SOCIAL INCLUSION OF INDIVIDUALS WITH DRUG AND ALCOHOL MISUSE PROBLEMS

REPORT OF HEALTH AND WELLBEING REVIEW COMMITTEE

London Borough of Islington
September 2009
CHAIR'S FOREWORD

Substance misuse is prevalent in Islington, as is the case in many areas of the country, particularly deprived inner city areas. It is vital we address this issue as effectively as we can as the impact it has is far reaching and affects many lives beyond that of the individual user, and it is, I believe, an ongoing concern about the intractability of this problem that precipitated the current review.

The review has turned out to be possibly slightly ill-timed, since it has taken place against the background of the introduction of the new Substance Misuse Strategy. The committee’s feeling about the new strategy is cautious optimism, but at the same time we are aware that the new measures haven’t been fully tested or allowed to bed in yet.

A contentious subject that the Committee reflected on as part of our evidence gathering was the effectiveness of opiate substitution programmes and whether this had a place in the provision of effective treatment for drug misuse, or whether treatments should focus on drug users becoming drug free, without opiate substitution. Alcoholics would not, as part of their treatment programmes, be allowed to drink alcohol and the Committee questioned if opiate substitution was the right way forward. However, after hearing evidence on this issue, the Committee concluded in the light of the chaos that drug misuse causes to families and the apparent evidence that opiate substitution can enable people to live relatively stable lives, and felt that in certain circumstances opiate substitution can be an appropriate method to use in trying to reduce dependency on drugs. The unresolved question however, and which provoked most discussion, was to try and establish a means by which to distinguish between abuse situations that warrant substitution, and those that don’t.

The Committee also noted that the majority of drug users in Islington were older, with 56% being between the ages of 35-64, and 34% between the ages of 25-34. Despite this the Committee felt that it was also important to focus on young people as the sooner that they could get into treatment the better the chance to beat the addiction and stop them progressing into a spiral of alcohol or drug misuse that will continue into later life. It was also evident from discussions that there are many links between the Substance Misuse team and social support functions areas which could still be developed further, in particular links with the child protection function.

The most vulnerable groups in society whose lives may be affected by other factors will be disproportionately affected by drug and alcohol misuse. Those substance misusers that also suffered from mental health issues, young people leaving the care system with minimal supervision, the homeless and victims of domestic violence would not only need assistance themselves, but their substance misuse would also affect families and friends. It is vital that all parties receive appropriate levels of support in order to cope with the stressful situations that arise from substance misuse.

The recent introduction of the new strategy has to some extent limited the committee’s ability to assess effectiveness in certain areas, and one is left with the feeling that further scrutiny work could be effective if carried out in 18 months to two years time, particularly around the question of opiate substitution.

COUNCILLOR MARTIN KLUTE.

CHAIR OF HEALTH AND WELLBEING COMMITTEE
MEMBERSHIP OF THE HEALTH AND WELL-BEING REVIEW COMMITTEE

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SOCIAL INCLUSION OF INDIVIDUALS WITH DRUG AND ALCOHOL MISUSE

COMMITTEE’S RECOMMENDATIONS

1. The Committee acknowledge that the current system for dealing with individuals suffering from drug and alcohol misuse and the revised strategy to deal with this is still relatively at an early stage. The Committee note that whilst harm reduction interventions have an evidence base in improving health and social outcomes for individuals a clear pathway needs to be developed so that individuals could be supported to lead a drug free life, wherever possible. Recovery and re-integration will be a key focus for the partnership (Drug and Alcohol Action Team (DAAT) and PCT). Treatment providers are and should continue working closely with the new drug co-ordinator at Job Centre Plus to ensure that service users’ employment opportunities are maximised.

2. The Committee considered the arguments for and against whether opiate substitution programmes had a place in the provision of effective treatment for drug misuse or whether treatments should focus on drug users becoming drug free without opiate substitution. The Committee consider that opiate substitution does play a part in enabling drug users to stabilise themselves and their families and that such treatments do have a place in the provision of effective treatment.

3. The Committee consider that the pathways for under 25’s and for young people moving from young people’s services to adult services could be improved. This is particularly the case for young people moving between Youth Offending Teams and Probation.

4. The Committee noted the evidence that stable housing accommodation is required to enable drug and alcohol misusers to achieve positive health and social outcomes and to sustain them. The Committee are of the view that there should be improved links with services supporting access to stable accommodation in order to achieve these positive health and social outcomes and to sustain them and further work is needed in this regard.

5. The Committee consider that there should be improved co-ordination of care for individuals with multiple needs between substance misuse and other agencies and there needed to be more of a focus on multi agency working, particularly between substance misuse and mental health, domestic violence, homeless support and Children and Families’ Social Services Department. The pilot domestic violence and substance misuse project is working to address the interface between substance misuse and domestic violence. Restructured drug treatment services are seeking to ensure that those clients presenting with complex needs, in particular mental health issues, have access to specialist services within the Foundation Trust. Treatment providers should work closely with the Children and Families Social worker to ensure that child protection concerns are effectively addressed and families have access to other Social Services Department support services.

6. The Committee consider that a review should be undertaken to ascertain the effectiveness of intervention programmes to reduce the offending behaviour associated with substance misuse and to deliver a closer alignment of offending reduction and drug treatment programmes. Current LAA National Indicators already do this and Islington is currently exceeding its target for a reduction in re-offending rates. The Drug Interventions Programme (funded by the Home Office) is well embedded within the existing structure of substance misuse services.

7. The Committee consider that there should be, within the new drug treatment system, robust outreach interventions to bring individuals who may not traditionally approach drug services, into the treatment system. There should within this be a particular focus on attracting young people and individuals from black and ethnic minority groups into treatment. The reconfigured drug treatment service should provide a range of services, including outreach.

8. The Committee consider that the needs of families and partners of drug users should be acknowledged and that they may require support whilst caring for the person who was actively using. The Committee whilst noting that family interventions are expensive are of the view that they
can have positive outcomes for supporting recovery and that these interventions should be supported and encouraged wherever possible.

9. The Committee are of the view that early intervention is vital in the treatment of people suffering from drug and alcohol misuse and that this can assist in preventing the next generation of drug and alcohol misusers. The Committee consider that early intervention schemes should be put in place in this regard. This is a focus for Public Health strategies in particular in relation to alcohol misuse.

10. That given many people suffering from substance misuse also suffer mental health difficulties GP’s should be made aware of the services on offer in the community for accessing help to deal with substance misuse and for mental health problems.

11. A report back on the new strategy and its effectiveness be submitted to the Committee in October 2010.
1. INTRODUCTION

1.1 The Overview Committee approved the priority topics for scrutiny at its meeting on 24 June 2008.

1.2 The review commenced in January 2009.

2. OBJECTIVES

The objectives of the review were as follows:

• To identify the estimated numbers of individuals identified as experiencing problematic drug misuse in Islington
• To identify those most at risk of developing drug misuse problems
• To identify the numbers of individuals treated for drug misuse and the effectiveness of treatment delivered
• To identify the types of treatment available locally and the evidence base for this treatment
• To examine the evidence base for this treatment and how effectiveness is measured
• To understand the role health, social care and housing services play in supporting an individual achieving and sustaining abstinence
• To understand the importance of education and employment opportunities for those who have experienced drug dependency in sustaining abstinence
• To examine how effectively the treatment and care pathways for these client groups work in Islington
• To explore the importance of aftercare in the provision of treatment
• To examine the levels of funding provided by the Local Strategic Partnership and the Safer Islington Partnership for services aimed at individuals with drug and alcohol problems
• To identify the local drug market profile
• To have a specific focus on young people with drug and alcohol problems

3. METHODOLOGY AND TIMETABLING

3.1 Following agreement of the Scrutiny Initiative Document (SID), officers designed a work programme for the Committee meetings, visits and documentary evidence.

3.2 The submissions are detailed in the minutes of the meetings of the Health and Well-being Review Committee on the Council Democracy website (www.islington.gov.uk/democracy) or from the Scrutiny Section at the Town Hall (Tel. No. 020 7527 3252).
4. BACKGROUND

4.1 Recent research undertaken by Glasgow University has estimated that there are 4107 problem drug users in Islington, with an estimated three males to every one female user.

4.2 The Glasgow studies do not include under 15’s nor extrapolate the figures for under and over 18’s. Prevalence of drug use for young people is indicated in a number of ways including those below –

- the correlation between young people and adult misuse, many adult drug users have indicated that they started taking drugs in their early teens
- Islington has high levels of substance misuse, approximately three times higher than the London average of 14.35 per thousand
- the impact of parental substance misuse and patterns of intergenerational drug use
- there are continued reports of young people who are involved in dealing and / or carrying drugs in the borough
- substance misuse was noted as one of the top concerns for young people at the November 2008 Islington CAMHS consultation event
- young people at the CAMHS consultation event reported reluctance regarding contacting services due to a number of reasons: stigma, not knowing where to go in order to receive support and advice, being judged by peers, and fear of getting other young people in trouble
- there has been a marked increase in young people disclosing issues around either being asked to carry or supply drugs and it is still difficult to engage young people identified as being involved in gang related activities

4.3 The majority of users however in Islington were older with 56% between 35 – 64, 34% aged 25 – 34, and 10% aged 15 – 24. It was important though to carry out more work with young people, as the sooner that they could get into treatment the better the chances of beating the addiction.

4.4 The only group underrepresented, when compared to census data, were individuals of Asian background and it is unclear whether this was due to cultural factors or whether users in this group were not being targeted effectively.

4.5 The impact of parental substance misuse and patterns on intergenerational drug use was clear with children growing up in this environment being significantly more likely to use drugs themselves.

4.6 It is estimated that there are 2500 and 4000 children and young people (0-19 years of age) affected by parental substance misuse in Islington.

4.7 Islington also had the fourth highest alcohol specific admissions to A&E for young people in London.

4.8 Youth workers and other front line staff continue to report the widespread use of cannabis amongst young people. There were also continued reports of young people involved in dealing and/or carrying drugs in borough. There have also been increased reports of young people using powdered cocaine.

4.9 Individuals or groups specifically at risk of becoming drug users include –

- Those generally at risk of social exclusion including individuals with mental health issues, learning disabilities and the homeless
- Young people leaving the care system with minimal support systems
- Young people who had been excluded from school
- Those who had experienced trauma such as victims of war, physical, sexual and emotional abuse with no healthy support structure to manage the psychological trauma that might arise from these situations
• Individuals from families whose intergenerational substance misuse had occurred
• Individuals who had worked in the black market and illicit drug industry for economic reasons and then developed a drug problem as part of engagement with that sub culture
• Young people involved in gang culture

4.10 Islington Drug and Alcohol Action Team (IDAAT) recognise that the numbers of young people using and accessing substance misuse services is an under representation of the actual prevalence of drug and alcohol misuse amongst young people in the borough.

4.11 Islington is the second most densely populated borough in England and Wales, and is the 8th most deprived borough in England and 4th most deprived in London. There is a large body of evidence which highlights that those living in deprived areas experience notably worse social inequalities, as well as being more likely to suffer from crime and substance misuse.

Drug Profiling in Islington

4.12 In comparison with other London Boroughs, Islington holds the second highest number of residents with a substance misuse problem and these misusers require a range of practical and pragmatic support services, including access to accommodation, accompaniment and signposting to local drug and alcohol services and sexual health services, amongst others.

4.13 The Islington Safer Partnership recognise that some anti social behaviour in Islington is linked to the misuse of drugs and alcohol and can be a generator of further crime and disorder in the vicinity.

4.14 Throughout 2006/7 – 2007/8, 4,743 people that were arrested committed a trigger offence and were consequently tested for cocaine and opiates at the Police custody suite. 31% of people tested at the custody suite tested positive for cocaine and its derivatives and/or opiates. Of these only 42% were Islington residents. This indicates that the majority of people presenting at the custody suite were coming into the borough to offend or as recreational drug users associated with the night time economy.

4.15 For the Islington offenders testing positive, the majority were exposed for poly drug use, (43%) followed by sole detection of cocaine and its derivatives (39%) and that of opiates (18%).

4.16 The majority of those presenting at the custody suite who tested positive were White Europeans, followed by Afro Caribbeans. Afro Caribbeans however were disproportionately represented at the custody suite, as the ethnic group constitutes just 12% of the Islington population.

4.17 Profiling the supply chain for drugs is difficult; however drug markets are located across all of Islington. Towards the south of the borough, recreational drugs, linked to the nighttime economy and the nightclubs and stimulant markets thrive. North Islington supports the ‘hardcore’ opiate and crack markets, particularly around Finsbury Park and Seven Sisters Road.

4.18 The prevalence of drug markets in the north of the borough is attributed to the many estates located in the vicinity and the ease of travel from Haringey, Hackney and other neighbouring boroughs.

4.19 Poly drug users buy large quantities of drugs (£100-500) per day. Infrequent droughts in the market might cause increases in price, yet mostly prices remain relatively stable. Certainly all those with knowledge of the local drug market agreed that enforcement initiatives do not impact on price. Instead markets move away from the targeted area until it quietens down, becomes more hidden or lower quality goods supplied.
4.20 Clients feel that the quality of heroin has decreased over the years and that quality is very much dependent on the dealer. Often, service users only experience bad deals when they cannot buy from their regular dealers, usually from the open markets.

4.21 Most substance misusers tended to take drugs on their own either in a discrete location or in their home. Street population clients, however, tend to prefer using flats to take drugs they may have brought from elsewhere. While not all dealing takes place in these premises, crack houses are linked with violence and intimidation.

4.22 The link between sex work and the drug trade is well known. Street sex markets are well suited to the needs of dependent drug users. There is one open sex market operating in Islington and one on the periphery of Islington and Hackney.

4.23 Research on criminally involved drug using populations has found that those involved in sex work tend to spend heavily on drugs and in Islington this appears to be the case and in most instances, the workers are caught in a vicious cycle, the money earned by women from prostitution is wholly used up to fund their drug habit. All the women were poly – drug users reporting different levels of spending ranging from £40 per day to £500 plus.

4.24 From research undertaken of sex workers who had been in prison it was established that although they had been approached by Counselling, Assessment, Referral, Advice, Throughcare services (CARAT) teams in Holloway Prison feedback suggests that none of the women used the team to come off drugs or continue treatment once released into the community. The level at which the CARAT teams and other services within the prisons could help is hindered by the fact that most women did not serve long sentences.

4.25 Interviews and intelligence gathering highlighted that most young people engaging in overt drug taking activity are using cannabis. Clearly this is a small proportion of young people, but intelligence suggests that this is linked to anti social behaviour.

4.26 Young people are recognised as partaking in the supply of drugs across Islington. It is widely believed that young people are used as runners across the borough, and the supply is quite organised with the use of bicycles and scooters and collection and drop off points in the neighbouring borough of Hackney.

4.27 There are issues around how young people are dealt with in the criminal justice system, young people arrested for carrying small amounts of drugs are usually charged with possession and not intent to supply and therefore it is difficult to engage with these young people, owing to the lack of sanctions and to provide substance misuse support.
5. **THE COMMITTEE’S FINDINGS**

5.1 The National Treatment Agency (NTA) for substance misuse was developed in 2001. Islington, alongside all other boroughs has to submit an annual treatment plan to the NTA, which is performance managed on a quarterly basis. One purpose of the plan is to identify how each borough will meet the public service agreement target to reduce the harm caused by alcohol and drugs.

5.2 Substantial investment from the Department of Health and Home Office occurred within drug treatment between 2002 and 2008 in response to the ‘Tackling Drugs to build a Better Britain, the Government’s 10 year strategy for tackling drug misuse. More recently funding had been reduced by £500,000 for these services.

5.3 Drug problems do not occur in isolation and are often tied into other social problems. To really make a difference to drug misuse, goals must be long term. The central government approach was to create a healthy and confident society, increasingly free from the harm caused by the misuse of drugs.

5.4 The intention of the national strategy was to focus on areas of greatest need and risk with a focus on those that cause the greatest damage, including heroin and cocaine; however this has in the past year been changed to focus on crack cocaine and heroin, rather than cocaine powder. This is a matter of concern locally for the borough given the prevalence of use of cocaine powder.

5.5 This concern has been expressed by the Islington Substance Misuse service to the National Treatment agency about the shift in central government targets from focusing on the engagement of all problematic drug users into treatment, to a focus on opiates and crack cocaine. The Committee noted that the misuse of drugs, such as cocaine powder, can require as lengthy and costly engagement in treatment as for the users and families of heroin and crack. New formulas for allocation of future NTA Pooled Treatment Funds mean that for each opiate or crack user engaged in effective treatment the borough will receive £1440 towards their treatment and for every non opiate or crack user £770. This places a priority for areas to engage more individuals with class A opiate and crack use than any other drug misuser in treatment.

5.6 The approach combines firm enforcement with effective treatment and prevention and aims to promote action against drugs that makes substantial progress over the long term.

5.7 There was a new 2008-2018 strategy, Drugs protecting families and communities 2008, which aimed to restrict the supply of illegal drugs and reduce the demand for them. It focused on protecting families and protecting communities.

5.8 NHS Islington and the Joint Commissioning Group for substance misuse, has overseen, on behalf of the Islington Strategic Partnership, a drug treatment and systems review and redesign exercise in 2006/7. This led to a change in services commissioned from the latter part of 2008, with full implementation by April 2009.

5.9 The focus of the Islington strategy for drug treatment is to have an integrated treatment system that promotes easy access to and a structured retention of treatment.

5.10 Whilst the ultimate aim of providing treatment is supporting individuals to move towards cessation of drug use and activities to support those with problematic drug use, services were provided within a harm reduction model of service delivery.

5.11 The new drug treatment system was launched in late March/April 2009.
5.12 One of the key priorities for 2009/10 is to improve planned completion rates for everyone in the drug treatment system and there is a need to increase the focus on target client groups identified with high risks of attrition, particularly BME clients within the criminal justice system. There also needs to be increasing engagement with the treatment naïve population, with specific targeting on the injecting population and those less than 25 years of age.

5.13 There also needed to be a continued focus on target client groups identified with having high attrition rates and there would be a launch of the new drug treatment system so that all stakeholders are fully informed of the changed system and its aims.

5.14 Islington was at the top end of seeing class A drug users in London and whilst it appeared that the borough had less injecting drug users in treatment than other boroughs, there was some doubt about whether these figures were accurate.

5.15 The Committee noted that work was being carried out to improve the communications with the Prison service and drug offenders in prison settings, however not all Islington residents who offended were sent to Pentonville or Holloway, which were the two prisons in the borough. In respect of offenders who were not in Islington prisons communication was often not easy.

5.16 The Community Safety team were trying to target those individuals leaving the criminal justice system and often court orders in force against these individuals would require them to access treatment. A new Islington Drug treatment system (IDTS) database was being introduced that would enable better communication across service providers. Patients could then be tracked more accurately through their treatment. The IDTS would also be ‘rolled out’ to prisons so that patients could then be tracked from their transfer out of the prison system.

5.17 Access to employment for ex-offenders still needed to be improved and work has also been undertaken with the Supporting People service to improve housing options.

5.18 The Committee noted that there are four tiers of intervention for drug treatment and the services commissioned in operation in Islington at present.

5.19 Tier one interventions include provision of drug related information and advice, screening and referral for specialised drug treatment. Tier one interventions are provided in the context of general healthcare settings or social care, education, housing support or criminal justice settings where the main focus is not drug treatment. None of these services are directly commissioned through drug treatment resources, but link services are funded to facilitate engagement through certain routes, including a hospital liaison worker based at the Whittington, a post release prison support worker and housing support worker.

5.20 Tier 2 interventions are open access, non care planned drug specific interventions and include:

- Triage assessment and referral for structured drug treatment
- Drug interventions which attract and motivate drug misusers into local treatment systems, including engagement with priority groups, such as pregnant women, offenders and stimulant users
- Interventions to reduce harm and risk due to blood borne viruses and other infections for active drug users – these include dedicated needle exchange and the support and co-ordination of pharmacy based needle exchanges
- Interventions to minimise the risk of overdose and diversion of prescribed drugs
- Brief psychosocial interventions for drug and alcohol misuse (including stimulant and cannabis problems if this does not require structured treatment)
- Brief interventions for specific target groups including high risk and other priority groups
- Drug related support for clients seeking abstinence
- Drug related aftercare support for those who have left care planned structured treatment
• Liaison and support for generic providers of Tier one interventions
• Outreach services to engage clients into treatment and to re-engage people who have dropped out of treatment
• A range of the above interventions for drug misusing offenders

5.21 Tier 2 interventions may be delivered separately from Tier 3, but will often be delivered in the same setting by the same staff as for Tier 3 interventions. Other typical settings to increase access are through outreach, general detached or street work, peripatetic work in generic services or domiciliary visits and in primary care settings. Pharmacy settings are important due to their unique role in pharmacy based needle exchange schemes and their role in supervised consumption of prescribed drugs.

5.22 Criminal justice settings include initial contact and assessment by DIP workers in police custody suites, magistrates courts and crown courts and working closely with probation, as well as the Counselling, Assessment, Referral, Advice, Throughcare service (CARAT’s), and prison healthcare provision. Drug treatment interventions for offenders may be delivered in the community by DIP workers and in prison by CARAT’s and some other drug treatment programmes.

5.23 Tier 3 interventions include provision of community based specialised drug assessment and co-ordinated care planned treatment and drug specialist liaison. The services that are commissioned to provide Tier 3 interventions locally include –
• Crime Reduction initiatives (CRI) deliver the Drug Intervention programme arrest referral and court access services
• Drug Intervention Programme
• Dovetail service – outreach services to engage clients into treatment and to re-engage people who have dropped out of treatment
• The ISIS Project which is a new service commissioned and N7 to deliver a one stop shop model
• The Camden and Islington Foundation Trust Complex Needs service
• Cranstoun Milton House day programme

5.24 The range of tier 3 interventions include –
• Comprehensive drug misuse assessment
• Care planning, co-ordination and review for all in structured treatment, often with regular key working sessions as standard practice
• Community care assessment (for residential treatment and day programmes provided out of borough) and case management for drug misusers
• Harm reduction activities which are integral to care planned treatment
• A range of prescribing interventions in the context of a package of care – these interventions should be in line with evidence based clinical standards with specific interventions including prescribing for stabilisation and oral opioid maintenance prescribing: community based detoxification and a range of prescribing interventions to prevent relapse and ameliorate drug and alcohol related conditions
• A range of structured evidence based psychosocial interventions to assist individuals to make changes in drug and alcohol using behaviour
• Structured day programmes and care planned day care (e.g. interventions targeting specific groups)
• Liaison services for acute medical and psychiatric health services (e.g. pregnancy, mental health and hepatitis services)
• Liaison services for social care services e.g. child protection and community care teams, housing, homelessness
5.25 Most of these Tier 3 interventions are delivered in the specialised drug treatment services of the ISIS project, Camden and Islington Foundation Trust Islington Drug and Alcohol Specialist Services and Cranstoun Milton House Day programmes. Other delivery may be by outreach and may be delivered alongside Tier 2 interventions.

5.26 The Islington Primary Care Drug and Alcohol Services is a commissioned service which works with GPs to provide drug and alcohol services within primary care. It does not work within Prison. Camden and Islington Foundation Trust are commissioned to provide clinical substance misuse services within prison and CARATs funding is from the National Offender Management Scheme and is managed by the Interventions and Substance Misuse Group (formerly NDPDU-National Drug Programme Delivery Unit). A DIP prison resettlement post is funded through the Home Office funding for Islington CJIT services.

5.27 Community criminal justice programmes, such as Drug Rehabilitation Requirements (DRR’s), are delivered by Milton House Day programme in contracted community drug treatment services, but at present probation are exploring some in house services by probation staff and in conjunction with local drug treatment providers on probation premises.

5.28 Tier 4 interventions include provision of residential specialised drug treatment, which is care planned and care co-ordinated, to ensure continuity of care and aftercare. Some are commissioned on a block contract basis and others are commissioned on a spot contract basis dependent on presenting need. Access to on the spot contracted placements are via the Camden and Islington NHS Foundation Trust services and Islington. There is also a cross borough PCT/DAAT project Islington is involved in with Barnet, Haringey, Enfield and West Hertfordshire PCT’s to commission an inpatient detoxification and stabilisation unit for the 5 PCT’s, which if successful, will open in April 2010.

5.29 Aftercare and non treatment specific wraparound support is a package of support that is planned with the client to support them when they leave structured treatment. The aim of aftercare is to sustain treatment gains and further develop community integration.

5.30 The bulk of patients accessed tier 3 or 4 services, but in Islington they would be asked whether they had tried community treatment in the first instance. Residential treatment was often proven to be difficult if the patient was not prepared. By first accessing services within the community, misusers generally have a greater possibility of a good outcome from residential rehabilitation. The overall numbers of patients entering residential rehabilitation would be higher in neighbouring boroughs, but Islington residents spent less time in residential treatment.

5.31 The current economic climate would impact on the employment prospects of ex-offenders and drug users; however work was being undertaken to identify placements in industries, such as construction, computing and gardening. Drug users came from a variety of backgrounds and also had varying degrees of education.

5.32 The Committee also noted that it was proposed to establish a tenancy sustainment service, which would work with patients and supervise them for the first three months in their new accommodation, after which the local authority would take over.

5.33 In the past patients who had dropped out of treatment had been penalised, but now these patients were a priority for re-engagement and patients were asked to sign consent forms, stating that were they to drop out of treatment officers were given permission to contact them to facilitate access back into treatment.

5.34 The approximate level of users accessing services who were repeat entrants was 30% in the first year post treatment and 65%-70% one to five years post treatment.

5.35 The number of patients accessing services who had a pre-existing condition with the borough was a high one.
5.36 If a mother was identified as a drug user during pregnancy she would be treated ideally through an obstetric consultant. If her drug misuse was only identified at birth then the baby could be treated on a neonatal unit, but it would depend if they were identified as suffering from withdrawal. Methadone withdrawal could take up to 10 days as opposed to opiates which took approximately three days.

5.37 A team was in place that worked with those children affected by drug abuse. This includes a specialist social worker who worked with mainstream teams to identify those families at risk. Mothers were not automatically screened for drug use in their antenatal blood tests, as consent was required for any kind of testing. There was a concern that imposing compulsory testing would mean mothers who were using drugs often presented at other hospitals to give birth, as they were scared their local hospital would report them and their child would be taken away.

5.38 The majority of users in treatment were opiate users and often they were poly users, which meant that they would also be using alcohol or crack cocaine. Previously crack users had been reticent to come forward and therefore they were prescribed heroin substitutes. Pharmaceutical routes were a way of stabilising users to allow them to begin the transition towards normal life.

5.39 Less than 40% of residential rehabilitation entrants were drug free after their first spell. Many users returned four of five times before stopping drug use altogether. Approximately 70% of heroin users were on prescribing solutions and it was felt that this would assist them with ensuring their lives were in order and accessing work.

5.40 The Committee also received evidence in relation to the primary care alcohol and drugs services that were available. This service was for patients of Islington GP’s and an alcohol team provided additional resources to the Whittington Hospital.

5.41 The service has two teams of nurse specialists and drug workers. The alcohol team offer assessment for people with alcohol problems and provide brief interventions and detoxification from alcohol. Work is also undertaken with patients to reduce drinking levels and advise how to minimise the adverse effects of alcohol on health. Specialist support is available from a consultant psychiatrist.

5.42 There is also a drug team and its core business is to support delivery of the drugs misuse national enhanced services, including support for opiate maintenance and detox programmes. It also includes minimum intervention and harm minimisation interventions for non opiate substance misuse and onward referral to other tier 2, 3 and 4 providers where required. There is also specialist medical support from NHS Islington lead GP for substance misuse.

5.43 The aim of the service is in relation to primary care alcohol and drug services to provide specialist advice and support to Islington GP’s in the management of their substance misusing patients, including clinical review and consultation. The service provides shared case management of patients, for which GP’s retain clinical responsibility. This includes appropriate programmes of Tier 2 / 3 care that are in line with the Models of care laid down for adult drug misusers. The service also aims to increase the numbers in treatment and facilitate retention in treatment for a minimum of 12 weeks and to reduce the effect of alcohol and drug misuse across Islington, including the physical, psychological and social consequences for the patient and their carers. In addition there is a need to facilitate equity of access to the Drugs National Enhanced Strategy across the borough.

5.44 Further aims of the service include –

- To continue the development of primary care based alcohol and drug services as part of the wider treatment system in Islington
- To continue the development of a broader based substance misuse harm prevention strategy
• To maximise Primary Care Practitioners skills in working with substance misuse, providing education sessions for GP’s
• To promote a stepped care model of treatment delivery
• To demonstrate the effectiveness of service by audit
• To provide an alternative to secondary care for patients where clinical need and choice dictates

5.45 The services provided include –

• Comprehensive alcohol and drug misuse assessment
• Health promotion and harm reduction principles
• Screening and risk assessment
• Patient referral to, and transfer from, secondary care
• Key working, care planning and co-ordination, reviews/treatment outcome profile
• Prescribing advice and review of pharmacotherapy
• Psychological therapies
• Liaison with partner agencies and community pharmacies
• Relapse prevention support
• Alcohol awareness/intervention training (PCT and practice staff)
• Family carer and support

5.46 The benefits to the patient include regular key working sessions, regular contact with their GP/Practice nurse, flexible prescribing, holistic care, mainstreaming of substance misuse interventions, enhanced communication between the substance misuse service and GP, evidence based practice in line with current Department of Health guidelines, and some early and late clinics.

5.47 Referrals can come from any Islington GP or from statutory or non statutory services who have clients that they feel can be managed in primary care. Referrals can be by contacting the team by letter/fax with the patient's details, completing the generic triage form or booking a new client into clinic for a 1 hour assessment slot.

5.48 Primarily the role of drug specialist staff will be for patients who are opioid dependent, those who use illicit drugs such as heroin, or pharmaceutical opiates, or those currently receiving opiate treatment from elsewhere.

5.49 For those not currently in treatment, opiate tolerance and dependency must be demonstrated (diagnosed following a comprehensive assessment process). Biological indicators, such as urine toxicology testing must confirm opioid use, prior to commencing substitute medication.

5.50 Patients wishing to receive primary care partnership support who are receiving treatment elsewhere must have evidence of current treatment obtained and the assessment for suitability will take place and include if suitable a summary of treatment, including substance misuse, medical, psychiatric history and risk.

5.51 Exclusion criteria for treatment include –

• Out of borough residents or not registered with an Islington GP
• Patients not willing to engage in shared case management support with Primary Care Alcohol and Drug services (PCADS), where assessment indicates this is necessary to support GP treatment
• Patients with severe unstable physical or mental health problems who are able with support to access specialist services
• Unstable living environment e.g. street homeless
• Evidence of serious poly-use and chaotic lifestyle
• Evidence of Delirium Tremens and / or withdrawal seizure history
• No access to prescribing services from an Islington GP

5.52 The Committee also received evidence from the ISIS project, which was a project providing a way into treatment for substance misuse.

5.53 The project was a consortium of organisations, the Crime Reduction initiative, Cranstoun drug Services and NHS Islington, which were the provider arm.

5.54 The consortium aims to excel in innovative and effective client centred responses to problematic drug use in Islington. A flexible and accessible service will ensure timely and rapid provision of treatment, appropriate to an individual’s help. Immediate care and treatment will seek to maximise engagement and the positive outcomes of the treatment journey. Care coordination and service delivery will ultimately aim to reduce harm to the individual and local communities in relation to drug use and crime, enabling community integration.

5.55 In terms of access, referrals and care pathways there was self presentation open access. Referrals could in addition come from primary care, social services, benefits agencies, housing providers, carers and advocates. Through care was provided by a number of partnership organisations, such as the Primary Care Alcohol and Drug services (PCADS), the Islington Drug and Alcohol services (IDASS), the Drug Intervention programme and the Milton House community programme. There were also re-engagement programmes.

5.56 In terms of prescribing services the emphasis was on harm reduction and there was on site testing and treatment initiation. The service also considered problems where service users had stimulant, alcohol or other health needs and had extended hours and outreach facilities.

5.57 In terms of prescribing a comprehensive assessment and treatment initiation in 24 – 48 hours, there was nurse prescribing, rapid titration, links with primary care and also with specialist services.

5.58 The main prescribing areas were in the areas of opiate dependency, alcohol dependency associated with drug use, stimulants, general medical care and in line with clinical guidelines on drug use management, the Orange guidelines.

5.59 The service priorities for 2009/10 are the engagement, retention and involvement of clients, the publicity and profile and local knowledge and awareness, integration with partnerships, good locations and centres plus satellite provision, clear and appropriate client pathways and strong clinical leadership and skilled staffing.

5.60 The Committee also considered a review of pathways to aftercare services for both drug and alcohol misusers within Islington that was commissioned by NHS Islington in October 2006.

5.61 The review, in defining aftercare services, acknowledges the difference between substance misuse related services continuing to focus on the individual’s substance misuse and that of the non substance misuse services, which address holistic needs and integration. The review also highlighted the need to address non substance misuse related needs at all stages of the treatment journey and should not only target individuals completing or having completed structured treatment. Particular acknowledgment was given to the value of such services and interventions with target groups with low engagement rates, such as younger service users, black and ethnic minorities and stimulant users. Furthermore those stabilised through opiate prescriptions were viewed as often being a ‘forgotten group’ when considering pathways to non substance misuse related services.

5.62 Local estimations of need have proved difficult with current local monitoring within both drug and alcohol treatment, however it is estimated that within Islington drug and alcohol treatment
services there are 891 individuals who require support around substance misuse issues related support, 806 in need of some form of support around housing and 608 individuals requiring support around education, employment and training needs. This is an indication of the minimal level of needs and does not take into account those who are not engaged in treatment or those accessing non substance misuse related support at early stages of treatment.

5.63 Islington’s substance misuse related aftercare support is delivered primarily by Milton House Aftercare programme for drug misusers, which offers both a stabilised and drug free pathway and the CASA programme, which offers a day structured programme and provides relapse prevention and structured counselling for alcohol misusers. The Committee noted that significant gaps had been identified within the borough, including fragmented delivery of aftercare within substance misuse treatment services, due to limited joined up working, a lack of distinct clean/dry abstinent environments and limited pathways to subsidised long term psychosocial support and poor pathways to aftercare for those completing residential treatment outside London.

5.64 For non substance misuse related services, education, employment and training local job centre plus work has diminished, however further provision through Islington’s Adult and Community Learning and Regeneration schemes offer significant opportunities to improve pathways to education, employment and training support for substance misusers. The barriers in these pathways are predominantly due to a lack of knowledge and awareness of these services, hence improving publicity and information is a key area of development.

5.65 The multi agency aftercare sub group has been established to require a joined up approach of drug and alcohol treatment services, education, employment and training partners, housing benefits, family support services and service user involvement.

5.66 The Committee were of the view that it was vital that those with substance misuse problems had the ability to access stable accommodation whilst receiving treatment and it’s meeting on 11 June 2009 considered witness evidence from Eileen McMullan from the Islington Supporting People programme.

5.67 Supporting People was a partnership of the Council, the PCT and the Probation service to agree priorities for housing related support services in Islington.

5.68 There were four key themes to the strategy, prevention of homelessness, health promotion, community safety and equality.

5.69 Supporting People is linked to and assists in the delivery of a range of wider central and local government initiatives, such as including improving community safety by working in partnership with the Community Safety, Drug and Alcohol action teams and Probation service to support people with substance misuse problems.

5.70 Housing support in Islington is provided by third sector organisations and specialist housing associations in short term housing accommodation based settings with varying levels of support and floating support to people already living in independent or temporary accommodations.

5.71 The Committee stated that direct drug misuse services account for 7% of the supporting people budget and alcohol services 4%. The Clean Break report in 2007 led to the development of a new high level support service for substance misusers and a process of remodelling and tendering a number of substance and misuse services. It also identified the need to improve pathways through supported housing and improve links with treatment services.

5.72 There are 169 supported housing places available for alcohol misusers and 238 for drug misusers. Supported housing provides a safe and secure environment in which people with chaotic lifestyles can stabilise and seek support to address issues that are barriers to them...
The Committee were pleased to note that there was a high percentage of those supported having positive outcomes and that referral co-ordinators were located in housing advice teams, who work with the probation service and providers to ensure that referrals are placed in appropriate supported accommodation. It also works closely with Community Safety on substance misuse and offender services to access accommodation options including the single homeless service.

There is also an LAA funded rent deposit and skills development scheme to target offenders and people with substance issues to assist people to move on to the private rented sector.

The Committee also noted that there recently had been a pilot project set up to target housing support services for women offenders with combined problems associated with substance misuse and domestic violence. This was developed in partnership with Cranstoun Drug services and Solace Women’s Aid.

The purpose of the scheme is to provide housing support to women when they leave prison and to improve joint working between the substance misuse and domestic violence sector and it also identified the need and potential option through remodelling of accommodation based services for homeless drinkers.

The Committee were aware that a number of people with substance misuse problems also suffered from mental health issues and that this could be exacerbated by living alone. The Committee were pleased to note that the mental health floating support service would be looking at providing support commencing in September for assistance to people living alone with mental health issues.

The Committee were also of the view that the services that were available should be made more widely known to GP’s who were dealing with these types of issues at primary care level.
6. CONCLUSION

6.1 The issue of substance misuse is a problem across the country and Islington as an inner city area experiences high levels of alcohol and drug addiction, the fourth highest level in London.

6.2 During the review the Committee debated the advisability of opiate substitution methods such as methadone or whether this was just masking the problem and there should be abstinence for drug users in the same way as for alcoholics.

6.3 After careful consideration the Committee were of the view that the stabilisation of drug misusers and the benefits to their families and society did make the process of opiate substitution worthwhile.

6.4 The Committee were also of the view that stable accommodation was another factor that was needed to try to ensure that drug and alcohol misusers did take part in effective rehabilitation and recognised that it often took a long period of time and many attempts at rehabilitation for some misusers to kick the habit of drug or alcohol misuse.

6.5 The Committee also recognise that Islington has a high level of problematic drug and alcohol misuse and that the new strategy that has been introduced is still in its relatively early stages.

6.6 The Committee hope that its recommendations will assist in the effectiveness of the strategy and that the problems of drug and alcohol misuse in the borough are alleviated.
APPENDICES

SCRUTINY INITIATION DOCUMENT - APPENDIX A
LIST OF WITNESSES/DOCUMENTARY EVIDENCE - APPENDIX B
SCRUTINITY REVIEW INITIATION DOCUMENT (SID)

Review: Social inclusion of individuals with problematic drug and alcohol use

Scrutiny Review Committee: Health and Wellbeing Review Committee

Director leading the Review: Sarah Price Director of Public Health

Lead Officer: Mary O'Donnell

Overall Aim

To explore the impact of problematic drug misuse on the Islington population, focusing mainly on individuals with problematic drug use with an additional focus on associated alcohol problems, how at risk populations can be diverted from drug misuse; the treatment available for those identified with drug dependence and the effectiveness of treatment delivered in enabling people to lead drug free lives.

Objectives of the review:
1. To identify the estimated numbers of individuals identified as experiencing problematic drug misuse in Islington
2. To identify those at risk of developing drug misuse problems
3. To identify the numbers of individuals treated for drug misuse and the effectiveness of treatment delivered.
4. To identify the types of treatment available locally and the evidence base for this treatment
5. To examine the evidence base for this treatment and how effectiveness is measured.
6. To understand the role health, social care and housing services play in supporting an individual achieving and sustaining abstinence
7. To understand the importance of education and employment opportunities for those who have experienced drug dependency in sustaining abstinence
8. To examine how effectively the treatment and care pathways for these client groups work in Islington.
9. To explore the importance of aftercare in the provision of treatment
10. To examine the levels of funding provided by the Local Strategic Partnership and the Safer Islington Partnership for services aimed at individuals with drug and alcohol problems.
11. To identify the local drug market profile.
12. To have a specific focus on young people with drug and alcohol problems.

How is the review to be carried out.

Scope of the Review
- Local and national data on drug misuse prevalence
- Local and regional data on illicit drug markets and crime patterns associated with drug misuse
- National and international research on the effectiveness of treatment in the management and treatment of drug misuse
- Diversionary activities for those at risk of developing a dependency to drug misuse
- Treatment services are commissioned and by whom
- Information on wraparound services currently provided
- The role of the wider partnership in improving the effectiveness of treatment delivered for drug
dependence social inclusion of this client group

- Proposals for any changes to points of access into training and employment opportunities
- Supporting people in accessing and retaining accommodation
- Proposals to change current practice models and why

Two types of evidence will be assessed by the review:

1. **Documentary submissions**
   - Identified national and international literature and research on the effectiveness of treatment (including “Treatment of drug misuse problems evidence of effectiveness” Gossop (2008); National Treatment Outcome Research Study Gossop et al (2000))
   - Islington's Treatment Plan 2007/08
   - Islington Drug Intervention Programme’s pathway papers & action plans
   - Islington's Clean break report – looking at the need for supported housing to help substance misusing clients motivated to address their treatment
   - Models of Care Pathways for Drug and Alcohol Treatment
   - Islington Housing and Adult Social Services Employment Strategy (draft)
   - Islington Drug Treatment Services and Systems Review 2007
   - David McIntosh – London Drug Policy Forum

2. **Witness Evidence**
   - Islington PCT Senior Joint Commissioning Manager and Joint Commissioning Manager
   - Supporting People Commissioning Manager - Community Safety Partnerships Unit (the community safety manager, service user co-ordinator)
   - Supporting People Allocations Team Lead
   - Milton House Day Skills Manager
   - Islington Young People Drug and Alcohol Service Manager
   - Jobcentre Plus – their service to ex-offenders
   - Islington Clients of Drug and Alcohol Treatment Services
   - CASA Family and Friends Services
   - Camden and Islington NHS Foundation Trust – drug and alcohol services Lead Consultant Dr John Dunn –pharmacological therapies ;) Dr Paul Davies psychology services.
   - Rugby House Modern Apprentice Programme
   - Addiction Training Programme

Consultation and communication plan:
Presentations to key groups:

**PCT Board**
- Regeneration / Jon Centre Plus
- Alcohol Reference Group
- Drug Reference Group
- Islington Diversity Forum
- Islington Carers Forum
- Council website

**PCT newsletter**
- Service Users Internet Blog
- Joint Commissioning Group for Substance Misuse

The final report will be widely reported, including all of the above

### Programme

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<thead>
<tr>
<th>Key output</th>
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<td>1. Scrutiny Initiation Document</td>
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<td>2. Timetable</td>
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<td>3. Interim Report</td>
<td>June 2009</td>
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This SID has been approved by the Overview/Review Committee.

Signed: [Signature]
Date: [Date]
Chair
LIST OF WITNESSES

Eileen McMullan – Islington Supporting People programme
Ola Akinlade – Islington Community Safety team
Mary O’Donnell – Senior Joint Commissioning Manager Substance Misuse NHS Islington
Katie Porter – Cranstoun Drug Service

DOCUMENTARY EVIDENCE

An overview of drug misuse prevalence and treatment in Islington
Social inclusion of individuals with problematic drug use – Current drug treatment strategy and treatment, planning objectives and process
Tackling Drugs Changing Lives
Profiling Islington Drugs Markets Update November 2008
Mainstreaming the Drugs strategy – Turning Point
Islington Aftercare Event report – Groundswell UK