

Drugs and Alcohol Needs Assessment

625068

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Recommendations

Unmet need:

- **Ensure our offers are fit for purpose for the different cohorts that we serve.** One size does not fit all, and we must ensure equity of provision for underserved groups. This includes:
 - differentiating by type of substance, as data suggests gaps in provision for alcohol and non-OCU substance misuse;
 - differentiating by personal characteristics, as data suggests unmet need in services for women, young people, people from ethnic minorities, disabled people, LGBT+ people.
- **Additional street outreach for rough sleepers.** This cohort has very high need and requires a high level of engagement, with an increased focus on precontemplation.
- **Further develop the pathways from criminal justice to community drug and alcohol services.** This is an area of success for Camden compared to other London boroughs, but there is still a large amount of unmet need.

Prevention:

- **Promote existing training for frontline staff and increase setting-specific offers.** A rolling programme of training is required to give frontline staff across health, care and children & young people services the skills and confidence to do routine screening and to identify issues and signpost where needed.
- **Support and develop our “second generation prevention” offer for children of those with substance misuse issues.** Need in this area has previously been identified – our new family service offer will require support, monitoring and development.
- **Improve the reach of harm reduction messaging and resourcing** – especially in response to acute situations such as adulterated supplies leading to spikes in physical harm and death.

Recommendations 2

Data gaps:

- **Better understanding of current need given the gaps and time-lags for nationally available data.** Many nationally produced estimates of need were produced pre-covid or are based on pre-covid data, and do not have the granularity in terms of ethnicity and other characteristics needed for Camden's population. We must continue horizon scanning for relevant estimates, and continue to ensure that feedback from delivery partners is a key part of intelligence gathering.
- **Improve data capture, quality and monitoring.** This would particularly inform our understanding of prevention updates and outcomes, and employment, training and education service use and outcomes.

Health and work:

- **Better coordinated care for people with co-occurring mental and/or physical health conditions and substance misuse.** Remove barriers to accessing mental health support and treatment for those with substance misuse need.
- **Encourage individuals to take a more proactive approach to managing their existing health needs and preventing the onset of others.** Explore ways of co-designed this support and of empowering service users, to help them feel more able to navigate the health/wellness/leisure landscape, which may not always be easy or welcoming to those with specific needs e.g. substance misuse.
- **Improve clarity of employment, training and education offer.** A strong offer is in place, but there is confusion around delivery which needs to be resolved to best support service users.

Co-Production:

- **Co-production must be embedded into all aspects of substance misuse services and wider SM system.** Service users and co-production must be integral to the development, design and delivery of services, facilitating the voices of those with lived and living experience being shared and used to shape support to match needs.

Background

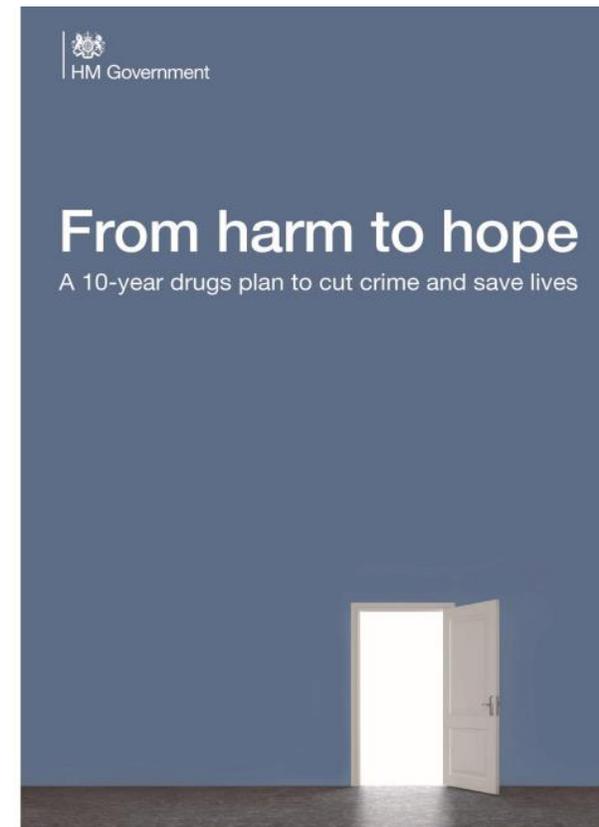


National 10-Year Drug Strategy

In December 2021, the Government launched its 10-Year National Drug Strategy - From Harm to Hope.¹

The focus is on delivering three strategic priorities:

- 1. Breaking drug supply chains** - through reducing the amount of drugs entering the country, closing county lines and disrupting drug gang operations.
- 2. Delivering a world-class treatment and recovery system** – through implementing Dame Carol Black’s key recommendations, better integrating services, rebuilding the SM workforce, supporting service users with health, housing and employment.
- 3. Achieving a generational shift in demand for drugs** - through increasing intervention and prevention schemes in schools, supporting young people and families at highest risk of substance misuse.



[1 - From harm to hope: A 10-year drugs plan to cut crime and save lives](#)

Background – Key Points

- The Government launched its 10-Year National Drug Strategy - *From Harm to Hope* in December 2021. It focuses on making changes to **drug supply, demand** and **treatment systems**.
- Camden has received ~**£1.4m** grant funding from OHID for 23-24 for treatment and recovery interventions (the Supplementary Substance Misuse Treatment and Recovery Grant; SSMTRG). This is set to increase to ~**£2.7m** in 24-25 (subject to Treasury approval).
- The **Combating Drugs Partnership** is a senior-level, strategic group, mandated by OHID to oversee the management of the grant and its outcomes. Operational delivery is monitored by two sub-groups – **Criminal Justice** and **Health**.
- Camden current substance misuse service providers are:
 - **Change, Grow, Live** in partnership with **SHP** who run the integrated drug and alcohol service which started in April 2023 and the Individual Placement and Support (IPS) structured employment service.
 - **Via** who run the substance misuse service for rough sleeper and those at risk of rough sleeping.
 - **Fwd** who are an in-house provider, who run the young people's substance misuse service.
- Like other **inner London** boroughs, Camden is very **diverse** - in terms of race, religion, sexuality and gender identity. **21%** of residents (all ages) have a long-term condition or disability and the unemployment rate is **4.0%**.¹

SSMTR Grant and Combating Drugs Partnership

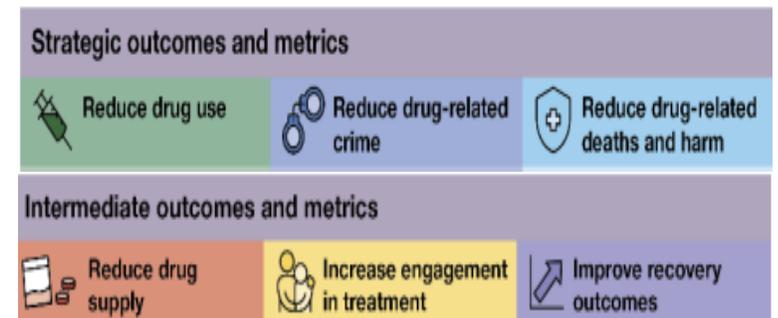
Camden received funding from the Office of Health Improvements and Disparities (OHID) via the **Supplementary Substance Misuse Treatment and Recovery (SSMTR) grant** to support the delivery of the strategy’s second priority – improving the treatment and recovery system. In 2023/24 this grant is **£1,446,634**. This follows an investment of **£882,907** in 2022/23 and will increase to **£2,792,326** in 2024/25 (subject to HM Treasury approval and with 10% linked to assessed performance by Q2).

Camden, along with seven other London boroughs, has been identified as an **“enhanced area”** which means we have been recognised as being able to make significant improvements in increasing **the number of people accessing substance misuse treatment/support**, and in improving **Continuity of Care rates** (the proportion of those leaving prison with an SM need who enter community treatment within 3 weeks of leaving prison). Being an enhanced area means we are receiving **additional support** from OHID London colleagues, but also **increased scrutiny** of our performance.

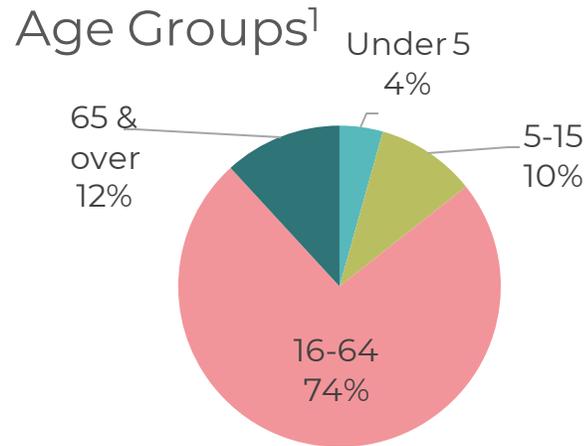
Alongside SSMTR funding, the **Metropolitan Police Service** in Camden have also been allocated **Project ADDER** (Addiction, Diversion, Disruption, Enforcement and Recovery) funding. ADDER began in Camden (as part of Central North BCU) mid-way through 22-23 and in 23-24 has also been expanding across other BCUs. The budget for Camden has remained relatively stable across both years of funding.

Combating Drugs Partnership (CDP)

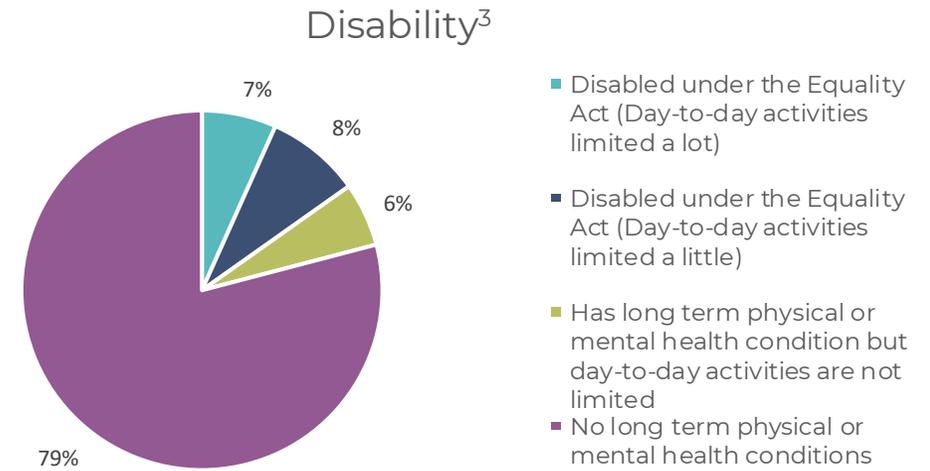
One of the requirements of the grant, the CDP brings together **local partners** to provide **strategic oversight** of grant implementation and progress in the domains set out in the **National Combating Drugs Outcomes Framework**. **Operational delivery** is monitored and managed via two **sub-groups** – **Health** and **Criminal Justice** – which report into the CDP.



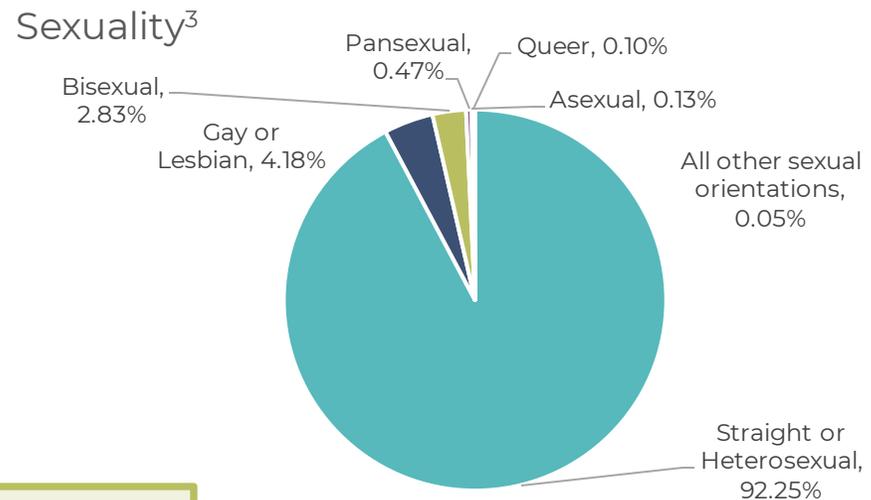
Camden Demographics – A snapshot



40.5% of residents identify as Black, Asian or Minority Ethnic²



16% of the population are under 18 years old¹



62% of residents identify as having a religion³

Unemployment Rate = 4.0%⁴

Gender Identity ³	
Gender identity the same as sex registered at birth	99.13%
Gender identity different from sex registered at birth but no specific identity given	0.37%
Trans woman	0.15%
Trans man	0.13%
Non-binary	0.13%
All other gender identities	0.08%

1 – GLA Intelligence; [GLA 2021-based Interim Projections for 2023](#)
 2 – ONS; 2021 Census. [2021 Census Key Facts](#)
 3 – ONS; Camden Census 2021. 2023 Projections. [Religion](#); [Sexuality and Gender Identity](#); [Disability](#)
 4 - ONS Annual Population Survey; Jul 22 to Jun 23; [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)



Current Camden Drug Services

Camden's new **adult integrated drug and alcohol service** started on 1st April 2023. The service is provided by **Change, Grow, Live (CGL)** in partnership with **SHPL**. The service is open to all adults (18+) who live in Camden or who are registered with a Camden GP. The service offers a range of interventions to support people with drug and/or alcohol needs including counselling, group work, access to detox and rehab, peer support, recovery support, and medically assisted treatment. Further details can be found here: [Alcohol info - Drug and Alcohol Services - Camden - London \(changegrowlive.org\)](https://www.changegrowlive.org)

CGL also provide an **intensive specialist employment support service** for people accessing drug and alcohol treatment. The Individual Placement Support (IPS) service, which was commissioned by the Department of Work and Pensions and managed by the Office of Health Improvement and Disparities, started earlier this year. Further details can be found here: [Alcohol info - Drug and Alcohol Services - Camden - London \(changegrowlive.org\)](https://www.changegrowlive.org)

Camden also has a specific **drug and alcohol service to support rough sleepers** and those at risk of rough sleeping. The service is called INROADS and is provided by **Via** (formerly WDP). INROADS work in partnership with the rough sleeper Routes off the Streets service and hostel pathway providers. Further details and how to refer can be found here: [Camden - Inroads - via \(viaorg.uk\)](https://www.viaorg.uk).

Since 2019, **drug and alcohol support for children and young people** has been provided by **FWD**, which is a Camden Council in-house service. It provides specialist substance misuse services for under 18s and supports those 18-25 alongside the adults SM service.



Statement from Moving Forward – Camden's Substance Misuse Service User Representative Group

Service users and co-production must be integral to the **development, design and delivery of services**. Lived experience is invaluable in informing how best to help service users. We understand the challenges of navigating a system rife with **structural power imbalances** while trying our best to “be compliant” and adhere to ways of delivering care that may not best suit our needs. Service user involvement and co-production are a means to **redressing this imbalance** and to **empower people** to have greater agency over their care, and ultimately, their lives. Service providers and commissioners mostly assess services quantitatively and this often doesn't encompass the rich complexity of the **human experience**. Co-production serves to add a qualitative element to service delivery, that can be missed by traditional metrics. Lived experience brings **humanity** into the system.

Co-production is in its infancy within the borough of Camden. There are pockets of good practice but there is still much work to do, to **embed** authentic co-production into the ethos and delivery of services. Camden has an ambitious strategy for co-production, however, systems change is slow and it's taking time to embed. As a result, this work can be frustrating, as we are **challenging long-established methods, mindsets and models**. **Time** and **resources** are needed to effect fundamental change and it's heartening to see that there is much goodwill and support for this imperfect, and sometimes nebulous work. The positive outcomes aren't often that clear or obvious in the short term, however, we know that in the long-term that the benefits can be profound and that ultimately, this means **better, more holistic and more trauma-informed care** for service users; care that is genuinely **person-centred, reflexive and responsive**.



Prevention



Prevention – Key Points

- **Primary** prevention (stopping people from starting substance misuse) in Camden is largely delivered through schools and **FWD**, Camden's young people's substance misuse service.
- Camden has a strong **secondary** prevention (early intervention/referral and reducing harm) offer including MECC and Hepatitis C testing
- In Camden **tertiary** services (treatment and harm mitigation) are provided by the Drug and Alcohol substance misuse service provider– **Change, Grow, Live (CGL)**.
- Whilst there are many positive interventions in Camden across the **three** levels of prevention, more work needs to be done around how **data** is captured and monitored.

Prevention and Early Intervention

Early Intervention is typically quantified as **Tier 1** and **Tier 2** interventions. They are in place to recognise a developing misuse problem and address it before it escalates. **Early intervention** also encompasses the work being done on the continuity of care from prisons into the community. This will ensure prisoners are given timely help with their alcohol/substance misuse.

Prevention is a pivotal tool in the fight to reduce substance misuse and harms caused by problematic usage.

Prevention in this field is often defined as ‘to encompass an array of noncoercive activities intended to prevent, reduce, or delay the occurrence of drug-taking or associated complications.’

There are three types of **prevention**:

- **Primary** - Endeavouring to stop people using drugs before they have started using them.
- **Secondary** - Attempting to stop or reduce the harm that people do to themselves or others whilst they are using drugs – in other words changing to safer and less damaging ways of using drugs.
- **Tertiary** - providing support and treatment for people who are using drugs, often dependently, to give up drug use.

Whilst there is a considerable lack of data to quantitatively demonstrate the impact of **Early Intervention** and **Prevention**, its importance in reducing drug use and drug harms cannot be overlooked.

Mechanisms to harness the ethos of **Early Intervention** and **Prevention** include:

Improve fluidity of early referral mechanisms – Familiarise GP’s and healthcare workers with the **full breadth** of substance misuse support services and improve processes for regular drug and alcohol screening across all health services.



Primary Prevention

Endeavouring to stop people using drugs before they have started using them.

The vast majority of **primary interventions** are delivered to schools and young people:

Camden's **primary intervention** programme is delivered in-house by **FWD**, which includes:

Open access and **targeted** engagement for children and young people who are particularly vulnerable to substance misuse, for example those in the care system or criminal justice system.

- Information and advice
- Assessment and short-term intervention
- Access to **diversionary** activities
- Counselling and motivational interviewing
- Drug screening
- **Targeted** group work/workshops with vulnerable young people

Additional programmes also work to improve **prevention** and **early interventions** via schools, and providing early, targeted support, including to families:

- Parenting skills programmes
- Early childhood education
- PSHE (**Personal, Social, Health** and **Economic** education) a school curriculum subject which helps pupils develop the knowledge, skills and attributes to stay healthy and safe, now and in preparation for their adult life.



Secondary Prevention

Attempting to stop or reduce the harm that people do to themselves or others whilst they are using drugs – in other words, changing to safer and less damaging ways of using drugs. Also includes early identification of harm and subsequent signposting/referral.

Mechanisms include:

Needle exchange – Offering a clinically safe exchange of used needles.

Naloxone – Administration of **naloxone kits** to reduce critical/fatal opiate overdoses.

Hepatitis C **testing**

MECC (Making Every Contact Count) - Aims to facilitate positive health behaviour change in domains including alcohol intake. This scheme maximises opportunities to promote health by utilising everyday interactions to identify potential problems and signpost to appropriate resources or organisations.

Improved fluidity of **early referral** mechanisms – Familiarising GP's and healthcare workers with the full breadth of substance misuse support services and improve processes for regular drug and alcohol screening across all health services.



Tertiary Prevention

Providing support and treatment for people who are using drugs, often dependently, to give up drug use.

Tertiary services are widely provided by **Change, Grow, Live (CGL)**, Camden's commissioned substance misuse support provider. Interventions include:

- **Medically** assisted treatment
- Access to different detox and rehab options
- **Peer support**
- Recovery support, including education, training and employment advice
- **Onward referrals** to a range of specialist services
- Advice on keeping safe
- Emotional support and **counselling**
- **Group work**
- Online courses
- **Hep C treatment**



**Change
Grow
Live**

Current Treatment Service Data



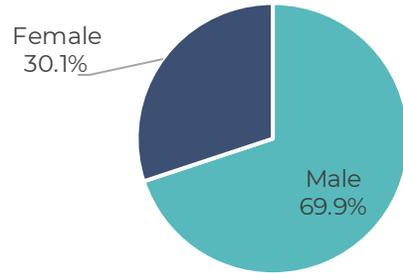
Current Service Data – Key Points

- Camden's treatment population is **older** than England's treatment population, even though the population overall is younger. There are also a higher proportion of **white** service users than in the general Camden population.
- The estimated **opiate or crack use** (OCU) prevalence rate is **decreasing** in Camden. The majority of OCUs are **men**, and the average **age** is **increasing**.
- The estimated rate of **alcohol dependence** in Camden is **higher** than the rates across London or England, although the current estimates are for 2018-19. Future estimates will show whether the rate has increased since the pandemic or the cost-of-living crisis.
- Camden's substance misuse services commenced a **new integrated service** contract, with a new sole provider, in April 2023.
- In the 12 months to June 23 there were **1,828** adults in structured substance misuse treatment in Camden. The current target set with OHID for March 24 is **1,896**.
- Camden's **continuity of care** rate (the percentage of prison leavers with ongoing SM treatment needs who commence community treatment within three weeks of leaving prison) has improved significantly in the last year to **33%** compared to the London average of 25%. It is still below the England average of 42% and the long-term OHID target of **75%**.

Service User Demographics

An awareness and understanding of the demographics of Camden as a whole and more specifically those who use drugs or alcohol (as well as the **intersectionality** between demographics) is important to ensure services are **culturally competent** and **tailored** to SUs' individual needs. This increases the chance of services users entering treatment and the success of service users' recovery journeys.

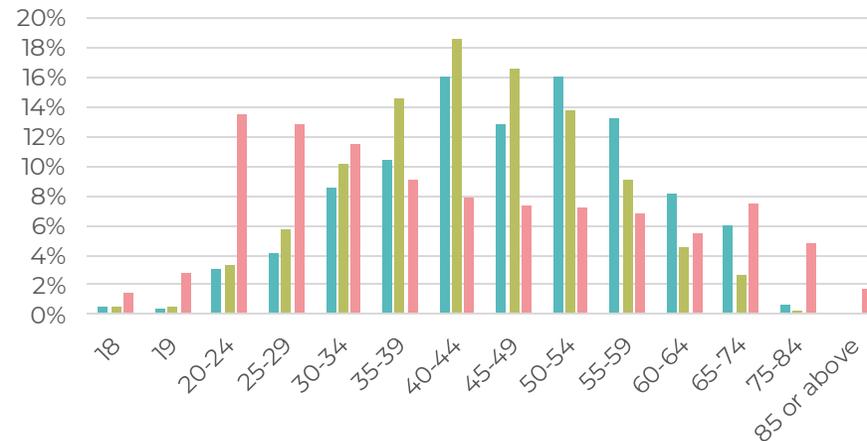
Sex* – All in Treatment¹



There are more than **twice as many men** in treatment compared to women, in Camden; this is similar to SM services at a national level (68.4% vs 31.6%). As expected, the Camden population overall is much more evenly split with 47.3% male to 52.7% female².

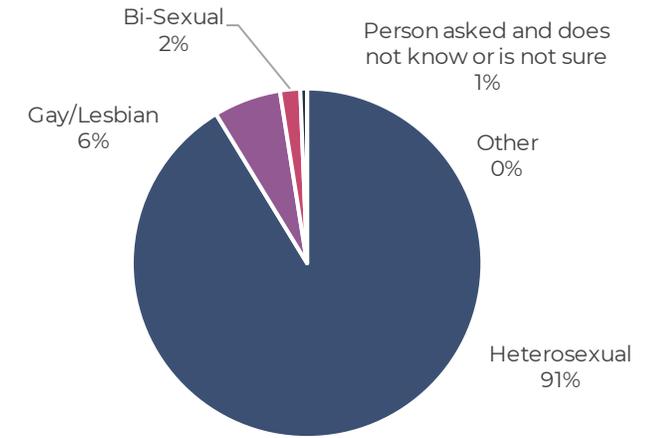
*Gender information not collected; options are male, female, not known and not specified.

Age Group - All in Treatment^{1,2}



■ Camden SM SUs ■ England SM SUs ■ Camden Population

Camden's adult population is quite young compared to England, with the highest proportion of residents aged between 20-24. However, overall Camden's SM treatment population is **older** than England's treatment population, though the population in treatment has a wide age range.



Sexuality - New to Treatment**, Q1 23-24¹

Of those where sexuality was recorded, just under **1 in 12** service users in Camden identified as either **gay, lesbian or bisexual**. This is higher than the Camden-wide figure of just under 1 in 14³.

**All clients entering treatment where sexuality recorded; 'Not stated' and 'Missing/Inconsistent' not included.

When comparing **service user demographics** with **SM prevalence estimates** (for OCU only), **women** are over-represented in treatment (29% vs 22%), young people (**under 25s**) are **under-represented** in treatment (3.3% vs 6%) and adults between **25-34** are also **under-represented** in treatment (14% vs 19%).

1 - NDTMS; Adult Quarterly Activity Partnership Report CDSP Q1 23-24 [NDTMS - GetReport](#)

2 - ONS; 2021 Census. [2021 Census Key Facts](#)

3 - ONS; Camden Census 2021. 2023 Projections. [Sexuality and Gender Identity](#).



Service User Demographics (cont.)

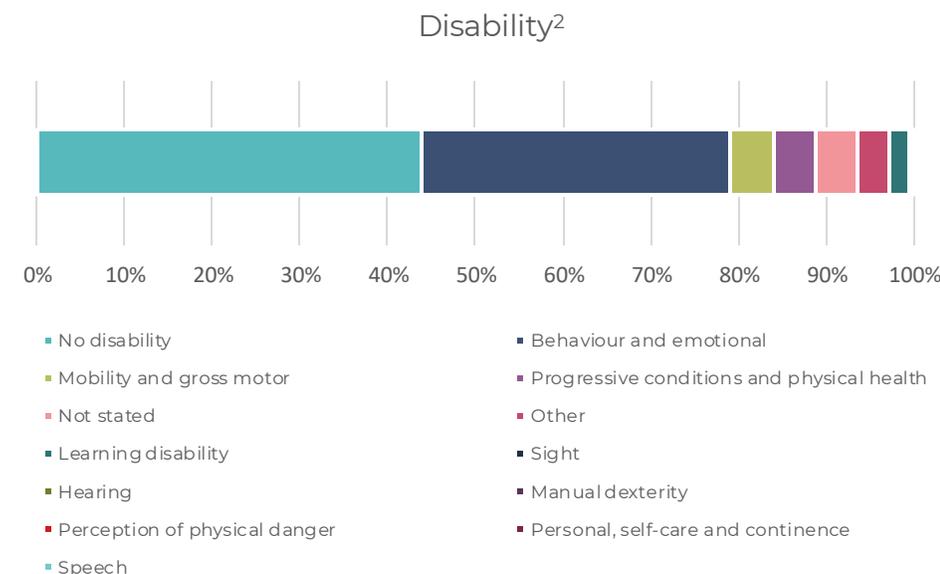
Ethnicity (all in treatment)	Camden Population ¹	Camden SM SUs ²	England SM SUs ²
White British	35.4%	54.5%	82.10%
Other White	21.7%	12.7%	4.60%
White Irish	2.5%	5.5%	1.10%
Other	6.8%	3.8%	0.90%
African	6.8%	3.4%	0.80%
Other Black	1.0%	2.5%	0.70%
Bangladeshi	6.8%	2.5%	0.50%
Caribbean	1.3%	2.4%	1.10%
Other Mixed	2.4%	2.2%	0.80%
White & Black Caribbean	1.2%	2.1%	1.10%
Other Asian	4.0%	2.0%	1.00%
Missing / inconsistent	-	2.0%	0.80%
Not stated	-	1.7%	1.30%
White & Black African	1.0%	1.1%	0.30%
Pakistani	0.8%	0.6%	1.00%
Indian	3.3%	0.5%	1.30%
White & Asian	2.0%	0.3%	0.40%
Chinese	3.2%	0.3%	<0.01%

35.4% of Camden's population identify as White British, with 59.6% identifying as any white group. Camden's SM SUs however are 54.5% White British, with 72.7% identifying as any White group. Therefore, there is a **higher** proportion of **white service users** than would be expected from the Camden population. This could be due to higher substance misuse among the white population or other factors such as **stigma** or **lack of cultural awareness** reducing access to the services for certain ethnicities.

Religion	Camden Population ¹	Camden SM SUs ²	England SM SUs ²
Baha'i	-	0.0%	0.0%
Buddhist	1.1%	2.7%	0.4%
Christian	31.4%	17.5%	20.4%
Hindu	1.9%	0.0%	0.5%
Jain	-	0.0%	0.0%
Jewish	4.8%	0.5%	0.1%
Muslim	16.1%	7.1%	2.5%
Pagan	-	0.0%	0.2%
Sikh	0.2%	0.0%	0.9%
Zoroastrian	-	0.0%	0.0%
Other	0.9%	3.8%	3.0%
None	34.6%	48.1%	59.6%
Declined to disclose	8.9%	3.3%	2.9%
Religion unknown		15.3%	8.0%
Missing / Inconsistent		1.6%	1.6%

A large percentage of services users report not having a religion, both in Camden and nationally. Camden has proportionally higher rates of service users who are **Buddhist, Jewish** or **Muslim** compared to the national figures, though both Jewish and Muslim SUs are under-represented compared to the Camden population.

1 - ONS; Camden Census 2021. 2023 Projections. [Religion and Ethnicity](#); [Disability](#)
 2 - Adult Quarterly Activity Partnership Report CDSP Q1 23-24 [NDTMS – GetReport](#)



44.8% of Camden service users reported **no disability**, compared to 64.9% of service users across England². The most common disability, cited by over 1/3 of Camden SUs, was **behavioural and emotional** (36.1%). In the general Camden population, 79.1% reported no disability or long-term mental/physical health condition, so the proportion of disability among service users is **high** in comparison¹.



Prevalence and Unmet Need

Please note: The latest prevalence estimates are 2019-20 for OCU and 2018-19 for alcohol. They therefore **do not** provide information on the impact of the **pandemic** or the current **cost-of-living crisis** on levels of substance misuse in the population.

OCU Prevalence¹

The latest available prevalence estimates for opiate and/or crack use (OCU) are for 2019-20. They show an **overall reduction OCU rates** per 1000 between 2016-17 and 2019-20 (Fig. 1).

The opiate and/or crack user population is **ageing**. In Camden, 75% of OCUs are between 35-64 years old (2019-20) (Fig. 2).

There is a significantly **greater number of male** OCUs with a rate of 19.2 per 1,000 for men compared to 5.7 for women (2019-20).

63% of opiate and/or crack users had **never injected**, 15% currently injected and 22% no longer injected (2019-20)

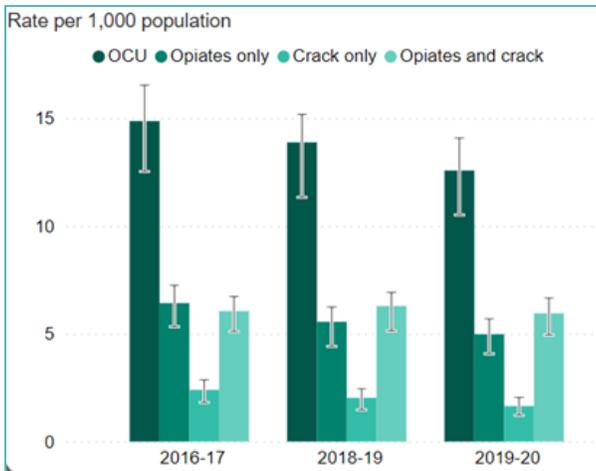


Figure 1

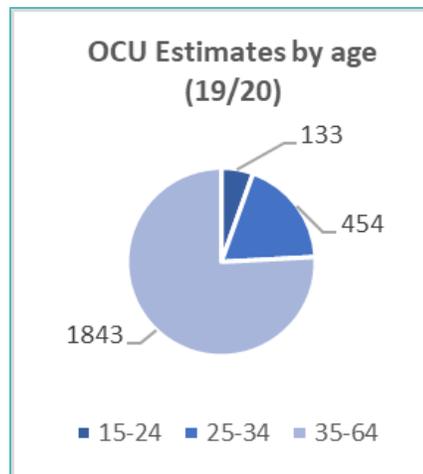


Figure 2

Alcohol Prevalence¹

Estimated rates of alcohol dependence remained **relatively stable** between 2016-17 to 2018-19. The latest Camden estimate was 15.64 per 1000, equivalent to 3,303 people. The rate was 16% higher than the London-wide estimate and 14% higher than England (Fig. 3).

Camden Drug & Alcohol Needs Assessment 2023

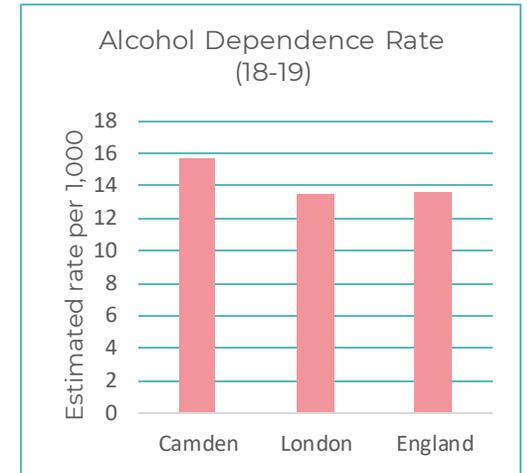


Figure 3

Unmet Need¹

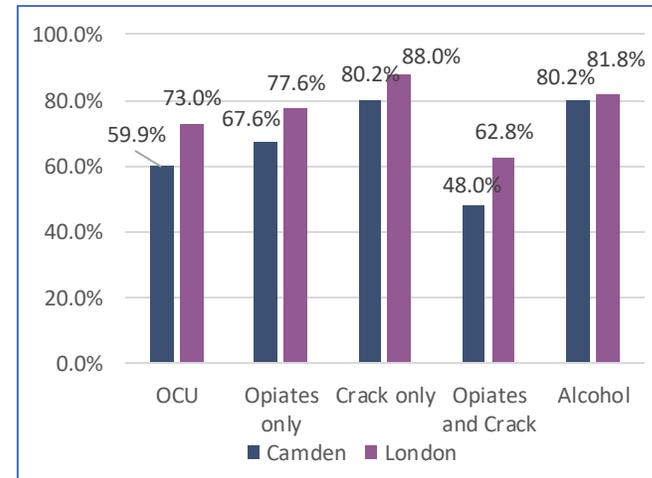


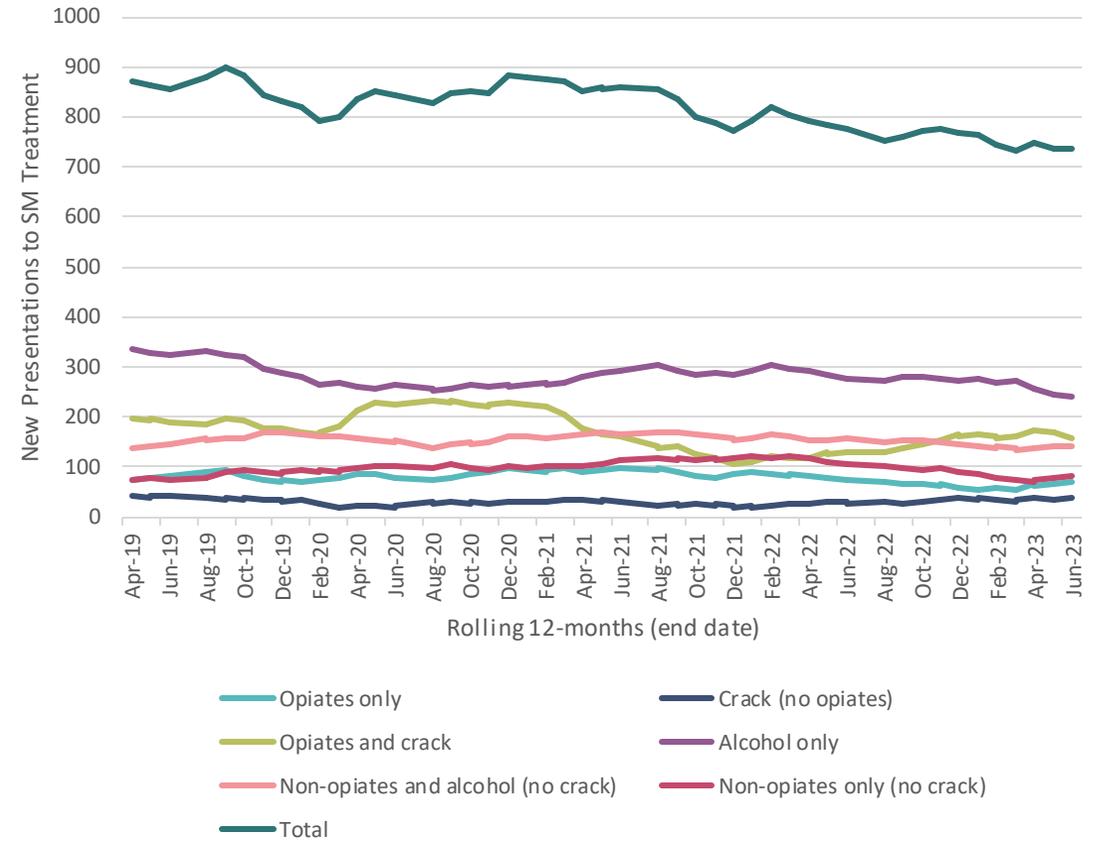
Figure 4

Camden rates of unmet need are **similar or lower** than the London average – though still **significantly high** (Fig. 4). Rates are calculated using prevalence estimates for 19-20 and numbers in treatment (12-month rolling, to Mar 23).

Numbers in Treatment

- In the 12 months to June 23 there were **1,828** adults in structured substance misuse treatment (Fig. 1)¹. This was a **4.3% decrease** from the peak of 1,911 in Feb 2021 and **3.6% below the target** of 1,896 set with OHID for the end of March 2024.
- Like several London LAs, Camden had many people who entered treatment as a direct result of the **pandemic**, but also indirectly through SM services supporting the **“Everyone In”** initiative. After restrictions were lifted, a number of people who entered treatment during this time then left (unplanned) and services were unable to retain them in treatment.
- Camden’s substance misuse services commenced a **new integrated service contract**, with a sole provider, in April 2023. This further impacted on numbers in treatment as data cleansing was undertaken as part of the handover, removing and closing some historical cases.

New Presentations



The total number of new presentations has **decreased slowly** since 2019¹. **Numbers in treatment** is a key metric being scrutinised as part of grant funding and investment. Increasing the strength of partnerships and pathways, to increase **new presentations** into treatment, is therefore a vital area of focus, alongside ensuring **retention** and **planned exits** of existing service users.

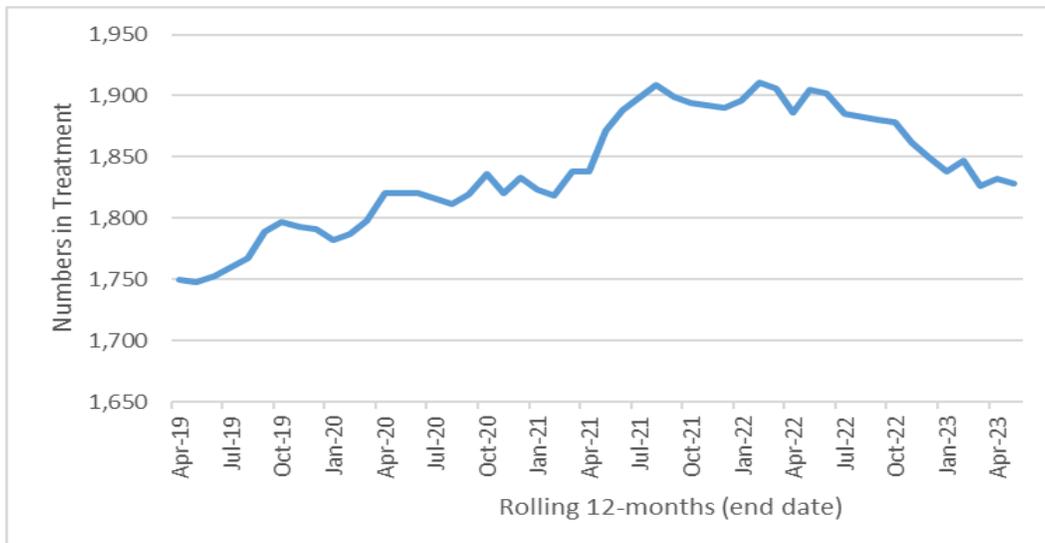


Figure 1

Criminal Justice and Substance Misuse



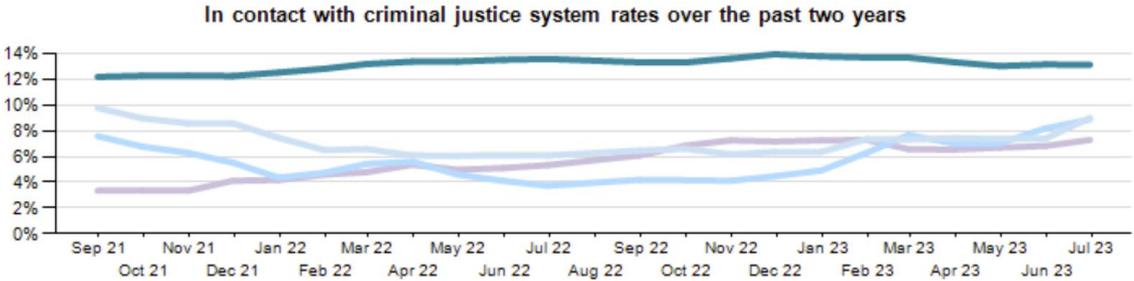
Criminal Justice – Key Points

- Data on the percentage of prison leavers with a **continued treatment need** shows that Camden has a **lower rate** (31%) compared to the nation figure (44%), but outperforms the **London** average rate (27%).
- The proportion of CJIT clients in contact with **structured treatment** in Camden is **higher** than that of national and regional averages..
- Numbers in treatment in Camden has **fluctuated** across the period of April 2021 to June 2023.

Substance Misuse and Criminal Justice

Proportion of **treatment** population in contact with the criminal justice system*

	Latest period		National average
	(%)	(n)	
Opiate	13.1%	128 / 976	18.8%
Non-opiate	9.0%	18 / 200	13.4%
Alcohol	7.3%	26 / 357	7.3%
Alcohol and non-opiate	8.9%	23 / 259	13.1%



The proportion of Camden’s treatment population in contact with the criminal justice system is **below** the national average.

This indicates there may be need to provide **more support** with their substance misuse for all those connected to the CJ system.

*in contact with the **criminal justice system** defined as clients taken onto a CJIT caseload within 42 days of the earliest triage or the first referral source of the treatment journey is a criminal justice referral route.

(n) = number of clients in **treatment** in contact with the criminal justice system / all in treatment

Completions and Re-presentations

The proportion of criminal justice service users in Camden who have **successfully** completed treatment in the first 6 months of the latest 12-month period and subsequently **re-presented** within 6 months

	Latest period		National average
	(%)	(n)	
Opiate	0.0%	0 / 3	19.2%
Non-opiate	0.0%	0 / 3	5.6%
Alcohol	20.0%	1 / 5	9.1%
Alcohol and non-opiate	50.0%	1 / 2	7.3%

The below captures **successful completion** rates as a proportion of the criminal justice clients across **all** treatment areas in Camden

	Latest period		National average
	(%)	(n)	
Opiate	2.3%	3 / 128	3.3%
Non-opiate	27.8%	5 / 18	28.8%
Alcohol	34.6%	9 / 26	34.9%
Alcohol and non-opiate	8.7%	2 / 23	27.0%

Substance Misuse and Criminal Justice

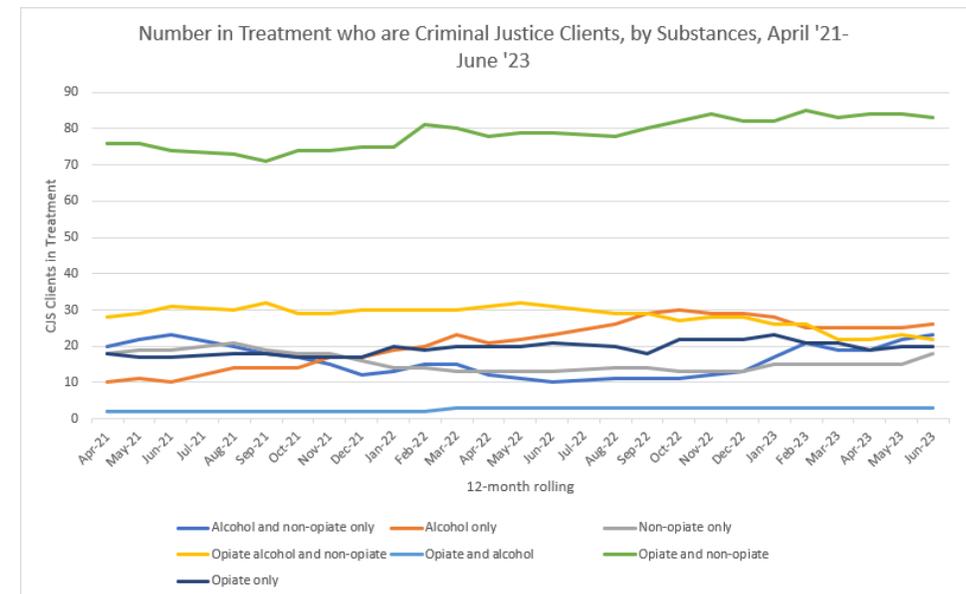
Alcohol Treatment Requirement (ATR) and **Drug Rehabilitation Requirement (DRR)** orders are mandated by the courts. They are **legal requirements** for individuals to engage with drug and/or alcohol treatment. These orders are managed by probation. Camden's data is as follows:

Borough	ATR	DTR
Camden	11	18

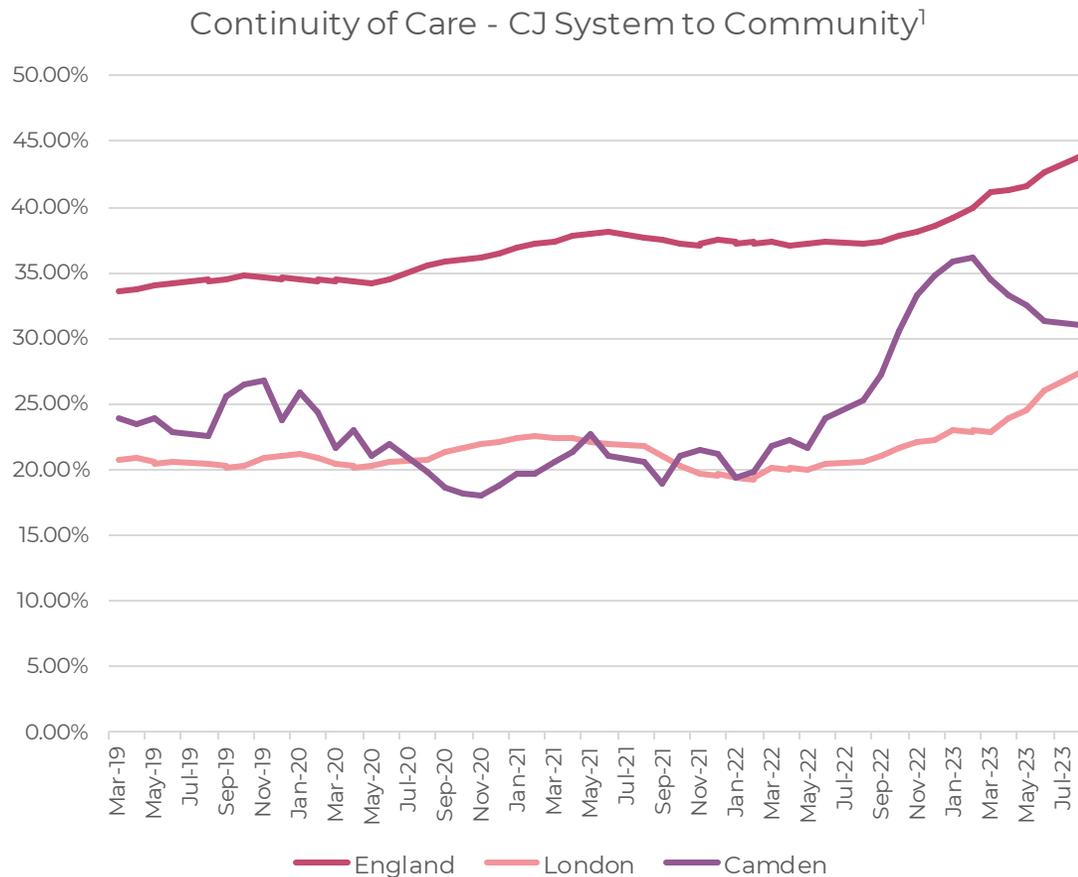
Data period July 2023

	OCUs Not in Community Treatment		
	2016-17	2018-19	2019-20
In Community Treatment	1034	955	937
In CJ Data	316	282	273
In CJ Data not known to Tx	191	186	171
In Mortality Data	12	11	13

The below chart highlights numbers in treatment for those are in the **criminal justice system**. There is a **high** prevalence of combination opiate and non-opiate drug use.

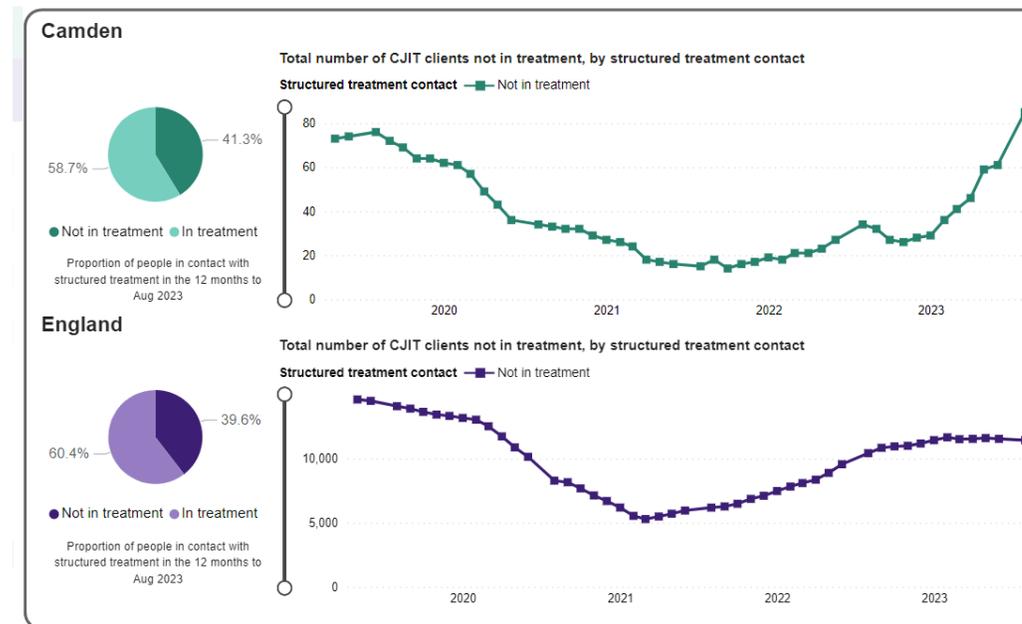
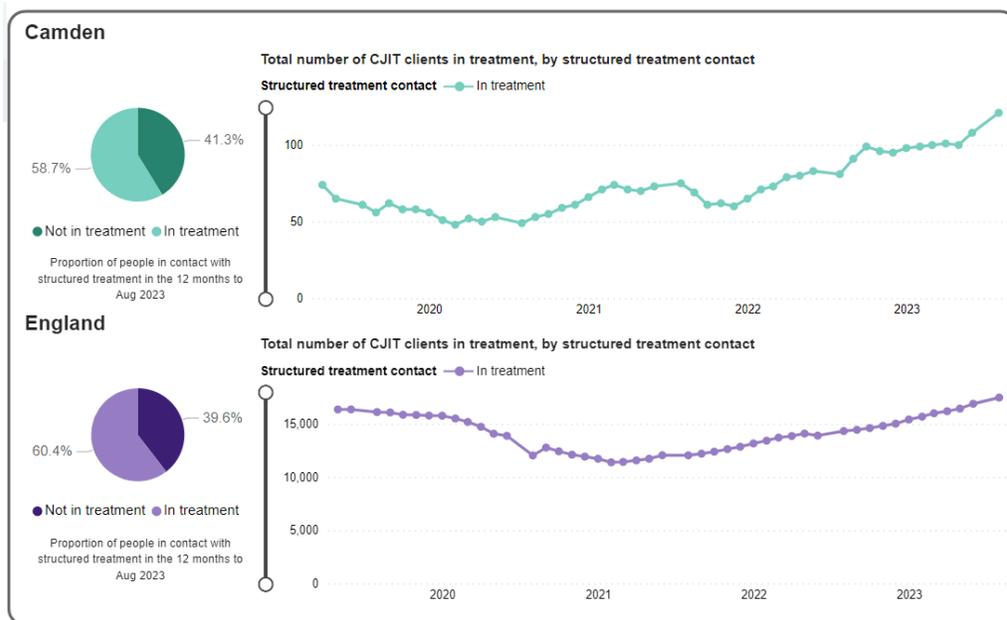


Continuity of Care



- Continuity of care (CofC) is the percentage of **prison leavers** with ongoing **SM treatment needs** who commence community SM treatment **within three weeks** of leaving prison.
- Camden's CofC rate has improved, in the last year to August, to 31% compared to the London average of 27.4%. It is still below the England average of 43.8% and the long-term **OHID target of 75%**. The rate reached a peak of 36% in Feb 23, and has since declined. This is potentially due to the **service changeover** in April and the need to form new partnership relationships between prisons and community SM services.
- To continue to improve the CoC rate, there has been a focus on:
 - strengthening the pathway between prison and community services
 - improving communication between providers
 - clarifying eligibility for referral to community services
 - starting relationships with service users before leaving prison ('through-the-gate')
 - data quality to ensure the numbers reflect the true picture

Criminal Justice – CJIT Clients in Structured Treatment



Camden's data:

- In treatment – 58.7%
- Not in treatment – 41.3%

Though the proportion of CJIT clients in contact with **structured treatment** in Camden is **higher** than that of national and regional averages, continuing the good work locally could further increase the number of people accessing support.

CJ-Related SSMTRG-Funded Interventions 23/24

Some of this year's grant funding has been utilised for criminal justice-related interventions, to improve partnership working between SM-treatment services and all parts of the CJ-system, with the aim of improving access to community SM-treatment for those individuals in contact with the criminal justice system.

Continuation of previously funded **SM/CJ team** working with **prisons, Probation, Police** and **local courts** to improve the pathways

- 1 x CJ Team Leader
- 1 x CJ Worker (working with underrepresented groups)
- 2 x Prison Link Workers
- 1 x CJ Worker (Police, NPS and Court)

- 2 x CJ/SM workers to be co-located at **Probation** and **Police Custody**
 - 1 x CJ/SM worker to be co-located at **Highbury Corner Court** to manage **DRR/ATR** assessments and build relationships with key court personnel.
- Roles will develop rolling **drug and alcohol training** programme for NPS staff

1x CJ **Enhanced Case Worker** carrying a small - medium size caseload of individuals in the CJ system who are experiencing challenges with **mental health, housing, substance misuse**, including people **at risk of abuse** and those who have historically **struggled to engage** with support in the community.

1 x Prison Link Worker to support **transition work** (pre and post release), expand on the development work already achieved with **Pentonville** to other **feeder prisons** and to establish better relationships with HMP **Bronzefield**.

1 x Drug and Alcohol worker to support **police and community safety operations** e.g. assertively supporting **cuckooing** victims to access treatment

1 X Peer Support Coordinator split between Camden and Islington, who supports the **CJ peer support project**

SWIM Project - Targeting **black males** in /leaving prison who may not have engaged with prison SM services and are **non-opiate users**. SWIM will deliver a **structured support programme** designed to support 60-70 men based in Camden.

Parental SM Use and the Impact of SM on Families



Parental SM Use and Impact on Families – Key Points

- Nationally, it is estimated that **478,000** children (40 per 1,000) are living with a parent with problem alcohol or drug use.
- In 2019/20, Camden had a total of **828** new presentations to treatment. Of those, **107 (13%)** were parents or adults living with children, and **199 (24%)** were parents not living with children. These are lower than the national rates of 21% and 31% respectively.
- Most recent data in Camden shows that, **15.4% (202)** of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue.

Parental Substance Misuse Use/ Impact of Substance Misuse on families

Children and young people can also be **implicitly impacted** by drug use via their parents/care givers.

The majority of parents/care givers who use alcohol and/or drugs will present **no increased harm** to their children. Most of the harm caused to children that is linked to substances is the result of **problematic** drug or alcohol use.

The secondary effects of drug use on children are **varied and wide reaching**. Impacting family dynamics, communication styles, patterns of conflict, and cohesion (degree of closeness with one another), among other effects. Additionally, the self-harming actions that children observe in their parents can become habits that affect their own lives as they grow.

Overall, parental substance misuse is damaging to both **young** and **adult** children. It increases children's risk of experiencing SUDs and mental disorders, among other negative outcomes

Understanding the **nature of dependence** and the options for treatment can help family members avoid the cycle of dependence or remain close if substance misuse affects their lives.

Sex	Rate per 1,000 of the population		Camden	
	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Number in treatment (2019 to 2020)	Local	Benchmark
Total	542	91	83%	82%
Male	359	40	89%	86%
Female	183	51	72%	75%

Data from the National Drug Treatment Monitoring System (**NDTMS**) is used alongside the estimates of **national** and **local** prevalence for alcohol dependence to provide estimates of the extent to which treatment need is **unmet**. Dependent opiate users who are also assessed as dependent on alcohol are not included in the alcohol treatment calculations to avoid double counting with the rates of unmet need for opiate use treatment.



Service Users who report to be parents

Nationally, it is estimated that **478,000** children are living with a parent with problem alcohol or drug use, a rate of **40 per 1,000**.

Nationally, in 2021 to 2022, **20% (26,570)** of people starting treatment were living with children, either their own or someone else's. A further **16%** were parents who were not living with their children. This was highest among men in treatment for non-opiates and alcohol, where **21%** were parents who were not living with their children.

Twenty-eight percent of women reported either living with a child or being a parent when they started treatment, compared to **16%** of men.

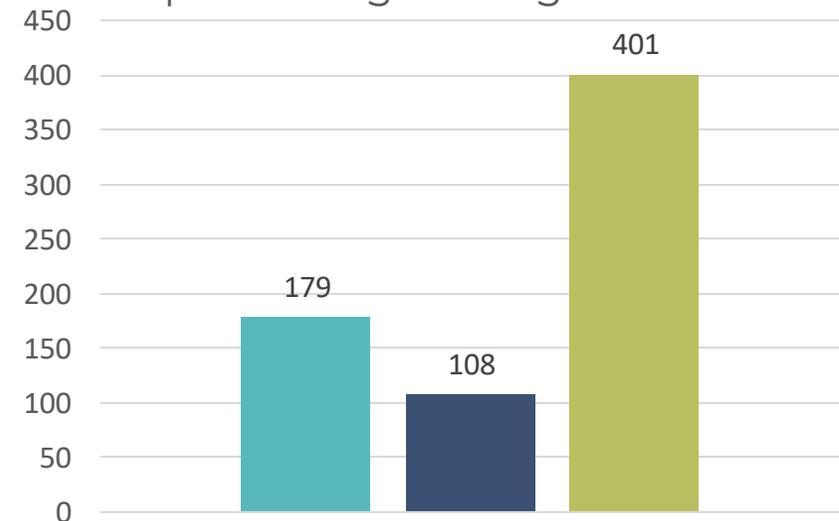
The average number of children per household where people in treatment lived with a child was **1.9**.

	All in treatment		New presentations		Parental status
	Camden	England	Camden	England	
Parent living with children	9%	18%	10%	16%	Parent or adult living with children
Other child contact - living with children	7%	6%	3%	5%	Parent or adult living with children
Parent not living with children	19%	30%	24%	31%	Parent not living with children
Not a parent and not in contact with children	64%	46%	63%	48%	Not a parent
Incomplete data	0%	0%	0%	0%	Excluded

In 2019/20, Camden had a total of **828** new presentations to treatment. Of those, **107 (13%)** were parents or adults living with children, lower than the national rate of 21%, and **199 (24%)** were parents not living with children, lower than the national rate of 31%.

Local data detailing adults in Camden who are parents/carers accessing drug treatment:

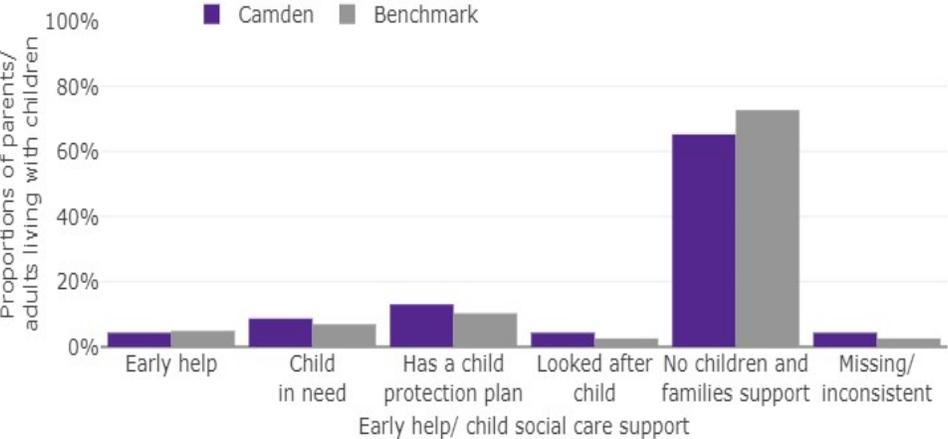
Adults who are parents/carers presenting to drug treatment



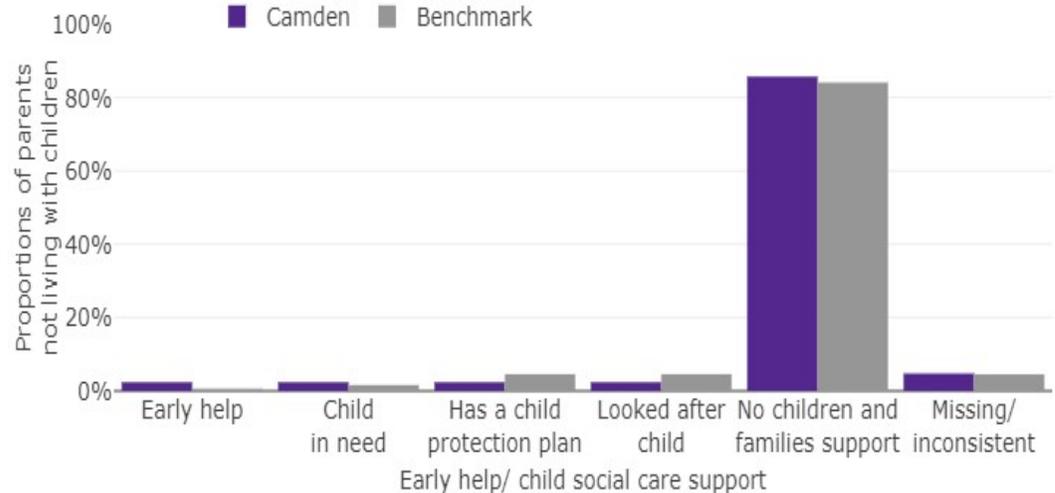
- Camden data
- Parent Living with children
 - Not a parent living with children
 - Parent not living with children

Service Users who report to be parents

Proportion of new presentations to treatment who are **parents or adults living with children** receiving early help and child social care support



Proportion of new presentations to treatment who are **parents not living with children** receiving early help and child social care support



Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	120,552	3	25,435	79%
Male	80,458	4	13,058	84%
Female	40,094	2	12,377	69%

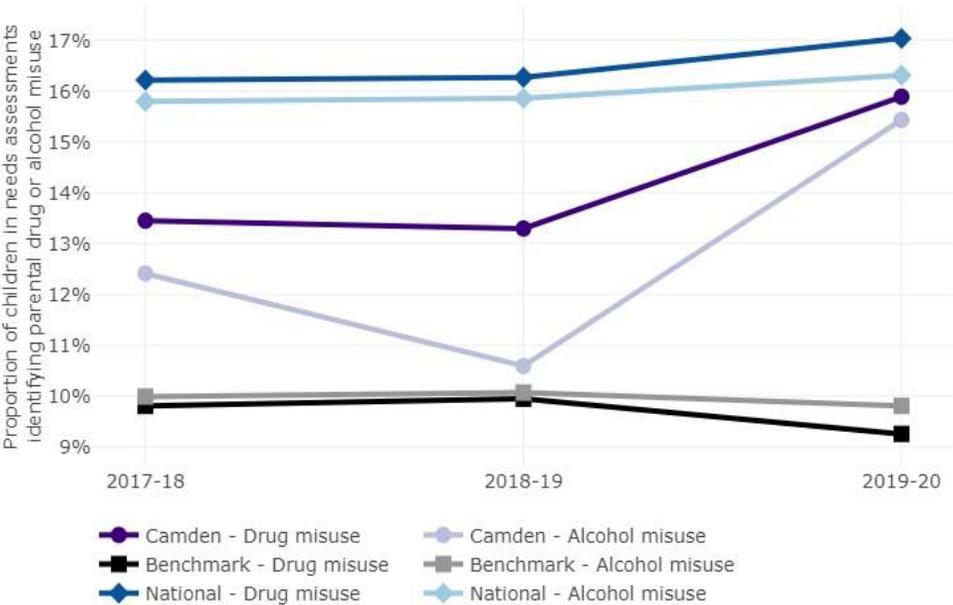


Data on rates of referral and assessments by children’s social services with drugs/alcohol as a factor

Nationally in 2019-20, **16.3% (85,310)** of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in **17.0% (89,100)** of assessments.

In Camden in 2019 to 2020, **15.4% (202)** of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in **15.9% (208)** of assessments.

Children in need and episodes of need by local authority' in Camden and England between 2013 and 2022



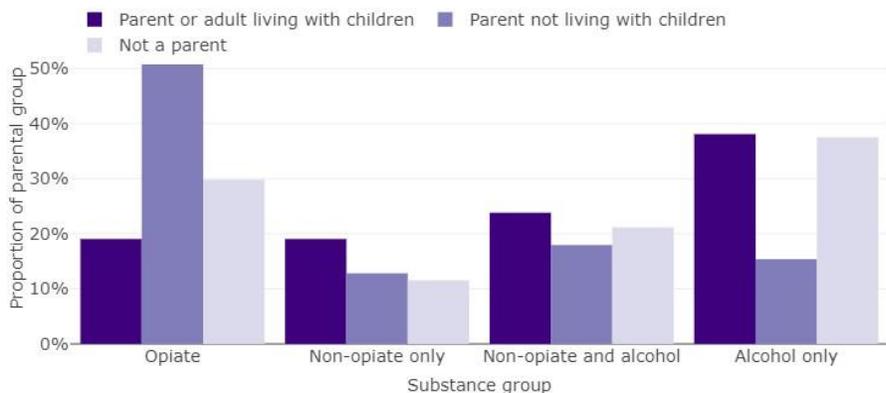
Note: 'Benchmark' above represents London.

2022	England		Episodes of need ending in the year	Episodes of need starting in the year
	Inner London	Camden		
			359,830	413,320
			1,585	1,327

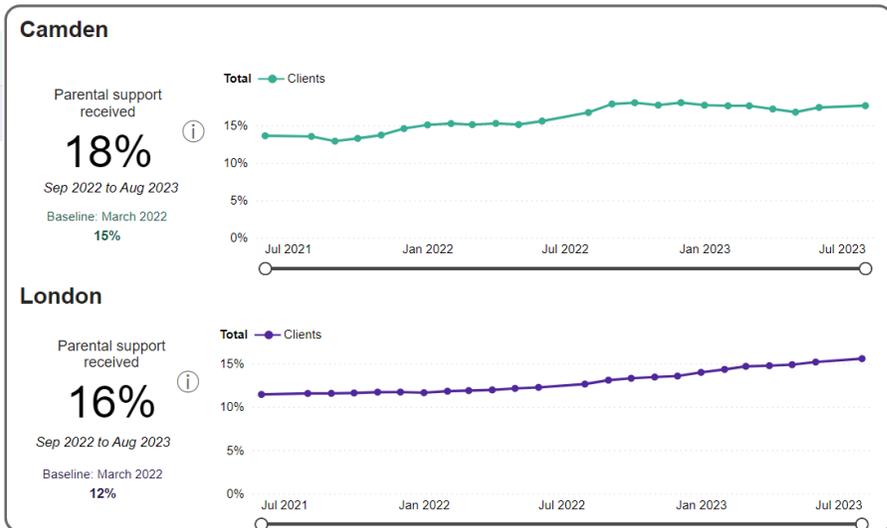
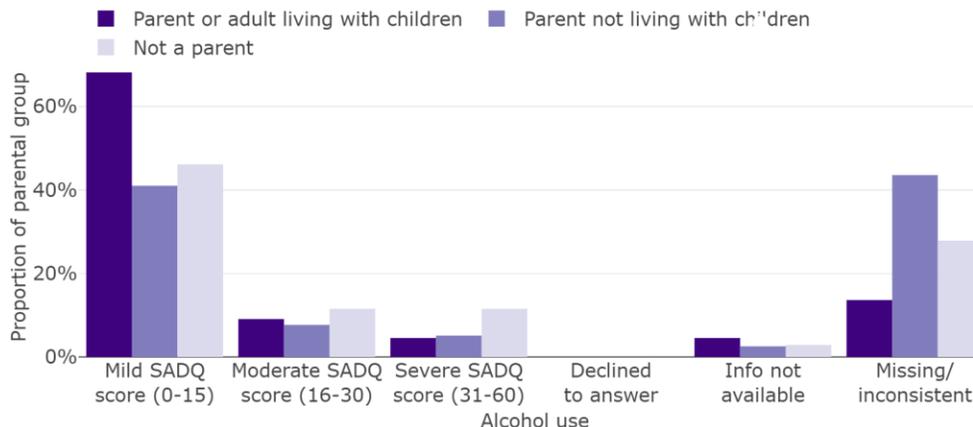


Prevalence and Unmet Need

Breakdown of substance groups for new presentations to treatment in **Camden**.



Alcohol use for new presentations to treatment in **Camden**, measured using the Severity of Alcohol Dependence Questionnaire (SADQ).



The number of substance misuse service users in Camden is currently **18%**. This indicates that Camden has an **above** national and local average for parents seeking support.

However only 1 in 5 service users who are parents are getting relevant parental support



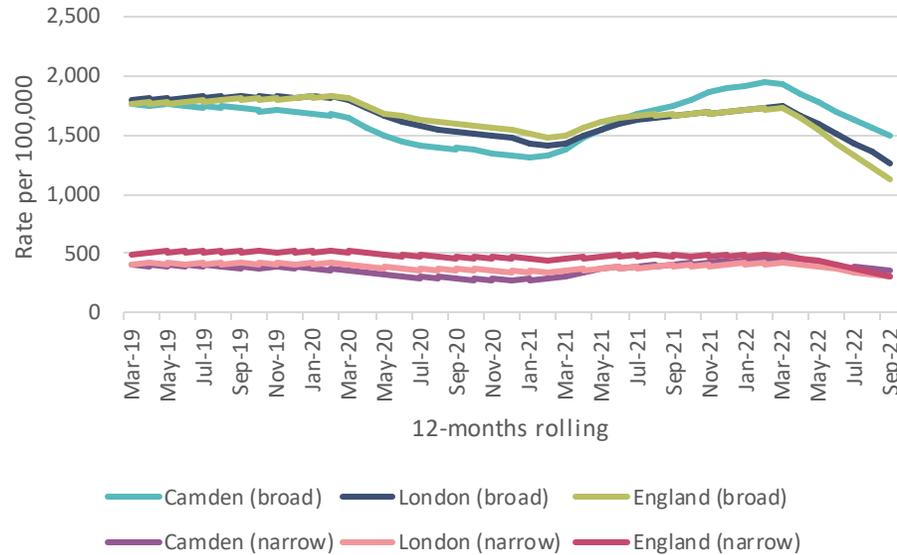
Physical and Mental Health

Physical and Mental Health – Key Points

- Camden's **hospital admissions** for substance misuse and drug poisoning are **lower** than the national average. However, there are still a significant number of admissions that could benefit from **referrals into SM treatment** and support.
- Camden had a higher proportion of **referrals** to SM services from **GPs** than England overall (**14%** vs **6%**). This number could be increased further by ensuring the referral **pathway** from primary care is clear, simple and promoted regularly.
- Drug misuse deaths in Camden = **6.75** per 100,000 between 2018-20, compared to **3.51** across London.
- The proportion of services users who die while linked to treatment services in Camden has **reduced** over the past few years and is now comparable to London overall. The figures include deaths from all causes. Supporting service users to treat and manage **other health conditions** is vital to continue to reduce this number.
- Approximately $\frac{2}{3}$ of those in SM treatment have an identified **mental health** support need. Over **1 in 5** of these is not currently receiving any mental health support or treatment.

Hospital Admissions

Alcohol-Related Hospital Admissions¹



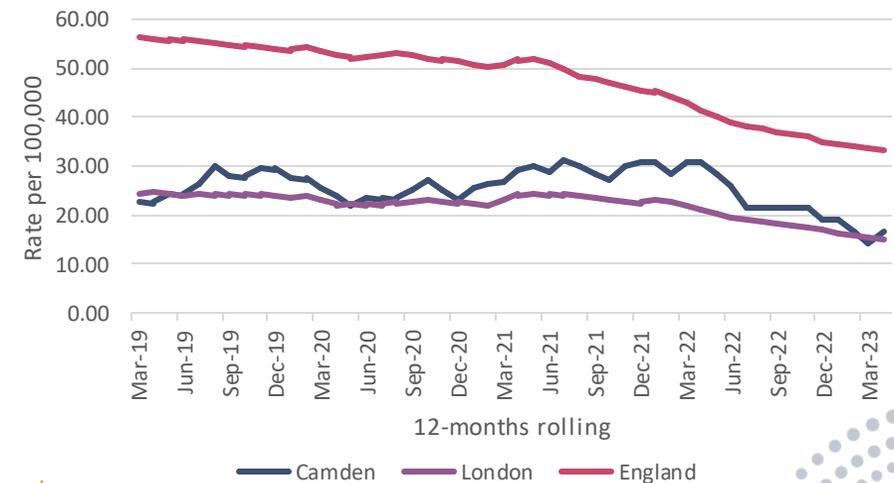
Narrow = primary diagnoses attributable to alcohol; Broad = primary or secondary diagnoses are an alcohol-related condition

Hospital admissions relating to drugs and/or alcohol, though **decreasing** both locally and nationally, still represent a significant number of people presenting to hospitals who could benefit from being referred to substance misuse services. Clear, robust and **proactive pathways** are needed to ensure the right people are identified and referred to the right services. This will require the involvement of both **specialist staff** – such as drug/alcohol liaison workers – and **general hospital staff**, linking in with the community to make every contact count and maximise successful referrals.

Hospital Admissions for Substance Misuse¹



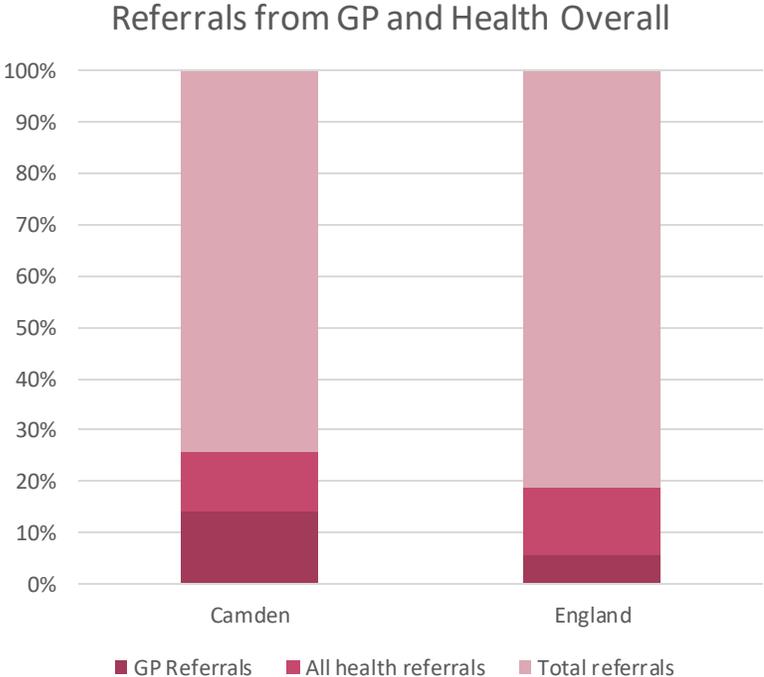
Hospital Admissions for Drug Poisoning¹



Referrals from Primary Care & Co-Occurring Substance Misuse and Mental Health Support Needs

Referrals from Primary Care¹

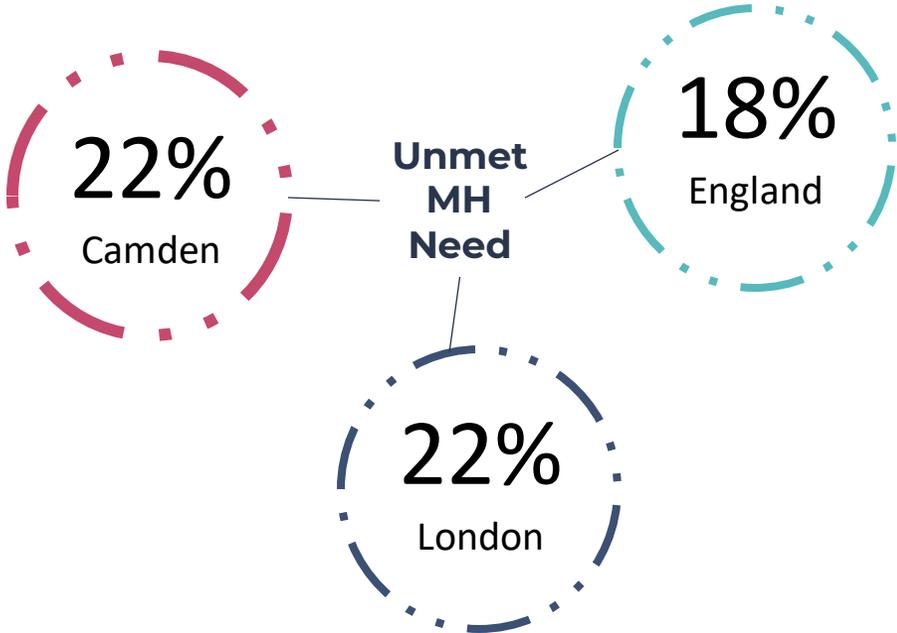
Camden had a **higher** proportion of referrals to SM services from **GPs** than England (14% vs 6%), as well as a higher proportion of referrals from **Health Services** overall (26% vs 19%). GPs are ideally placed in the **community** to identify a drug or alcohol support need and begin the process of **engagement and referral**.



SM and Mental Health²

Of those **in treatment** for substance misuse in Camden, 1,199 have an identified **mental health** (MH) support need; this represents **66%** of the total treatment population (vs 73% for London and 72% for England).

The proportion of those with an identified need who are not receiving MH treatment (the **unmet MH treatment need**) is higher in Camden and London than England overall.



1 - Referral Sources – Health - April 2022 to March 2023 by ICB and Local Authority; data and documents shared by Parliamentary Under Secretary of State Department of Health and Social Care, Neil O’Brien MP

2 - [NDTMS - Local Outcomes Framework](#)



- Substance misuse can have **direct effects** on a person's health due to the substances themselves e.g.: high levels of alcohol consumption can damage the liver and increase the risk of liver damage including cirrhosis.
- It can also have **indirect effects** as a result of the methods used to take drugs e.g.: injecting drugs can increase the risk of contracting blood-borne viruses such as Hepatitis C and HIV if injecting equipment is reused or shared, as well as infections at injection sites;¹ smoking drugs can increase the risk of developing lung conditions such as chronic obstructive pulmonary disease (COPD).²
- However, the links between health and substance misuse are even more complex. For example, those with a **history of substance misuse** often have **worse outcomes** (including higher risk of death) from a range of health conditions compared to those who have the condition but no history of SM.³ The reasons for this are likely to be **multi-factorial**:
 - SM use is often linked to higher rates of unemployment, unstable housing, deprivation, smoking tobacco, all of which are themselves linked to poor health outcomes.
 - Those dependent on substances may also be less likely to seek early support for symptoms; they, or their healthcare professionals, may misattribute their symptoms to their substance use; they may be less likely to adhere to preventive measures such as taking medication, eating a healthy diet or taking regular exercise.³

[1- Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, data to end of 2021 - GOV.UK \(www.gov.uk\)](#)

[2- Drug misuse and dependence \(publishing.service.gov.uk\)](#)

[3- Substance use disorders linked to poor health outcomes in wide range of physical health conditions | University of Cambridge](#)



Some of this year's grant funding has been utilised for health-related interventions, to improve partnership working between SM-treatment and health services.

Senior Practitioner - Acute Liaison. Working across UCLH and RFH with a drug and alcohol focus. To work with discharge teams but also A&E and other hospital teams. They provide additional resource to hospital and A&E discharge pathways, ensuring seamless transition to treatment for those who require it. They also support continuity of care for existing service users who are admitted to hospital. The post will work with UCLH's integrated care teams, complementing the support offered to Camden residents and supplementing the existing pathways with SM expertise and enhanced support to access or continue treatment in the community.

A Senior Practitioner and a Mental health Transformation Lead. Designated SM workers co-located in the MH Core Teams in Primary Care. They will be responsible for training/advising the MH core team in relation to SM and will encourage joint assessments/appointments.



Deaths in Treatment and Drug-Related Deaths¹

21

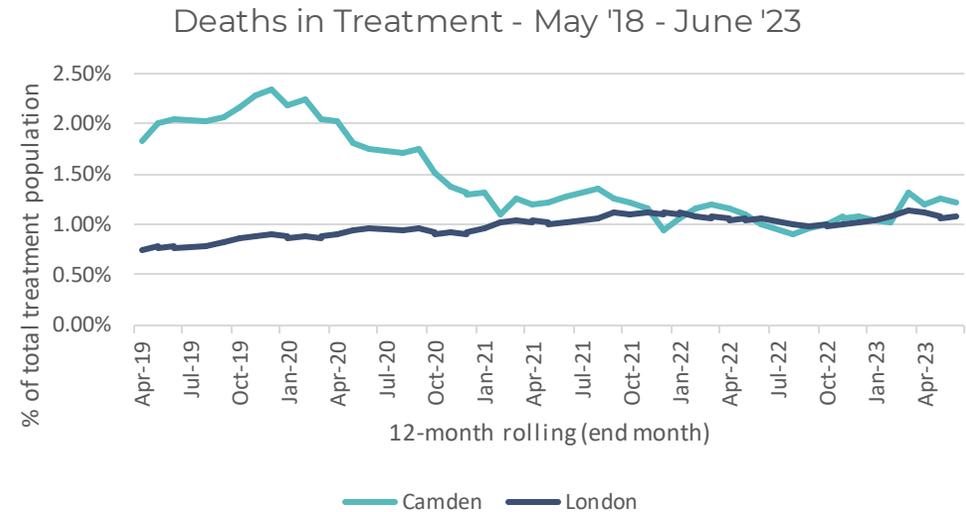
Camden had 21 **deaths in treatment** in the year to August 2023, representing approximately 1.19% of the total population in treatment

7.87

Camden **alcohol-specific deaths** = 7.87 per 100,000 in year to July 2023; the London average = 11.55 per 100,000.

6.75

Drug misuse deaths in Camden = 6.75 per 100,000 between 2018-20, compared to 3.51 across London.



The proportion of services users who die while **linked to treatment services** in Camden has reduced over the past few years and is now **comparable to London** overall. Some of these deaths are directly attributable to substance misuse e.g., overdose (too much of a drug or drug cut with more potent substances), Hepatitis-induced liver damage or alcoholic liver disease, but the figures also include those who die from all other causes. It is vital that service users be supported to look after all aspects of their health – smoking cessation, cardiovascular health, diabetes, mental health as well as the wider determinants that increase the risk of poor health such as housing, employment and community connectedness.

Housing and Homelessness



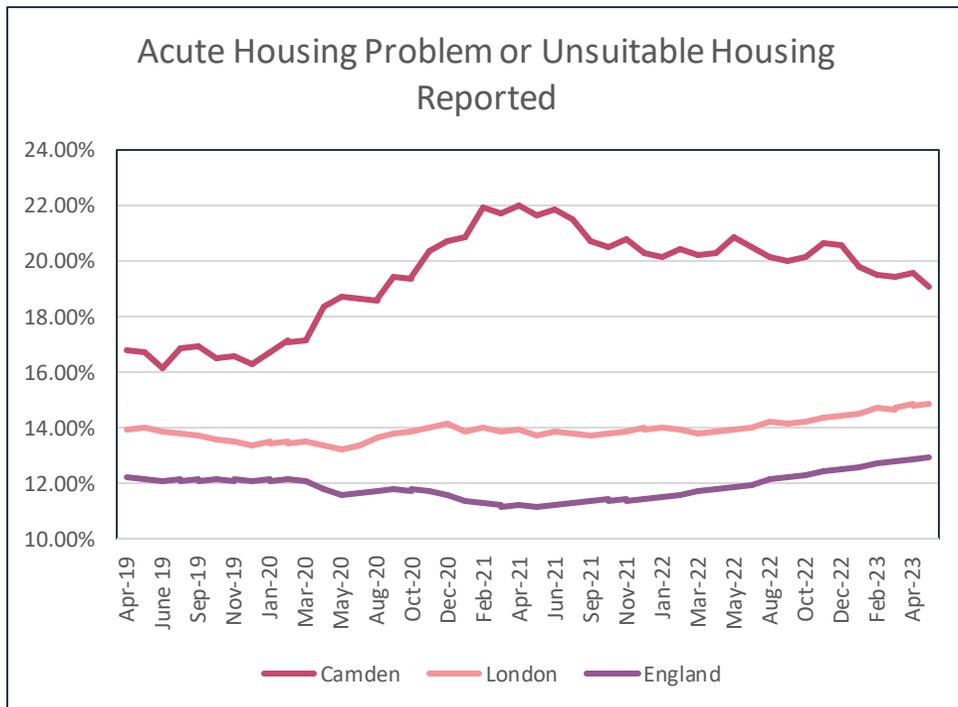
Housing and Homelessness – Key Points

- **Stable housing** can play an important role in treatment and sustained recovery, as well as positively impacting on an individual's **health and wellbeing** more broadly.
 - In the 12-months to April 2023, **19%** of those in SM treatment in Camden reported either an acute **housing problem** or **unsuitable housing** within the last 28 days (on their latest TOP form).
 - From April 22 – March 23, approximately **25%** of all residents of Camden's adult **homelessness pathway** had alcohol-related support needs; **52%** had drug-related support needs and **13%** had both alcohol and drug support needs.
 - Of those who were seen **rough sleeping** in Camden during Q1 23-24, **45%** had an identified drug and/or alcohol support need.
- Camden has a specialist service, called **INROADS**, dedicated to providing substance misuse support for those who are rough sleeping or at risk of rough sleeping. They work alongside **Routes Off The Street (RTS)** who provide general rough sleeper support, and the **hostel in-reach** work provided by **CGL** as part of the integrated SM service. Some of this year's **SSMTR** funding has been used to enhance the hostel in-reach offer, with the ambition to increase referrals into the service and treatment starts for this cohort.

Housing needs of those in SM treatment¹

Of those in treatment in Camden, 19% reported either an **acute housing problem** or **unsuitable housing** within the last 28 days on their latest Treatment Outcome Profile form. Camden's rate has been consistently higher than London or England but has been slowly declining since Feb 2021.

Stable housing can play an important role in treatment and sustained recovery, as well as positively impacting on an individual's health and wellbeing more broadly.



SM needs of those in the hostel pathway or rough sleeping

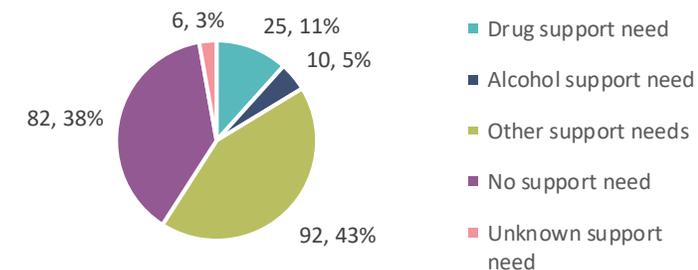
There were 569 people in the **Adult Pathway** (Camden's homelessness pathway) on 31st March 2023; Overall, around **25%** of all Pathway residents had **alcohol-related support needs**. **52%** of all Pathway residents had **drug-related support needs**, a decrease from last year's 55%. **13%** had **both** alcohol and drug support needs.² 235 people were seen **rough sleeping** in Q1, 23-24. **45%** had an identified drug and/or alcohol support need (Table 1).³

Support Needs	Table 1	No. people	% of people seen rough sleeping
Alcohol only		9	5%
Drugs only		12	7%
Mental health only		21	11%
Alcohol and drugs		8	4%
Alcohol and mental health		10	5%
Drugs and mental health		26	14%
Alcohol, drugs and mental health		19	10%
All three no		67	36%
All three no, not known or not assessed		12	7%
All three not known or not assessed		51	
Total (excl. not assessed)		184	100%
Total (incl. not assessed)		235	

Total excluding not known or assessed is used as base for percentages.

Of those owed a **homelessness duty** in Camden during Q4, 22-23, **16%** were identified as having a drug or alcohol support need.⁴

Support Needs of Those Owed Homelessness Duty Jan-Mar '23



2 – Camden Council; Camden Adult Pathway Review Refresh Report 2023)

3 – Camden Council; Camden CHAIN Report Q1 23-24; people seen rough sleeping, by support need.

4 - [Statutory homelessness in England: January to March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/statutory-homelessness-in-england-january-to-march-2023)

1 - [NDTMS - Local Outcomes Framework](#)

Current Service Offer for Rough Sleepers and those in the Adult Pathway

INROADS

INROADS is a specialist substance misuse service for **rough sleepers**, and those **at risk** of rough sleeping, to support them to access and engage **with drug and alcohol treatment** and move towards longer-term accommodation, supporting the work of wider homelessness and rough sleeping funding.

They are a **peripatetic**, multi-disciplinary team who work directly alongside the **Routes off The Streets** (Rough sleeper) service and **accommodation services**.

The team includes:

- a non-medical **prescriber**
- a co-occurring conditions (**MH and SM**) coordinator
- drug and **alcohol outreach workers**
- a specialist **women's** worker

CGL In-Reach

Many people in the hostel pathway have **multiple disadvantages**. As a consequence, it is not uncommon for individuals to struggle with the assessment, titration and restart processes. A **trauma-informed** approach, meaning the ability to understand, respond and support clients through this challenge is critical to offering a **fair service for all**.

As part of the integrated drug and alcohol service offer, CGL undertake **in-reach** into a dozen **hostels** in the borough.

Each hostel has an **allocated worker** (including a **Women's Lead** for two women's hostels), who attends at the same time each week facilitating co-produced **groups** and **positive activities**, having **one-to-ones** and supporting residents to attend **prescribing appointments**. For those who are unable to travel to the CGL sites, the in-reach worker can book a prescriber to meet with residents at their hostels.



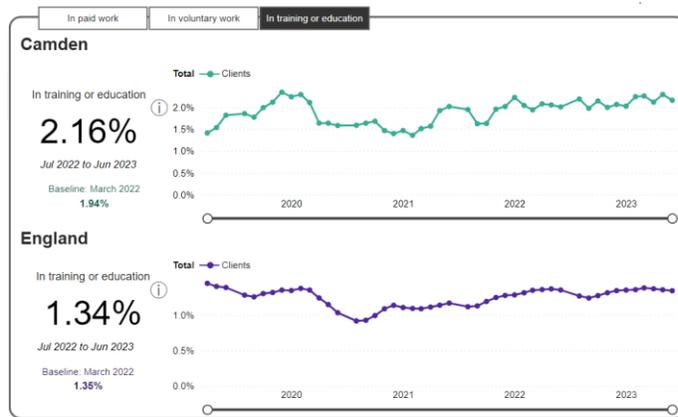
Education Training and Employment

Employment, Training and Education – Key Points

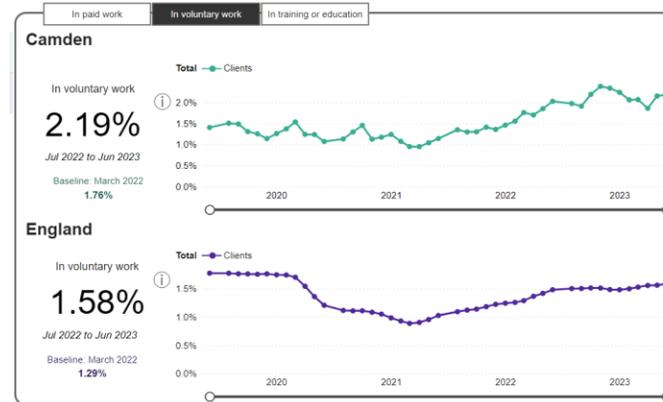
- Camden is **above** the national average for training and education rates for substance misuse service users.
- Camden is **above** the national average for voluntary employment rates
- Camden is **5% below** national average employment rates for substance misuse service users.
- **49 AQA** qualifications are currently being accredited and delivered in house.
- Whilst there are many positive interventions in Camden across ETE, more work needs to be done around how **data** is **captured** and **monitored**.

Work and Education Outcomes

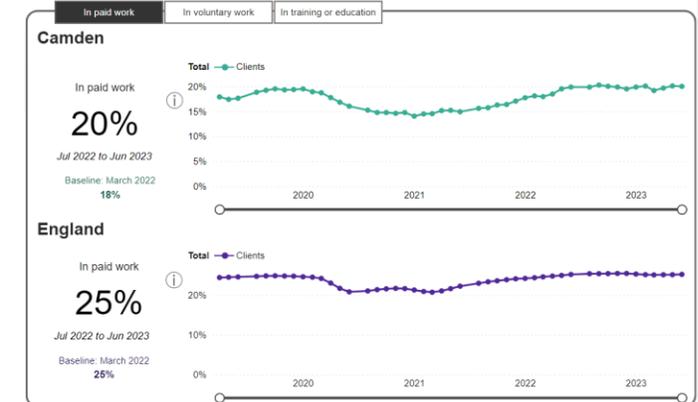
The number of service users in Camden who are in paid work is below the national average. However, Camden has above baseline rates of substance misuse service users who are in voluntary work, training or education. As presented below:



Numbers in **training and education** across Camden is **above** national average for training and education rates for substance misuse service users.



Numbers in **voluntary employment** positions across Camden is **above** national average voluntary employment rates for substance misuse service users.



Numbers in **paid work** across Camden is **5% below** national average employment rates for substance misuse service users.

NDTMS - Local Outcomes Framework

<https://www.ndtms.net/NDTMSReports/LocalOutcomesFramework>



Current Initiatives

GYOW (Go your own way) -

Goals and Success

GYOW is a series of **personal development** workshops that are designed to equip you with the tools to achieve personal success, go your own way and live the life you love. The workshops support attendees to define what success means to them, develop self-esteem and confidence and then explore and share ideas on ways to use the tools learnt during the course to achieve what is important to them.

Achieving Potential

Digital Inclusion 8 weeks basic IT Course

Employment Academies - Employability programme

Work Coaching

ETE days with Business Coaching and Visits to Employers

Plans for the Future

- Open days
- Opportunities Fair including promoting IPS
- Personal development ETE Programme

Fuchsia Programme -

Personal Development

An in-person **5-week Fuchsia Programme** clients can connect with others in a mutually supportive and safe space to: explore where they are on their journey of change; gain knowledge and skills to support them on that journey; discover opportunities at Camden Substance Misuse Service and beyond; find inspiration and build motivation; set goals for their future and gain support to take steps towards achieving them.

IPS – Individual Placement Service –

IPS offers intensive, individually tailored support to help people to choose and find the right job, with ongoing support for the employer and employee to help ensure the person keeps their job.

Camden has been selected as a pilot area as part of OHID's national roll out. As such the borough has been granted 3 years funding to deliver this initiative. The service was awarded to CGL in December 2022 with IPS going live in June 2023

