

# A Public Health Approach to Anti-Social Behaviour & The role of drug and alcohol treatment and mental health support in complex antisocial behaviour cases

## Introduction

As part of its review into Antisocial Behaviour in Islington, the Policy & Performance Scrutiny Committee has invited officers to consider what a public health approach to antisocial behaviour (ASB) might look like, and to consider how services for people that need support around drugs and alcohol, or mental health, can form part of the response to antisocial behaviour in the borough.

This paper considers these questions in turn.

## A Public Health Approach to Antisocial Behaviour

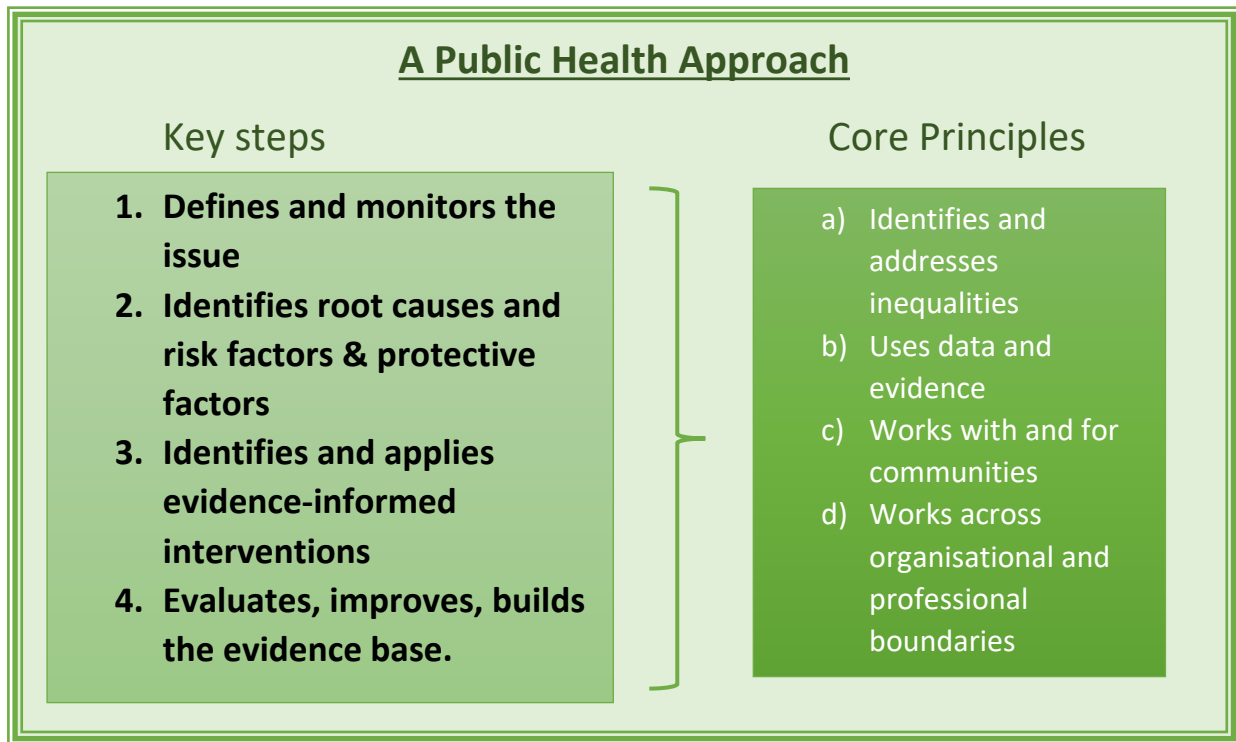


Figure 1: A Public Health Approach – Key Steps & Core Principles  
Source: Islington Public Health, 2024

Considering antisocial behaviour as a Public Health issue may hold parallels with the now well-established approach of approaching violence as a public health issue<sup>1</sup>. This does not deny a role for criminal justice and enforcement, but that the issue requires additional consideration and a broader system-wide response. The above approach might be applied as follows.

<sup>1</sup> [15.32 - Reducing family violence\\_03.pdf \(local.gov.uk\)](#)

## Key steps in a Public Health Approach

### 1. Define and monitor the issue

In this case, to define and monitor is to establish a definition of 'antisocial behaviour' in the context of this project, and how it would be quantified and monitored ongoing. We may choose to define antisocial behaviour as per the legal definition<sup>2</sup>; we may choose to consider a sub-set of types of ASB, e.g. rowdy behaviour, but not animal problems, or we may choose a broader definition such as, any behaviour which gives rise to neighbourhood complaints or concerns being raised with the Council. A public health approach would tend to establish a person-centred definition, such as cases of ASB involving someone with an identified health or social care need(s).

Definition and monitoring should be considered together. This requires an analysis of existing data sources – police data, community safety data, resident survey outcomes, hotspot mapping – whether there are gaps or quality concerns about the information available, and if so, what can be done to improve our knowledge. It is likely that we would wish to draw upon several data sources to ensure completeness, for example police data and resident survey data.

Consideration should be given to the ongoing availability of reliable data, how this can be provided, accessed or presented, e.g. through dashboards or a datastore, and how this will be used and understood by all relevant stakeholders.

### 2. Identify root causes and risk & protective factors

Here, we would seek to understand ASB more broadly, as well how it presents in Islington. We may look at academic literature, projects and data from other boroughs, from other UK regions and cities, or internationally, to help us understand what could be driving ASB locally and how it might be addressed.

An epidemiological approach to describing antisocial behaviour would invite us to consider **time, place and person**.

- Time – when is ASB (as per our definition) taking place in the day, seasonally, and over the years, and how does this map onto potential contextual factors.
- Place – where are instances taking place, both geographically – which we currently understand through hotspot mapping – and on a smaller scale, for example on streets with certain design features or in places close to or far from certain amenities.
- Person – who is affected. Is there evidence that different groups of people are more likely to report, perpetrate or be otherwise affected by ASB.

With a view to understanding protective factors, we may look at the counterfactual – where and when is antisocial behaviour not taking place and are there groups of people less likely to be affected. And are there examples of times, places or people that have appear high risk and yet are unaffected – what factors do they have in common.

Understanding broader contextual factors may help build a picture of why and how antisocial behaviour may occur and to help identify possible means of preventing it occurring or recurring. To guide decisions about interventions, we may wish to group these factors into those acting on individuals, households, communities or the wider environment.

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<sup>2</sup> [https://www.met.police.uk/advice/advice-and-information/asb/asb/antisocial-behaviour/what-is-antisocial-behaviour/#:~:text=Antisocial%20behaviour%20is%20defined%20as,and%20Social%20Responsibility%20Act%202011%20\).c](https://www.met.police.uk/advice/advice-and-information/asb/asb/antisocial-behaviour/what-is-antisocial-behaviour/#:~:text=Antisocial%20behaviour%20is%20defined%20as,and%20Social%20Responsibility%20Act%202011%20).c)

### **3. Identify and apply evidence-informed interventions**

Investigations into root causes, risk and protective factors, and the people and places affected, will help identify the outcomes we want to achieve and the interventions we may therefore apply. Understanding what has or hasn't been effective in the past, or in other areas, may provide an evidence base from which to take steps in Islington. Our investigations are likely to have shown that antisocial behaviour is a complex problem, and that there are already multiple approaches in place to address aspects of it. Understanding the scope and scale of what is already in place is necessary to understand any additional opportunities, promote partnership working and to avoid duplication across various agencies.

As well as applying interventions for which there is evidence of effectiveness, we may also choose to pilot innovative approaches we believe have potential to deliver improvements for Islington. It may also be the case that the 'intervention(s)' we identify amount to: better working across agencies, adjustments to pathways, or increasing the promotion of existing services.

### **4. Evaluate, improve, build the evidence base**

When implementing new interventions or ways of working, a public health approach will build monitoring and evaluation into the process. This will mean establishing how the impact can be monitored – whether through routine or bespoke data collection – and evaluated after an appropriate period of time. This will inform decisions to continue, adjust or stop the intervention. In the case of a pilot project, this may mean a decision whether or not to deliver a more substantial roll-out. Documenting outcomes and sharing our process and results helps build the evidence base, not only for Islington but for system partners and for teams in other areas.

#### **Core principles of a Public Health Approach**

The following Core public health principles would be applied throughout each of steps 1-4.

**Identifying and addressing inequalities** – Consider whether risks and outcomes are experienced differently by different population groups, and how interventions can best address these inequalities to promote equity and fairness for all in Islington.

**Using data and evidence** – Identifying and making best use of robust sources of information, including data about our population, the issue or problem we are examining, current services, and taking a structured approach to gathering insights from residents and other stakeholders.

**Working with and for communities** – Understanding how an issue is affecting communities in the borough, and involving residents in the way we design, deliver and understand the impact of solutions.

**Working across organisational and professional boundaries** – Complex problems often require system-level, or at least multi-agency, responses. The input and expertise of people across the range of organisations, services and professions that work with residents are essential to understanding issues and developing effective solutions.

## Drugs and alcohol

Alcohol and drug use is an important cause of preventable harm in Islington. As well as health and wellbeing, it has social, housing, economic, crime and community safety impacts affecting individuals, families and communities. It is a cause and a consequence of inequalities.

Risk factors for drug and alcohol use can include social, environmental and behavioural elements. How these factors interact is complex and not predictive of outcomes in any one individual. There is a strong correlation between addiction and trauma, and people with drug and alcohol needs are more likely to have experienced adversity in childhood or adolescence than those who do not use drugs or alcohol. There are significant overlaps between drug and alcohol needs and several mental health conditions. Drug and alcohol use is associated with homelessness, including rough sleeping, with unemployment, contact with the criminal justice system, and with exploitation.

Drug and alcohol treatment services support people to change their relationship with drugs and alcohol, stopping or reducing the risk and impact to themselves and those around them. There is a strong emphasis on social and economic recovery, and there is a good return on investment for funding invested into treatment services. Contributing to a range of positive outcomes and reduced harm. At borough level, treatment services are an important and effective help to reduce crime, antisocial behaviour and acute healthcare demand, and to promote feelings of safety in the community.

## Mental health

Mental illness has an impact on every aspect of life, including physical health and risk behaviour, and there are large personal, social and economic costs associated with mental illness. Islington has higher levels of mental ill health than elsewhere because the borough has relatively more high-need groups, including younger and middle-aged adults<sup>3</sup>.

Mental health treatment and support varies depending on the severity of illness and the particular condition. Common mental health conditions, such as anxiety or depression are often approached with talking therapies, such as counselling or cognitive behavioural therapy, with or without GP-prescribed medication. Severe mental illness (SMI) is generally defined as symptoms so severe that they impair someone's ability to work or carry out other functional activities. Therapeutic approaches can also include psychological therapies and medication, but a person experiencing SMI would likely receive specialist care from Community Mental Health team or in secondary care, rather than from their GP. Islington funds a range of supported housing projects for people experiencing mental health difficulties.

The vast majority of cases of mental ill health affect only the person experiencing the condition, or those closest to them. Stigma can prevent help-seeking and make people experiencing mental health more vulnerable, including to exploitation.

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<sup>3</sup> [Mental health and wellbeing | Islington Council](#)

## Antisocial behaviour

### Contributory factor of drug use in Anti-Social Behaviour hotspots

**Table 1: Number of antisocial behaviour incidents reported in Islington 2018 to 2022 by Public Space Antisocial Behaviour category**

Public Space Anti-Social Behaviour Category	2018	2019	2020 (COVID-19)	2021	2022	% change 2018 to 2022
Rowdy or Inconsiderate Behaviour	5,100	4,186	10,370	5,827	4,721	-7%
Drugs	1,828	1,929	3,127	1,901	1,933	6%
Anti-social behaviour nuisance	845	952	1,646	1,169	708	-16%
Begging / Vagrancy	753	955	828	370	390	-48%
Vehicle Nuisance / Inappropriate Use	676	455	491	467	311	-54%
Fireworks	157	140	226	200	160	2%
Street Drinking	133	93	153	67	47	-65%
Prostitution Related Activity	39	21	38	25	18	-54%
<b>Total</b>	<b>9,531</b>	<b>8,731</b>	<b>16,879</b>	<b>10,026</b>	<b>8,288</b>	<b>-13%</b>

Source: Islington Community Safety 2023

The number of antisocial behaviour reports in 2022 categorised as related to drugs is similar to that received in 2018, 2019 and 2021. In 2020, there was a spike in most types of reported ASB, coinciding with the impacts of the early Covid-19 pandemic. In the same five-year period, reports related to street drinking have reduced. It is not currently possible to provide a further breakdown of the calls categorised as drug related.

Last year, the Community Safety team undertook a whole borough consultation named Safe Spaces, in which a range of localities in the borough were identified as locations where residents do not feel safe. Amongst the responses, there was a clear theme that the open

dealing and usage of Class A drugs in particular, had a disproportionate effect on how unsafe residents feel in the borough.

Actions in response to reports in 2022 included police executing 30 warrants for a range of issues including drugs, which led to 12 police led premises closure orders, and LBI Housing led on five closure orders for drug related activity which were granted by the court.

## Multiple disadvantage

In 2023, Public Health delivered an NCL-wide needs assessment to understand the health needs of inclusion health groups (people that experience significant social exclusion)<sup>4</sup>. This report also highlighted the frequency with which health and social needs can overlap in people experiencing homelessness (which includes those in supported or temporary accommodation), vulnerable migrants, sex workers and people with a history of imprisonment.

### Mental health needs observed at markedly higher rates in inclusion health groups than in the general population

#### People experiencing homelessness

- Suicide
- Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression
- Substance misuse

#### Vulnerable migrants

- Depression, anxiety, PTSD, psychotic disorders
- Additional negative impact for those in contingency hotels: lack of social spaces, repeated Covid lockdowns without opportunities to take part in meaningful activities, feeling isolated and lonely in confinement, with some reports of residents self-harming or experiencing suicidal ideation

#### People with a history of imprisonment

- Suicide, suicide attempt and self-harm rates
- Personality & psychotic disorders
- Substance misuse

Source: [NCL Inclusion Health Needs Assessment](#), Islington Health and Wellbeing Board. Alexandra Levitas, Sarah D'Souza

In 2018, Islington Public Health published research which assessed the prevalence and service response to Severe Multiple Disadvantage in Islington. This project estimated the number of residents that were in contact with services in respect of homelessness, offending (including ASB), drugs and alcohol, mental health, or all. The research identified 12 regular multidisciplinary groups involved in supporting this complex cohort and highlighted complexities in information sharing across agencies.

<sup>4</sup> <https://democracy.islington.gov.uk/documents/s33383/2a%20-%20NCL%20IHNA%20Islington.pdfv>

**Figure 2: Research into Severe Multiple Disadvantage in Islington: Nine Principles to Guide System Reform**

	As a service user...	A system that...
1	I want to be happy, healthy, independent and in control of the decisions that affect me.	Maximises wellbeing, control and independence for individuals and their families.
2	I'd like to get the right level of support at the right time, and I always want to feel supported as I move on to the next stage in my life.	Offers help when people need it, no matter where they come into the system and stands alongside people on their journey.
3	I want services to be led by my goals and I expect different services to coordinate themselves around these goals.	Is driven by the goals and aspirations of the individual, not the services that try to support them.
4	I want services to explore my previous successes, what I can do and what I'm interested in.	Works with peoples' strengths, talents and assets.
5	I need someone in the system whom I can trust, who sticks with me, who believes in me and who takes the time to understand what is going on for me.	Is based on the transformative potential of a trusted, consistent and empathetic relationship (ideally with one person) that focuses on the whole person.
6	I don't want to have to tell my background story again and again. I expect services to share this story, so that the focus can be on making positive steps forward.	Spends less time assessing people and more time creating opportunities that support positive action and change.
7	I want to get involved in positive and meaningful activities, not just a series of appointments.	Recognises the value of meaningful, purposeful activities – and positive social networks – not just a series of appointments.
8	I would like to be supported by someone who has been in my position and actually moved on to more positive things.	Recognises the value of peer support, from someone who has been 'in their shoes' before.
9	I want the service to understand how the trauma I experienced in the past, may affect how I think, feel and behave now.	Recognises the fundamental impact of experiences of trauma, especially in childhood.

Source: Islington Public Health, 2018

## Community Safety pathways to treatment and support

In 2022, 250 **Antisocial Behaviour Warnings** were issued by police and Islington Parkguard in relation to drug related antisocial behaviour. ASB warnings are in the pre-criminal space and trigger support through referrals to young people and adults drug and alcohol services as well as through support from other specialist Outreach services. Community Safety also co-produce a **Cuckooing Panel** with police to offer targeted support to people that may be vulnerable to having their property used for drug-related activity, or other exploitation.

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

(Project Adder is in its early stages and data outputs are high-level at present. As the programme continues, we look forward to receiving more granular data around locality, substances detected and the outcomes of referrals to services. We will monitor its outputs

through our Criminal Justice System strand of the Combating Drugs Partnership, as part of its work on reviewing and assessing the operation of referral pathways).

## Drug and alcohol treatment services

Islington's current integrated drug and alcohol treatment service, [Better Lives](#) ("the service"), operates from three locations in the borough, supporting people that use drugs, as well as their families and carers. Islington also commissions VIA (formerly Westminster Drug Project (WDP)) to deliver outreach support for people sleeping rough, or at risk of sleeping rough, and to deliver Islington's Individual Placement Support programme (supporting people into employment).

Drug and alcohol use is complex, and evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The treatment and recovery system reflects this diversity of need and multiple treatment options are made available, delivered by multi-disciplinary teams – including but not limited to, one to one key-working, counselling, psychological therapy, group work, day programme(s), self-help and mutual aid groups<sup>5</sup>, pharmacological treatments<sup>6</sup>, and residential rehabilitation.

The service also provides physical health support, including blood borne virus testing and treatment, and social support including housing and debt advice, skills coaching and Education, Training and Employment (ETE) support.

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 (formerly Westminster Drug Project (WDP)) 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<sup>7</sup>, and make referrals to a range of other support services.

In 2023/24 Islington 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

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<sup>5</sup> Narcotics Anonymous and Alcoholics Anonymous are examples of mutual aid groups.

<sup>6</sup> For example, opiate substitution therapy (OST) such as methadone.

<sup>7</sup> 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.



structured support programme for up to 60 Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model.

Service-user involvement. 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.

## Improving treatment access through partnership

Islington's Combatting Drugs Partnership (CDP) brings together partners across the Council, criminal justice system, and the voluntary and community sector to provide strategic oversight of Islington's work to deliver the objectives of the 10-year National Drug Strategy<sup>8</sup>. Operational sub-groups are looking at Criminal Justice System pathways, Healthcare pathways, and workforce, and Public Health recently led a cross-organisational self-assessment exercise to evaluate the continuity of care received by drug and alcohol users leaving custody, with actions improvement owned by the CJS sub-group - Public Health, Drug and Alcohol Treatment Provider, Police, Probation and Prison.

Public Health are working closely with colleagues in Community Safety to support the Combating Drugs element(s) of the Safer Islington Partnership Plan 2023-26, including supporting the facilitation of the SIP's August '23 workshop session on strategy development. We recognise the many shared aims and common stakeholders of our work and the opportunities to align our efforts to deliver improvements for Islington residents.

In particular, partnership working between Public Health, Community Safety and Police colleagues will help to identify opportunities to progress the elements of the National Drugs Strategy that are less focused on treatment – breaking drug supply chains and achieving a generational shift in the demand for drugs. Hotspot identification and partnership, e.g. a current Andover Estate Working Group, provides an opportunity for

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<sup>8</sup> In December 2021 the Government published a 10- year, national drug strategy [From Harm to Hope](#) following an independent review of drugs carried out by Professor Dame Carol Black. The strategy is generally viewed as the most joined up approach to date across central government and public services to address the impacts of drug and alcohol use. The strategy has three primary aims:

- Tackle and break up drug supply chains,
- Develop a world class drug and alcohol treatment system
- Achieve a generational shift in demand for drugs

different stakeholders and service areas to support improvements in areas showing high levels of need.

Public Health has recently established a Community of Practice: Drugs & Alcohol to bring together colleagues working with our most vulnerable and/or complex cohort, who tend to have multiple health and social needs. Improving access to drug treatment support for those in supported or temporary accommodation has been an early focus, which stands to benefit all residents in a setting and promote feelings of safety for staff and for those living in the community. To further this, Public Health is also working closely with Islington's commissioners of mental health accommodation – having recently joined its Provider Forum – to understand and help address the challenges co-occurring mental health and substance misuse needs can present for residents and for accommodation providers.

## Community Multi Agency Risk Assessment Conference (MARAC)

Community MARAC is a multi-agency forum that assesses complex or high-risk cases of antisocial behaviour that involve vulnerable victims and / or perpetrators. The panel considers relevant case information, develops a risk assessment and action plan with the aim of managing the overall risk(s) to victims, perpetrators and the community. If a case meets the three key criteria of vulnerability, risk and antisocial behaviour, it will be considered by MARAC.

MARAC meetings are chaired by Islington Community Safety and attended by core partners including local authority officers, police, mental health and substance use services, housing practitioners (LBI and RSL), safeguarding advisors, Out-of-Hours ASB/Noise team, London Fire Brigade, Victim support, Galop, GPs, the wider NHS trust, and relevant other agencies attached to the case. The role of the Panel is to facilitate, monitor and evaluate effective information sharing to enable appropriate action to be taken to increase public safety, whether by early intervention or enforcement. The responsibility to take appropriate action rests with individual agencies – it is not transferred to the Panel<sup>9</sup>.

**Table 2: Summary of cases considered by MARAC 2016/2017 to present**

Year (2016 – to date)	No of Referrals	No of Cases accepted	LBI Tenants – can be multiple in each case, victim and perp etc.	ASC* referrals including age concern and ILDP*
April 2023 – To date (Q3)	66 (88)*	54 (72)*	67	8
Apr 2022 – Mar 2023	81	70	56	2
Apr 2021 – Mar 2022	66	63	49	2
Apr 2020 – Mar 2021	80	56	61	4
Apr 2019 – Mar 2020	51	48	Not recorded	Not recorded
Apr 2018 – Mar 2019	47	41	Not recorded	Not recorded
Apr 2017 – Mar 2018	52	49	Not recorded	Not recorded

<sup>9</sup> <https://www.islington.gov.uk/community-safety/community-marac/marac-information-sharing-request-form>

<b>Apr 2016 – Mar 2017</b>	37	34	Not recorded	Not recorded
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\*year to date (whole year forecast) \*\*Adult Social Care \*\*\*Islington Learning Disability Partnership

Source: Islington Community Safety

Referrals are received from a wide range of agencies – including the police, NHS services, drug and alcohol services, Council teams (Housing, Community Trigger, Adult Social Care, Children’s Social Care, Prevent, Domestic Violence MARAC), and voluntary and community sector (VCS) organisations.

MARACs consider a range of antisocial behaviour types, including but not limited to neighbour disputes, noise nuisance, verbal abuse, harassment, cuckooing, unmet mental health needs. The most common vulnerabilities identified through MARAC are unmet mental health needs, substance misuse needs, housing issues, being a victim of crime, harassment and issues related to poverty.

**Table 3: Estimated number of MARAC cases where mental health and / or drug and alcohol needs are present (figures derived from a rapid review of all cases considered in one quarter)**

Year case considered	No of Cases accepted	Person under consideration is receiving care for:			Identified unmet need:		Referral made to:	
		Mental health	Drug or alcohol use	Both	Mental health	Drug or alcohol use	Mental health service	Drug & alcohol service
<b>April 2023 – To date (Q3)*</b>	72	24	29	12	21	17	13	8
<b>Apr 2022 – Mar 2023</b>	70	21	28	14	24	20	11	17

\* full-year forecasts.

*About this data: The above estimates are based on a review of one quarter’s worth of MARAC cases during 2022/23, and 2023/24. Please note that because the estimated case numbers are derived from one quarter’s data per year, they do not enable year-to-year comparison and should not be used to judge trend(s) over time.*

Source: Islington Community Safety

All cases considered by MARAC in one quarter of 2022/23 and one quarter of 2023/24 were reviewed for the purpose of this paper. In 70% of the cases reviewed, the person under consideration was receiving care for mental health needs or for drug or alcohol needs. In a smaller proportion of cases – around 50-60% - an *unmet* need was identified. Given the frequency with which mental health and substance misuse needs co-occur, we may anticipate that unmet drug and alcohol needs are identified in people receiving mental health support, and vice versa. Where an unmet mental health need was identified, a referral to services was made in around half of the cases. The proportion of referrals for unmet drug or alcohol need varies across the two years from which the sample was drawn. Whilst intuitively, identification of unmet need should always invite a treatment referral, it may not

be appropriate in every case, e.g., where there is a recent existing referral, a recently declined referral.

This review of a sample of cases offers us some insight into the proportion of vulnerability in the MARAC workstream that is in part attributable to mental health or drug and alcohol needs.

## Summary

1. When considering ways to understand and address antisocial behaviour in Islington, elements of a public health approach may add value to existing methods, particularly in respect of gathering evidence and information, understanding risk factors, and understanding the impact of interventions.
2. We have the opportunity to draw on existing work to understand multiple vulnerabilities and the needs of people experiencing social exclusion.
3. Drug and alcohol support need and mental health support need are drivers of vulnerability and are also often present in cases of antisocial behaviour.
4. Islington has well-established partnerships to support those affected by antisocial behaviour, and our use of data and information is only improving.
5. We may wish to explore opportunities to better understand how support services are better able to coordinate and support people with complex needs, and how we can make best use of data and evidence across agencies.

Miriam Bullock, Assistant Director & Consultant in Public Health

## Spotlight on drugs and alcohol

1. **Drugs and alcohol policy context**
2. **Drug use in Islington**
3. **Drug and alcohol services**
4. **Wider work**

### 1. **Drugs and alcohol policy context**

In December 2021 the Government published a 10- year, national drug strategy [From Harm to Hope](#) following an independent review of drugs carried out by Professor Dame Carol Black. The strategy is generally viewed as the most joined up approach to date across central government and public services to address the impacts of drug and alcohol use. The strategy has three primary aims:

- Tackle and break up drug supply chains,
- Develop a world class drug and alcohol treatment system
- Achieve a generational shift in demand for drugs

The first two goals have been the early focus of government.

All local authority areas have been given ambitious targets in increase their numbers in treatment and for continuity of care rates (successful transition from prison to community treatment). Islington has received additional grant funding – the Supplementary Substance Misuse Treatment and Recovery Grant – which for 2024/25 has been confirmed as £2.7m. The grant is ringfenced to fund drug and alcohol treatment and recovery services and receipt of the full allocation is conditional upon local authorities meeting targets around the number of people in drug and alcohol treatment, continuity of care rates between prison and community, and maintaining current levels of Public Health Grant expenditure on drug and alcohol misuse.

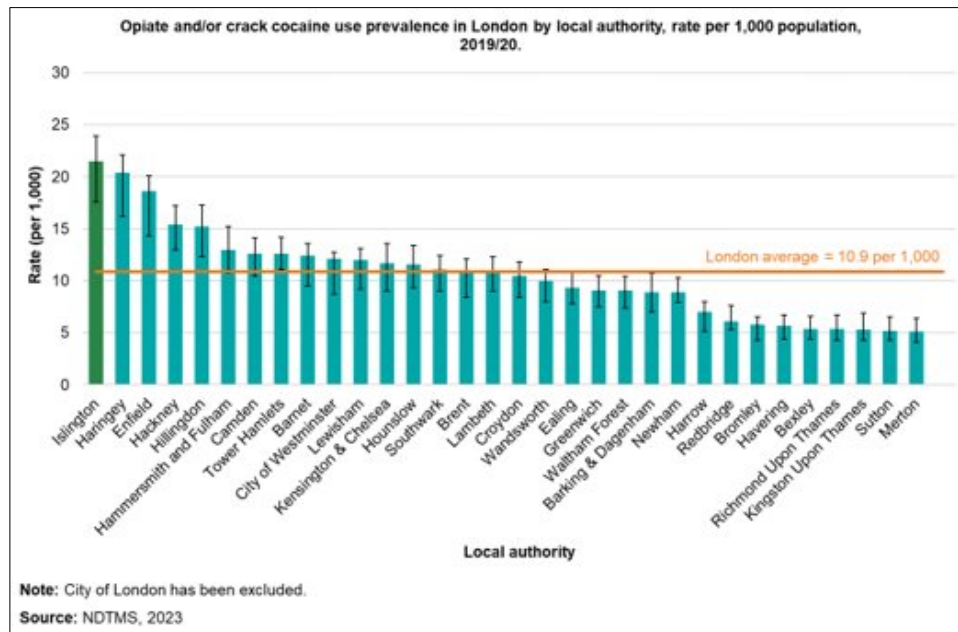
### 2. **Drug use in Islington**

- In the year ending June 2022: 2.7% of adults aged 16 to 59 years had taken a Class A drug in the last year (approximately 881,000); a fall of 22% compared with 3.4% in the year ending March 2020 .4.7% of adults aged 16 to 24 years had taken a Class A drug in the last year (approximately 274,000); a fall of 37% compared with 7.4% in year ending March 2020.
- Nationally, overall drug use has reduced by around 25% since 2001. In London, drug use has risen in recent years, whereas in England, rates are largely steady or reducing over the same period. In London, drug use reduced from 2001 to 2018 but has risen since (though remains below 2001 levels). Class A drug use follows the same pattern.
- This is based on Crime Survey data – a representative sample of adults from England and Wales. The survey gives a reliable overview but is less reliable for

assessing heavy drug use, addiction, and less commonly used substances like heroin and crack cocaine. Like all national surveys of this type, people with complex needs are under-represented.C

- The most recent modelled estimates of opiate and crack use suggest that the number of people with treatment need relating to these drugs has increased in recent years.

**Figure 1: Prevalence of opiate and / or crack cocaine use prevalence in London**



- Based on this modelling, rates of opiate and/ or crack cocaine use are thought to be higher in Islington (21.5 per 1000 population) than in London (10.9 people per 1000). Haringey and Enfield have similar estimated prevalence rates at 20.4 per 1000 and 18.6 per 1000 respectively. These estimates are derived from algorithms applied to four data sets: Community drug treatment data; Criminal Justice System arrest data; prison data; drug-related mortality data (ONS). Excluding City of London, it is estimated that Islington has the highest opiate and/or crack cocaine usage in London.

### 3. Drug and alcohol services

**Table 1: Current and target treatment numbers – Drug and alcohol support**

Numbers in treatment	Current numbers in treatment 2022/23 (NDTMS)	End of 2023/24 ambition	End of 2024/25 ambition
All adults in structured treatment	1,658	1,825	2,015

<b>Opiates</b>	885	940	1,000
<b>Non opiates (combined non opiate only and non-opiates and alcohol)</b>	334	470	550
<b>Alcohol</b>	381	415	465

**Table 2: Current and target continuity of care numbers – drug and alcohol care from prison to community**

<b>Continuity of care</b>	<b>Latest performance</b>	<b>End of 2023/24 ambition</b>	<b>End of 2024/25 ambition</b>
<b>Local planning%</b>	31%*	45%	60%

\*quality issue with data – people released from HMP Pentonville with no fixed abode are coded as Islington residents. This inflates the denominator for Continuity of Care and reduces the % rate. This is a known issue and OHID are supporting local authorities to resolve it.

- All local authority areas have been given ambitious targets in increase their numbers in treatment and for continuity of care rates (successful transition from prison to community treatment). These are shown in the above tables.
- When assessed at the end of 2023, Islington’s Numbers in Treatment were 1658, with a target of 1825 by the end of the year 2023/24, and of 2015 by the end of 2024/25. Continuity of Care rate currently stands at 31% with a target of 45% by the end of 2023/24, and of 60% by the end of 2024/25.
- The number of people receiving structured drug and alcohol treatment in Islington has reduced since the pandemic when services took in a substantial number of people who had been street homeless linked to the ‘Everyone in’ initiative and kept people in treatment services for much longer periods of time until social conditions had substantially normalised. At that point (2021/22), 1,765 people were under the care of drug and alcohol services.
- Based on estimates of need shown in the model above, and engagement with colleagues and partners, we anticipate there are more people that would benefit from drug and alcohol treatment than are currently accessing support. There is a comprehensive programme of work – supported by increased national investment – to increase the numbers of people accessing services.
- The additional grant funding – the Supplementary Substance Misuse Treatment and Recovery Grant – that Islington can receive in 2024/25 has just been confirmed as £2.7m. The grant is ringfenced to fund drug and alcohol treatment and recovery services and receipt of the full allocation is conditional upon local authorities meeting targets around the number of people in drug and alcohol treatment, continuity of care rates between prison and community, and maintaining current levels of Public Health Grant expenditure on drug and alcohol misuse.

- In order to deliver the ambitious targets set, Islington has received additional grant funding – the Supplementary Substance Misuse Treatment and Recovery Grant – which for 2024/25 has been confirmed as £2.7m. The grant is ringfenced to fund drug and alcohol treatment and recovery services and receipt of the full allocation is conditional upon local authorities meeting targets around the number of people in drug and alcohol treatment, continuity of care rates between prison and community, and maintaining current levels of Public Health Grant expenditure on drug and alcohol misuse.
- Based on estimates of need shown in the model above, and engagement with colleagues and partners, we anticipate there are more people that would benefit from drug and alcohol treatment than are currently accessing support. There is a comprehensive programme of work – supported by increased national investment – to increase the numbers of people accessing services.

#### 4. Wider work

- In line with the aims of the National Strategy, we are auditing and improving pathways **from prison and police custody to community** drug treatment services. We have invested in additional staff roles, co-located within criminal justice settings, to improve people’s access to care in the community. We have established an operational sub-group of the Combating Drugs Partnership focusing on treatment pathways, building relationships between system partners and improved data-sharing and reporting.
- Project Adder – the Met Police programme to improve drug treatment support for offenders – is increasing the number of people taking up ‘test on arrest’, with the aim of referring those testing positive to treatment services. In Q1 of this year, around 50% of people accepting drug testing on arrest in Camden and Islington (for any offence) tested positive for at least one substance and were referred to drug treatment services. Project Adder is in its early stages and data outputs are high-level at present. As the programme continues, we look forward to receiving more granular data around locality, substances detected and the outcomes of referrals to services. We will monitor its outputs through our Criminal Justice System strand of the Combating Drugs Partnership, as part of its work on reviewing and assessing the operation of referral pathways.
- We commissioned a new community provider (SWIM) in 2022/23, to deliver a structured support programme specifically for men of Black African and Black Caribbean heritage leaving custody and who have drug and alcohol needs.
- Developing our Public Health staff team, which includes a new Public Health Strategist post to develop our Combatting Drugs Partnership (CDP) and its workstreams, and a new Commissioning Manager to oversee performance of our contracted services. We continue to monitor people management, programme management and data management capacity in commissioned services to track and help ensure that the structures and frontline delivery is effective, together with a thorough update of our strategic needs assessment for problem alcohol and drug use needs.
- As well as investing in our drug and alcohol treatment services, we have this year successfully mobilised the Individual Placement and Support (IPS) programme which provides intensive, tailored employment support for people in recovery.



- To ensure service users are represented effectively in service improvement and delivery, we are relaunching the **Islington Clients of Drug and Alcohol Service (ICDAS)** group – increasing the capacity and diversity of our service user forum.
- **Proactive work with providers of commissioned services** – performance metrics re. numbers in treatment for all substance use categories, and for treatment access on release from prison and police custody.
- We have established a pan-NCL Workforce Sub Group of the Combating Drugs Partnership to understand drug and alcohol workforce capacity across the region and develop ways to attract and retain high quality frontline practitioners.