and improving pathways between the criminal justice system and treatment services.

The third priority is owned by the Home Office, the Department for Education, the Department of Health and Social Care, the Ministry of Justice, the Department of Culture, Media and Sport, and the Department for Levelling Up, Housing and Communities. It aims to reduce demand for drugs, particularly recreational use. The methods through which this will be achieved include supporting new research to improve the demand reduction evidence base, targeting people found in possession of illegal drugs with 'more meaningful consequences', improving prevention and early interventions via schools, and providing early, targeted support including to families.

To ensure delivery of the strategy, in addition to the JCDU, the government set out a framework of national and local accountability. This includes the setting up of Combating Drug Partnerships, with Senior Responsible Owners, and a set of national performance measures.

The strategy set out ambitions to deliver 54,500 additional treatment places (a 20% increase), prevent nearly 1,000 deaths, and close over 2,000 county lines, all by April 2025.

National Alcohol Strategy

At the time of writing (February 2023), there is no national alcohol strategy and no plans have been announced to publish such a strategy. The most recent alcohol strategy was published by the Conservative – Liberal Democrat coalition government and ran from 2012 to 2015.

Combating Drug Partnerships

In June 2022, the Joint Combating Drugs Unit (JCDU) published guidance on setting up and operating Combating Drug Partnerships. The guidance strongly encourages partnerships to include alcohol misuse within their scope. The guidance outlines actions requested of local partnerships to come together to address all three strands of the drug strategy, including nominating a Senior Responsible Owner (SRO) and bringing together partners to assess needs, develop an action plan, and deliver locally relevant ambitions set out in the drug strategy. The partnership should also regularly monitor progress and compile an annual report on its work. There is no specific funding for the development and running of combating drug partnerships.

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The JCDU has developed a National Combating Drugs Outcome Framework to monitor progress against the ambitions set out in the drug strategy, and suggests partnerships use this and locally developed performance metrics to understand local progress against the following key outcomes:

- Reduce drug related crime
- Reduce harm
- Reduce supply
- Increase treatment engagement
- Increase long-term recovery

Workforce

In September 2022, Health Education England published a briefing, summarising its work on the Drug and Alcohol Treatment and Recovery Workforce Programme. It is acknowledged that in order to deliver the ambitions set out in From Harm to Hope, the substance misuse workforce needs to grow. A strategic approach is being taken to ensure this need can be met.

Commissioning Quality Standard

In August 2022, the Office for Health Improvement and Disparities (part of the Department of Health and Social Care), published the Commissioning Quality Standard: alcohol and drug services. The standard was created in response to a recommendation from Dame Carol Black's independent review of drugs (part two) and aims to improve the effectiveness of local commissioning processes. It aims to increase transparency and accountability, and enable evaluation and improvement of commissioning processes. An accompanying self-assessment tool was published to assist partnerships to identify strengths and opportunities to improve commissioning processes. It provides clear examples of what is needed to meet each element of the standard.

The standard includes:

- Partnership and governance, where it complements the combating drugs partnership guidance and includes the need for continuing professional development for all partners. Increased commissioning resource has been enabled in many areas by new funding,
- All aspects of commissioning cycles, including understanding needs, establishing jointly held partnership priorities, service specification and contracting, and quality and performance management.
- System approaches, working across the partnership and reducing silos. This supports Making Every Contact Count and the 'no wrong door' approach to enabling underserved people to access services.
- The provision of high-quality care for all who need it, including workforce composition, training and supervision, caseload sizes, and provision of tailored services for young people and families. A full list of NICE recommended alcohol and drug treatment and recovery interventions is provided in the standard, bringing this together in one place for commissioners.

Funding

In recent years, publicly funded alcohol and drug treatment has largely been commissioned using funding from the annual public health grant, overseen by Directors of Public Health within local authorities. In addition, the NHS provides ad hoc interventions within its broad role and budget, for example, alcohol and/or drug detoxification during a hospital inpatient stay. In 2022/23, the budget for substance misuse treatment services was £2,349,399.34 for adults and £199,540.46 for young people. Both services are delivered by Change Grow Live.

In 2021/22, in addition to the existing public health grants, 'universal' drug treatment and recovery grants were provided to most local authorities in England. Consortia grants were also made to fund additional

inpatient detoxification (IPD) placements. Barnet received £285,000 universal funding and a further £41,000 inpatient detoxification funding (to be spent via the London consortium) through these grants.

Following the publication of the 2021 drug strategy, a new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) was announced. This has provided Barnet with £381,264 in 2022/23, and the indication of further SSMTRG funding in the following two years. It is anticipated that the IPD consortia funding level will remain at the 2021/22 level until March 2025. A requirement for receipt of these grants is that public health grant investment in substance misuse is not reduced.

Additional drug strategy-related grants, to support rough sleepers and employment support, have also been made available to selected local authorities. This has provided Barnet with £398,121 of funding to support people rough sleeping in 2022/23.

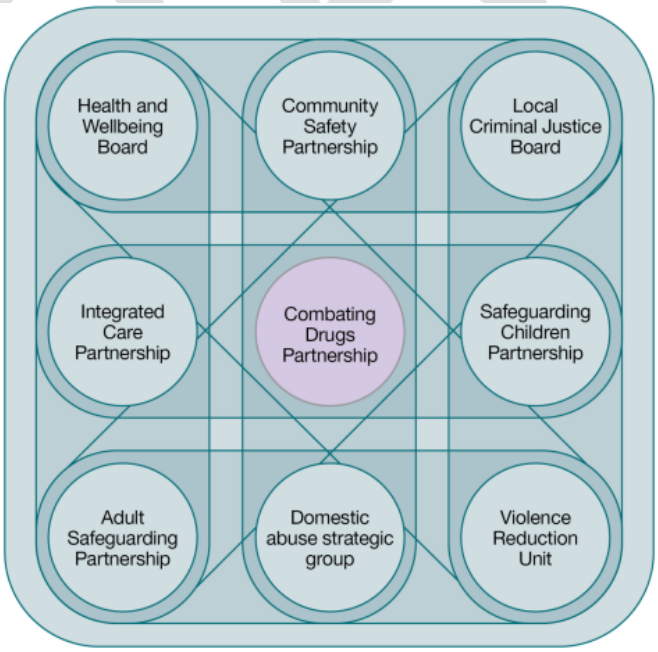
While the public health grant provides considerable flexibility to the local authority to determine local priorities, the other grants are provided to fund a group of centrally mandated interventions and outcomes. There is only limited flexibility and agreement for all grant spending must be received from central government grant managers.

Governance

This needs assessment is being conducted on behalf of the Combating Drugs Partnership Board (CDPB). Although the CDPB is primarily tasked with addressing harms related to drugs, Barnet's partnership have agreed to include harms relating to alcohol in the terms.

The CDP reports directly to Barnet Council's Health and Wellbeing Board, with a line into Barnet Council's Safer Communities Partnership Board. As such the main CDPB Plan and strategy will be agreed by the Health and Wellbeing board and delivered via co-ordination of those with delegated powers at the CDPB.

Graphic to show CDP in relation to other local partnerships



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3. Aims & Objectives

Aim:

The aim of this needs assessment is to support the local Combating Drugs Partnership Board in the implementation of the government's drug strategy by identifying good practice, opportunities and recommendations.

Objectives:

- Review Barnet's fidelity to the new drug strategy across the three priority areas:
    - Explore how the newly established Combating Drugs Partnership Board can work collaboratively to tackle drug supply and associated violence
    - Review Barnet's current treatment offer and assess whether it is meeting the needs of the local community
    - Identify substance misuse prevention opportunities for development

4. Methodology & Data Sources

The number of adults who receive substance misuse treatment in Barnet is significantly larger than the number of young people, so data for adults can be published in more granular detail.

Data on the current treatment population is derived from the number of episodes of structured treatment recorded by LBB's current treatment provider Change Grow Live in the financial years 2020-21 and 2021-22. This represents the first two years of Change Grow Live's provision of substance misuse treatment for LBB. Data from the two years are combined to reduce the number of small counts (<5) which need to be suppressed so they cannot be deduced from totals. It is possible that a person may have had more than one treatment episode during the period, so these totals should not be interpreted as the number of people attending the treatment service.

Data for years prior to 2020-21 come from the National Drug Treatment Monitoring System (NDTMS), which is operated by the Office for Health Improvement & Disparities (OHID). Publicly available data from the NDTMS ViewIt tool has been used, which is rounded to the nearest 5 to prevent disclosure of small counts. The original data can be found on the NDTMS website.

Additional reports from NDTMS have been used to prepare this needs assessment. These include Adult Alcohol Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities, Adult Drug Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities and Young Peoples Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities.

The prevalence estimates from NDTMS are based on old data (2016-17 for opiate and crack, 2018-19 for alcohol), but are the best information available to us. These are published by the Liverpool John Moores University and the University of Sheffield, and are due to be refreshed in 2023. The prevalence estimates can be found on the Government website. The methodology behind the opiate and crack estimates can be found on the National Archives website.

Data on the treatment population has been compared to the 2021 Census.

Publicly available data has been used within this report. The main sources of these are Stats and data | Metropolitan Police, Public health profiles - OHID (phe.org.uk) and Home - NHS Digital.

Some data is presented within this report which is taken from internal audits and reports of local services including the substance misuse treatment service and probation service.

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5. Public Engagement & Feedback

A range of local engagement mechanisms were used:

Two surveys were developed to seek feedback from residents and local partners

- 66% of residents that surveyed knew of the local treatment services
- Most residents that completed the survey had not accessed the service
- 60% of professionals surveyed had referred to local treatment services
- 80% of professionals surveyed knew how to refer
- Professionals rated the service positively, stating the service was accessible and responsive.
- Local treatment services are promoted to residents from a wide range of sources including local Councillors, health professionals and voluntary community organisations
- Most professionals completing the survey were from public or VCS organisations, with very low completion by health professionals.

Combating Drugs Partnership Board members were asked to contribute feedback through discussion

Gaps & Opportunities Identified:

- Training on substance misuse & awareness raising, including updates on new and emerging drugs for professionals
- Embedding substance misuse prevention into other council work such as school superzones
- Workforce challenges – a need for more people taking on careers in health and social care
- There is a complex police structure which challenges partnership working
- Access to services is difficult due to borough geography
- Stigma around substance misuse has made it challenging to identify satellites for the service
- There are limited services available for children of parents who misuse substances
- Parents are often unsure where to access support for themselves when their children are using substance
- There is a lack of long term, suitable accommodation for people with support needs
- Service criteria often creates barriers, including age criteria and dual diagnosis
- Increased access to psychological therapies
- Holistic, place-based approaches
- Closer working with voluntary and faith-based communities
- Limited access to inpatient and residential treatment
- A need for better support for people leaving prison

Strengths of partnership:

- ✓ Custody diversion schemes in place
- ✓ Good partnership links between many organisations, including cross organisational meetings and panels
- ✓ MOPAC funded county lines project
- ✓ Dedicated substance misuse resource in children's social care services
- ✓ Good examples of place-based work in one particular area
- ✓ Drug and alcohol awareness training and education available
- ✓ Examples of excellent multi-agency working including rough sleeping and homelessness project
- ✓ Vast skill set across the partnership that can be utilised

Focus groups with Barnet residents accessing local treatment services will be held on completion of the report to inform recommendations and next steps.

6. Breaking Drug Supply Chains

The 10-year UK Government plan to combat illegal drugs sets out the plan to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.

The key ways to do this are identified as:

1. restricting upstream flow – preventing drugs from reaching the country
2. securing the border – a ring of steel to stop drugs entering the UK
3. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
4. going after the money – disrupting drug gang operations and seizing their cash
5. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
6. tackling the retail market – so that the police are better able to target local drug gangs and street dealing
7. restricting the supply of drugs into prisons – technology and skills to improve security and detection

Barnet Council's new administration has made community safety a priority, and Barnet's 2022 Community Safety Strategy outlines how the council plans to work in partnership to tackle crime and anti-social behaviour (ASB).

There are numerous workstreams within Barnet Council that deliver elements of tackling crime and ASB, and in doing this also work to break drug supply chains. These come together in the London Borough of Barnet's Violence, Vulnerability and Exploitation (VVE) work.

The use, sale, supply and importation of drugs causes profound harm to communities and has a direct correlation with increases in acquisitive crime and serious violence. Crime associated with drug trafficking is very often violent, with direct links to the criminal use of firearms and gang feud knife attacks. Traffickers are known to frequently exploit young and vulnerable people, and cannabis gangs in particular are notorious for the trafficking and exploitation of Vietnamese children and other vulnerable people to carry out live-in work in dangerous cannabis factories.[i]

The Serious Violence Strategy published in 2018 provides the governments assessment around what constitutes Serious Violence. It outlines some of the trends in behaviour seen in individuals perpetrating serious violence such as:

- Drug trafficking and drug misuse
- Weapons carrying
- Group or gang offending

Some key facts[ii] about Violence, Vulnerability and Exploitation (VVE) in Barnet:

- There was a 3.5% increase in 'Violence with Injury' offences in Barnet over the 12 months to March 2022 compared to the previous year, and a 2.6% increase when compared to five years ago.
- 'Possession of weapon' offences decreased by 1.9% compared to the previous year, and there has been a 25% decrease compared to five years ago.
- Knife Crime (with injury) offences declined by 3.4% at the end of March 2022 compared to the previous year, and 21.3% compared to 5 years ago.
- The last 5 years indicate a pattern whereby we see spikes of weapons related offences during the spring summer months and a decrease in the winter months.

LB Barnet will be conducting a Serious Violence Duty Strategic Assessment (Serious Violence Duty - Statutory Guidance) in 2023, this will bring together a full analysis of serious violence and its intersections with drug use and supply.

Recommendation:

- *Partnership to contribute and support serious violence duty strategic assessment and in process continue working to understand the dynamic affiliations between Violence, drugs and group/gang offending in Barnet*

The government's 10 year plan identifies that in order to break supply chains we must deal with serious organised crime by disrupting OCG's (Organised Crime Groups). Some of the ways this can be done are by addressing county lines, gangs, and cuckooing. Much of this operational work is already delivering in Barnet via:

- Violence Vulnerability and Exploitation work (including youth justice, gangs, county lines)
- Offender Management work (IOM and Mappa)
- Risk management (Community MARAC)
- Anti-Social Behaviour work (Including borough wide PSPO)

Barnet also uses the E-CIN's system (E-CINS in Barnet - ECINS for Community Safety, Integrated Offender Management, Domestic Abuse, Domestic Violence, Community MARACS and ASB. Barnet's Youth Offending Service also use the system to manage gangs and serious youth violence and Barnet Homes are looking to introduce the system to securely share information with their partners.

A pan-London County Lines project was launched in 2018 by the Mayor's Office for Policing and Crime. Rescue and Response[iii] is a pan-London County Lines support service for vulnerable CYP (Children and Young People) up to the age of 25 who are caught up in County Lines drug distribution networks and subject to criminal exploitation.

The "Rescue and Response Year 4 Strategic Assessment"[iv] shows that in 2021/22 there were 21 referrals to the Rescue and Response project, a reduction of 3 from the previous year. London in total saw a reduction in referrals of 43%. There were also total of 40 people in Barnet identified as having a link to County Lines, a reduction of 1 from the previous year. London in total saw a reduction of 27% in individuals identified as having a link to county lines. It is important to recognise the impact that the COVID-19 lockdown possibly had on these figures. As people were less able to socialise and move around the community freely it is likely that some young people at risk of exploitation were not able to engage in such activities. Data from subsequent reports has not yet been publicly made available.

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LONDON MAP SHOWING ALL INDIVIDUALS LINKED TO COUNTY LINES BY BOROUGH 2021/22

During year 4, a total of **1,301** individuals have been identified as having a link to County Lines. This is a **27% reduction** when compared to the same period last year (1,784).

All 1,301 individuals are represented by borough, based on their residence at the time of identification.

Those with a recorded link to County Lines have been collated by the NCLCC, and reflect submissions from R&R, the MPS and the county forces. The reporting practices have remained the same as 20/21 and this is not a contributing factor to overall reductions, as previously experienced.

R&R REFERRALS BY BOROUGH

67 TO 107 (3)
47 TO 66 (7)
32 TO 46 (7)
18 TO 31 (11)
6 TO 17 (4)

BOROUGH	20/21	21/22	DIFFERENCE
CROYDON	138	107	-31
LAMBETH	108	93	-15
LEWISHAM	92	79	-13
BRENT	103	66	-37
NEWHAM	107	64	-43
GREENWICH	84	63	21
WALTHAM FOREST	67	57	-10
HACKNEY	70	54	-16
SOUTHWARK	103	53	-50
REDBRIDGE	65	52	-13
EALING	79	46	-33
ENFIELD	68	45	-23
ISLINGTON	46	41	-5
BARNET	41	40	-1
BARKING & DAGENHAM	49	38	-11
BROMLEY	31	37	6
TOWER HAMLETS	41	36	-5
HARINGEY	58	31	-27
WANDSWORTH	52	31	-21
CAMDEN	35	29	-6
HOUNSLOW	41	29	-12
HAMMERSMITH & FULHAM	31	27	-4
WESTMINSTER	22	27	5
HARROW	26	24	-2
HAVERING	21	22	1
KENSINGTON & CHELSEA	34	22	-12
BEXLEY	47	21	-26
MERTON	31	21	-10
HILLINGDON	45	17	-28
KINGSTON	16	12	-4
SUTTON	18	11	-7
RICHMOND	7	6	-1

***Recommendation**:*

- *The partnership to review impact of current operational work that identifies people involved in organised crime and identify next steps.*

Drug Offences in Barnet

The graph below shows the number of drug offences in Barnet from January 2018 to January 2023. This has remained relatively consistent, averaging 82 offences, with 73 drugs offences in January 2023.

The graph shows a peak of 151 offences in May 2020 which is likely to be a result of the first COVID-19 lockdown. During lockdown as social interaction was severely restricted, crime in all categories decreased, except for anti-social behaviour, and drug offences. The first category increased vastly, as it includes offences related to breaching social distancing measures. The second is related to an increase in arrests as the lack of people moving around made it much easier for police to track down dealers (Langton, 2020). With this in mind, it is likely that the number of drug offences are just a small proportion of actual drug crime.

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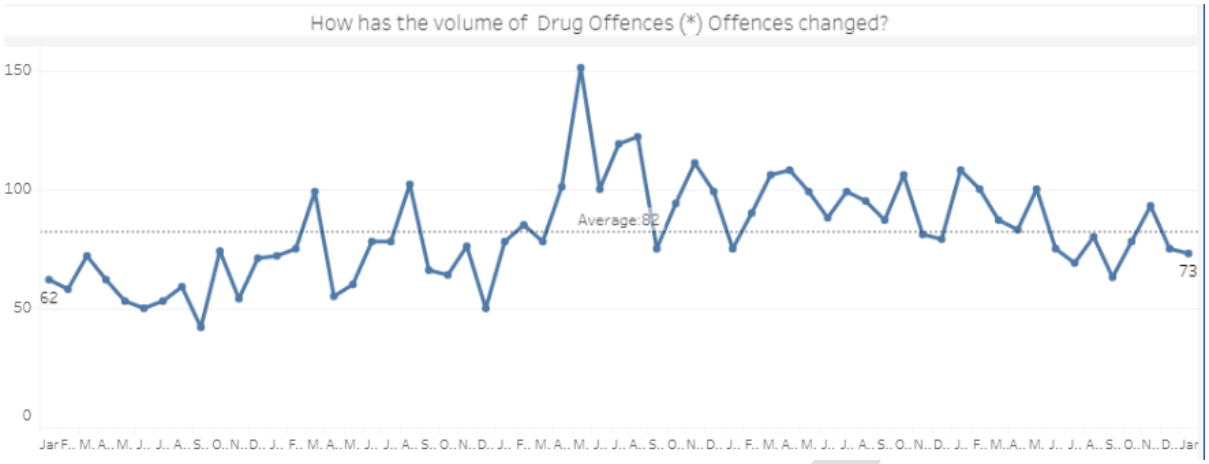

Figure 1: Drug offences – Jan 2018 to Jan 2023 – Met Police Data

	Barnet	London
Drug offences per 1000 pop Feb 2022 – Jan 2023	2.4 per 1000 pop	4.8 per 1000 pop
Number of offences 12 months to Jan 2023 compared to previous 12 months to Jan 2022	Down 14.8%	Down 8.3%
January 2023 compared to December 2022	Down 2.7%	Up 26.8%

Figure 2: Drug offences London and Barnet

The table above shows the number of drug offences in Barnet is generally low. The London rate of offences per 1000 population in January 2023 is 4.8 however in Barnet it is 2.4. However, as can be seen in the map below, the rate differs from ward to ward, with the west of the borough generating a substantially higher number of drug crimes. Colindale North is of particular note, with a rate of 7.6 per 1000 population.

Whilst this may reflect that Colindale North may have a higher rate of drug crimes, it is important to recognise that the disproportionate rate of crimes can be a direct outcome of additional police resources that are deployed into areas such as this to address the problem.

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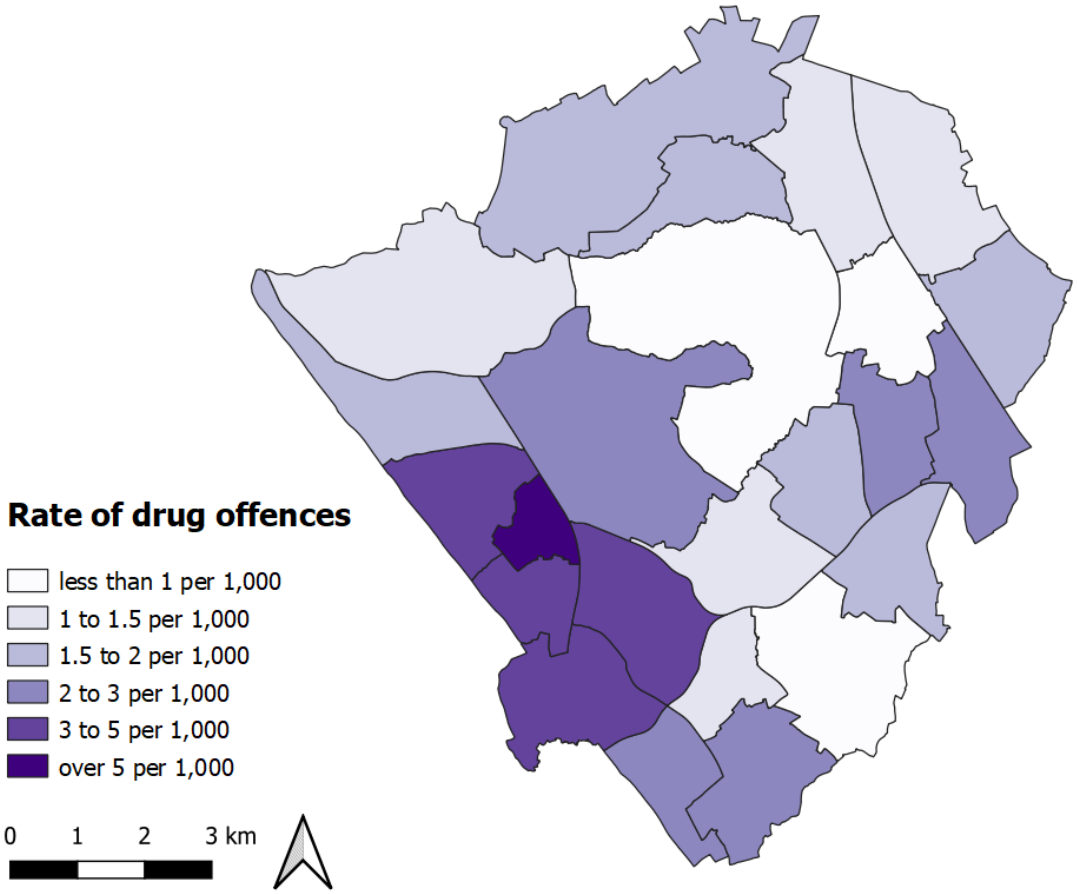

Figure 3: Heat map showing drug offences by ward

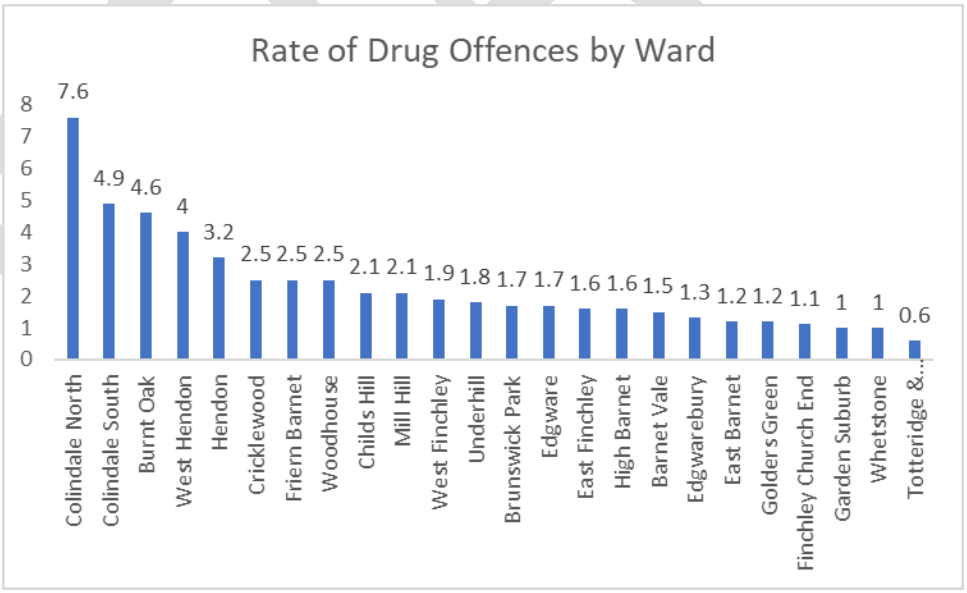

Figure 4: Drug offences by ward

The drug offence data above reflects crimes related to both possession and supply (drug trafficking). The following graph shows offences separated by possession and supply (trafficking).

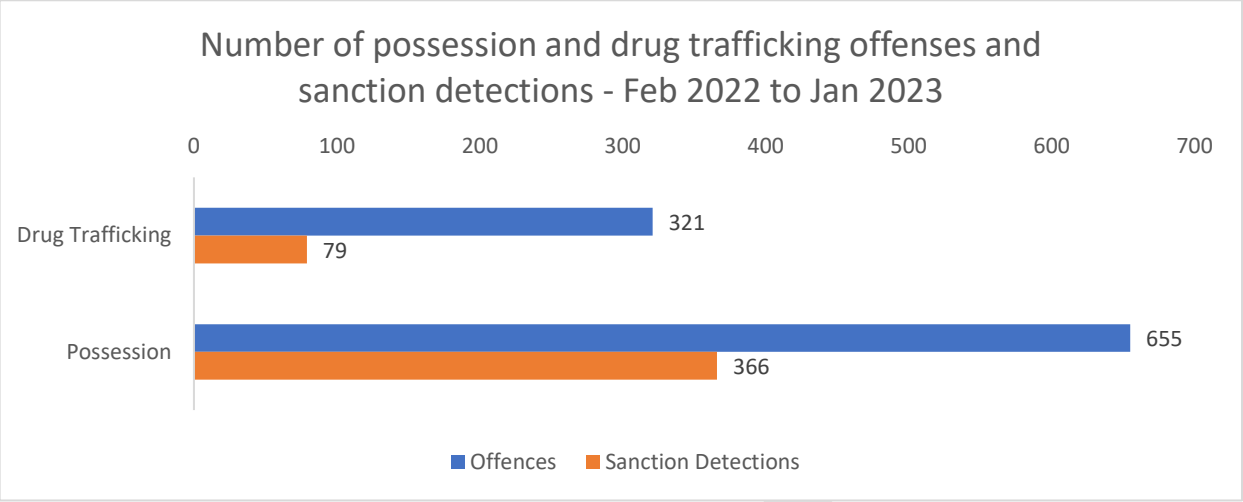

Figure 5: Number of possession and drug trafficking offences and sanction detections

When separated, looking at data from Feb 2022 – Jan 2023, 67% of drug offences relate to possession and 33% to the supply of illicit substances. Furthermore, 25% of drug trafficking offences result in a sanction detection and 56% of possession offences result in a sanction detection. This highlights the difficulties in disrupting supply chains on a meaningful scale. The data indicates that a user of illicit substances is more likely to be prosecuted than those supplying them with illicit substances. It is likely that this data also reflects the complex relationship between possession and supply. It is likely that most people convicted of supply are not the ones that control the distribution of drugs, they are more likely to be "runners". Additionally, some people convicted of possession may in fact be runners.

(NB: Sanction detection refers to an offence that results in a charge, caution, penalty notice or other prosecution)

The Metropolitan Police Service's Business Plan 2021-24 highlights its plan "Tackling Violence Together" which focuses on seven strands of activity, with prevention running through as a cross-cutting theme. One of these strands includes a focus on drugs, including a commitment to create a "drugs focus desk" in each BCU (Basic Command Unit) with a drug advisor to assist with investigations and cases of possession with intent to supply. The plan also commits to delivering handheld drugs analyser machines to BCUs to reduce lab backlogs and increase in custody charges.

The aims of the Met Police's Business Plan are also echoed in London's Police and Crime Plan 2022-25 | London City Hall.

***Recommendation**:*

- *The partnership to consider how it can support the implementation and delivery of Met Police Business Plan*

Drugs Intervention Programme – From Custody to Community

Many London boroughs have drug intervention programmes (DIP) to tackle substance misuse offending. DIP programmes were launched in 2003 but have largely scaled back over the years. These programmes now focus on drug testing when arrested for a "trigger offence".

Once a person tests positive, they are then referred on to the local substance misuse treatment provider for a "Required Assessment". This aims to improve the pathway and support people with an identified drug need to engage in treatment.

Trigger offences are generally offences involving stealing, fraud or drugs, and include:

- Theft and attempted theft.
- Robbery and attempted robbery.
- Burglary and attempted burglary.
- Begging and persistent begging.
- Possession of a specified Class A controlled drug.
- Production or supply of a specified Class A controlled drug.
- Possession of a controlled drug with intent to supply where that drug is a specified Class A controlled drug.

The following table provides a 5 month snapshot of DIP Data. In Barnet, there is an average of 73 trigger offences a month, of which 63% result in a drug test. Earlier in this report we presented drug offence data that showed approximately 82 offences a month relating specifically to drug possession or supply. Considering there are on average 73 trigger offences monthly it appears there is an opportunity to increase the number of people identified for testing and moving through the DIP pathway.

Furthermore, the data below shows that although an average of 28 people a month test positive in a custody drug test, the number booked in for a required assessment and who subsequently attend a required assessment decreases dramatically. On average, although there are approx. 82 drug offences and 73 trigger offences per month (these may not be mutually exclusive), only 12 people attended a required assessment in a 5 month period.

5-month period	Total Trigger offences	Trigger offences Tested	Trigger offences Tested Positive	Required Assessments booked	Required Assessments Attended
Total	**361**	**274**	**141**	**70**	**12**

Figure 6: Table showing number of people identified via DIP pathway resulting in testing and required assessments – 5 month period in 2023

In Barnet, whilst the reports received from the Met on DIP activity indicate that the reporting and communication aspects of the pathway are working successfully, the numbers attending indicate there is work to be done on operational aspects. Change Grow Live's criminal justice team have also reported to Public Health Commissioners that arranging police clearance from criminal justice practitioners to work in police custody is taking an inordinate amount of time, preventing the team from being able to engage at point of arrest.

MOPAC have committed within the Police and Crime Plan to reviewing the effectiveness of DIP and MPS in addressing substance misuse related offending and this certainly appears to be required in Barnet.

Recommendation:

- *Partnership to support review of DIP process including police clearance*

7. Delivering a world-class treatment and recovery system

Dame Carol Black's Independent review of drugs by Dame Carol Black: government response - GOV.UK (www.gov.uk)Independant review of drugs focuses on drug treatment, recovery and prevention, and informed the governments priority to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around. Additional funding has been identified to deliver significant and tangible improvements in line with key priorities identified in the report.

At a national level, the government expects to treat addiction as a chronic health condition by breaking down stigma, saving lives and breaking the cycle of addiction. It aims to do this by:

1. Delivering world class treatment and recovery services
2. Rebuilding the professional workforce
3. Ensuring better integration of services
4. Improving access to accommodation alongside treatment
5. Improving employment opportunities
6. Increasing referrals into treatment from the criminal justice system
7. Keeping prisoners engaged after release

This chapter explores how this is being done in Barnet.

Throughout this report, tiers of treatment will be referred to. The below pyramid gives an overview of the tiers of treatment.

Tier 1 related to prevention and education. This is defined as being largely concerned with encouraging and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, attitudes and skills with which to avoid or reduce the development of alcohol problems, drug misuse and alcohol and drug related harm.

Tier 2, 3 and 4 relate more specifically to the treatment of substance misuse which become more intensive and specialist as a person moves through the tiers.

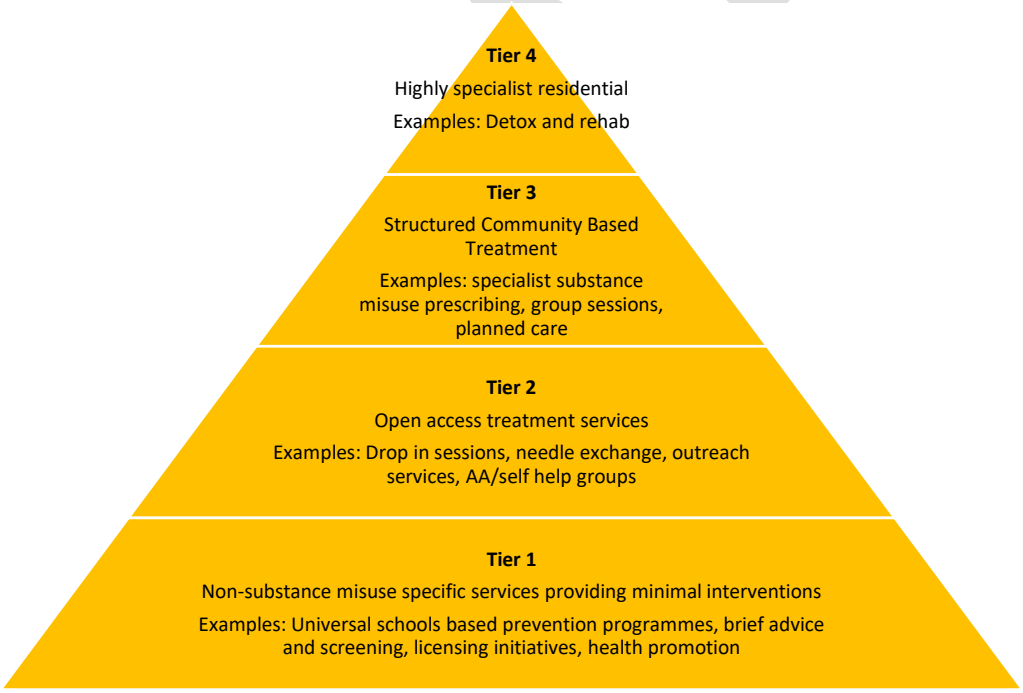

Figure 7: Pyramid of treatment tiers and interventions

Overview of local Population & IMD/Socio-economic data (Socio-economic data | Barnet Council)/Inequalities

The map below shows the number of adult substance misuse treatment episodes in 2020-22 by ward, together with substance misuse service locations.

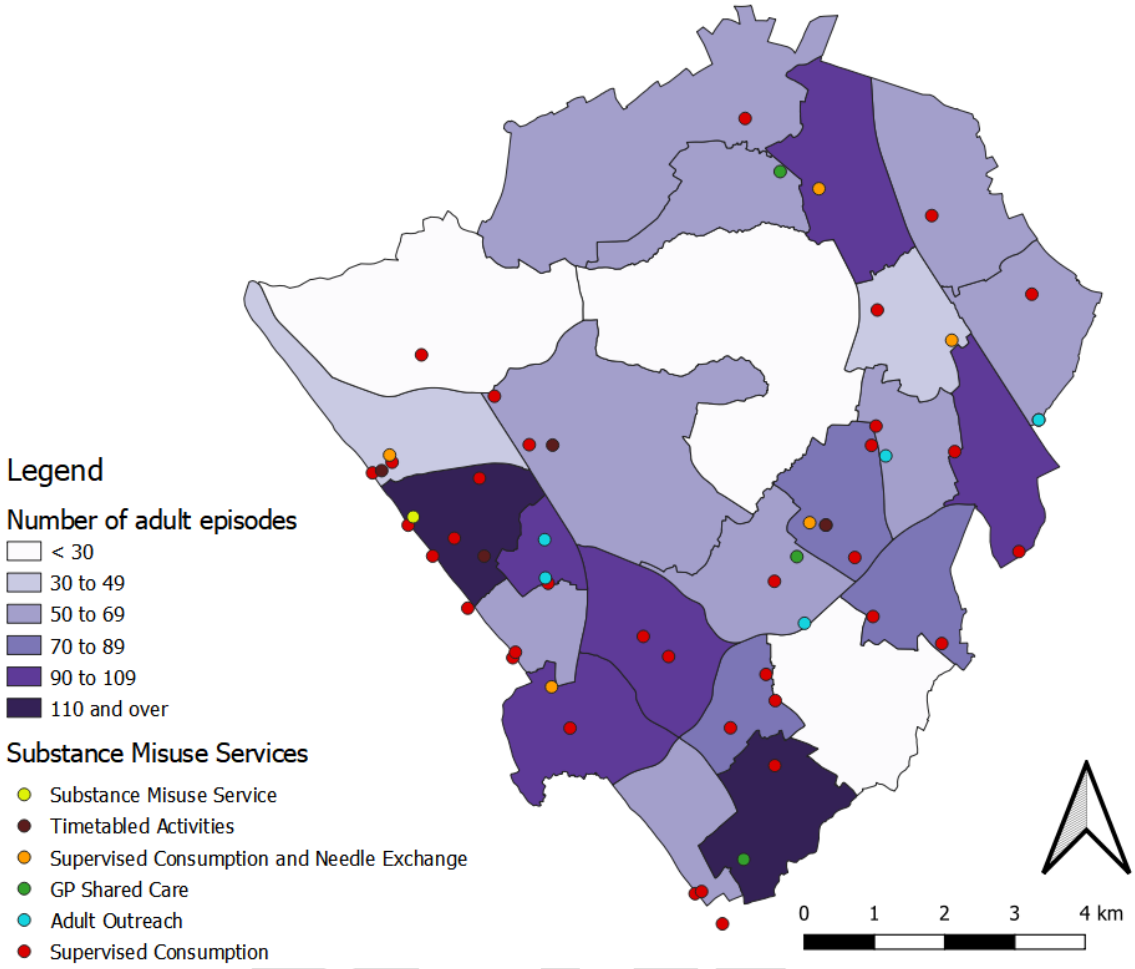

Figure 8: Heat map to show the number of adult substance misuse treatment episodes in 2020-22 by ward, together with substance misuse service locations.

The map shows that whilst Barnet's service users are distributed fairly evenly across the borough, there are notable pockets of concentration. Burnt Oak and Child's Hill have the highest number of treatment episodes, followed by Friern Barnet and Barnet Vale. It is relevant to note, particularly for Burnt Oak and Child's Hill that these wards meet Barnet's borders with Camden and Brent, presenting opportunities and challenges for cross border working, particularly given how drug markets operate.

There are two wards with very small numbers of people accessing treatment, these are Garden Suburb and Edgwarebury. Whilst this may be representative of the population, there is almost certainly some unmet need and efforts should be made to promote services and engage with residents of these wards.

Currently the adult treatment service operates from the Dennis Scott Unit at Edgware Hospital, with outreach provision across the borough. The young people's service is also based at the Dennis Scott Unit but works remotely seeing young people in a range of community settings. Being based in the Dennis Scott Unit supports the service to work closely with the mental health trust who are also based there, and also allows good access for the west of the borough, however the site is not ideal. The current site does not allow good access for residents across the rest of the borough, and being based in a hospital is not ideal for promoting recovery and supporting service users to feel part of the community. Additionally, as the site is an NHS building, there are various restrictions on how the space can be used and developed. Change Grow Live and Barnet Public Health have been working to identify new premises however this is proving challenging.

The maps also show the distribution of supervised consumption pharmacies, needle exchange provision and GP shared care. There is good coverage of supervised consumption however there are only 5 needle exchange services across the borough. The number of needle exchanges in Barnet has reduced from 12 in 2014 to 5 in 2023. It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with people who are not known to services are explored.

Part of the provision of substance misuse services in Barnet includes the provision of a shared care scheme with Barnet General Practitioners (GPs). The shared care scheme means that substance misusing clients would begin to receive substitute medication prescribing within the treatment service as part of their treatment programme and then the prescribing element of their treatment programme would transfer to a GP.

There are currently three GPs involved in the scheme, which is a decrease from eight in 2018. The number of service users accessing the scheme has also decreased from 30 in 2018 to 9 in 2023. It is relevant to note that this is likely to be caused by the COVID-19 pandemic.

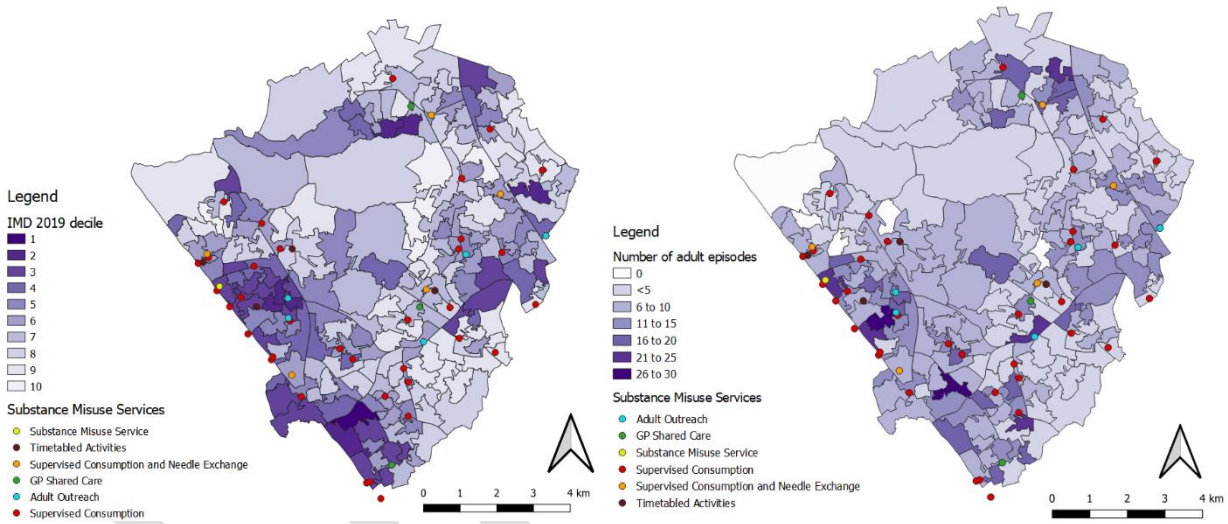

Figure 9: Heat maps to show the number of adult substance misuse treatment episodes in 2020-22 compared to Indices of Multiple Deprivation 2019

The two maps above compare Index of Multiple Deprivation 2019 (IMD 2019) deciles with the number of adult substance misuse treatment episodes by lower super output area (LSOA). Areas in lower deciles are more deprived, and those in higher deciles are less deprived. There is a moderate negative correlation between IMD 2019 deciles and the number of substance misuse treatment episodes (correlation coefficient -0.52): this means that LSOAs with lower deciles, which are more deprived, tend to have a higher number of substance misuse treatment episodes than the less deprived areas.

Recommendations:

- *It is recommended that the treatment provider and Barnet public health engage in promotions and engagement in under-served wards*
- *It is recommended that Barnet Public Health discuss cross border opportunities with Brent and Camden*
- *It is recommended that further outreach satellite services are established, particularly until more suitable premises can be identified*

- *It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with hidden harm clients are explored.*
- *It is recommended that a review of the GP shared care scheme is undertaken with support from Barnet ICB*

Prevalence estimates & higher risk groups/disproportionality & penetration rates

NDTMS has estimated the current rates of unmet need among adults, using 2021/22 treatment data and 2016/17 prevalence estimates from the Public Health Institute at Liverpool John Moores University. In comparison to England, Barnet has higher rates of unmet need.

Drug groups	Barnet rate of unmet need (adult)	England rate of unmet need (adult)
Opiate and/or crack use	61%	54%
Crack	67%	57%
Opiates	54%	47%

Figure 10: Rates of unmet need for drug in Barnet and England based on prevalence estimates from Liverpool John Moores University

Although these prevalence estimates are the best available at the time of writing, they have their limitations. The data used in the most recent estimate is 6 years old, so it will not reflect more recent changes to the population. The confidence intervals for this estimate are wide, with a difference of 1437 people between the upper and lower figures. This is illustrated in the graph below, which compares estimated prevalence of opiate and/or crack use with NDTMS data for adult opiate and crack users in structured treatment; the grey bars indicate where an older estimate is compared to newer data.

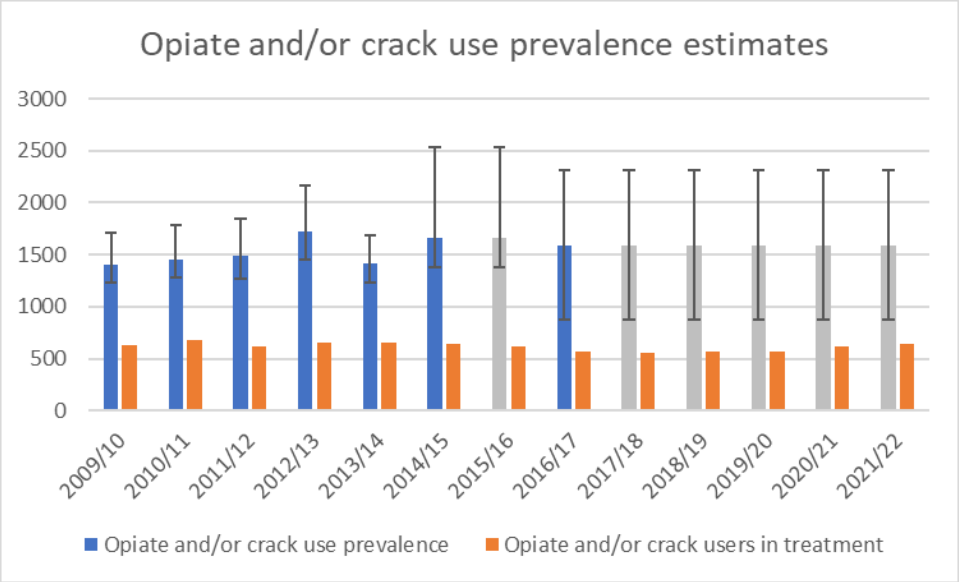

Figure 11: Graph to show comparison of estimated prevalence of opiate and/or crack use with NDTMS data for adult opiate and crack users in structured treatment, including confidence intervals.

Alcohol Prevalence estimates & Patterns of Alcohol Consumption

NDTMS has estimated the current rate of alcohol unmet need among adults, using on 2021/22 treatment data and 2018/19 prevalence estimates. Barnet has a substantial rate of unmet need for alcohol: according

to the estimate, nearly 8 out of 10 adults who are alcohol dependent are not receiving specialist treatment. There is similar rate of unmet need in Barnet and England.

Area	Alcohol unmet need (adult)	Lower confidence interval	Upper confidence interval
Barnet	78%	71%	84%
England	80%	76%	84%

Figure 12: Rates of unmet need for alcohol in Barnet and England based on prevalence estimates

The prevalence estimates are the best available at the time of writing and are more recent than the opiate and crack estimates above, but they are 4 years old and will not reflect more recent population changes. The confidence intervals are also narrower than they were for opiate and crack use, so there is less uncertainty about the estimates. The graph below compares estimated prevalence of alcohol use with NDTMS data for adult alcohol and alcohol/non-opiate users in structured treatment; the grey bars indicate where an older estimate is compared to newer data.

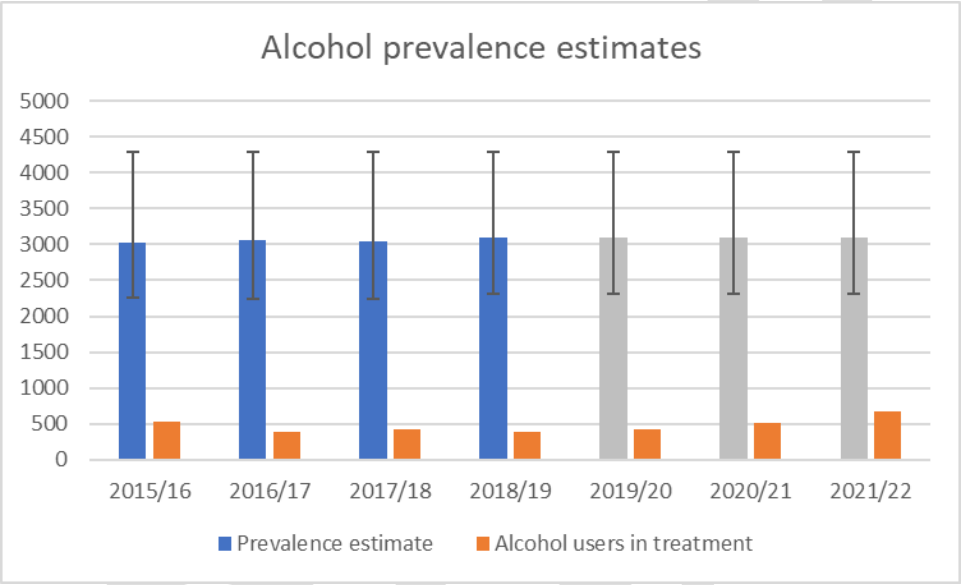

Figure 13a: Graph to show comparison of estimated prevalence of alcohol use with NDTMS data for adult alcohol users in structured treatment, including confidence intervals.

In addition to NDTMS data, local data from GP records were reviewed. The chart below shows alcohol use in the registered GP population. Most notably, 76% of patients are in the unknown category, an indication that alcohol assessment in primary care can be improved.

The data also shows that 1% (4,378 people) of the registered population have been categorised in the alcohol abuse/dependence category. Considering the high number of unknowns, this is a surprisingly high number, indicating that unmet need may be higher than estimates suggest. However the data may also show that GP recording of alcohol dependence is inaccurate and more work should be done to improve this.

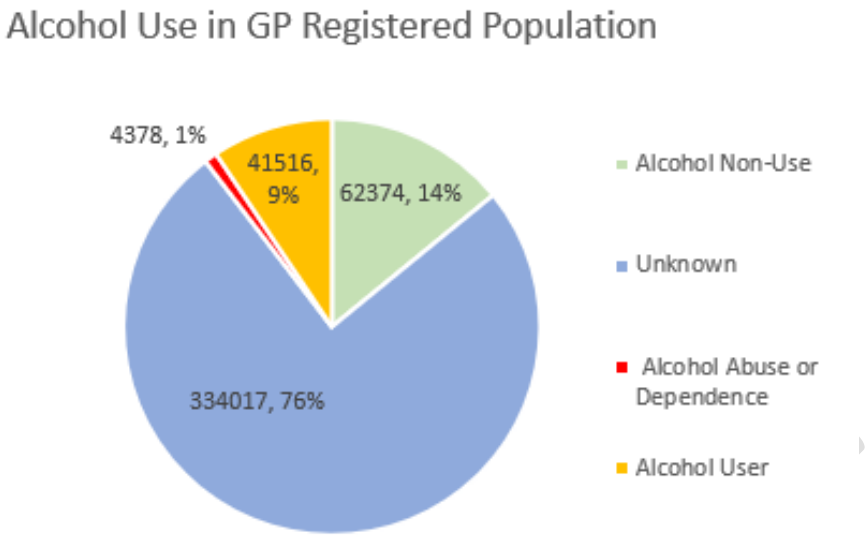

Figure 13b: Alcohol Use in GP registered Population, Source Healtheintent 2023

Recommendation:

- *Barnet Public Health and ICS to review alcohol identification and pathways from GP provision*

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. In England, 22% of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication, or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence.

The following table gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2015-2018 combined, via LAPE, PHE).

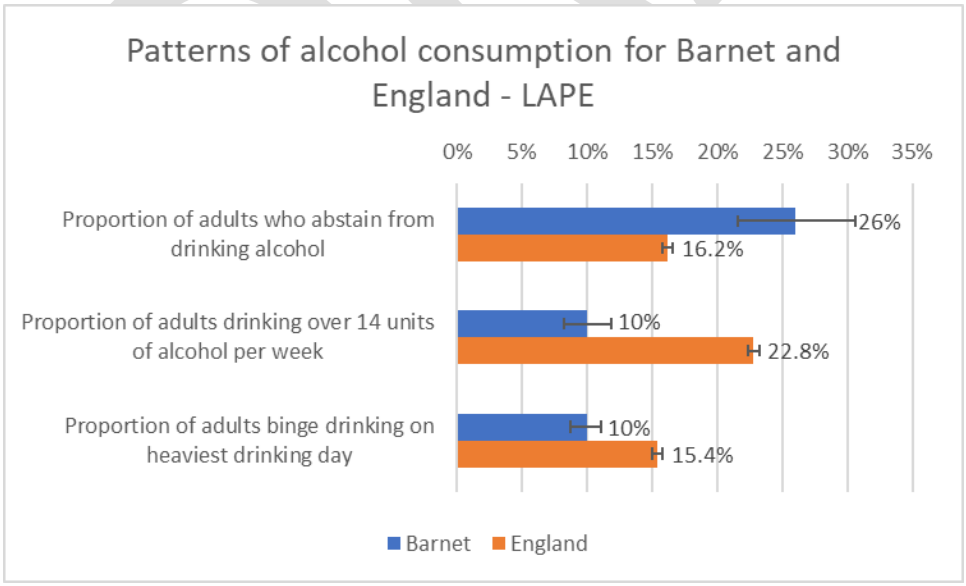

Figure 14: Patterns of alcohol consumption for Barnet and England

People commencing and exiting substance misuse treatment in Barnet

Local data from current substance misuse service provider Change Grow Live (CGL) and previous provider WDP demonstrate that the total adult treatment population has increased from 2018-19 to the present. The increase was more rapid during 2020-21, at the height of the COVID-19 pandemic: CGL kept people in treatment to ensure they had the support they needed at a stressful and difficult time.

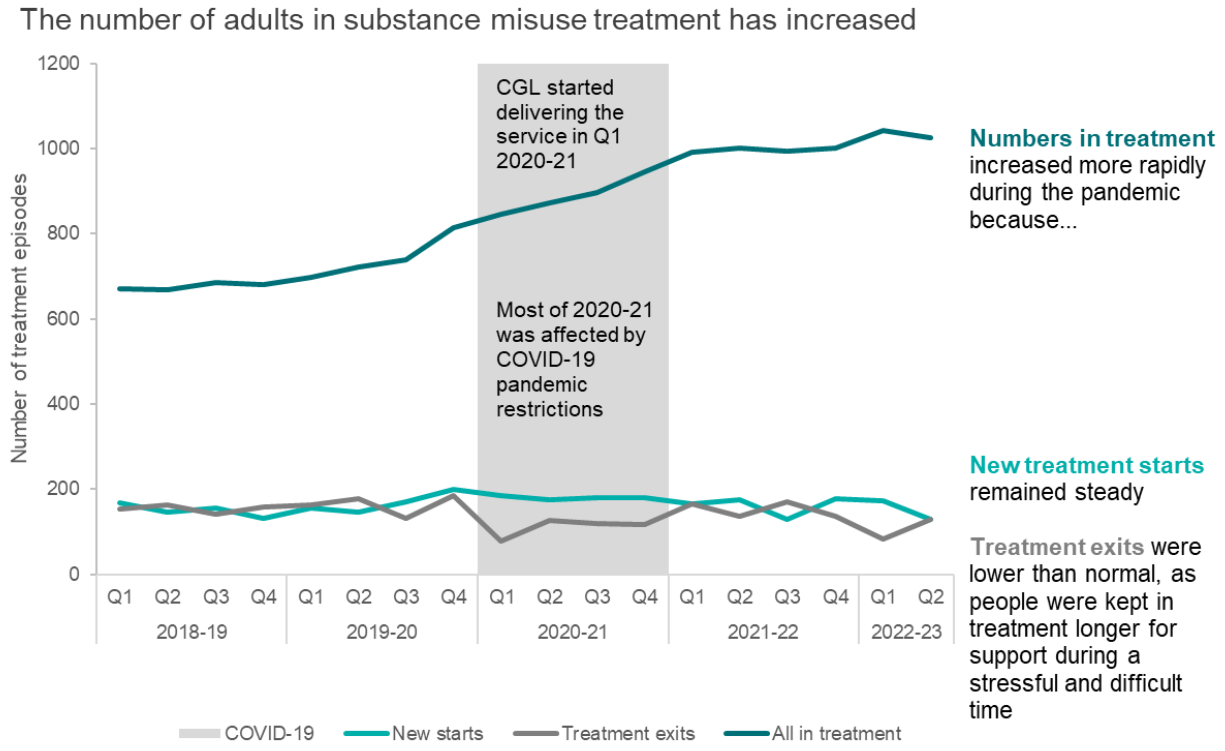

Figure 15: Number of adults accessing substance misuse treatment in Barnet 2018 - 2023

Local data for the total adult treatment population includes people who are receiving unstructured (Tier 2) and structured (Tier 3) treatment from the Barnet adult service. However, adult data from the National Drug Treatment Monitoring Service (NDTMS) has slightly different criteria: it covers anyone in Tier 3 treatment who is over 18 years old. This means it includes people over 18 who are in structured treatment with the young people's service but excludes adults who are receiving unstructured treatment.

The number of adults over 18 in structured treatment recorded by NDTMS is similar to the local data, with an increasing trend and a more rapid increase from 2018-19 onwards. Numbers in treatment in 2021-22 were slightly higher than the previous peak in 2013-14.

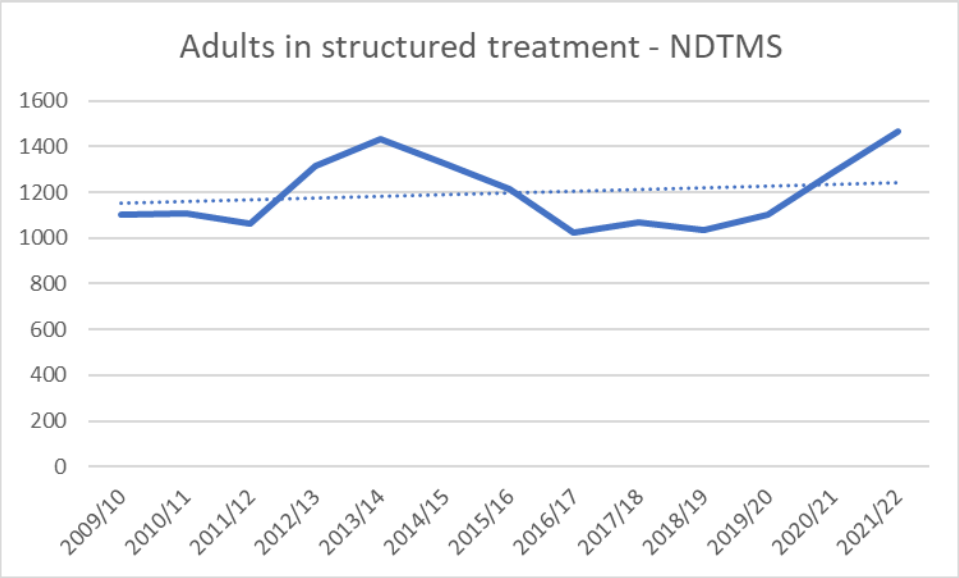

Figure 16: Number of adults accessing structured tier 3 substance misuse treatment in Barnet 2009 - 2022

Figure 17a shows that most adults in treatment are being treated for opiate use. People who are only using alcohol make up the second-largest group, which has been increasing since 2018-19.

Figure 17b shows all substances reported as used in people in treatment in 2021-22. Although alcohol is the largest group, it may be used secondary to another substance and therefore the largest treatment group remains people in treatment primarily for opiate use.

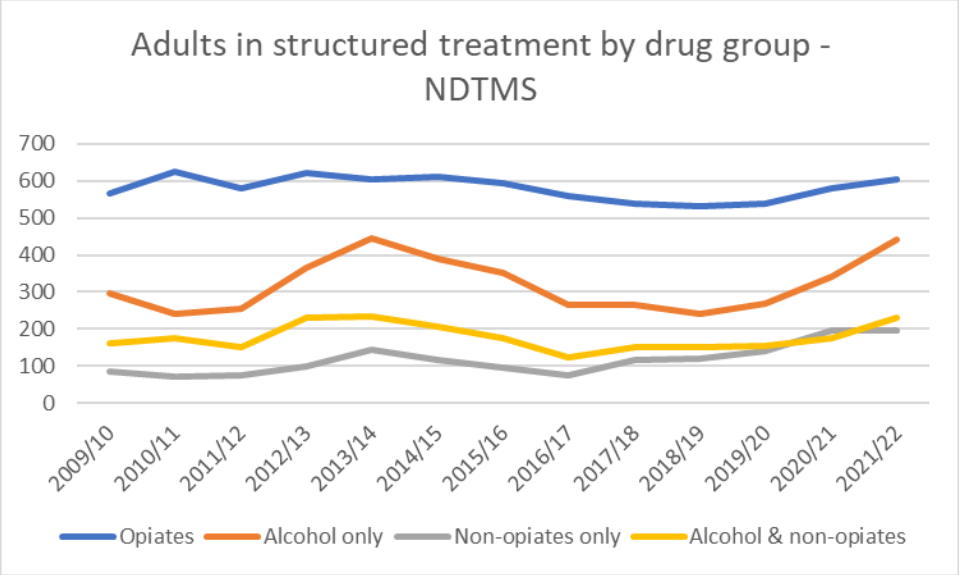

Figure 17a: Number of adults accessing structured tier 3 substance misuse treatment in Barnet 2009 – 2022, grouped by primary substance

Substance type	Percentage of all adults in structured drug and alcohol treatment
Alcohol	52%
Opiates	41%
Crack cocaine	24%
Cannabis	23%
Cocaine	13%
Benzodiazepines	4%
Amphetamine (other than ecstasy)	2%
Hallucinogens	1%
Ecstasy	0.5%
Any new psychoactive substances (NPS)	<0.3%
Total individuals	**100%**

Figure 17b: Substances used by of adults accessing structured tier 3 substance misuse treatment in Barnet 2021 – 2022

The main reason for adult treatment exits has been that people successfully completed their treatment, except in 2020-21 when more people continued their treatment to ensure they had support during COVID-19 lockdowns. The peak for 'Transferred not in custody' in 2015-16 reflects a transfer between service providers during a previous recommissioning of the service.

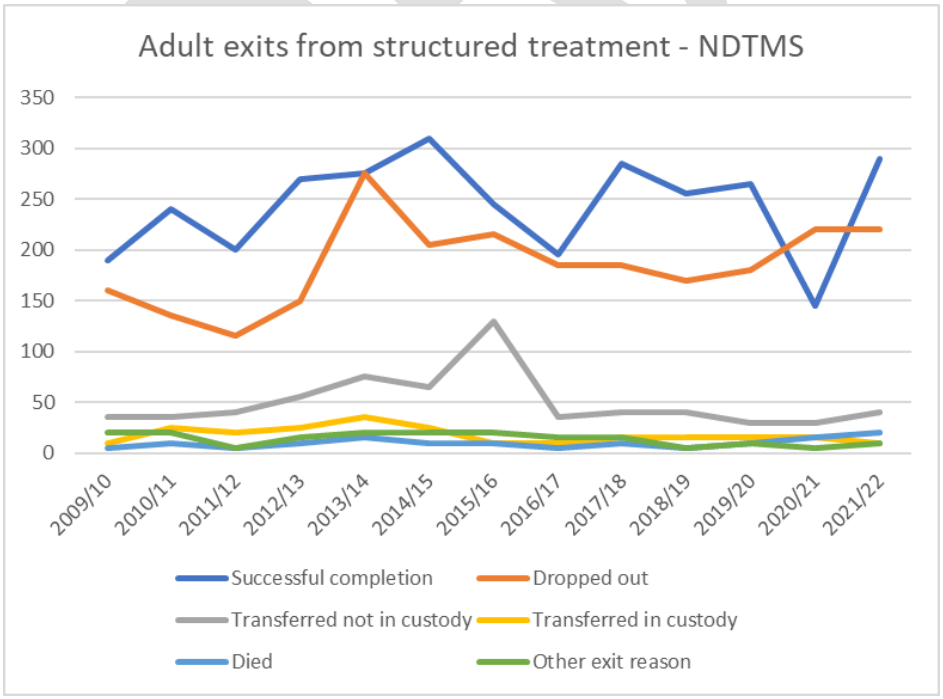

Figure 18: Number of adults exiting structured tier 3 substance misuse treatment in Barnet 2009 – 2022

National data in the Adult substance misuse treatment statistics 2020 to 2021 report shows that in 2021-22, approximately 50% of people in treatment completed successfully, with a combination of other treatment exit reasons making up the other 50%. This is a similar picture in Barnet.

The report also states that on average, people who completed treatment (nationally) successfully did so within a year of starting treatment (283 days). The average time in treatment for people with opiate problems was around 2.5 years (930 days) and around 6 months for the other substance groups (164 days for non-opiate only, 201 days for non-opiate and alcohol, and 197 days for alcohol only).

From 2009-10 to 2021-22, the majority of adults in treatment in Barnet have been in structured treatment for under 1 year.

Since 2011-12, all the adults who had been in treatment for more than 6 years were being treated for opiate use, and the size of this group has increased year by year. Over the same period, there has been a downward trend in adults who have been in opiate treatment for under 1 year, indicating that fewer new episodes of opiate treatment are starting. More than half of Barnet's opiate users in treatment have been in treatment for longer than the national average of 2.5 years.

In contrast, most adults in structured treatment for non-opiate and/or alcohol use have been in treatment for 2 years or less, with a significant proportion falling into the "more than 6 months" category, indicating that people in Barnet generally stay in treatment longer than other areas in England.

Graphs are available in Appendix 1 showing time in treatment by substance.

Demographics

By understanding the population in structured substance misuse treatment and comparing it to the population of Barnet as a whole, it is possible to identify gaps and potential inequalities in access to treatment. The data below only includes people in Tier 3 structured substance misuse treatment, as demographic data is often incomplete for people receiving support in a less structured setting.

Gender

Between April 2020 and March 2022, 68.7% of adult treatment episodes were for men. The 2021 Census reported that 48.4% of Barnet's population was male, so men were over-represented, and women were under-represented, in substance misuse treatment.

This imbalance has been a long-term trend: NDTMS data from 2009/10 to 2020/21 shows that approximately 7 out of 10 Barnet residents over 18 in Tier 3 substance misuse treatment have been male throughout the period.

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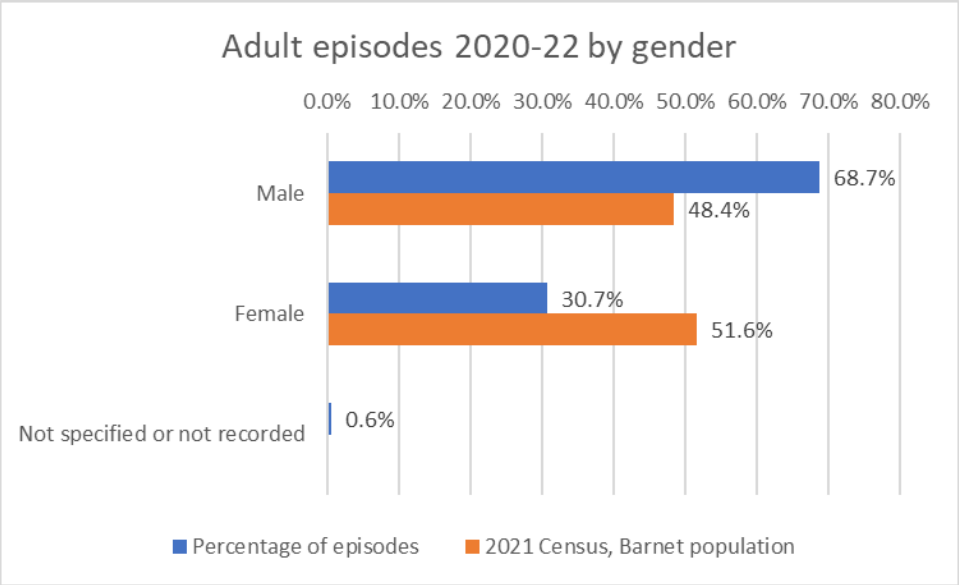

Figure 19: Adult episodes by gender and comparison with 2021 census

The over-representation of males can also be seen when young people's treatment episodes are compared to 2021 Census data for people aged between 10 and 24 years old (the best fit to the age range of the young people's substance misuse service). Between April 2020 and March 2022, 67.4% of young people's treatment episodes were for boys and young men, who make up 50.5% of the population.

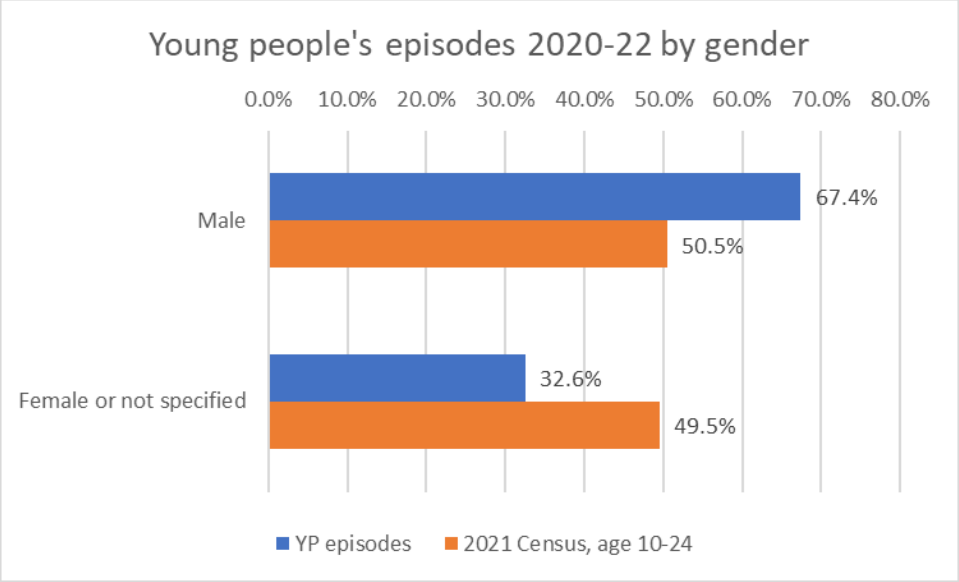

Figure 20: Young people's episodes by gender and comparison with 2021 census

Recommendation:

- *Barnet Public Health and Change Grow Live to review opportunities for engaging women and girls in treatment and delivering bespoke interventions*

Sexual orientation

Between April 2020 and March 2022, 89.9% of adult treatment episodes were for heterosexual clients, which is similar to the 87.3% for the Barnet population in the 2021 Census. However, a smaller percentage of adult episodes had no sexual orientation recorded compared to the 2021 Census data, and the percentage of episodes for LGBT people was 5.5%, more than twice the Census population percentage of

2.4%. This suggests that people may have been more comfortable disclosing their sexual orientation to substance misuse service staff than completing the question on the Census.

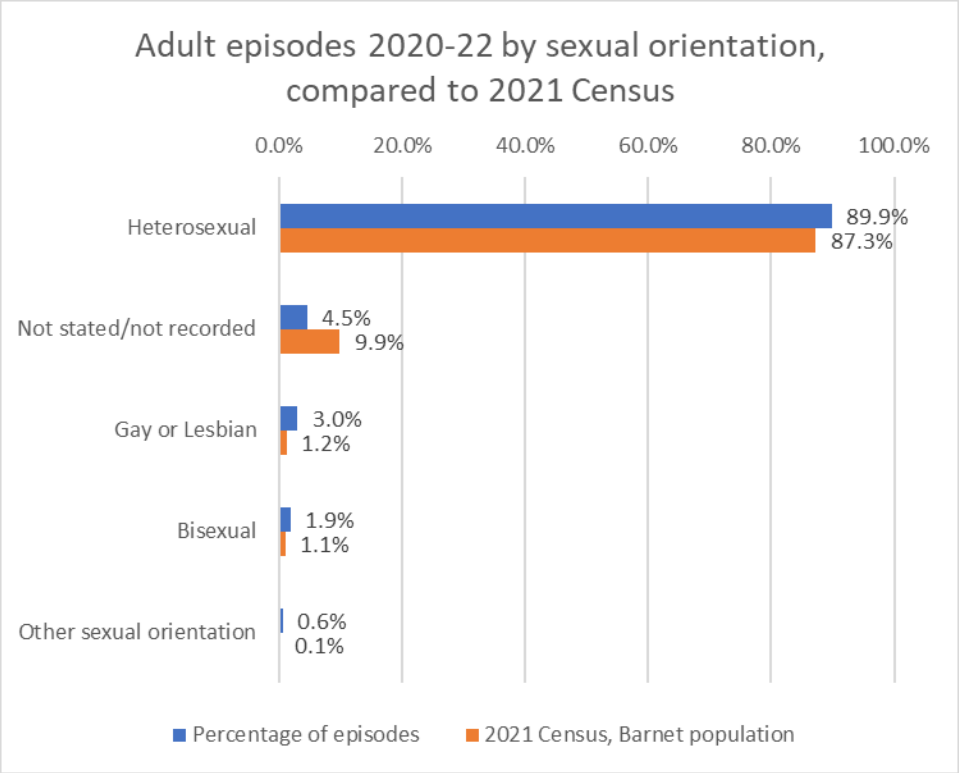

Figure 21: Adult episodes by sexuality and comparison with 2021 census

Young people's sexual orientation is not directly comparable to the 2021 Census data, as the question was only asked for people aged 16 and over but the age range for the young people's substance misuse service goes below 16.

In comparison to the adult episodes, there was a smaller percentage of episodes for young people who identified themselves as heterosexual (61.5%) and a larger percentage with no sexual orientation stated (29.4%). Among the 9% of episodes for young people who identified themselves as LGB+, most identified as bisexual with very small numbers describing themselves as gay/lesbian, other sexual orientations or unsure.

Among the 29.4% of episodes with sexual orientation not stated or not recorded, 17.7% were marked as "not known" to the service, indicating that the question had not been asked; 11.8% were marked as "not stated", indicating that the question had been asked but the young person had not answered it.

The percentage of episodes with sexual orientation "not known" was high in episodes that started in 2020-21 (32.7%) but dropped to very low levels in 2021-22, indicating that a temporary data quality issue was the reason for the higher than expected figure.

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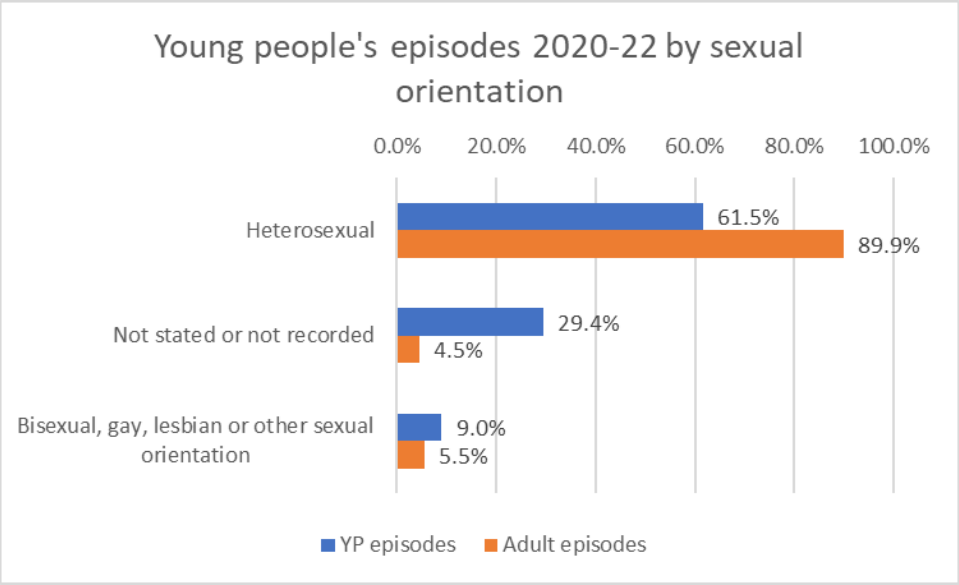

Figure 22: Young people's episodes by sexuality and comparison with adult episodes 2020-22

Evidence[v] shows that drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or age distribution. Gay men report higher overall rates of use of drugs than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers'). Some types of drug use may be associated with risky sexual behaviour, including exposure to HIV infection, and 'Recreational' drug use is comparatively high among LGBT groups, which may lead to use of new drugs before they are widespread in the general population.

Recommendation:

- *Barnet Public Health and Change Grow Live to address the specific needs of this group by explicitly recognising LGBT needs and implementing policy recommendations – including YP work*

Ethnicity & Nationality

Between April 2020 and March 2022, 65.5% of adult episodes were for white people, which was higher than the Barnet population in the 2021 Census at 57.7%. The percentage of adult episodes for Asian/Asian British people was noticeably lower than the population (10.5% and 19.3% respectively), while the percentage of adult episodes for people of other ethnicities was slightly lower than the population (6.6% and 9.8% respectively). The percentages of black/black British and mixed ethnicity people were similar to the population.

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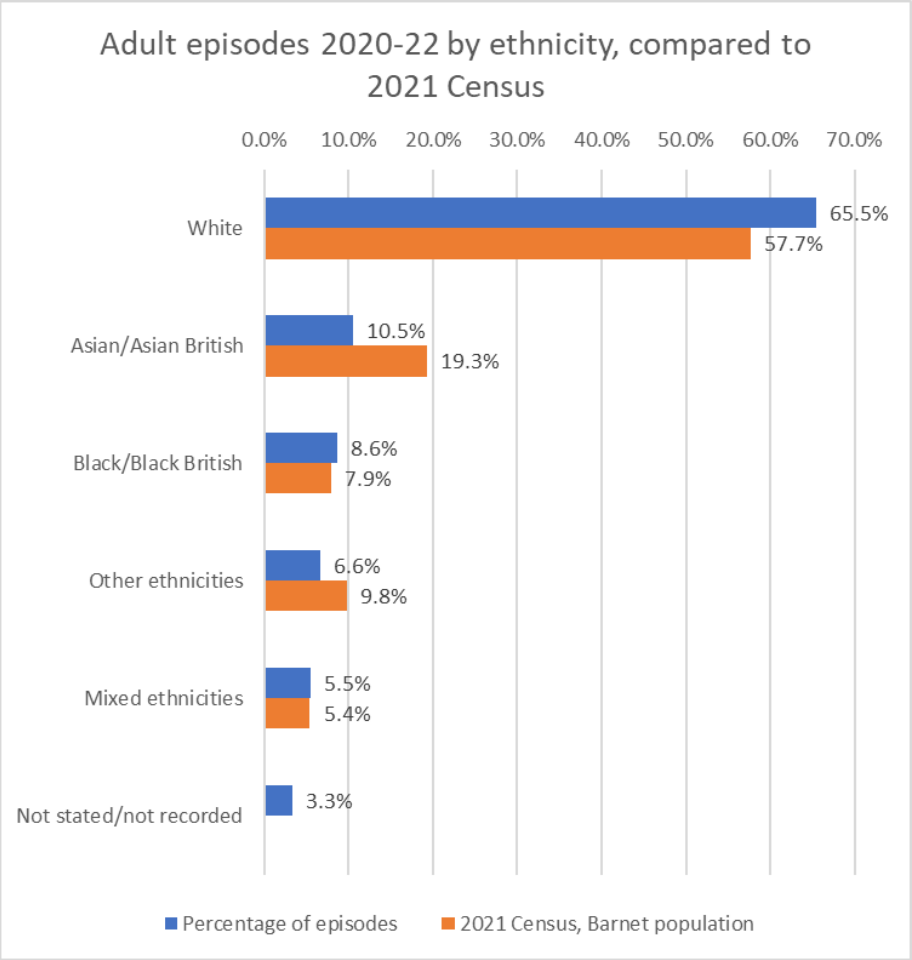


Figure 23: Adult episodes by ethnicity and comparison with 2021 census

NDTMS data shows that the percentage of white adults in treatment gradually decreased from 81% of the treatment population in 2009/10 to 69% in 2019/20, and has remained stable since then. The percentages of adults from Asian/Asian British, black/black British and other ethnicities increased over the same period (5% to 11%, 4% to 9% and 4% to 6% respectively), while the percentage of adults from mixed ethnicities has remained at a similar level (between 4% and 6%).

Compared to the adult episodes and the Barnet population as a whole, a smaller percentage of episodes for young people were for white ethnicities (46%), and there was a larger percentage of episodes for young people with black/black British and mixed ethnicities (17% and 14% respectively). The percentage of episodes for Asian/Asian British young people was similar to the percentage for adults (10%) and lower than the percentage of the Barnet population.

Between April 2020 and March 2022, 73.9% of adult episodes were for United Kingdom nationals. The main non-UK nationalities were Iran (6.3%), Poland (2.5%), Ireland (2.4%) and Romania (1.7%). Compared to the percentages of Barnet's population with equivalent national identities in the 2021 Census, Iranians are substantially over-represented in treatment episodes, Polish and Irish are slightly over-represented and Romanian and United Kingdom nationalities are slightly under-represented. The main substances used also differed by nationality: 85.0% of episodes for Iranians were for opiate use, while alcohol use accounted for the majority of episodes for Irish (60.9%), Polish (60.4%) and Romanian people (54.5%). In addition, nearly all of the episodes for Iranian and Romanian people were for men.

Evidence[vi] shows that overall drug use is lower among minority ethnic groups than among the white population. Lowest overall levels of drug use are reported by people from Asian backgrounds (Indian,

Pakistani or Bangladeshi). Rates of Class A drug use are higher among people from white or mixed ethnic background than among other ethnic groups and poly drug use is most common among white groups, compared with other ethnic group.

There are cultural differences which should be acknowledged, evidence has shown that among the Asian community the most common reason for accessing treatment is for problematic heroin use, and in some communities there are specific trends such as opium use.

Literature acknowledges that a more sophisticated understanding of ethnic differences in drug use that recognises the differences within broad ethnic categories is required; at present considerable variability is concealed within broad categorisation which may lead to inappropriate responses.

It is also acknowledged that the extreme social stigma associated with drug use in some ethnic groups may lead to under-estimation of problems and inhibit service provision

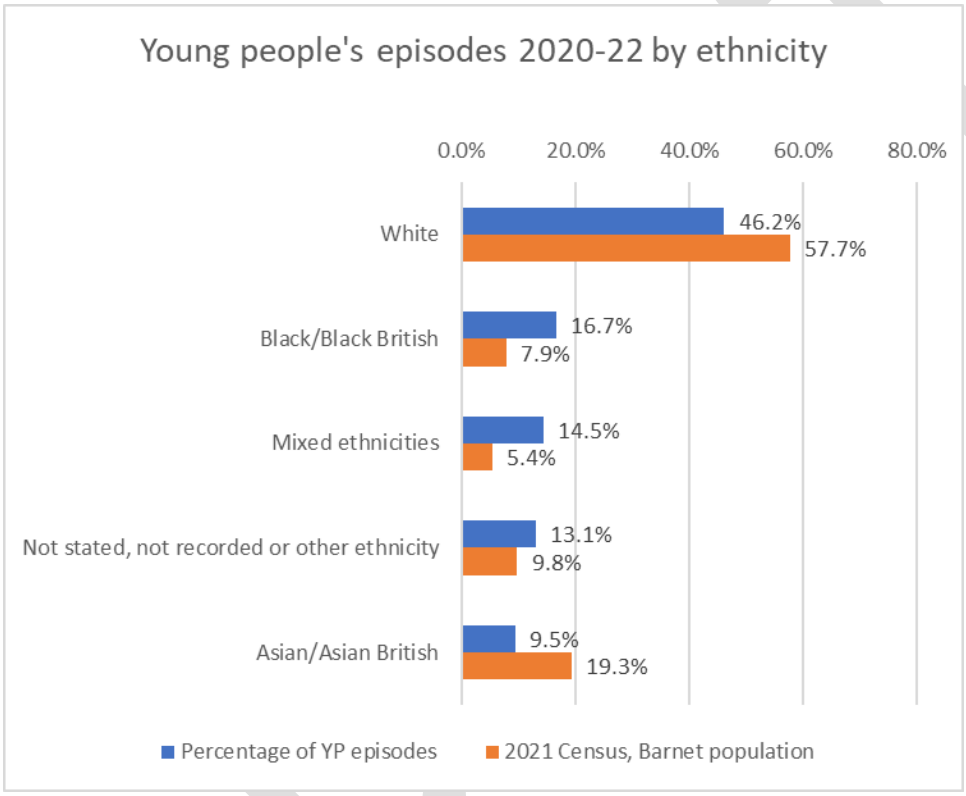


Figure 24: Young people's episodes by ethnicity and comparison with 2021 census

Statistics[vii] show that black children are more likely to be overrepresented throughout the criminal justice system and therefore it is unsurprising that local data shows a similar picture in the substance misuse treatment service. This fact is certainly important to explore further in order to understand how black and mixed ethnicity children and young people can be prevented from developing substance misuse problems at an earlier stage and supported to achieve successful outcomes.

Most young people's episodes were for people born in the United Kingdom (86%), a greater percentage than adult episodes or the population of Barnet as a whole. The numbers of episodes for other countries of birth were too low for more detailed analysis.

Religion

Between April 2020 and March 2022, 38.8% of adult episodes were for people who reported having no religion, which was substantially higher than the Barnet population in the 2021 Census at 20.2%. The

percentage of adult episodes for people who indicated they belonged to another religion was also higher than expected from the 2021 Census (5.0% and 1.3% respectively).

Although Barnet has a high Jewish population compared to England as a whole (14.5% in Barnet, 0.5% in England), only 2.7% of adult episodes were for people who identified themselves as Jewish.

The percentage of episodes for Muslims and Hindus were also lower than expected from the 2021 Census, as was the percentage of episodes where religion was not stated or not recorded.

The percentages of adult episodes for Christians, Buddhists and Sikhs were similar to the Barnet population.

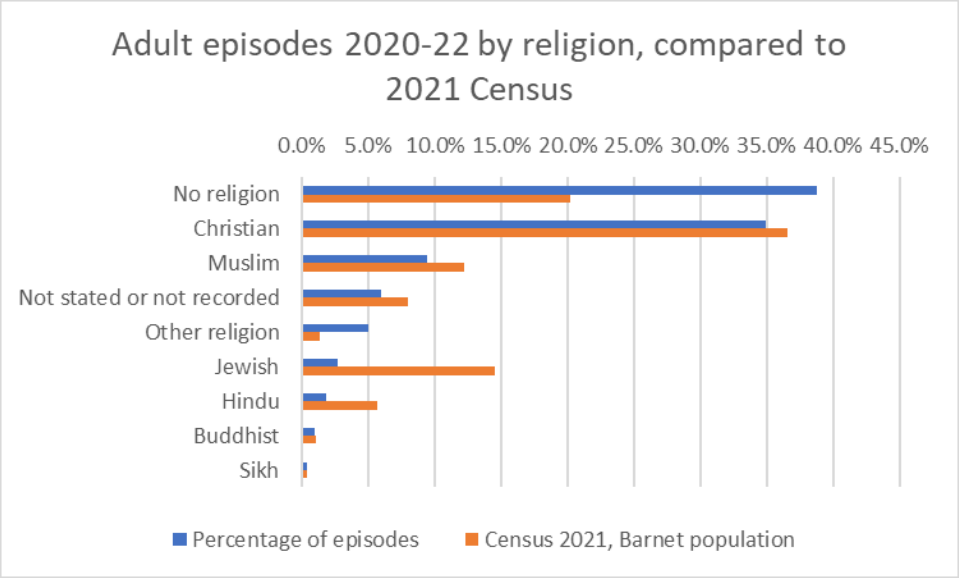


Figure 25: Adult episodes by religion and comparison with 2021 census

There are recommendations for practice that include:

- Action to reduce the stigma associated with drug use in some ethnic minority communities to make it easier for people affected to obtain help and achieve and maintain recovery.
- Evidence-based harm reduction services and messages need to be accessible to all drug users whatever their cultural and religious background.
- GPs, faith-based bodies and religious leaders could be utilized more to communicate and engage with young people and families from these groups
- Local partnerships and commissioners need to assess local needs and stimulate innovative solutions to meet the needs of a growing ethnic population, some of whom will inevitably develop substance misuse problems

Recommendations:

- *The partnership to review how they are meeting the needs of ethnic communities, considering specific evidence-based recommendations*
- *The partnership to consider specific needs of those groups that are both over and under-represented in relation to the Barnet population*

Age

Compared to the adult population of Barnet in the 2021 Census, the 35-44 and 45-54 age groups are over-represented in adult substance misuse service treatment episodes. 18-24 year-olds are under-represented in the adult service, which is partly due to the young people's service seeing some people up to the age of

24. People aged 65 and over are very under-represented in the service. The specific needs of people over the age of 55 are explored later in this report.

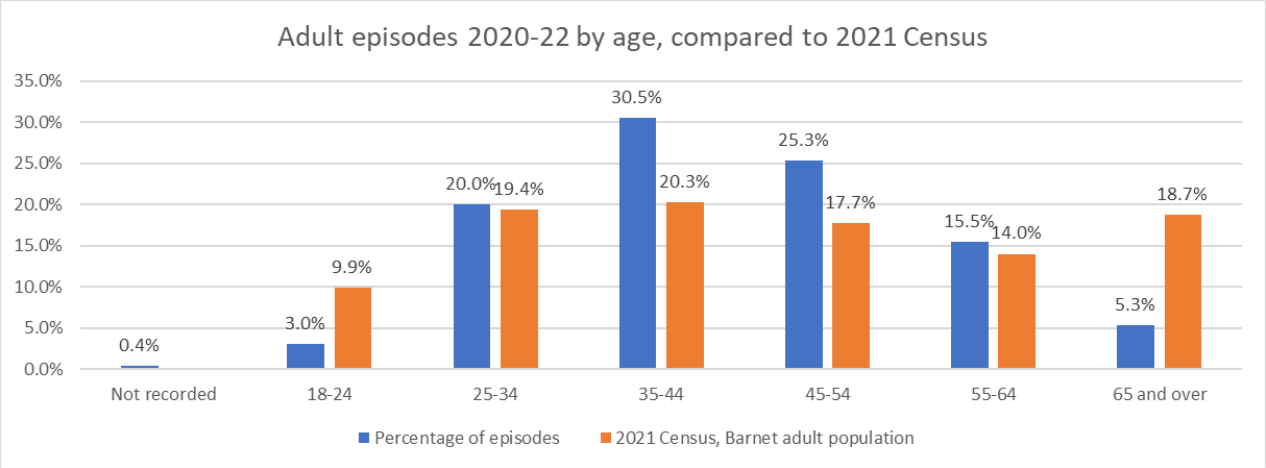


Figure 26: Adult episodes by age and comparison with 2021 census

NDTMS data demonstrates that there are differences between the age profiles of the Barnet populations being treated for different types of substance misuse.

The population being treated for opiate use is ageing, with the number of people aged 50+ steadily increasing while the number in younger age groups have fallen. This is expected as it is well documented[viii] that nationally the cohort of drug users using opiates is aging as fewer younger people initiate opiate use.

This is reflected in the population being treated for non-opiate use only (without alcohol or opiates) has seen a sharp increase in people aged 18–29 since 2016-17, accompanied by an increase in people aged 30-49 from 2019-20, while the number of people aged 50+ has been much lower with a smaller increase.

The population being treated for alcohol use only has consistently had a smaller number of people aged 18-29, and a more variable number of people aged 30-49.

The population being treated for alcohol and non-opiate use has consistently had a low number of people aged 50+, and a higher number of people aged 30-49.

There are complexities to treating an aging opiate using population. Research suggests that older drugs users, particularly opiate/opioid users, have multiple additional risk factors resulting from their deteriorating physical and mental health, difficulty in navigating complex health and social care systems and experience of stigma.

The specific needs of older adults who are not in treatment are explored later in this report.

Recommendation:

- *Specialist community-based drug treatment services should consider whether they are adequately meeting the needs of an aging opiate using cohort – this can include addressing physical health issues and supporting people to navigate the social care system.*

The young people's service can treat people up to the age of 24 years. Local data shows that an average of 67% of young people in treatment were under 18 and 33% were over 18.

Looking at the age groups in more detail, the highest percentage has consistently been ages 16-18. The percentage of young people aged 15 and under was low in 2020-21 but rose in early 2021-22. This is likely

to be the result of COVID-19 restrictions affecting partnerships with education. Recommendations for addressing the number of under 18 year olds in treatment are made earlier in this report. The percentage of ages 19-21 has been consistent throughout the period, with a slight downward trend, while the percentage of over 21s has shown a slight upward trend.

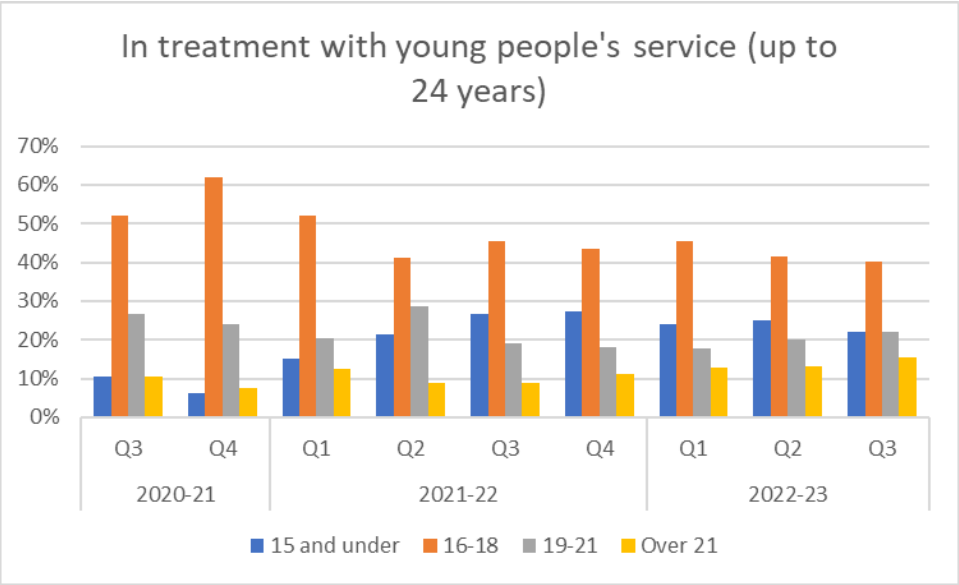


Figure 27: Young people's episodes by age bracket

Disability

Between April 2020 and March 2022, 32.4% of adult episodes were for people who reported at least 1 disability or long-term health condition. This compares to 17.9% of the Barnet population in the 2021 Census, indicating that adults in substance misuse treatment are more likely to have a disability or long-term health condition than the population as a whole.

14% of episodes were for people who reported a primary disability in the 'behaviour and emotional' category, conditions where a person 'has times when they lack control over their feelings or actions' (NDTMS Reference Data CDSQ). 7% of episodes were for people who reported a primary disability that affected their mobility.

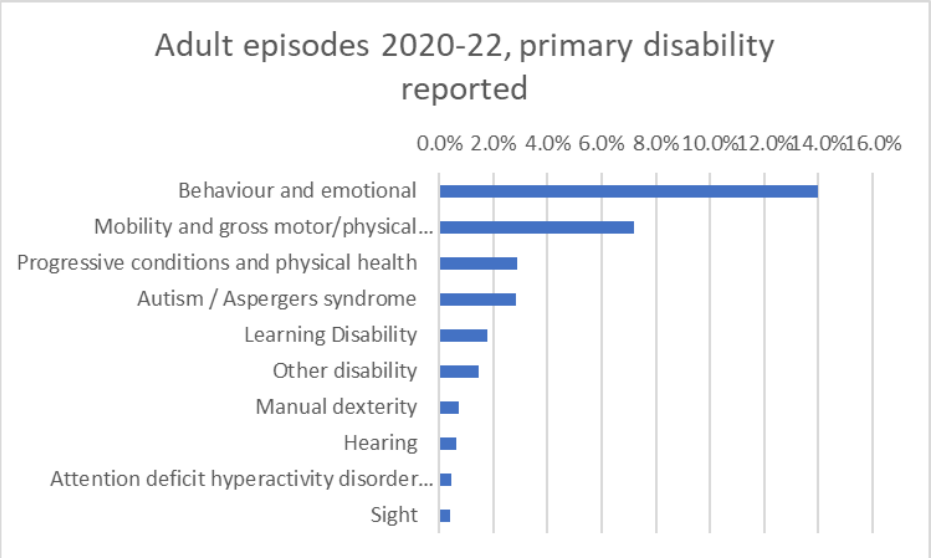


Figure 28: Primary disability reported, adult episodes 2020-22

The percentage of young people's episodes with a recorded disability was significantly lower than the percentage of adult episodes at 8%. Most of the primary disabilities reported for young people were behaviour and emotional or learning disabilities, with a smaller percentage of physical disabilities.

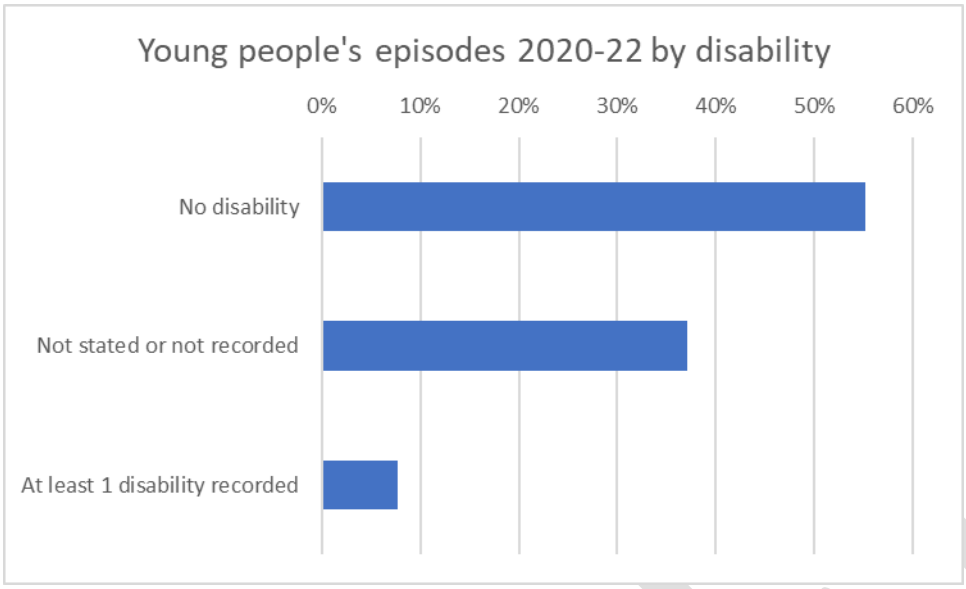


Figure 29: Primary disability reported, young people's episodes 2020-22

Recommendation:

- *Specialist community-based drug treatment service to consider partnership arrangements with adult social care and learning disabilities teams – including training on screening, identification and referral between agencies*

Employment and education

Unemployed people have consistently been the largest group among adults starting a structured treatment episode; this number peaked in 2020-21, likely due to the pandemic.

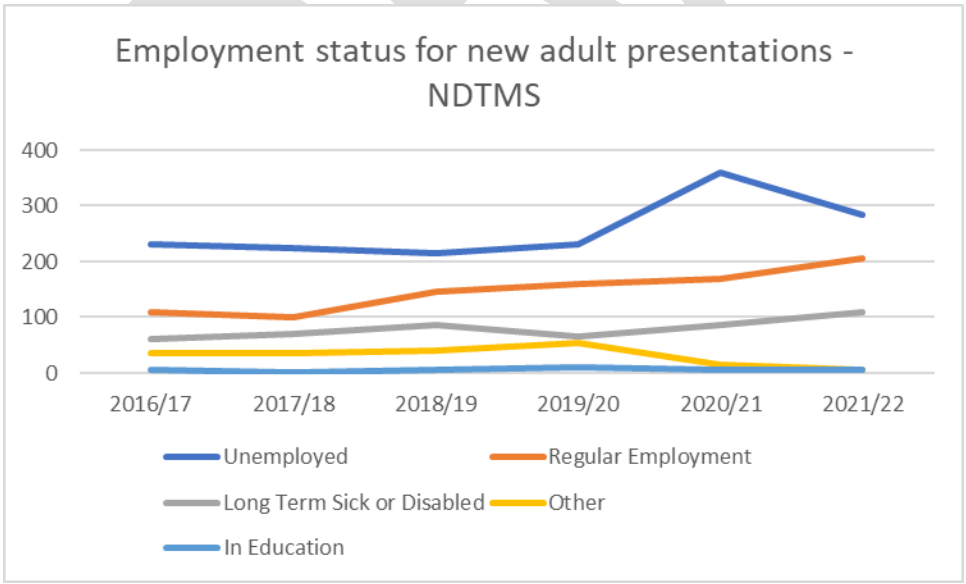


Figure 30: Employment status for new presentations - adults

Between 2009-10 and 2019-20, young people under 18 starting structured treatment were predominantly in mainstream education. However, the number in mainstream education dropped between 2019-20 and

2020-21 while the number in alternative education and not in employment or education increased. This corresponds with a drop in young people starting treatment who were referred from education settings and an increase in those referred from the Youth Offending Team.

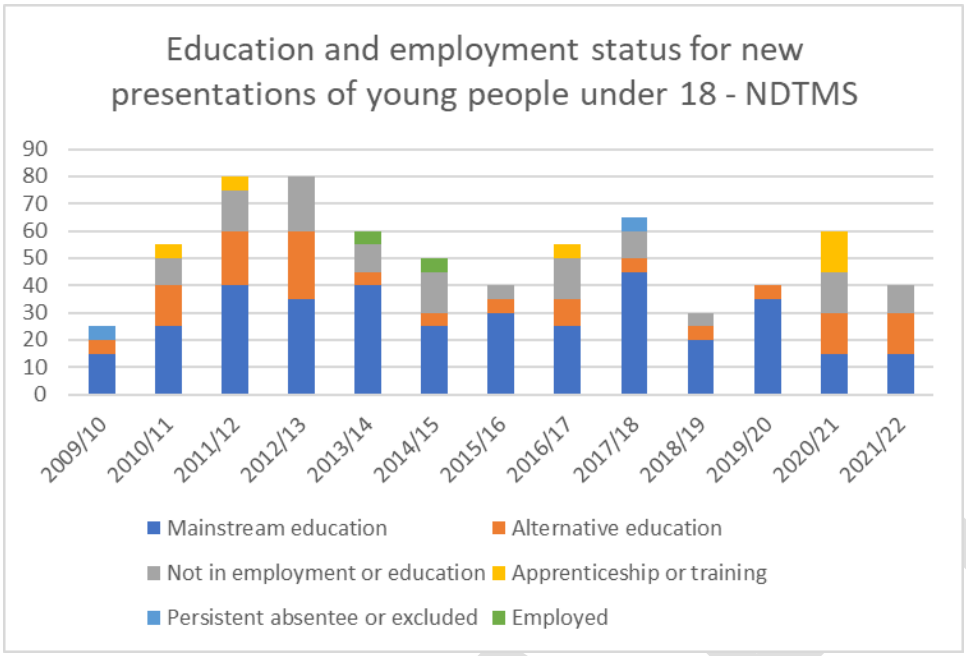


Figure 31: Employment status for new presentations – young people

Addressing issues relating to education, training and employment (ETE) are a key element of substance misuse treatment. As part of delivering holistic treatment and support, residents are supported to access a range of ETE services including help to access training and employment, and support to remain in employment.

In Barnet, the evidence based IPS (Individual Placement and Support) Employment support service is delivered by WDP. The service is commissioned across 8 boroughs. The 2019-2020 IPS Impact Report states that in a 21 month period there were 218 job starts across the 8 boroughs of which 38% were retained at 13 weeks. A more recent report detailing 2022/23 performance to date shows Barnet had 57 job starts and 31 sustainments, equating to 54%, an improvement to the previous year.

Of the 117 service users that were discharged from treatment between October 2021 and September 2022, 51 (44%) were in paid employment when completing treatment.

Referral sources

Between April 2020 and March 2022, self-referrals or referrals from family and friends were the main referral source for adult episodes of structured treatment, accounting for 47% of the total. Referrals from other substance misuse services also feature prominently (14%), partly due to the transfer of service users from WDP to Change Grow Live in April 2020.

Referral source	Number of adult episodes	Percentage
Self, family and friends	903	47.2%
Substance misuse services	259	13.5%
GP	162	8.5%
Mental health services	95	5.0%
Other	84	4.4%
Prison	68	3.6%

Adult social care services	63	3.3%
Hospital	59	3.1%
Probation Services	35	1.8%
Community Rehabilitation Company (CRC)	35	1.8%
Children's Social Services	27	1.4%
Housing/homelessness service	25	1.3%
Outreach	23	1.2%
ATR	22	1.1%
Arrest referral	19	1.0%
Criminal Justice - other	15	0.8%
DRR	11	0.6%
Domestic abuse service	5	0.3%
Employment/education service	5	0.3%
Grand Total	**1915**	

Figure 32: Adult's service referral sources 2020-22

During the same period, the main referral source for young people's structured treatment episodes was the Youth Offending Team (29%), followed by self, family and friends (22%) and children and family services (16%). Alternative and universal education were also significant referral sources, accounting for 8% and 7% respectively.

Referral source	**Number of young people's episodes**	**Percentage**
Youth Offending Team	63	28.5%
Self, family and friends	49	22.2%
Children and family services	36	16.3%
Alternative education	17	7.7%
Universal education	15	6.8%
Other	11	5.0%
Hospital or GP	9	4.1%
Children's mental health services	7	3.2%
Adult mental health services	7	3.2%
Crime prevention	7	3.2%
Total	221	

Figure 33: Young People's service referral sources 2020-22

***Recommendation**:*

- *Specialist community-based drug treatment services to re-visit promotion of service with key partner agencies and consider tailored messages for different cohorts*

Alcohol related hospital admissions and mortality:

Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, and major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases.

A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide. Fatal alcohol-related injuries tend to occur in relatively younger age groups.

DRAFT

Nationally, men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (Statistics on alcohol 2019, NHS Digital).

Two measures for alcohol-related hospital admissions have been used:

1) The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions. These are admissions where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field.

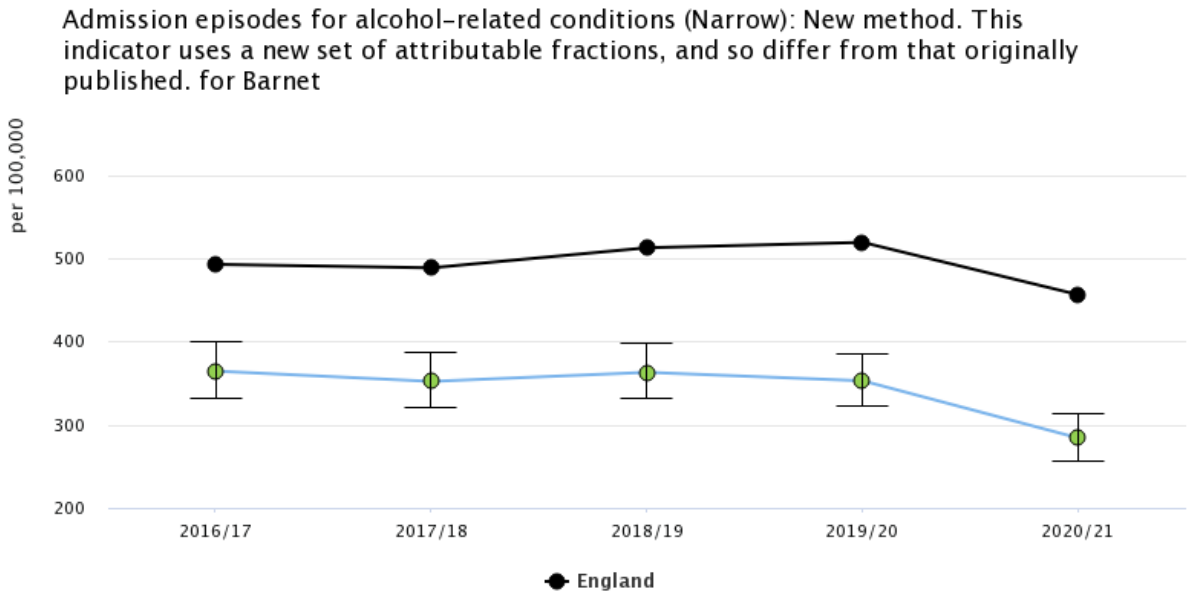


Figure 34a: Admission episodes for alcohol related conditions – Narrow

2) The broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

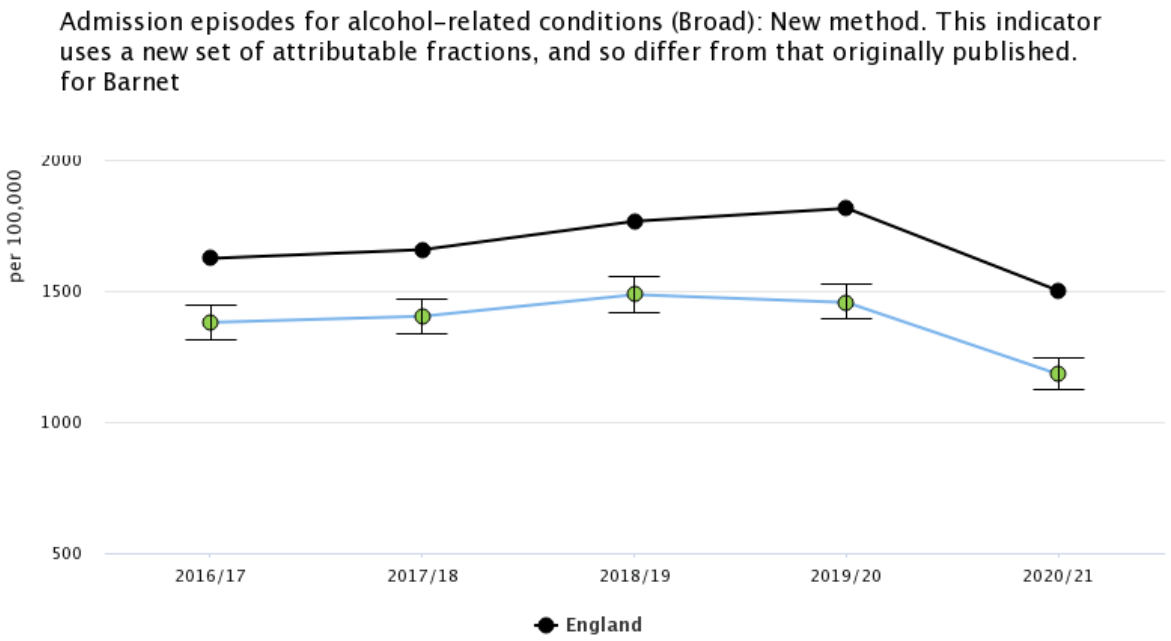


Figure 34b: Admission episodes for alcohol related conditions – Broad

Although the Barnet rates of hospital admissions for alcohol are lower than the national and London rates, the graph below shows ward level data that indicates this is not the case across the borough. Wards with higher deprivation also have higher rates of hospital admissions. Burnt Oak and Underhill are of particular note. This corresponds to the number of people accessing treatment in these areas.

Additionally, as stated prevalence data showed earlier in this report, Barnet has an unusually high proportion of adults who abstain from drinking alcohol which impacts generally on admission and death rates.

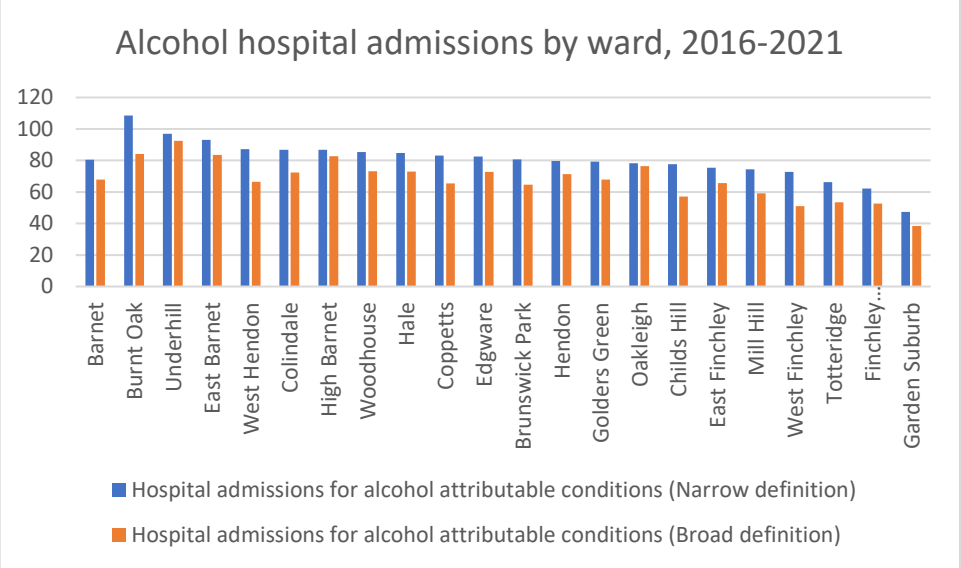
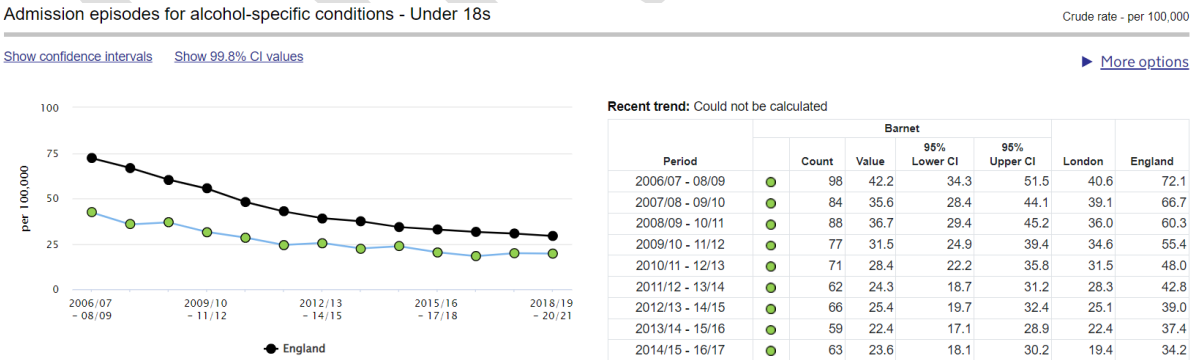


Figure 35: Admission episodes for alcohol related conditions by ward

Additionally, the picture is different for people aged under 18. Whilst the rate of alcohol specific admissions for under 18's is lower than national, it is similar to the London picture. The trend data below shows that whilst there was a significant fall in admissions pre 2012, this has largely remained steady over the last 10 years.



Recent trend: Could not be calculated

Period		Barnet Count	Barnet Value	Barnet 95% Lower CI	Barnet 95% Upper CI	London	England
2006/07 - 08/09		98	42.2	34.3	51.5	40.6	72.1
2007/08 - 09/10		84	35.6	28.4	44.1	39.1	66.7
2008/09 - 10/11		88	36.7	29.4	45.2	36.0	60.3
2009/10 - 11/12		77	31.5	24.9	39.4	34.6	55.4
2010/11 - 12/13		71	28.4	22.2	35.8	31.5	48.0
2011/12 - 13/14		62	24.3	18.7	31.2	28.3	42.8
2012/13 - 14/15		66	25.4	19.7	32.4	25.1	39.0
2013/14 - 15/16		59	22.4	17.1	28.9	22.4	37.4
2014/15 - 16/17		63	23.6	18.1	30.2	19.4	34.2
2015/16 - 17/18		55	20.3	15.3	26.5	18.0	32.9
2016/17 - 18/19		50	18.2	13.5	24.0	16.5	31.5
2017/18 - 19/20		55	19.8	14.3	24.9	15.4	30.6
2018/19 - 20/21		55	19.6	15.0	25.9	14.3	29.3

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 36: Admission episodes for alcohol specific conditions – Under 18's

Frequent Hospital Admissions

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions has been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services.

The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence.

The data below shows, for those individuals who had an alcohol specific hospital admission in 2021-22, the number of previous alcohol-specific admissions they had in the preceding 24 months.

Type	Local (n)	Local rate per 100,000	England (n)	England rate per 100,000
No prior admission	425	142	110951	248
1 prior admission	145	48	32572	73
2 prior admissions	80	27	17106	38
3+ prior admissions	145	48	41533	93

Figure 37: Number of multiple admission episodes for alcohol specific conditions – 2021/22

In order to address the harm reflected in this data systems should ensure there is: effective prevention; health improvement interventions for those at risk; treatment and recovery services for dependent drinkers; and action to reduce binge drinking and the harms associated with it. These are explored later in the report.

Recommendation:

- *Specialist community-based treatment to engage with the most frequent users of hospital services, to manage the harm from their alcohol use through establishing better joint working with local hospital*

Moving on to look at deaths related to alcohol, the following indicators are used:

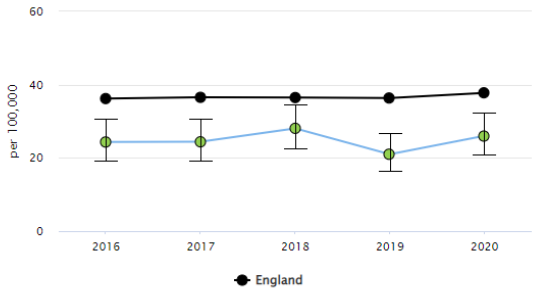
1) ***Alcohol-specific mortality**: Deaths from conditions wholly caused by alcohol.*
2) ***Alcohol-related mortality**: Deaths from conditions which are wholly or partially caused by alcohol. For partially attributable conditions, a fraction of the deaths are included based on the latest academic evidence about the contribution alcohol makes to the condition*.

Alcohol related mortality is significantly lower than England but similar to London *(Source OHID Local Alcohol Profiles for England)*

Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

Directly standardised rate - per 100,000

Hide confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Barnet Count	Value	95% Lower CI	95% Upper CI	London	England
2016	●	76	24.3	19.1	30.5	31.8	36.2
2017	●	76	24.4	19.1	30.6	30.8	36.5
2018	●	91	28.1	22.5	34.6	31.3	36.5
2019	●	70	21.0	16.3	26.6	30.9	36.4
2020	●	87	26.0	20.8	32.2	32.2	37.8

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

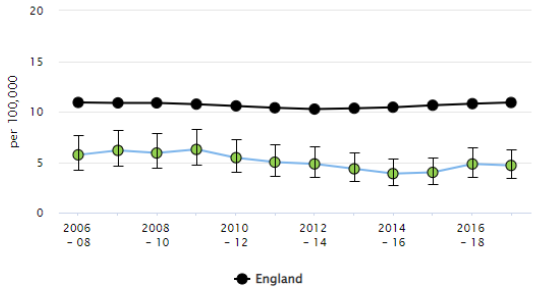
Figure 38a: Alcohol related mortality – 2016/20

Alcohol specific mortality is significantly lower than England and slightly lower than London: Source OHID Local Alcohol Profiles for England

Alcohol-specific mortality

Directly standardised rate - per 100,000

Hide confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

Period		Barnet Count	Value	95% Lower CI	95% Upper CI	London	England
2006 - 08	●	49	5.7	4.2	7.6	8.6	10.9
2007 - 09	●	52	6.2	4.6	8.1	8.2	10.9
2008 - 10	●	51	5.9	4.4	7.8	8.5	10.9
2009 - 11	●	55	6.3	4.7	8.2	8.0	10.7
2010 - 12	●	49	5.4	4.0	7.2	8.1	10.6
2011 - 13	●	45	5.0	3.6	6.7	7.6	10.4
2012 - 14	●	44	4.8	3.5	6.5	7.9	10.3
2013 - 15	●	40	4.3	3.1	5.9	7.8	10.3
2014 - 16	●	38	3.9	2.7	5.3	8.0	10.4
2015 - 17	●	40	4.0	2.8	5.4	7.9	10.6
2016 - 18	●	49	4.8	3.5	6.4	7.9	10.8
2017 - 19	●	48	4.7	3.4	6.2	7.9	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 38b: Alcohol specific mortality – 2016/20

Similarly to admission data, mortality data shows that fewer Barnet residents are dependant, high risk drinkers however it is clear that those people who are drinking at problematic levels are going on to experience significant long term health conditions, and for those dependant high risk drinkers – they are dying at similar rates to other parts of England.

Alcohol-specific deaths have risen sharply in the UK since the onset of the (COVID-19) pandemic, with alcoholic liver disease the leading cause of these deaths. This rise is likely to be the result of increased alcohol consumption during the pandemic.

The latest ONS release (Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk) indicates that 2021 had the highest number of alcohol specific deaths registered in the UK on record, 7.4% higher than 2020 and 27.4% higher than 2019 – the last pre COVID-19 year.

Between 2012 and 2019 rates of alcohol specific deaths in the UK remained stable, a trend echoed in Barnet. The alcohol specific mortality rates for Barnet for 2020 and 2021 are not currently available, however as Barnet was previously similar to London, it is reasonable to expect the same increase for Barnet.

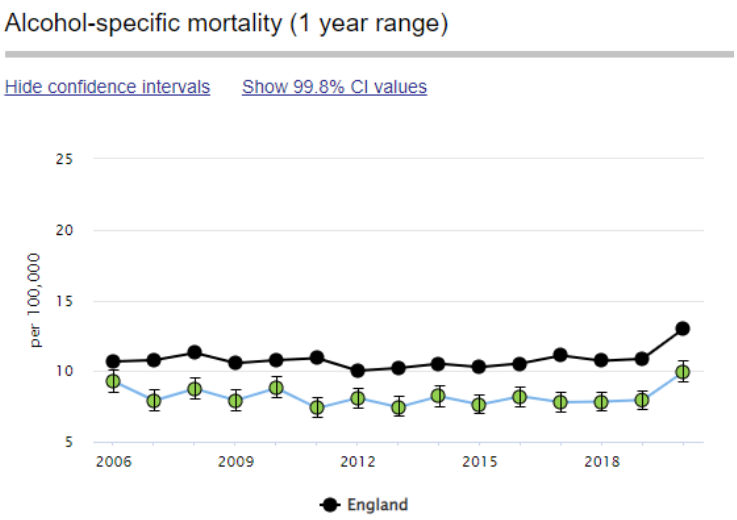


Figure 39: Alcohol specific mortality – 1 year range – England

Deaths of People in Treatment

Indicator	Period	Barnet			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Deaths in drug treatment, mortality ratio	2018/19 - 20/21	–	17	0.49	-	1.00	1.97		0.35
Deaths in alcohol treatment, mortality ratio	2018/19 - 20/21	–	9	0.93	-	1.00	2.03		0.32

Figure 40: Deaths of people in treatment

Public data available shows deaths of people in treatment for alcohol is similar to London and national (Source OHID Public Health Profiles, Fingertips) but deaths of people in treatment for drug use is lower in Barnet.

Local service level data allows us to look at this in more detail. The number of people recorded at service level is higher as it includes people who are accessing non-structured interventions and those who have been recently discharged. Additionally, local alcohol data includes people who may be using drugs occasionally and secondary to alcohol.

Analysis of local data shows that a higher number of males than females die in treatment. This is expected as there is a higher number of men in treatment. It also shows that a higher number of people die whilst in treatment for alcohol misuse rather than drug misuse.

Local data also tells us that risk of death increases as people in treatment get older. This is certainly no surprise as the largest causes of death relate to alcohol disease and cancer. This emphasises the importance of engaging people in treatment early, but also proactively addressing physical health issues related to substance misuse and taking action such as administration of thiamine and delivery of fibroscanning to identified cohorts.

Local data is taken from service reports to Public Health following a death, as such cause of death often remains unconfirmed by the coroner until reports are finalised and closed. There are currently 9 incomplete reports for 2022-23. Additionally, small counts must be surprised to protect confidentiality.

(Age group 20-29 has been removed due to small count)

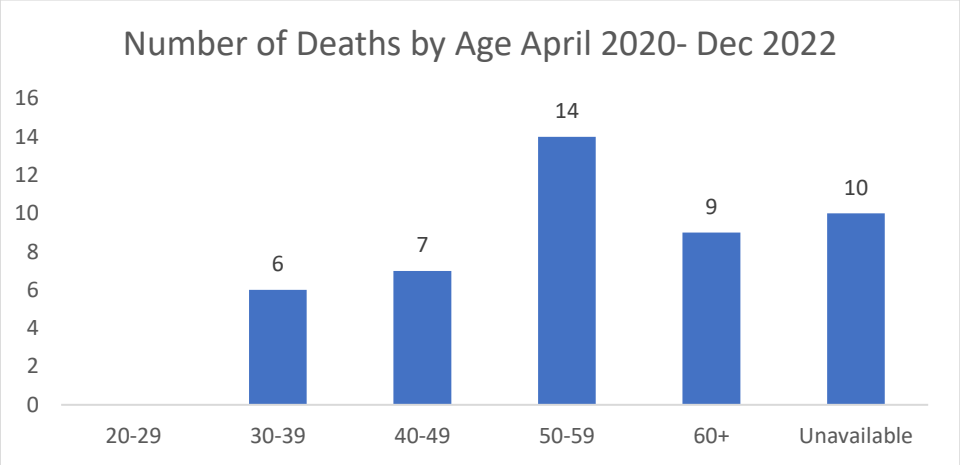


Figure 41: Deaths of people in treatment – breakdown by age

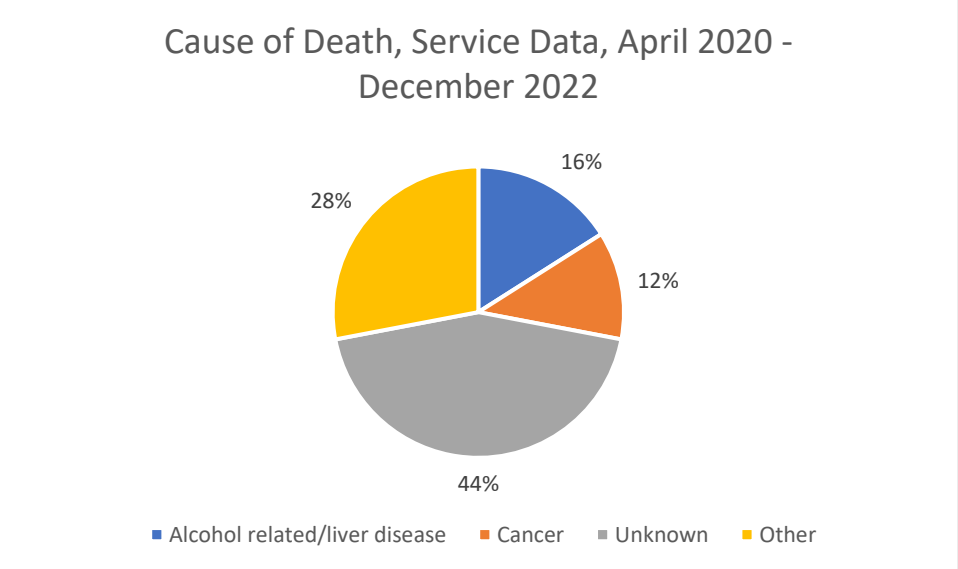


Figure 42: Deaths of people in treatment – breakdown by cause of death

The other category contains a number of deaths relating to COPD, COVID-19, head injuries, stroke, and suicide. The high number of "unknown" is where cause of death is yet to be confirmed by coroner. Coroner's reports often take months and are not always shared.

Recommendations:

- *Establishing drug related death panel*[ix]
- *Improving pathways from hospital provision*
- *Develop mechanisms for intervention following non-fatal overdoses as these people are liable to go on to a fatal overdose*

- *Supporting access to broader physical health service including fibroscanning*
- *Expanding naloxone provisions*
- *Issuing public health alerts about drugs*

Needle exchange

There are currently 6 pharmacies in Barnet with a contract to provide needle exchange services. Over the last 6 quarters, an average of 128 people accessed the service each quarter, with 2-3 visits per person.

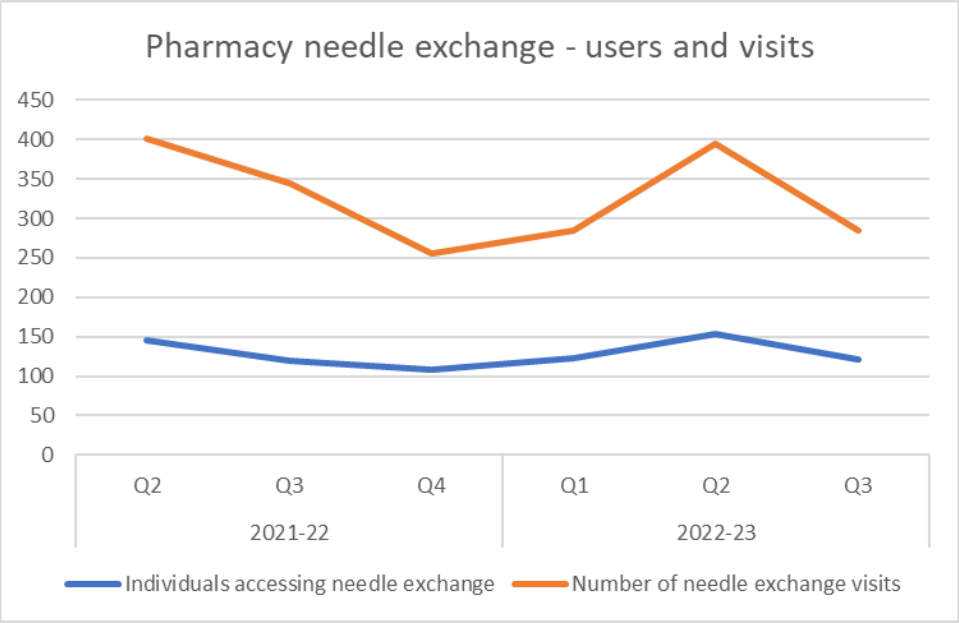


Figure 43: Pharmacy needle exchange use

The substance misuse service also provides needle exchange for its service users. Activity is significantly lower than in pharmacies, with an average of 6 visits per quarter. Specific items are dispensed as required, including needles, syringes and 1-Hit kits.

Recommendation:

- *Review current needle exchange provision with consideration for expansion and piloting of innovations such as needle exchange vending machines*

Naloxone

Naloxone is an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone. Medical professionals have been using naloxone in emergencies for many years however it is now available to anyone and services are working to ensure that anyone who needs it has it to hand and knows how to use it.

In 2021-22, naloxone was issued to 58% of adults in opiate treatment in Barnet, a larger proportion than in England. In the same year, naloxone was administered to 48 adults in opiate treatment in Barnet, 8% of the treatment population.

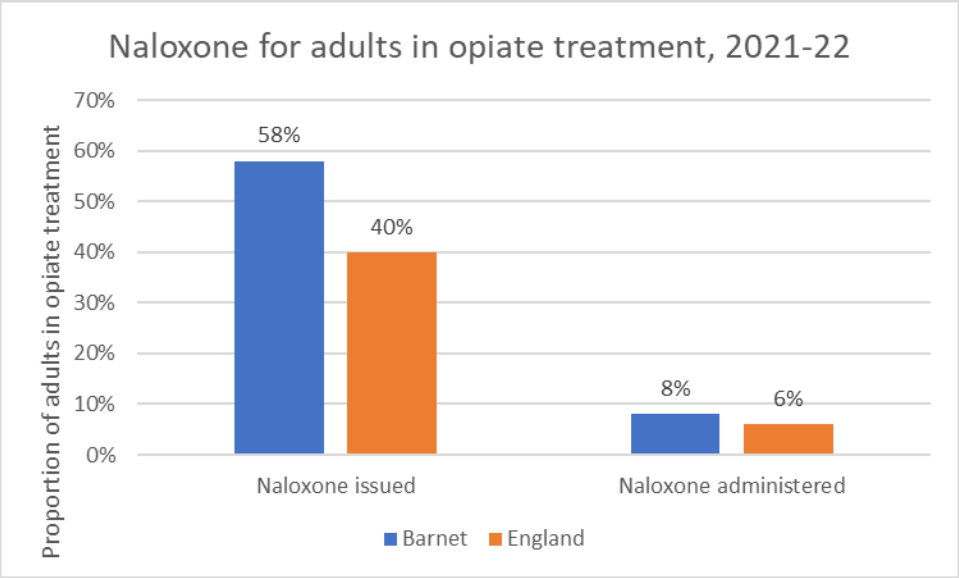


Figure 44: Naloxone issued and administered, 2021/22 – Barnet and England

Recommendation:

- *Explore expansion of naloxone distribution including options for pharmacy distributions*

Blood Borne Viruses

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are preventable diseases that can spread through sharing needles and other drug equipment. Infections can also be transmitted through risky sexual behaviours linked to drug use. There is a vaccine to prevent HBV infection and medicines to treat HCV.

The uptake of hepatitis B (HBV) vaccinations among eligible adults in Barnet is similar to the uptake in England. However, a national survey[x] of people who inject drugs indicated that HBV vaccine uptake among survey participants in 2021 was "the lowest in the last decade, with a drop in uptake across all age groups", and recommended urgent action to improve uptake, especially among people experiencing homelessness and people who had recently started injecting (Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among PWID, 2022 report (publishing.service.gov.uk)).

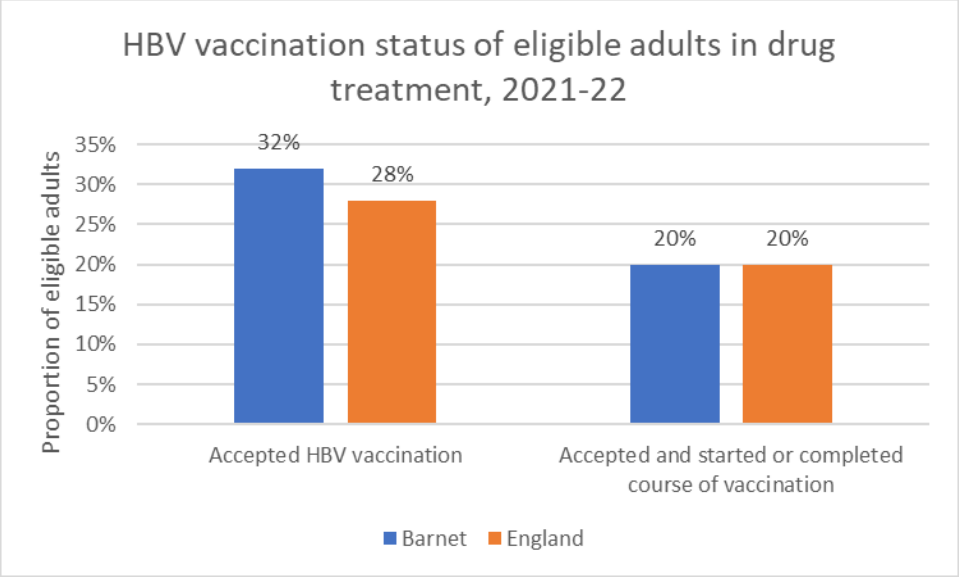


Figure 45: HBV vaccination status 2021/22 – Barnet and England

The proportion of people accepting hepatitis C (HCV) testing in Barnet is similar to England. It is difficult to compare the proportion of positive tests, as the numbers in Barnet are small (17 people had a positive HCV antibody test recorded in 2021-22, and fewer than 5 people had a positive PCR (RNA) test).

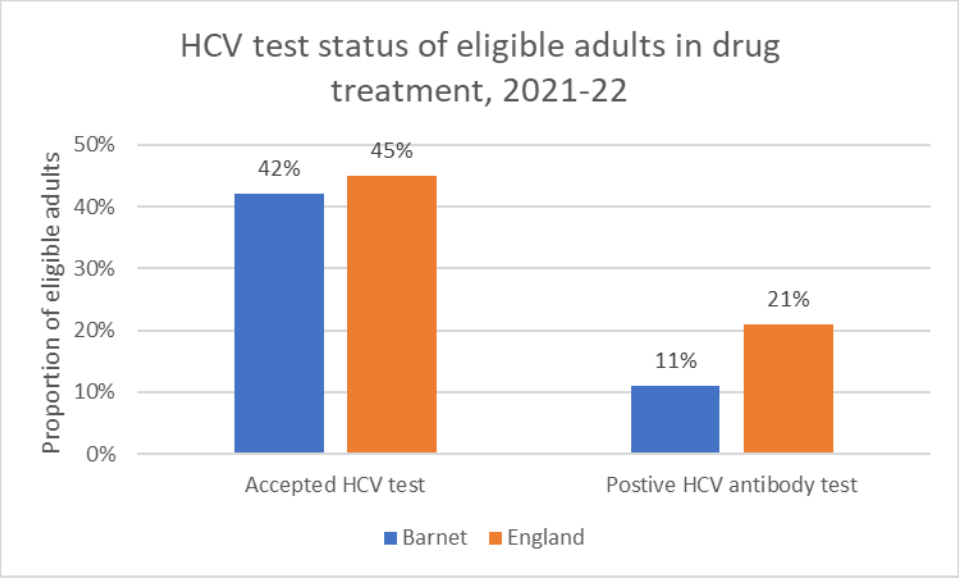


Figure 46: HCV testing and positivity, 2021/22 – Barnet and England

***Recommendation**:*

- *Specialist community substance misuse treatment service to continue to promote and encourage BBV testing and vaccination with a focus on encouraging those eligible for HCV tests.*

Smoking

Smoking prevalence[xi] in adults in Barnet is thought to be between 14%-16% of the population, with rates increasing to 27% for people with a long term mental health condition.

Rates of adults smoking at treatment start in 2021-22 were slightly higher in Barnet than in England as a whole. The biggest difference between local and national rates is for people in treatment for alcohol and non-opiate use (76% smoking in Barnet, compared to 62% in England).

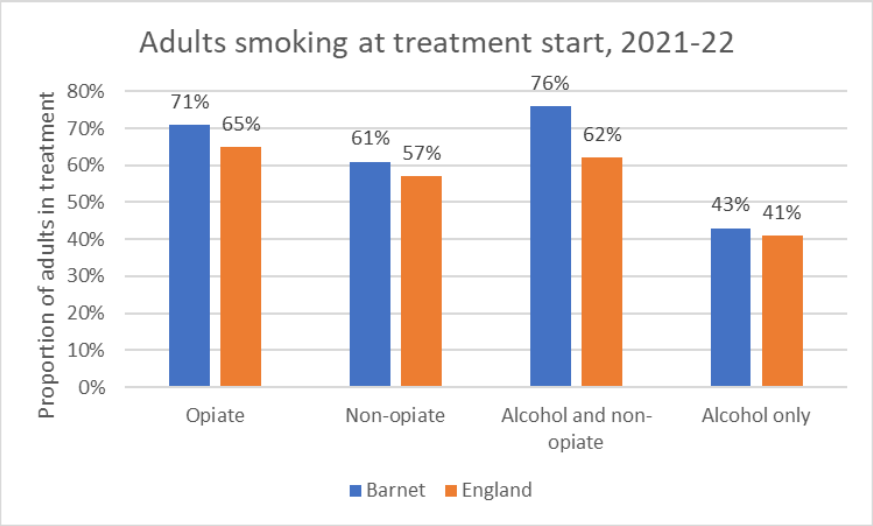


Figure 47: Smoking rates of adults in treatment, 2021-22 – Barnet and England

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The rates of adults smoking at treatment start in Barnet are similar between women and men, with slightly larger rates among men in opiate and alcohol only treatment.

For most substance groups, a smaller percentage of adults in Barnet who smoked tobacco at the start of their treatment had stopped smoking at their 6 month review, compared with England. The one exception was adults in opiate treatment, who were nearly twice as likely to have stopped smoking tobacco than in England as a whole.

In comparison, the proportion of people with a smoking cessation intervention recorded at their 6 month review was significantly lower than the proportion who had stopped smoking, both for Barnet and England. It is not clear how much this reflects a lack of provision for smoking cessation interventions or how much is due to recording issues, but in 2021-22 Change Grow Live made less than 5 referrals to the Barnet Stop Smoking Service. In Quarters 1-3 2022-23, there have been slightly more referrals made, but these are still at a very low level.

For young people under 18, the proportion recorded as smoking at treatment start in 2021-22 is similar in Barnet and England (26% and 31% respectively). This is an increase from 7% in Barnet in 2020-21 which is likely to be due to better data capture. Considering that 98% of young people in treatment during the same period were using cannabis, which is frequently smoked with tobacco, it is likely that recording, whilst improved, is still inaccurate.

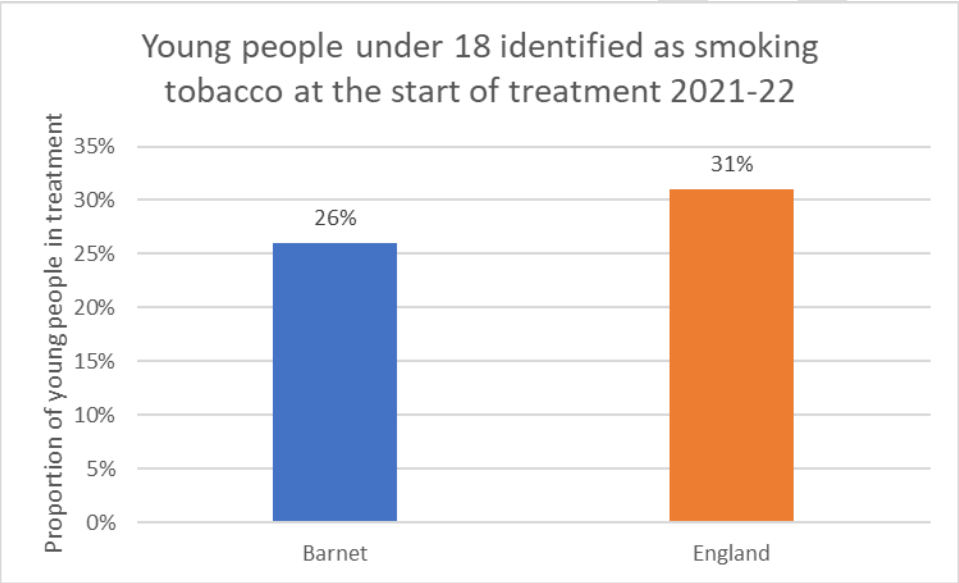

Figure 48: Smoking rates of young people in treatment, 2021-22 – Barnet and England

Evidence[xii] indicates that in order to address smoking effectively, offering support from trained professionals, combined with access to the latest evidence-based stop smoking products (including electronic cigarettes) is essential.

Recommendation

- *Local commissioners to consider options for improving access to Stop Smoking Services for substance misuse service users*

Tier 4 Residential Treatment

In 2021-22, 14 adults in treatment for drug use (with or without alcohol use) in Barnet attended residential rehabilitation, 1% of the treatment population; this compares to 2% of the drug treatment population in

England. 12 adults in treatment for alcohol use also attended residential rehabilitation, 3% of the Barnet treatment population. This compares to 2% of the alcohol only treatment population in England.

There was a dip in residential rehabilitation admissions during 2019-20 and 2020-21. Factors which may have affected this include the transition between the outgoing service provider and CGL in April 2020, availability of rehabilitation places and the COVID-19 pandemic.

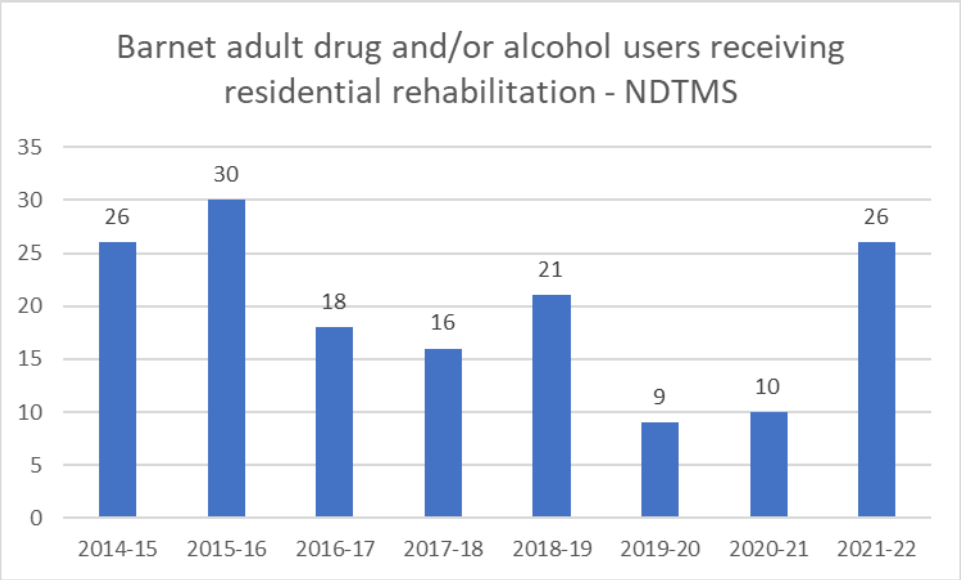

Figure 49: Barnet adults accessing residential rehabilitation, 2014-2022

A Focus on young people

National data[xiii] on alcohol and drug use among young people gives a general view of prevalence among secondary school pupils in years 7 to 11, most pupils aged between 11 and 15 years.

In 2021, 9% of pupils said they had drunk alcohol in the last week; the percentage increased by age, from 2% of 11-12 year olds to 20% of 15 year olds.

Pupils who had drunk alcohol in the last week consumed a mean of 8.9 units; 18% were estimated to have drunk more than 15 units. Again, age was an important factor, with older pupils being more likely to have consumed more units.

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10 factors were identified as having a significant association with having drunk alcohol in the last week, shown in the graphic below.

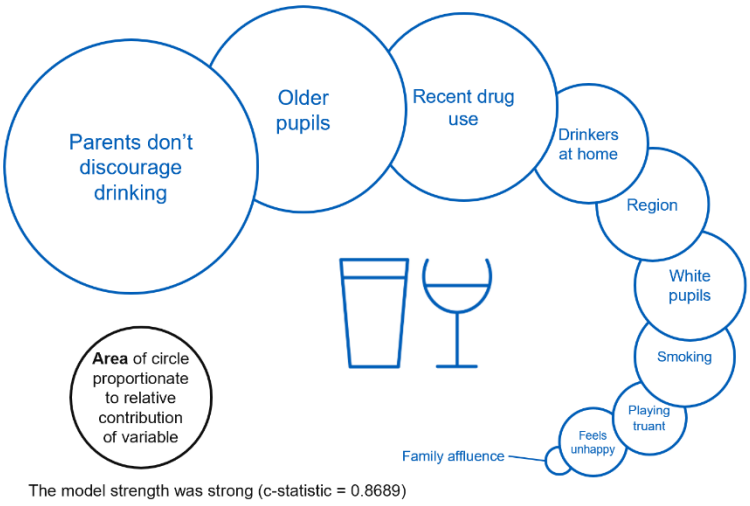

Figure 50: Factors associated with drinking in the last week

In 2021, 6% of pupils surveyed said they had taken drugs in the last month, which is a fall from 9% in 2018. The percentage increased with age, from 2% of 11 year olds to 13% of 15 year olds. 7 factors were identified as having a significant association with having taken drugs in the last month, shown in the graphic below.

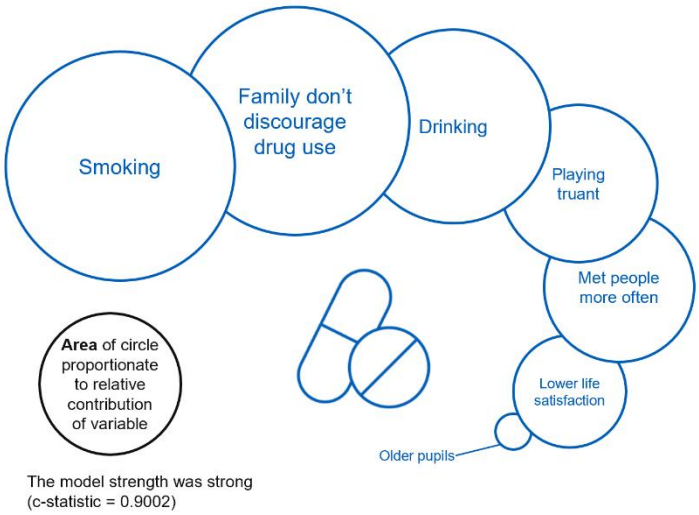

Figure 51: Factors associated with taking drugs in the last month

Experimenting with and seeking pleasurable effects from cigarettes and alcohol can be common in young people and most young people do not use drugs at all. Of those that do, most are not dependent, and most do not go on to develop addictions later in life.

However, it is well documented that trauma and adversity (particularly in childhood) can significantly increase the likelihood of an individual developing risk-taking behaviour, and is commonly a factor in the development of substance misuse dependence and other health harming behaviours

Furthermore, substance use in young people has been identified as an important factor influencing early school-leaving, while poor academic performance and early school-leaving, particularly in disadvantaged areas, are often precursors of substance misuse.

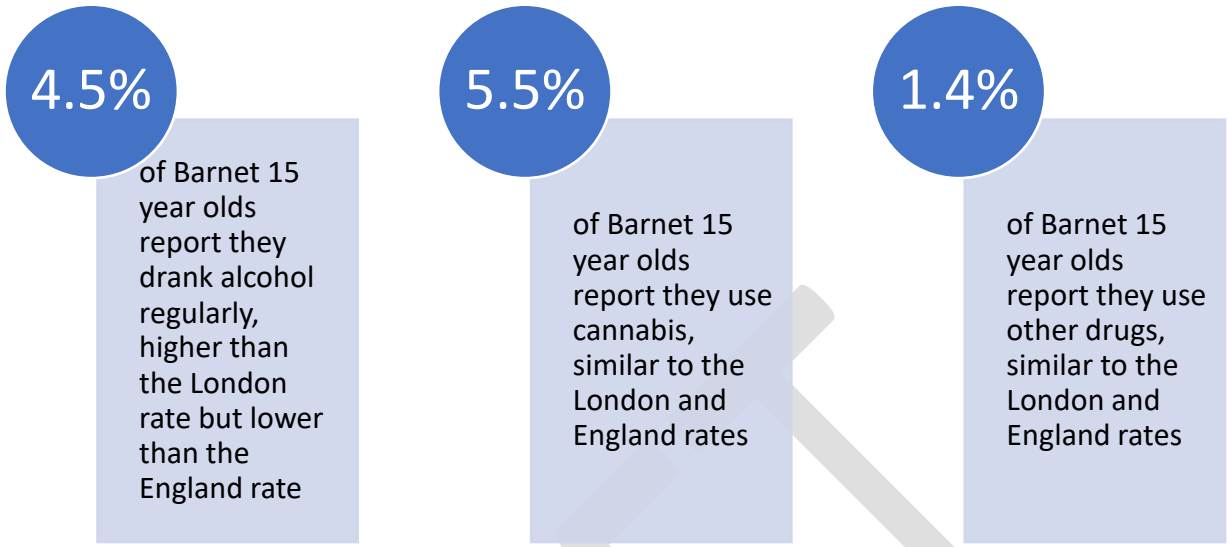

Figure 52: Alcohol, cannabis and illicit drug use in 15 year olds, 2014/15 – Barnet, London and England

Many young people receiving substance misuse treatment have vulnerabilities or risk factors, for example starting substance use early, using multiple substances, not being in education, employment or training, being in contact with the youth justice system or being affected by domestic abuse or sexual exploitation.

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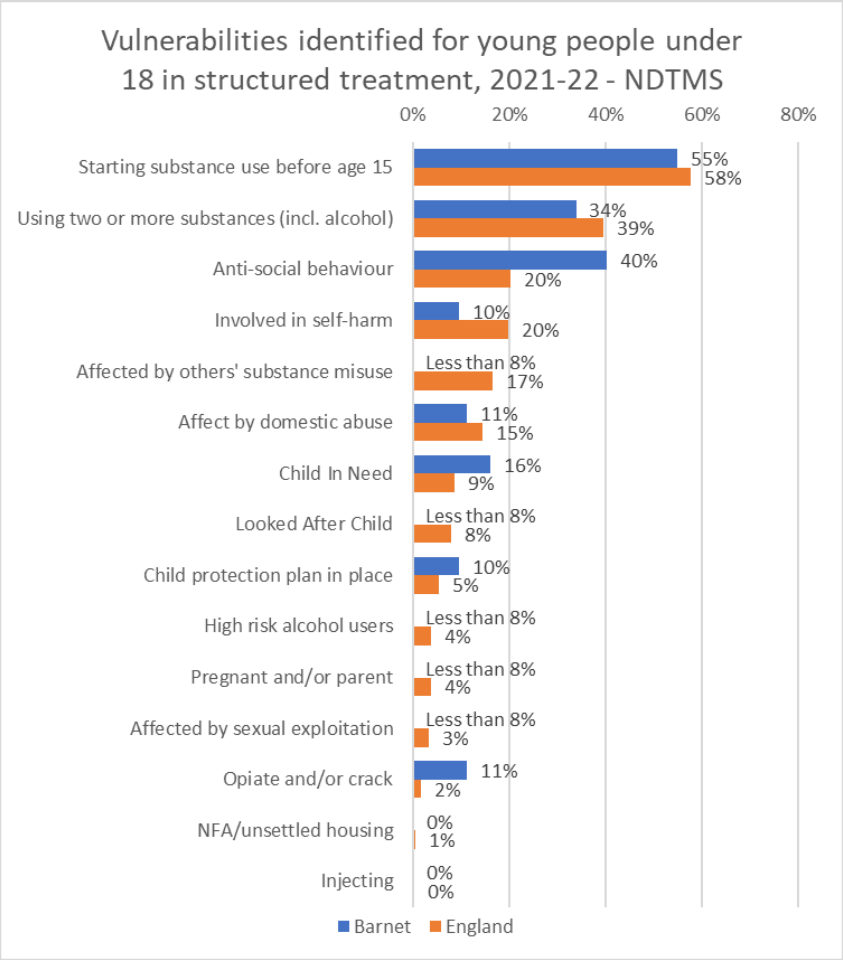


Figure 53: Vulnerabilities for young people (under 18) in treatment, 2021/22

Comparing data for under 18s in structured treatment in Barnet and England shows that Barnet had higher percentages of young people who engaged in anti-social behaviour, or identified as a Child in Need or with a child protection plan in place, or using opiates and/or crack. Barnet had lower percentages of young people involved in self-harm or affected by others' substance misuse. Some of the vulnerabilities affected fewer than 5 (less than 8%) of young people, so could not be included in the published comparison.

The above data should however be interpreted with consideration of the small numbers they represent. For example, whilst 11% of the Barnet young people use opiates or crack, is actually only represents 8 people using opiates people. There are no young people in treatment using Crack, however "opiates and/or crack" is the coding used by NDTMS.

Barnet young people's service reports that opiate use is likely to relate to codeine use which reflects trends such as the use of Lean. Lean is a drug used by young people which is made by mixing codeine-based cough syrups with other substances and a soft drink.

Additionally, the Barnet young people's service reports that ASB is often noted alongside mental health and neurodiversity. The higher than UK rates for ASB could also be reflective of good referral pathways with criminal justice agencies.

Between 2018/19 and 2020/21, there were 55 hospital admissions of under-18 year olds for alcohol-specific conditions. This is above the regional rate but below the national rate. This is the most recent borough level data available.

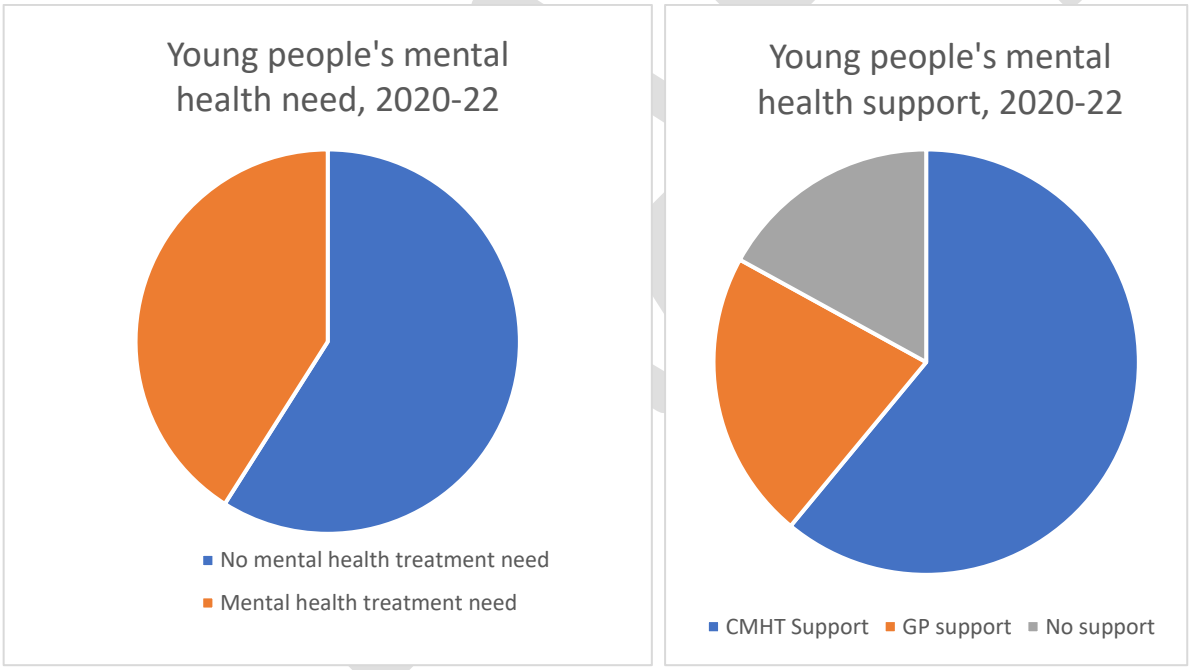
The rate of hospital admission due to substance misuse for 15–24 year olds in Barnet was 36.7/100,000 between 2018/19 and 2020/21 (45 admissions). This was lower than both the regional and national rates.

	Barnet	London	England
Hospital admissions for under-18's – alcohol specific conditions	19.6 per 100,000	14.3 per 100,1000	29.3 per 100,000
Hospital admission for 15-24 year olds – substance misuse	36.7 per 100,000	56.5 per 100,000	81.2 per 100,000

Figure 54: Hospital admissions for alcohol and other substance misuse in young people, 2018/19 – Barnet, London and England

Considering trauma and childhood adversity can significantly increase the likelihood of an individual developing risk-taking behaviour, it is expected that there will also be an over representation of mental health issues in the treatment population.

41% of young people's episodes had a mental health treatment need recorded at the start of their episode. Out of the young people's episodes with a mental health treatment need recorded, 83% were already receiving mental health treatment; most were engaged with the community mental health team, 22% were receiving mental health support from another source (including GPs) and 17% were not receiving treatment (including those who had declined treatment).



Figures 55a & 55b: Mental Health treatment need and sources of support, young people in treatment – 2020/22

Young People in Substance Misuse Treatment

The total number of young people in treatment between 2018-19 and the present has been steady with a slight upward trend. The smaller number of young people in treatment compared to adults means that the graphs appear more variable: an individual starting or exiting treatment makes a bigger percentage change. The COVID-19 pandemic had less of an effect on the young people's service compared to adults. There was a dip in activity in Quarter 1 2020-21, when the service transfer and first pandemic lockdown occurred, but performance soon recovered. It is important to note that the young people service supports people to age 24.

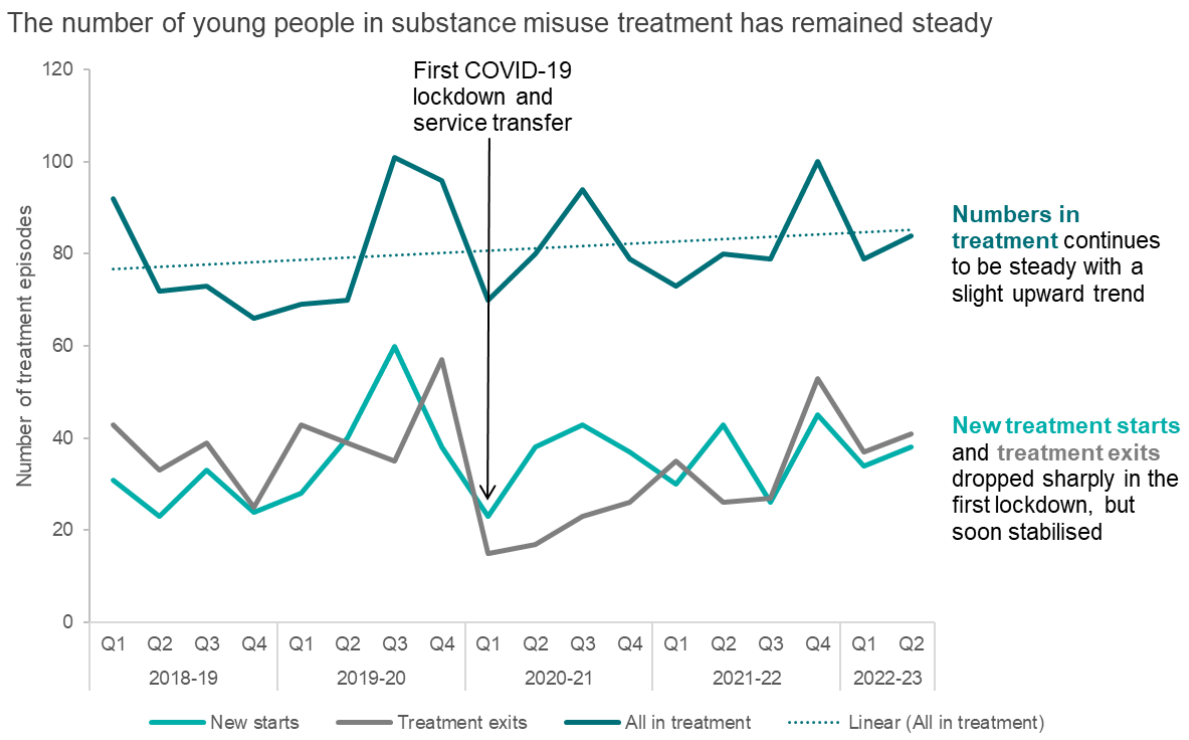


Figure 56: Young people treatment starts and exits – 20218/23

The local figures above include all people in substance misuse treatment with the Barnet services, those in structured treatment (Tier 3) as well as those receiving less structured interventions (Tier 2). The figures for the young people's service include people up to the age of 24 who are being supported by the service. This is different from the national data collected by NDTMS, which only collects data on people in structured treatment and counts anybody over 18 as an adult, even if they are attending a young people's service. The NDTMS data below shows that the number of young people under 18 in structured treatment has declined since 2012-13, this is a trend reflected in national data.

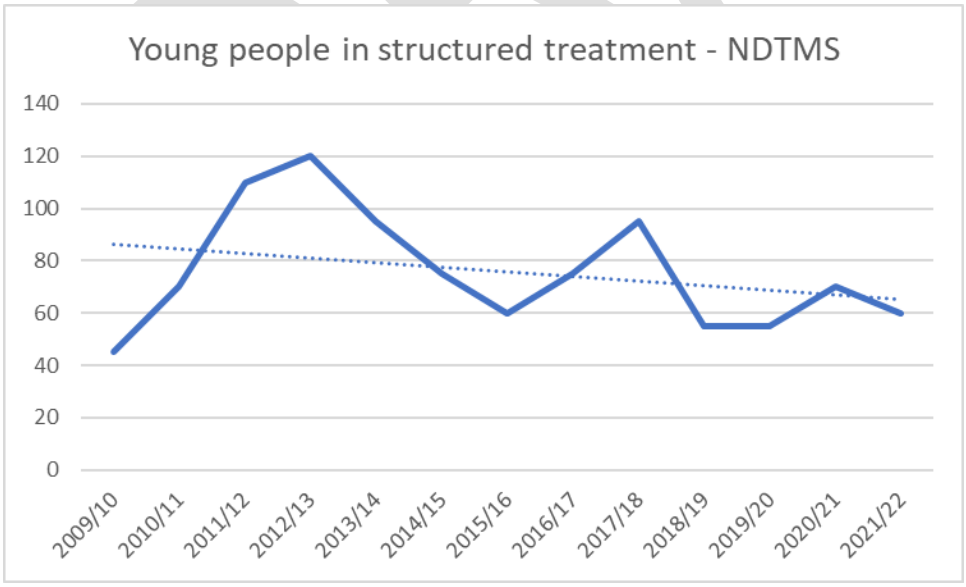


Figure 57: People aged under 18 accessing treatment – 2009/22

The number of 18-24 year olds in structured treatment with the young people's service in Barnet increased rapidly between 2015-16 and 2021-22. Over the same period, there was a downward trend in the number of 16-17 year olds, while numbers of young people aged 15 and under remained similar.

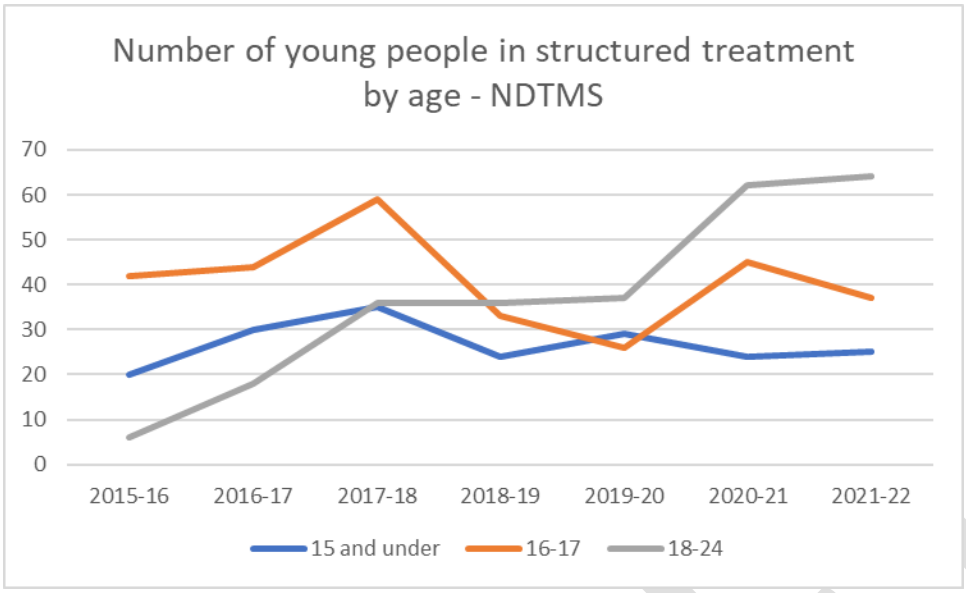


Figure 58: Number in treatment by age group – 2015/22

Figures 59 and 60 show the main substances reported by young people are cannabis and alcohol, this is also reflected nationally and has been a long-term trend. The graph below shows the substances reported to NDTMS for young people under 18 in structured treatment; up to 3 substances can be reported for each young person.

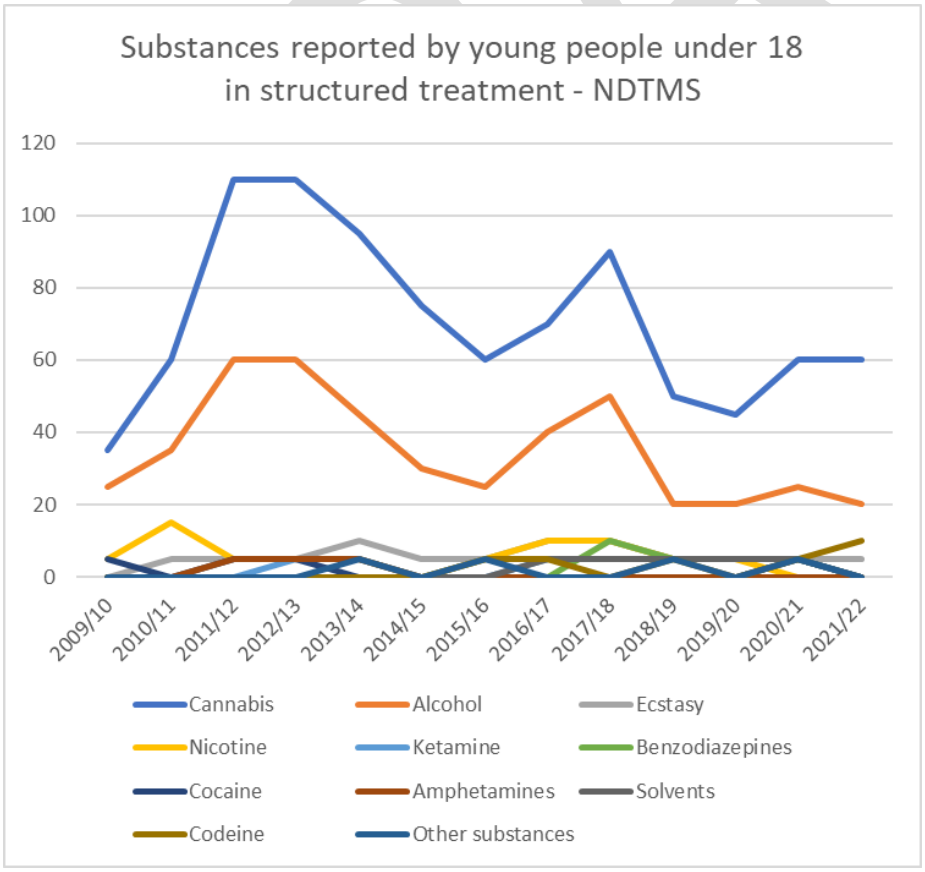


Figure 59: Substances reported by under 18's in treatment – 2009/2022

Substance type	Under 18s in structured treatment	Percentage of under 18s in structured treatment	18-24 in structured treatment	Percentage of 18-24 in structured treatment
Cannabis	61	98%	58	91%
Alcohol	22	35%	33	52%
Cocaine	<5	<8%	<5	<8%
Nicotine	<5	<8%	8	13%
Ecstasy	<5	<8%	<5	<8%
Ketamine	<5	<8%	<5	<8%
Benzodiazepines	<5	<8%	<5	<8%
Other drugs	<5	<8%	<5	<8%
Solvents	<5	<8%	<5	<8%
Other opiates (including codeine)	8	13%	5	8%
Crack	0	0%	<5	<8%
Amphetamines	0	0%	<5	<8%
Heroin	0	0%	<5	<8%
Any new psychoactive substances (NPS)	0	0%	0	0%
Total individuals	**62**	**100%**	**64**	**100%**

Figure 60: Substances reported by under 18's in treatment – 2021/22

Most young people under 18 complete their treatment, with smaller numbers dropping out, declining treatment or being referred on.

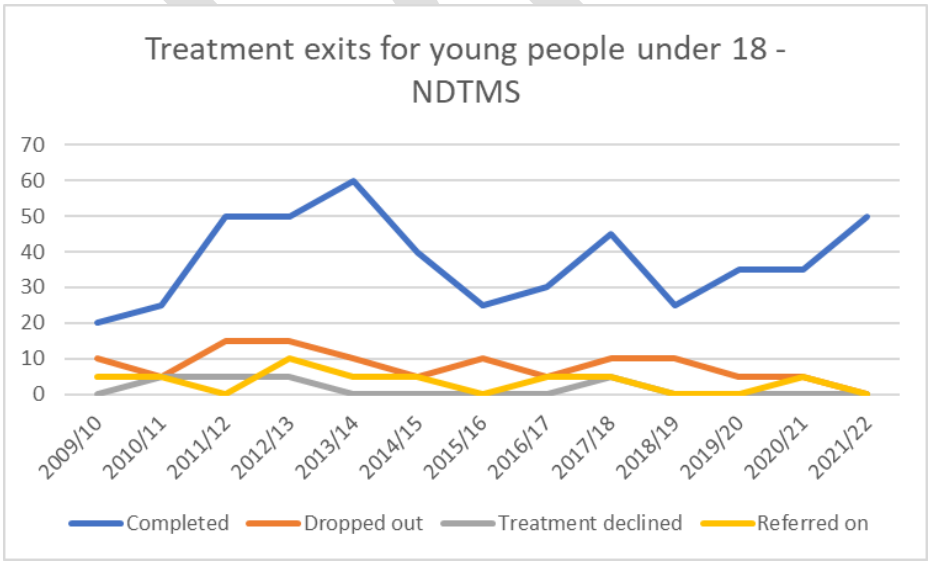


Figure 61: Treatment exits (under 18) in treatment, 2009/22

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Young people tend to spend less time in treatment than adults, although those with complex needs may require support for longer. Barnet young people under 18 who left structured treatment in 2021-22 were relatively evenly divided between those who had been in treatment for 12 weeks and under, 13-26 weeks and 27-52 weeks, while very few were in treatment for more than a year.

In comparison, the figures for England showed a higher percentage young people in treatment for 12 weeks and under or more than a year, but a smaller percentage for 27-52 weeks. Conclusions should be drawn with caution, as the Barnet data relates to approximately 50 young people, but a lower percentage of people in treatment for 12 weeks or less could indicate either a lower drop-out rate or more young people requiring more complex treatment.

***Recommendations**:*

- *Treatment provider to review inclusion to YP service criteria for transitional age group (18-24's)*
- *Treatment provider to explore reasons for falling numbers of under 18's in treatment*
- *Partners to consider opportunities for engaging young people with multiple vulnerabilities*

A focus on older adults

Across England and Wales, the population is aging. Recent census data (ONS, 2022), shows the median age in England was 40 years in March 2021, and over 11 million people were at least 65 years old (18.6% of the population). There are large regional differences, with London having the lowest median aged (35 years). In Barnet, the median age was 37 years and 14.4% of the population at least 65 years old.

In the context of substance misuse, people aged 50 years or older are often considered to be older adults. This age group represented 31.9% of Barnet's population in March 2021, equivalent to 123,756 residents (ONS, 2022). Those aged 65-74 have been identified in literature as the largest growing cohort with problematic substance misuse issues but are underrepresented in treatment services

Nationally, there is a continuing trend for an increasing proportion of people receiving substance misuse treatment being over 40 years (2021/22 58%, 2020/21 56%, 2016/17 51%)[xiv], and it has been noted that 'baby boomers' are the generation with the fastest growing rates of substance misuse. Of the 39,968 people in treatment who were at least 55 years old, 79% reported their only problematic substance was alcohol. It is believed that around a third of older people who misuse alcohol only begin to do so in later life, something thought to particularly impact women[xv].

Alcohol misuse is linked to a wide range of negative outcomes, some of which are particularly relevant to older populations. The Royal College of Psychiatrist report list some of the potential impacts as stokes, various cancers, malnutrition, falls, and accidents. The same publication notes that that aging makes people more sensitive to the effects of alcohol, so these impacts may be experienced with lower levels of alcohol consumption than for younger people.

Across England, over a third of deaths resulting from liver disease are alcohol-related, and alcohol is the most common cause of liver disease[xvi].

In the 2018 publication 'Our Invisible Addicts', the Royal College of Psychiatrists makes a strong case for the need to consider the specific needs of older alcohol and drug misusers. The issue of rising rates of hospital admissions for alcohol-related brain damage, including dementia, is noted. The report states that for people aged 50-69, in 2013 alcohol was the fifth highest risk factor for years of life lost to disability, having risen from 16th in 1990.

Effective interventions to support older people can be provided. In addition to structured substance misuse treatment, these include identification and brief advice (IBA), and thiamine supplementation to prevent or

reduce the impact of some cases of alcohol-related brain damage. The implementation of effective screening is needed to determine identify people who would benefit from these interventions.

***Recommendation**:*

- *The partnership may wish to consider how it could respond locally to the recommendations made in 'Our Invisible Addicts'.*

As stated earlier in the report, nationally calculated estimates suggest across all age groups there are 3,091 alcohol-dependent people in Barnet, of whom 78% are not yet in treatment. There are also estimated to be around 1,583 opiate and/or crack users, of whom 61% are not yet in treatment. There are no specific estimates for older people, therefore it is difficult to extrapolate from this data to estimate the number of older people who would benefit from treatment but are not yet receiving it.

In 2021/22, 174 people aged 50 years or over received alcohol misuse treatment in Barnet, representing 40% of the overall alcohol-only treatment population. This is in line with the England average (39%). During the same period, people aged 50 or over made up 27% of adults in drug treatment (n=280). This is above the national average of 20%. A further breakdown of substances used by people 50 or older is shown in figure 59.

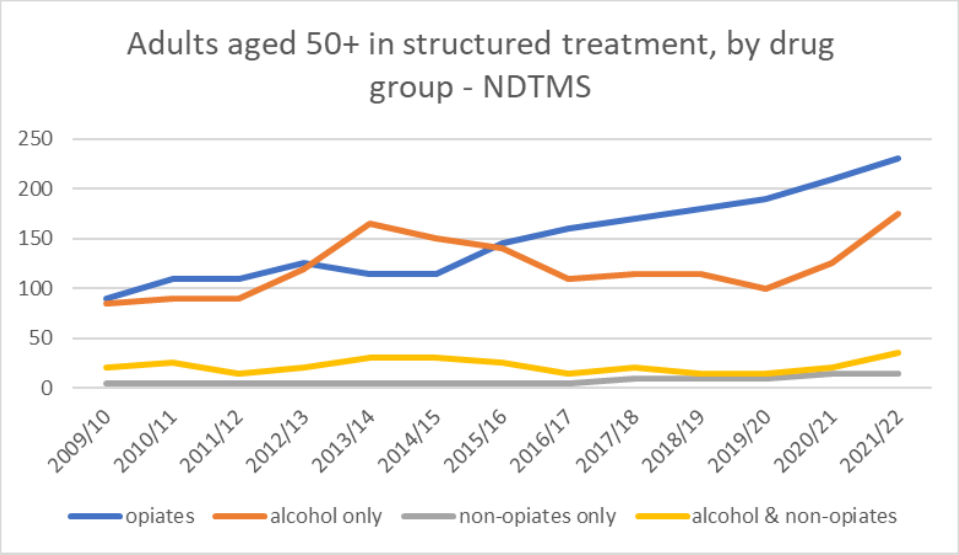

Figure 62: Adults aged 50 or over in treatment by substance(s) misused.

Local treatment service datasuggests there is a possible underrepresentation of people aged 65 and over in substance misuse treatment compared to the general adult population.

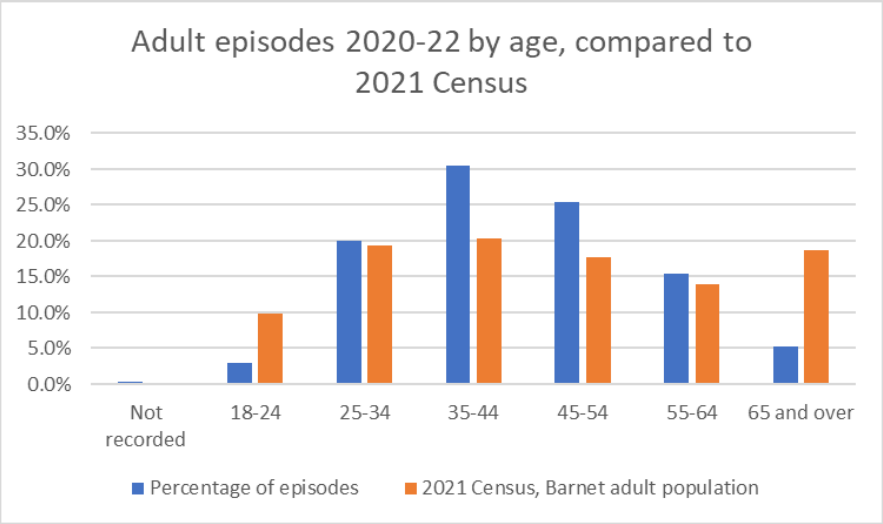

Figure 63: Adult treatment episodes 2020-2022 by age compared to 2021 census data.

***Recommendation**:*

- *The partnership may wish to review current screening mechanisms, IBA provision, and referral pathways for older people to determine whether opportunities for improvement exist.*

8. People with Severe Multiple Disadvantage (SMD)

Severe Multiple Disadvantage (SMD) refers to people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, and for women, domestic and sexual abuse - and for Black, Asian and Minority Ethnic (BAME) people, community isolation.

It is understood that SMD mainly originates in adverse childhood experiences, approximately 85% of people facing SMD have experienced childhood trauma. This effects mental health which can lead to issues such as homelessness, substance misuse and offending. Services working with people facing SMD struggle to meet needs, because they are mainly set up to deal with single issues. The consequence for people facing SMD is their other issues prevent them successfully engaging with single issue treatment or support. For example substance misuse may lead to exclusion from a mental health service. Instead they tend to end up at "blue light services": e.g. A&E, Ambulance calls outs, arrests and custody. The economic cost of this "siloed" and unconnected approach is high - one source estimates across England it is £10.1 billion a year.

The Metropolitan Police Service - Business Plan 2021-24 identifies mental health, drug and alcohol dependency and suicide prevention as a key focus, aiming to improve the experiences and outcomes of service users experiencing SMD.

Lankelly Chase's report[xvii] aims to quantify the profile and extent of SMD in England and ascertain the characteristics of those that experience it.

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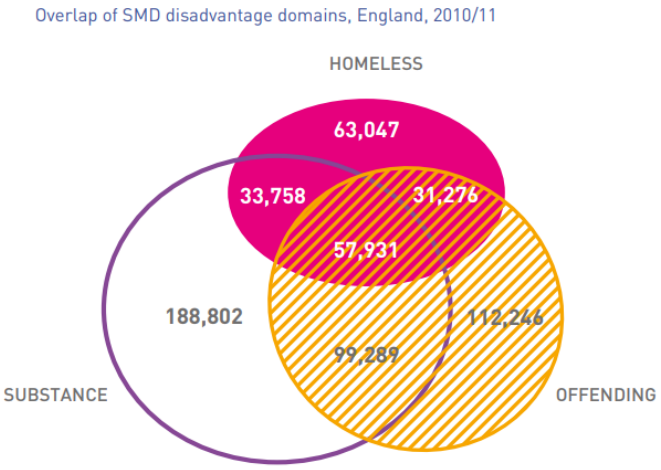

Figure 64: Overlap of SMD domains, England, 2010/11 – Lankelly Chase report

The report concludes that there is considerable overlap between the three populations and that SMD is a result of structural, systemic, personal and family factors. People that face SMD are often single, but that doesn't mean they do not have contact with children. Evidence has shown that better coordinated interventions from statutory and voluntary agencies can improve people's lives and reduce the use and cost of crisis services. Many local areas are now making progress on better support for people facing multiple disadvantage and the long-term sustainable changes to local systems that make this possible, but this is not yet happening systematically locally.

As part of the North Central London "Inclusion Health Needs Assessment 2022", a Venn diagram showing Camden's SMD profile was produced. A similar diagram for Barnet can be produced with more detailed data from the partnership.

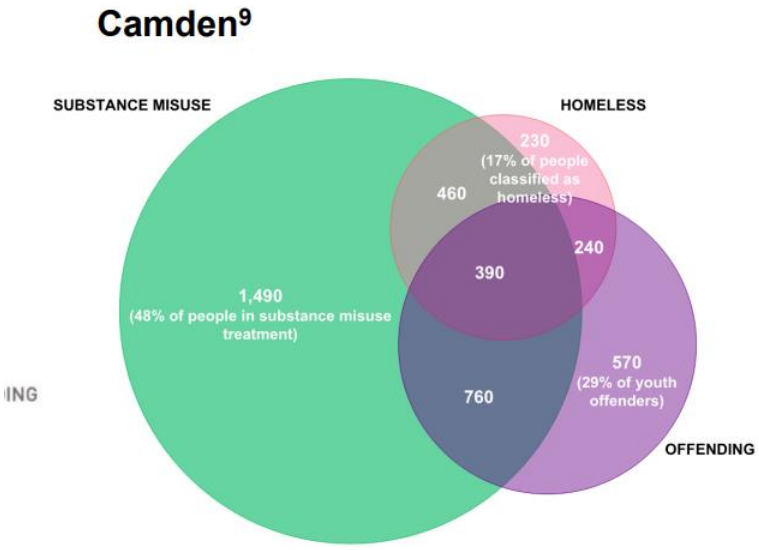

Figure 65: Overlap of three SMD domains, Camden – NCL Inclusion Health Needs Assessment, 2022

Homelessness

The graph below shows the housing situation for adult service users who started structured treatment each year.

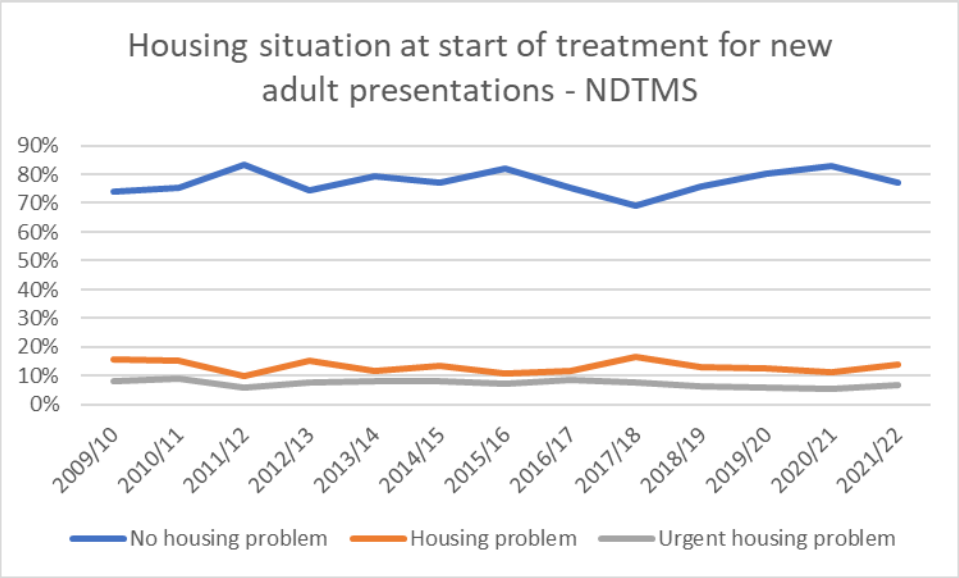

Figure 66: Housing situation at start of treatment, 2009/22

In 2021-22, 21% of adults starting treatment reported a housing problem of any kind: 14% reported housing problems like staying with friends/family as a short-term guest, being in short-term accommodation (e.g. short-stay hostel, bed and breakfast, hotel, local authority temporary accommodation) or squatting, while 7% reported an urgent housing problem like rough sleeping, using a night shelter or emergency hostel, or sofa surfing (sleeping at a different friend's home each night). The rate of housing problems reported has been consistent over time: both figures were close to the average for 2009-10 to 2021-22.

Barnet received OHID rough sleeping drug and alcohol grant funding in 2021 to deliver a project to support people who are rough sleeping or at risk of rough sleeping who have substance misuse issues. RSDATG is an acronym which stands for Rough Sleeping Drug and Alcohol Treatment Grant project. The grant was given to fund specialist support for individuals to access and engage with drug and alcohol treatment and move towards longer-term accommodation, supporting the work of wider homelessness and rough sleeping funding. The grant is managed and coordinated by Office for Health Improvement and Disparities (OHID).

The grant funding was targeted at 43 priority Taskforce local authorities identified by Ministry of Housing Communities and Local Government (MHCLG) as having had the highest numbers of people sleeping rough who have been moved into emergency accommodation during the Covid-19 pandemic. Barnet was one of those areas.

The caseworkers in the team work in partnership with Barnet Homes and Homeless Action in Barnet (HAB) to deliver multifactorial interventions with people with at least two domains of severe multiple disadvantage.

The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is delivered against several key objectives including:

- Improve substance misuse outcomes for people experiencing or at risk of rough sleeping.
- Reduce numbers of people sleeping rough because of substance misuse.

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- Reduce numbers of deaths of people sleeping rough or experiencing homelessness from drug and alcohol poisoning.

The RSDATG project was launched in January 2021 and has been running successfully, however the project experienced some challenges with recruitments and engagement of homeless people. There is a management plan in place to improve service delivery. Actions include:

- Increasing coverage of HAB service
- Improving links to people in unstable TA who are at risk of homelessness.
- Exploring new recruitment styles to help with recruitment challenge.
- Developing new besposke GP service to cater for the health and wellbeing issues

The graph below shows numbers engaged in the RSDATG project since it's launch in 2021. The numbers continue to grow at a steady rate as the team becomes more established in the community. The conversion in to accessing structured treatment is also increasing.

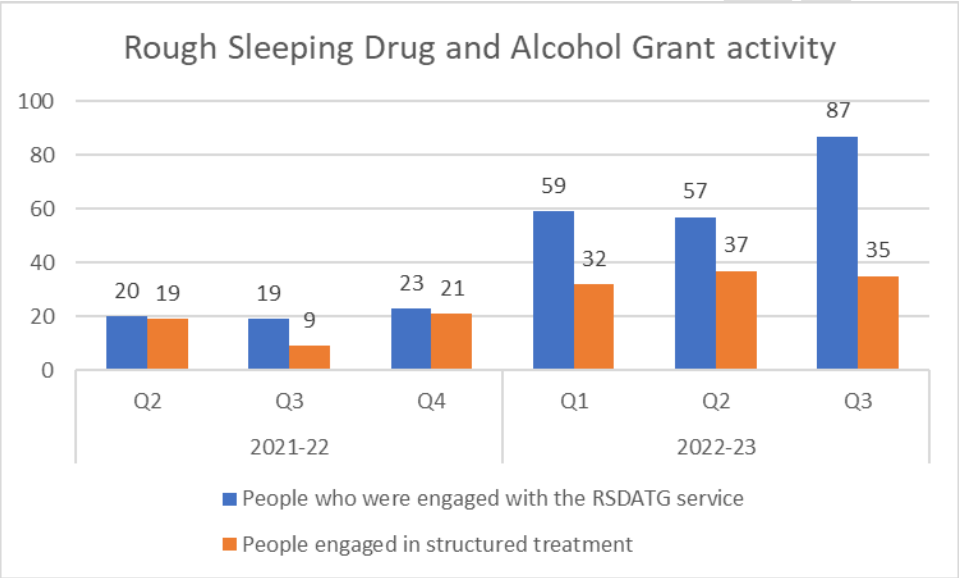


Figure 67: RSDATG project activity since project launch, Q2 2021 - Q3 2022.

Last year the Advisory Council on the Misuse of Drugs published a report[xviii] into homelessness and drug misuse. The report reviewed evidence relating to prevalence rates and concluded that due to different methodologies, it is difficult to assess accurately the extent of drug use among homeless populations. There is however evidence of an association between being homelessness and an increased risk of problematic drug use. The report highlighted that there is likely to be differences in substance misuse between rough sleepers and those in temporary accommodation, with more than one study finding that half of rough sleepers were alcohol dependent and 29% misused drugs. The type of drug use does however vary from area to area. Homeless Link reported[xix] that 27% of people that participated in their Health Audit had alcohol problems and 41% had previous or current drug dependency issues.

An audit of Homeless Action in Barnet's caseload in 2020 for the Barnet rough sleeper Health Needs Assessment identified approximately 25% had a drug or alcohol need. This is lower than expected and therefore could indicate an under-reporting due to identification and disclosure.

In order to address this hidden population, the Rough Sleeping Drug & Alcohol team are now working to take a more proactive approach to engage those people eligible for the service who have not presented in an opportunistic way. People with a history of rough sleeping are often hidden and therefore the number locally is difficult to identify. In the Barnet Health Needs Assessment, a cohort of 83 people were identified

to audit however CHAIN records show 282 rough sleepers in Barnet in 2020/21. (CHAIN is a multi-agency database recording information about people sleeping rough in London)

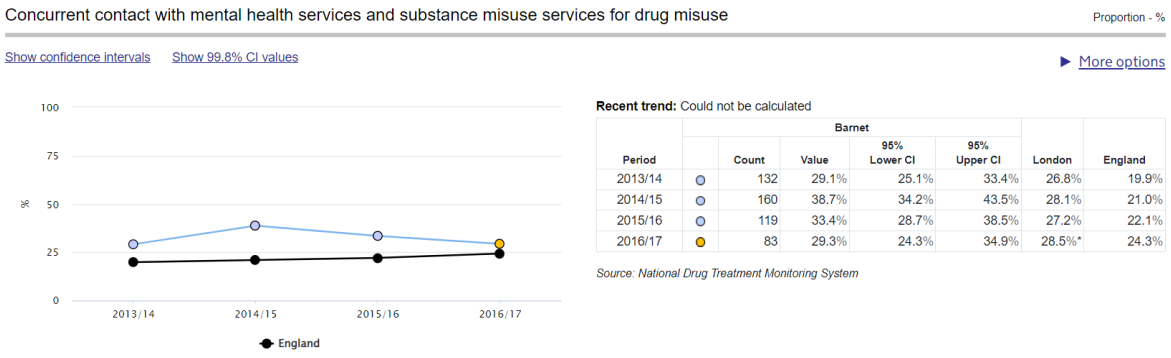
There are various other initiatives in progress to address SMD in Barnet, these include:

A joint initiative between probation and Barnet Homes to support ex-offenders who are homeless

- A joint initiative between Barnet Homes and Barnet, Enfield, Haringey Mental Health Trust to address housing issues in people receiving mental health treatment
- A joint initiative between Change Grow Live and Barnet Enfield Haringey Mental Health Trust to recruit a part time psychologist to support the Rough Sleeping Drug and Alcohol Project.
- A joint initiative between Barnet Homes and Barnet Hospital to support discharge planning
- Co-location between Change Grow Live and Probation service
- Rough Sleeping Drug and Alcohol team will also be enhancing their "through the gate" support to people leaving prison with an identified substance misuse and homelessness problem (this is alongside the standard prison link service delivered)
- Homeless Health multi-agency Homelessness Health Needs Workplan which includes scoping a "Housing First" model, development of primary services and improving service pathways.

Dual-Diagnosis

There is also data available[xx] that shows concurrent mental health service and substance misuse service usage. The data is taken from the substance misuse service records.



Recent trend: Could not be calculated

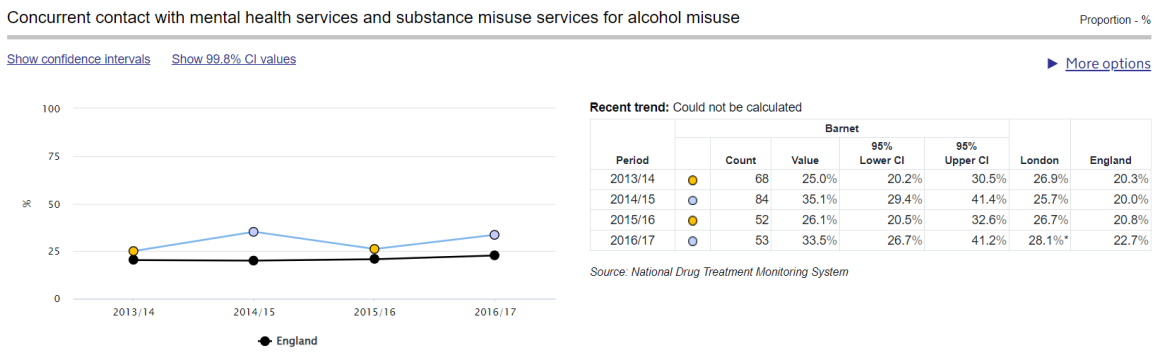
Period		Barnet Count	Value	95% Lower CI	95% Upper CI	London	England
2013/14		132	29.1%	25.1%	33.4%	26.8%	19.9%
2014/15		160	38.7%	34.2%	43.5%	28.1%	21.0%
2015/16		119	33.4%	28.7%	38.5%	27.2%	22.1%
2016/17		83	29.3%	24.3%	34.9%	28.5%*	24.3%

Source: National Drug Treatment Monitoring System

Figure 68: Concurrent contact with mental health services and substance misuse services (drugs)

The graph above shows that the percentage of people in treatment for drug misuse who are in contact with mental health services remains consistent, averaging around 30%. This is similar to London and higher than England. The smaller count is reflective of a shrinking treatment population.

Similarly, the graph below shows that the percentage of people in treatment for alcohol misuse who are in contact with mental health services. This also remains consistent, averaging around 30%. This is similar to London and higher than England. Again, the smaller count is reflective of a shrinking treatment population.



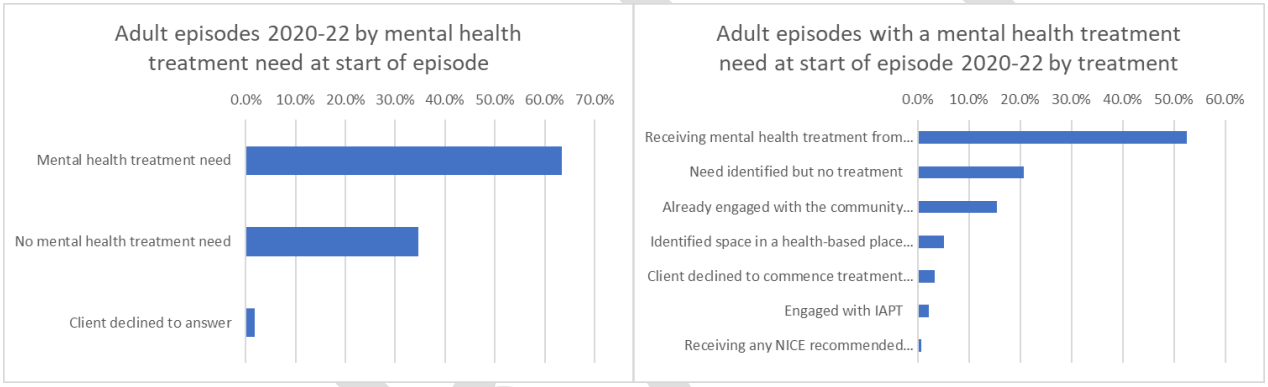
Recent trend: Could not be calculated

Period		Barnet Count	Barnet Value	Barnet 95% Lower CI	Barnet 95% Upper CI	London	England
2013/14		68	25.0%	20.2%	30.5%	26.9%	20.3%
2014/15		84	35.1%	29.4%	41.4%	25.7%	20.0%
2015/16		52	26.1%	20.5%	32.6%	26.7%	20.8%
2016/17		53	33.5%	26.7%	41.2%	28.1%*	22.7%

Source: National Drug Treatment Monitoring System

Figure 69: Concurrent contact with mental health services and substance misuse services (alcohol)

Looking at local data, between April 2020 and March 2022, 63% of episodes were for people who reported at the start of their episode that they had a mental health treatment need. Out of the episodes where a mental health treatment need was recorded, 76.% were already receiving treatment at the start of their episode; 53% were receiving mental health treatment from their GP. 21% had a mental health treatment need identified but were not receiving treatment at the start of their episode, while 3% had declined to commence treatment for their mental health



Figures 70 and 71: Mental Health treatment need and sources of support, adults in treatment – 2020/22

As SMD is primarily a consequence of trauma, a mental health response is central to meeting needs however people facing SMD often cannot get access to the mental health services they need especially psychological intervention. Although some work has been done to address this gap through grant funding and small projects, much of the work around mental health and people who are homeless, have substance misuse and/or a history of offending is piecemeal and there is a need for a more robust and strategic approach to co-ordinating and commissioning provision for people with severe multiple disadvantage.

Dame Carol Black's "Review of drugs part two" emphasises the need for additional investment in high quality mental health services for this group, and for additional training for the workforce in both sectors to be trained to better respond to co-existing mental health and substance misuse problems.

Lastly, as prevention and "achieving a generational shift in the demand for drugs" is a key priority of the government's new drug strategy, tackling SMD must be at the heart of any programmes that support young people and families most at risk of substance misuse.

People with a history of offending

Individuals with a history of imprisonment have markedly worse health than the general population during their imprisonment, including much higher mortality rates, with drug related deaths and suicide rates being especially high.[xxixxii]

- 33-51% suffer from depression (9-13% in the general population)
- 64% of imprisoned men were diagnosed with personality disorder
- 7% of imprisoned men had experienced a psychotic disorder within the past year (compared to 0.7% in the general population)
- 37% of persistent offenders have substantial substance misuse problems
- 15% of young offenders have substantial substance misuse problems
- Women in the criminal justice system have especially high rates of mental illness, with 46% having had attempted suicide at some point in their live.

Barnet probation[xxiii] (source Barnet Probation CDP needs assessment data report) have identified that 41% (n=386) of the current probation caseload have identified drugs as a need. 9% (n=33) are female and 92% (n=353) are male. Records detailing what substances are used are incomplete, however the data available indicates that cannabis (n=154) is the most commonly used substance, followed by crack cocaine (n=41) and then heroin (n=26). This is likely to be an under-representation.

There is no information available presenting the number with an alcohol problem.

Of the probation caseload, 94 people have been identified as having all three domains of SMD, homelessness, history of offending and current substance misuse. 73 people are identified as having current mental health issues, history of offending and current substance misuse. It is not known if any of these individuals are also homeless, thus increasing potential risk and complexity.

Community Orders were introduced as a sentencing option in April 2005 as one of the provisions of the Criminal Justice Act 2003. They replaced the earlier community sentence for adult offenders. The Act provides for twelve possible requirements to be made as a condition of a community order, two of the orders relate to addressing substance misuse as part of a community order or a suspended sentence order. These are:

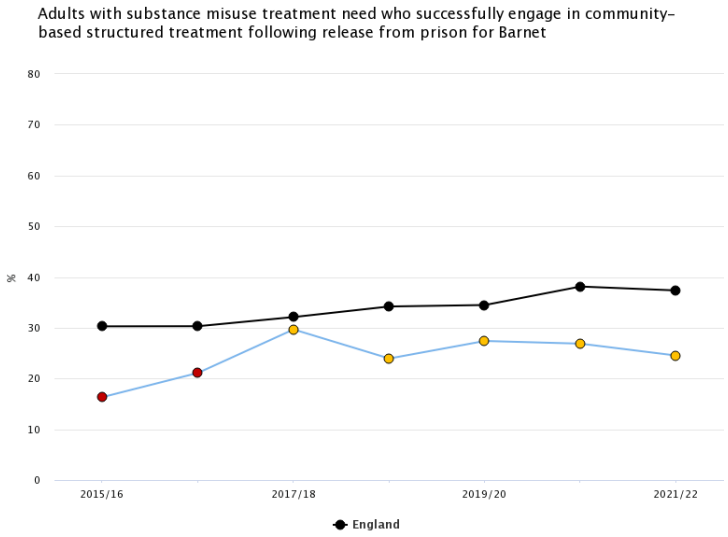
- Drug Rehabilitation Requirement (DRR) and
- Alcohol Treatment Requirement (ATR)

In Barnet, the number of DRR and ATR orders is low. Data is available for an 11 month period from March 2022 to January 2023 that shows:

- Total 24 orders granted = 13 ATR and 11 DRR
- Average ATR/DRR caseload in treatment = 18
- Discharges over period = 5

As discharges are low, an assumption is that once people have engaged they tend to remain in treatment for some time and are therefore more likely to achieve a positive outcome. Therefore, DRR and ATR's are a useful mechanism for supporting offenders into treatment and should be offered as an option more frequently.

Moving on to look at the prison population, the Public Health Outcomes Framework (PHOF) C20 is a national indicator that measures continuity of care for people with a substance misuse treatment need who are released from prison, are referred to, and subsequently engage with a community-based structured treatment provider. There are generally low pick-up rates in London from custody to community. Barnet has a similar pick-up rate to London which is lower than the national rate. Currently this is a focus for public health teams and treatment providers in Barnet and across London. There are various actions which can be taken to address this, including data processes and improved prison link working.



Period	Count	Value
2015/16	24	16%
2016/17	23	21%
2017/18	27	30%
2018/19	17	24%
2019/20	20	27%
2020/21	18	27%
2021/22	13	25%

Figure 72: Adults with substance misuse treatment need who successfully engage following release from prison – 2015/22

***Recommendations**:*

- *The current engagement of rough sleepers by the rough sleeping drug and alcohol team is currently opportunistic. To maximise the service potential it is essential to adopt a more systematic and targeted approach to engage with people with potential substance misuse issues*
- *Whilst there are some innovative initiatives in place to respond to multiple and complex needs, these are currently piecemeal. A CDPB sub-group should be established to review the current SMD provision and draft a report detailing how the system can work more effectively as one.*
- *The SMD sub-group to scope the SMD population and present options for possibly developing a jointly commissioned specific SMD Service or approach such as MEAM*
- *The SMD sub-group to include police representation and a consideration for demand reduction for "blue-light" services.*
- *Further analysis of probation caseload to identify people with problem alcohol use*
- *Monitor prison-link pick up rate from custody and identify actions to remedy*
- *Complete "continuity of care self assessment and audit"xxiv*
- *CGL to work with probation to increase numbers accessing DRR and ATR orders – possible cross border action*

9. Domestic Abuse & Substance Use

Not every domestic abuse victim or perpetrator will experience problematic substance use, and not all problematic substance users will experience domestic abuse victimisation or perpetration. Yet, evidence shows there is a strong association between the two. A case analysis of domestic homicide reviews found that substance use was a common feature of both intimate partner and adult family murders (Sharps-Jeff & Kelly, 2016), and findings by Gilchrist et al (2017) have also shown that domestic abuse perpetration is common among men attending treatment for substance use in England. Both locally and nationally, mental health, substance misuse and a history of domestic violence are often common features in DHR's. Since

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2013, there have been four DHR's published in Barnet, of these, three contained evidence of substance misuse in either the perpetrator, victim or both.

Standing Together conducted a review of DHR's[xxv]. They noted that Mental Health was recorded as the second most common health-related theme in the DHR reports (15 of 24 reports), and that mental health problems may increase vulnerability to intimate partner violence or develop as a consequence of it. Nearly two thirds (15/24) of victims had support needs related to their mental health and the same number of perpetrators also had a history of mental health problems. Depression was the most common mental health issue for both victim and perpetrator and they noted that mental health services will likely come into contact with both victims and perpetrators.

Alcohol and mental health emerged as areas of concern for both victim and perpetrator and should be recognised as an alert for domestic abuse.

Additionally, the report shows how adult family violence is typically perpetrated by the son toward the mother. In these cases, mental health issues and substance misuse are common features of the perpetrator, alongside previous criminality – including threatening behaviour towards women and other forms of violence against women.

In 2021-22, there were a total of 1,378 referrals to Barnet's Independent Domestic Abuse service, Solace. Of these, 7 were referred from the local substance misuse service. No data has been supplied demonstrating the incidence of substance misuse in the wider Solace cohort. A report [xxvi] by Barnet Public Health showed that in 2017/18, less than 5 people were referred to the Solace service from the local substance misuse provider, whilst the number of people identified in the wider Solace cohort in Barnet with co-existing substance misuse issues for the same period was 70 people.

In 2021-22, there were a total of 501 referrals to Barnet's domestic abuse MARAC. (MARAC is a multiagency risk assessment meeting to discuss people at high risk of serious harm from domestic abuse). Barnet data shows that locally 30% of victims suffer from mental health issues, 3% with drug misuse and 5% with drug and alcohol issues. The data also shows that 23% of perpetrators have difficulties with mental health, 14% with drugs, 15% with alcohol and 10% with alcohol and drugs.

	Mental Health	**Drugs**	**Alcohol**	**Drugs and Alcohol**
MARAC – Victims of Domestic Abuse	30% (n = 150)	3% (n = 15)	Not supplied	5% (n = 25)
MARAC – Perpetrators of Domestic Abuse	23% (n = 115)	14% (n = 70)	15% (n = 75)	10% (n = 50)

Figure 73: Incidence of mental health and substance use in victims and perpetrators of domestic abuse, Barnet MARAC, 2021-22

The Barnet RISE Mutual Perpetrator Programme engaged with 29 people (almost exclusively male) in 2022/23. Unfortunately there is no data available on co-existing substance misuse issues in this cohort.

This data tells us a number of things. Firstly, it is apparent that people (particularly females) experiencing domestic abuse who have co-occurring substance misuse issues are either not accessing treatment services effectively, or that domestic abuse is not being identified successfully in treatment services.

Furthermore, the proportion of people (almost exclusively female) identified in MARAC with substance misuse is much higher than the Solace service. This indicates that as risk escalates, as does the likelihood

that a victim will also be misusing substances, demonstrating the importance of identifying victims of domestic abuse with co-occurring substance misuse at a much earlier time.

Finally, the incidence of substance misuse in perpetrators of domestic abuse is high. It is not known whether these individuals are accessing substance misuse treatment services and it is often difficult to proactively engage them in treatment. Risk assessment often focuses on the safety of the survivor of domestic abuse and there is often little engagement with the perpetrator.

***Recommendations**:*

- *The partnership to consider mechanisms for assessing whether a perpetrator of domestic abuse has co-occurring substance misuse issues and pathways into suitable support.*
- *The partnership to consider whether there is suitable access to "healthy relationship" programmes for people misusing substances – these should address intimate partner and familial abuse.*
- *Local Substance Misuse provider to consider whether domestic abuse is routinely and proactively explored*

10. Achieving a generational shift in the demand for drugs

The third priority of the national drug strategy is to "achieve a generational shift in the demand for drugs." At a national level, it is expected this will be achieved through:

- an improved understanding of what works through investing in research,
- targeting people found in possession of illegal drugs with 'more meaningful consequences',
- improving prevention and early interventions via schools, and
- providing early, targeted support including to families.

Work is planned or underway in each of these areas.

In July 2022, the government published the white paper 'Swift, Certain, Tough: New Consequences for Drug Possession.' This set out some of the government's proposals to sanction people found in possession of illegal drugs but who were not considered to need to access treatment services i.e. 'recreational' users. Children are out of scope of the proposed legislation. The consultation on these proposals closed in October 2022, and at the time of writing (February 2023) the consultation findings and government response have yet to be published.

Nationally, it is expected that outcomes will be measured using a range of metrics including:

- Proportion of individuals using drugs in the last year
- Acceptability of drug use
- Impact of drugs on children and families
- Families and safeguarding

The United Nations Office on Drugs and Crime, alongside the World Health Organisation, published the International Standards on Drug Use Prevention (UNODC, 2018, second edition), a summary of a large-scale international review of evidence on prevention of substance misuse. The Standards provide guidance on the characteristics of evidence-based interventions. The first edition of the Standards, published in 2013, was summarised by Public Health England in 2015 with a view to highlighting sections with most

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relevance and evidence of implementation in England. This remains a relevant reference document for partnerships in England.

The following interventions are highlighted as having good evidence of effectiveness when implemented in line with the relevant guidance:

- Parenting skills programmes
- Early childhood education
- Personal and social skills education
- Classroom management
- Prevention education
- Alcohol (and tobacco) policies
- Brief intervention
- Workplace prevention
- Multi-component programmes involving parenting interventions and support for individuals and families

School-based prevention programmes

PSHE (Personal, Social, Health and Economic education) is a school curriculum subject which helps pupils develop the knowledge, skills and attributes to stay healthy and safe, now and in preparation for their adult life. PSHE is also the curriculum subject through which statutory Relationship Education (primary) and Relationships Sex Education (RSE - Secondary) and statutory Health Education (Primary and Secondary) content is delivered in most schools. Effective delivery of PSHE/RSE education helps pupils to achieve their health potential through providing a broad and balanced life-skills learning programme.

The aim of teaching children and young people about alcohol and other drugs is to support them in delaying first substance use, reduce harm, and prevent the development of harmful patterns of substance use in adulthood. This also aims to reduce the impact of health (physical and mental) and social consequences that can impact upon an individual's quality of life and future aspirations, and to promote positive health and wellbeing[xxvii]. Effective teaching about alcohol and other drugs through PSHE education should be implemented as one aspect of a wider whole-school approach.

The joint guidance from UNESCO, UNODC and WHO identifies the following practices as beneficial in supporting preventative education[xxviii]:

- School environments that promote healthy and positive friendships between children and young people, a positive relationship with the school, and that create links between the school and the local community, contribute to protective factors that reduce substance use.
- Substance-free school premises with a supporting policy that prohibits the possession, use and distribution of substances by all members of the school community, including staff, as their positions as role-models within the school can influence pupils perceived norms.
- Universal teaching of age-appropriate knowledge regarding substance use, alongside development of personal and social skills and attitudes relating to substance use that help to protect children and young people from harm.
- Selective pastoral intervention for pupils at higher risk of, or already involved in, substance use, following key guidance such as the NICE guidance on targeted interventions[xxix].

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- A substance policy outlining sanctions in response to substance-related incidents that keep pupils in school, such as in-school suspensions or withdrawal of privileges. This is in contrast to measures that increase pupil contact with the criminal justice system and include out-of-school exclusions, as these can increase antisocial behaviour and interrupt the supportive link between pupil and school.
- Balanced approaches to substance-related incidents in which sanctions keep the pupil in school, whilst focussing upon health-promotion in which internal or external sources of support, such as young people's drug services, health and social services and/or counselling, are signposted.

Risk taking behaviours like taking drugs, drinking alcohol, smoking and truancy tend to 'cluster' together, and the reasons for this are complex. Risk factors such as living in poverty, family difficulties and bullying can lead to disengagement from school, which in turn increases the likelihood of disruptive behaviour, drug smoking, drinking and drug use. The whole school community therefore has a key role is preventing or delaying harmful use of drugs in children, young people. (PHSE Association – Drug and alcohol education)

Most of PSHE education became statutory for all schools from September 2020 under the Children and Social Work Act 2017[xxx]. This includes Relationships Education at key stages 1 and 2, Relationships and Sex Education (RSE) at key stages 3 and 4, and Health Education in both primary and secondary phases. The Department for Education published Statutory Guidance[xxxi] for RSE and Health Education in June 2019 and it sets out requirements in relation to teaching about tobacco, alcohol, prescription medicines and illicit drugs. While this guidance sets out what schools must cover from September 2020 the DfE explains that schools should not just 'teach to the guidance' but see it as the basic requirement which forms part of broader PSHE education. The statutory guidance outlines what schools *must* cover – though not everything that schools *should* cover.

All schools have a statutory obligation to deliver the drugs, alcohol and tobacco education (DATe) elements of the RSE and Health Education guidance as well as DATe content which falls under the National Science Curriculum for KS1 to 4- see appendix.

The Department for Education (DfE) statutory guidance for Health Education states, in the secondary content, that pupils must know; "the physical and psychological consequences of addiction, including alcohol dependency".

Primary:	-The facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use, and drug taking
Secondary*:*	- The facts about legal substances and illegal substances, including drug-taking, and the associated risks, including the link to serious mental health conditions. -The law relating to the supply and possession of illegal substances. -Awareness of the dangers of drugs that are prescribed but still present serious health risks.

Source: Relationships Education, Relationships and Sex Education and Health Education guidance

Schools do not have to have a policy for Health Education, or for broader PSHE education, but it is recommended as good practice and to make the links to the RSE policy which is required under the Children and Social Work Act 2017 - PSHE Assoc. guidance on creating a PSHE education policy for your school.

Summary of the Barnet Public Health support for PSHE

The main responsibility for PSHE delivery firmly sits with each school. However, Barnet Public Health Start and Grow Well Team help schools through supporting delivery of the health and wellbeing components and other wider topics of the curriculum. Working closely with Barnet Education Learning Services (BELS),

School Nurses and other partners, Barnet Public Health facilitate, directly and through commissioning, health education and improvement specialists to help support schools in their delivery of topics such as healthy eating, physical activity, mental wellbeing, sexual health, tobacco and substance misuse and can sign post to key resources and sources of support. Public Health also contribute to health impacts of wider topics such as safeguarding, economics and environment.

Barnet Start and Grow Well Team commission Health Education Partnership to deliver the PSHE support to both primary and secondary schools. This support includes:

- PSHE leads network with termly meetings and involving sharing good practice and learning/ training as relevant. (Has included in the last year, partner presentations from Change Grow Live – promoting the drugs services available to schools, parents and young people)
- Annual programme of workforce development sessions to build skills and confidence (including the training – Good Practice in Drugs, Alcohol and Tobacco education)
- School leadership information and support- providing updates to head teachers and school governors
- Parent engagement supporting schools to effectively engage with parents
- Resource signposting through newsletters topic focus papers
- PSHE resource lists (Primary/Secondary) which list, mainly free, resources to support the teaching of PSHE organized by topic from the statutory guidance,
- Schools have access to the HEP PSHE and Wellbeing framework which maps out suggested planning for PSHE which covers both the statutory elements of the DfE Guidance and the non-statutory elements of an effective PSHE Curriculum (including a skills map of DATe)

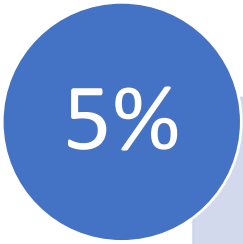
Barnet Start and Grow Well Team also commission Brook to deliver support on the RSE components as part of the Sexual Health Education contract. Relationships and Sexual Health education This support involves:

- Annual programme of workforce training supporting staff skills and confidence
- Direct support to schools where relevant to help plan RSE delivery
- Community based workforce development
- C Card training and scheme support
- My Life 1:1 support of young people
- Health promotion campaigns including digital platforms (Netreach)

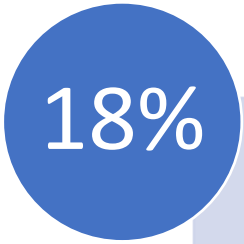
See Appendix 2 for further information on the breadth of PHSE provision in Barnet.

Schools are an important part of any young people's drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded and or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

Exclusion and suspension data[xxxii] for Barnet was reviewed. The suspension and exclusion rates in Barnet are similar to England. When looking specifically at suspension and exclusions relating specifically to drug or alcohol use, in Barnet 5% of school suspensions relate to drug and alcohol use, similar to 3% in England. However, 18% of exclusions relate to drug and alcohol use, higher than the England rate at 8%. As it is likely that substance misuse is identified as a precursor to exclusion in previous suspensions, this indicates that more can be done to address substance misuse in school settings.



Barnet school **suspensions** are due to substance misuse



Barnet school **exclusions** are due to substance misuse

***Recommendations**:*

- *Identify what support is required from schools to develop and implement policies for health education, including elements of UNESCO, UNODC and WHO guidance noted above.*
- *Audit current schools coverage and identify priority schools for engagement*
- *Education settings to review school referral pathways to treatment services, particularly where substance misuse has been identified as a reason for suspension.*

Identification and Brief Advice (IBA) - Drinkcoach

Evidence shows that brief interventions consisting of one-to-one counselling sessions that can include follow up sessions or additional information to take home are a highly effective prevention interventions. These can be delivered by a variety of trained health and social workers to people who might be at risk because of their substance abuse, but who are not necessarily aware of their risk nor are seeking treatment. The sessions are structured, and last typically from 5 to 15 minutes and can be delivered in primary health care or in emergency rooms, but it can also be part of school/workplace-based programs and delivered online.

Currently Barnet's brief intervention is delivered via the DrinkCoach service. The service encourages residents to complete an (AUDIT) alcohol test and gives advice and information based on the person's score. For those eligible, it also offers access to one-to-one virtual "coaching" sessions from a trained counsellor.

The AUDIT (Alcohol Use Disorders Identification Test) is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous use.

For the 12 month period of January 2022 to December 2022 there were:

- 5,348 visits to the Drinkcoach test
- 1,647 AUDIT's complete
- An estimated £22,032 cost saving. Savings for the period are based on the PHE estimate of £27,000 savings to the health and care economy for every 1,000 increasing risk/higher risk drinkers who receive identification and brief advice (IBA)

Residents are directed to the Drinkcoach website from a variety of sources, but the main driver is social media promotion, account for 75% of traffic to the website. A small number of residents are directed from other local organisations including the local treatment provider, health professionals and workplace events.

The breakdown of age and gender is interesting as unlike the treatment population, there is an almost equal number of completions for females and males. This may emphasise that females experience more

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barriers to accessing face to face treatment services. Also, the age breakdown for completion of audit is noteworthy as there is a particularly high number of completions in those aged over 55 and under 24, unlike the main treatment service. This may indicate that the Drinkcoach service is reaching a different demographic. This age group is also working age and therefore could suggest the usefulness of Drinkcoach in workplace interventions.

Gender Breakdown	
45% Female	55% male

Figure 74: Audit completion by gender, January- December 2022

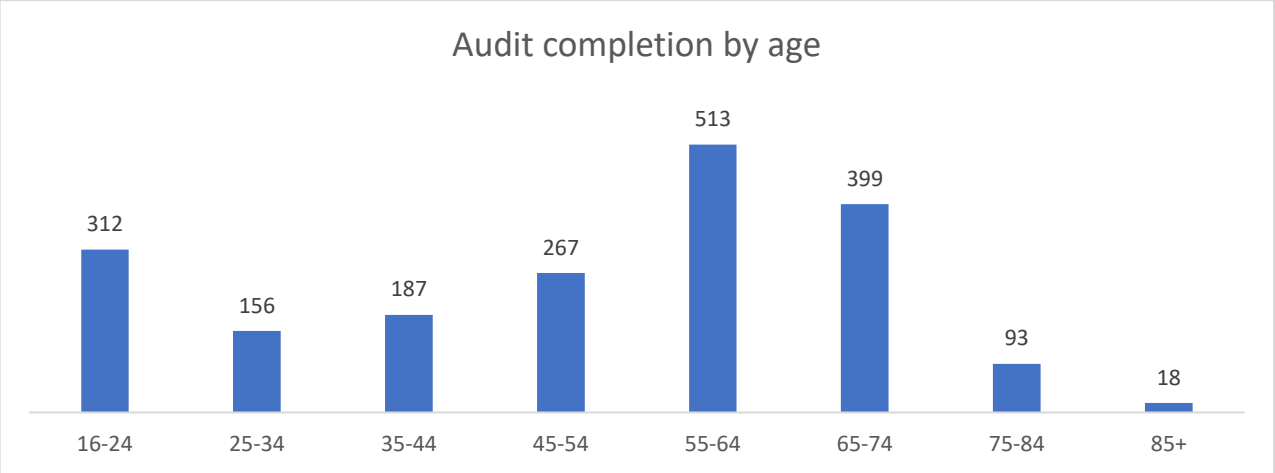

Figure 75: Audit completion by age, January- December 2022

It is also possible to view Audit completion by ward. This however is not a mandatory category and is only available for 37% of respondents. It is interesting to note the high numbers in the east of the borough in wards such as Brunswick Park and East Barnet, this may be reflective of the difficulties accessing the main treatment services for this part of the borough.

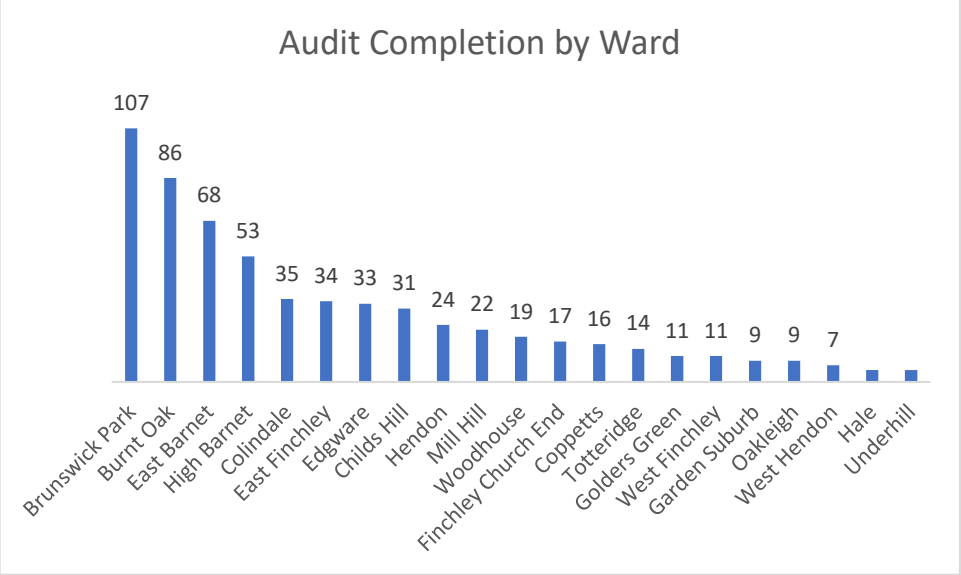

Figure 76: Audit completion by ward, January- December 2022

Moving on to look at a breakdown of scores, the highest number of completions are in the increasing risk category, highlighting the effectiveness of this tool as an early intervention mechanism. Furthermore, those identified as possibly dependant is surprisingly high, a total of 388 people. These individuals should be presenting to treatment services.

Low Risk Audit's Completed		Increasing Risk AUDIT's Completed	
480	29%	623	38%
Higher Risk Audit's Completed		Possible Dependence Audit's	
193	12%	388	24%

Figure 77: Audit completion by risk score, January- December 2022

Following completion of the Drinkcoach AUDIT test, users are directed to engage in a follow up activity based on their risk categories. For the 12 month period, the following outcomes were achieved.

Drinkcoach Outcomes (Number of service users 1,647)
10 people downloaded the Drinkcoach app for further support
43 people accessed online coaching
65 people used the "find support near you" tool
90 people accessed further information

Figure 78: Audit outcomes, January- December 2022

The Drinkcoach service us a useful prevention/early intervention service which is reaching a different cohort of residents to the local treatment service. It is important to consider how this reach can be further maximised and explore opportunities for improving uptake of ongoing interventions.

***Recommendations**:*

- *Consider options for expanding Drinkcoach reach, exploring options for a workplace offer and work with provider to increase uptake of follow up interventions.*
- *Consider other options for brief interventions, including delivery of Alcohol: applying All Our Health to health and care professionals*

Workplace

Alcohol, drug and tobacco use are both contributors and causes of short and long term for a considerable proportion of people of working age. In England in 2015 there were an estimated 301,000 potential years of life lost due to alcohol and 360,000 due to tobacco in people aged under 75.

Employers can take various actions to address Workplace wellbeing and the Business in the Community toolkit identifies some specific actions relating to substance use.

***Recommendations**:*

- *The partnership to consider actions to address substance misuse in the workplace.*

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Alcohol Licensing

Alcohol licensing guidance for public health teams was produced in 2017. The guidance helps public health teams understand their role as a responsible authority and provides a step-by-step guide to making representations to a licensing authority. It also brings together nationally available data and materials to support local authorities in accessing and using a range of databases and tools for mapping data and evidence for licensing. Barnet Public Health have recently re-established a closer working relationship with Barnet Licencing teams and are developing mechanisms for reviewing applications.

There are also a variety[xxxiiixxxiv] of resources available to support partnerships to reduce alcohol related crime, disorder and anti social behaviour in licences premises.

Recommendations:

- *Barnet Public health to review their role in as a responsible authority and establish a process for reviewing applications and applying public health data*

Recommendations:

- *The partnership to consider options for further developing interventions for addressing crime and ASB in licensed premises*

Parental Substance Misuse

Evidence Summary[xxxv]

Problematic alcohol or drug use by an adult is a risk factor for children with whom the adult shares a home. Across England, in 2019/20, around one in six completed child in need assessments found alcohol and/or drug misuse by an adult member of the household to be a risk factor. Additionally, between 2014 and 2017, parental problem alcohol and/or drug use was recorded in over a third of serious case reviews[1] in England.

Harm caused by parental substance misuse can be both direct (e.g. physical impacts of alcohol or drug use during pregnancy) and indirect (e.g. increased risk of gang membership and offending) and may continue through the life course. Services which are called upon to respond include social care, housing, child and adolescent mental health services, GPs, health visitors, and the criminal justice system, as well as substance misuse treatment services.

Research shows that children of parents who misuse alcohol and drugs are at increased risk of themselves developing substance misuse problems. This risk is increased if both parents misuse substances. This intergenerational cycle of substance misuse and its associated impacts, both to individuals, families and wider society, provides a strong case for the provision of early, evidence-based interventions with parents and their children.

The presence of protective factors can prevent harm to children living in these households. Such factors include one parent not having a substance misuse problem, the adult(s) engaging with substance misuse treatment, and the social skills and personal resilience of the child (e.g. emotional regulation, self-reflection, ability to express emotions). The provision of evidence-based services to adults and children can prevent or reduce the negative impacts of parental substance misuse.

An additional protective factor is having a close positive relationship with an adult in a caring role. For some children, this may be within a kinship carer situation. It is estimated that 46% of kinship carers are looking after children as a result of parental drug misuse, and 32% as a result of parental alcohol misuse.

[1] These reviews were completed when a child had died or suffered serious harm.

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This has wider economic and personal impacts, for example over half of kinship carers give up paid work to look after children.

Recommendations:

- *The partnership may wish to consider whether evidence-based parenting skills programmes are provided and accessed by parents in contact with, or who would benefit from, substance misuse treatment services.*
- *The partnership may wish to consider whether evidence-based personal and social skills education and interventions are provided and accessed by children and young people affected by an adult's substance misuse.*

Summary of Barnet Data

Child in Need Assessments

In 2019/20, child in need assessments found 308 instances of parental or other adult's alcohol misuse being a risk factor, and 291 instances of drug misuse as a risk factor. This represents slightly lower rates than the national average, but higher than benchmark area[2] averages (see figure 74).

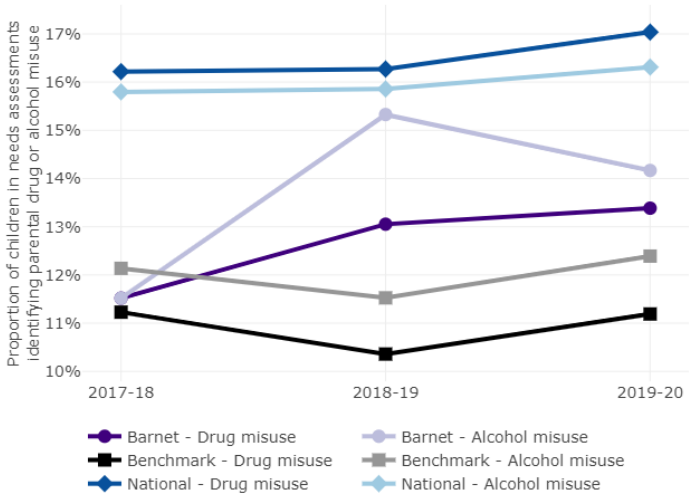


Figure 79: Proportion of child in need assessments identifying drug or alcohol misuse by a parent or other adult living with the child as an issue[xxxvi]

Recommendation:

- *The partnership may wish to consider whether information sharing and referral pathways from child in need assessment to substance misuse treatment services are effective.*

Estimates from the Children's Commissioner[xxxvii] found that in Barnet, around 6,100 children live in households where a parent suffers domestic abuse, and around 3,200 live in a household where a parent suffers from drug or alcohol dependency. It is not possible to determine the co-occurrence of these issues to determine how many children live in households with both issues present.

[2] Barnet's benchmark areas are Redbridge, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Kingston upon Thames, Merton, Richmond upon Thames, Sutton, Wandsworth, Harrow, Hillingdon, and Hounslow

People in Substance Misuse Treatment

As shown in figures 75 and 76, most adults presenting to drug or alcohol treatment in 2021/22 were not parents and had no contact with children. These rates were higher in Barnet than the national averages. Of those presenting to drug treatment, 66 (16%) were parents living with children, the corresponding figure for alcohol treatment was 58 parents (24%). In both groups, the rates of parents not living with children were substantially below national averages.

Recommendation:

- *The partnership may wish to consider whether opportunities exist to improve referral pathways into substance misuse treatment for parents who do not live with their children.*

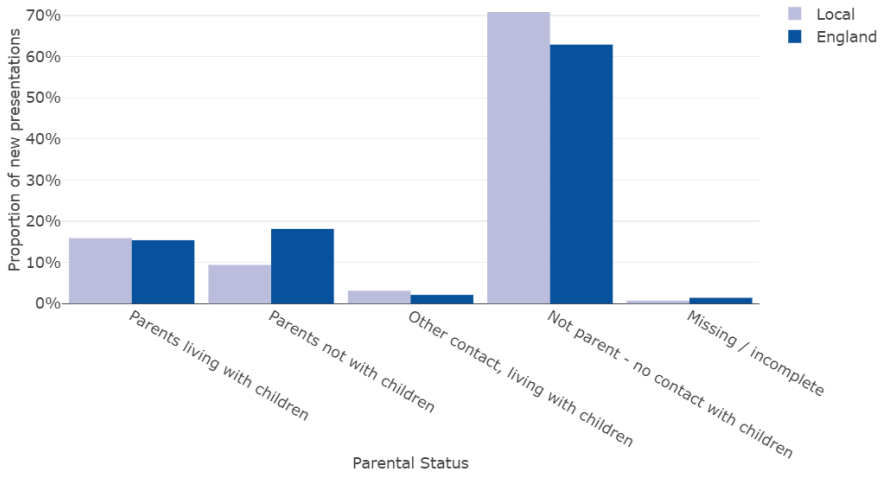


Figure 80: Proportion of adults presenting to drug treatment by parental status, Barnet and England, 2021-2022

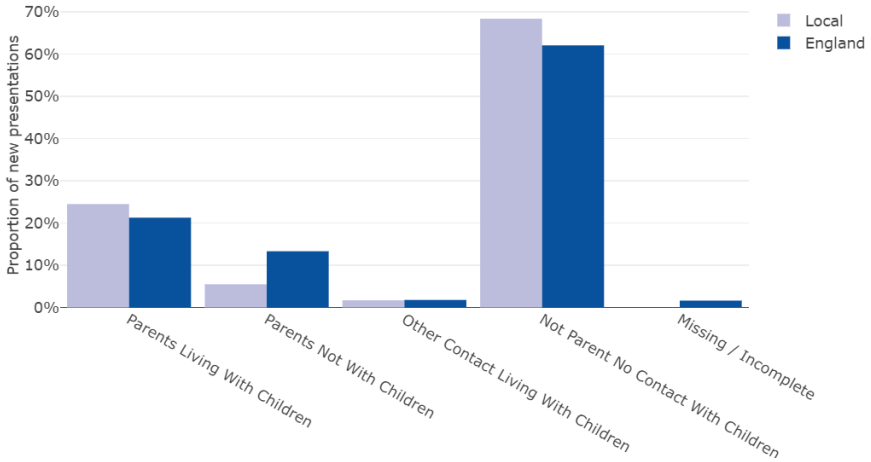


Figure 81: Proportion of adults presenting to alcohol treatment by parental status, Barnet and England.

Referrals routes from children and family services or social services to substance misuse treatment appeared to be functioning relatively well for parents and other adults living with children, with referral rates ten percentage points above the benchmark average (19% versus 9%). However, there appears to be a gap in the provision of early help / child social care support to these people, with 59% who entered treatment in 2019/20 reporting they received no such support. This may be a missed opportunity for early

intervention with families. Similarly, of parents not living with their children, 68% reporting they were receiving no early help or child social care support.

A total of 127 children were reported to be living with drug users who entered treatment, and 112 children lived with alcohol users who entered treatment in 2021/22. Of these children, like the adults entering treatment in 2019/20, most were reported to be receiving no early help or contact with children's social care (see figures 77 and78).

***Recommendation**:*

- *The partnership may wish to consider whether opportunities exist for collaborative assessment and improved referral pathways for families which may benefit from early help or child social care support.*

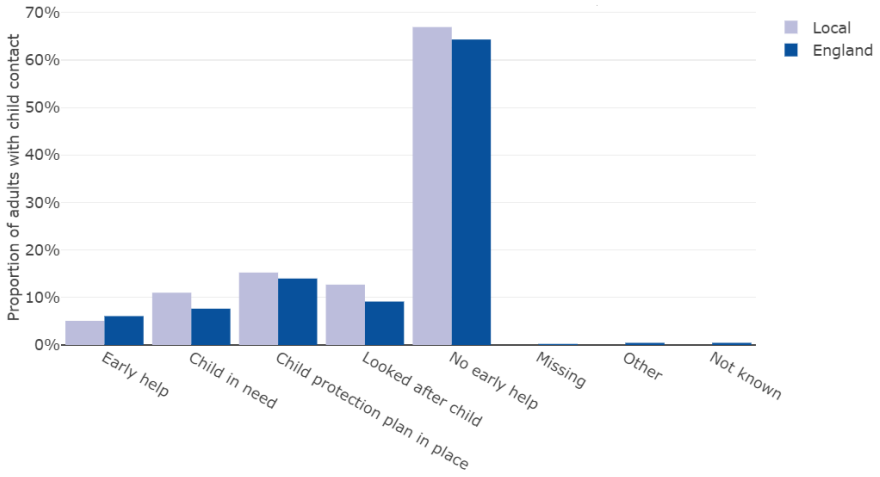


Figure 82: Proportion of drug misuse client's children receiving early help or in contact with children's social care, Barnet and England.

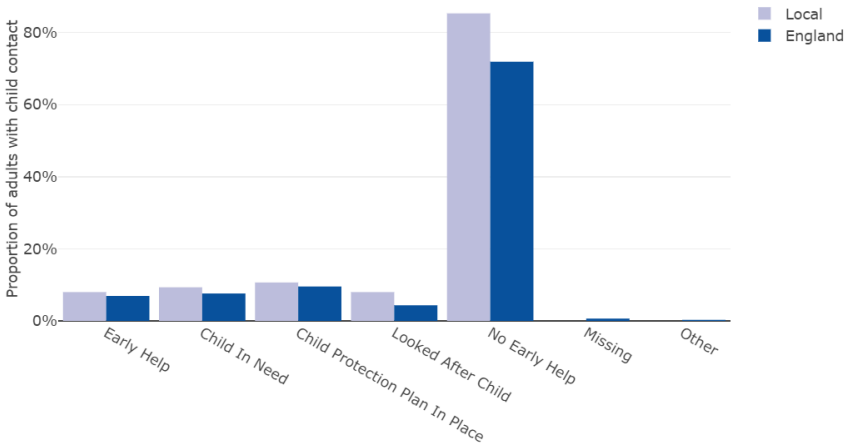


Figure 83: Proportion of alcohol misuse client's children receiving early help and children's social care, Barnet and England.

4% of new female presentations to drug treatment were pregnant (national average 5%). No women presented to alcohol treatment while pregnant (national average 1%).

At 5%, the reported rate of current injecting was relatively high among parents and other adults living with children (benchmark average 2%). This is also a higher rate than for any other group (parents not living

with children, not parents and not living with children). The potential presence of injecting equipment in the home presents additional risks to children.

Recommendation:

- *The partnership may wish to consider whether there are any opportunities to further support people who inject substances to minimise risks to children with whom they live.*

Parents Not Yet in Substance Misuse Treatment

Based on 2018/19 estimates, in Barnet in 2019/20 there were 485 alcohol dependent adults living with around 917 children, who were not receiving treatment. The rate of unmet need is 86% (see figure 79), substantially higher than the benchmark areas rate of 75%.

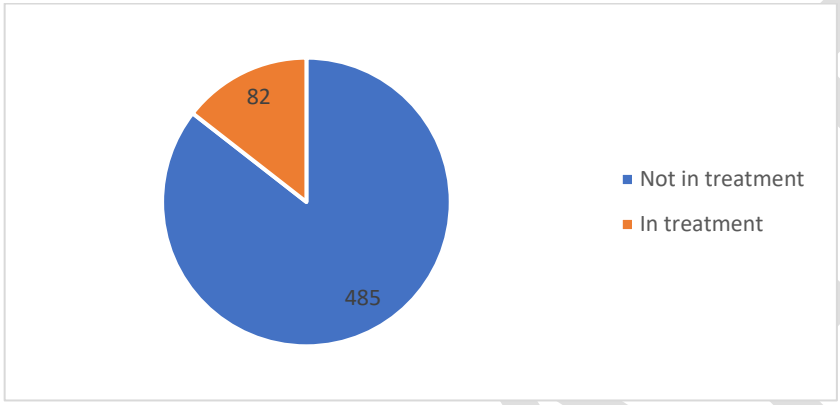


Figure 84: Estimated number of alcohol-dependent adults living with children, in treatment and not in treatment.

Based on 2014/15 estimates, in 2019/20 there were 291 opiate-dependent adults were living with children and not receiving treatment. An estimate of the number of children living with these adults is not currently available. This rate of unmet need is 83%, substantially higher than the benchmark areas rate of 70%. This presents a significant opportunity to intervene at an early stage to have a positive impact on the lives of both adults and children.

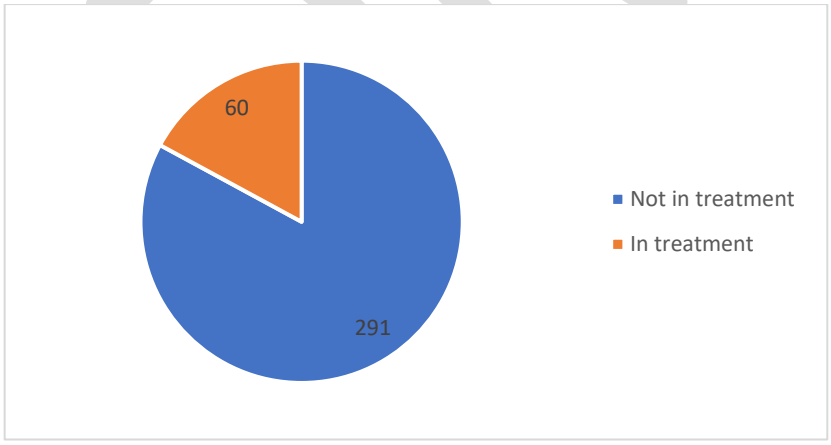


Figure 85: Estimated number of opiate-dependent adults living with children, in treatment and not in treatment.

Recommendation:

- *The partnership may wish to consider what opportunities exist to provide substance misuse interventions to parents and other adults not currently in treatment.*

Looked After Children (LAC) in Treatment

The 2022/23[3] 'young people substance misuse commissioning support pack' (OHID, 2022) contains information on the needs of young people (under 18 years) in Barnet, including substance misuse treatment service data and information from the Department for Education.

Within Barnet in 2020/21, there were 217 'children looked after' for at least 12 months. None of these children were identified as having a substance misuse problem, compared with an England average of 3%. Given this finding, it is unsurprising that there were no referrals which translated into children entering substance misuse treatment from children looked after (LAC) services in Barnet, though there were 12 referrals from other social services.

***Recommendation**:*

- *The partnership may wish to consider whether the current assessment process for looked after children effectively considers substance misuse issues.*

Young Carers in Treatment

In 2020/21, there were no young people in treatment who reported either being a parent or living with young people in a parental-style relationship. Additionally, no young people in treatment reported being pregnant at the start of treatment. Across the 69 young people in treatment in 2020/21, it was reported there were a total of 55 other children living in their household (some may have been living with more than one other child, so this does not necessarily represent 55 separate households).

Most young people in treatment in Barnet reported receiving no early help or children's social care support (67%). No young people received early help (national average 10%). There was a substantial difference in social care support received by gender, with 39% of males receiving some support (child in need designation or having a child protection plan in place), but only 20% of females receiving similar support (all with child in need designation). Nationally, 42% of females receive some form of early help or social care support.

Young people who entered substance misuse treatment in Barnet in 2020/21 reported a range of wider vulnerabilities, some of which appear to be related to household situations. These included:

- 10% young people affected by domestic abuse
- 10% young people affected by other' substance misuse
- 13% young people considered to be a child in need
- 13% children with a child protection plan
- 3% looked after children

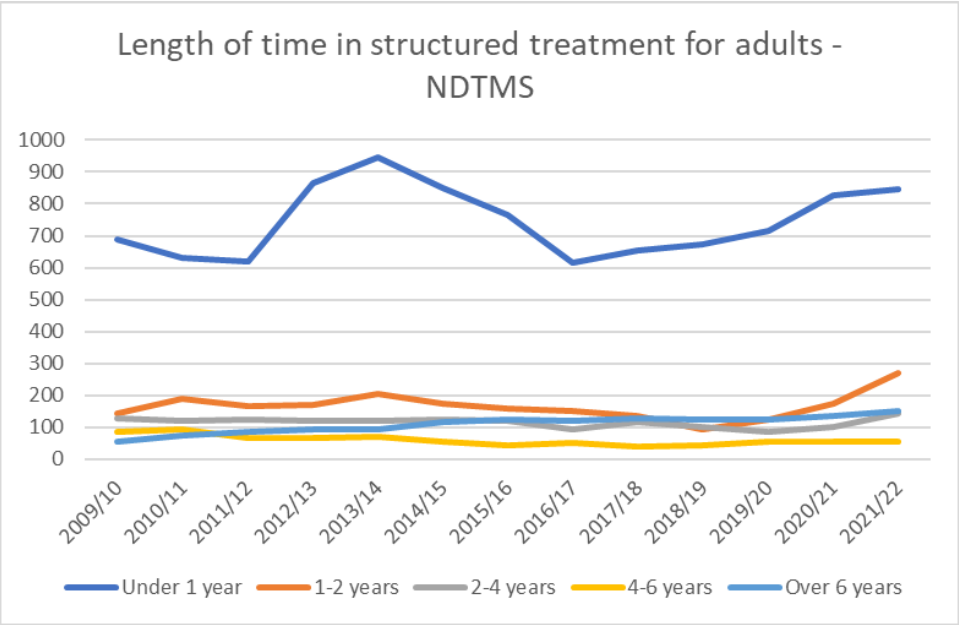
***Recommendations**:*

- *The partnership may wish to consider whether there are opportunities to improve the provision of early help or children's social care support to children in treatment and other children in their households.*
- *The partnership may wish to consider whether there are substance misuse training needs in the social work workforce*

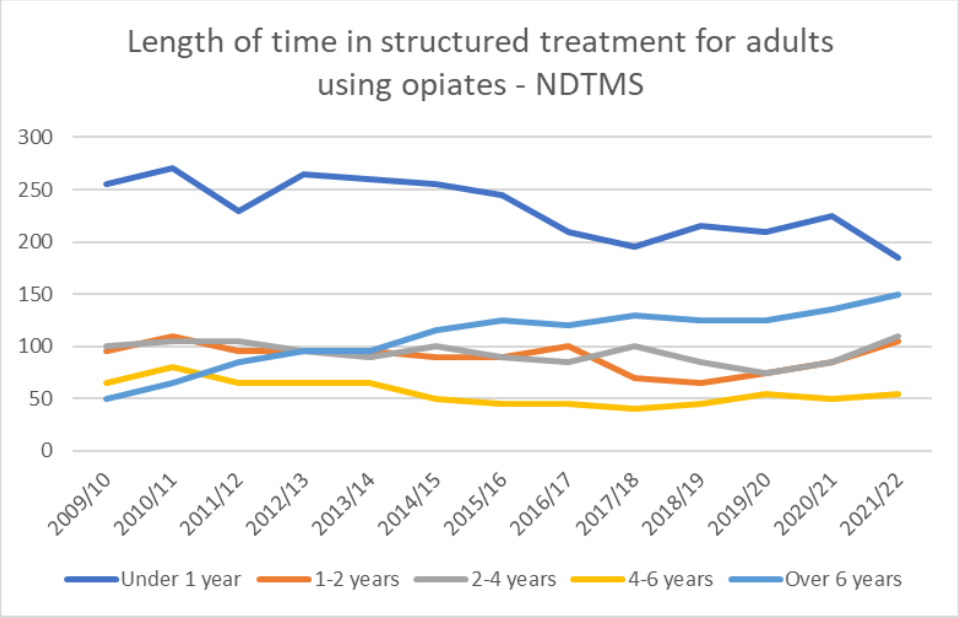
[3] At the time of writing (February 2023) the 2023/24 version had not been published.

11. Appendix 1 – Time in treatment data

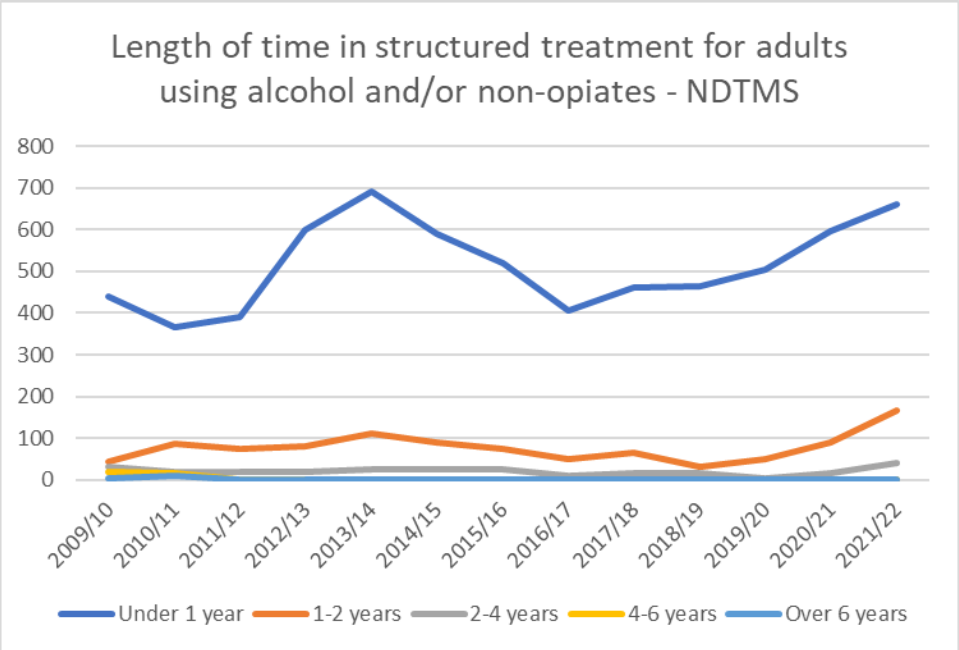
From 2009-10 to 2021-22, the majority of adults have been in structured treatment for under 1 year.



Since 2011-12, all the adults who had been in treatment for more than 6 years were being treated for opiate use, and the size of this group has increased year by year. Over the same period, there has been a downward trend in adults who have been in opiate treatment for under 1 year, indicating that fewer new episodes of opiate treatment are starting.



In contrast, most adults in structured treatment for non-opiate and/or alcohol use have been in treatment for 2 years or less.



12. Appendix 2 – Barnet PSHE Provision

Barnet Partners in PSHE Provision

The breadth of the PSHE curriculum can lend itself to opportunities for developing local educational partnerships and bring into schools' new perspectives and contributions from local and other professionals, services and voluntary organisations including:

BELS: Barnet Education and Learning Service (BELS) provides traded services to schools and settings in Barnet and Greater London, equipping them with the latest tools, trainings, and programmes to improve school standards and pupil outcomes. Also manages safeguarding incidents through the dedicated safeguarding leads and local protocols. BELS offer services such as BPSI and Connect	**Barnet Partnership School Improvement (BPSI):** BPSI aims to support schools by delivering a high-quality training programme and consultancy support, as well as facilitating the sharing of good practice between schools and settings. This is a traded service under BELS
Health Education Partnership: in Barnet, HEP have been commissioned to support Healthy Schools London and PSHE delivery within primary and secondary schools. HEP can offer schools access to free resources library, Primary and Secondary PSHE framework documents, Secondary School PSHE leads network and a wealth of expertise in health education and improvement. The HEP resource library can provide an initial list of potential providers	**Brook**: Brook services are commissioned by Barnet Public Health to offer RSE workshops, workforce training and 1:1 support.
School Nurses – each school will set up a School Partnership Agreement (SPA) which typically lasts for 2 years and sets out the support that can be expected from the School	**Other Council Services**: ○ Prevent programme ○ Vulnerable adolescent services ○ Early Help Hubs

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Nurse service in relation to PSHE as well as other school nurse services. School Nurse service in Barnet is provided through Solutions 4 Health.	○ Barnet Integrated Care Services ○ GLL assemblies and other physical activity support ○ Safeguarding
NHS and other partners: A range of services such as Oral health; Healthy Weight Nurses, School Safe Team (metropolitan police), Barnet partnership for School sports	**Voluntary Organisations**: there is a wide range of voluntary organisations who can support often specific topic based PSHE provision. As an umbrella organization- Young Barnet Foundation- Barnet Together Young Barnet has a school's membership which can support schools with developing links with local VCFS groups – YBF School Partnership Specific VCFS organisations may directly or indirectly support drugs prevention education. OUR MEMBERS | youngbarnet (youngbarnetfoundation.org.uk) • Hestia • Addiction helper • Frank • Adfam • Casus • Change Grow Life • Drugwise • Keep your head – Substance misuse • Rise Above Drinking, Smoking, Drugs Articles • Talk to Frank • The Mix Essential Support for Under25s • youngminds.org Parents Guide to support Drugs and Alcohol

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