

Public Health

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Report of: Director of Public Health

Meeting of: Health Scrutiny Committee

Date: 15 April 2024

Ward(s): all wards

Subject: Overview of services for people that use drugs or alcohol in Islington

1. Synopsis

- 1.1. Islington commissions a range of services to meet the needs of people that use drugs or alcohol. This paper summarises the population need, the national policy context, the services available, and recent and current delivery plans.

2. Recommendations

- 2.1. To note the contents of this report, including the treatment and support services available in Islington and recent and current service delivery plans, the current areas of national and local focus, and Islington's progress against the National Drug Strategy objectives.
- 2.2. To note the increases in people accessing treatment and improvements in the numbers of people accessing community treatment when leaving prison.
- 2.3. To note and support the recent and planned actions to reduce the risk of drug related deaths, to expand peer-led work and service-user involvement, and to work more effectively with communities to reduce inequalities in take up of services.

3. Background

- 3.1. Alcohol and drug use remain an important cause of preventable harm in Islington. As well as affecting health and wellbeing, it has social, housing, economic, crime and community safety impacts affecting individuals, families and communities, and is a cause and consequence of health inequalities. Understanding and reducing the health harms of drug and alcohol use is a longstanding area of focus for Public Health.

- 3.2. Responsibility for drug and alcohol misuse services transferred to local government as part of the NHS and public health changes under the Health and Social Care Act 2012. Services in Islington are provided through the NHS by Camden & Islington NHS Foundation Trust (in partnership with third sector organisation Humankind) – Better Lives, in primary care through general practice and community pharmacies, the community and voluntary sector, and Islington Council.
- 3.3. In December 2021 the Government published a 10- year, national drug strategy [From Harm to Hope](#) (“the strategy”). The strategy outlines the Government’s ambition to break drug supply chains, develop a world class drug and alcohol treatment system, and to achieve a generational shift in demand for drugs.
- 3.4. The strategy, which responds to [Professor Dame Carol Black’s independent review of drugs](#), is regarded as the first national drugs strategy which is cross-government, setting out its vision and requirements for how public services need to work together to address shared goals. The strategy was followed by detailed guidance for implementation, including requirements for local partnership arrangements (establishment of “Combating Drugs Partnerships”), and development of local delivery and spending plans to meet national programme objectives.

4. Population health need

- 4.1. Risk factors for drug and alcohol use can include social, environmental and behavioural elements. How these factors interact is complex and not predictive of outcomes in any one individual. There is a strong correlation between addiction and trauma, and people with drug and alcohol needs are more likely to have experienced adversity in childhood or adolescence than those who do not use drugs or alcohol. Economic factors, such as economic downturns and rates of long-term unemployment or worklessness, have also been observed to increase population level needs. There are significant overlaps between drug and alcohol needs and several mental health conditions. Drug and alcohol use is associated with homelessness, including rough sleeping, contact with the criminal justice system, and with exploitation.
- 4.2. It is estimated that in 2019/20, Islington had the highest prevalence of opiate and/or crack cocaine use (OCU) in London (rate of 21.5 per 1,000 population), and the 5th highest prevalence out of all local authorities in England¹. The next highest estimated rates of OCU prevalence in London in 2019/20 when estimates were last produced were in Haringey (20.4 per 1,000 population), Enfield (18.6 per 1,000 population), and Hackney (15.4 per 1,000 population). In England, the rate of opiate and/or crack cocaine use was 9.5 per 1,000 population in 2019/20. The breakdown of this was a rate of 4.6 per 1,000 population for

¹ Prevalence estimates are provided by the Office for Health Improvements and Disparities (OHID) and the UK Health Security Agency (UKHSA). The modelling incorporates 3 data sources – National Drug Treatment Monitoring System (NDTMS) information on people in community drug treatment, criminal justice system information on arrest records and drug treatment in prisons, and drug-related mortality information from the Office for National Statistics’ (ONS) mortality register. The City of London was excluded from this analysis due to skewed rates secondary to a small number of residents.

opiates only, 3.6 per 1,000 population for both opiates and crack, and 1.3 per 1,000 population for crack only.

- 4.3. Modelled prevalence data suggests there were an estimated 3,960 opiate and/or crack cocaine users in Islington in 2019-2020, at a rate of 21.5 per 1,000 population. Use among males was four times higher than among females (34.3 per 1,000 population vs 8.4 per 1,000 population). Of the 3,960 estimated users of opiate and/or crack cocaine in Islington in 2019-2020: 1,911 used both opiates and crack cocaine (48%; rate of 10.4 per 1,000 population); 1,564 used opiates only (40%; rate of 8.5 per 1,000 population); 485 used crack only (12%; rate of 2.6 per 1,000 population).
- 4.4. Across London, there was a substantial increase in the estimated number of people using opiates during the latter half of the last decade. The estimated use of opiates and/or crack cocaine in Islington is thought to have increased between 2016 and 2020 from 2,777 to 3,960 estimated users. This increase appears to be linked to an increase in opiate use. Indeed, there was an estimated 4% decrease in users of crack cocaine only in Islington between 2018-19 and 2019-20, from 505 to 485 estimated users. The trends in Islington are consistent with those modelled across London, but there are estimated to be substantially more opiate and/or crack cocaine users in Islington than across London as a whole (21.5 per 1,000 vs 10.9 per 1,000).
- 4.5. It is important to note that figures relating to opiate and crack use are estimates derived from modelled data. Nonetheless, the figures provide a clear indication that Islington's drug and alcohol support need is at the higher end of London boroughs and that there are opportunities to provide treatment and care to more residents.
- 4.6. Local data on the use of drugs *other than* crack cocaine and opiates is not available. Trends in drug use, and type/s of drugs used change over time. Nationally, the most commonly reported drugs in use by people aged 16-59 are cannabis (7.6% of respondents to the 2018-19 Crime Survey for England and Wales), powder cocaine (2.9%), nitrous oxide (2.3%), and ecstasy (1.6%). People aged 16-24 reported higher use overall and the most commonly reported substances were cannabis (17.3%), nitrous oxide (8.7%), powder cocaine (6.2%) and ecstasy (4.7%).
- 4.7. Islington had the 6th highest rate of drug misuse deaths in London in 2019-2021, with a rate of 8.4 per 100,000. The highest recorded rate in London (in Hammersmith and Fulham) was 11.3 per 100,000). Nationally, the mortality rate for deaths related to drug misuse have been increasing yearly over the past decade, reaching an all-time high in 2019-2021².
- 4.8. The rate of hospital admissions with a primary diagnosis of poisoning by drug misuse in Islington in 2019/20 was 15 per 100,000 in 2019/20, which is in line with the London average (12 per 100,000). This is substantially lower than the national average of 31 per 100,000. The rate of hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders has been lower in Islington than in London and England over the past

² [Office for National Statistics, 2022](#)

decade. In 2019/20, the rate in Islington was 6 per 100,000, compared to 11 and 13 per 100,000 in London and England, respectively³.

- 4.9. The number of substance-related ambulance call outs in Islington decreased from 80 in 2017 to 39 in 2020. This number increased slightly in 2021 and 2022, to 44 and 46, respectively. The rate of substance-related call outs per 1,000 ambulance call outs in Islington was 1.1 in 2022. This is slightly higher than the rate of in London (0.9 per 1,000 ambulance call outs).⁴.
- 4.10. In 2021, Islington had the second highest rate of deaths due to alcohol-related conditions in London. In 2021/22, Islington had the second highest rate of alcohol-related hospital admissions in London.
- 4.11. **Further information is available in the Drug and Alcohol Local Area Profile 2023 at Appendix 1.**

4. Community safety

- 4.1. In 2022, there were 8,288 reported antisocial behaviour incidents reported in Islington, of which 23.3% (1,933 incidents) were categorised as being drug-related. This is the second most frequently cited category, after 'Rowdy or inconsiderate behaviour' which makes up 57.0% of reported incidents (4,721 incidents).
- 4.2. The number of antisocial behaviour reports in 2022 categorised as related to drugs is similar to that received in 2018, 2019 and 2021. In 2020, there was a spike in most types of reported ASB, coinciding with the impacts of the early Covid-19 pandemic. In the same five-year period, reports related to street drinking have reduced. It is not currently possible to provide a further breakdown of the calls categorised as drug related.
- 4.3. Last year, the Community Safety team undertook a whole borough consultation named Safe Spaces, in which a range of localities in the borough were identified as locations where residents do not feel safe. Amongst the responses, there was a clear theme that the open dealing and usage of Class A drugs in particular, had a disproportionate effect on how unsafe residents feel in the borough.
- 4.4. Actions in response to reports in 2022 included police carrying out 30 warrants for a range of issues including drugs, which led to 12 police led premises closure orders, and LBI Housing led on five closure orders for drug related activity which were granted by the court.
- 4.5. In 2022, 250 Antisocial Behaviour Warnings were issued by police and Islington Parkguard in relation to drug related antisocial behaviour. ASB warnings are in the pre-criminal space and trigger support through referrals to young people and adults drug and alcohol services as

³ [SafeStats, 2023](#)

⁴ Ibid

well as through support from other specialist Outreach services. Community Safety also co-produce a 'Cuckooing Panel' with police to offer targeted help and support to people that may be vulnerable to having their property used for drug-related activity, or other exploitation.

- 4.6. Project Adder – the Met Police programme to improve drug treatment support for offenders – is increasing the number of people taking up 'test on arrest', with the aim of referring those testing positive to treatment services. In Q1 of 2023/24 year, around 50% of people accepting drug testing on arrest in Camden and Islington (for any offence) tested positive for at least one substance and were referred to drug treatment services⁵.

5. Treatment services in Islington

- 5.1. Drug and alcohol treatment services support people to change their relationship with drugs and alcohol, stopping or reducing the risk and impact to themselves and those around them. There is a strong emphasis on social and economic recovery. There is a good societal 'return on investment' for funding invested into treatment services, contributing to a range of positive outcomes and reduced harm. At borough level, treatment services are an important and effective help to improve health and wellbeing, reduce crime, antisocial behaviour and acute healthcare demand, and to promote feelings of safety in the community.
- 5.2. Islington's current integrated drug and alcohol treatment service, [Better Lives](#) ("the service"), operates from three locations in the borough, supporting people that use drugs and/or alcohol, as well as their families and carers. Islington also commissions Via to deliver outreach support for people sleeping rough, or at risk of sleeping rough, and to deliver Islington's Individual Placement Support programme (supporting people into employment).
- 5.3. Drug and alcohol use is complex, and evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The treatment and recovery system reflects this diversity of need and multiple treatment options are made available, delivered by multi-disciplinary teams – including but not limited to, one to one key-working, counselling, psychological therapy, group work, day programme(s), self-help and mutual aid groups⁶, pharmacological treatments⁷, and residential rehabilitation.
- 5.4. The service also provides physical health support, including blood borne virus testing and treatment, and social support including housing and debt advice, skills coaching and Education, Training and Employment (ETE) support. Better Lives Family Service supports children and adults that are affected by drug or alcohol use by a parent or other family member(s).

⁵ Project Adder is in its early stages and data outputs are high-level at present. As the programme continues, we look forward to receiving more granular data around locality, substances detected and the outcomes of referrals to services. We will monitor its outputs through our Criminal Justice System strand of the Combating Drugs Partnership, as part of its work on reviewing and assessing the operation of referral pathways

⁶ Narcotics Anonymous and Alcoholics Anonymous are examples of mutual aid groups.

⁷ For example, opiate substitution therapy (OST) such as methadone.

- 5.5. The **Individual Placement and Support (IPS)** programme for people with drug and alcohol treatment needs has been operating in Islington since December 2022. IPS work with individuals for up to 12 months, providing support, advice and liaison to help people identify employment or voluntary opportunities suited to them. They then help with all stages of the applying for and starting a job. The service is provided by Via and is funded by the national IPS Grant, also administered by OHID.
- 5.6. The Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG), also a national grant, has enabled Islington to commission the **In-Roads** service from Via. In operation since 2021, the service provides psychosocial support and prescribing outreach to people sleeping rough or at risk of sleeping rough in Islington. In-roads provide one-to-one key-working, connect people to health services, provide harm-reduction support, including Naloxone⁸, and make referrals to a range of other support services.
- 5.7. Islington has commissioned an additional programme to provide culturally competent holistic support to men of Black African or Black Caribbean heritage who are in contact with the criminal justice system and who have non-opiate substance use needs. Now in its second year in Islington, **SWIM** (Support When It Matters) delivers a 10-week structured support programme for up following its Prepare, Adjust, Contribute, Thrive (PACT) model, supporting up to 60 people per year.
- 5.8. Young people are another important focus for prevention and early intervention. There is increased outreach in community centres, and a new dedicated worker in the youth (I-CAN) service and a specialist working with young people who are looked after and care leavers. There is also training to support how professionals can work with children and young people affected by parental alcohol and substance misuse.

6. Working in partnership

- 6.1. Islington's Combatting Drugs Partnership (CDP) brings together partners across the Council, criminal justice system, and the voluntary and community sector to provide strategic oversight of Islington's work to deliver the objectives of the 10-year National Drug Strategy. Operational sub-groups are looking at Criminal Justice System pathways, Healthcare pathways, and workforce, and Public Health recently led a cross-organisational self-assessment exercise to evaluate the continuity of care received by drug and alcohol users leaving custody, with actions improvement owned by the CJS sub-group - Public Health, Drug and Alcohol Treatment Provider, Police, Probation and Prison.
- 6.2. Public Health are working closely with colleagues in Community Safety to support the Combating Drugs element(s) of the Safer Islington Partnership Plan 2023-26, including supporting the facilitation of the SIP's August '23 workshop session on strategy development.

⁸ Naloxone is a life-saving medication that reverses the effects of opiate overdose. Administered by injection or nasal spray, it works within minutes to reverse the effects of an opiate overdose, pending substantive medical treatment.

We recognise the many shared aims and common stakeholders of our work and the opportunities to align our efforts to deliver improvements for Islington residents.

- 6.3. In particular, partnership working between Public Health, Community Safety and Police colleagues will help to identify opportunities to progress the elements of the National Drugs Strategy that are less focused on treatment – breaking drug supply chains and achieving a generational shift in the demand for drugs. Hotspot identification and partnership, e.g. a current Andover Estate Working Group, provides an opportunity for different stakeholders and service areas to support improvements in areas showing high levels of need.
- 6.4. Public Health has recently established a Community of Practice: Drugs & Alcohol to bring together colleagues working with our most vulnerable and/or complex cohort, who tend to have multiple health and social needs. Improving access to drug treatment support for those in supported or temporary accommodation has been an early focus, which stands to benefit all residents in a setting and promote feelings of safety for staff and for those living in the community. To further this, Public Health is also working closely with Islington's commissioners of mental health accommodation – having recently joined its Provider Forum – to understand and help address the challenges co-occurring mental health and substance misuse needs can present for residents and for accommodation providers.

7. Service user and peer-led work

- 7.1. Service-user involvement in the design and delivery of drug and alcohol services is an essential part of quality assurance. Public Health are directly supporting the re-launch of its long-standing and highly valued service user group **Islington Clients of Drug and Alcohol Services (ICDAS)**. The relaunch will increase participant numbers, build resilience and improve diversity, so the group better represents the service user population and can be a more effective critical friend to commissioners and providers. This supports our ambition to achieve recognisable co-production in our commissioned services, improving their reach and outcomes. We have commissioned a Community Interest Company (Janus Solutions) to help us with this work.
- 7.2. Peer-to-peer support can promote holistic wellbeing and help to cultivate a supportive community that facilitates sustained recovery. While peer support interventions have long been available in Islington, we have identified a gap in regular peer support during weekends and in the availability of online peer support for people who find it easier or preferable to accessing services in that way. We are in the process of commissioning a peer-led service that will provide these aspects of support.
- 7.3. We are expanding our existing peer-to-peer harm reduction project to deliver harm-reduction coaching and training to peers working in a wider range of organisations, with the intention of reaching people who may not currently be in contact with treatment services. In 2024/25 we will continue to fund the senior peer naloxone coach within Better Lives, and plan to recruit an additional coach to drive further peer led initiatives within the services.

8. Reducing the risk of drug related deaths

- 8.1. In February 2024, the Metropolitan Police confirmed that Nitazenes (potent synthetic opioids) had been detected in multiple substances recently seized from drug users and dealers across London. Four fatal overdoses occurred in Haringey near the Finsbury Park area between December '23 and February '24, and whilst toxicology reports are awaited, there is concern that synthetic opioids may have been involved in those deaths.
- 8.2. Reducing the risk of drug related deaths remains a priority, with particular consideration given to people using opiates and for people leaving prison. The potential availability of synthetic opioids adds to this concern. 2024/25 will see Public Health and partners undertake additional work to reduce the risk of drug related deaths in Islington.
- 8.3. Public Health is in the process of commissioning and implementing a new surveillance product which will enable more timely reporting of fatal and non-fatal overdose events. This will enable system partners to work together to assess and respond to incidents and risks more rapidly than current systems allow.
- 8.4. By connecting more people to timely, appropriate treatment and support in the community, the additional investment we are making in our criminal justice system treatment pathways aims to reduce the risk of drug-related harm and death for people leaving prison. This includes additional roles within Better Lives, including prison link workers, and the SWIM programme, which provides a structured programme for men of Black Caribbean and Black African heritage.
- 8.5. Commissioners and services are publicising the risks and harm reduction advice to users and issuing additional Naloxone (overdose reversal medication) to service users. Through our Community of Practice and other networks, Commissioners are raising awareness of the risk with providers of supported and temporary housing, street outreach, and other front-line teams. The Community of Practice has enabled supported accommodation settings and Better Lives to connect more effectively, improving access to Naloxone training for staff and to same-day assessment and prescribing for residents in need. We are expanding the availability of Naloxone through Islington pharmacies, and of long-acting Opiate Substitution Treatment, which can help people manage withdrawal more effectively.
- 8.6. To understand the impact of these interventions, we are currently scoping a piece of social research to understand how harm reduction advice and products, including Naloxone, are being received and taken up by residents who use drugs.

9. Addressing inequalities

- 9.1. Our 2023 local area profile identified inequalities in the need and take up of treatment services in Islington., and ways in which vulnerabilities can overlap. These include the over-representation of people in drug treatment that describe themselves as long-term sick or disabled (29% compared to 5% of the Islington's population overall), the under-representation of residents of Black and Asian ethnicity and the under-representation of people of Muslim faith. Mental health needs are higher in

the drug treatment population than the general population, and accessing effective treatment is particularly challenging for people with co-occurring drug or alcohol and mental health conditions.

- 9.2. Women represent around 30% of Islington's treatment population. Women with drug and alcohol needs are more likely than men to report having experienced sexual trauma, abusive relationships and feeling a greater burden of stigma around their drug use. Better Lives currently offer specialist groups for women, as well as the Family Service for those affected by someone else's drug or alcohol use.
- 9.3. An area of focus for 2024/25 is to improve the visibility and accessibility of Islington's community treatment services among groups currently under-represented. Public Health is currently developing a communication strategy and plans to engage more proactively with Voluntary and Community Sector partners and faith settings to support better understanding and meeting of the needs of local communities, and the facilitators and barriers to accessing services.

10. 2024/25 grant income and delivery plans

- 10.1. To support local authorities with the delivery of the outcomes outlined in the national strategy, every local authority in England has been awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) – this funding is focused on treatment and recovery. The grant is awarded by and managed by the Department of Health and Social Care/Office of Health Improvement and Disparities (OHID).
- 10.2. Local authority areas identified as having the highest levels of need have been prioritised for early investment, including Islington. Indicative funding allocations published by OHID state that Islington will receive just over £4.9 million in total over three years from 2021/22.
- 10.3. The SSMTR grant is received in addition to funding through the Public Health Grant. Alcohol and substance misuse is the single largest area of expenditure, within the local Public Health Grant, accounting for around £7.1 million (25%) of this budget. In addition to these funding streams, separate funding is also being disseminated for policing and related activities around the objective of action on drug supply chains and related harms ("Project Adder"). Other nationally funded drug and alcohol programmes being implemented in Islington include Individual Placement and Support (IPS), which provides tailored employment support to people in recovery, and activities under the Rough Sleeping Drug and Alcohol Treatment Grant programme.
- 10.4. This is the third year of SSMTRG funding and represents the largest grant payment, with Islington receiving an income of £2,700,656 in the financial year 2024/25. Officers were notified of the grant allocation in December 2023 and subsequently liaised with key delivery partners and grant leads at OHID to agree how the grant could be spent to support the council in achieving the outcomes outlined in the national Drug Strategy. There was a short timeline for production of an outline plan that was submitted to OHID at the end of December for review; and Islington received notification in January 2024 that the plan had been approved.
- 10.5. Officers were encouraged by OHID programme leads to fund activities from the SSMTRG that would optimise the attainment of the desired outcomes. For 2024/25, these outcomes are 1) increasing the numbers of people accessing alcohol and substance misuse structured

treatment, 2) improving the number of people engaging with alcohol and substance misuse treatment on release from prison and 3) increasing the number of people that enter residential rehabilitation. Additionally, a local milestone plan was required as part of the grant conditions, which sets out quarterly steps and progress towards the outcomes.

10.6. To that end, Islington's agreed grant spending plan includes additional staff posts within its existing integrated treatment service (Better Lives). This will provide additional out-reach capability to reach more people in contact with other services (particularly criminal justice system and acute or secondary]healthcare) who have drug and alcohol treatment needs and will increase capacity in the service to safely and effectively manage their care. Some of these additional roles will be co-located with key delivery partners including the local probation service, in-reach to prisons and police custody suites, co-location with mental health core community teams and increasing in-reach to supported accommodation sites.

10.7. Ahead of 2024/25, OHID has notified the Council that it is one of six boroughs in London that had been identified as an area with high levels of unmet need based on estimates of drug use in the borough and as such will be monitored closely throughout 2024/25 to ensure delivery of key outcomes of the strategy.

10.8. Local conditions in place for the 2024/25 SSMTRG include:

- Maintain (or build on) the Council investment in drug and alcohol treatment and recovery system through the Public Health Grant.
- The Council must keep to the agreed milestones in the plan and agreed ambitions for treatment. Should these not be achieved, OHID will withhold the following proportions of funding within the year during 2024/25:
 - Meeting the milestones in the local plan (3%)
 - Meeting the ambitions for numbers of people in treatment (7%)

10.9. Islington's 2024/25 milestone plan is summarised under the four domains of capability, capacity, quality and pathways. These include the following:

Capability

- Assessment of resource in Public Health and Commissioning, and in management of grant delivery within the service.
- Continuation of the operational sub-groups of the Combating Drugs Partnership, with a particular focus on Criminal Justice Pathways and Health Services.
- Growing our recently established Community of Practice, which is focusing initially on our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance tool to enable system-wide monitoring and response to drug-related deaths and non-fatal overdoses.

Capacity

- Analysis of staffing structure within treatment service to identify opportunities to increase delivery.
- Plans to fund a Programme Manager and Data Manager post within the Trust to enhance programme coordination and reporting capacity.
- Investment in service premises to deliver improvements to make the services more inviting to prospective clients.

Quality

- Enhancing our local data capture through a revised suite of KPIs, the introduction of a referral log to better understand reasons for unplanned exits from treatment and support, and improved data capture around deaths of people who are in treatment.
- Introduction of a caseload monitoring indicator, to complement the service's own recent work around caseload segmentation.
- Working with system partners and service users to identify additional service elements that may improve the local offer. This so far includes – remote / digital options; same-day prescribing; enhanced outreach in hotspot areas.

Pathways

- Development of a Drug and Alcohol Liaison Team in partnership with the Wittington Hospital and Camden & Islington NHS Foundation Trust.
- Criminal Justice System pathway development, including co-location or in-reach at Islington custody suites.
- Improve rates of referral from primary care, emergency care and mental health services into drug and alcohol treatment.
- Strengthen our joint working with the Voluntary and Community Sector and with faith organisations, to raise awareness of help that is available and for service promotion to currently underserved community groups.
- Growing our recently established Community of Practice, which is focusing initially on services and workers who work with our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance product to enable system-wide monitoring and response drug-related deaths and non-fatal overdoses.

4.12. **Islington's 2024/25 SSMTRG delivery plans** focus on increasing the numbers of people accessing drug and alcohol treatment in the borough, both in the community and via the criminal justice system. Key aspects of the local delivery plans for the 2024/25 financial year – including new **(new)** and continuing (cont.) areas of investment - are as follows:

Programme capacity

- Programme Lead and Data Manager within NHS C&I **(new)**
- Branding and content creation to promote the service and streamline access **(new)**
- Commissioning / Public Health capacity – Public Health Strategist role (cont.)
- Additional specialist roles in Young People's service (cont.)

Outreach and peer support

- Additional outreach & entry into treatment capacity for OCU (opiate and crack use) cohort **(new)**
- Hostel In-reach Worker to increase capacity to connect hostel residents to treatment services **(new)**
- Senior Mental Health Worker specialising in substance misuse **(new)**
- Enhancing peer-support offer to include weekend provision and Senior Peer Recovery coaching **(new)**
- Peer to Peer Harm Reduction project – coach and training (cont.)

Criminal Justice System pathways

- NCL-wide Criminal Justice Data role (contribution) **(new)**
- Criminal Justice System pathway roles to improve treatment pathways (cont.)
- Support When It Matters 10-week structured support for men of Black African and Black Caribbean heritage moving from prison to the community (cont.)

Healthcare pathways

- Establish Drug and Alcohol Liaison Team at Wittington Hospital **(new)**
- Increased allocation of funds for residential rehab places **(new)**
- Clinical Psychologist to increase structured intervention delivery (cont.)

Reducing the risk of drug related deaths

- Surveillance product to support fatal and non-fatal overdose reporting **(new)**
- Expansion of long-acting Opiate Substitution Treatment availability **(new)**
- Provision of Naloxone (overdose reversal drug) in pharmacies (cont.)

11. Progress against the National Drugs Strategy

- 11.1. The first meeting of Islington's Combatting Drugs Partnership was held in December 2023, with good attendance from partners across health and social care, criminal justice, community safety, VCS and a range of local authority teams. The Partnership considered the Islington Local Area Profile, which summarised the published estimates of drug and alcohol need in the borough, the current service provision, and opportunities for service development across the system as a whole. The next CDP meeting will take place in Summer 2024, with a workshop session in development for Spring 2024.
- 11.2. In Autumn 2024, Islington Public Health launched a Drugs and Alcohol Community of Practice to bring together colleagues working with our most vulnerable and/or complex cohort, who tend to have multiple health and social needs. Improving access to drug treatment support for those in supported or temporary accommodation has been an early focus, which stands to benefit all residents in a setting and promote feelings of safety for staff and for those living in the community. To further this, Public Health is also working closely with Islington's commissioners of mental health accommodation – having recently joined its Provider Forum – to understand and help address the challenges co-occurring mental health and substance misuse needs can present for residents and for accommodation providers.
- 11.3. We have invested in a number of outreach roles which will provide greater opportunity to connect people with drug and alcohol services when they present in other areas of the system, particularly police and prison custody, and in healthcare. We have added strategic capacity to the Public Health team by funding a Public Health Strategist post specifically focused on drug and alcohol needs in Islington and developing the Combating Drugs Partnership.
- 11.4. Service performance is showing encouraging improvements. We have seen a modest but steady increase in the numbers of people in treatment in the 3 months up to December '23 (latest available data) in all four recorded treatment categories (opiate, non-opiate only, non-opiate and alcohol, alcohol only). Numbers in treatment in these three months are higher across all categories compared to the same period of the previous year. We can observe corresponding increases in the number of **new presentation** to treatment in the 3 months up to December '23 and compared to

the same three months of the previous year. Overall, the number of people in treatment increased year on year by 12% comparing 2023 with 2022, from 1,540 to 1,732. The number of new people starting treatment increased by 59%, from 497 to 791. This suggests that the treatment population has grown as a result of new courses of treatment starting, rather than people staying in treatment for longer periods.

- 11.5. Commissioners continue to work closely with the provider to monitor existing contract performance and delivery of the additional grant-funded elements. We begin the 2024/25 grant period in a more favourable position than 2023/24 owing to earlier confirmation of grant allocation and approval of plans by OHID. This will enable us to make substantial progress with internal governance, recruitment to roles, implementation of new contracts, etc. before the new financial year.
- 11.6. We are developing our data and reporting frameworks, and have completed a comprehensive local area profile, which described local need and services. The national focus on combating drugs and improving treatment outcomes appears to have directed resources into improving national data sets and to certain data products being generated or updated to support local teams. For example, drug and alcohol needs prevalence data has recently been refreshed, which will enable us to better estimate needs in Islington and how we might configure services to respond.

12. Implications

12.1. Financial Implications

12.1.1. There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

12.2. Legal Implications

12.2.1. The council has a duty to improve public health under the Health and Social Care Act 2012, section 12.

12.2.2. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C).

12.2.3. The council may, therefore provide integrated drug and alcohol services as proposed in this report.

12.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

12.3.1. There are no environmental implications as a result of this report.

12.4. Equalities Impact Assessment

12.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

13. Conclusion and reasons for recommendation

13.1. There is a significant programme of local work underway to take forward the goals of the national strategy for drug and alcohol misuse and make best use of the Supplementary Substance Misuse Treatment and Recovery Grant to improve access and continuity of care in treatment.

13.2. There are early and encouraging signs of improvement in numbers of people in treatment, and a notable increase among all categories of need in numbers of people starting treatment. Pathways with criminal justice services have been an early priority focus, and this is expanding out more widely to health and social care and community and voluntary sector services. These pathways will support continued and increasing partnership opportunities to improve health and health inequalities, address community safety needs and reduce other impacts and harms caused by alcohol and drugs in Islington.

Appendices:

Local area profile

Background papers:

None

Final report clearance:

Signed by: J E O'Sullivan

Director of Public Health

Date: 5 April 2024