

# Drug and alcohol local area profile

London Borough of Islington, December 2023

# Aims

This area profile:

- Provides baseline **data** on drug use and its related harms through the following sections:
  1. Prevalence of drug use
  2. Drug-related harm
  3. Crime and community safety
  4. Drug treatments and services
- Identifies **gaps** in the existing evidence base and our knowledge of population need
- Facilitates translation of national strategic commitments to local objectives
- Highlights potential areas of focus for the year 2023/24 and beyond



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# Key Findings

Prevalence data on drug use at borough level is limited. However, modelled estimates (best available source) suggest drug (**opiate and crack cocaine**) use in Islington is the highest in London, and has been increasing since 2016/17. It is also estimated that Islington has one of the highest alcohol dependency rates in London.

Whilst estimates may not be precisely accurate, there are **high treatment needs in Islington**, which are higher than at a regional or national level.

The most commonly used drugs in England and Wales in 2018/19 were **cannabis, powder cocaine, and nitrous oxide**. While local data is not available, we may anticipate similar patterns in London and Islington.

Certain groups are under-represented in drug and alcohol treatment in Islington – this includes people from **Black and Asian** ethnic backgrounds, **Muslim** people, and **women**.

Nearly one-quarter of people presenting to drug and alcohol treatment in Islington reported problems with their **housing**, with nearly 10% reporting an urgent housing need. This is higher than regional or national figures.

Just under one third of drug and alcohol service users described themselves as **long-term sick or disabled**, compared to 5% of Islington's population overall.

**Continuity of care** rates for people leaving prison are low in Islington, with most recent data showing that only 29% of people in Islington received structured drug and alcohol treatment within 21 days of their prison exit date.



# Introduction

# National Context

In 2018, Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care (DHSC) to undertake an **independent review of drugs** to inform the government's approach to tackling the harm that drugs cause.

## Part 1 – Findings

**3 million** people took drugs in England and Wales in 2019.

300,000 opiates and/or crack cocaine users in England.

Drug **deaths** in the UK reached an **all-time high** in 2018 (2,917).

Drugs within **prisons** are widely available, with ~15% of prisoners testing positive to random drug tests.

Considerable increase in **children and young people** using drugs.

## Part 2 – Recommendations

By the end of year 5, the government should invest:

- An additional £552 million in the **treatment** system through Department of Health and Social Care (DHSC).
- An additional £15 million in **employment** support through Department for Work and Pensions (DWP).

Funding for drug services should be guided by **needs assessment** and ring-fenced within local authority.

DHSC should commission HEE to devise a comprehensive **workforce** strategy.

DHSC should make increased funding available to specialist substance misuse services for **young people**.

# 'From Harm to Hope' - the National Strategy

Building on the conclusions of the Dame Carol Black report, a 10-year national drug strategy entitled 'From Harm to Hope' was published in December 2021, underpinned by a record investment of £3 billion over the next 3 years.

Three strategic priorities:

## 1. Break drug supply chains

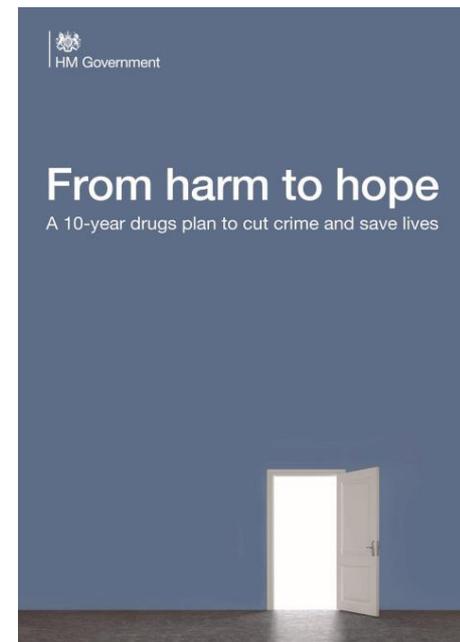
- Preventing drugs from reaching and entering the UK
- Disrupting local drug gangs and street dealing, and seizing their cash

## 2. Deliver a world-class treatment and recovery system

- Rebuild local authority commissioned substance misuse services
- Develop and deliver a comprehensive substance misuse workforce strategy
- Keeping prisoners engaged in treatment after release – better continuity of care into the community

## 3. Achieve a generational shift in the demand for drugs

- Delivering school-based prevention and early intervention
- Supporting young people and families most at risk of substance misuse – including Supporting Families Programme



Source: [From harm to hope: A 10-year drugs plan to cut crime and save lives, HM Government, 2021](#)

- The national strategy asked all local areas to establish Combating Drugs Partnerships (CDPs) as a **mechanism for delivering** the national strategy in local areas.
- The CDP will provide **strategic oversight** of the work covered under the national [10-year drug strategy](#).
  - Multi-agency forum that is accountable for delivering the outcomes outlined in the National Strategy
  - Subgroups created within the CDP will provide operational response
- The group will **advise, prioritise, and encourage** the mobilisation of **local action** as part of a whole system approach to combating drugs.
- CDP will:
  - Report into Health and Wellbeing Board
  - Work in partnership with Safer Islington Partnership

## August 2023

Operational subgroups created:

### **Criminal Justice**

- Focused on improving rates of continuity of care and diversion from police custody into treatment/support.

### **Workforce (NCL-wide)**

- Focused on improving career pathways and addressing recruitment challenges across the NCL region

### **Healthcare Pathways/Alcohol**

- Alcohol group focused on developing a Drug & Alcohol Liaison Team pilot at the Whittington Hospital

## December 2023

Combating Drugs Partnership meeting

- 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.
  - Indicative funding allocations published by OHID state that Islington will receive just over **£4.9 million over three years from 2021/22.**
  - Islington’s SSMTR grant income for the financial year is £1.4 million
- Local authority areas identified as having the highest levels of need have been prioritised for early investment
  - Islington has been designated a “**priority partnership**” by OHID, i.e. the Council has been identified as an area where the greatest gains in achieving particular outcomes of the strategy have been identified
- Focus on:
  - **Increasing the numbers of people in treatment**
  - **Improving criminal justice pathways**

- Investment in **outreach roles**
  - 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
- New **strategic capacity** added to the Public Health team
  - Public Health Strategist post specifically focused on drug and alcohol needs in Islington and developing the Combating Drugs Partnership.
- Recent self-assessment of **continuity of care** received by drug and alcohol users leaving custody
  - Highlighted opportunities to improve several aspects of the pathway and information-sharing between partners
  - Action plan – will be owned by Combating Drugs Partnership CJS sub-group.
- Identifying areas for **regional collaboration**
  - Combating Drugs Partnership sub-group for workforce was formed from cross-borough discussions in NCL – anticipate partnering with other North London boroughs around prison pathways

# Islington: Population

## Age structure and population density

- Islington has an overall **younger population** than London, with 40% of residents aged between 15-34, compared to 30% in London.
- Islington is the **2<sup>nd</sup> most densely populated borough in London** and England, with 14,575 persons per km<sup>2</sup> in 2021

## Country of birth, ethnicity, language, and religion

- **40% of Islington residents identify as White British** and 16% as another White ethnic group.
- **13% identify as Black, 7% identify as Asian**, and 15% as mixed, multiple or other ethnic groups.

## General health, disability, and economic activity

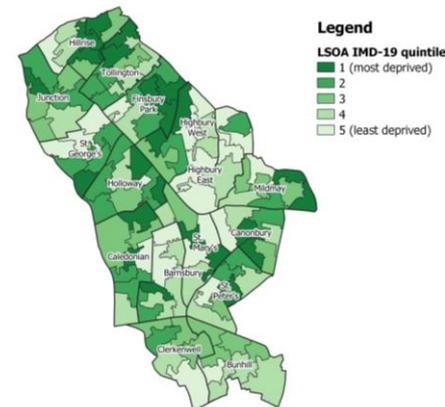
- 32% of Islington residents are economically inactive. Of these, **5.3% of these long-term sick or disabled**.
- 55% of Islington residents report themselves as being in 'very good health', while just over 5% report 'bad' or 'very bad' health.
- **16%** of Islington residents are classified as **disabled** under the Equality Act.

Source: [2021 Census](#); [ONS, 2023](#)

## Deprivation, household composition, and housing

Figure 1: Islington IMD map by national deprivation deciles.

Local Indices of Multiple Deprivation quintiles, by LSOA, 2019



English Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government

Islington is the 6<sup>th</sup> most deprived borough in London, and 53<sup>rd</sup> most deprived in England (out of 317 local authorities).

Six lower layer super output areas (LSOAs) in Islington are in the 10% most deprived nationally. These are located in **Caledonian, Finsbury Park, Hillrise, Junction, and Tufnell Park** wards.

Islington is ranked the 4<sup>th</sup> most income deprived local authority in London, and 35<sup>th</sup> in England.

Income deprivation in Islington affects children and older people more than income deprivation overall. Islington has the 10<sup>th</sup> highest level of income deprivation affecting children, and 4<sup>th</sup> highest in England for income deprivation affecting older people.

# Prevalence of Drug Use in Islington

# Drug and alcohol prevalence: overview

It is estimated that in 2019/20, Islington had the **highest prevalence of opiate and/or crack cocaine use in London**.<sup>1</sup>

Modelled prevalence data suggests there were an estimated **3,960** opiate and/or crack cocaine users in Islington in 2019/20, at a rate of **21.5 per 1,000 population**.<sup>1</sup>

In London, the rate of opiate and/or crack cocaine use was **10.9 per 1,000 population** in 2019/20. In England, the rate of opiate and/or crack cocaine use was **9.5 per 1,000 population** in 2019/20.<sup>1</sup>

Nationally, the most commonly used drugs are **cannabis** (2.5 million users), **powder cocaine** (976,000 users), **nitrous oxide** (763,000 users), and **ecstasy** (524,000 users).<sup>2</sup> While local data is not available, we may anticipate similar patterns in London and Islington.

In 2021, **7%** of Year 8-10 pupils in Islington reported that they had taken drugs, while **12%** reported that they had been offered drugs.<sup>3</sup>

As with adults, **cannabis** is the most popular drug among school aged children, with 7% of secondary school pupils in England reporting cannabis use in 2019. **Nitrous oxide** and **cocaine** are also in the top four most reportedly used substances in children, as seen in adults. However, the use of **glue, gas, aerosols or solvents** is relatively higher among children, cited as the second most used drug among secondary school pupils in England in 2021, at 2.4%.<sup>3</sup>

It is estimated that in 2018/19 (latest available data), Islington had the **second highest prevalence of alcohol dependency** in London, with a rate of 17.9 per 1,000 population. Based on an 18+ population estimate of 197,044, this suggests that in 2018/19, there were approximately **3,535** people with an alcohol dependency in Islington. **Hackney** was estimated to have the highest prevalence of alcohol dependency in London, with a rate of 18.3 per 1,000 population.<sup>1</sup>

[1] NDTMS, 2023

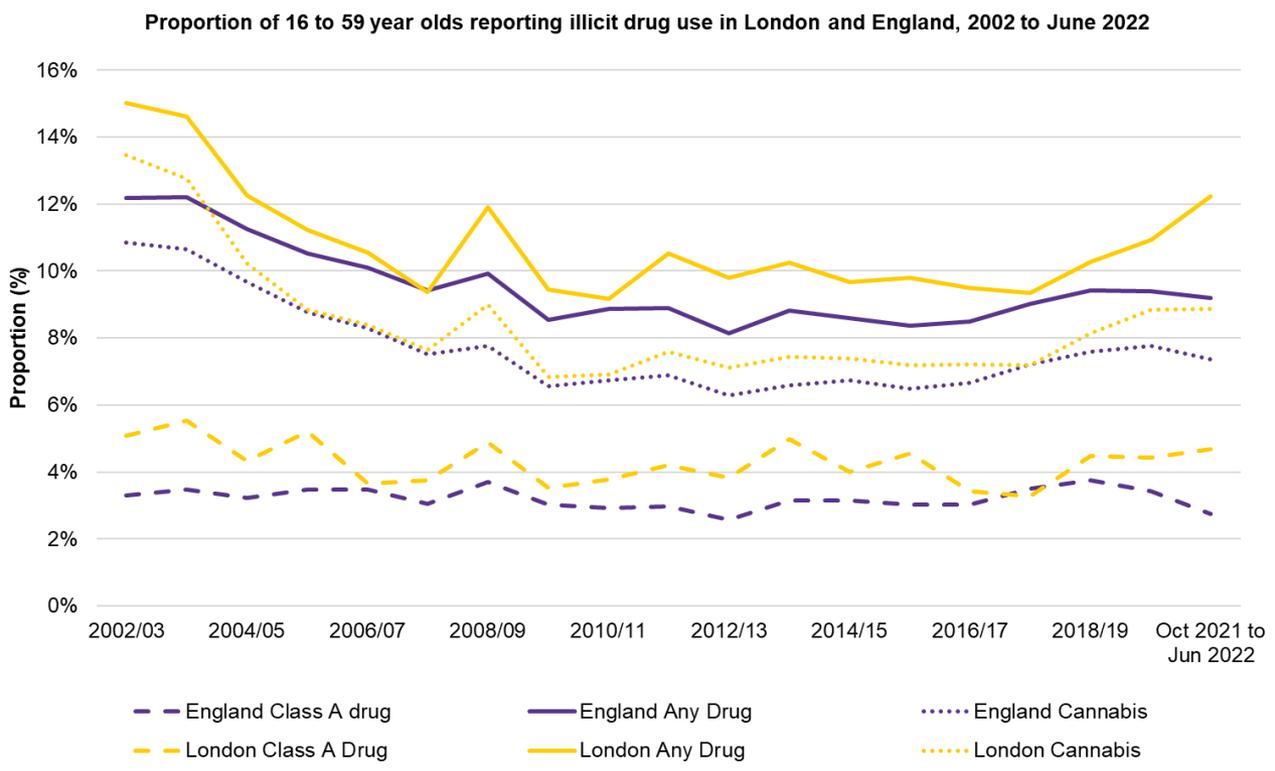
[2] Dame Carol Black Report Evidence Pack, 2020

[3] Islington Children and Young People Joint Strategic Needs Assessment, 2023



# Prevalence of drug use in London and England

Figure 2



Source: Office for National Statistics - Crime Survey for England and Wales, 2022

The Crime Survey for England and Wales provides 20 years' worth of data regarding self-reported illicit drug use, from 2001 to June 2022.

In London, the proportion of 16 to 59 year olds reporting illicit drug use in the past year **decreased** overall between from 15% in 2002/03 to 12% in June 2022.

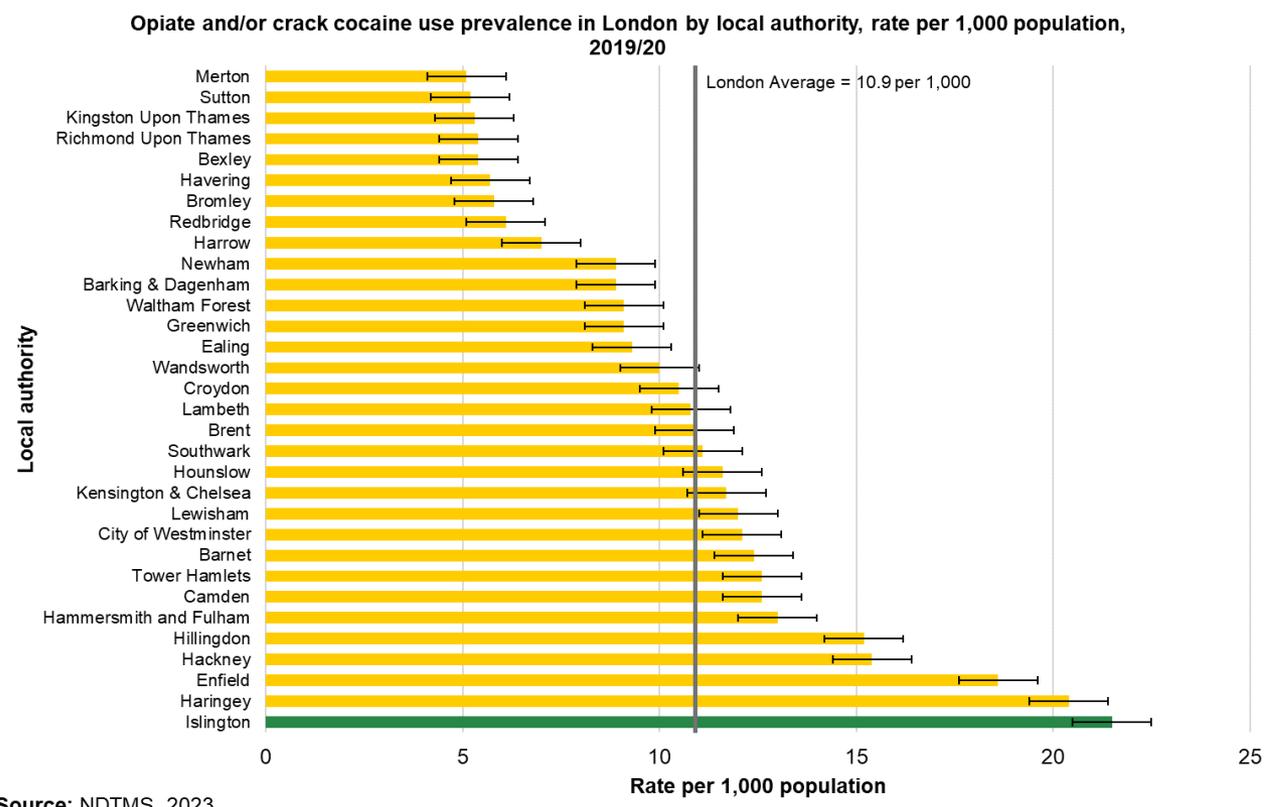
However, **since 2016/17 illicit drug use has started to increase in London**, rising from 10% to 12%.

The overall trend of self-reported illicit drug use in London appears to mirror national trends, though is **higher than the England average (9% in June 2022)**. Furthermore, in contrast to London, there has been a relative plateau noted on a national level in illicit drug use between 2017/18 to June 2022.

**About this data:** Prevalence estimates are provided by the Crime Survey for England and Wales, a face-to-face survey in which people resident in households in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview. It does not cover certain key groups, such as those experiencing homelessness and those living in institutions such as prisons.

# Prevalence of opiate and crack cocaine use in London by local authority

Figure 3



Source: NDTMS, 2023

It is estimated that in 2019/20, Islington had the **highest prevalence of opiate and/or crack cocaine use in London** (rate of 21.5 per 1,000 population), and the **5<sup>th</sup> highest** prevalence out of all local authorities in England.

The City of London was excluded from this analysis due to skewed rates secondary to a small number of residents.

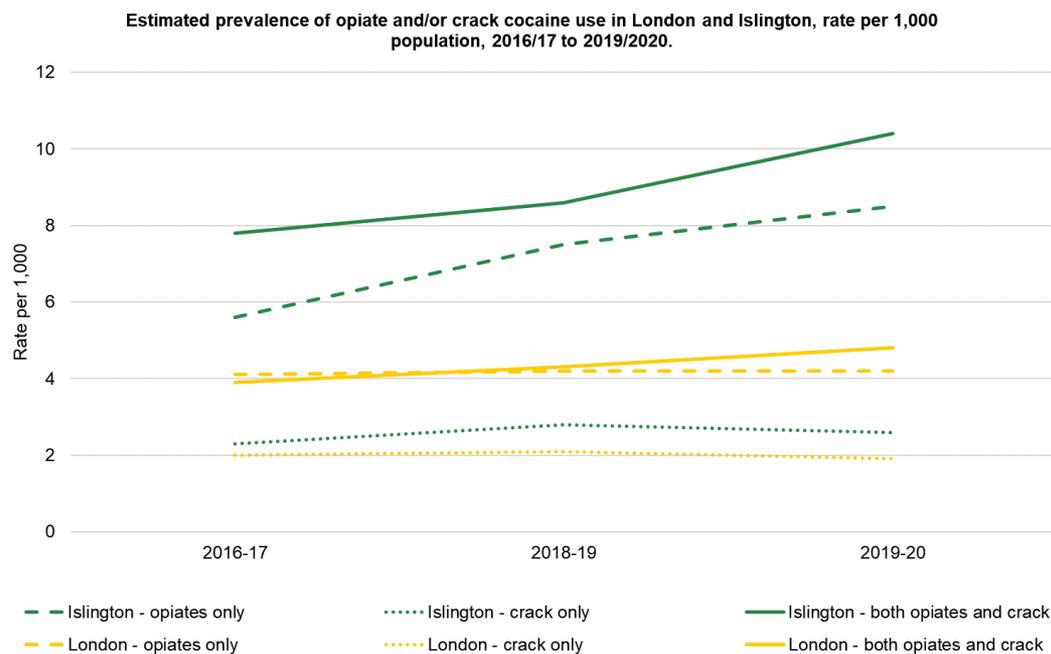
The next highest estimated rates of OCU prevalence in London in 2019/20 were in **Haringey** (20.4), **Enfield** (18.6), and **Hackney** (15.4).

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 for opiates only, 3.6 for both opiates and crack, and 1.3 for crack only.

**About this data:** 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.

# Prevalence of opiate and crack cocaine use over time

Figure 4



**About this data:** Prevalence estimates for 2016/17-2019/20 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.

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).

The 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 driven more by an increase in opiate use than crack cocaine use. Indeed, there was a **4% decrease in users of crack cocaine only** in Islington between 2018-19 and 2019-20, from 505 to 485 estimated users.

While trends in Islington mirror those seen across London, there are estimated to be twice as many opiate and/or crack cocaine users in Islington than across London (**21.5 per 1,000 vs 10.9 per 1,000**).



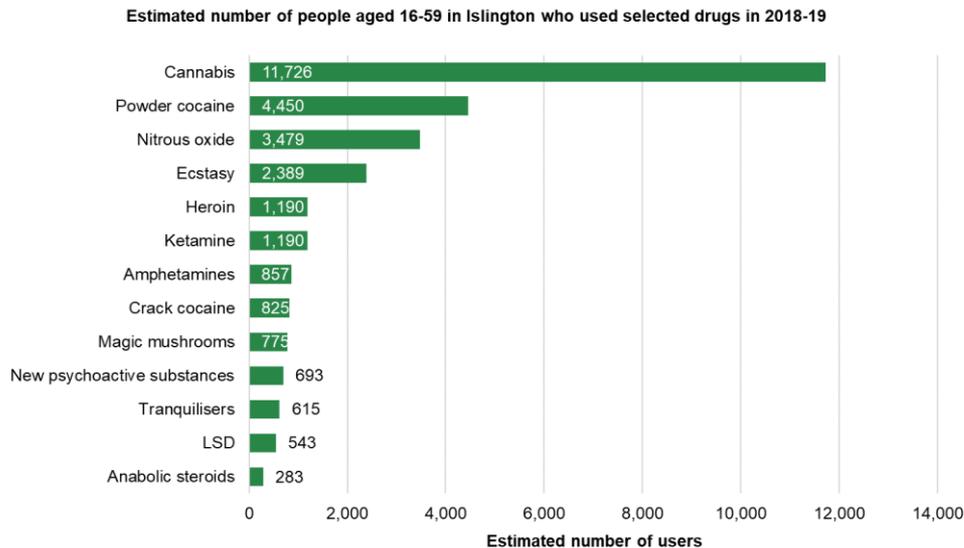
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# Recreational drug use by substance

Table 1: Proportion of total population aged 16-59 and 16-24 reporting drug use by substance in England and Wales in 2018/19.

Drug	Proportion of population aged 16-59 reporting use	Proportion of population aged 16-24 reporting use
<b>Cannabis</b>	7.6%	17.3%
<b>Powder cocaine</b>	2.9%	6.2%
<b>Nitrous oxide</b>	2.3%	8.7%
<b>Ecstasy</b>	1.6%	4.7%

Figure 5



Note: Estimates based on England and Wales prevalence adjusted to Islington population.

Source: Crime Survey for England and Wales, 2018-19.

- **Cannabis** was the most commonly used drug in England in Wales in 2018/19 (most up-to-date data available), with **7.6%** of people aged 16 to 59 years old and **17.3%** of people aged 16 to 24 years old reporting cannabis use.
- There is no **local data** on the prevalence of drug use by substance in Islington. Applying national estimates to the Islington population show an estimated 11,700 cannabis users.
- These estimates do not take into account Islington's demographics, particularly its relatively young population. Prevalence of drug use locally may therefore be higher than estimated.
- Several data sources can be analysed to give a broader picture of local drug use. These include drug treatment service data (i.e., numbers accessing services), acute hospital presentations related to substance use, and substance-related ambulance and police call-outs. However, this data is likely to under-represent recreational drug use, which is less likely to result in healthcare or criminal justice system encounters.

**About this data:** Prevalence estimates are provided by the Crime Survey for England and Wales, a face-to-face survey in which people resident in households in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview. It does not cover certain key groups, such as those experiencing homelessness and those living in institutions such as prisons.

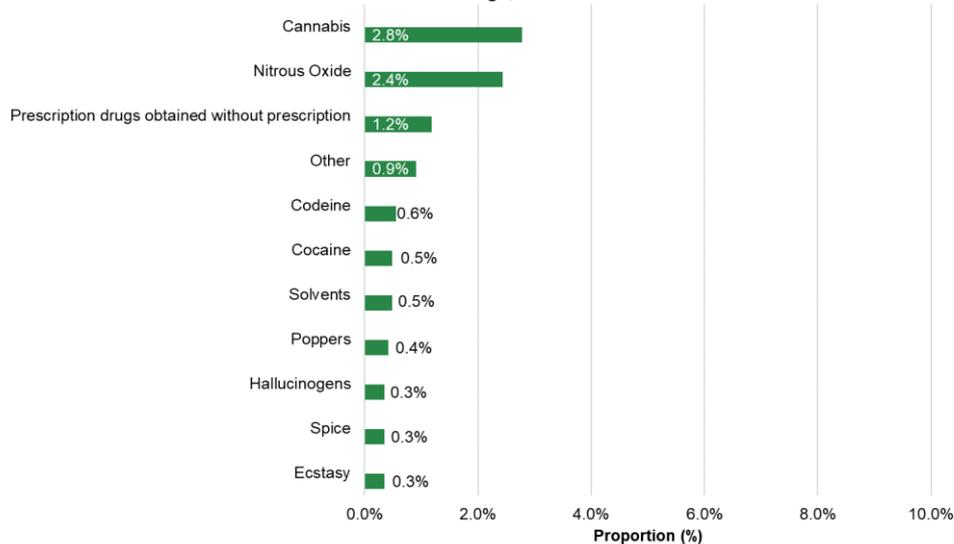


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# Drug use among children and young people

Figure 6

Proportion of secondary school pupils (Year 8-10) in Islington that reported to have used drugs, 2021



Source: Health Related Behaviours Questionnaire, 2021

Table 2: Proportion of Year 10 students in Islington offered and used individual drugs, 2017 and 2021.

Drug	2017		2021	
	% Offered	% Used	% Offered	% Used
<b>Cannabis</b>	23	14	20	7
<b>Nitrous oxide</b> (not asked in 2017)	-	-	10	4
<b>Solvents used as drugs</b>	8	5	4	0
<b>Poppers</b>	4	1	3	0
<b>Cocaine</b>	6	2	3	0
<b>Ecstasy</b>	6	2	3	0

Source: [Islington Children and Young People Joint Strategic Needs Assessment, 2023](#)

- In 2021, **7%** of Year 8-10 pupils in Islington reported that they had taken drugs. **12%** reported that they had been offered drugs.
- Among Year 10 pupils, the most used drug was **cannabis**, followed by **nitrous oxide** (7% and 4% respectively). The reported usage of cannabis among Year 10 pupils has halved since 2017 (see Table 2).
- This mirrors the national picture, with 6% of secondary pupils in England reporting cannabis use in 2021 (Figure 6).
- Across England, there was a decrease in the proportion of pupils who reported taking drugs in the past year in England between 2016 and 2021, falling from 18% to 12%. **In 2021, 18% of pupils reported ever taking drugs, down from 24% in 2016.**

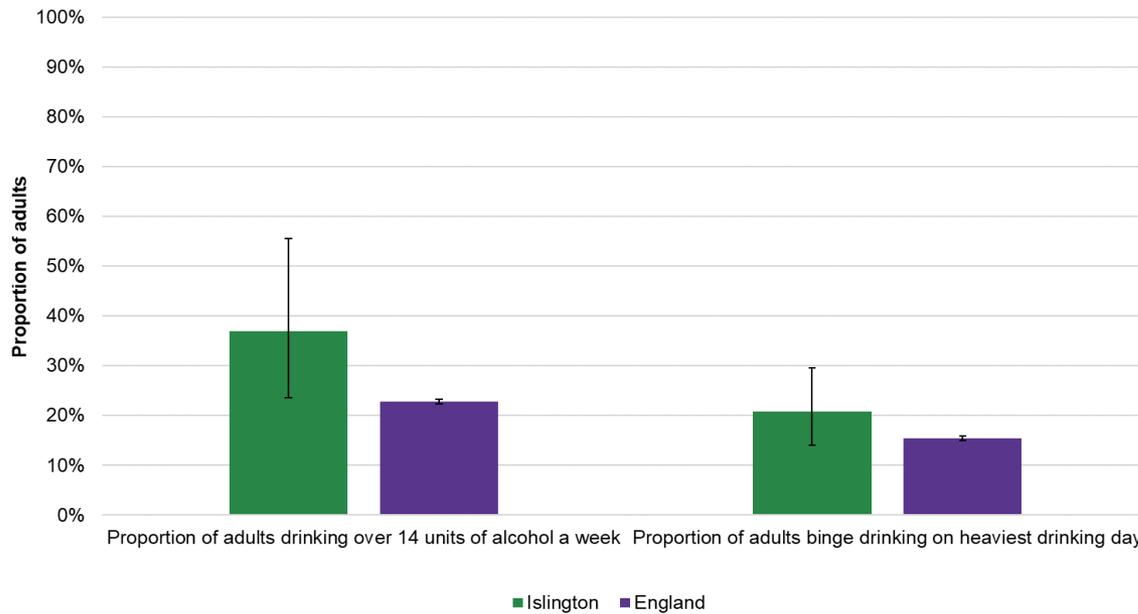
### About this data (Figure 6):

The Survey on Smoking, Drinking and drug use in young people in England takes place in secondary schools, with pupils in years 7 to 11, mostly aged 11 to 15. It covers a range of topics including prevalence, habits, attitudes, and wellbeing. Since 2016, the survey has run every 2 years, however, the 2020 survey was postponed to 2021 due to COVID-19. Novel psychoactive substances (NPS) and nitrous oxide were added to the list of drugs included for overall drug prevalence measures in 2016. For this reason, it is not recommended that direct comparisons are made with drug prevalence data prior to 2016.

# Prevalence of alcohol dependency

Figure 7

Patterns of alcohol consumption for Islington and England, 2015-2018 combined



Source: NDTMS, 2023

### About this data:

The data presented here 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).

- Data from the Health Survey for England estimates that, between 2015-2018, Islington had a **higher proportion of adults drinking over the recommended unit limit per week** and a higher proportion of adults **binge drinking** than in England.
- It is estimated that in 2018-19 (latest available data), Islington had the **second highest prevalence of alcohol dependency in London**, with a rate of 17.9 per 1,000 population.
- Based on an 18+ population estimate of 197,044, this suggests that in 2018/19, there were approximately **3,535 people with an alcohol dependency in Islington**.
- **Hackney** was estimated to have the highest prevalence of alcohol dependency in London, with a rate of 18.3 per 1,000 population.
- Whilst the rate of alcohol dependency in Islington **decreased** between 2016-17 and 2018-19 from 19.4 to 17.9 per 1,000 population, it **remained higher than average estimated rates in London (13.5) and England (13.7)**.<sup>1</sup>

[1] [Public Health England, 2021](#)

# Drug Related Harm

# Drug-related harm: overview

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 London boroughs with the highest rate of drug misuse deaths in this time frame were Hammersmith and Fulham (11.3 per 100,000), Kensington and Chelsea (6 per 100,000), and Camden (5.9 per 100,000).<sup>1</sup>

Nationally, the mortality rate for deaths related to drug misuse have been **increasing yearly** over the past decade, reaching an **all-time high** in 2019-2021.<sup>1</sup>

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 lower than the national average of 31 per 100,000.<sup>2</sup>

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 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, respectively.

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).<sup>3</sup>

By ward, **Barnsbury** had the highest number of substance-related ambulance call outs between 2017-2022 with 51, followed by Finsbury Park (29).<sup>3</sup>

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.

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

[2] [NHS Digital, 2021](#)

[3] [SafeStats, 2023](#)



# Alcohol-related hospital admissions

In 2021/22 in Islington there were **543** per 100,000 hospital admissions where the primary diagnosis was an alcohol-related condition. This was the **second highest rate in London** (after Ealing, at 593 per 100,000) and significantly higher than both the London and England averages.

The rate of admission was significantly higher among males than females.

Table 3: Rate of alcohol-related hospital admissions in Islington in 2021/22 by age group

Age group	Number of admissions	Rate (per 100,000)	Significant difference to London	Significant difference to England
Under 40	175	116	No Difference	Lower
40-64	495	848	Higher	Higher
65+	219	1,046	Higher	Higher

The rate of admission increases with age, with the 65+ population having a rate of 1,046 per 100,000. However, the largest number of admissions were seen in the 40-64 age group (n=495).

Source: [OHID, 2023](#).

# Alcohol-related mortality

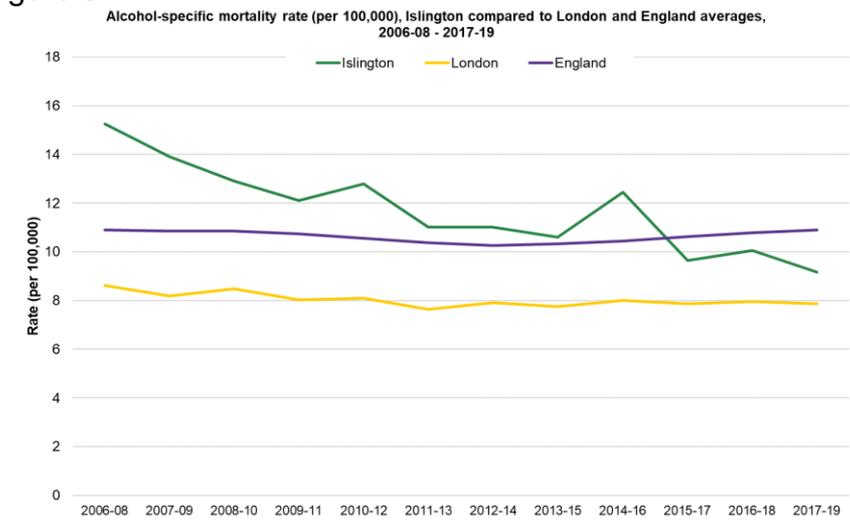
In 2021, **46** per 100,000 deaths were due to alcohol-related conditions. This was the **second highest rate in London** (after Hammersmith and Fulham, at 48 per 100,000) and significantly higher than the London average. Males were three times more likely to die from alcohol-related conditions than females (49 per 100,000 vs 18 per 100,000).

## Alcohol-specific mortality

In 2021, **17** per 100,000 deaths were due to alcohol-specific conditions. The **third highest rate** in London and significantly higher than the London average.

3-year trends shows that there has been a general decline in alcohol-specific deaths in Islington since 2006-2008.

Figure 8

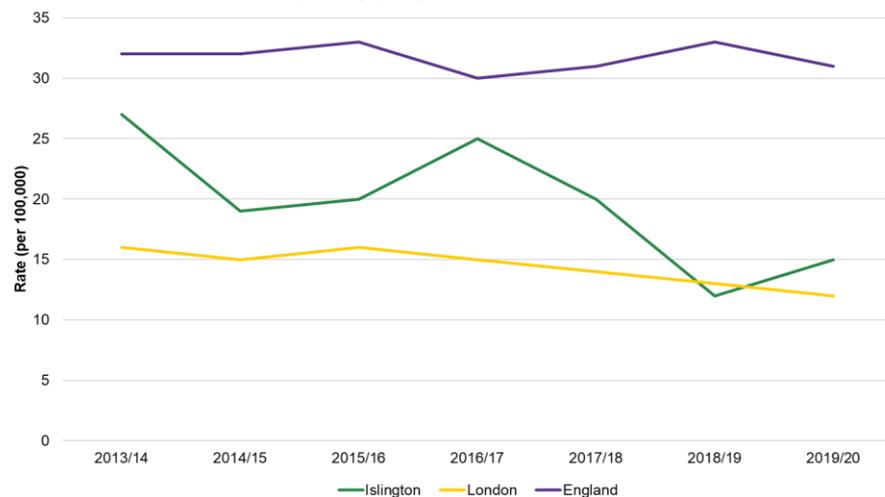


Source: ONS, 2023

# Hospital admissions due to drug poisoning

Figure 9

Rate per 100,000 of finished hospital admission episodes where there was a primary diagnosis of poisoning by drug misuse, 2013/14-2019/20



Rates of hospital admissions with a primary diagnosis of poisoning by drug misuse in Islington has fluctuated year-on-year (Figure 8). There was a general decline from 2016/17 to 2018/19 from 25 to 13 per 100,000, however there with a slight increase from 13 per 100,000 in 2018/19 to **15 per 100,000** in 2019/20.

This is slightly higher with the London average (12 per 100,000), but **lower than the national average of 31 per 100,000**.

### About this data:

This data from NHS Digital presents information on inpatient settings only. Hospital admissions with a primary diagnosis of 'poisoning by drug misuse' are defined as poisoning by illicit drugs, i.e., those that are listed as controlled under the Misuse of Drugs Act 1971. Rates are age-standardised

Source: NHS Digital, 2021

## Drug-related mental health and behavioural disorders

Rates of hospital admissions with a primary diagnosis of drug-related **mental health and behavioural disorders** have been lower in Islington than in London and England over the past 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, respectively.

Men were more likely to be admitted for drug-related mental health and behavioural disorders than women.

## A&E Admissions

In 2021/22, at the **Whittington Hospital** (the only A&E department in Islington) there were **105 A&E attendances** where **'illicit drug use'** was the First or Second Diagnosis Code.<sup>1</sup>

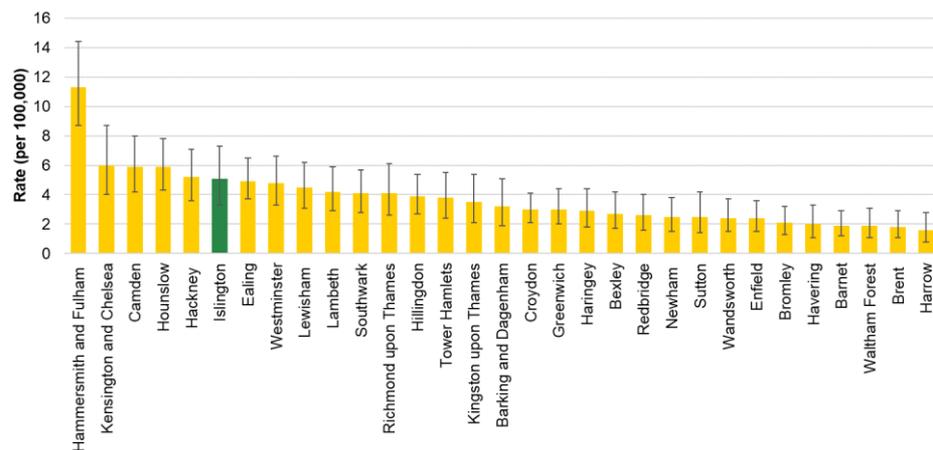
However, illicit drug-related health issues may be coded under a number of diagnosis codes, including 'overdose of opiate' (65 attendances), 'sedative overdose' (50 attendances), 'drug-induced seizure' (15 attendances), and other physical health conditions that may have been caused by illicit drug use.

[1] [NHS Digital, 2022](#)

# Drug-related deaths

Figure 10

Age-standardised mortality rate for deaths related to drug misuse by local authority, London, deaths registered between 2019-2021



Note: City of London and Merton have been excluded due to small numbers.

Source: Office for National Statistics

In 2019-2021, there were **30 deaths** due to drug misuse in Islington, a rate of **5.1 per 100,000**. This was the **sixth highest rate in London**. 70% of deaths in Islington in 2019-2021 were males.

Generally, the rate of death due to drug misuse in Islington has **declined from 2015-17**, which contrasts the picture seen at a regional and national level which has seen an increase in the death rate. However, the mortality rate in Islington fluctuates year-on-year, due to the small number of deaths. This is similar in other London boroughs. Rates of drug misuse death in England continue to be elevated among those born in the 1970s, with the highest rate in those aged **45 to 49 years**.

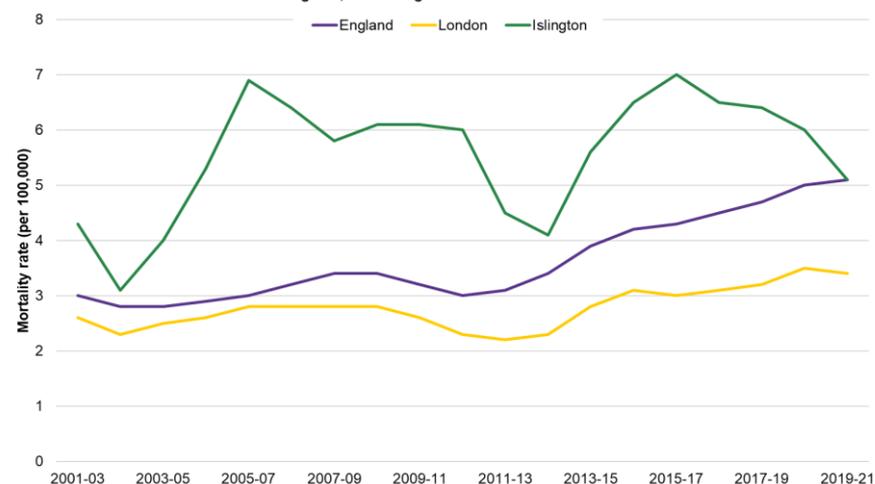
Approximately half of all drug poisoning deaths registered in 2021 in England involved an **opiate** (46%). Of note, there was an 88% increase in deaths involving **new psychoactive substances (NPS)** and a 29% increase in deaths involving **methadone** between 2020 and 2021.

### About this data:

Statistics on mortality are derived from the information provided when deaths are certified and registered. A death classified as drug misuse must be a drug poisoning and meet at least one of the following conditions. The first condition is that the underlying cause is drug abuse or drug dependence, defined by ICD-10 as mental and behavioural disorders as a result of use of: opioids, cannabinoids, sedatives or hypnotics, cocaine, other stimulants, including caffeine, hallucinogens, or multiple drug use and use of other psychoactive substances. The second condition is if any of the substances controlled under the Misuse of Drugs Act 1971 are involved – this includes class A, B and C drugs.

Figure 11

Age-standardised mortality rate for deaths related to drug misuse by in Islington, London and England, deaths registered between 2019-2021



Source: Office for National Statistics

A review of drug-related deaths in Camden and Islington was undertaken in January 2021, when Public Health was a joint service between the two councils. This review looked at deaths which occurred in treatment, meaning the person either died whilst in contact with community treatment, or they had not been discharged from community treatment.

The review looked at 46 drug-related deaths which occurred between March 2020 and January 2021. Of these, 28 were male, 16 female, and 2 unknown. The mean age at time of death was 52.7 years, with a range from 22 to 73 years.

Most people were using two substances, with the most commonly used substances being **heroin**, **crack cocaine**, and **alcohol**.

Key issues identified were: no recent **urine drug screen** (UDS), no regular **face-to-face** contact (review took place during COVID-19 restrictions), inaccurate and/or out of date **case notes**, no provision of **naloxone**, missed **pharmacy pick-ups** with no alerts, and change or absence of a **caseworker**.

Recommendations of the review included:

- Ensure sufficient in-person appointments, not just phone appointments
- Make adequate and appropriate use of UDS
- Ensure system of prompt notification by pharmacy and follow-up action by service if a methadone collection is missed
- Ensure adequate casework capacity and quality.

The findings and recommendations of the review were shared with the treatment provider upon completion.

New Psychoactive Substances (NPS) – “designer drugs” – refers to **laboratory-generated substances** that mimic the effects of existing drugs, and which are not in use as medicines. Safety concerns about their use typically stem from their being novel substances, meaning users are not able to foresee a drugs’ strength or effects, including its interaction with alcohol or other substances.<sup>1</sup>

In 2021, there were **258 deaths involving new psychoactive substances** in England and Wales, compared to 137 the year before. This was driven by an increase in the number of deaths involving benzodiazepine analogues, particularly flubromazolam and etizolam.<sup>2</sup>

[1] [OHID, 2023](#)

[2] [ONS, 2021](#)

# Preventing drug-related deaths

Actions to prevent drug-related deaths must be taken not only by local authority commissioners and providers of drug services, but also for other local health, social care, criminal justice, employment and housing services where appropriate.

## (1) Drug treatment service commissioners and providers

- Ensure treatment is easily accessible and attractive, improving access through, for example, outreach, needle and syringe programmes, and accessible opening times
- Provide adequate doses of opioid substitute medications to protect against continued use of illicit drugs
- Consider the value of broader harm reduction interventions in reducing drug-related deaths, including the consistent provision of naloxone
- Focus on intervening in non-fatal overdoses, a major risk factor in predicting future drug-related death

## (2) Criminal justice

- Promote the provision of standard information on drug users being released from prison to their local drug treatment services
- Support a smooth and safe prison release for drug users, including meeting them at the gate on prison release and not releasing prisoners on Fridays
- Improving the continuity of care for people leaving prison with a substance misuse treatment need, so they are referred to and engage in community treatment after release

## (3) Health services

- Support improved access for people who use drugs to physical and mental health care services

Source: [Public Health England, 2017](#); [Public Health England, 2016](#); [OHID, 2023](#).

# Synthetic opioids

Illicit **fenfanyls** and **isotonitazene** caused spikes in drug-related deaths in England in 2017, 2021 and 2023.

There are signs that synthetic opioids are being seen more often in local drug markets and there are concerns that they may become much more prevalent.

They are many times stronger than heroin – increase the risk of **overdose** and other **harms** significantly

There is a risk that fentanyl or other synthetic opioids (which can be more easily imported) may start to **contaminate** or replace heroin.

## Naloxone

Naloxone is a non-invasive, fast-acting medicine given as a **nasal spray** which acts **to reduce or reverse the effects of opioids** and the risk of **overdose**. Administering it carries almost zero risk to the recipient and to the person administering. It can be lifesaving.

In Islington, naloxone is distributed to hostels and supported housing settings by treatment services and by 3 pharmacies, who also offer needle exchange and methadone.

Source: [NHS England, 2023](#); [OHID, 2023](#).

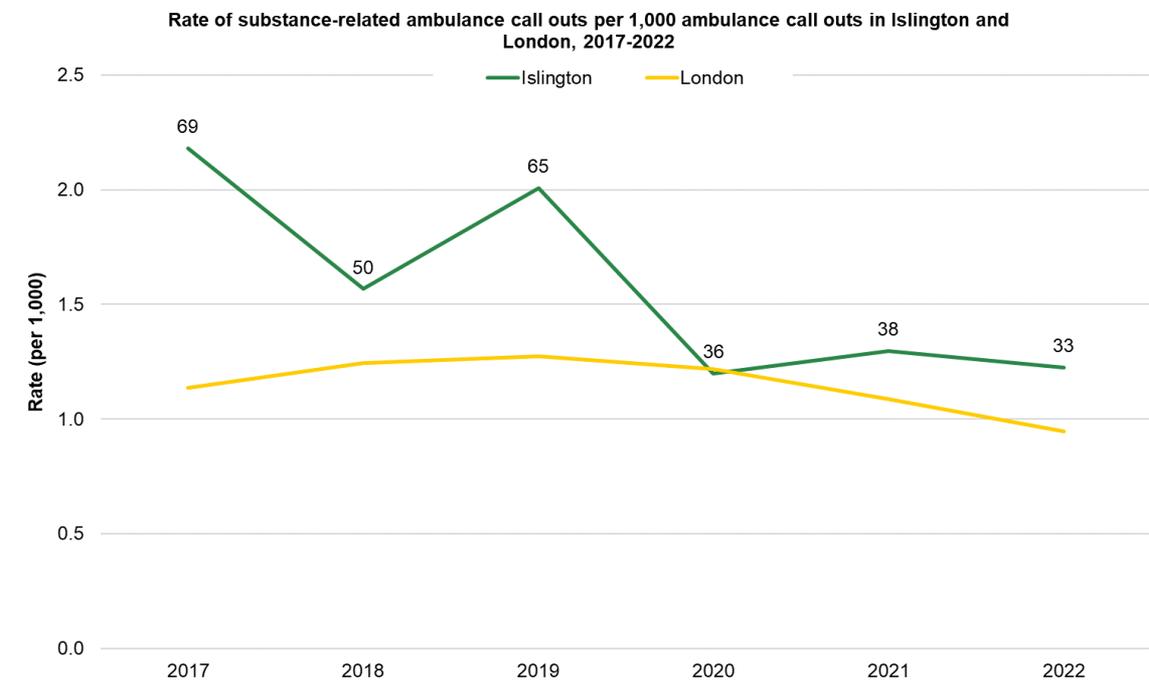


# Drug-related ambulance call-outs

In 2022, **1.2 per 1,000** ambulance call outs in Islington were substance-related. This represents a slight increase from 2020, but a significant decrease from 2.2 per 1,000 in 2017. Generally, between 2017 and 2022, Islington has had a higher rate of substance-related ambulance call outs than the London average.

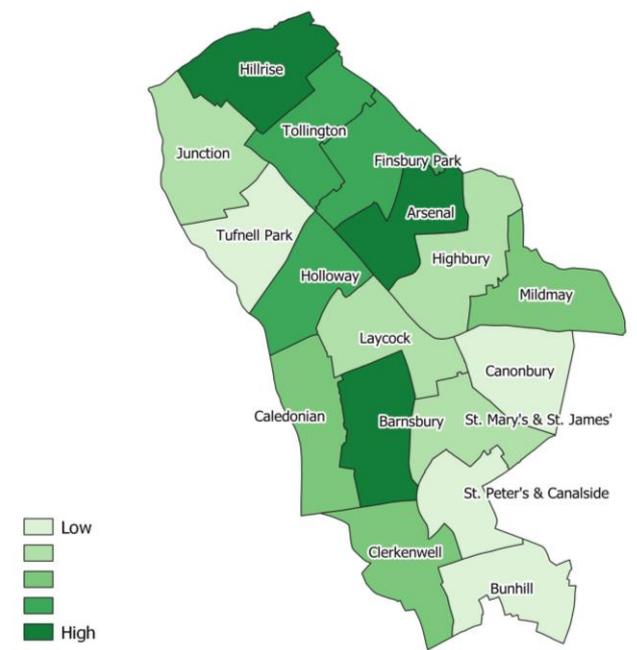
By ward, **Barnsbury** had the highest number of substance-related ambulance call-outs (n=51) between 2017 and 2022, twice as many call-outs as the second highest ward (Finsbury Park: n=23).

Figure 12



Source: SafeStats, 2023

Figure 13: Heat map of number of substance-related ambulance call outs in Islington by ward, 2017-2022



### About this data:

The dataset provided by the London Ambulance Service consists of details of every vehicle dispatched to incidents responded to by the LAS across the Greater London area.

# Crime and Community Safety

# Crime and community safety: overview

Volume of drug offences in London have shown an overall decline in the past decade, with an overall **15% decrease between 2012 and 2022** from 53,708 to 45,184 drug offences.<sup>1</sup>

The volume of drug offences in **Islington** largely mirrors regional trends, with a **29% decrease between 2012 and 2022** from 1,764 to 1,249 drug offences.<sup>1</sup>

**85%** (n=13,566) of drug offences in Islington between 2012 and 2022 were for **drug trafficking**, while 15% (n=2,355) were for drug possession.<sup>1</sup>

Breakdown of drug offences in Islington by ward reveals that between 2018 and 2022, **Finsbury Park** had the highest number of drug offences at 12% (n=817) of all drug offences in Islington. This was followed by **Caledonian** (9%; n=599) and **Barnsbury** (8%; n=537) wards.<sup>1</sup>

In 2022, there were **1,172 drug-related police call outs** in Islington, representing 4.2% (n=27,784) of all police call-outs that year. The highest proportion of these were in **Finsbury Park** (17%; n=195), followed by **Barnsbury** (9%, n=109) and **Highbury West** (9%, n=108) wards.<sup>1</sup>

Drug-related issues are a key concern for Islington's residents. Between January 2021 and July 2023, **drugs were the second most reported antisocial behaviour** (25%; n=3097), after rowdy or inconsiderate behaviour (58%; n=7182). By ward, the largest number of reports were in **Finsbury Park** (22%; n=680), followed by Junction (8%; n=256) and Holloway (8%; n=232).<sup>2</sup>

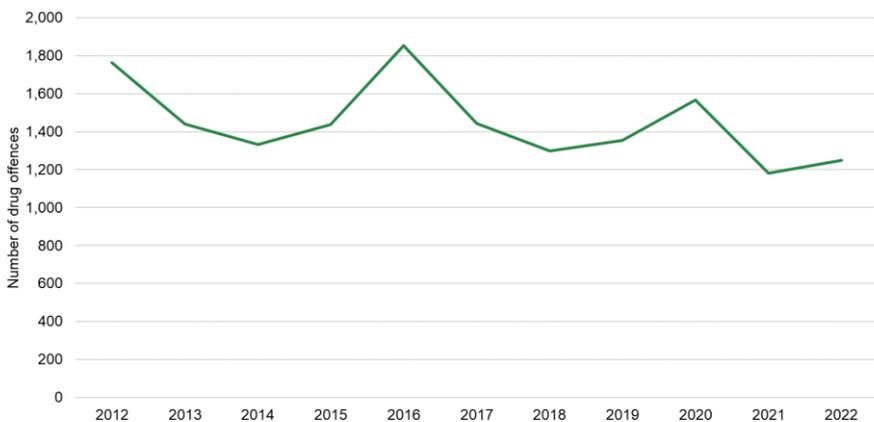
Of the 1,993 drug-related street based antisocial behaviour reports in 2022, the three largest hot spots were concentrated around Andover Estate (128), Elthorne Estate (78) , and Tremlett Grove Estate (54).<sup>2</sup>

[1] [Metropolitan Police Service, 2023](#)

[2] [Islington Community Safety Team](#)

Figure 14

Number of drug offences (possession and trafficking) in Islington, 2012-2022



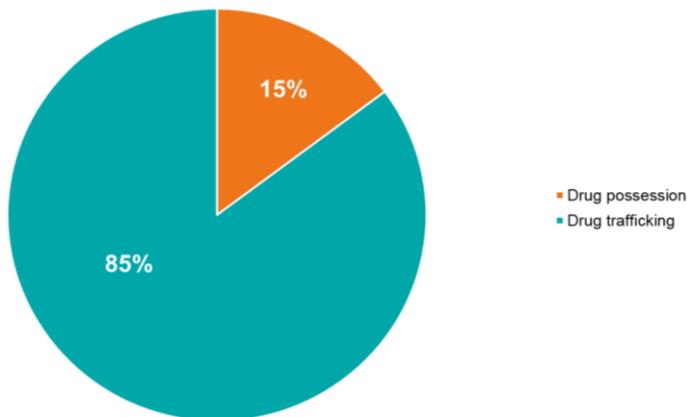
Source: Metropolitan Police Service, 2023

In 2022, there were **1,249 drug offences** in Islington, which represents a **general decline since 2012**. Drug offences include possession or trafficking (crimes such as supply, possession with intent to supply, and production). This mirrors the trend seen across London. A peak in drug offences in Islington was noted in **2016** (1,854 offences), the reasons **for** which are unclear. An increase in drug offences was also noted in 2020, with 1,567 offences. This may be attributed in part to an increased stop and search activity for drugs, which peaked in London in May 2020. The Covid-19 pandemic may have also played a role.<sup>1</sup>

In 2018, Mayor of London's Office for Policing and Crime launched a strategy against county lines, which included the creation of a **Rescue and Response (R&R) team** that intervenes directly with young people suspected of involvement in drug distribution. In 2020/2021, Islington ranked **17<sup>th</sup>** of all local authorities in London with respect to the number of individuals linked to county line exploitation (n=14 referrals, compared to 21 in 2019/2020).<sup>2</sup>

Figure 15

Breakdown of drug crime in Islington by group, 2012 – 2022



Source: Metropolitan Police Service, 2023

**85%** (n=13,566) of drug offences in Islington between 2012 and 2022 were for **drug trafficking**, while **15%** (n=2,355) were for drug possession (Figure 14).

## Cuckooing

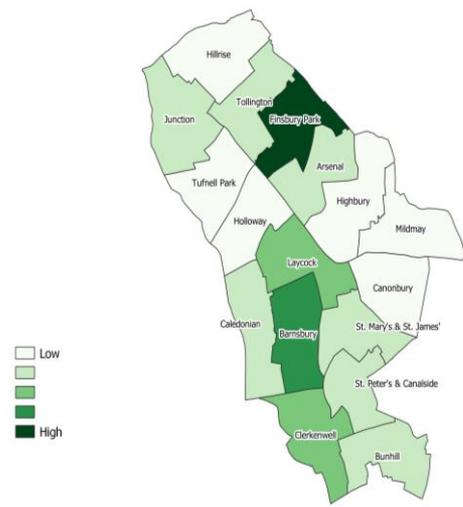
Cuckooing is a practice where people target the homes of vulnerable adults and take over their property.

In March 2022, the Metropolitan Police, alongside the Islington Community Safety Team, relaunched Operation Pantera. This was part of an MPS-wide focus on identifying and managing suspected cuckooed addresses. Islington identified **Finsbury Park, Holloway, and Junction** wards as the areas with most addresses of concern identified. In July 2022, **87 addresses of concern** were identified.

The Cuckooing Panel heard and investigated cases, with actions ranging from closure orders and police raids to referrals to inpatient rehabilitation and community drug and alcohol services. The number of addresses of concern in Islington was **reduced to 32** by January 2023.

# Drug offences by ward

Figure 16: Heat map of number of drug-related offences (drug trafficking and drug possession) in Islington by ward, August 2022 to July 2023.



- Breakdown of drug offences in Islington by ward reveals that between August 2022 and July 2023, **Finsbury Park** had the highest number of drug offences at 17% (n=203) of all drug offences in Islington. This was followed by **Barnsbury** (9%; n=108) and **Caledonian** (7%; n=81) wards.
- This was also the case for all drug offences in Islington between 2018 and 2022, with Finsbury Park at 12% (n=817), followed by Caledonian (9%; n=599) and Barnsbury (8%; n=537) wards.

- Drug offences by ward do not show a consistent trend in Islington between 2018 and 2022, i.e., there is no overall trend of increase or decrease in drug offences by ward over this period.
- While some wards have shown an overall increase, such as **Finsbury Park** (153 offences in 2018 to 203 offences in 2022) and **St Mary's & St James'** (55 to 78 offences) have shown an overall increase, other wards have shown an overall decrease, such as Caledonian (185 offences in 2018 to 81 offences in 2022) and St Peter's & Canalside (102 to 48 offences).

This data is provided by the Metropolitan Police Service Monthly Crime Dashboard.

\*The police call out data was collected before the Islington ward boundary changes of 2022, therefore the ward names are reflective of previous ward boundaries. A map of the new ward boundaries can be found on the Islington Council website.

# Police call outs

Table 4: Proportion of drug-related police call outs to total police call outs in Islington, 2020-2022.

Year	Number of drug-related police call outs	Proportion of drug-related police call outs to total police call outs
2020	1,560	6.1%
2021	1,156	4.6%
2022	1,172	4.2%

Between 2020 and 2022, there were 3,888 drug-related police call outs in Islington, with just over 40% of these occurring in 2020 (n=1,560).

In 2022, there were **1,172 drug-related police call outs** in Islington, representing 4.2% of all police call-outs that year. This is similar to 2021, but lower than 2020 (see Table 3). The Covid-19 pandemic may have affected the total number of police call outs.

17% of these call outs were in **Finsbury Park**, followed by **Barnsbury** (9%) and **Highbury West** (9%). The lowest proportion of call outs were seen in Holloway, Hillrise, and St. George's wards (3% each). \*

# Antisocial behaviour (ASB)

Figure 17

Top three street based anti-social behaviour (ASB) reported to police and Islington Council ASB team, January 2018 - December 2022

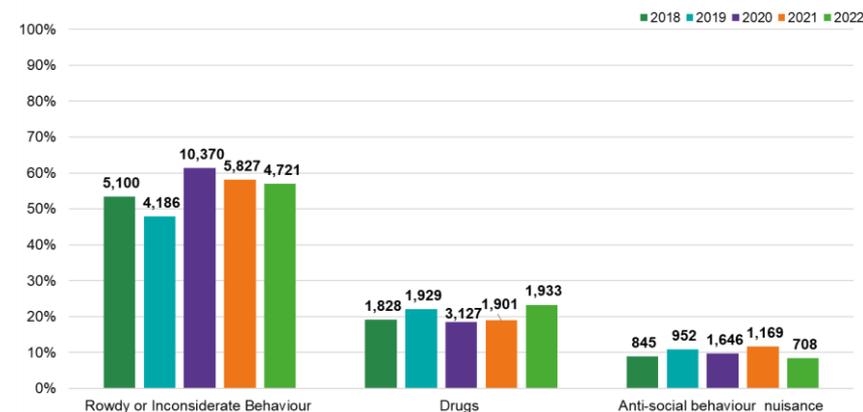
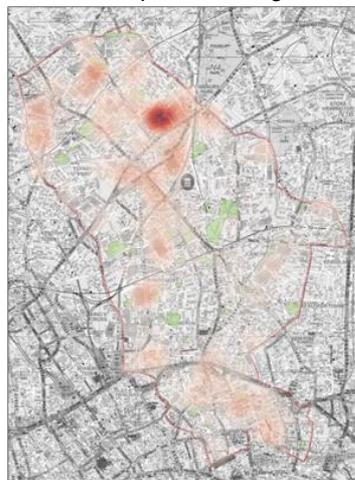


Figure 18: Drug-related street-based antisocial behaviour reports in Islington, 2022



Of the 1,993 drug-related street based antisocial behaviour reports in 2022, the three largest hot spots were concentrated around: Andover Estate (n=128), Elthorne Estate (n=78), and Tremlett Grove Estate (n=54).

† Local antisocial behaviour data does not have a further breakdown past the initial category. Therefore, 'drugs' reports could range, for example, from young people smoking cannabis near a residential property, to drug dealing of Class A illicit substances.

Source: Metropolitan Police Service, London Borough of Islington data, 2022

Drug-related issues are a key concern for Islington's residents. Between January 2021 and July 2023, **drugs were the second most reported antisocial behaviour** (25%; n=3,097). By ward, the largest number of reports were in **Finsbury Park** (22%; n=680), followed by Junction (8%; n=256) and Holloway (8%; n=232).<sup>†</sup>

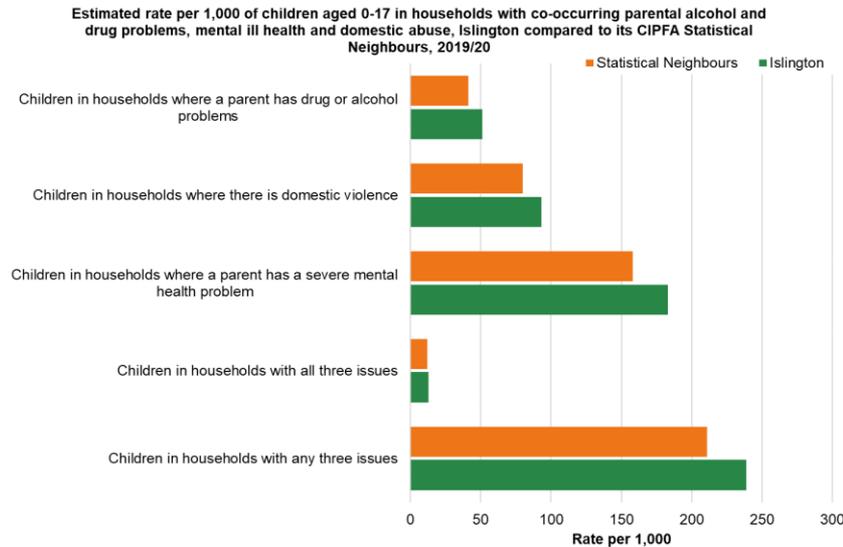
While ASB reports have seen a decrease over the past five years, the proportion of drug-related ASB reports has increased by 6%. The number of drug-related ASB reports peaked in 2020 (n=3,127) which may be attributed to the unprecedented challenges brought about by the COVID-19 pandemic, influencing community dynamics, law enforcement capabilities, and social services.

## Existing partnership work in action

- **Weekly intelligence product** focussing on street based Anti-Social Behaviour, feeds into weekly tasking multi agency meeting with services that focuses on support and enforcement .
- **Joint outreach shifts** with Via (drug & alcohol service) with Councils street pop team and St. Mungo's – currently tasking Finsbury Park and Tollington, which are identified hotspots.
- **Targeted Youth Support** detached work to engage with young people who may be involved in Anti-Social Behaviour and link them into relevant services such as young persons' drug and alcohol service .
- Regular meetings with **substance misuse commissioners, Housing and Community Safety** to enhance joint working and collaboration.

Recommendations for further work include building upon outreach services and capacity, and building upon strong existing partnerships working on this subject.

Figure 19



Source: NDTMS, 2023

**About this data:**

The Childhood Local Data on Risks and Needs (CHLDRN) produced by the Children's Commissioner for England provides data on the number of children at risk using data from the 2014 Adult Psychiatric Morbidity survey (AMPS). These are modelled prevalence estimates, as no local data is available.

Table 5: Estimated number of adults with substance dependence living with children in Islington, rate per 1,000 and estimated unmet need, 2018/19

Substance	Estimated number of adults living with children	Rate per 1,000 population	Number in treatment (2019/20)	Estimated level of unmet need
Alcohol	561	3	81	86%
Opiate	441	2	104	76%

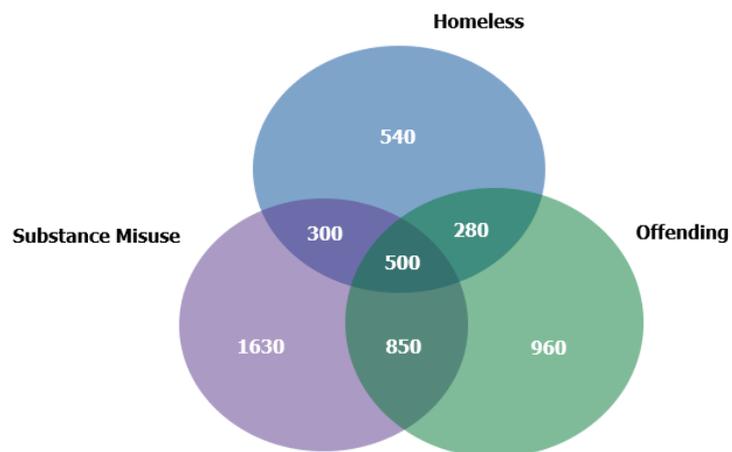
Source: NDTMS, 2023 [1] Islington Safeguarding Children Partnership Annual Report, 2021-22  
[2] Better Lives, 2023

- Exposure to drug and alcohol use by a **parent** or **carer** presents a safeguarding risk to children and adolescents, and can manifest as neglect, abuse, exploitation and trauma for the child or young person. Experiencing trauma or adversity in childhood can increase the risk of adverse outcomes in adulthood. Adverse experiences in childhood have been found to be more common in adults with drug and alcohol use issues than they are in the general population.
- In Islington, 51 per 1,000 children aged 0-17 years live in **households where a parent has drug or alcohol problems**. This is higher than across its statistical neighbours.
- The estimated number of adults with substance dependence issues living with children in Islington in 2018/19 is in line with national rates (Table 4). There is a high estimated level of unmet need for this population.
- In 2018/19, there were an estimated **873-987 children in Islington living with at least one adult with alcohol dependence**, at a rate of **21-23 per 1,000 children** aged 0-17 years. This data is not available for children living with adults with opiate dependence.
- The Islington Children and Young People's Health and Wellbeing Survey 2021-22 found that **24%** of primary school children and **14%** of secondary school children in Islington were **worried about the alcohol or drug use of someone at home**.<sup>1</sup>
- In Islington, the **Better Lives Family Service**<sup>2</sup> offers a service to families living in Islington who have a child or children under 18 years of age where the parent is using drugs or alcohol and adults who are affected by the drug or alcohol problems of someone close to them.



# Multiple disadvantage and safeguarding

Figure 20: Venn diagram of multiple disadvantages with estimated number of individuals in each category in Islington.



	Islington estimates	Islington: Region-adjusted estimates*
Substance Misuse	880	1,630
Substance Misuse + Homeless	160	300
Substance Misuse + Offending	460	850
Homeless + Offending + Substance Misuse	270	500
Substance Misuse total	1,770	3,280

\*Region-adjusted estimates were based on data in the "Hard Edges" report from the Lankelly Chase Foundation. The report states London urban areas have elevated rates of multiple deprivation compared to the national average and reports increased rates of 1.85 times for Islington.

Multiple disadvantage is a term that can be used to describe the problems faced by adults involved in the **homelessness, substance use and criminal justice systems** in England, with **poverty** almost a universal factor, and **mental ill-health** a common complicating factor.<sup>1</sup>

Severe and multiple disadvantage (SMD) is defined as experiencing one or more of the relevant disadvantage domains – **homelessness, offending, and substance use**.<sup>2</sup>

National estimates of multiple deprivation were published in the 2015 'Hard Edges' report.<sup>2</sup> These estimates have been applied to the Islington population in Figure 19.

People with co-occurring mental health and drug/alcohol use conditions (or 'co-occurring conditions') including dependence, often have multiple needs with poor physical health alongside social issues such as debt, unemployment or housing problems. They are also more likely to be admitted to hospital, to self-harm and to die by suicide.<sup>1</sup>

Conversely, drug and alcohol use, and particularly dependence, can make individuals **vulnerable to exploitation**, which is compounded in people sleeping rough or in unstable accommodation.

The drug and alcohol service in Islington is supported by a consultant psychiatrist and a team of psychologists that can support with complex needs and referral pathways into mental health and other services including adult safeguarding team within adult social care. The service also has a weekly MDT meeting where complex cases, including safeguarding, are discussed.

[1] [Dame Carol Black report, evidence pack, 2020.](#)

[2] [Lankelly Chase Foundation, 2015.](#)

[3] Research into Severe Multiple Disadvantage in Islington, 2018.



**ISLINGTON**  
For a more equal future

# Drug treatment and services



# Drug treatment and services: overview

Structured drug and alcohol treatment and support is available to any Islington resident and is commissioned by Public Health at Islington Council. Pharmacies provide needle exchange, opiate substitute therapy, and naloxone.

There has been a decrease in the number of adults and young people in drug and alcohol treatment in England, London and Islington over the past decade. There has been a larger decrease in Islington than on a regional or national level.<sup>1</sup>

The substance use profile for people in drug and alcohol treatment differs between adults and young people. In adults, people seeking treatment for **opiate use** are the largest treatment group, followed by alcohol and crack cocaine. By contrast, **cannabis** was the most cited substance used by young people in drug and alcohol treatment in Islington in 2021/22, followed by **alcohol** and **ecstasy**.<sup>1</sup>

Local rates of successful completions of drug and alcohol treatment (50% in 2021/22) are **in line with regional and national trends**.<sup>1</sup>

Levels of unmet need in Islington are estimated to be **higher** than levels in both London and England.<sup>1</sup>

Certain groups are under-represented in drug and alcohol treatment in Islington – this includes people from **Black** and **Asian** ethnic backgrounds, **Muslim** people, and **women**.<sup>1</sup>

Nearly one-quarter (23%) of **people presenting to drug and alcohol services in Islington reported problems with their housing**.<sup>1</sup>

Just under one-third (29%) of drug and alcohol service users described themselves as long-term sick or disabled, compared to 5% of Islington's population overall.<sup>1</sup>

**Continuity of care** rates are low in Islington, with just under one-third (29%) of people referred from the criminal justice system beginning treatment within 3 weeks in the most recent quarter.<sup>1</sup>

[1] [NDTMS, 2023](#)

# Drug and alcohol services in Islington (1)

Structured drug and alcohol treatment and support is available to any Islington resident and is commissioned by Public Health at Islington Council.

Islington's main service is provided by **Better Lives**, an integrated drug and alcohol service delivered by **Camden & Islington NHS Foundation Trust** in partnership with two third sector organisations – **Humankind** and **Via** (formerly known as Westminster Drug Project).<sup>1</sup>

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 groups
  - Pharmacological treatments
  - Residential rehabilitation
  - Physical health support, including blood borne virus testing and treatment
- Social support including housing and debt advice, skills coaching and Education, Training and Employment (ETE) support.
- Better Lives Family Service

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.

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 Naloxone, and make referrals to a range of other support services.

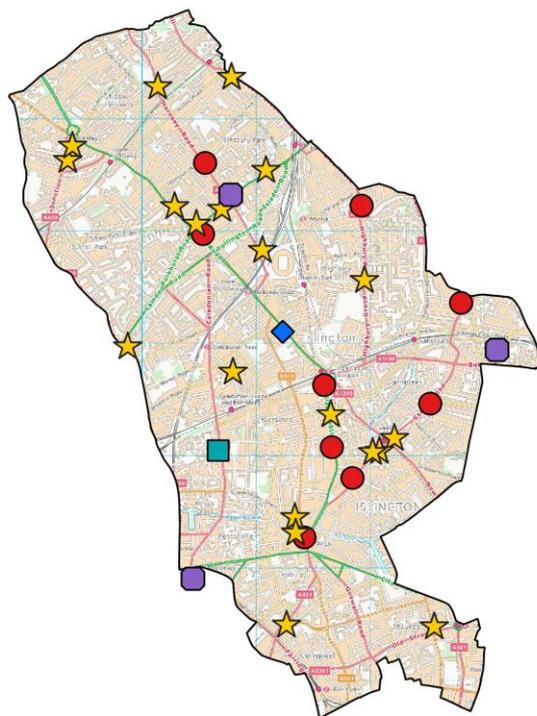
Islington has commissioned an additional programme to provide culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use needs. **SWIM (Support When It Matters)** will deliver its 10-week structured support programme for up to 60 Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model.

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.

[1] [Better Lives - Islington's Drug and Alcohol Service, 2023.](#)

# Drug and alcohol services in Islington (2)

Figure 21: Map of drug and alcohol services in Islington



- Better Lives service
- Pharmacy providing needle exchange, OST, and Naloxone
- ★ Pharmacy providing needle exchange & OST
- ◆ Pharmacy providing OST & Naloxone
- Pharmacy providing OST only

Better Lives operates from three locations in the borough (see Figure 20). These are located at **Seven Sisters Road** (Finsbury Park ward), **Gray's Inn Road** (Caledonian ward), and **King Henry's Walk** (Mildmay ward).

Providing equitable access to drug services is important in reducing discrepancies in outcomes. There are services in Finsbury Park and Caledonian wards, which other data suggests have a high level of need.

Some local drug and alcohol services are provided through **general practice, community pharmacies, the community and voluntary sector, and Islington Council**. Below are three services provided by pharmacies in Islington:<sup>2</sup>

## Needle exchange pharmacies (NEX)

- Community-based NEX will provide **access to sterile needles and syringes**, and sharps containers for return of used equipment. This prevents the spread of **blood-borne diseases (mostly HIV and hepatitis)** and other drug-related harm, including drug-related death
- In Islington, **21 pharmacies** (47%) provide NEX service.

## Opiate Substitute Treatment (OST)

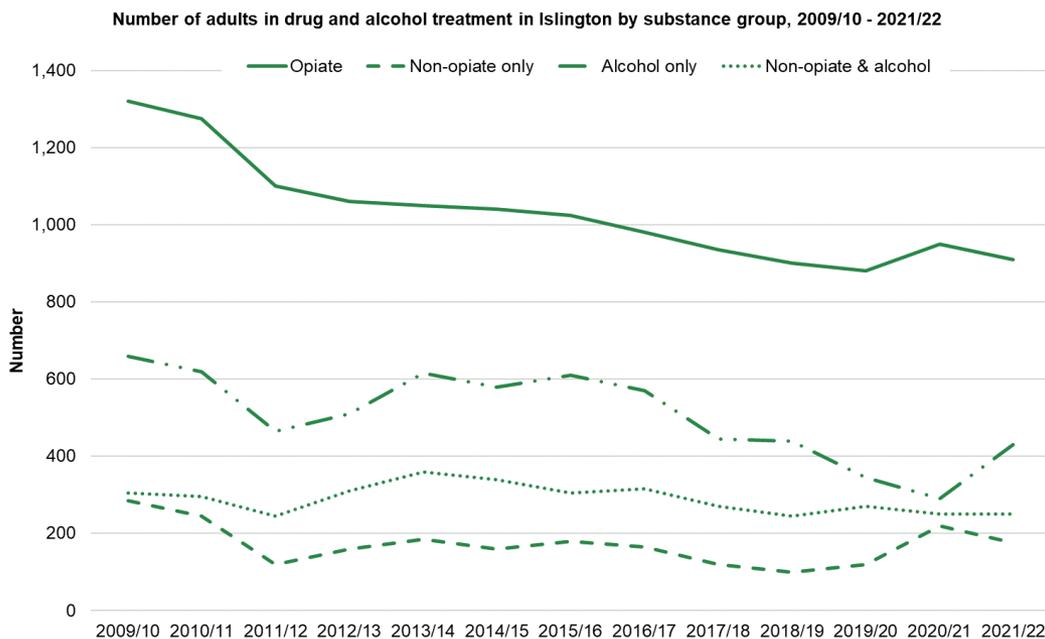
- OST medications broadly work by reducing or stopping withdrawal and cravings without producing the extreme highs that heroin and other illicit opioids cause. The two medications used for OST in the UK are **methadone** and **buprenorphine**.<sup>3</sup> The aim of the **supervised self-administration** service is to ensure individual client compliance with the agreed treatment plan for opiate dependence by dispensing of OST in specified instalments.
- In Islington, **31 pharmacies** (69%) provide supervised self-administration service.

## Nasal naloxone distribution (pilot)

- **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.
- This service is provided from **three pharmacies in Islington**. Pharmacies issue nasal naloxone alongside the NEX and will provide access to and information on nasal naloxone, including how and when to administer.

# Number of adults in structured drug and alcohol treatment

Figure 22



Source: NDTMS, 2023

## About this data:

The National Drug and Alcohol Treatment Monitoring System (NDTMS) collects person level, patient identifiable data from drug and alcohol treatment providers at a national level.

The NDTMS collects data from about 600 sites providing structured substance misuse interventions, covering every local authority in England. Treatment centres returning data include community-based drug and alcohol services, specialist outpatient services, GP surgeries, residential rehabilitation centres, and inpatient units.

'Non-opiate only' refers to people receiving drug treatment for substances other than opiates, such as cannabis, cocaine, and benzodiazepines.

In Islington, there has been an **overall 31% decrease in the total number of adults in drug and alcohol treatment in the past decade**, from 2,570 in 2009/10 to 1,765 in 2021/22. This mirrors regional and national trends.

In 2021/22, 52% (n=910) of adults in treatment were seeking help for opiate use (includes opiate use with and without crack cocaine). This was followed by those seeking help with 'alcohol only' (28%; n=430), 'non opiate and alcohol' (14%; n=250), and then 'non-opiate only' (12%; n=175).

There has been a **31% decrease in the number of opiate users in treatment** in Islington the past decade, from 1,320 in 2009/10 to 910 in 2021/22. This trend can be seen across London and England. However, this does not appear to be in line with opiate use prevalence, which has been increasing both locally and nationally.

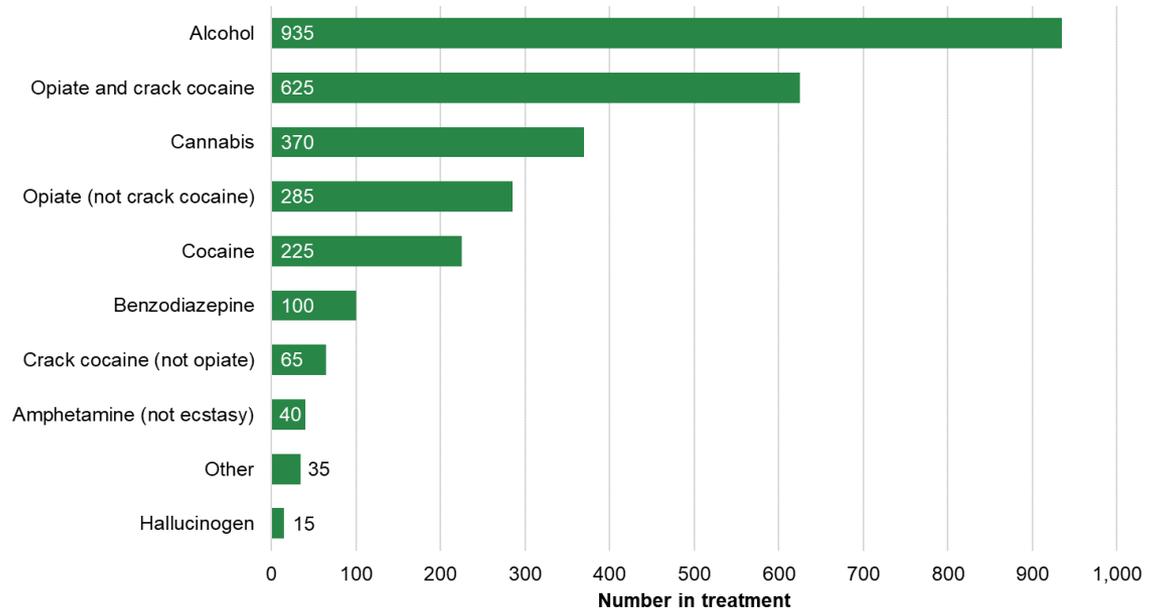
There has been a **38% decrease in non-opiate users** in treatment in Islington, from 285 in 2009/10 to 175 in 2021/22. There has been a smaller decline in London, with a 13% decrease.

There has been a **34% decrease in the number of 'alcohol only' users in treatment in Islington** over the past decade, however between 2020/21 and 2021/22, an increase of 32% was observed (290 to 430 users). On a regional and national level, numbers have remained relatively stable over this period.

# Proportion of adults in drug and alcohol treatment by substance group

Figure 23

Substance use profile of adults in drug and alcohol treatment in Islington, 2021/22



**Note:** NPS, Mephedrone, and Ecstasy have been removed due to small numbers  
**Source:** NDTMS, 2023

**About this data:**

This data represents the proportion of adults in structured drug and alcohol treatment in each substance group – ‘opiate’, ‘non-opiate only’, ‘alcohol only’, and ‘non-opiate and alcohol’.

‘Non-opiate’ refers to people receiving drug treatment for substances other than opiates, such as cannabis, cocaine, and benzodiazepines.

In 2021/22, 53% (n=935) of adults in drug and alcohol treatment cited **alcohol** use, followed by **opiate and crack cocaine** use (35%; n=635) and **cannabis** use (21%; n=370).

The proportion of adults in drug and alcohol treatment in Islington by substance group has been mostly **in line with the national and London averages** over the past decade.

Of adults in drug and alcohol treatment, there is a larger proportion citing opiates as their main substance in Islington compared to London and England averages (52% vs 44% and 49% respectively). This is consistent with prevalence data, with Islington having double the rate of ‘opiate only’ use compared to London and England.

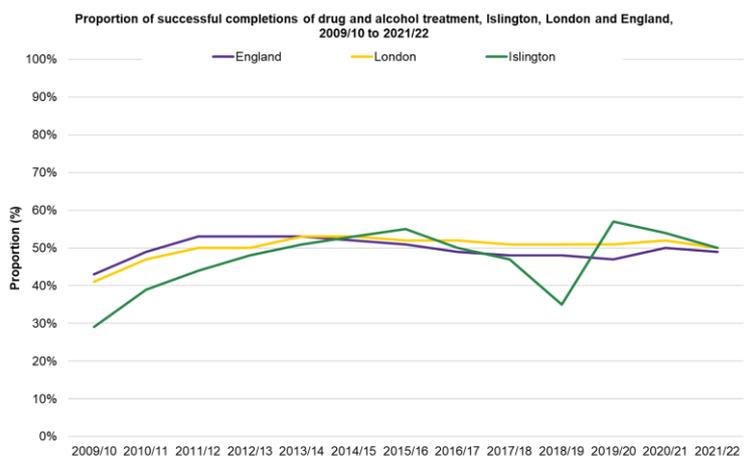
The largest substance group in the ‘non-opiate only’ treatment group in Islington in 2021/22 was **cannabis**, with 90 users in 2021/22, followed by **powder cocaine** (45 users), **crack cocaine** without opiate use (35 users), and **benzodiazepines** (15 users). This is consistent with national data.

[1] [OHID, 2023](#).

# Drug and alcohol treatment outcomes

In 2021/22, 50% of adults successfully completed drug and alcohol treatment. This was in line with the London and England averages.

Figure 24



Source: NDTMS, 2023

Since 2009/10 successful completion rates have increased and peaked in 2019/20 during the COVID-19 pandemic. This is in part due to **changes in the treatment model**; service users were retained in treatment for longer, and at a lower threshold of need to safeguard them amid reductions in the availability of other sources of support in the community. 2018/19 data for Islington was affected by an organisational-wide data outage within the NHS Trust.

In Islington, just under **half** (47%; n=835) of people in drug and alcohol treatment had been in treatment for **less than 1 year**. 18% were in treatment for 1-2 years, 15% for 2-4 years, and the remaining 20% for 4 years or longer. This is broadly in line with regional and national data.

**Re-presentation** to drug and alcohol treatment within 6 months of successful completion of treatment was **4%** in Islington in 2022/23. This was roughly consistent across the four substance groups (opiate, non-opiate, alcohol, alcohol and non-opiate), though was slightly higher in the opiate group (6%).

# Treatment exit reasons, 2021/22

In 2021/22, **32%** (n=235) of people **dropped out/left** treatment in Islington without successful completion. This is in line with regional and national data.

Exit reason	Number	Proportion
Successful completion	365	50%
Dropped out/left	235	32%
Transferred - not in custody	60	8%
Transferred - in custody	35	5%
Died	25	3%
Treatment declined	5	1%

# Unplanned exits, 2021/22

**Unplanned exits** from drug and alcohol treatment are higher nationally than in Islington, particularly in the non-opiate and alcohol substance groups.

Substance group	Islington	England
Opiate	13.2%	16.5%
Non-opiate	5.6%	19.0%
Alcohol	5.7%	13.2%
Alcohol and non-opiate	3.4%	17.1%

# Level of unmet need for drug and alcohol treatment

Table 8: Level of unmet need for drug and alcohol treatment in Islington, London, and England, Jul 2022 – Jun 2023.

	Islington: Numbers in treatment	Islington: Prevalence estimate (most recent*)	Islington: Unmet treatment need	London: Unmet treatment need	England: Unmet treatment need
OCU†	869	3,960	78%	73%	58%
Opiates only	227	1,564	86%	78%	60%
Crack only	50	485	90%	88%	83%
Both opiates and crack	592	1,911	69%	63%	47%
Alcohol	573	3,535	83%	82%	80%

Level of unmet need is calculated as the number of people in structured drug and alcohol treatment over the prevalence estimates for that substance group, i.e., opiates only or crack only. This data helps to identify the amount of people with drug and alcohol problems who **could benefit from treatment, but who are not currently in treatment.**

Levels of unmet need in Islington are estimated to be high, with **90%** of estimated crack cocaine users not in treatment. Estimated levels of unmet need in Islington are higher than both London and England across all substance groups.

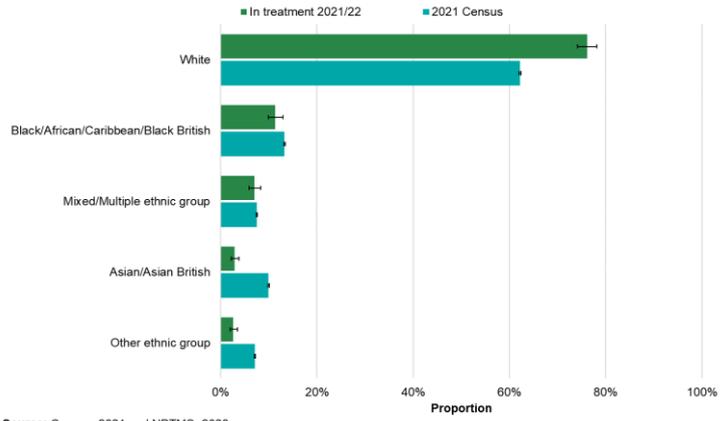
Based on the data, we can estimate that there are the following number of people in Islington who could benefit from treatment but are not currently in treatment:

- **3,091** opiate and/or crack cocaine users
- **1,338** users of opiates only
- **435** users of crack only
- **1,319** users of both opiates and crack
- **2,962** alcohol users

**Increasing numbers of people accessing structured treatment** is a key outcome metric for additional investment in local drug and alcohol services. Islington commissioners and providers have commenced work to improve pathways, assessments and other opportunities to improve access.

Figure 25

Ethnicity of people presenting to drug and alcohol treatment in Islington compared to borough population, 2021/22



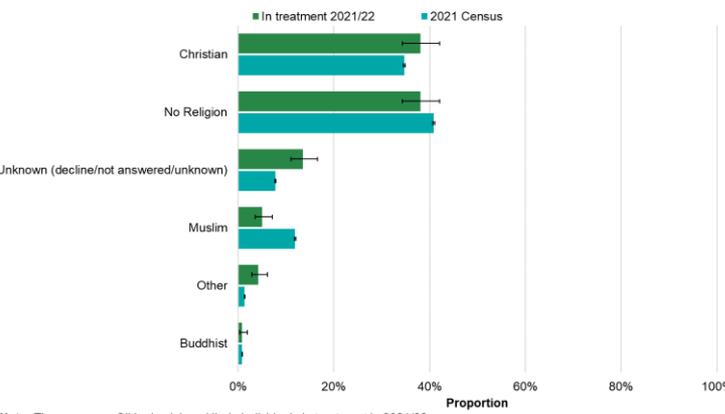
Source: Census, 2021 and NDTMS, 2023

In 2021/22, there were significantly more White people in drug and alcohol treatment than expected based on Islington's population – 76% of people in drug and alcohol treatment in Islington in 2021/22 identified as White (n=1310), compared to only 62% of Islington's population.

**Asian/Asian British people were under-represented** in treatment, making up only 3% (n=48) of the treatment population in Islington in 2021/22, compared to 10% of Islington's population.

Figure 26

Religion of people presenting to drug and alcohol treatment in Islington compared to borough population, 2021/22



Note: There were no Sikh, Jewish, or Hindu individuals in treatment in 2021/22  
Source: Census, 2021 and NDTMS, 2023

**Christianity and atheism ('none')** were the most reported religious beliefs of people presenting to drug and alcohol treatment in Islington in 2021/22, both at 38% (n=226 and n=225, respectively).

**Muslim people were under-represented** in drug and alcohol treatment, comprising of only 5% (n=30) of those in treatment in Islington in 2021/22, compared to 12% of Islington's population.

There may be **cultural reasons** (for example, stigma around seeking help for substance use) or **access issues** (for example, language barriers) for the under-representation of certain ethnic and religious groups in drug and alcohol treatment in Islington.

Women who seek treatment for drugs and alcohol face different needs from their male counterparts, including high incidence of **trauma and abusive relationships**, a greater burden of **stigma** around substance use and more common **childcare responsibilities**. However, research shows that women's needs are not being met within the treatment system. Some women describe being forced to attend mixed-gender treatment groups, which made it difficult for some to discuss about traumatic experiences that may be linked to their substance use, such as sexual violence. Some also described how the way services were set up meant that it was difficult to manage alongside childcare responsibilities – particularly for women of South Asian or Eastern European backgrounds.

In Islington, just over **one-third** (34%; n=605) of people presenting to drug and alcohol treatment in 2021/22 were women.

Access to **gender-specific support** and treatment in safe, appropriate spaces suitable for those with children, and providing gender-specific care (which can help explore drivers of addiction such as trauma and abuse), will enable the best chance of recovery for women.

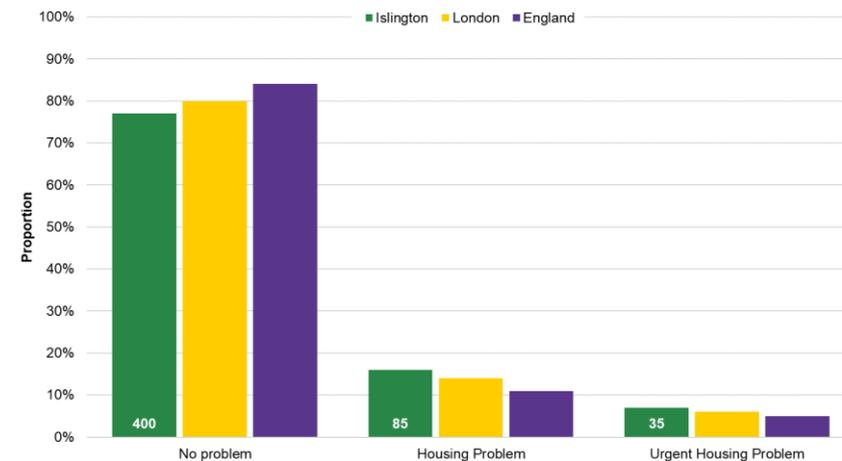
Source: [Exploring women's experience of drug and alcohol treatment in the West Midlands, Centre for Justice Innovation, 2023.](#)



# Housing situation of people in drug and alcohol treatment in Islington

Figure 27

Proportion of people presenting to drug and alcohol treatment in Islington and England by housing situation, 2021/2022



Source: ONS, 2021 and NDTMS, 2023

## About this data:

This data shows the self-reported housing status of people when starting treatment. People are grouped into the following categories: No problem, Housing problem, Urgent housing problem and Other.

Housing problem and urgent housing problem are made up of the following sub-categories:

- Housing problem:** Staying with friends/family as a short-term guest, Night winter shelter, Direct Access short stay hostel, Short term B and B or other hotel, Placed in temporary accommodation by Local Authority, Squatting.
- Urgent housing problem:** Lives on streets/rough sleeper, Uses night shelter (night-by-night basis)/emergency hostels, Sofa surfing/sleeps on different friend's floor each night.

[1] [GLA, 2023](#).

[2] [ONS, 2022](#).

[3] [DHSC and DLUHC, 2023](#).

## Rough sleeping figures

**337 people were seen rough sleeping in Islington in 2022/23.** This represents a **42% increase** from the previous year. An estimated **43%** of rough sleepers in Islington during this period had a support need relating to drug use.<sup>1</sup>

There were an estimated **741 deaths of homeless people in England and Wales** registered in 2021. Almost **two in five deaths** of homeless people in 2021 were related to **drug poisoning (35%; n=259)**, consistent with previous years.<sup>2</sup> This is higher than the proportion of deaths caused by drugs in the general population.

## Housing situation in drug and alcohol treatment

In 2021/22, **23% (n=120) of people presenting to drug and alcohol services in Islington reported problems with their housing.** 16% (n=85) reported a housing problem, and **7% (n=35) reported an urgent housing need**, indicating that they were rough sleepers, or using night shelters, emergency hostels, or friend's homes every night.

This is higher than regional or national figures. In England, this figure was 16% in 2021/22, with 5% reporting an urgent housing need. In London, this figure was 20%, with 6% reporting an urgent housing need.

## Addressing housing problems in drug and alcohol treatment

People in treatment for drug and alcohol dependence are often easier to support if their housing needs are addressed at the same time, as there is a strong link between having a stable home and improved treatment outcomes.<sup>3</sup>

In Islington, the **In-Roads service delivers outreach support for residents that are sleeping rough** or at risk of sleeping rough. In operation since 2021, the service provides psychosocial support and prescribing outreach, including one-to-one key-working, connecting people to health services, providing harm-reduction support (including Naloxone), and making referrals to a range of other support services.



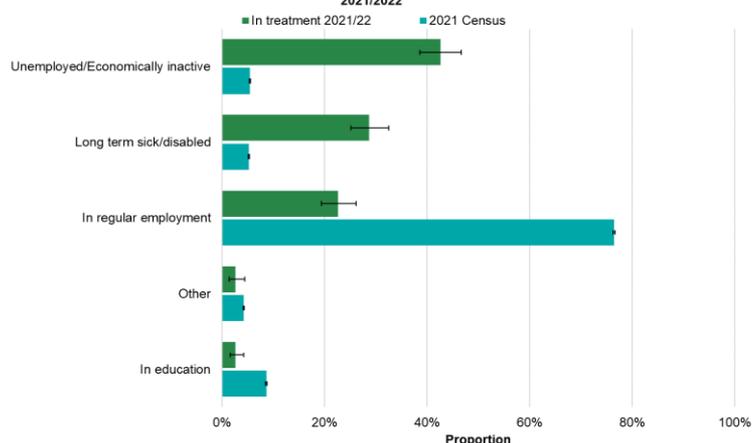
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# Employment status of people in drug and alcohol treatment in Islington

Figure 28

Proportion of people presenting to drug and alcohol treatment in Islington by employment status, 2021/2022



Source: Census, 2021 and NDMS, 2023

In Islington, 43% (n=245) of people in drug and alcohol treatment were unemployed/economically inactive, which was significantly higher than the general population (5%). They were also more likely to describe themselves as being **long-term sick or disabled** – 29% (n=165) compared to 5% in the general population. A similar picture can be seen across London and England.

### About this data:

The data shows the self-reported employment status of people at the start of treatment. Unemployed/Economically inactive is made up of the following sub-categories: Unemployed and seeking work, Homemaker, Not receiving benefits, Retired from paid work and Unemployed and not seeking work.

## Individual Placement and Support (IPS)

In Islington, The **Individual Placement and Support (IPS)** programme for people with drug and alcohol treatment needs has been operating 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.

Islington's integrated drug and alcohol service – Better Lives – also provides employment advice and signposting, as does the SWIM programme (see Slide 32).

## Addressing inequalities in treatment services

Just under one third (29%) of drug and alcohol service users described themselves as long-term sick or disabled, compared to 5% of Islington's population overall. Commissioners and providers may wish to investigate this further to better understand the needs to this client group and the role that treatment services may have in **ensuring people are accessing support and treatment for their physical and mental health needs**.

This could include a focus on ensuring people's physical health needs are being met and that they are able to access all their appointments, ensuring advocacy for them, or even commissioning an additional navigator service to work specifically with physically disabled clients.

## Context

Dame Carol Black's report highlighted that **more than a third** of all prisoners nationally are incarcerated due to crime relating to drug use – these prisoners tend to serve very short sentences, have limited time in prison with **poor continuity of care** when returning to the community, and are very likely to **re-offend**. The report also found that drug use within prisons was an issue, particularly in male local and category C prisons, with around 15% of prisoners testing positive to random drug test. **New psychoactive substances** have become particularly problematic in prisons (see Box 8).<sup>1</sup>

Reducing drug use in prisons – including drug treatment services in prisons – is the remit of the Ministry of Justice and HM Prison and Probation Service. In 2019, they published the National Prison Drugs Strategy, which outlines their approach to reducing drug use in prisons – restrict supply, reduce demand, and build recovery.<sup>2</sup>

NHS England commissions specialist treatment services in secure settings which are equivalent to community-based treatment and informed by evidence-based clinical guidance. Treatment includes interventions to reduce harm and to help people recover from alcohol and drug dependence.<sup>3</sup>

## Prisons

There were 79,092 prisoners in England in December 2021.

Islington has one prison, **HMP Pentonville**, which holds roughly 1100 prisoners.<sup>4</sup> This holds male prisoners only.

There is no female prison in Islington; female prisoners go to HMP Bronzefield in Ashford.

**Project ADDER** (Addiction, Diversion, Disruption, Enforcement and Recovery) is a programme being piloted across 13 areas in England and Wales to test new approaches to tackling drug misuse.

The programme focuses on **co-ordinated law enforcement activity**, alongside expanded diversionary programmes (such as Out of Court Disposal orders), using the criminal justice system to divert people away from offending.

The programme seeks to ensure that more people get effective treatment, with enhanced treatment and recovery provision, including housing and employment support, and improved communication between treatment providers and courts, prisons, and hospitals.

The two pilot areas in London are Tower Hamlets and Hackney.

At present, there is limited data on substance needs for those in **police custody**. For Quarter 2 of 2022/23, 194 detainees in custody in Camden and Islington were tested for drugs, and 105 of them tested positive. All 105 were referred onto the local substance use service provider, Better Lives or Change Grow Live (CGL).

[1] [Dame Carol Black review of drugs: phase one report, 2020.](#)

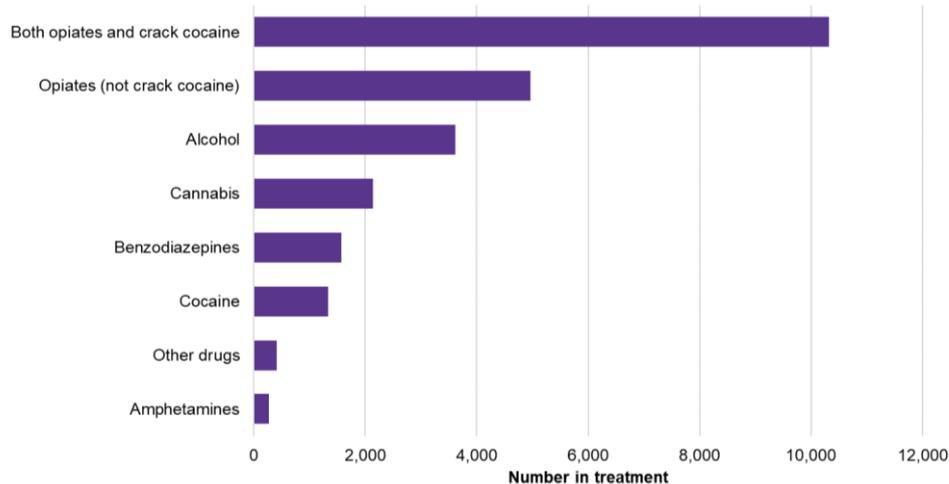
[2] [Ministry of Justice and HM Prison and Probation Service, 2019.](#)

[3] [OHID, 2023.](#)

[4] [HM Chief Inspector of Prisons, 2022.](#)

Figure 29

Reported substances by adults in the 'opiate' substance group starting treatment in secure settings in England, 2021-2022



Source: OHID, 2023

### About this data:

The statistics in this publication come from analysis of the NDTMS, which collects data from services providing structured substance misuse interventions to adults and young people in about 140 prisons and secure settings across England. This includes adult settings (prisons and immigration removal centres) and the children and young people's secure estate.

## Drug and alcohol treatment in prisons in England

- There were 45,096 adults in alcohol and drug treatment in prisons and secure settings in England between 1 April 2021 and 31 March 2022. Numbers in treatment had been decreasing year on year until this year, which saw a 3% increase from the 43,607 reported in 2020 to 2021.<sup>1</sup>
- **Opiates were the most reported drug by adults in treatment (46%)**, with 30% reporting both opiate and crack problems, and 16% reporting problems with opiates but not crack (see Figure 28).<sup>1</sup>
- Of the adults in the 'non-opiate only' substance group starting treatment in secure settings in England, cannabis was the most reported drug (45%), followed by cocaine (28%), and crack cocaine (15%).
- **New psychoactive substances (NPS)** were a problem for 7% of people in treatment in secure settings in 2021-22. However, this may not reflect overall NPS use in prisons, because data is collected when people enter treatment, so does not include people who started using NPS while they were in prison.

## Probation and engagement with drug and alcohol treatment

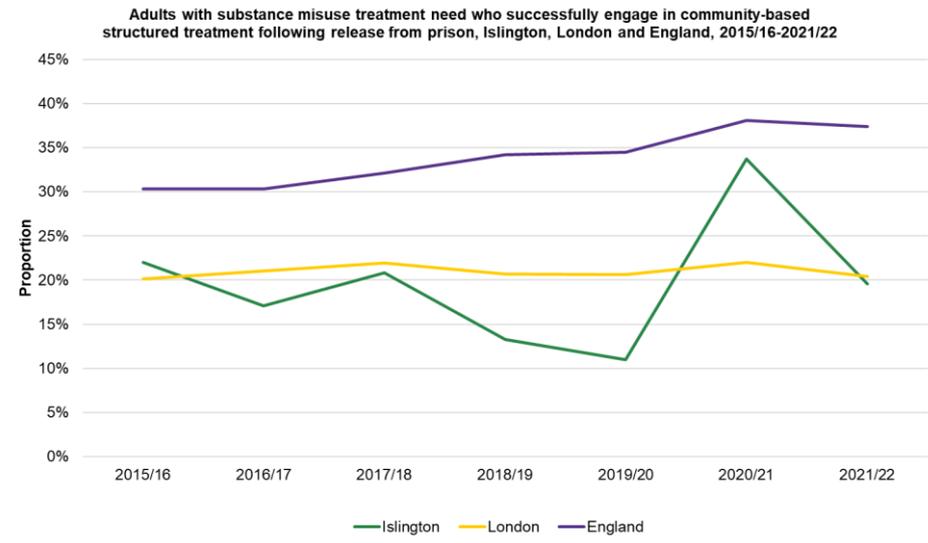
- Some people may be sentenced to a community order or suspended sentence order in England with an alcohol treatment requirement (**ATR**) or a drug rehabilitation requirement (**DRR**), as defined by the Criminal Justice Act 2003.<sup>2</sup>
- Overall, **just over a third (38.9%)** of people on probation with ATRs or DRRs in England between August 2018 and March 2022 were **engaged with treatment services** on the dates they were sentenced or after being sentenced.<sup>2</sup>
- Of the 15,121 people who engaged in treatment: **37% dropped out of treatment**, 35% successfully completed their treatment journey, 27% were still on the same treatment journey, and 1.4% died.<sup>2</sup>

[1] [OHID, 2023](#).

[2] [Ministry of Justice and OHID, 2023](#).



Figure 30



Source: Public Health Profiles (Fingertips), OHID, 2023

**About this data:**  
 NDTMS data is analysed by OHID to determine the number of these individuals that successfully engaged in community based structured treatment following release within 21 days as a proportion of individuals who, at the point of departure from prison, were transferred to a community provider in the local authority for structured treatment interventions post-release. Engagement is defined as having started a treatment intervention.

For people leaving prison, the period immediately after release can be difficult because they are at high risk of **overdose** and **reoffending**. People leaving prison should get a priority appointment with a community treatment service to help them stay engaged. This appointment should be **within 3 weeks** of leaving prison for the person’s care to be classed as continuity of care.<sup>2</sup> Treatment engagement and continuity of care is vital to reducing their risk of death and in supporting them from reoffending.<sup>3</sup> There are several barriers to continuity of care, including: lack of two-way **communication** between prisons and community treatment providers and limited **follow-up** for individuals who did not attend their appointment in the community.<sup>4</sup>

A recent continuity of care audit in Islington found that in the most recent quarter (Q2 2023-24), **29.1%** of people referred from the criminal justice system began treatment within 3 weeks (n=84/336). The continuity of care target is 45% for 2023/24, and 60% for 2024/25. Partners working on continuity of care in Islington include: Better Lives, Phoenix Futures at HMP Pentonville, SWIM, and the Probation Service.

[1] [HM Chief Inspector of Prisons, 2022.](#)  
 [2] [OHID, 2023.](#)  
 [3] [OHID and HM Prison & Probation Service, 2023.](#)  
 [4] [Public Health England, 2018.](#)

In 2022, 542 prisoners were released from HMP Pentonville.<sup>1</sup>

These are not necessarily Islington residents; there have been challenges around attributing people leaving prison to the correct borough of residence, leading to some prisoners being incorrectly categorised as Islington residents. This creates a challenge for Islington’s continuity of care data. There is work underway on prison release data by the Criminal Justice sub-group of the CDP.

In Islington, **20% (n=21) of adults released from person in 2021/22 successfully started community treatment within 3 weeks of release** (see Figure 29). This is a decrease from 34% (n=33) the previous year. This is compared to 21% across London and 37% across England.

# Young people in drug and alcohol treatment

Figure 31: Top 3 substances cited by young people in drug and alcohol treatment in Islington, 2021/22



Figure 32: Top 3 substances cited by young people in drug and alcohol treatment in England, 2021/22



## Substance use profile of adults compared to young people in drug and alcohol treatment

There is a very different substance use profile of adults in drug and alcohol treatment compared to that of young people. While **alcohol** and **cannabis** were in the top three cited substances for both groups in Islington in 2021/22, adults cited **opiate** and **crack cocaine** use at a much higher proportion than young people. 24% of adults in drug and alcohol treatment in England in 2021/22 cited opiate and crack cocaine use, and 24% cited opiate without crack cocaine use. Only 2% of young people cited opiate or crack use. By contrast, while 8% of young people cited **ecstasy** use in treatment in England in 2021/22, 0% of adults did so in this year (people can report up to 3 substances at the start of each treatment).

Source: [NDTMS, 2023](#)

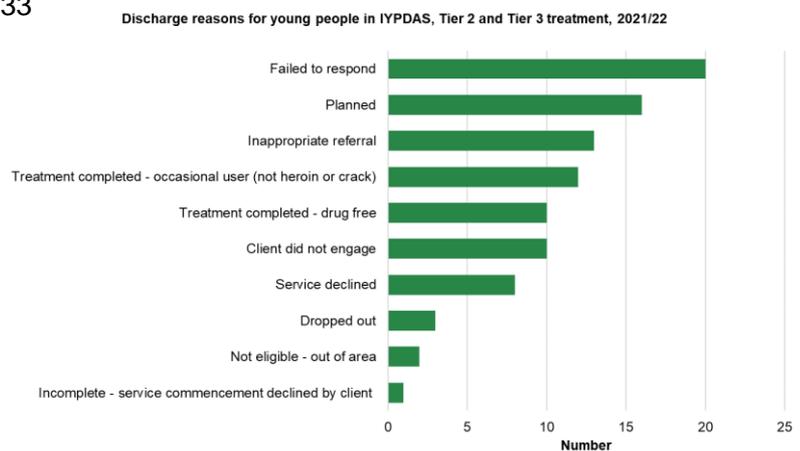
- Drug and alcohol services are provided through a tiered approach:
  - Tier 1 – Non-substance misuse-specific services providing minimal interventions.
  - Tier 2 – Non-structured treatment. Includes drug advice information, brief interventions, and harm reduction advice.
  - Tier 3 – Structured treatment. Consists of a care plan that covers a range of options.
- There has been a **general decline** in the number of young people (under 18s) in Tier 3 drug treatment and alcohol in Islington in the past decade. There has been an **80% decrease** in numbers from 2009/10 to 2021/22, from 100 to 20.
- There has been also been a **decline noted both regionally and nationally**, though to a lesser extent. In England, the number of young people in treatment decreased 48% between 2009/10 and 2021/22, and in England, 53%.
- The top three substances cited by young people in drug and alcohol treatment in Islington and England can be seen in Figures 30 and 31.
- Compared with prevalence data, while cannabis was the substance with the highest prevalence among secondary school pupils in England and Islington in 2021, the second and third most cited substances were **nitrous oxide** and **solvents**. These are under-represented in treatment.

### About this data:

Data on the number of young people in drug and alcohol treatment is available from the National Drug Treatment Monitoring System (NDTMS) and Islington Young People's Drug and Alcohol Service (IYPDAS), the local drug and alcohol service provider for young people. It is important to note that NDTMS only captures data on Tier 3 structured treatment clients, whereas IYPDAS data includes both Tier 2 and Tier 3 clients. The figures provided can therefore not be compared between the two sources.

# Young people's drug and alcohol services in Islington

Figure 33



Note: 'Planned exit' refers to where an agreement was made between the worker and the young person to discontinue the intervention for varied reasons.

Source: YCSMAS Annual Report, 2021/22

## Islington Young People's Drug and Alcohol Service (IYPDAS)

- Provides advice and information to young people aged 12 to 21 years using substances and/or alcohol in the borough and supports partners working with young people with such needs
- They also provide **structured treatment support** for young people whose drug and/or alcohol use requires longer term intervention
- In addition to this, the **Substance Misuse practitioners** offer group work sessions in the community and hold specialist lead roles – Lead for Whittington A&E, Lead for Schools and Alternative provision and Lead for Young Women & Girls
- IYPDAS also has a newly developed role – **Youth Counsellor & Substance Misuse Worker**, lead for the YJS

- **Islington's Youth Counselling and Substance Misuse and Alcohol Service (YCSMAS)** is a newly integrated health team and holistic health service that incorporates the Targeted Youth Support Youth Counselling Service and the Islington Young People's Drug and Alcohol Service (IYPDAS).
  - **Islington Targeted Youth Support (TYS) Counselling Service:** This offers counselling sessions to any young person aged 12 to 21 years, who lives or studies in Islington and have moderate to complex mental health needs.
  - **Islington Young People's Drug and Alcohol Service:** See Box.
- A total of 92 people were referred to IYPDAS in 2021/22, of which 62 were seen (this includes Tier 2 and Tier 3 treatments). Of those seen by IYPDAS, the largest referral source into IYPDAS in 2021/22 was **Targeted Youth Support** (34%; n=21), followed by **'children looked after'** (10%; n=6), and **children's mental health services** (10%; n=6).
- 60% (n=50) of referrals to IYPDAS in 2021/22 were male, and 40% (n=34) were female. The modal age group was 16-18 years.
- There were 95 young people discharged from IYPDAS in 2021/22, however less than half of these appear to have received treatment (see Figure 32; several failed to respond, were inappropriate referrals, declined service, etc.). **10 young people completed treatment drug-free in Islington in 2021/22**, with a further 12 remaining occasional users.
- The service is exploring how to improve levels of engagement and planned exits from treatment. They are also exploring how best to reduce 'failed to respond' to ensure that referrals are appropriate and have been consented to, which is an ongoing piece of work.

# Recommendations

## 1) Take action to reduce the risk of drug-related deaths

Islington had the sixth highest rate of drug misuse deaths in London in 2019-2021. In 2021, approximately half of all drug-related deaths in England involved an opiate; modelled estimates suggest a high prevalence of opiate use locally. Furthermore, synthetic opiates are an emerging risk both locally and nationally.

Recommendations include:

- Develop an action plan to increase naloxone presence and awareness across the borough. This includes not only by people who use drugs, but also people close to them and people who may encounter drug use in their work, such as people working in hostels and supported accommodation, caretakers, park guards, and police. Part of the work to do so should include steps to reduce the stigma associated with drug use and overdose.
- Ensure people with complex needs, those who are rough sleeping, and those leaving prison, are included in naloxone distribution and harm reduction support.

## 2) Expand data-led, partnership approaches to understand and address hotspots for drug-related crime, antisocial behaviour, and vulnerability

Police data and local community safety data reveals that drug-related crime (particularly trafficking), antisocial behaviour, and ambulance call outs are higher in some wards, particularly Finsbury Park and Barnsbury. There is also a noted concentration of antisocial behaviour on particular estates. One of the key objectives of the National Strategy is to break drug supply chains. The membership of the Combatting Drugs Partnership, including police, community safety, and service providers, creates an opportunity for collaborative action in addressing and tackling hotspots of drug-related harm and crime in Islington.

Recommendations include:

- Explore opportunities to access more granular data around drug-related antisocial behaviour reports to potentially identify areas of drug use vs. drug dealing, and how to best direct enforcement activity and treatment outreach resources.
- Islington exemplifies strong partnership working in hotspot areas (for example, the joint outreach service run by the service provider, the Council, and St Mungo's). It is recommended that commissioners take steps to understand and ensure that the current outreach offer is sufficiently flexible and responsive to meet local needs.



## 3) Ensure safeguarding needs are recognised

Drug and alcohol use, and particularly dependence, can make individuals vulnerable to exploitation. Exposure to drug and alcohol use by a parent or carer presents a safeguarding risk to children and adolescents, and can manifest as trauma in the child or young person.

Recommendations include:

- Public Health should ensure that drug and alcohol services are able to identify when service users, or their children and families are at risk of harm, and operate robust and effective safeguarding practices.
- Public Health should ensure that its outreach services are meeting the needs of the most vulnerable street-active drug and alcohol users, who are at particular risk of harm and exploitation, and that drug and alcohol services are able to support people with complex needs who may require a range of service interventions.
- Drug and alcohol services – and particularly the Better Lives Family Service – must be regularly promoted to agencies working with children and families.
- The Combatting Drugs Partnership should take steps to ensure that drug and alcohol commissioners are linked to appropriate safeguarding boards and reviews.
- Recognising that both reporting of and responses to safeguarding concerns can vary between communities.

## 4) Ensure people with multiple or complex needs can access drug and alcohol treatment

Data on severe and multiple disadvantage (SMD) reveals that Islington has one of the highest prevalence of co-occurring substance use, mental health, housing, and criminal justice needs in London. There has been a noted increase in homelessness in Islington in recent years, with increasing pressure on local authority housing.

Recommendations include:

- Commissioners and the CDP should ensure services can adapt to meet the needs of this complex client group, and that the various services are streamlined for ease of access.
- Understand and improve pathways for people with co-occurring mental health and substance use needs. Establishing mental health pathways is a recommended area of focus for the Healthcare sub-group of the CDP and local commissioners.
- Islington may wish to establish a complex needs working group with an outreach focus, to ensure people experiencing multiple domains of disadvantage are able to access services. This could include a focus on ensuring people's physical health needs are being met and that they are able to access all their appointments, ensuring advocacy for them, or even commissioning an additional navigator service to work specifically with clients with a physical disability.



# Recommendations

## 5) Increase numbers of people in drug and alcohol treatment

Prevalence estimates suggest there is a high level of unmet need for drug and alcohol treatment in Islington. Over the past decade, there has been almost a one-third decrease in the total number of adults in drug and alcohol treatment in Islington. One of the key objectives in the National Strategy is to increase the number of people accessing structured treatment.

Recommendations include:

- Assess and improve pathways into service – this includes self-referrals as well as referrals from other healthcare settings and the criminal justice system. We recommend that work is undertaken to ensure these are streamlined and person-centred.
- Improve data on all substance use – at present, reporting data focuses on opiate and crack use, as these are associated with the highest harms. However, from national survey and local service data, we know that use of cannabis, cocaine, and nitrous oxide is likely to be high. We recommend that commissioners work with local service providers to understand data around a range of substance needs, and that the services offered are able to meet those needs. It is also important that people using these substances are aware that treatment is available.
- Promote the local drug and alcohol service – this would involve reviewing the ways that we currently promote the service to stakeholders, and ensuring a communications plan is in place.

## 6) Explore opportunities to improve treatment outcomes

While there is a strategic focus on increasing the numbers of people accessing structured treatment, given the high levels of need in Islington, this should be coupled with efforts to understand and improve the rates of people that are able to complete treatment successfully, and to reduce the number of unplanned exits. Islington's service performance generally mirrors that of London and England, at around 50% successful completions. Increasing this proportion alongside increasing the numbers of people accessing treatment will deliver the greatest overall benefit.

Recommendations include:

- Work to further understand and improve treatment outcomes – Commissioners should work with treatment providers to understand reasons for unplanned exits, and if certain groups are less likely to complete, and whether there are:
  - (i) improvements indicated within the service, and/or
  - (ii) opportunities to invest in supplementary support for particular service user groups.



# Recommendations

## 7) Develop our understanding of our local population's needs to promote uptake and equity of access to services

Data on the characteristics of people in drug and alcohol treatment in Islington reveals that there is some variation in access by ethnicity and religion. While this may speak to variations in prevalence of need, it may also be an indicator of barriers to accessing such services. Furthermore, qualitative research on a national level has revealed that women may experience a number of barriers to accessing and benefitting from drug and alcohol services.

Recommendations include:

- Ensure the re-launch of Islington Clients of Drug and Alcohol Services (ICDAS), Islington's substance use service user forum, and emphasise service-user involvement in the design and delivery of drug and alcohol services locally. Further work will also need to be undertaken in order to ensure this group is representative of the service user population in Islington.
- Undertake bespoke insight work with specific sub-populations, particularly those that are under-represented in treatment. This may include forming focus groups.
- We also recommend exploring opportunities to partner with VCS organisations in Islington to scope and/or deliver this work.

## 8) Understand and improve criminal justice system (CJS) pathways

National data reveals that rates of drug use in prison are very high, and we can anticipate similar levels locally in HMP Pentonville. People are at high risk of overdose and reoffending in the period immediately after prison release, and engagement with community treatment is vital. Local data reveals that continuity of care rates in Islington are low (29%), although there are challenges around this data due to incorrect attribution of borough of residence. One of the key objectives of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is to improve this rate. Operation Adder and an increased focus on identifying drug treatment needs in police custody presents an opportunity for more people to access treatment.

Recommendations include:

- Understand and improve CJS data-sharing and pathways – the Criminal Justice System sub-group of the CDP has commenced work on this, and recently completed a self-assessment in continuity of care. It is recommended that the findings from this self-assessment are applied, and that the members of the CDP are used to support effective delivery from partners, including cross-borough partners such as the police, the probation service, and HMP Pentonville.
- Public Health commissioners and Police should improve partnership and data-sharing opportunities to understand treatment pathways, and may wish to consider opportunities for additional support services around leaving police custody, as it has invested in additional support for people leaving prison (i.e., the SWIM programme).



# Further Information

## About Public Health Knowledge, Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Islington's Public Health KIP team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at: <https://www.islington.gov.uk/about-the-council/islington-evidence-and-statistics>

## About Drug and Alcohol Use Local Area Profile

This data pack/profile was produced by Lauren McGivern and Emilia Bernecka, reviewed and approved for publication by Miriam Bullock.

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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