7. Substance misuse

7.1. Introduction

The ‘substances’ referred to in substance use and misuse cover a range of mood-altering consumables, from common and legal substances such as alcohol to illegal and extremely harmful drugs such as heroin (Table 1). Substance use becomes substance misuse when it damages the health or wellbeing of the person using the substance, their family and friends, or the wider community.

There is a strong relationship between mental ill health and substance misuse.[i] However, estimates of ‘dual diagnosis’ (having both one or more mental health condition(s) and substance misuse needs) vary greatly, with studies suggesting anywhere between 15% and 83% of drug treatment clients have a mental health disorder and that anywhere between 2% and 44% of mental health service users have substance misuse issues.[ii]

There is also a strong link between substance misuse and crime. It is estimated that offenders who use heroin, cocaine or crack cocaine commit between a third and a half of all ‘acquisitive’ crimes (burglary, theft, robbery, etc)[iii] and that half of all violent incidents are alcohol-related.[iv] Effective substance misuse treatment can reduce crime, and encounters with the criminal justice system can provide a route into substance misuse treatment.[v]

Table 1: Commonly misused substances

	Substance	Description	Health consequences	Class[vi1]
Legal	Alcohol	Eighty-five percent of adults in England drink alcohol, with most adults staying within the previous[2] lower-risk limits of 3-4 units per day for men and 2-3 units per day for women.[vii] Alcohol can have a positive impact on social and community life, but excess consumption – including binge drinking (6+ units for women, 8+ units for men) – can be harmful both to individuals and communities.[viii]	Twenty-one thousand, one hundred and sixty two deaths in England in 2010 (4.6% of all deaths) were estimated to be attributable to alcohol consumption. The biggest contributors were cancers (including cancer of the oesophagus, breast cancer in women and colorectal cancer in men), digestive diseases (including liver disease) and injuries (including road traffic accidents).[ix] It is estimated that approximately 3% of the population show some signs of alcohol dependence, with 0.5% moderately or severely dependent on alcohol. Alcohol-related harm is not limited to those who are classified as dependent, however.[x]	N/A
Legal status varies	Prescription and over the counter	Substances in this group commonly misused for non-medical reasons include tranquilizers (such as benzodiazepines) and pain medications (such as	May lead to high tolerance to medicines needed for medical purposes (such as pain relief), withdrawal symptoms,	B, C or legal

[1] Drugs controlled by the UK Misuse of Drugs Act are placed in three classes, A-C. Class A drugs are considered the most harmful and carry the most severe penalty for possession, production and sale.

[2] The government recommendations around safe alcohol limits changed in January 2016. The data reported in this section is based on the previous recommendations. For more information the new recommendations, see https://www.drinkaware.co.uk/check-the-facts/what-is-alcohol/new-government-alcohol-unit-guidelines

	Substance	Description	Health consequences	Class[vi1]
	(OTC) medicines	gabapentin and pregablin). Misuse of prescription drugs has been raised as a particular concern for older adults, who receive the highest proportion of prescription medication dispensed in the UK.[xi]	addiction and organ damage.[xii] Risk of overdose or complicating polydrug use.	
	New psychoactive substances (NPS)	New psychoactive substances are substances, such as salvia, mephedrone, and nitrous oxide used to mimic the effects of existing drugs. They are sometimes described as 'legal highs', although not all of them are legally available. The profile of users is similar to the profile of club drug users (see below), and most users of new psychoactive substances already use 'traditional' illegal drugs.[xiii]	Can cause similar physical and psychological ill harm to other illegal drugs (see below). However, because NPS are rapidly changing, they can be unfamiliar to health professionals, making overdoses more difficult to treat quickly and effectively.[xiv] Little is known about chronic long-term harms. [xv]	B, C or legal
Illegal	Cannabis	Cannabis is the most commonly used illegal drug in the UK, accounting for roughly three quarters of all drug use.[xvi]	Smoking cannabis can cause long-term damage to the lungs including lung cancer. Cannabis use can lead to dependency. In those with established schizophrenia, cannabis use can worsen symptoms and lead to relapse; heavy cannabis use in young adults increases the risk of developing schizophrenia, although the relationship is complex.[xvii]	B

	Substance	Description	Health consequences	Class[vi1]
	Opiates and crack cocaine	Opiates (such as heroin) and crack cocaine are often grouped together as there is a large overlap between those who use the two substances. In England, there are approximately eight opiate and/or crack cocaine users per thousand population age 15-64. [xviii]	Opiates and crack cocaine use is identified by Public Health England as 'the biggest problem by far' in terms of health, wellbeing, crime and other impacts of illegal drug use in England.[xix] It is estimated that approximately 30% of opiate and/or crack cocaine users are injecting users and are therefore at higher risk of blood-borne viruses (such as HIV and Hepatitis B and C), as well as infection of the injecting sites and other complications. [xx]	A
	Club drugs	Club drugs include ecstasy, methamphetamine, powder cocaine, ketamine and GHB.[xxi] They account for approximately 5% of people in treatment.[xxii]	Overdose can cause severe harm or death. Use of club drugs is linked to risky behaviour, including risky sexual behaviour.[xxiii] Can lead to dependence, although treatment has a high success rate; this is linked to the high socioeconomic status and social support of those who use club drugs.	A-C

7.2. Causes and risk factors

Substance misuse can include single instances of problematic use – which may result in alcohol poisoning or overdose, violent behaviour, or other harm to the individual or community – or dependence.

Starting to use substances at a younger age is linked to a higher likelihood of daily use, which in turn is linked to a higher likelihood of dependency.[xxiv]

Other risk factors strongly linked to drug dependency include: lower socioeconomic status; peer drug use; availability of drugs; family issues such as harsh parental discipline or family breakdown; and trauma such as abuse, childhood neglect or homelessness. There is also evidence of genetic vulnerability to drug dependency.[xxv]

Some substances, such as opiates (for example heroin) and crack cocaine, are more likely to result in dependence than others. It is estimated that fewer than one in 30 people in the UK who have used illegal substances in the last year have used opiates or crack cocaine,[xxvi] however they make up over half of substance misuse service users.[xxvii] This may indicate that opiates and crack cocaine are more likely to cause dependence, but may also be due to the factors that influence drug choice: people who use opiates and/or crack cocaine may have other mental health problems or wider difficulties that are more likely to lead to dependence.

7.3. Local data and unmet need

7.3.1. Numbers affected – known to services

Location of treatment

The following data reports substance misuse 'treatment journeys' of City and Hackney residents.

Ninety-six percent of all substance misuse treatment journeys begun by Hackney residents in 2014/15 were within Hackney, 3% were elsewhere in London (mainly Islington and Lambeth) and 2% were outside London. There were more treatment journeys than people receiving treatment (2,433 journeys, 2,172 receiving treatment) as some people received treatment from more than one agency and each agency counts for a different journey. For example if they were attending both the Criminal Justice Drug Intervention Programme and the Community Drug Service, this would count as two journeys.

Fifty-six percent of all substance misuse treatment journeys taken up by City residents in 2014/15 were within the City of London, 32% were within Hackney, and the majority of the rest were outside London. Fewer than five City residents received treatment at more than one agency.

Alcohol

Hackney residents' survey

In a survey of Hackney residents (aged 16 and over) in 2015, two in five respondents (40%) said they were non-drinkers, one third (33%) were assessed to be 'low risk' drinkers using the AUDIT-C alcohol risk assessment tool (Box 18) and one quarter (27%) were assessed to be 'high risk' drinkers.

However, in the same survey, almost half of respondents (47%) perceived that they drank within safe limits (Figure 1), highlighting a need for better awareness of what 'low risk' drinking is.

Box 18: The AUDIT-C test for alcohol consumption

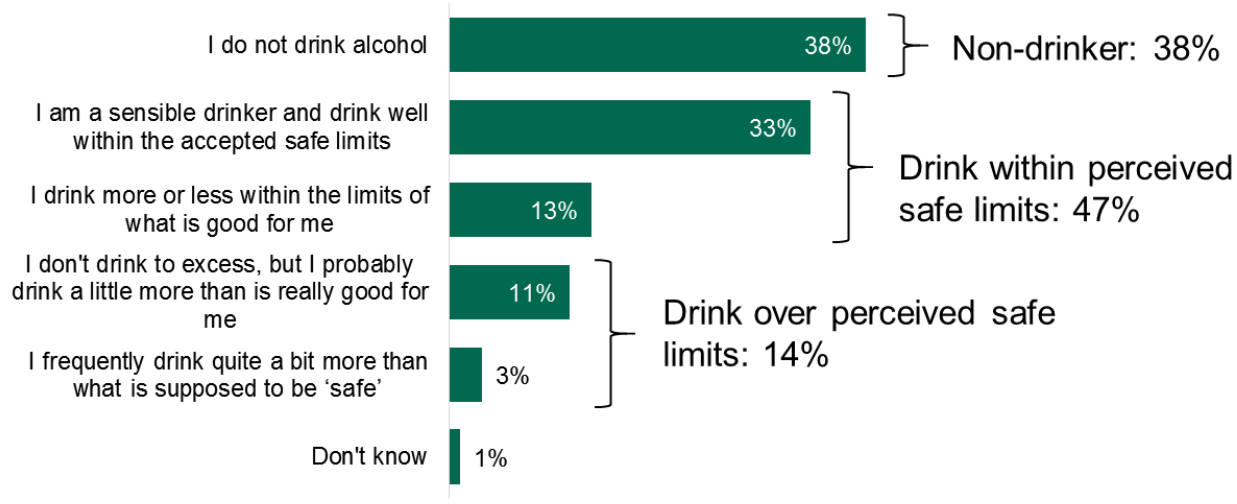
The Alcohol Use Disorders Identification Test Consumption (AUDIT-C) tool consists of three short questions about alcohol consumption. Scores from the three questions are summed to give a total score between 0 and 12.

A score of five or more indicates increasing or higher risk drinking.

	Score				
	0	**1**	**2**	**3**	**4**
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

For more information, see the Public Health England Alcohol Learning Resources

Figure 1: Responses to the question 'Which of the following statements best describes your drinking habits?' in Hackney residents' survey (age 16+, 2015)



N=1,006, answers weighted by demographic factors
Hackney Health and Wellbeing Residents' Survey, London Borough of Hackney (LBH) 2015

Similarly, Table 2 shows that nine out of ten residents (91%) who thought they didn't drink to excess but 'probably drink a little more than is really good for them' were classified as high risk using the AUDIT-C tool, and two-thirds (65%) of those who thought they drank 'more or less' within safe limits were classified as high risk.

Table 2: Results of residents' survey comparing how people view their alcohol consumption compared to their AUDIT-C result (age 16+, 2015)

	Number	Mean AUDIT-C score	Proportion classified as high risk (score 5+)
I am a sensible drinker and drink well within the accepted safe limits	319	3.0	15%
I drink more or less within the limits of what is good for me	119	5.2	65%
I don't drink to excess, but I probably drink a little more than is really good for me	99	6.8	91%

Hackney Health and Wellbeing Residents' Survey, LBH 2015

GP data

Table 3 shows the number of City and Hackney residents assessed by their GP for problematic drinking,[3] and the proportion with a 'positive' result (i.e. found to show signs of excess or dependent drinking).

[3] The majority of assessments were conducted with AUDIT-C (Box 1), with some assessments using AUDIT or FAST, available from http://www.alcohollearningcentre.org.uk/

The results for the City are higher than those for Hackney, suggesting either that screening for City residents is better targeted or that there is more alcohol misuse in City residents (or both).

Table 3: Results of most recent GP assessment for alcohol misuse (age 18+, 2013)

Resident of…	GP registered population	Tested		Positive result		
		Number	Proportion of resident population	Number	Proportion of those tested	Proportion of resident population
City of London	6,558	623	9.5%	167	26.8%	2.5%
Hackney	236,613	38,331	16.2%	6,823	17.8%	2.9%

Local service data extracted from the GP register by CEG, Blizard Institute, April 2013
Data cover Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.
Most recent test in last five years

City of London workers

The City of London's working population of roughly 430,000 (see Chapter 1 of the JSNA, *The People of Hackney and the City*) is discussed here because a recent survey has identified alcohol consumption as a significant health issue for this group.[xxviii]

The 2012 survey of City workers (sample size of 740) found nearly half (47.6%) reported drinking at increasing or higher risk levels.[xxix] The breakdown is as follows:

- one third (33%) reported drinking at a level that indicated an increased risk of alcohol-related harm, compared to 21% nationally;
- one in eight (13%) reported drinking at a level that indicated a higher level of risk associated with alcohol-related harm and dependency, compared to 3.8% nationally.

The survey also found that:

- the financial, business or professional services sector has the highest level of alcohol misuse (54%), while the public services sector has the lowest (41%);
- the highest levels of alcohol misuse exist amongst middle managers and general office staff;
- reported harms from alcohol tend to more often be 'social' or 'behavioural' (e.g. injury or remorse) than to long-term health in this population.

Treatment data

In Hackney, 498 adult residents (age 18+) received treatment for misuse of alcohol only in 2014/15, comprising 23% of all those receiving substance misuse treatment (Table 4). Three hundred and eighteen (64%) were new to treatment that year, compared to 46% of all those receiving substance misuse treatment.

In the City, 20 adult residents received treatment for alcohol misuse in 2014/15, comprising half of all those receiving substance misuse treatment (40). Ten (50%) were new to treatment that year, compared to 53% of all those receiving substance misuse treatment.

Drugs

Locally available data for misuse of legal and illegal drugs (defined here as any misused substance other than alcohol) is limited, with comprehensive data available only for those receiving substance misuse treatment. It should be noted that many people who use drugs regularly are not dependent and do not wish to stop using them, and not all people who are dependent seek treatment. For estimates of the local prevalence of substance use, see Section 7.3.2.

In Hackney, 1,674 adult residents received treatment for substance misuse that included drug use, comprising 78% of all those receiving substance misuse treatment (Table 4). Six hundred and eighty seven (41%) were new to treatment that year, compared to 46% of all those receiving substance misuse treatment.

Table 4 shows that in Hackney, over half of those receiving treatment for substance misuse were receiving it for opiate misuse. This group were the least likely to be new to treatment; 62% of this group also use crack cocaine.

Table 4: Substance misuse treatment figures in Hackney residents (age 18+, 2014/15)

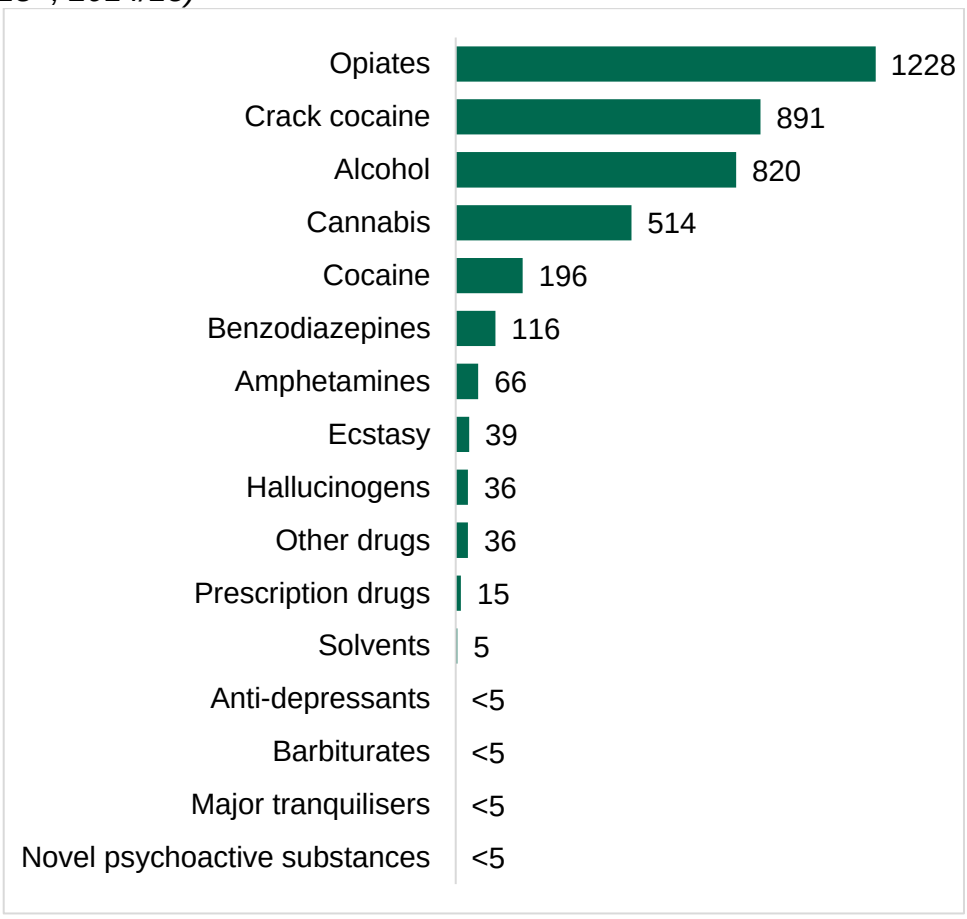
	All in treatment	New presentations	
		Number	Proportion of all in treatment
Opiate (all clients using opiates – may also use other substances)	1,228	436	35.5%
Non-opiate only (all clients who use neither opiates nor alcohol)	328	193	58.8%
Alcohol and non-opiate only (all clients who use alcohol and at least one other substance, but do not use opiates)	118	58	49.2%
Alcohol only (all clients who use alcohol and no other substances)	498	318	63.9%
Total	2,172	1,005	46.3%

Local Adult Activity Report, National Drug Treatment Monitoring Service (NDTMS) 2014/15

Figure 2 examines the substances cited in each client's most recent treatment journey. This is not necessarily the primary substance for which a client received treatment – for instance, someone using opiates may also report using cannabis and/or alcohol.

The figure shows that opiates, crack cocaine and alcohol were the three most commonly cited substances in clients' most recent treatment journeys in Hackney in 2014/15, with cannabis, cocaine and benzodiazepines (a prescription drug which may also be bought illegally) also cited by more than 100 clients each. Combined opiate and crack cocaine use was cited for 761 clients.

Figure 2: Substances cited in most recent treatment journey, Hackney clients (age 18+, 2014/15)

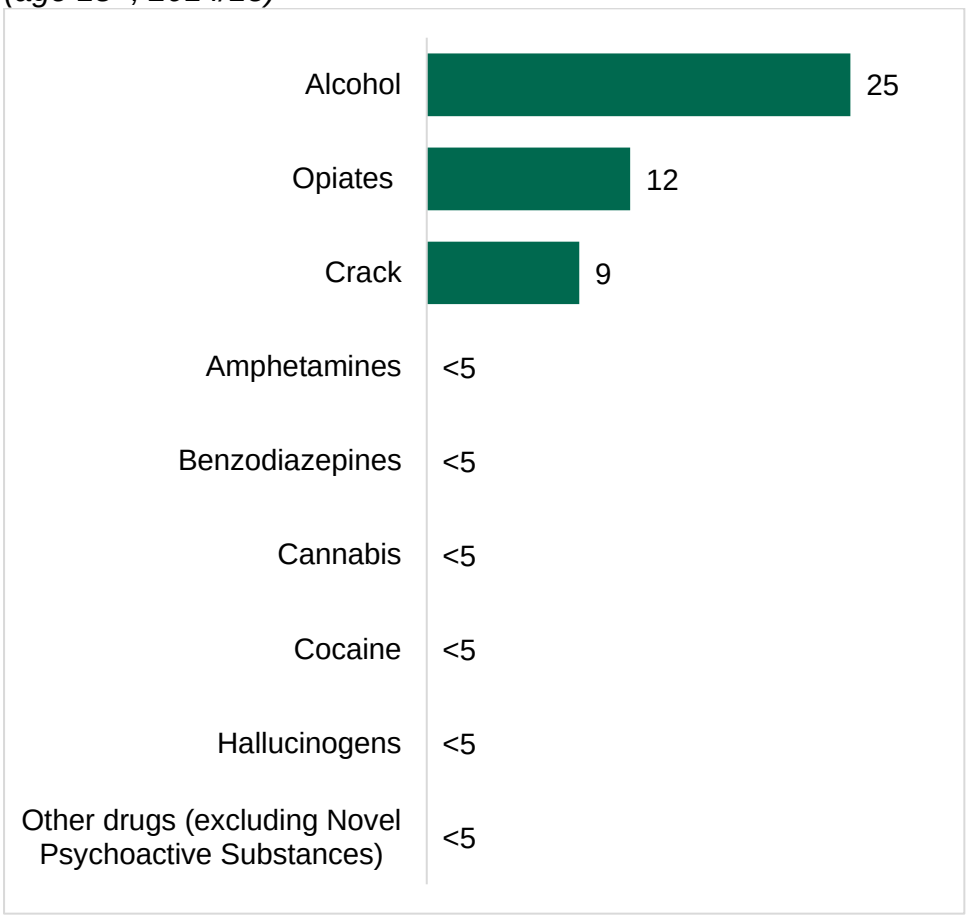


Local Adult Activity Report, NDTMS 2014/15
Please note that figures sum to more than the total number of clients seen, as many clients will be using more than one substance

In the City, 40 adult residents received treatment for substance misuse in 2014/15. Of these, 20 received treatment for alcohol only, and the other 20 received treatment for drugs (and possibly also alcohol). Eleven of those receiving treatment for drug misuse (55.0%) were new to treatment that year, compared to 52.5% of all those receiving substance misuse treatment.

Figure 3 shows the substances cited by City of London clients in their most recent treatment journeys (2014/15). Alcohol is the most commonly cited substance, followed by opiates and crack cocaine.

Figure 3: Substances cited in most recent treatment journey, City of London clients (age 18+, 2014/15)



Local Adult Activity Report, NDTMS 2014/15
Please note that figures sum to more than the total number of clients seen, as many clients will be using more than one substance

7.3.2. Local estimates

Alcohol

Estimates are provided in the Local Alcohol Profiles England (LAPE) publication on a 'topography' of drinking behaviours in each local authority area, based on data from a national survey. This source uses a different method to calculate levels of risk compared to the AUDIT-C tool used in the recent residents' survey (LAPE uses number of units only and distinguishes between 'increasing' and 'high' risk, while AUDIT-C groups these categories together into 'high risk' and uses other information as well as number of units).

These two sources give different estimates for the number of high risk drinkers in City and Hackney (Table 5, Table 6), but even the more conservative estimates provided by LAPE indicate that as many as 12,500 local residents drink at levels considered to be high risk. Data from the local residents' survey suggests that a much larger proportion of the adult population are drinking at levels harmful to their health.

Table 5: LAPE estimates of drinking levels in Hackney and the City of London (age 16+, 2011)

	Estimated number
Low risk	115,100
Increasing risk	28,300
High risk	12,500
Binge drinking	28,700

LAPE[xxx]

Table 6: Local residents' survey estimates of drinking levels in Hackney (age 16+, 2015)

	Proportion of population	Estimated number
Non-drinker	40%	82,000
Low risk drinker	33%	68,000
Increasing and high risk drinker	27%	55,000

Results from Hackney Health and Wellbeing Residents' Survey, LBH 2015, applied to 16+ population figures[xxxi]

Cannabis

The Crime Survey for England and Wales (CSEW) reports that 6.6% of people aged 16-59 had used cannabis in 2013/14. This provides a conservative estimate for cannabis use in Hackney residents of over 12,000 people and in City residents of around 350 people.[xxxii] This is likely to be an underestimate in Hackney in particular, as prevalence is higher in urban areas and areas of higher deprivation and Hackney is one the most deprived local authorities in the country.[xxxiii]

US-based studies estimate that 9% of those who use cannabis become dependent,[xxxiv] giving an estimate of approximately 1,000 Hackney residents and 30 City residents. These figures are based on a number of assumptions, and so should be taken as indicative only.

Opiates and crack cocaine

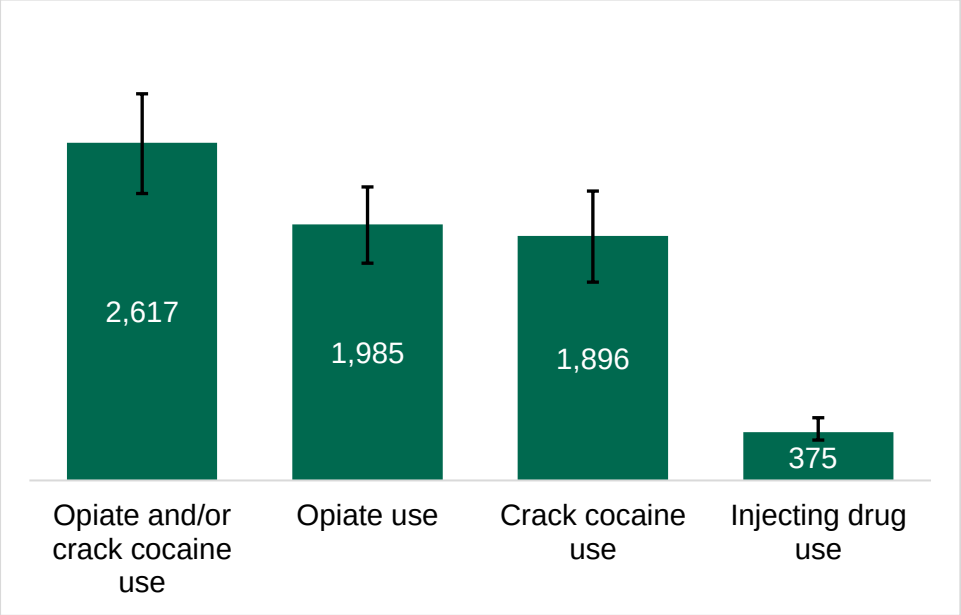
It is estimated that there are approximately 2,600 users of opiates and/or crack cocaine in Hackney (Figure 4), with almost 2,000 of these people using opiates and 1,900 using crack cocaine, suggesting about half of estimated users of opiates and/or crack cocaine in Hackney use both substances.[4]

It is estimated that there are 30 City residents who are users of opiates and crack cocaine (Figure 5), with 26 of these residents using opiates and 23 using crack cocaine, suggesting that about two-thirds of estimated users of opiates and/or crack

[4] If 2,617 residents are opiate and/or crack cocaine users, and 1,985 are opiate users, then 2,617-1,985=632 use crack cocaine only. Similarly, if 1,896 are crack cocaine users then 2,617-1,896=721 use opiates only. This means that 632+721=1,353 use exactly one of opiates and crack cocaine, and the remaining 2,617-1,353=1,264 use both opiates and crack cocaine..

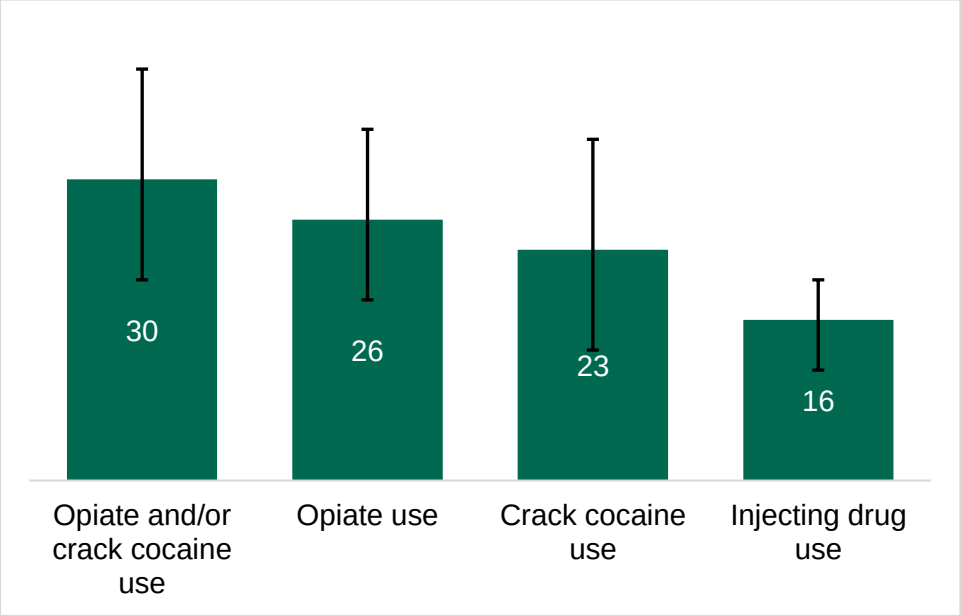
cocaine who are City of London residents use both substances.[5] These estimates are subject to a large amount of uncertainty due to the small numbers involved and so should be treated as indicative only.

Figure 4: Estimates of opiate, crack cocaine and injecting drug use in Hackney (age 15-64, 2010/11)[xxxv]



Black bars are 95% confidence intervals. This are a statistical indicator of how closely the reported figures are likely to reflect the 'true' or underlying pattern.

Figure 5: Estimates of opiate, crack cocaine and injecting drug use in the City of London (age 15-64, 2010/11) [xxxvi]



[5] As with the calculation for Hackney: If 30 residents are opiate and/or crack cocaine users, and 26 are opiate users, then 4 use crack cocaine only. If 23 are crack cocaine users, then 7 use opiates only. This means 11 out of 30 use exactly one of crack cocaine and opiates, so 19 use both.

Other substances

Table 7 shows that after cannabis, it is estimated that the drug taken by the most residents age 16-59 is powder cocaine, with over 4,200 Hackney residents and 130 City residents having taken it in the last year.

Among young adults (age 16-24) however, it is estimated that the most commonly used drug after cannabis is nitrous oxide, with almost 1,900 Hackney residents and 50 City residents age 16-24 estimated to have taken it in the last year, compared to almost 1,300 Hackney residents and 40 City residents age 16-24 having taken powder cocaine over the same period.

Table 7: Estimated drug use in Hackney and the City of London residents (age 16-59 and age 16-24) [xxxvii]

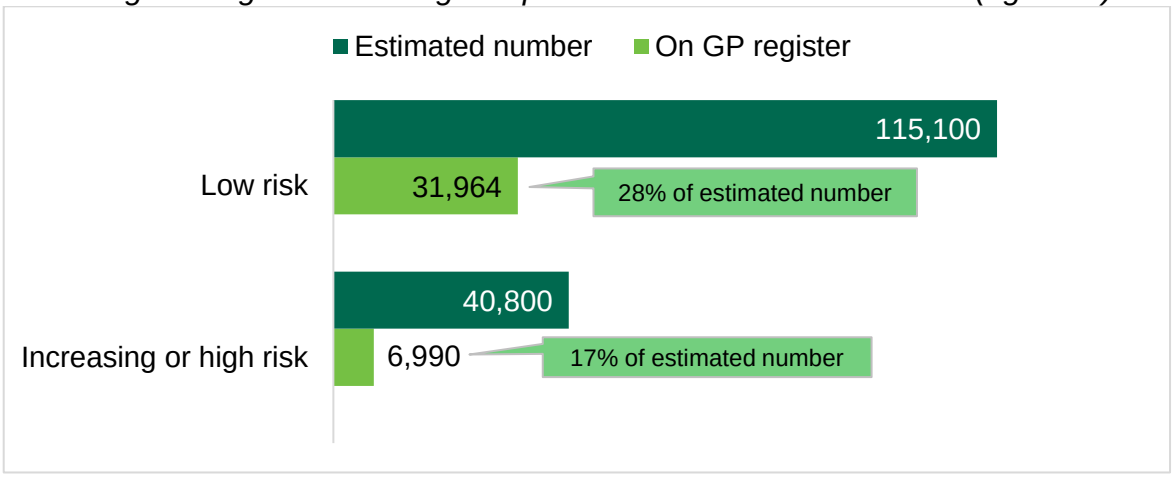
	16-59 year olds used in last year				16-24 year olds used in last year			
	National prevalence (%)	City estimate	Hackney estimate	Total estimate	National prevalence (%)	City estimate	Hackney estimate	Total estimate
Cannabis	6.6	366	11,794	12,160	15.1	128	4,597	4,725
Powder cocaine	2.4	131	4,226	4,357	4.2	36	1,282	1,318
Nitrous oxide	2.3	128	4,119	4,247	6.1	52	1,860	1,912
Ecstasy	1.6	88	2,838	2,926	3.9	33	1,177	1,210
Amyl nitrite	0.8	44	1,420	1,464	1.5	12	442	454
Amphetamines	0.8	42	1,352	1,394	1.6	14	501	515
Ketamine	0.6	33	1,073	1,106	1.8	15	545	560
Hallucinogens	0.6	31	999	1,030	1.4	12	415	427
Salvia	0.5	28	895	923	1.1	9	335	345
Tranquillisers	0.5	28	893	921	0.5	4	156	161
Anabolic steroids	0.2	12	371	383	0.5	4	148	152
Frequent drug use	3.1	174	5,599	5,772	6.6	56	2,026	2,082
Any Class A drug	3.1	174	5,619	5,793	6.2	52	1,888	1,940
Any stimulant drug	3.5	192	6,187	6,379	6.9	58	2,105	2,164
Any drug	8.8	488	15,746	16,234	18.9	160	5,777	5,938

7.3.3. Unmet need

Alcohol

Figure 6 shows that less than one in five of those estimated to be at increasing or high risk of alcohol problems in Hackney and the City have been assessed for alcohol problems by their GPs. The figure also suggests that those who are screened for alcohol misuse by their GPs are in fact those less likely to have problematic drinking. In particular, young, White men (known to be heavier drinkers) in otherwise good health rarely visit their GP.

Figure 6: Estimated number of Hackney and City residents (age 16+) with low, increasing and high risk drinking compared to numbers known to GP (age 18+)

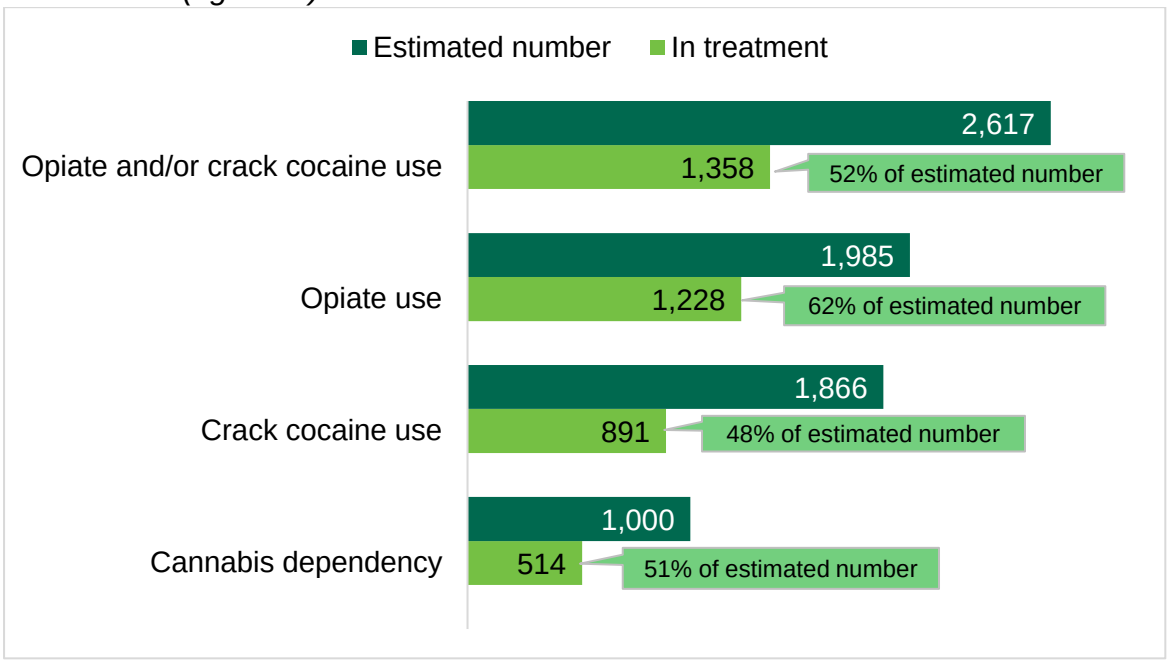


Local data: See Table 3.
Local estimates: See Table 5.

Drugs

Figure 7 shows that in Hackney around half of those estimated to use opiates and/or crack cocaine received treatment in 2014/15, with those who use opiates more likely to have received treatment than those who use crack cocaine. The figure also shows that around half of the number of people estimated to have cannabis dependency cited cannabis in their most recent treatment journey in 2014/15, although they may have received treatment for something other than this.

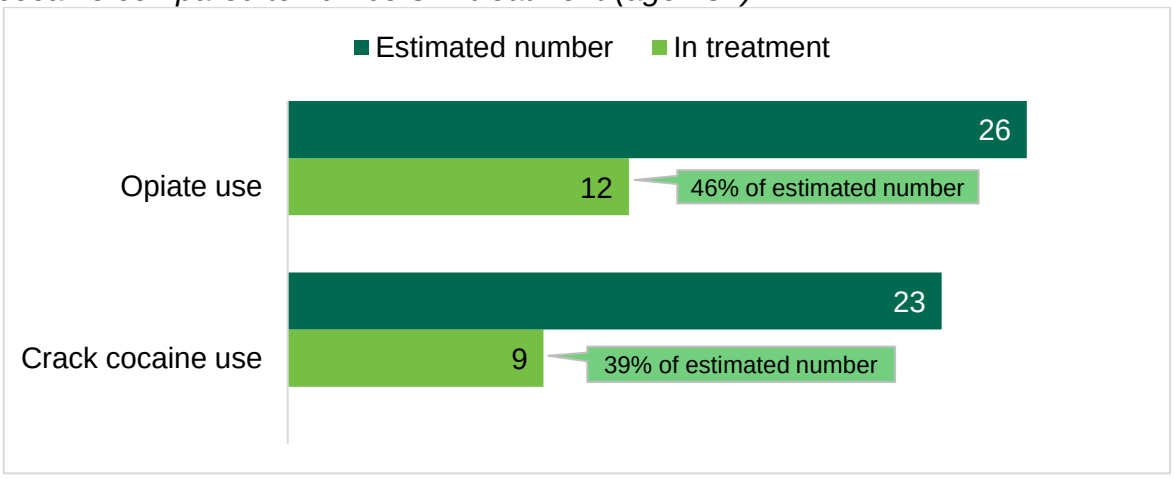
Figure 7: Estimated number of Hackney residents using opiates and/or crack cocaine (age 15-64) or with cannabis dependency (age 18+) compared to numbers in treatment (age 18+)



Local data: See Figure 2.
Local estimates: See Figure 4 and estimates within *Cannabis* subsection of Section 7.3.2.

Figure 8 shows that in the City of London just under half of those estimated to use opiates and just over a third of those estimated to us crack cocaine received treatment in 2014/15. All other figures and comparisons have been suppressed due to small numbers.

Figure 8: Estimated number of City residents (age 15-64) using opiates and/or crack cocaine compared to numbers in treatment (age 18+)



Local data: See Figure 3.
Local estimates: See Figure 5.

7.4. Health inequalities

7.4.1. Age

Hackney

Patterns of treatment by age in Hackney vary depending on the substance. In general, those in their 40s and 50s have the highest treatment rates, which are higher than the national rates, revealing a comparatively older treatment population and highlighting potential opportunities for earlier intervention.

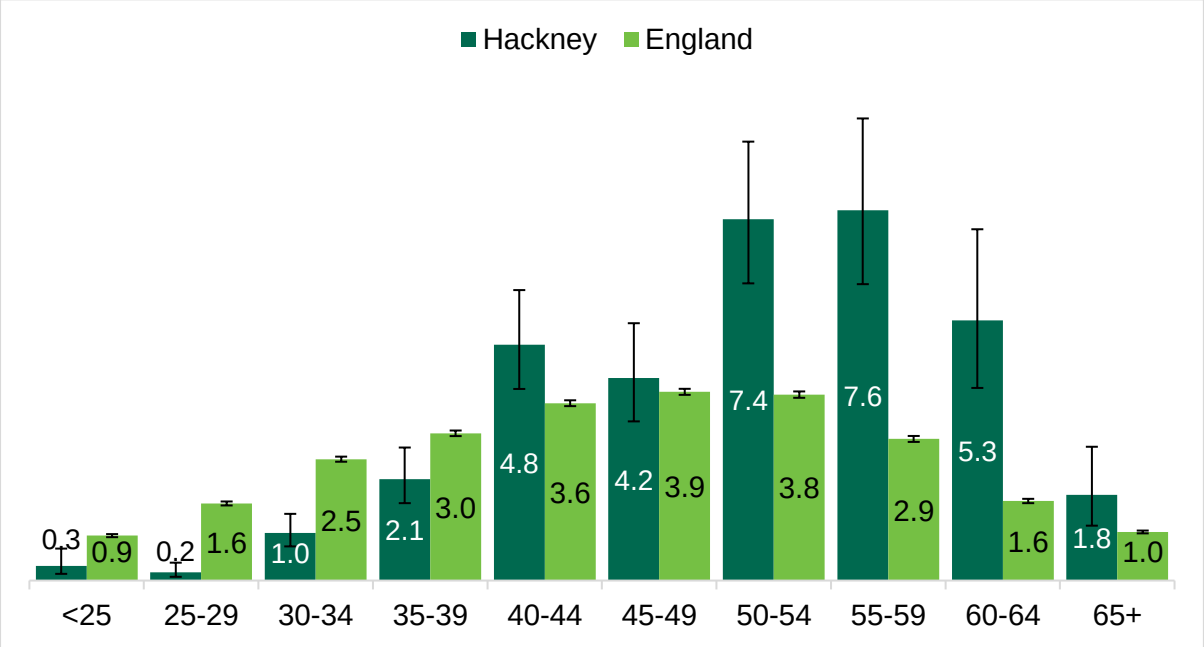
Alcohol only

The 2015 Hackney residents' survey found that respondents age 25-34 were more likely than average to be high risk drinkers (31% compared to 25%) and respondents age 16-24 were less likely than average to be high risk drinkers (12%). No other age groups were statistically significantly different from the average. [xxxviii]

Figure 9 shows that Hackney residents aged 50-59 are the most likely to be receiving services for alcohol only, while those under 35 are least likely. Nationally, the likelihood of receiving alcohol only treatment is higher for those under 40 than it is in Hackney, rising with age to a peak at 45-49 before slowly declining.

The older treatment population locally suggests that people in Hackney begin treatment at a later age than is typical nationally, which could be an indicator of missed opportunities for early intervention. It may also or alternatively point to Hackney residents having more complex alcohol misuse issues and therefore requiring treatment for a longer period of time than is typical nationally.

Figure 9: Hackney residents in alcohol only misuse treatment 2014/15, by age (number in treatment per 1,000 adults)



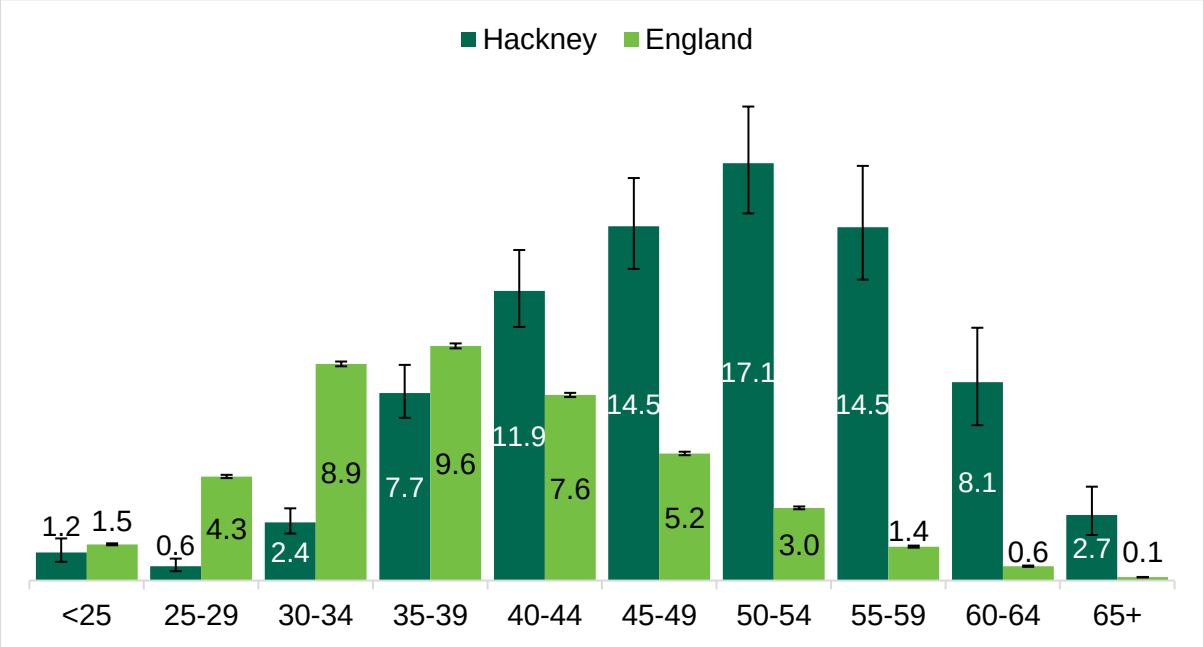
Local Adult Activity Report, NDTMS 2014/15
National data: PHE[xxxix]
Population estimates: Hackney estimates from GLA SHLAA.[xl] National figures from Census 2011.[xli]

Opiates

Figure 10 shows that the chance of receiving substance misuse treatment for opiates rises with age in Hackney residents to a peak at 50-54 before declining in older age groups. This is in contrast to the national pattern, which shows a higher chance of receiving opiate treatment in those under 40 than in Hackney, with a peak at age 35-39 before declining.

This is a similar pattern to that seen in alcohol only treatment (Figure 9) but with a more pronounced contrast. As with alcohol misuse, the difference between the local and national picture could be an indicator of missed opportunities for early intervention, with people in Hackney beginning treatment at a later age than is typical nationally. It may also or alternatively point to Hackney residents having more complex opiate misuse issues and therefore requiring treatment for a longer period of time than is typical nationally.

Figure 10: Hackney residents in opiate misuse treatment 2014/15, by age (number in treatment per 1,000 adults)



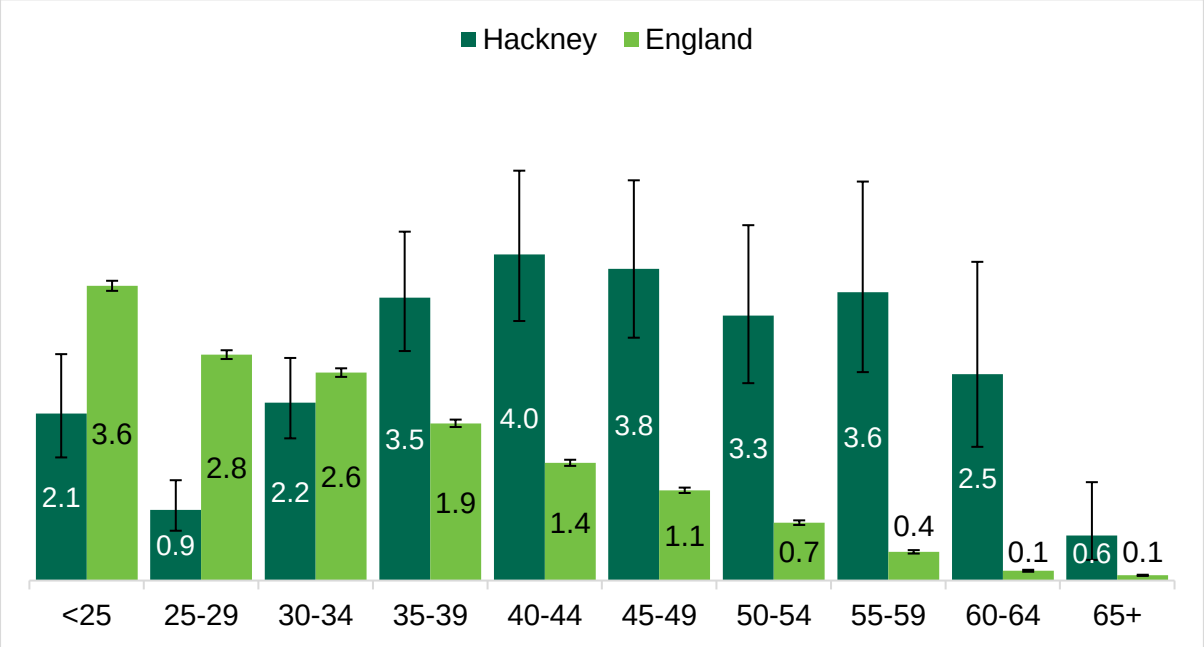
Local Adult Activity Report, NDTMS 2014/15
National data: PHE[xlii]
Population estimates: Hackney estimates from GLA SHLAA.[xliii] National figures from Census 2011.[xliv]

Non-opiates

Local treatment rates are higher in younger age groups for non-opiates (Figure 11) than for alcohol (Figure 9) or opiates (Figure 10), with 2.1 residents per 1,000 aged 18-25 receiving treatment for non-opiates compared to 0.3 for alcohol and 1.2 for opiates. Similar treatment rates are shown locally for adults age between 35 and 59. Nationally, the highest treatment rates are in those under 25, with a clear decline as age increases.

Rates of treatment for non-opiates in younger age groups are higher nationally than in Hackney. This again may point to missed opportunities for early intervention, but the very different distributions of treatment rate by age overall also suggests that the types of substance abuse and other needs may be materially different locally.

Figure 11: Hackney residents in non-opiate misuse treatment 2014/15, by age (number in treatment per 1,000 adults)



Local Adult Activity Report, NDTMS 2014/15
National data: PHE[xlv]
Population estimates: Hackney estimates from GLA SHLAA.[xlvi] National figures from Census 2011.[xlvii]

City of London

Table 8 shows the age breakdown of City residents receiving treatment for all types of substance misuse in 2014/15. Due to small numbers, all rates are statistically similar and figures are not disaggregated by substance.

Table 8: City residents receiving treatment for all types of substance misuse, by age group (2014/15)

Age	Number in treatment
<25	<5
25-34	8
35-44	10
45-54	9
55-64	6
65+	<5

7.4.2. Ethnicity

Hackney

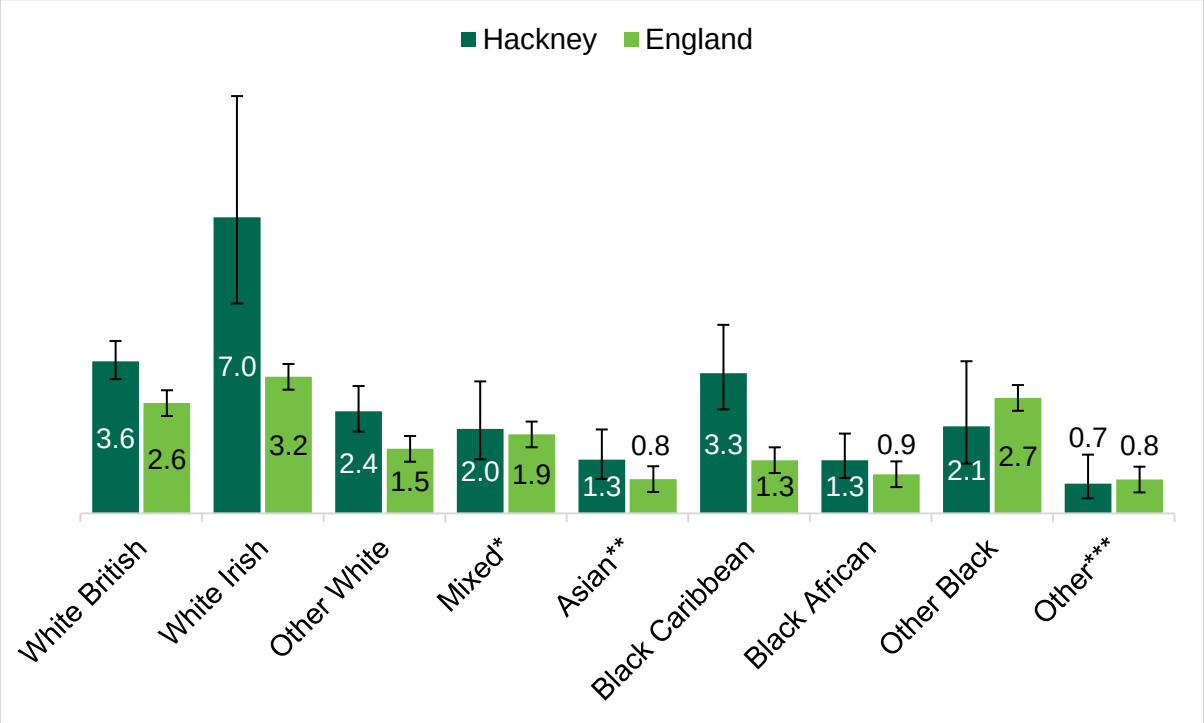
Alcohol only

The 2015 Hackney residents' survey found that White respondents were more likely than average to be high risk drinkers (35% compared to 25%) and Black and Asian respondents were less likely than average to be high risk drinkers (9% and 5% respectively). No other ethnic groups were statistically significantly different from the average. [xlviii]

Figure 12 shows that White Irish residents in Hackney are twice as likely to be in substance misuse treatment for alcohol only substance misuse than any other ethnic group, at a rate of 7.0 per 1,000 residents (compared to 3.1 per 1,000 for White British residents and 3.3 per 1,000 for Black Caribbean residents). Asian and Black African residents have amongst the lowest treatment rates, at 1.3 per 1,000 for both groups.

Patterns nationally are broadly similar to those seen in Hackney, with the exceptions of White Irish and Black Caribbean groups, where local treatment rates are significantly higher locally. This could mean that White Irish and Black Caribbean Hackney residents are more likely to have alcohol misuse issues than the White Irish and Black Caribbean populations nationally, or it could also (or alternatively) mean that Hackney services are particularly good at getting these groups into treatment when needed.

Figure 12: Hackney residents in alcohol misuse treatment 2014/15, by ethnicity (number in treatment per 1,000 adults age 20-74)

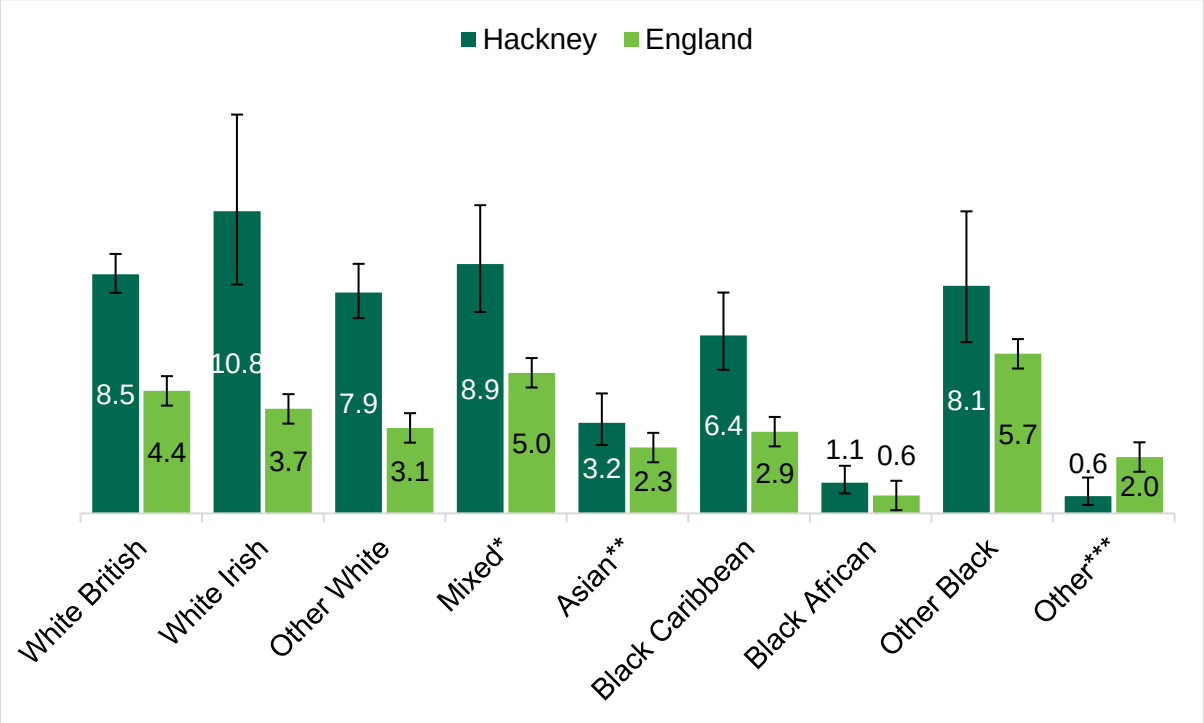


*Mixed: Combined due to small numbers. Consists of Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Other Mixed.
**Asian: Combined due to small numbers. Consists of Indian, Pakistani, Bangladeshi and Other Asian.
**Other: Combined due to small numbers. Consists of Chinese and Other.
Local Adult Activity Report, NDTMS 2014/15
National data: PHE[xlix]
Population estimates: Census 2011[l]

Opiates

Figure 13 shows that in Hackney most ethnic groups have statistically similar treatment rates for opiates, with the exception of Asian and Black African residents, both of which have lower rates. This is broadly similar to the national pattern, but local treatment rates are higher for all ethnic groups (except Other).

Figure 13: Hackney residents in opiate misuse treatment 2014/15, by ethnicity (number in treatment per 1,000 adults age 20-74)

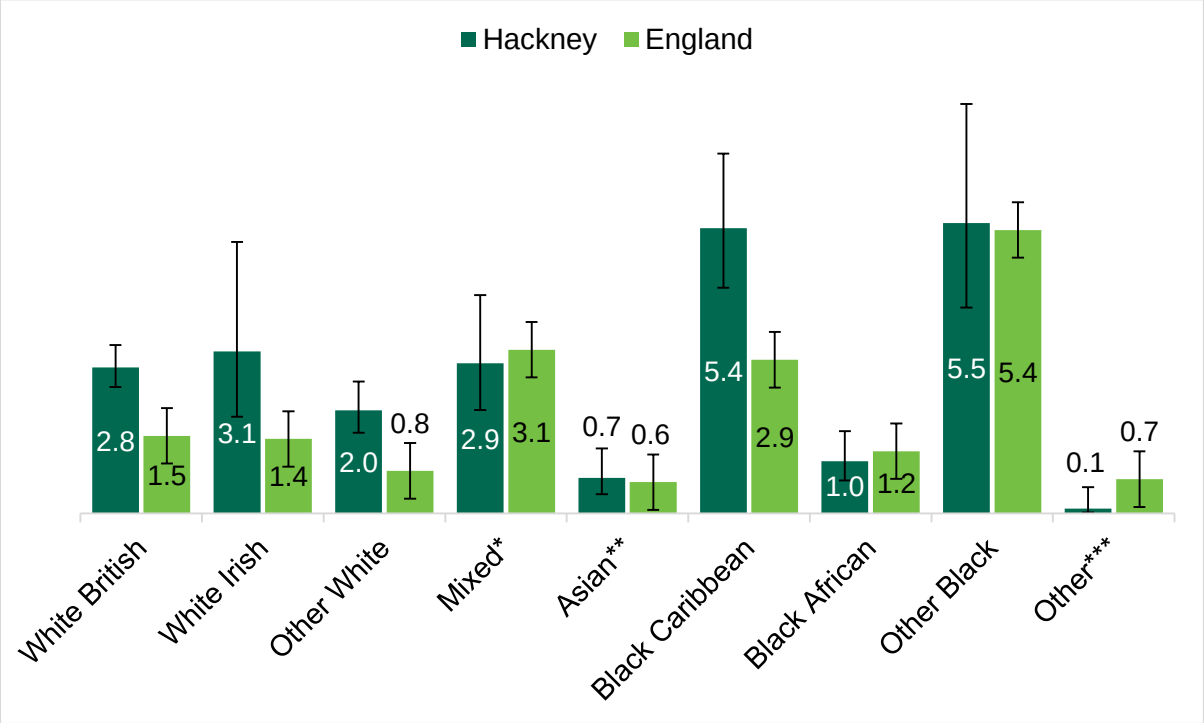


*Mixed: Combined due to small numbers. Consists of Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Other Mixed.
**Asian: Combined due to small numbers. Consists of Indian, Pakistani, Bangladeshi and Other Asian.
**Other: Combined due to small numbers. Consists of Chinese and Other.
Local Adult Activity Report, NDTMS 2014/15
National data: PHE[li]
Population estimates: Census 2011[lii]

Non-opiates

Figure 14 shows that Black Caribbean and Other Black residents in Hackney have higher rates of non-opiate treatment than other ethnic groups in Hackney, while Asian and Black African residents have lower rates. This is broadly similar to the national pattern, with the exception of treatment rates for Black Caribbean and White Irish groups, which are significantly higher than nationally.

Figure 14: Hackney residents in non-opiate misuse treatment 2014/15, by ethnicity (number in treatment per 1,000 adults age 20-74)



*Mixed: Combined due to small numbers. Consists of Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Other Mixed.
**Asian: Combined due to small numbers. Consists of Indian, Pakistani, Bangladeshi and Other Asian.
**Other: Combined due to small numbers. Consists of Chinese and Other.
Local Adult Activity Report, NDTMS 2014/15
National data: PHE[liii]
Population estimates: Census 2011[liv]

City of London

Twenty five out of the 36 City residents receiving treatment for all types of substance misuse in 2014/15 with ethnicity recorded were White British. Of the remaining 11, the majority were in Other White categories, with fewer than five clients in any other minority ethnic group. Due to small numbers, data are not disaggregated by substance.

7.4.3. Gender

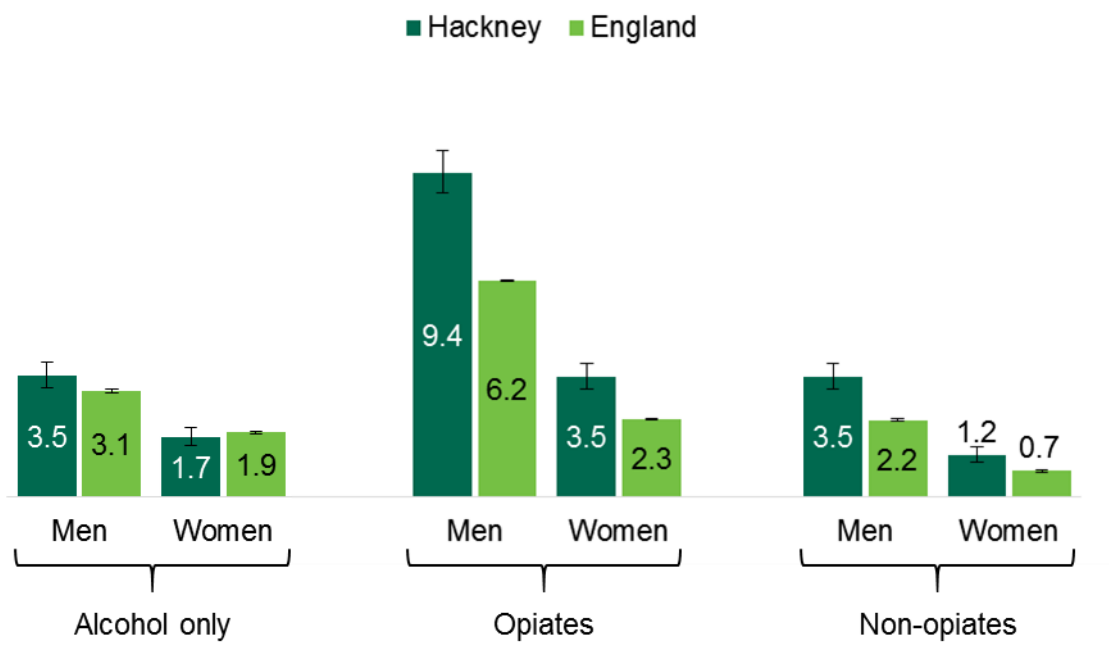
Hackney

The 2015 Hackney residents' survey found that male respondents were much more more likely than women to be high risk drinkers (34% compared to 19%).[lv]

Figure 15 shows that in Hackney men are more likely than women to be receiving treatment for substance misuse. The gender disparity is smallest in those receiving services for alcohol misuse only and largest for those receiving treatment for opiates.

These patterns largely reflect national trends, although nationally the difference between rates of treatment for alcohol only is smaller.

Figure 15: Hackney residents in substance misuse treatment (age 18+) 2014/15, by gender (number in treatment per 1,000 adults age 20-74)



Local Adult Activity Report, NDTMS 2014/15
National data: Public Health England (PHE)[lvi]
Population estimates: Hackney estimates from Greater London Authority Strategic Housing Land Availability Assessment (GLA SHLAA).[lvii] National figures from Census 2011.[lviii]

City of London residents

There were 32 male residents of the City of London and eight female residents receiving treatment for all types of substance misuse in 2014/15. Due to small numbers, these rates are statistically similar and figures are not disaggregated by substance.

City of London workers

Alcohol misuse amongst both male (56.2%) and female (34.1%) workers in the City who are drinkers is considerably higher than national averages (33.2% men and 15.7% women).

7.5. Comparisons with other areas and over time

Stakeholders working with vulnerable groups within Hackney have found an increase in the use of legal highs and complex drug and alcohol dependency issues.

The data presented in this section shows that Hackney and the City perform less well on successful treatment of non-opiate and alcohol only service users, but similar to London and England on the same measure for opiate users. Male hospital admissions for alcohol-related conditions are particularly high in Hackney, while female hospital admissions for alcohol-related conditions are better than the national average.

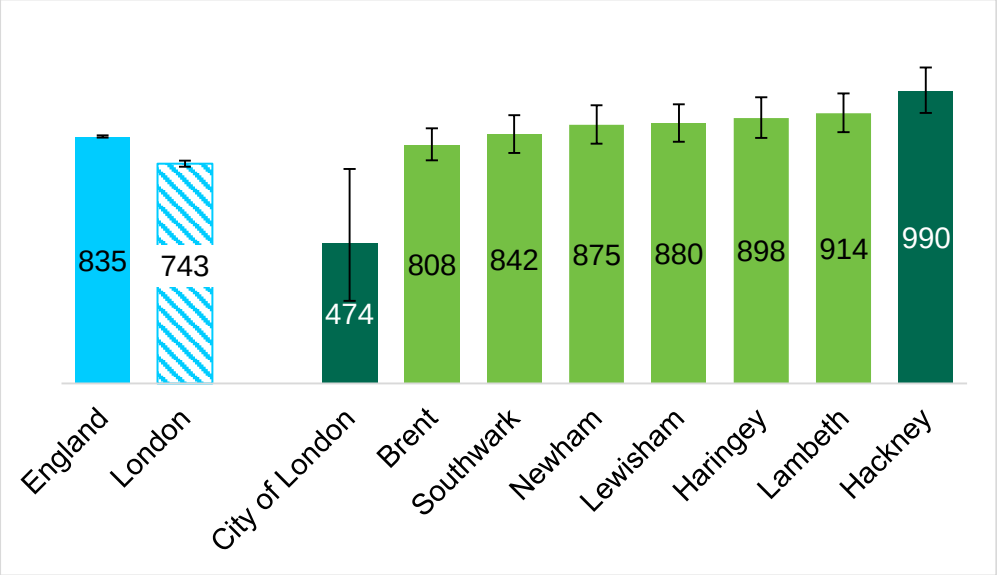
Hospital admissions for alcohol-related conditions: Men

Alcohol-related conditions include diseases made more likely through long-term alcohol misuse, such as cancer, liver disease and brain damage, as well as injuries acquired due to a single instance of alcohol misuse.

Figure 16 shows that Hackney has higher rates of hospital admissions for alcohol-related conditions in men than London or England, although it is statistically similar to many of its statistical peers. The figure also shows that the City of London has a lower rate of hospital admissions for alcohol-related conditions in men than London or England.

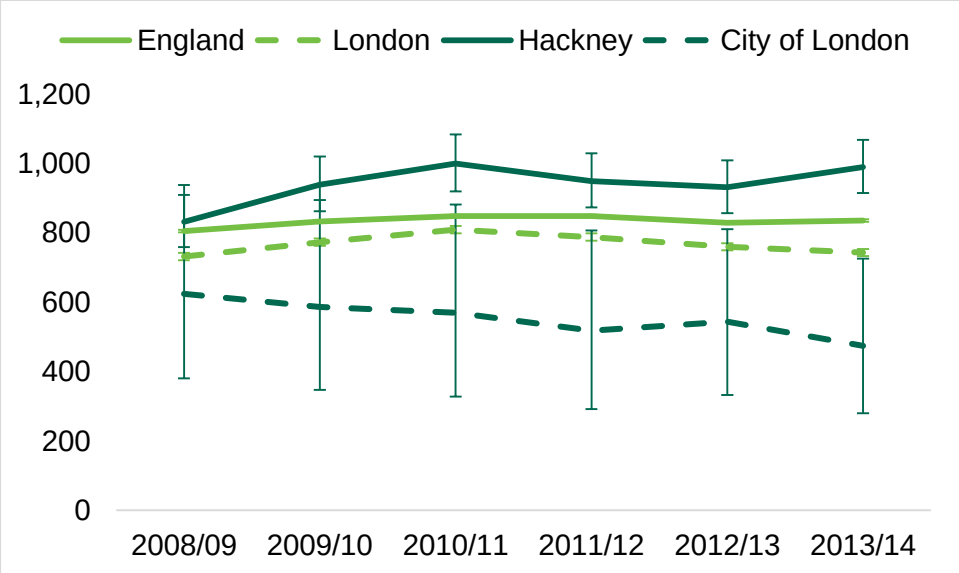
Figure 17 shows that both Hackney and the City of London's performance were fairly steady between 2008/09 and 2013/14, as were London and England's. There is some indication of a slight drop in the City of London's admission rate over this period, but due to the high level of statistical uncertainty around these figures, it is not possible to conclude that this is a trend.

Figure 16: Hospital admissions for alcohol-related conditions in men per 100,000 population (all ages, 2013/14)



Hackney value statistically significantly higher than London and England
City of London value not statistically significantly different from London or England
Data from Hospital Episode Statistics (HES), analysis by PHE[lix]

Figure 17: Hospital admissions for alcohol-related conditions in men per 100,000 population (all ages, 2008/09-2013/14)



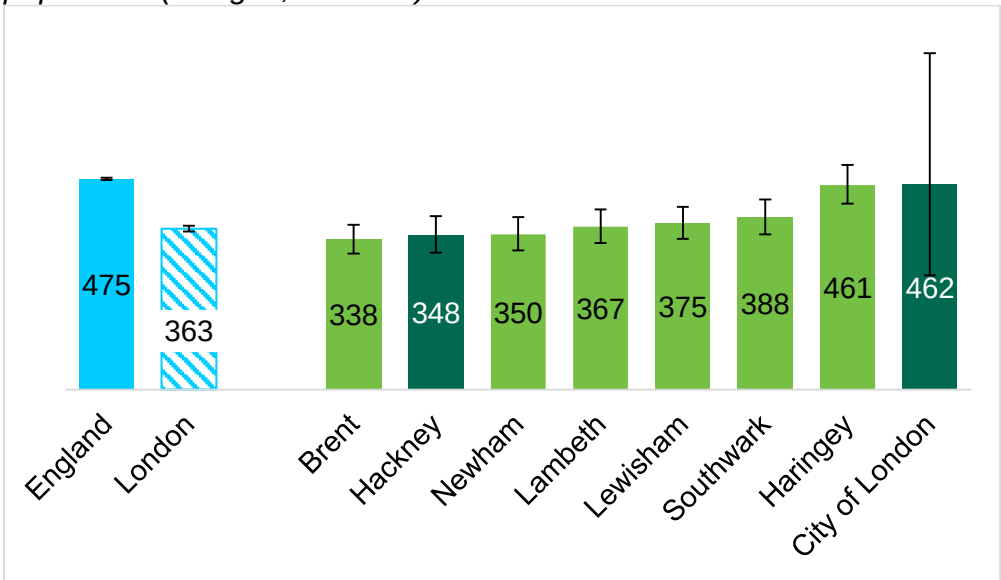
Data from HES, analysis by PHE[lx]

Hospital admissions for alcohol-related conditions: Women

Figure 18 shows that Hackney has a lower rate of hospital admissions for alcohol-related conditions in women than England and a similar rate to London and most of its statistical peers, while the City of London has a statistically similar rate to England and London.

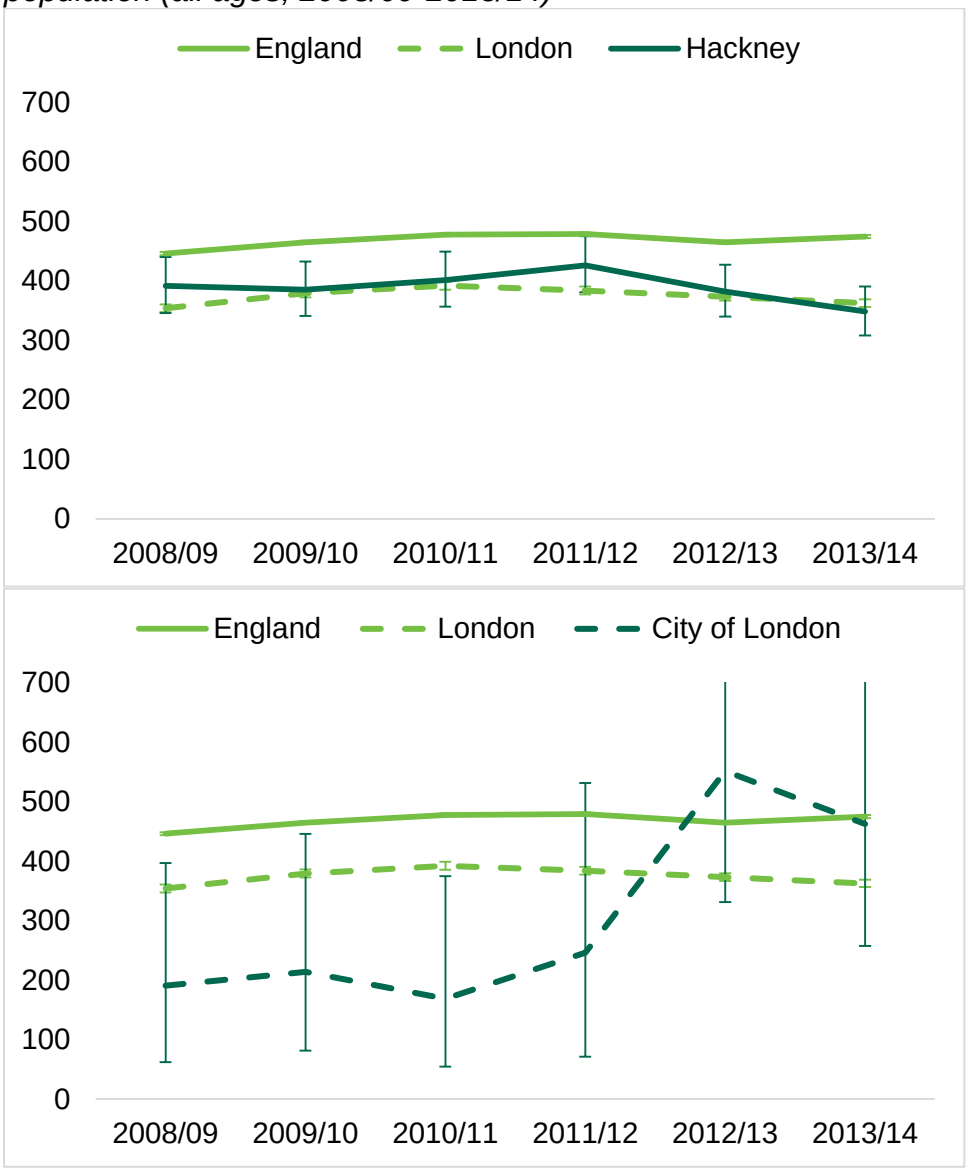
Figure 19 shows that rates were fairly steady in Hackney, London and England over the period 2008/09-2013/14. There is some indication of an increase in the City of London's admission rate, but due to the high level of statistical uncertainty around these figures, it is not possible to conclude that this is a trend.

Figure 18: Hospital admissions for alcohol-related conditions in women per 100,000 population (all ages, 2013/14)



Hackney value statistically significantly lower than England, not statistically significantly different from London
City of London value not statistically significantly different from London or England
Data from HES, analysis by PHE[lxi]

Figure 19: Hospital admissions for alcohol-related conditions in women per 100,000 population (all ages, 2008/09-2013/14)



Hackney and City of London presented on separate graphs for clarity
Data from HES, analysis by PHE [lxii]

Successful completions: Alcohol only

Data is not available in a similar format for the successful treatment of alcohol only clients. However, figures provided by Public Health England suggest this is an area of concern, with Hackney's successful completions for alcohol only treatment at 27% in 2014/15 compared to a London and national average of 39%. The City of London's successful completion rate of 35% is not statistically significantly different from the national or London average.[lxiii]

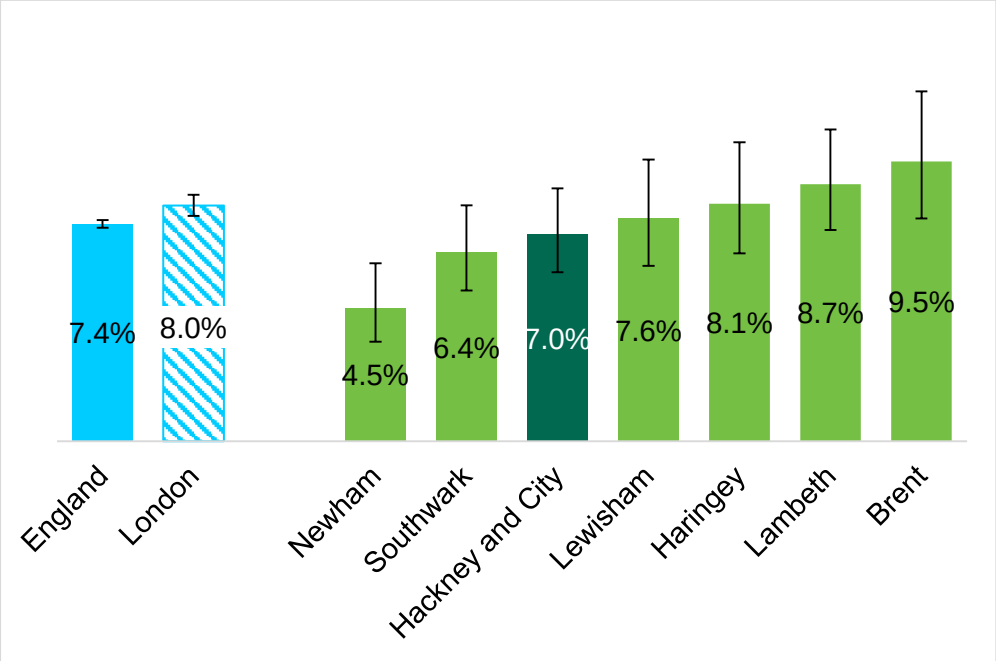
Successful completions: Opiate users

Figure 20 shows that Hackney and the City's combined proportion of 'successful completions' for opiate users (those opiate users who leave drug treatment free of drug dependence and then do not re-present to treatment anywhere in the country

within six months) is similar to the London and England averages, and broadly in line with Hackney's 'statistical peers'.[6]

Figure 21 shows that between 2011 and 2014 there was a slight decrease in successful completions for both London and England, but it is not clear whether Hackney and the City's combined rate followed this trend due to the level of statistical uncertainty around the figures.

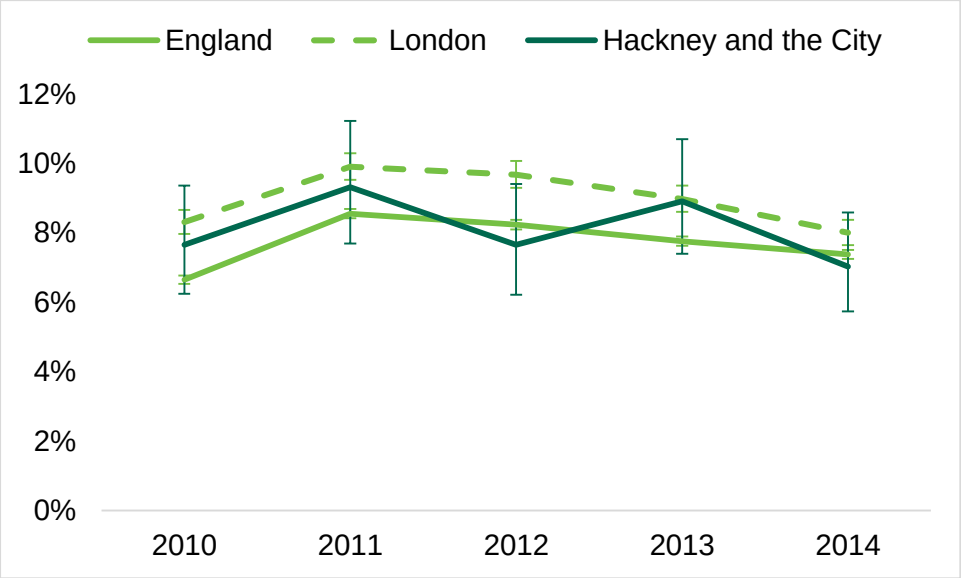
Figure 20: Proportion of opiate drug users that left drug treatment free of drug dependence who did not re-present to treatment within six months (age 18+, 2014)



City and Hackney value not statistically significantly different from London or England
Data from NDTMS, analysis by PHE[lxiv]

[6] Local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. This chapter of the JSNA follows the 2014 *Mental Health Needs Assessment*, which used a previous version of Hackney's statistical peers ('London Cosmopolitan'): Brent, Haringey, Lambeth, Lewisham, Newham and Southwark.

Figure 21: Proportion of opiate drug users that left drug treatment free of drug dependence who did not re-present to treatment within six months (2010-2014)



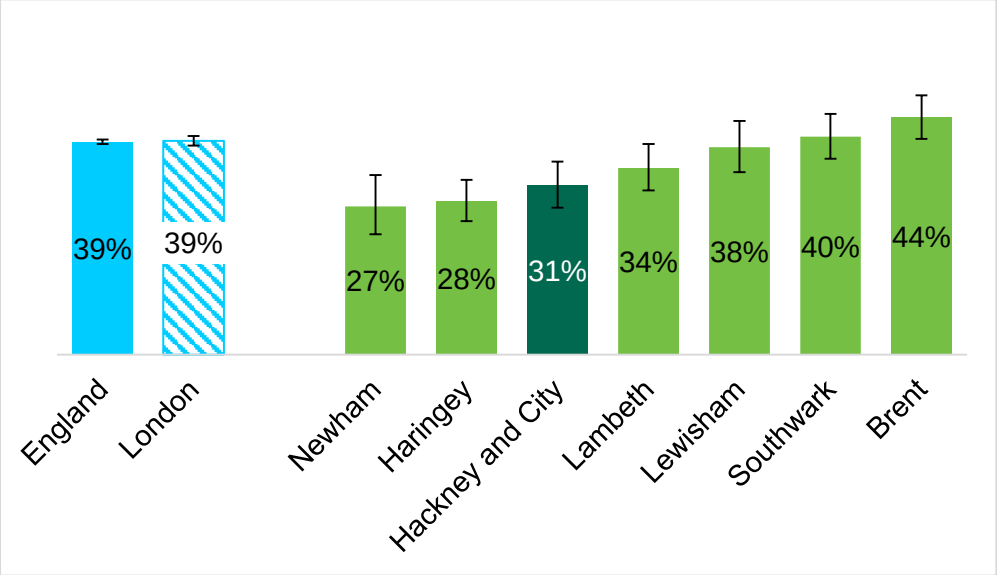
Data from NDTMS, analysis by PHE.

Successful completions: Non-opiate users

Figure 22 shows that Hackney and the City's combined proportion of successful completions for non-opiate users is lower than the London and England averages and towards the lower end of the range of Hackney's statistical peers.

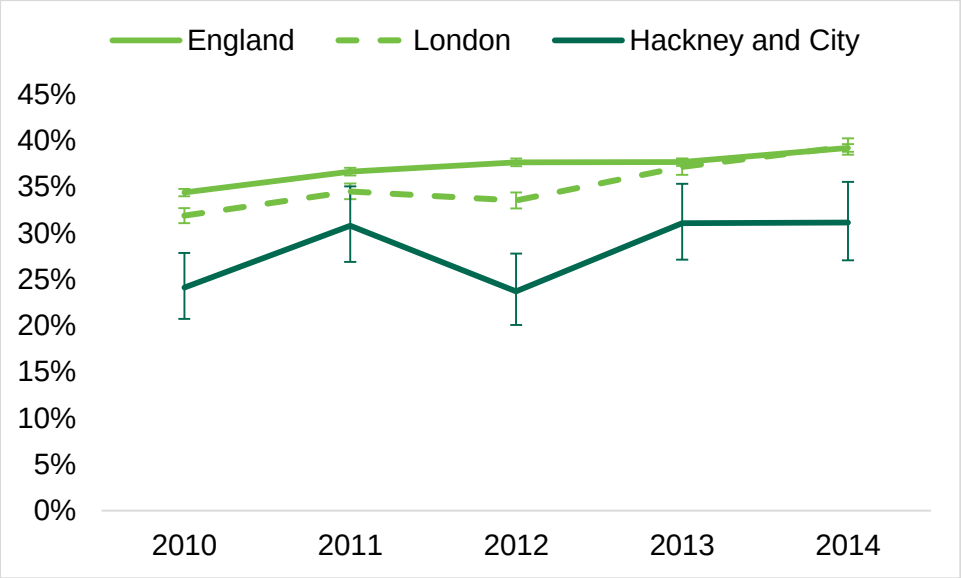
Figure 23 shows that this was the case for four out of five years between 2010 and 2014. There was a slight increase in successful completions for both London and England over this time period, but it is not clear whether Hackney and the City's combined rate followed this trend due to the level of statistical uncertainty around the figures.

Figure 22: Proportion of non-opiate drug users that left drug treatment free of drug dependence who did not re-present to treatment within six months (age 18+, 2014)



City and Hackney value statistically significantly lower than London and England
Data from NDTMS, analysis by PHE[lxv]

Figure 23: Proportion of non-opiate drug users that left drug treatment free of drug dependence who did not re-present to treatment within six months (age 18+, 2010-2014)



Data from NDTMS, analysis by PHE[lxvi]

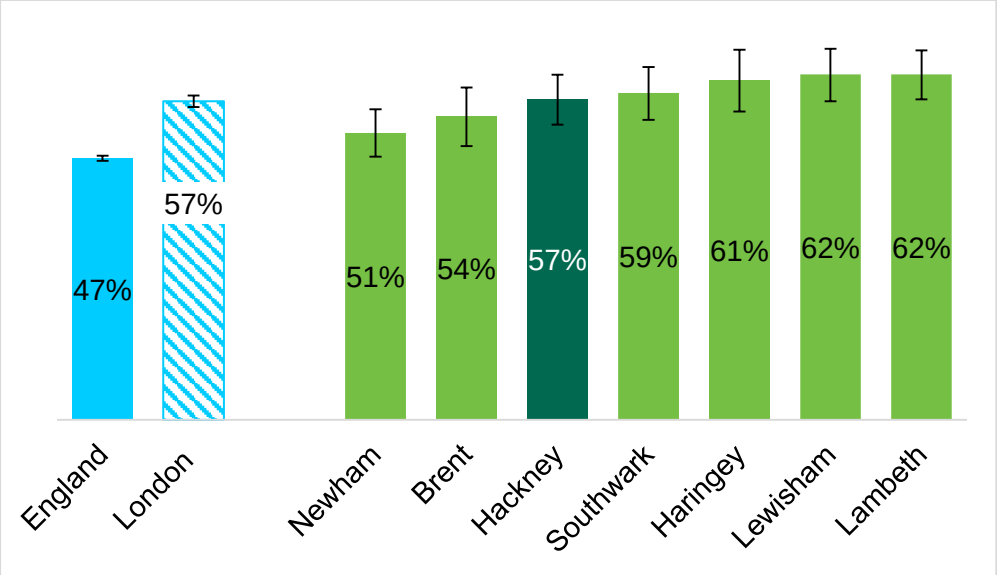
People entering prison with substance dependence issues not previously known to services

This indicator shows how effective outreach and early intervention substance misuse services are at reaching those in need before they come into contact with the criminal justice system.[lxvii]

Figure 24 shows that Hackney has a higher rate than England of people entering prison with substance dependence issues not previously known to services, but a similar rate to London and most of its statistical peers.

There is no time trend data available for this indicator.

Figure 24: People entering prison with substance dependence issues who are not previously known to services as a proportion of all those entering prison with substance dependence issues (age 18+, 2012/13)



Data not available for City of London
Hackney value statistically significantly higher than England, not statistically significantly different from London
Data from NDTMS, analysis by PHE[lxviii]

7.6. Evidence for what works

The National Institute for Health and Care Excellence (NICE) drug misuse pathway can be found at: http://pathways.nice.org.uk/pathways/drug-misuse

The NICE alcohol-use disorders pathway can be found at: http://pathways.nice.org.uk/pathways/alcohol-use-disorders

A small selection of key points are summarised in this section

7.6.1. Prevention

A literature review of prevention in adult substance misuse was conducted as part of the 2014 *City and Hackney Mental Health Needs Assessment*. Key findings relating to substance misuse included:

- the effectiveness of mass media campaigns and the principles of social media on their own in preventing or reducing substance misuse are not supported by the available evidence;
- the effects of the primary prevention interventions that appear to have a positive impact on substance misuse tend to diminish with time; this suggests that any such intervention should be ongoing rather than a one-off.

Alcohol

Alcohol education should be an integral part of the curriculum, both in science and personal social health and economic education (PSHE). Alcohol education should be tailored to age and education needs.

Alcohol-specific findings in the 2014 *City and Hackney Mental Health Needs Assessment* included:

- the available evidence suggests that increasing the hours of sale by two hours or more increases alcohol-related harm;
- alcohol expectancy challenges[7] and other interventions to prevent harmful alcohol and drug use in nightlife settings appear to be effective in university students and adults.

Drugs

Identify disadvantaged and/or vulnerable young people at risk of starting to misuse substances; offer family-based structured support to help such young people and their families.

[7] Interventions to challenge people's unrealistically positive expectations of the results of drinking.

7.6.2. Identification

Alcohol

Health and social care staff should receive alcohol awareness training that allows them to respectfully, non-judgmentally identify and care for people at risk of misusing alcohol. Opportunistic screenings should be carried out by GPs and other health and social care staff on a regular basis.

Drugs

In mental health and criminal justice settings, routinely ask service users about recent substance use. In primary care, general hospitals and other health settings, consider asking people about recent substance use if they show signs of possible misuse.

Assessment should take into account the service user's medical, psychological, social and occupational needs, and their goals and experiences of previous treatment, if any.

7.6.3. Care, treatment and support

Box 19: Local case study: Dual diagnosis and understanding individual needs

G has a history of heroin and crack cocaine. He has had frequent admissions to mental health inpatient services and has often missed appointments and not followed treatment plans.

His recovery worker has developed a rapport with him and so been able to engage him in services. He receives support from Hackney Recovery Service (HRS) and local mental health services; this support treats him as a whole person, looking not only at his drug use and mental health, but also at his wider needs. For G, this includes difficulties with reading and replying to official letters and issues around his benefits.

G is now consistently attending mental health and substance misuse appointments. He has not had a mental health crisis requiring inpatient admission since starting his recovery journey with HRS in October.

Adapted with permission from a case study provided by HRS.

People should not be denied substance misuse treatment due to a coexisting mental health condition (dual diagnosis).

Alcohol

Health and social care staff should receive training on how to offer evidence-based very brief advice for people assessed as high risk drinkers.

For those who do not respond to very brief advice, a motivational interview or series of motivational interviews may be appropriate.

Service users should be referred to specialist treatment if they:

- show signs of moderate or severe alcohol dependence or
- have failed to benefit from motivational interviews or
- show signs of severe alcohol-related ill health.

Psychological interventions should be offered to all service users; pharmacological interventions (for example to reduce withdrawal symptoms) may be appropriate, especially for those with severe dependency.

Drugs

Brief interventions and advice should be provided in a non-judgmental and evidenced-based manner. This may include harm-reduction such as giving advice on reducing sexual and injection risk behaviours, information about self-help groups, or motivational interviewing.

A range of psychosocial interventions should be available to those who seek treatment. Residential treatment may be appropriate for those who seek abstinence and have coexisting health or social problems. Pharmacological interventions may be appropriate, especially for those with severe dependency.

7.7. Services and support available locally

7.7.1. Prevention

Hackney and the City are commissioning a new health and wellbeing service for five to 19 year olds which includes school-based age-appropriate, impartial, non-judgemental and specialist information and advice on alcohol and drugs.

A number of innovative approaches to substance misuse prevention were piloted through the 2015/16 Healthier Hackney Fund Ideas Stream; a report on the results of this work will be available later in 2016. The 2016/17 Healthier Hackney Fund Activities Stream will fund further local prevention work.

7.7.2. Identification

The Hackney Recovery Service (HRS) engages with potential service users by having a variety of potential entry points, including satellites in GP practices, services in pharmacies and outreach in sexual health clinics and homeless shelters.

7.7.3. Care, treatment and support

Hackney

The HRS brings together all Hackney's drug and alcohol interventions into one cohesive treatment system, meeting the needs of new and existing service users and ensuring effective outcomes for Hackney residents that misuse drugs or alcohol. The HRS is delivered by Westminster Drugs Project as the lead provider, in partnership with Central and North West London NHS Foundation Trust and St Mungo's Broadway.

The treatment centre provides tailored interventions to support people who misuse drugs or alcohol. Services include one-to-one key working, cognitive behavioural therapy (CBT) and counselling to address clients' drug and alcohol misuse, mental health needs and other factors. The provider works closely with criminal justice agencies and other partners to ensure clients receive appropriate support from other services.

Specialist clinical interventions are provided for service users with moderate to high levels of substance misuse. This includes substitute prescribing where appropriate, harm reduction and needle exchange services as well as testing for blood borne viruses and treatment for other health conditions that are linked to substance misuse.

Activities that help clients reintegrate into the community are offered so that all clients can benefit from a wrap-around recovery-focused service. These activities include recovery support group work, services for families and carers, mutual aid programmes like Alcoholic Anonymous, Narcotics Anonymous, self-management and recovery training peer mentoring. A dedicated recovery hub offers a varied menu of opportunities for development and recovery including a mind, body and spirit curriculum, education training and employment support and accredited vocational training.

City of London

Square Mile Health launched in January 2016 in the City. The service provides support and advice on alcohol, tobacco and substance misuse, and tobacco treatment, to everyone, including City workers; it provides drug and alcohol treatment only to residents and rough sleepers who are City connected. The service is delivered by Westminster Drugs Project.

Within the City of London, Square Mile Health has a dedicated team of substance misuse practitioners, who work alongside other professionals in the City. A one-to-one support service is available to City workers, residents, rough sleepers (with a City connection) and students to raise awareness of risk taking behaviours. Should someone present with higher/ multiple needs they would be dealt with on an individual basis and additional support/ services sought as necessary. Clients have a say in the structure of their treatment plans and the way in which the service is delivered. Services are delivered in the Neaman Practice GP surgery and Health E1

Homeless Medical Centre as well as Bishopsgate Police Station (arrest referrals) and via outreach.

A Corporate and Community Health and Wellbeing Trainer offers training initiatives to the City of London's frontline workforce, local residents and service users. Training is offered to professionals such as social workers, police officers, housing staff and school leaders, as well as a variety of professionals in the City's corporate sector. Programmes include healthy behaviour initiatives such as drug and alcohol awareness, novel psychoactive substances and legal highs, smoking cessation, and a range of other information and training initiatives. The provider runs awareness events throughout the City on topics such as drug and/or alcohol awareness stalls, as well as tobacco/smoking harm awareness stands.

Multiple needs service

In Hackney, as in almost every other London borough, there is a small but significant group of people who have multiple complex needs such as: homelessness or insecure housing; poor mental health; problems with substance misuse; and a history of offending. These multiple needs overlap and have a cumulative impact that can lead to the individual experiencing severe and multiple disadvantage and stigma.

Hackney Council's Public Health Service is piloting a new intensive case-coordination service to respond to the needs of clients with multiple issues. The purpose of this service is to improve the way that a small cohort of some of the most complex individuals in Hackney engage with and experience various support and care services.

7.8. Gaps in current services

A full review and detailed mapping of current service gaps will be undertaken in 2016. A summary gap analysis will be added to this chapter once the review and mapping is complete.

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[xii] Royal College of Psychiatrists (2011). Our invisible addicts. College Report CR165. http://www.rcpsych.ac.uk/files/pdfversion/cr165.pdf

[xiii] Stephenson, G. & Richardson, A. (2014). New Psychoactive Substances in England: A review of the evidence. Home Office. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368587/NPSevidenceReview.pdf

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