

SUPPORTING ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE

December 2021



Appendix

Local services

Facts and figures:

- Local prevalence
- Complexity of local service users
- Alcohol admissions

Inequalities associated with drug and alcohol use

Inequalities infographics

Local services

Better Lives, the new adult Islington drug and alcohol recovery service started on the 1st April 2018.

Camden and Islington NHS Foundation Trust (C&I) are the lead provider working in partnership with WDP and Humankind (formerly Blenheim).

Better Lives provide comprehensive support to local residents aged 18+ who need support in addressing their alcohol and/or drug use. This includes:

- Harm minimisation advice
- 1:1 structured support
- Substitute prescribing
- Group sessions
- Peer support
- On-site mutual aid (pre-covid)
- Education, training and employment
- Family support service
- Psychiatric and psychological assessment and support

Facts and figures

Local Prevalence

New estimates of the number of crack and/or opiate users (OCUs) and alcohol in Local Authorities taken from Diagnostic Outcomes Monitoring Executive Summary 2020/21. Unmet need is the estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol and not in the treatment system

Data Source NDTMS

Cohort and estimated number	Islington unmet need	National unmet need
OCUs – 2308	61%	53%
Opiate – 1873	55%	47%
Crack – 1530	59%	58%
Alcohol - 3601	83%	82%

Increasing numbers in treatment has always been one of the main focal points of commissioners and local providers. Covid gave a unique opportunity to draw people into treatment, particularly opiate users, who may have chosen to decline previous offers of support.

Complexity of Service Users

Clients present to treatment with various characteristics such as the substances they are using, their employment and housing status, their physical and psychological health – that will significantly affect their chances of successfully completing.

NB: The following data was provided by PHE (Sept 2021 – Recovery Diagnostic Toolkit). Please refer to the next slide for detail on how this is defined / calculated.

Numbers / %s in treatment

	Very Low	Low	Medium	High	Very High
Islington	228 (17%)	230 (17%)	182 (14%)	284 (21%)	410 (31%)
Camden	16%	20%	13%	19%	32%
Haringey	23%	22%	12%	17%	27%
Enfield	29%	24%	12%	17%	18%
Barnet	25%	24%	13%	16%	22%
National	16%	19%	16%	19%	30%

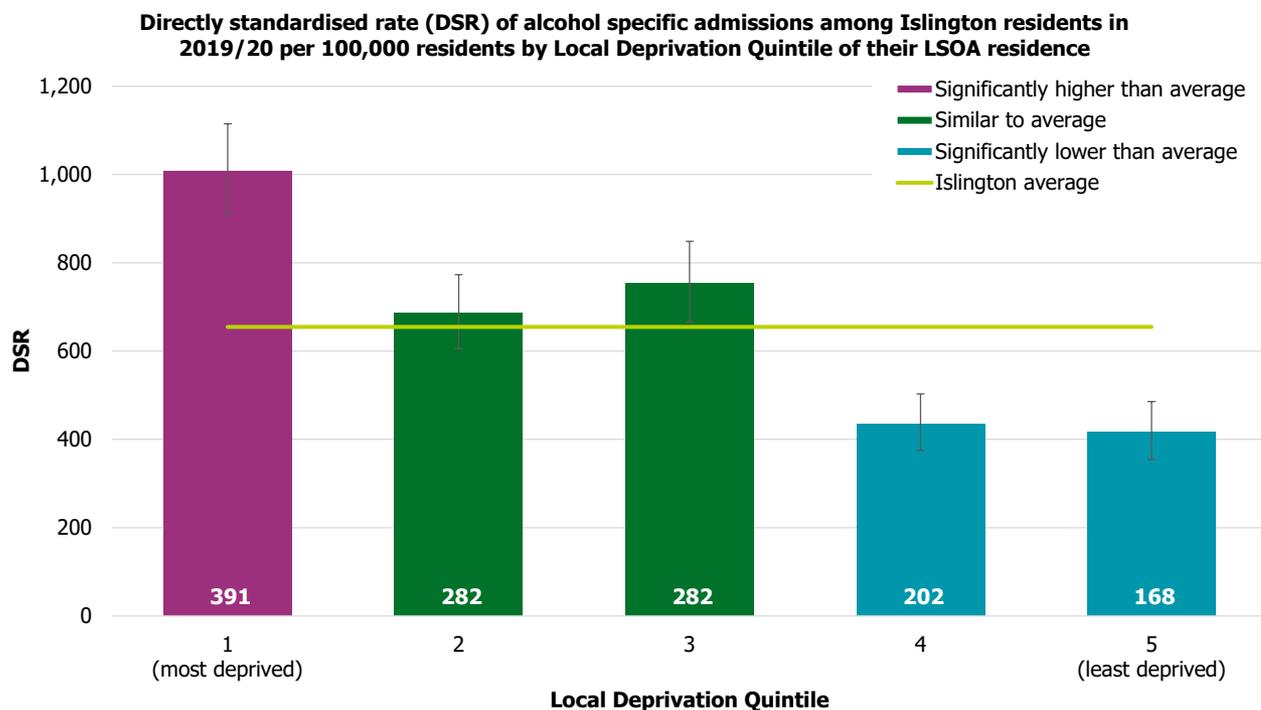
Complexity of Service Users

The previous table show the treatment population by complexity for local authority during 2020-21. A national comparator based on the latest period is also displayed.

The information in this table relates to ALL opiate, non-opiate and non-opiate & alcohol clients.

Complexity is assigned to clients individually using a scoring system. In this, a score is assigned to an individual based on variables collected in Treatment Outcome Profiles (TOP) and National Drug Treatment Monitoring System (NDTMS) returns. There are separate scores for "new clients", i.e. clients that started treatment in the year and "existing clients", i.e. where the person was already in treatment at the start of the year. These are summed up for each individual and the resulting scores are then grouped into the five complexity groups shown from very low through to very high.

Alcohol-specific admissions: DSR by deprivation, Islington, 2019/20



- The directly standardised rate of alcohol specific admissions per 100,000 residents decreased by increasing levels of deprivation.
- Alcohol admissions rate was 2.4 times greater in the most deprived quintile compared to the least deprived quintile (1,008 per 100,000 vs 416 per 100,000)
- Alcohol admission rates were significantly higher in the most deprived areas (deprivation quintile 1) compared to the standardised borough rate borough rate (1,008 per 100,000 vs 655 per 100,000).

Note: Data label refers to observed number of admissions.

Source: HES 2019/20

Facts and figures

Islington experiences some of the greatest levels of alcohol related harms in London

- In 2019-20 the alcohol specific admission rate was **820.2 per 100,000**. This was significantly higher than the England and London average, and **7th highest** in London. The overarching trend indicates a decline in admissions in Islington residents, although this appears to have plateaued over the last couple of years
- There were **40 admissions** as a result of alcohol in those aged under 18 years during the period 2017-18 to 2019-20). This was the **2nd highest rate in London**, although not significantly different from England average
- In 2017-19 the alcohol specific mortality rate in Islington was **9.2 per 100,000**. This rate has remained relatively constant over the last 5 years, and is similar to the rate in London and England as a whole.
- In 2018 there **649 years of life lost due to alcohol related conditions per 100,000** residents. This was similar to the rate in London and England as a whole.

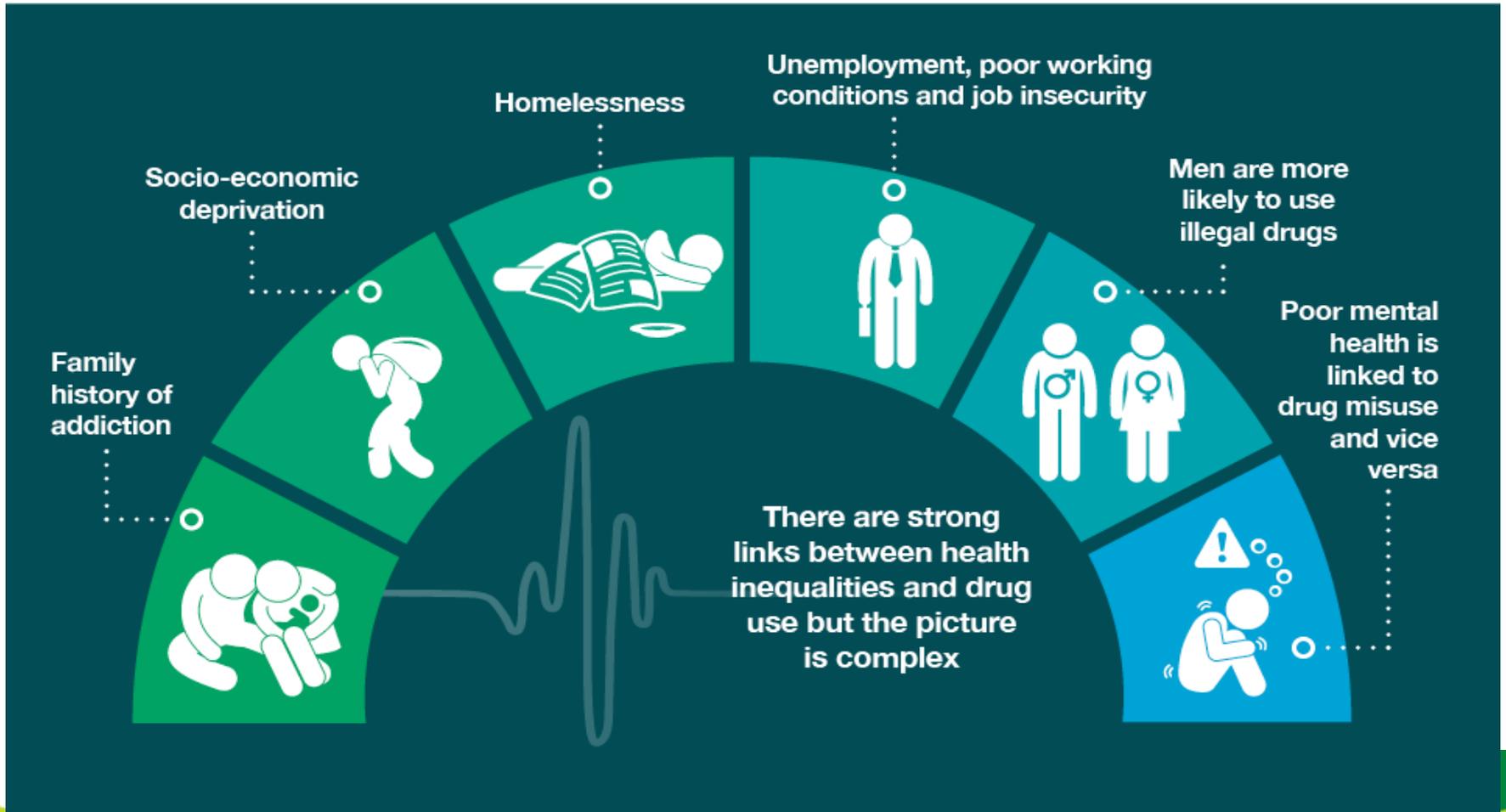
Inequalities associated with drug and alcohol use



ISLINGTON

- Alcohol and drugs cause problems across the social scale.
- However, health harms are much more pronounced in areas of high deprivation.
- On average, people on low incomes drink less than people on higher incomes. This is not surprising, since affordability is a key driver of consumption. Generally it is the impact of substance use in combination with other factors that cause health problems.
- Not all those that drink or use drugs develop dependencies which require treatment support but create associated harms such as drug dealing, anti-social behaviour.
- Drinking or drug taking excessively can harm anyone. However, substances rarely work alone in causing health problems.
- The effects are linked to a range of other factors: some individual, such as metabolism or inherited genetic traits; other environmental, such as diet, smoking, access to healthcare or stress. It is partly because the harmful effects of drugs and alcohol are linked to these other factors that we see a social gradient in harms.

Inequalities



Drug and alcohol misuse and homelessness



In services for homeless people

- **39%** said they take drugs or are recovering from a drug problem
- **27%** have or are recovering from an alcohol problem

Alcohol and drug problems are both a cause and a symptom of homelessness. Rough sleeping, has increased by **134%** since 2010

Assistance may be needed to access and sustain appropriate housing

Access to housing can have a positive impact on motivation to change

LGA / ADPH Public Health Conference
2018

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