

Substance misuse

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1 Executive summary

This chapter of the JSNA presents data relating to substance misuse and its impact in Hackney and the City and why this is an important issue locally.

Substance misuse is defined as: '*the continued misuse of any mind altering substance that severely affects a person's physical and mental health, social situation and responsibilities*'. It includes both drugs and alcohol. Substance misuse and dependence can have a considerable negative impact on the health and wellbeing of individuals affected, including significantly increasing their risk of mortality. It is strongly associated with abuse and family breakdown, as well as many types of crime. In 2010/11, the Home Office estimated the cost of illicit drug use to the UK economy to be £10.7 billion per year and alcohol use £21.5 billion.

There are a wide range of risk factors for substance misuse and dependency, including: being male; being of younger age for drug misuse and being an older working aged adult for alcohol misuse; being of Black ethnicity; being lesbian, gay, bisexual or transgender; having a mental health condition; having experience of trauma; socio-economic disadvantage; homelessness; having learning disabilities, physical disabilities or long-term conditions; and being socially isolated.

Drug and alcohol use is a concern in Hackney and the City of London, with an estimated 18,254 residents using any drug in the last year. Of this it is estimated that over 4,000 residents are frequent (at least monthly) drug users and 2,880 use opiates and/or crack cocaine. About a third of adults in Hackney are estimated to drink above low-risk levels. It has also been estimated that 1.77 adults out of every 100 residents in Hackney and 1.53 in the City are dependent on alcohol, higher than the England rate of 1.35. Problematic alcohol use is also an important concern in the City of London worker population.

For young people locally there is a mixed picture. In Hackney and the City, alcohol consumption among 15 year olds appears to be lower than the national average, whilst cannabis use is higher and other drug use is similar.

In Hackney and the City, the death rate due to drug misuse has been rising over recent years is now higher than the London and England average rates. In 2017/18 the alcohol-specific mortality rate in Hackney was also significantly higher than for London, but was similar to its statistical peers and the national rate.

In Hackney and the City, between 2013/14 and 2017/18, there were 558 admissions for substance misuse among adult residents. Alcohol-specific hospital admissions in 2017/18 were significantly higher than the London and the national rates. Hospital admissions due to substance misuse for young people (aged 15-24) are lower than the England average, but similar to London.

Hackney and the City offer a drug and alcohol treatment service for residents who are or have been dependent on drugs and/or alcohol. In 2017/18, 1,788 adults were in treatment in Hackney and 43 in the City. In the same period there were also over 100 young people in Hackney and the City's specialist young person's substance misuse service. However, estimates suggest that the majority of people with a treatment need are not registered with the treatment service, with rates of unmet need as high as 83% for alcohol dependence and 90% for non-opiate dependence.

The population groups described above that are most at risk of substance misuse are broadly reflected in Hackney and the City's population. However, this JSNA chapter also highlights a number of priority areas locally.

- Young women and girls have the highest estimated prevalence of dependent drinking and substance use in Hackney and the City of all female age groups. Young women are also estimated to be more likely to misuse drugs and/or alcohol than their young male counterparts locally.
- Young Black men are a priority group locally in Hackney and national evidence suggests this population group are more likely than other ethnicities to experience a number of risk factors for substance misuse.
- Hackney, as a borough, experiences very high levels of deprivation, which is strongly associated with increased levels of harm from substance misuse and therefore this is of particular concern.
- Hackney has a comparatively high proportion of residents that identify as lesbian, gay or bisexual (LGB) and 8% of new treatment presentations report being LGB, which is twice the national average.
- Co-existing mental ill health and substance misuse is common in Hackney and the City. However, a third of all new treatment presentations locally in 2017/18 were not receiving any support or treatment for their mental health.
- Parental substance misuse increases the risk of harm to children, meaning providing support to this cohort is particularly important. However, only an estimated 16% of alcohol dependent adults and 55% of opiate dependent adults living with children in Hackney are engaged in treatment.

Furthermore, this JSNA chapter highlights the need to take a whole person approach to people with drug/alcohol dependence, acknowledging it is often as much a symptom of other challenges they are facing, as it is a cause. Substance misuse cannot be treated in isolation and issues, such as social isolation, unemployment, unstable accommodation, mental health and basic needs, must also be addressed.

Certain population groups are underrepresented in substance misuse treatment services, indicating potential unmet need. This includes women and people from Black and minority ethnic groups. The additional physical needs that are common in older adults with substance misuse are also a key challenges for treatment services, whilst also ensuring services are accessible and engaging for the borough's younger residents.

This chapter also recognises the importance of prevention, education and outreach work, especially with children and young people; the need to track local and national trends relating to substance misuse; the importance of partnership working and communication between local agencies; and the need to continue to provide a quality drug and alcohol service for the residents that need it.

Finally, although potential improvements have been identified to address the challenges faced locally regarding substance misuse, this chapter highlights the amount of positive work already being done locally.

2 Introduction

This chapter is dedicated to substance misuse in Hackney and aims to provide an overview of local population need, current evidence and best practice, and local service provision.

Substance misuse is defined as: *‘the continued misuse of any mind altering substance that severely affects a person’s physical and mental health, social situation and responsibilities’*. It includes both drugs and alcohol. [1]

The objectives of this chapter are to:

- outline some of the causes and risk factors believed to influence substance use and misuse
- describe levels of drug and alcohol use within Hackney and the City, and related outcomes (including health, social and economic impact)
- outline current service provision, including prevention, targeted interventions and specialist treatment
- present insight and evidence for the future design of services for City and Hackney residents.

The ‘substances’ referred to in relation to substance use and misuse cover a range of mood altering consumables, from common legal substances (such as alcohol), to illegal drugs (such as heroin), all of which have the potential to be very harmful to health. Substance use becomes substance *misuse* when excessive consumption and/or dependence leads to social, psychological, physical or legal problems, affecting family and friends or the wider community.

Box 1 provides some key definitions that will be referred to throughout this chapter. A more extensive list of terms and acronyms used in this report can be found at the end, in section 10.

Box 1: Definitions used in this chapter

AUDIT – (alcohol use disorders identification test) is a commonly used tool that is used to screen for alcohol-related problems. AUDIT-C is a quicker, simpler variation of tool and is sometimes followed up with the longer AUDIT tool for people who score five or higher using the AUDIT-C tool.

A range of studies have confirmed the validity and efficiency of both the AUDIT and AUDIT-C in the identification of harmful use, abuse, and dependence on alcohol. In the full AUDIT test a score of less than 7 indicates low risk drinking, 8-15 increasing risk drinking, 16-19 high risk drinking and 20+ suggests possible dependence. In AUDIT-C, a score of up to 4 indicates lower risk drinking, 5-7 increasing risk, 8-10 higher risk and 11-12 possible dependence. [2]

Chemsex – a term used by gay or bisexual men to describe intentional sex occurring under the influence of psychoactive drugs, which are used to facilitate feelings of sexual arousal. [3]

Crack cocaine – this is a smokable form of cocaine. It is an intense, short acting drug. Some people argue that, unlike cocaine, it is instantly addictive making occasional or intermittent use more difficult.

Dependence – describes a compulsion to continue taking a drug in order to feel good or to avoid feeling bad. When this is done to avoid physical discomfort or withdrawal, it is known as physical dependence; when it has a psychological aspect (the need for stimulation or pleasure, or to escape reality) then it is known as psychological dependence.

Opiates – a group of drugs derived from opium, the dried milk of the opium poppy. They are sedative drugs that depress the nervous system. The effect is usually to give a feeling of warmth, relaxation and detachment with a lessening of anxiety. Regular use can lead to physical dependence coming and staying off opiates can be difficult.

NDTMS: National Drug Treatment Monitoring System – a national database that collects trend and activity data from publicly-funded substance misuse treatment services in England.

Non-prescribed prescription-only painkillers - prescription-only painkillers not prescribed to the individual. Used 'for medical reasons' as perceived by the respondent, not a doctor.

2.1 Impact

Substance misuse is associated with a variety of negative outcomes, some of which are discussed below. Some of these outcomes are, in turn, risk factors for substance misuse, for example poor mental health, homelessness, deprivation and unemployment, and these are discussed in section 3 (Causes and risk factors).

2.1.1 Physical health

Alcohol and drug misuse are associated with a wide range of negative physical health outcomes. In the short-term this can include indigestion, nausea, diarrhoea, heart attack, stroke, psychosis and changes to appetite, heart rate, wakefulness, blood pressure, and mood. In the longer term, the most common illness caused by alcohol misuse is liver damage but it can also increase the risk of a wide range of physical health conditions, including stroke, heart disease cardiovascular disease, cancers and brain damage. Some of the longer term health risks associated with drug misuse are outlined in Table 1. [4] [5]

Table 1: Health consequences of drug misuse

	Type of drug																										
	ayahuasca	cocaine	DMT	DXM	GHB	heroin	inhalants	ketamine	khat	kratom	LSD	marijuana	MDMA	mescaline (peyote)	methamphetamine	nicotine	PCP	prescription opioids	prescription sedatives	prescription stimulants	psilocybin	Rohypnol®	salvia	steroids	synthetic cannabinoids	synthetic cathinones	
Associated health outcomes																											
HIV, hepatitis, and other infectious diseases		X				X									X			X								X	
Cancer											X														X		
Cardiovascular effects		X	X		X	X	X	X	X		X	X	X	X	X		X			X					X	X	X
Respiratory effects		X		X	X	X	X	X				X*					X	X									
Gastrointestinal effects		X		X	X	X			X	X	X		X	X		X	X	X				X			X	X	
Musculoskeletal effects						X							X				X				X	X		X		X	
Kidney damage					X	X	X						X				X							X	X		
Liver damage				X		X	X																		X		
Neurological effects	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hormonal effects																									X		
Prenatal effects		X			X	X						X	X		X	X											
Other health effects		X			X	X						X	X		X	X		X	X	X					X		
Mental health effects		X			X	X			X	X	X	X		X		X				X					X		

* When Smoked

Source: National Institute on Drug Abuse [4]

As a result of the negative effects on health, as well as the increased risk of accident and injury, alcohol and drug misuse are also associated with a high number of accident and emergency department (A&E) visits and hospital admissions, with more than one in ten visits to A&E being alcohol-related. [6] Alcohol use is also associated with an increased risk of fire; and alcohol-caused fires tend to have worse outcomes (50% result in casualties, compared to 14% for other fires) and cost five times more on average. [7]

Alcohol is the most common risk factor for death among people aged 15-49 in the UK, and drug misuse is the third most common cause of death for the same age group in England (accounting for nearly one in eight registered deaths of people in their 20s and 30s). [8] [9] Notably, substance misuse is strongly linked with suicide - research suggests that over 50% of all suicides are associated with substance misuse, rising to over 70% in adolescent suicides. [10]

2.1.2 Criminal justice and offending

Drug and alcohol misuse is strongly associated with many crimes, including, physical assault, sexual assault, robbery, burglary and homicide. It is estimated that up to 80% of weekend arrests are alcohol-related and just over half of violent crime is committed under the influence of alcohol. [7] Furthermore 45% of all acquisitive offences (for example theft, burglary, and robbery) are committed by regular heroin or crack cocaine users. [11]

Supply of illicit drugs is strongly associated with gangs, serious violence, trafficking and exploitation. It has devastating effects on individuals, families and communities. The phenomenon of 'County Lines' has been of particular concern in recent years. This is where drug-selling gangs from major cities, have sought to exploit markets in other towns and areas. [12]

2.1.3 Harm to people other than the drinker

A recent national survey in England found that one in five adults had been harmed by the drinking of another person in the previous 12 months. [13] Most concerning, the survey found that 3.4% of respondents said they had felt physically threatened, 1.9% said they had been physically assaulted and 0.7% said they had been forced or pressurised into something sexual, as a result of another's drinking. These findings are supported by evidence that shows that drug and alcohol misuse is associated with an increased risk of domestic violence, neglect and family breakdown, which in turn are also causes of trauma (discussed in section 3.13). [6]

2.1.4 Economic

The Home Office estimated that, in 2010-2011, the cost of illicit drug use in the UK was £10.7 billion per year, made up of: 8% health service use; 10% enforcement; 28% deaths linked to eight illicit substances; and 54% drug crime. [8] The UK Drug Policy Commission also estimated the collective annual cost to the family/carers of heroin or crack cocaine users to be £2 billion. [8]

3 Causes and risk factors

There are a wide range of risk factors relating to substance misuse and dependency. (Substance misuse is also a risk factor for a variety of negative health and social outcomes, as described in the previous section). Some of the risk factors are inherent and some are environmental. Someone may have many risk factors but not misuse or be dependent on drugs or alcohol. However, the more risk factors a person has, the greater their risk. Many of these risks cannot be controlled, but understanding them is helpful in informing the design of services and preventing harm.

3.1 Gender

In the UK, males are much more likely than females to take drugs, become dependent on them and to receive treatment for drug misuse. A similar pattern is true for alcohol, although the differences are not as apparent. Although there is some variation by drug type, this difference between genders remains across all the main drug categories. [14] [15] [16] [17] [18]

Drug misuse deaths among women in the UK are on a long-term increasing trend and alcohol-specific deaths for females in 2017 were comparable with the highest rate ever seen in women (when the rate peaked in 2008). [8] [19] Furthermore, drug use among young people is roughly the same in both girls and boys (although more

boys access treatment services than girls) and, if this persists into adulthood, the differences between genders overall will decrease. [20] [21]

Section 4.1 presents local data on drug and alcohol use and misuse by gender.

3.2 Age

Young people are more likely to report using drugs, with both Class A drug use and any drug use peaking in the 20-24 age group, and steadily declining with increasing age. In fact, at 21.8%, the proportion of young adults in England and Wales aged 20-24 who reported taking any drug in the last year (2017/18) was more than double the proportion in the combined 16-59 age group, at 9.0%. [14] Starting to use alcohol, nicotine or other drugs at a younger age has also been linked to a higher likelihood of daily use and of dependency. [22]

Opiate/opioid dependency is associated with a comparatively older and aging cohort, who commonly have multiple additional risk factors resulting from their deteriorating physical and mental health. Older opiate/opioid drug users also often have difficulties in navigating complex health and social care systems and experience stigma. The complex and varied needs of older opiate/opioid users can make supporting this group particularly challenging for treatment services. [23]

In the UK, alcohol consumption is more prevalent in comparatively older age groups and lowest among young people. In a national 2017 survey, 48% of people aged 16-24 reported drinking alcohol in the previous week, compared to 65% of those aged 45-64. However, 16-24 year old drinkers are the most likely to 'binge' on their heaviest drinking day - 43% in a national 2017 survey. [17] It has been suggested that lower overall levels of drinking in younger people may be related to lower relative income, but may also reflect cultural changes and increasing health concerns. A recent survey found that the number of 16-24 year olds who say they never drink has risen from 18% in 2008 to 29% in 2015. [24]

Section 5.1 presents local data on drug and alcohol use and misuse by age.

3.3 Lesbian, gay, bisexual and transgender (LGBT)

Evidence suggests that rates of illicit substance use are higher among LGBT adults than in heterosexual adults. [25] [26] [27] One survey found that 26% of lesbian, gay and bisexual (LGB) adults reported taking an illicit drug in the previous year, compared to 8% of heterosexual adults. Within these groups, estimates of illicit drug use include 19% among women who have sex with women compared to 5% of heterosexual women, and 31% in men who have sex with men (MSM) compared to 11% of heterosexual men. However, patterns vary by drug type. For example, in 2013/14, problematic amphetamine and GBL (gammabutyrolactone) use was much more common in gay or bisexual men in treatment than heterosexual men; while problematic heroin or crack cocaine use was similar in both groups. [27]

Other risk factors that are more common among LGBT people also increase their risk of drug misuse and related consequences. For example, poor mental health and

risky sexual behaviour are more prevalent in MSM, compared to the overall population, and both of these risk factors are associated with higher drug and alcohol use. High rates of drug use are also reported by those who attend gay and MSM-friendly clubs. [28] Some MSM also participate in Chemsex and take illicit drugs, such as Gamma-hydroxybutyrate (GHB) and GBL to facilitate this.

There is also evidence that LGBT adults drink more alcohol, more often, are more likely to binge drink and are more likely to be dependent on alcohol than heterosexual adults. [29] [25] [26]

Data on substance misuse among transsexual people is very limited, although some research indicates higher drug use in this population. [28]

3.4 Ethnicity

Evidence indicates that Black adults are more likely than those from other ethnic groups to both report using illicit drugs and be dependent on them. The 2014 Adult Psychiatric Morbidity Survey showed that 12% of Black adults (aged 16+) had used illicit drugs in the last 12 months and 8% showed signs of drug dependence, higher than all other ethnic groups. Asian women were the least likely to have used illicit drugs or be dependent on drugs. It has been suggested that the higher dependency rates in Black men in particular may partly be as a result of high levels of cannabis use and misuse in this group. [15] [18]

Nationally, the proportion of adults reporting hazardous, harmful or dependant drinking is highest in White British and White Other ethnic groups (particularly men) and lowest in Asian adults (especially women). [30]

Local data on substance use and misuse by ethnicity is presented in section 5.3.

3.5 Genetics

Evidence, for example from twin and adoption studies, has found genetics to be a significant risk factor for drug and alcohol misuse. This risk varies from person to person, depending on the number and combination of 'risky' genes and what substances these genes make them more susceptible to. However, even if a person has a genetic predisposition for a drug or alcohol addiction, their environment will still have an important influence in determining whether this actually manifests. [31]

3.6 Learning disabilities, physical disabilities and long-term conditions

Physically disabled people and those with long-term health conditions have an increased risk of substance misuse. Physically disabled people may experience chronic pain, are more likely to be unemployed and many will experience depression, anxiety, isolation, and frustration, all of which increase the risk of substance misuse and dependence. Drugs and alcohol can be a way of relieving these issues. [22] [32] In a recent study, over twice as many people with a long-standing illness or who are physically disabled reported using non-prescribed

prescription-only painkillers for medical reasons (14.3%) compared with those with no longstanding illnesses (5.8%). [14]

Evidence indicates that, overall, people with learning disabilities are less likely to misuse substances than the general population, however the risk varies depending on the level and type of disability. For example, people with borderline/mild learning disabilities have an increased risk of substance misuse. Qualitative research with people with learning disabilities who were misusing alcohol or drugs found this was often to self-medicate against life's negative experiences. [33] [34]

3.7 Mental health and wellbeing

Poor mental health is often both a cause and consequence of substance misuse, and this can result in a dangerous negative spiral of deteriorating health. Compared with the general population, people addicted to drugs are roughly twice as likely to suffer from mood and anxiety disorders and, similarly, people with mental health problems are more likely to be dependent on drugs and/or alcohol. [4] Evidence indicates that alcohol use disorder causally increases the risk of depression, however, there is also evidence that many people in the UK drink alcohol in order to help them cope with emotions or situations that they would otherwise find difficult to manage. [35] [36]

UK studies suggest the prevalence rates for co-existing mental health and substance misuse problems within mental health services are between 32% and 46%, while rates have been recorded at 75% in drug services and 86% in alcohol services. [37]

3.8 Socio-economic disadvantage

Drug misuse can cause socio-economic disadvantage, and vice versa. [8] Although the picture of drug use and socio-economic status is not straightforward, in general terms deprivation is associated with a higher risk of drug problems and dependency. [38] According to NDTMS (National Drug Treatment Monitoring System) data, half of the opiate and crack cocaine user population in treatment are found in the most deprived local authority areas. [39] In addition, high proportions of those receiving treatment are not in education, training or employment (NEET) (17%). [38]

Unemployment, poor working conditions and job insecurity are strongly associated with drug and alcohol use and misuse. Unemployed people are roughly twice as likely to report any drug use in the last year, and to experience problematic alcohol dependence, compared to people in employment. [40] [41] [8] However, overall, alcohol consumption appears to increase with socio-economic status and income. In a recent national survey, people working in managerial and professional occupations, and those with the highest incomes, were the most likely to say they drank alcohol in the past week. [17]

Even at similar levels of alcohol consumption, deprived communities experience more alcohol-related harms than affluent areas. This 'alcohol harm paradox' has been variously attributed to higher alcohol-related worklessness in deprived communities, poorer resilience and healthcare provision, and a higher prevalence of

binge drinking. Moreover, alcohol-related ill health is exacerbated by excessive drinking in combination with other harmful behaviours that are more prevalent in deprived communities - such as smoking, inactivity and poor diet. [42] Furthermore, a recent review points to improved alcohol and drug treatment outcomes among those in paid employment. [43]

There is some evidence that the alcohol harm paradox seen among adults is also present for children and young people living in the most deprived communities. [44]

3.9 Homelessness

Homelessness is associated with increased drug use and dependency, and there is some evidence that homeless people are particularly likely to use new psychoactive substances (NPS). [38] Research by Crisis found that, in 2013-15, 27% of their clients reported problematic drug or alcohol use. [45] This same study found that two thirds of homeless people cite drug or alcohol use as a reason for becoming homeless, and people who use drugs are seven times more likely to be homeless. However, homelessness, is a complex problem and it can be both the cause and consequence of substance misuse. [8]

Homelessness is also strongly associated with mental illness, which, as described earlier, is another major risk factor for substance misuse. The Mental Health Foundation reported in 2014 that 80% of homeless people in England said they had mental health problems, with 45% having been diagnosed with a mental health condition. [37]

3.10 Geography

People living in urban areas report higher levels of drug use than those in rural areas. [14] The highest concentrations of drug-related problems are normally found in the poorest urban areas. [45]

3.11 Friends and family relationships and influence

Behaviour of, and relationships with, friends and family can be a risk factor for drug and alcohol misuse. Though difficult to quantify, parental alcohol consumption can impact negatively on children and young people, as parental behaviour tends to influence children's beliefs regarding what is acceptable (or not) to drink. Family history of addiction is also a risk factor for drug misuse, although this is likely to be linked to both genetics and the environment. [8]

There will often be many factors involved where there is a family history of substance misuse. For example, children in these families are also more likely to have experienced trauma and neglect, or live in deprivation. Conversely, a positive family environment can reduce the risk of drug or alcohol misuse, and support from friends and family can improve treatment outcomes. [46]

3.12 Social isolation

Being lonely or socially isolated is another risk factor strongly linked to substance misuse, as well as poor mental health and wellbeing. Social isolation is especially common in older people and can be an important factor in why some people start misusing drugs as they age. [47] [8]

3.13 Trauma

Experience of trauma is a risk factor for substance misuse. For example, people who have had adverse childhood experiences are 11 times more likely to use heroin or crack cocaine compared to those who have not. [48] Trauma may be experienced for many reasons, such as: parental neglect and homelessness (as already discussed); bereavement; injury; physical, sexual or emotional abuse; family breakdown; and witnessing violence. Drugs and alcohol can sometimes be used as a coping mechanism in these circumstances. [49]

3.14 Occupation and leisure activities

Certain occupations and leisure activities are also associated with particularly high rates of drug misuse, as described below.

Sex workers: people who sell sex are at a greater risk of drug misuse for a number of reasons, including being coerced (into prostitution and/or drug use) or becoming involved in prostitution to fund existing drug dependence. [50] [38]

Veterans: armed forces veterans have an increased risk of drug/alcohol dependence, sometimes using substances to help cope with the physical and psychological effects of military service. This risk increases if their physical and/or mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation. [51] [38]

Image and performance enhancing drugs (IPEDs): traditionally participants of elite sports, body building and power lifting were the main consumers of IPEDs. However, more recently use of IPEDs has increased and become more widespread. [52] Those that use these substances tend not to identify as drug users but are still at risk of a number of health harms including blood borne infections, cardiovascular conditions and other health risks. [53] [54] [55]

Frequent pub/bar or nightclub visitors: people who frequently visit pubs/bars or nightclubs are much more likely to report using drugs. One study found that, among people who visited nightclubs four or more times in the last month, 40% reported using drugs. [14]

3.15 Type of drug

Some substances, such as opiates and crack cocaine, are more likely to result in dependence than others. Opiate users make up over half of substance misuse treatment service users. [56] Deaths involving opiates also account for the majority of drug poisoning deaths. [8] The apparent sudden increase in drug-related deaths in

2013-2016 was likely to have been caused, at least in part, by an increase in the availability of heroin. [8]

4 Local data and unmet need

4.1 Health impact (numbers affected)

4.1.1 Mortality

Table 2 reports the number and rate of alcohol-specific and alcohol-related deaths, and deaths from chronic liver disease, in Hackney and the City in 2015-17.

In Hackney, in 2016-18, 44 people of all ages, or 5.4 per 100,000 population, died due to drug misuse. Figures are not reported for the City due to small numbers. [57]

Table 2: Number and rate of deaths for alcohol-specific conditions, alcohol-related conditions and chronic liver disease in Hackney and the City of London (all ages, directly age standardised rate per 100,000 population, 2015-17)*

Indicator	Number	Rate (95% CI)
Alcohol-specific mortality	67	12 (9-16)
Alcohol-related mortality	72	44 (34-57)
Mortality from chronic liver disease	66	13 (10-17)

Source: Public Health England (PHE), Local Alcohol Profiles for England [58]

Notes: all indicators combine data from the City of London with Hackney. CI: Confidence Interval.

*Alcohol-related mortality is calculated for a single calendar year (2017)

4.1.2 Hospital admissions

Between 2013/14 and 2017/18, there were 558 admissions for substance misuse among Hackney and the City residents age 18 and over. [59]

Table 3 and Table 4 present the number and rates of alcohol-related and drug-related hospital admissions in Hackney, and the City where available, in 2017/18.

Table 3: Number and rate of hospital admission episodes for alcohol-specific and alcohol-related conditions in Hackney and the City (all ages, directly age standardised rate per 100,000 population, 2017/18)

Indicator	Number	Rate (95% CI)
All alcohol-specific conditions	1,648	855 (810-902)
All alcohol-related conditions (narrow)	1,120	548 (512-585)
Alcohol-related unintentional injuries (narrow)	316	145 (127-164)
Mental and behavioural disorders due to use of alcohol (narrow)	146	62 (51-74)
Intentional self-poisoning by and exposure to alcohol (narrow)	41	13 (9-18)
Alcoholic liver disease (broad)	292	169 (149-191)
Alcohol-related cardiovascular disease (broad)	2,134	1,401 (1,339-1,465)
Incidence of alcohol-related cancer 2015-17 age 16+	150	34 (28-40)

Source: PHE, Local Alcohol Profiles for England [58]

Notes: all indicators combine data from the City of London with Hackney. CI: Confidence Interval.

Table 4: Number and rate of drug-related hospital admission episodes in Hackney and the City (all ages, directly age standardised rate per 100,000 population, 2017/18)

Indicator	Number Hackney	Rate Hackney	Number City	Rate City
Primary diagnosis of drug-related mental and behavioural disorders	30	11	0	0
Primary diagnosis of poisoning by drug misuse	55	20	*	24

Source: NHS Digital, Statistics on Drug Misuse 2018, Table 1.3, 3.3 [15]

Notes: Office for National Statistics (ONS) resident population estimates for mid-2017. Confidence intervals not available.

*Data suppressed due to small numbers.

Table 5 reports the number of admission episodes for alcohol-specific conditions and substance misuse in young people in the City and Hackney based on the most recently available data (pooled over a three year period due to small numbers). [60]

Table 5: Number and rate of hospital admissions for substance misuse in children and young people in Hackney and the City (per 100,000 population, most recent 3 years pooled data)

Indicator	Number	Rate (95% CI)
Admission episodes for alcohol-specific conditions aged under 18 (2015/16 – 2017/18)	35	18 (13-26)
Young people admissions due to substance misuse age 15-24 (2014/15 – 2016/17)	65	70 (54-89)

Source: PHE, Crisis Care Profiles [60]

Notes: Hackney and City of London data are combined. CI: Confidence Interval.

4.1.3 Ambulance dispatch

Of all ambulance dispatches in Hackney during 2018/19, 5.7% were alcohol-related, and in the City of London 10.5% were alcohol-related. [61] In the City, and certain Hackney neighbourhoods with a busy night-time economy (such as Hoxton East and Shoreditch), many of these dispatches are for non-residents who are visiting or working locally, which should be considered when interpreting the data reported below (Table 6).

Table 6: All alcohol coded ambulance dispatches in Hackney and the City (all ages, crude rate per 1,000 resident population, 2017/18)

	All alcohol dispatches count	All Alcohol dispatch rate (95% CI)
Hackney	2,199	4.0 (3.8-4.1)
City of London	973	65.7 (61.6-70.0)

Source: London Ambulance Service dispatch statistics, SafeStats [62]

Notes: rate per 1,000 population calculated using 2017 resident population from Greater London Authority (GLA) housing adjusted projections 2016. [63] CI: Confidence Interval.

In 2017/18, there were 121 ambulance callouts in Hackney and the City related to cocaine and over 30 related to heroin (Table 7). As with alcohol, these figures may also partly reflect the night-time economy and visiting population, as well as residents.

Table 7: All drug coded ambulance dispatches in Hackney and the City (all ages, crude rate per 1,000 resident population, 2017/18)

	Cocaine dispatch count	Cocaine dispatch rate (95% CI)	Heroin dispatch count	Heroin dispatch rate (95% CI)
Hackney	103	0.2 (0.2-0.2)	31	0.1 (0.0-0.1)
City of London	18	1.2 (0.7-1.9)	<5	0.1 (0.0-0.5)

Source: London Ambulance Service dispatch statistics, SafeStats [62]

Notes: rate per 1,000 population calculated using 2017 resident population from GLA housing adjusted projections 2016. [63] CI: Confidence Interval.

4.1.4 Hepatitis C

Data modelling from the North East London Hepatitis C Operational Delivery Network (ODN), combining data from six local authorities including Hackney and the City, found a prevalence of chronic hepatitis C infections of 37% among people who inject drugs and 13% among people who no longer inject drugs. This equates to an estimate of between 2,710 and 4,160 current or previous injecting drug users who have an active hepatitis C virus across the five local authority areas of Hackney, Newham, Redbridge, Tower Hamlets and Waltham Forest, and the City of London Corporation.¹ [64]

Of the 232 service users registering with Hackney Recovery Service in 2018 identified to be at risk of but not previously tested for Hepatitis C, 15% ultimately tested positive for the virus. [65]

4.1.5 Tobacco

Smoking tobacco is strongly associated with drug misuse; 88% of substance users are expected to be regular smokers. [66] Chronic obstructive pulmonary disease (COPD) is a chronic lung condition that causes breathlessness, wheezing, regular coughing and chest infections. Severe COPD can be life threatening. Drug users who are smokers are significantly more likely to be diagnosed with COPD than the general population. [4]

More information on smoking prevalence in Hackney and the City can be found in the relevant JSNA chapter. [67]

4.2 Social impact (numbers affected)

4.2.1 Homelessness

Data for 2017/18 from the Greater London Authority (GLA) show that, out of 118 rough sleepers assessed in Hackney, 58% had alcohol needs, 49% had drugs needs and 49% had mental health needs. Only 15% reported having no alcohol, drugs or mental health needs. In the City of London, of the 1,457 rough sleepers assessed, 43% had alcohol needs, 38% drugs needs and 50% mental health needs. Only 22% had no alcohol, drugs or mental health needs. [68]

¹ The ODN modelling tool uses estimated numbers of people who currently inject drugs (PWID), proportions with Hepatitis C (HCV) antibodies in PWID, incidence of HCV-related severe liver disease, laboratory-reported diagnoses of HCV, and data on HCV treatment aggregated from local geographies to ODNs. The resulting statistical model simulations are summarised using their medians (the central estimate) and 95% credible intervals to indicate the level of uncertainty. The wide variation in estimates may be due to the reliance on modelling assumptions particularly age-specific disease progression. The approach is useful for comparisons across ODNs.

4.2.2 Crime

In 2017/18, 135 alcohol assaults were recorded by the ambulance service in Hackney and 24 in the City (Table 8). Again, these data will partly reflect the night-time economies in Hackney and the City and not wholly relate to residents. It is likely that these figures underestimate the true level of (recorded and unrecorded) alcohol-related assaults in the local area.

Table 8: Ambulance dispatches for alcohol assaults in Hackney and the City (all ages, crude rate per 1,000 resident population, 2017/18)

Location	Alcohol assaults count	Alcohol assaults rate (95% CI)
Hackney	135	0.2 (0.2-0.2)
City of London	24	1.6 (1.0-2.4)

Source: London Ambulance Service dispatch statistics, SafeStats [62]

Notes: rate per 1,000 population calculated using 2017 resident population from GLA housing adjusted projections 2016. [63] CI: Confidence Interval.

Data from 2017/18 show that there were 1,282 drug-related offences recorded in Hackney and 324 in the City - 4% and 6% of the total offences recorded locally, respectively. [69]

Youth justice statistics, also for 2017/18, show a total of 55 proven offences for drugs in Hackney in young people aged 10-17. This figure has been decreasing year-on-year since 2013/14, when the number of drug offences was 103. [70]

4.2.3 Unemployment

Table 9 reports the number and rate of people aged 16-64 claiming benefits due to alcoholism in 2016. Small numbers throw some uncertainty on the City figures, as indicated by the wide confidence intervals reported below.

Table 9: Claimants of benefits due to alcoholism (aged 16-64, per 100,000 population, 2016)

Location	Number of claimants	Rate (95% CI)
Hackney	320	167 (149-186)
City of London	10	160 (77-294)

Source: PHE, Local Alcohol Profiles for England [58]

Notes: CI: Confidence Interval.

4.2.4 Alcohol sales

Around four litres of pure alcohol per adult (age 18+) per year are sold in Hackney through the off-trade, a total of around 875,000 litres per year.² [58]

² Off-trade: includes all retail outlets such as supermarkets, convenience stores, off licenses etc. ('on-trade' includes outlets such as bars, restaurants, coffee shops, clubs, hotels etc.)

4.3 Numbers known to services

4.3.1 Primary Care

Quarterly alcohol screening data for City and Hackney GP practices for the year 2017/18, shows that a total of 16,085 registered patients aged 16 and over completed an AUDIT-C assessment (5% of total patients registered), of whom 6,053 went on to have a full AUDIT assessment. Of the latter, 166 patients had a score of 8-19 (indicating increasingly risky drinking), and 58 had a score of 20+ (indicating possible dependence). [71]

Other cross-sectional data extracted from primary care records on 1st April 2018 showed that 16% of City and 6% of Hackney residents registered with a GP aged 18 and over had ever had completed an AUDIT-C assessment. Of these, nearly 500 City residents and 5,475 Hackney residents aged 18 and over had an AUDIT-C score of 5 and above indicating increasing or higher risk drinking (8% and 2% of the resident adult population respectively). Those with increasing or higher risk drinking are explored further in section 5.

This same data found that in the previous five years prior to 1st April 2018, 1,535 Hackney and the City residents aged 18 and over were recorded to be drug users by their GP, accounting for approximately 0.7% of the resident adult population.

Primary care data extracted on the 1st April 2017 showed that COPD was recorded in 209 City and Hackney adults with known drug misuse issues; an 8% prevalence compared to the 1% prevalence of COPD in all adult patients.

4.3.2 Substance misuse treatment services

In 2017/18, 1,788 people aged 18+ were in treatment for alcohol and/or drug dependency in Hackney and 43 in the City. [72] New presentations accounted for 49% of cases in Hackney and 77% in the City (please note relatively small numbers in the City). In Hackney, 20% of those in treatment successfully completed their treatment (ranging from 41% of those receiving alcohol treatment to 7% receiving opiate treatment). Lower completion rates are reported in the City (Table 10).

Table 10: Number of Hackney and the City residents in treatment for alcohol and drug dependency (aged 18+, 2017/18)

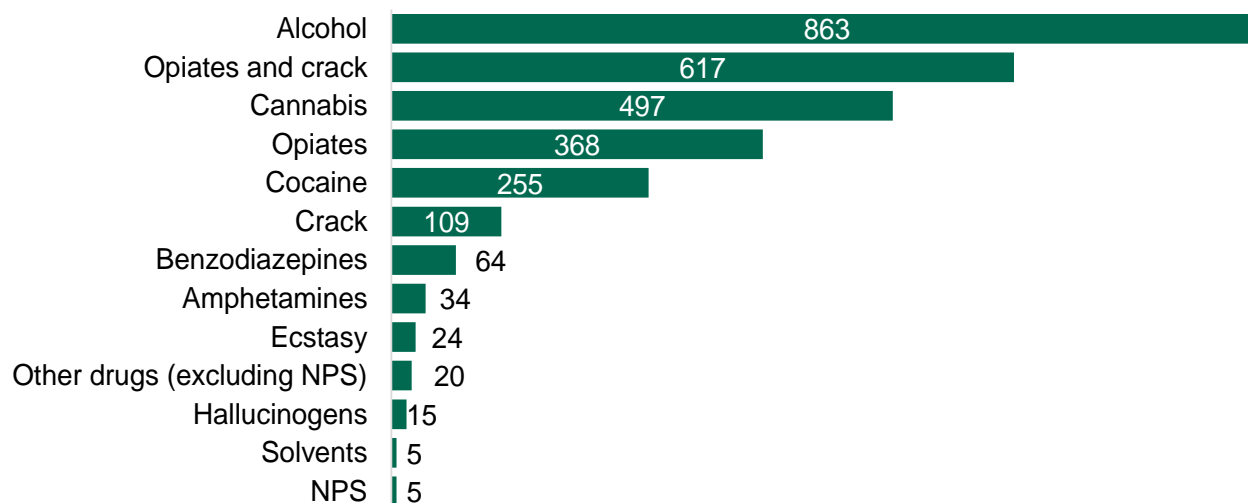
Substance type	All in treatment	New presentations	%	Successful completions	%
Hackney					
Alcohol-only	338	204	60%	137	41%
Opiate	973	307	32%	64	7%
Non-opiate only	189	137	72%	69	37%
Alcohol and non-opiate	288	222	77%	84	29%
Total	1788	870	49%	354	20%
City of London					
Alcohol-only	24	21	88%	5	21%
Opiate	12	8	67%	<5	*
Non-opiate only	<5	<5	*	<5	*
Alcohol and non-opiate	<5	<5	*	<5	*
Total	43	*	77%	7	16%

Source: NDTMS Adult Partnership Level Report 2017/18 [72]

Notes: *number suppressed due to disclosure

Figure 1 presents the most common substances cited by adult service users in their most recent treatment journey, for Hackney and City of London combined. Some service users cited more than one substance.

Figure 1: Substances cited in most recent treatment journey (numbers in treatment, age 18+, 2017/18)



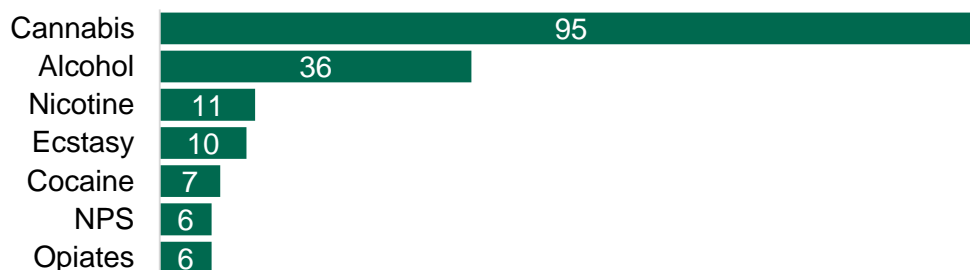
Source: NDTMS Adult Partnership Level Report 2017/18 [72]

Notes: NPS – novel psychoactive substances

In Hackney, in 2017/18, there were 108 young people aged under 18 in specialist treatment services, with less than five young people in specialist treatment in a secure setting (such as young offender institutions). In the City of London, fewer than five children and young people were reported to be in treatment in any setting in the same year. [73]

Figure 2 shows that cannabis was the most frequently cited substance by young people in treatment for substance misuse. Some individuals cited more than one problematic substance.

Figure 2: Substances cited in most recent treatment journey for children and young people in Hackney and the City (numbers in treatment, age <18, 2017/18)



Source: NDTMS Young People Partnership Level report 2017/18 [73]

Notes: City of London figures were combined with Hackney due to small numbers

4.3.3 Maternity and parental responsibility

In 2017/18, 11 of the new presentations to treatment in Hackney were recorded as pregnant (5% of all new female presentations). The majority of these were seeking treatment for drug misuse. No pregnancies were recorded during this time among service users in the City. Nationally, 3% of new female presentations were pregnant during this same period. [72] [73] [74] [75]

Again in 2017/18, in Hackney, 14% of all new presentations for alcohol misuse and 12% of all new presentations for drug misuse were living with children (their own or others). In the City of London, the figures were 5% and 0% (N=0) respectively. [73] These local figures are lower than the national average. [56]

4.3.4 Hepatitis B and C

Of all eligible adults new to drug misuse treatment in 2017/18, 66% accepted a hepatitis B virus (HBV) vaccination in Hackney and 67% in the City. [74]

In the same year in Hackney, 121 new treatment presentations were eligible for a hepatitis C virus (HCV) test. Of these, 12% had a positive HCV antibody test, 19% were tested negative, and in 69% the HCV antibody test status was unknown or missing. Of the same 121 eligible clients, 7% had a positive HCV PCR test,³ 13% were tested negative, and in 80% the HCV PCR test status was missing or unknown.

In the City of London, fewer than five new presentations were eligible for an HCV test in 2017/18 and none of these had a positive HCV antibody or HCV PCR result. [72]

³ The HCV PCR test is a blood test that looks for the genetic material of the hepatitis C virus, also called its RNA, and uses a process called a polymerase chain reaction (PCR).

4.3.5 Mental health

In Hackney, 43% of all new adult presentations to treatment services in 2017/18 were identified as having a mental health need and just under two-thirds were receiving treatment for this. In the City, 49% of all new presentations were identified as having a mental health need, but only half of these were receiving relevant treatment. [72]

4.4 Estimates of local need

4.4.1 Adults

The exact number of local residents with drug dependency is unknown. Table 11 shows the 2016/17 estimated local prevalence of opiates and crack cocaine use.

Table 11: Estimated number of opiate and/or crack cocaine users in Hackney and the City (age 15-64, 2016/17)

Substance	Hackney estimated number (95% CI)	City of London estimated number (95% CI)	Total
Opiate and/or crack cocaine	2,858 (2,151-3,491)	22 (9-36)	2,581
Opiate	2,231 (1,854-2,608)	14 (8-23)	2,012
Crack cocaine	1,805 (1,438-2,173)	13 (6-21)	2,707

Source: PHE, estimates of the prevalence of opiate use and/or crack cocaine use (2016-17) [76]
Note: CI: Confidence Interval

The 2017/18 Crime Survey for England and Wales (CSEW) gives an estimate of the prevalence of people using any drugs in London. This prevalence estimate has been applied to local population data to predict the number of people using drugs in Hackney and the City (Table 12). The CSEW also estimates that around 2.1% of 16-59 year olds nationally are *frequent* drug users.⁴ Applied locally to 2018 population projections, these estimates suggest that just over 4,000 16-59 year olds in Hackney and around 100 in the City of London are frequent drug users.

⁴ Frequent use refers to use of any drug more than once a month in the past year.

Table 12: Local estimates of Hackney and the City residents using drugs in the last year by type (age 16-59, 2017/18)

Substance type	National prevalence England	Regional prevalence London	Hackney estimated number	City of London estimated number
Any Class A drug ⁵	3.5%	3.3%	6,387	165
Any drug ⁶	9.0%	9.3%	18,001	466

Source: Home Office, CSEW 2017/18, Tables 3.03, 3.15 and 4.01 [14]; GLA housing adjusted projections 2016 [63]

The latest modelled estimates for alcohol (from 2016/17) are shown in Table 13. Problematic alcohol use is also an important concern in the City of London worker population, however no data are available to estimate the size of the problem.

Table 13: Estimated number of adults in Hackney and the City with alcohol dependency (rate per 100 of the population, age 18+, 2016/17)

	Estimated number of adults with alcohol dependency (95% CI)
Hackney	3,726 (2,685-5,181)
City of London	94 (67-135)
England	589,101 (481,965-744,996)

Source: PHE, estimates of alcohol dependent adults in England 2016/17. [77]

Notes: Estimates are calculated using an adult population base from ONS mid-year population estimates 2016. Alcohol dependence is defined as AUDIT score 16-19 and SADQ score of 16+, or AUDIT score over 20 and SADQ score of 4+. Rates were calculated by applying the model parameters to local annual population estimates and regional hospital admission rates for alcohol dependency. CI: Confidence Interval.

About a third of Hackney adults are estimated to drink more than the low-risk limit of up to 14 units of alcohol per week, around a fifth report abstaining from alcohol and about a fifth again report that they binge drink on their heaviest drinking day. [58] A recent (adult) resident survey conducted in Hackney in 2019 highlighted a mismatch between personal perception of safe drinking limits and actual alcohol consumption - 77% of residents who thought they did not drink to excess but 'probably drank a little more than is really good for them', and 71% of those who thought they drank 'more or less' within safe limits, were classified as high risk using the AUDIT-C tool (administered as part of the survey). [78]

⁵ 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

⁶ 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills/powders/drugs smoked, ketamine, methamphetamine and mephedrone.

4.4.2 Children and young people

A national youth survey in 2017 found that the overall prevalence of *weekly* drinkers was 1.8% of 11-16 year olds and 29.1% of 17-19 year olds.⁷ The prevalence of *daily* drinkers was 0.1% (of 11-16 year olds) and 2.5% (of 17-19 year olds). Applying these prevalence estimates of daily drinkers to local population data for 2018 suggests there are around 230 17-19 year olds in the City of London and Hackney potentially requiring treatment for alcohol dependency. [79]

This same survey also found that, nationally, around a 5% of 11-16 year olds and 34% of 17-19 year olds reported ever having taken illicit drugs, but frequency of drug use was not reported in this survey. [79]

Estimates of frequent drug use in young people are available from the CSEW. In 2017/18, an estimated 4.1% of 16-24 year olds nationally were frequent drug users.⁸ Applied to 2018 local population data, these estimates suggest that approximately 1,150 16-24 year olds in Hackney and around 30 in the City of London are frequent drug users, who may require treatment. [14]

4.5 Unmet need

Unmet need is defined here as the shortfall between the number of people estimated to have substance dependency requiring treatment and the number actually receiving treatment locally. [80]

4.5.1 Adults with dependency

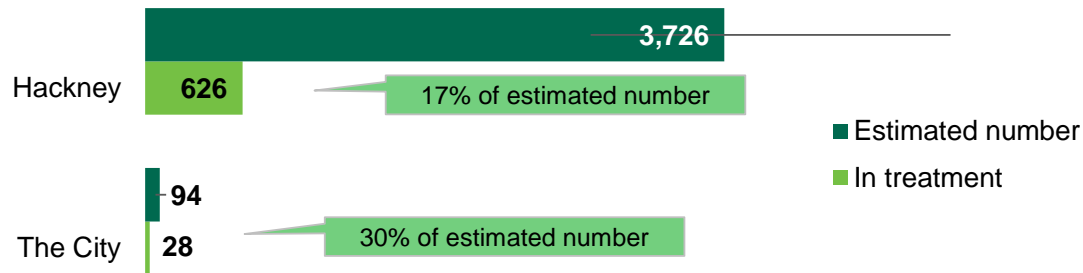
Public Health England (PHE) estimates from 2016/17, and data from NDTMS for 2017/18, suggest that 83% of adults with alcohol dependence in Hackney and 69% in the City are not in treatment (Figure 3). This compares to a national average of 82%. [75] [77]

Similarly, PHE (2016/17) and NDTMS (2017/18) data suggest that 56% of people with opiate dependence in Hackney are not in treatment. This compares with a national average of 46%. Using the same methods and data sources, an estimated 90% of Hackney residents with crack cocaine and other non-opiate dependency are not in treatment. (Figure 4) – compared with 87% nationally. [75] [81]

⁷ The 2017 Mental Health of Children and Young People in England survey collected lifestyle behaviour data from almost 3,500 young people aged 11-19 years old using a computer assisted self-completion module for confidentiality.

⁸ Frequent use refers to use of any drug more than once a month in the past year.

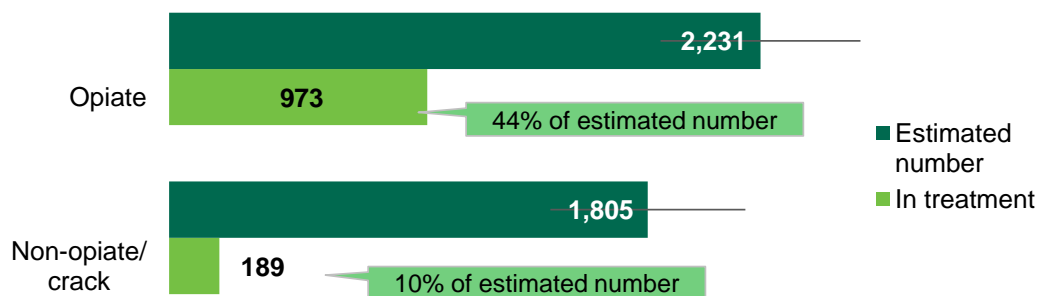
Figure 3: Estimated number of Hackney and City of London residents with alcohol dependency (age 18+, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



Source: Table 10 and Table 13

Notes: Confidence intervals were not available for numbers in treatment

Figure 4: Estimated number of Hackney residents using opiates and/or crack cocaine (age 15-64, 2016/17) compared to numbers in treatment (age 18+, 2017/18)



Source: Table 10 and Table 11

Notes: Treatment data was available by opiate or non-opiate⁹. Confidence intervals were not available for numbers in treatment. Estimates and numbers in treatment for the City of London residents were too small for meaningful analysis.

4.5.2 Alcohol and opiate dependent adults living with children

In Hackney, it is estimated that 16% of residents with alcohol dependency and 55% of people with an opiate dependency who live with children are receiving treatment. Numbers in the City are too small for meaningful analysis. [82]

4.5.3 Alcohol screening

In 2017/18 of the 166 adults (aged 16 and over) in Hackney and the City, who were given a full AUDIT assessment by their GP and had a score of 8-19 (indicating increasingly risky drinking), only 126 received a brief intervention about their alcohol consumption and three receiving an extended intervention. In addition, only 10 of the 58 patients scoring of 20+ (indicating possible dependence), were recorded by their GP to have been referred to specialist services. This indicates potential unmet need in access to evidence-based interventions for these groups. However, the extent to

⁹ Non-opiate includes: crack cocaine, benzodiazepines, amphetamines, cocaine, Hallucinogens, Ecstasy, cannabis, solvents, novel psychoactive substances, prescription drugs and other drugs

which this apparent discrepancy is due to incomplete coding in primary care records is unknown.

Furthermore, the number of AUDIT-C tests performed across 2017/18, as a proportion of total patients registered of all ages, ranged from 2%-10% across all 42 practices in City and Hackney, with an average of 5%. [71] This indicates that a large proportion of people eligible for the test, and potentially follow up support, are not receiving this.

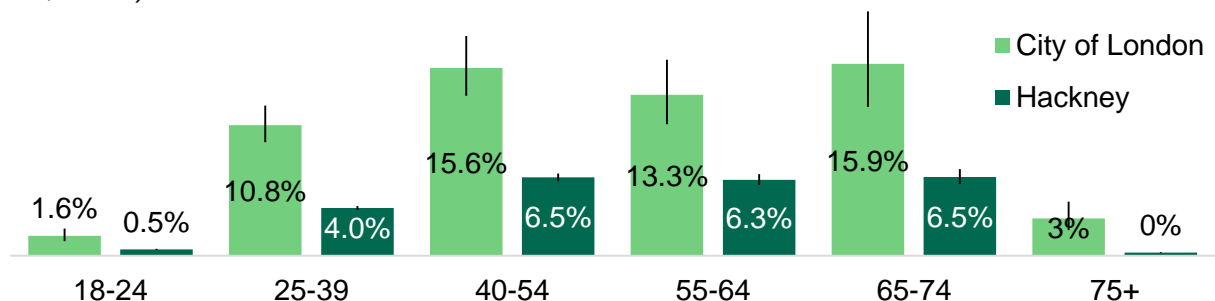
5 Inequalities

5.1 Age

5.1.1 Adults

Local GP data extracted on the 1st April 2018 show that in both Hackney and the City of London, prevalence of increased risk drinking is highest among residents aged 40-74, and lowest among adult residents aged 18-24 and 75 and over. In every age group, the prevalence of increased risk drinking is higher in the City compared with Hackney (Figure 5).

Figure 5: Prevalence of increased risk drinking (AUDIT-C score of five and above) among Hackney and City residents as a proportion of the population, by age (age 18+, 2018)

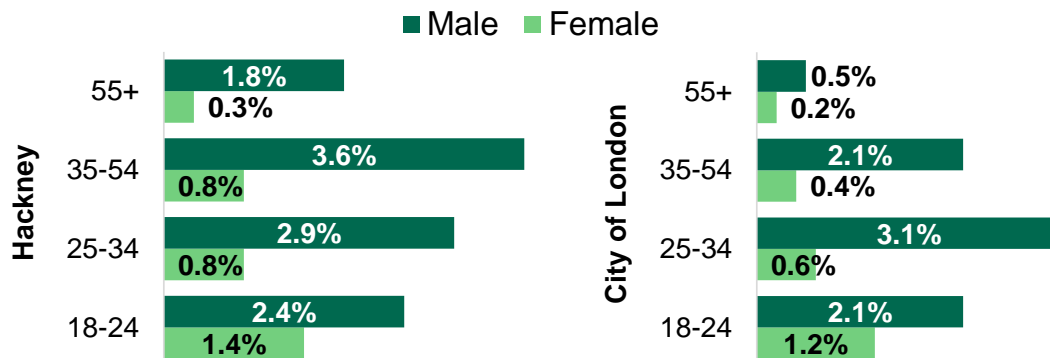


Source: Extracted from the local GP register by CEG, Blizard Institute, April 2018. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Notes: data include ever recorded AUDIT-C scores.

Estimates based on the Adult Psychiatric Morbidity Survey (2014) show that, in Hackney, the prevalence of possible dependent drinking is highest among male residents aged 35-54, while in females the estimated prevalence is highest in age group 18-24 (Figure 6). In the City of London, the highest estimated prevalence of dependent drinking among male residents is in those aged 25-34, and among females again in the 18-24 age group.

Figure 6: Estimated prevalence of dependent drinking in Hackney and the City, by age and sex (percentage, 2014/15)



Source: PHE and University of Sheffield, alcohol dependence prevalence in England 2014/15 by age and sex [83]

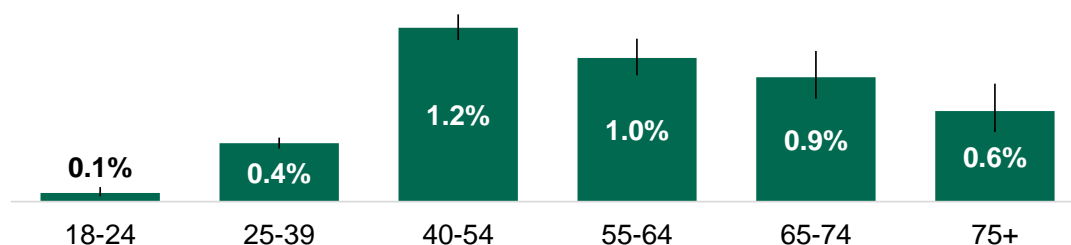
Notes: alcohol dependence based on an AUDIT score 16-19 and SADQ score of 16+, or AUDIT score over 20 and SADQ score of 4+. Modelled estimates were calculated by applying model parameters to local annual population estimates and regional hospital admission rates for alcohol dependency. Confidence intervals not available.

In 2017/18, hospital admission rates for alcohol-related conditions were highest in Hackney and City residents aged 65 and over - 1,028 per 100,000 population, compared to 791 per 100,000 aged 40-64 and 175 per 100,000 aged under 40 (directly age standardised rates). [58]

The local adult population in treatment for alcohol misuse in 2017/18 as a proportion of all residents in Hackney and the City by age group in rises with age, from less than 0.1% in the 18-29 age group to 0.4% in the 50-59 age group, but falls back again to 0.1% in the 60+ age group. [73]

The highest prevalence of GP-recorded drug use is among adults aged 40-54 and lowest in the 18-24 and 25-39 age groups (Figure 7). This is contrary to national survey data for drug use, where younger age groups have been found to be more likely to use drugs. It is possible the GP-recorded drug use in younger people is inaccurate due to low attendance and/or reporting to their GP in this cohort.

Figure 7: Prevalence of GP-recorded drug use in Hackney and the City residents by age (age 18+, percentage, 2018)



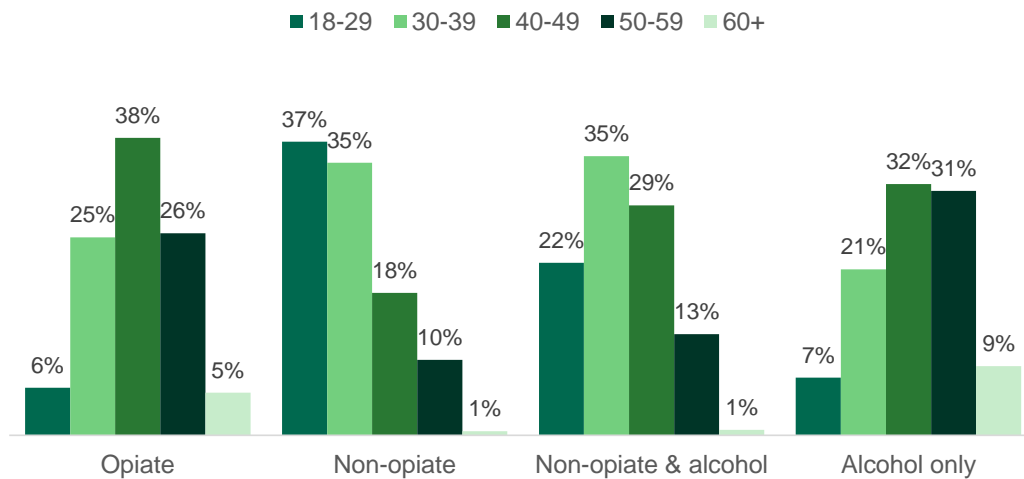
Source: extracted from the local GP register by CEG, Blizard Institute, April 2018. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Notes: GP data includes Read codes for drug misuse recorded in the past five years

The highest proportion of adult residents in drug treatment locally is in the 40-49 age group (1.3% of this population were estimated to be in drug treatment in 2017/18), followed by the 50-59 age group (an estimated 1.1% in treatment). Just 0.3% of the local 18-29 population, and 0.2% of the 60+ population, were estimated to be in drug treatment in Hackney and the City during this same period. [74]

Local area reports for Hackney show that the age profile of clients in treatment for non-opiates and non-opiates plus alcohol is younger than that of the opiate and alcohol-only treatment populations (Figure 8). Numbers in the City of London for all substance types are low, but a cautious interpretation is that those in treatment for opiate misuse tend to be younger (30-39 years), and those in treatment for alcohol misuse are more likely to be in the 35-59 age group, perhaps reflecting the working culture in the City.

Figure 8: Hackney and the City residents in treatment for substance misuse as a percentage of all in treatment, by drug type and age (aged 18+, 2017/18)



Source: PHE, Local area trend report [84]
 Notes: figures are aggregated for disclosure purposes

5.1.2 Children and young people

Data from the 2015 Healthy Hackney Survey show that 13% of 16-24 year olds in Hackney were high risk drinkers based on their AUDIT-C scores. [85]

Treatment data for any substance in 2017/18 for Hackney and the City of London combined show that 21% of young people in treatment were aged 14 or under and 79% were aged 15-17. [73]

5.2 Gender

5.2.1 Adults

Local GP data extracted on the 1st April 2018 show that a significantly higher proportion of males compared to females are recorded as being at increased risk of harm from their drinking (AUDIT-C score of five and above): 8.7% versus 5.5% in the City, and 2.4% versus 1.4% in Hackney, respectively. [86]

In 2017, in Hackney, an estimated 903 male years of life were lost due to alcohol-related causes, compared to 286 for females. For all indicators, mortality rates are significantly higher in males in Hackney compared to females (Table 14).

As with alcohol-attributable mortality, all related hospital admissions are significantly higher in males than in females, with the exception of self-poisoning (Table 15). [58]

There are no significant gender differences in incidence of alcohol-related cancer in Hackney and the City. According to 2015-17 estimates, male alcohol-related cancer incidence rates were 37 per 100,000 population, compared to a female incidence rate of 32 per 100,000. [58]

Table 14: Mortality rates for alcohol-specific conditions, alcohol-related conditions and chronic liver disease in Hackney, by sex (all ages, directly age standardised rate per 100,000 of population, 2015-17)

Indicator	Males (CI 95%)	Females (CI 95%)
Alcohol-specific mortality	20 (15-27)	5 (3-8)
Alcohol-related mortality	65 (46-88)	25 (15-40)
Mortality from chronic liver disease	20 (14-26)	7 (4-12)

Source: PHE, Local Alcohol Profiles for England [58]

Notes: City of London data not available

Table 15: Rates of hospital admission episodes for alcohol-specific and alcohol-related conditions in Hackney and the City, by sex (all ages, directly age standardised rate per 100,000 of population, 2017/18)

Indicator	Males (95% CI)	Females (95% CI)
All alcohol-specific conditions	1382 (1297-1471)	372 (335-412)
All alcohol-related conditions (narrow)	744 (683-808)	368 (329-410)
Alcohol-related unintentional injuries conditions (narrow)	219 (187-254)	77 (60-97)
Mental and behavioural disorders due to use of alcohol condition (narrow)	95 (76-117)	29 (20-42)
Intentional self-poisoning by and exposure to alcohol condition (narrow)	10 (5-17)	16 (10-24)
Admissions due to alcoholic liver disease (broad)	269 (231-310)	78 (61-98)

Source: PHE, Local Alcohol Profiles for England [58]

In relation to drugs, PHE estimates for 2014/15 suggest that the rate of opiate use in Hackney is significantly higher in males compared to females: 14.2 versus 6.5 per 1,000 population, respectively. There was no significant difference between males (5 per 1,000 population) and females (2.4 per 1,000) in the City. [87]

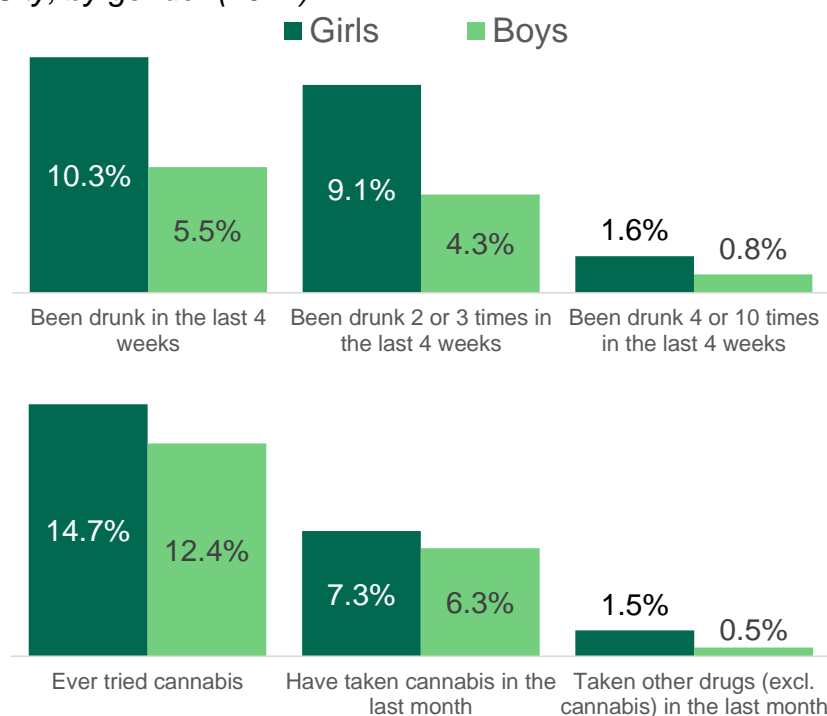
In Hackney in 2016-18 there were four times as many deaths due to drug misuse in males compared to females [57]

In 2017/18 in Hackney, males made up 63% of adults receiving treatment for alcohol misuse and 73% for drug misuse. In the City of London in the same year, 85% of adults receiving alcohol treatment and 58% receiving drug treatment were male.

5.2.2 Children and young people

A health and wellbeing survey in 2014 of 15 year olds (sample size 700 for Hackney and the City combined) found that girls were more likely to say they had been drunk than boys, but there was much less of a difference in reported drug taking behaviour (Figure 9).

Figure 9: Drinking and drug use behaviour among 15 year olds in Hackney and the City, by gender (2014)



Source: What About YOUth? 2014 Health and Wellbeing Survey [88]

Notes: Data for Hackney and the City of London were combined. Confidence Intervals were not available.

A 2016 survey of 12,000 11-15 year olds in London schools echoed these findings, with girls being twice as likely as boys to report ever having drunk alcohol (33% and 17% respectively) and three times as likely to say they have drunk alcohol in the last week (11% and 3% respectively). The same survey reported similar proportions of

girls and boys in London ever taking drugs (31% and 29% respectively) and no difference between the sexes for taking drugs in the last month (13% apiece). [89]

In 2017/18, more males than females aged under 18 were receiving treatment for substance misuse in Hackney: 72 and 37, respectively. [90] In Hackney, 24% of young males (up to 25 years old) in treatment cited alcohol as a problematic substance, compared to 55% of females; and 92% of young males in treatment cited cannabis as a problematic substance, compared to 75% of females. [90]

Admissions to hospital for under 18s, where the primary or secondary diagnosis was an alcohol-specific condition, is available as a crude rate per 100,000 population across three years 2015/16-17/18. In Hackney and the City, the combined rate for females was 20 per 100,000 and for males it was 17, both significantly lower than the national averages (of 40 and 26, respectively).

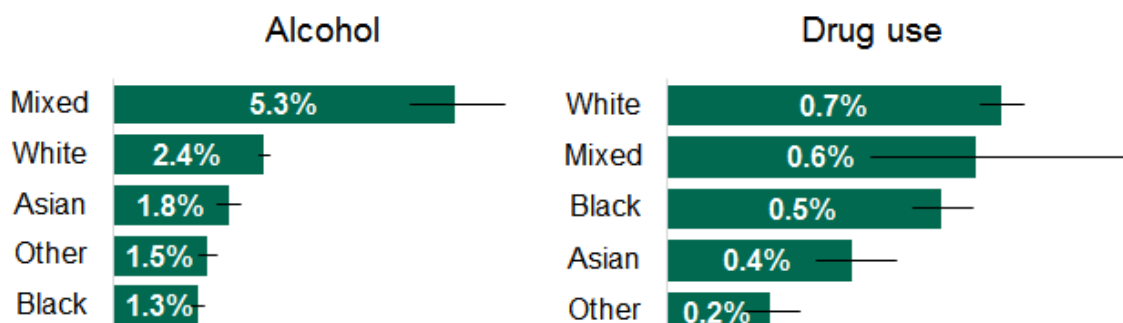
5.3 Ethnicity

5.3.1 Adults

The 2015 Hackney Health and Wellbeing adult residents survey found that White respondents were more likely than average to be high risk drinkers (35% compared to 25%), while Black and Asian respondents were less likely than average to be high risk drinkers (9% and 5% respectively). [91]

Local GP data extracted on the 1st April 2018 show that the recorded prevalence of increased or higher risk drinking is significantly higher among Hackney and the City residents from Mixed ethnicity backgrounds compared to other groups. Prevalence among residents from White ethnic backgrounds is lower, but significantly higher than Asian, Other and Black ethnic groups. These same data also show that recorded drug use was significantly higher in residents from White backgrounds compared to all other groups, apart from the Mixed ethnicity group (Figure 10).

Figure 10: Prevalence of GP recorded increased risk drinking (AUDIT-C score of five and above) and drug use in Hackney and the City residents as a proportion of the population, by ethnicity (age 18+, 2018)

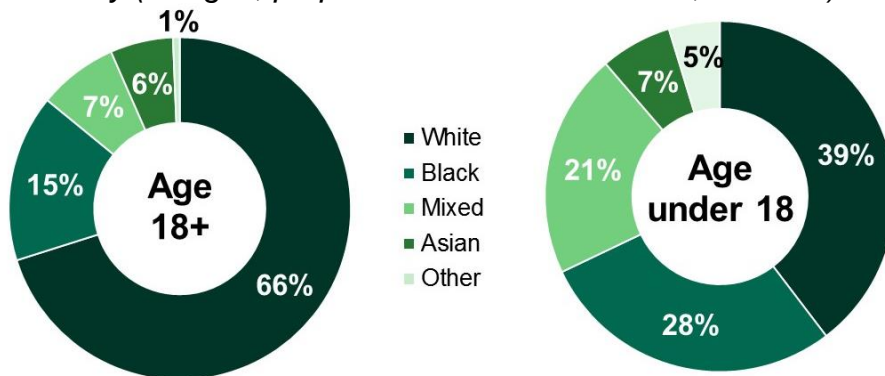


Source: extracted from the local GP register by CEG, Blizard Institute, April 2018. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Notes: alcohol data includes ever recorded scores; drug use data includes scores recorded in the past five years

The largest proportion of people in local treatment are from a White ethnic background. Using Greater London Authority housing adjusted population projections for 2018, 61% of adults and 43% of children under 18 in the City and Hackney combined are estimated to be White, reflecting the proportions in treatment. The next largest proportion in treatment are from Black ethnic groups which is reflected in the corresponding population projections for 2018 of 19% adults and 25% of children estimated to be from a Black ethnic group (Figure 11). [63]

Figure 11: Hackney and the City substance misuse service patients (any substance) by ethnicity (all ages, proportion of the total number, 2017/18)



Source: NDTMS Adult Partnership Level Report 2017/18 [72]; NDTMS Young People Partnership Level Report 2017/18 [73]

Notes: excludes entries where ethnicity was missing or not stated (6% of adult and 1% of young people's records). City of London data are combined with Hackney due to small numbers.

In 2017/18, most *new* presentations to adult treatment services for alcohol misuse in Hackney and the City were White (81%) and 7% were Black (9% not stated or unknown). New presentations for drug misuse were also mostly White (75%) and 18% were Black (7% not stated or unknown).

5.3.2 Children and young people

There are no local data available on drinking or drug taking behaviours by ethnicity for young people specifically. However, a national 2014/15 survey showed that around 25% of White and Mixed ethnicity pupils aged 15 reported having been drunk in the last four weeks, compared to around 15% for Black or Asian pupils. This survey also showed that 7% of Mixed ethnicity pupils had used cannabis in the last month, compared to 5% of White, 4% of Black and 2% of Asian pupils. There was little difference among ethnic groups in the reported frequency of other drug use in the last month, all being around 1%. [88]

The largest proportion of young people in local treatment services are from a White ethnic background. Over a quarter (28%) of under 18s in treatment services are from Black ethnic groups. Among users of the young people's treatment service, a significant minority are of Mixed ethnicity.

5.3.3 Young Black men

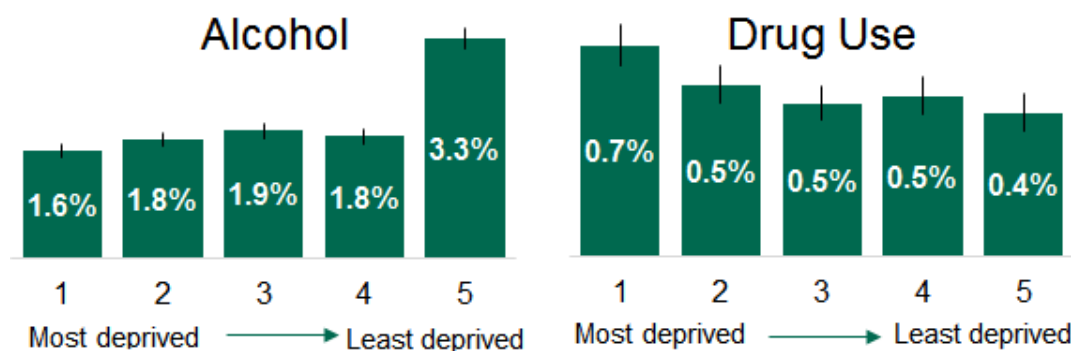
In Hackney, a priority programme is underway to address the poorer outcomes experienced by young Black men compared to other young people in the borough. For example, Black children are more likely to be in care, are more likely to be excluded from school, are at a greater risk of poverty and are more likely to live in lone parent households. In addition, young Black men are more likely to be unemployed, on probation and are overrepresented in mental health settings.

While local data are not available to corroborate the link with drug and alcohol dependency, all of these poorer outcomes are potential risk factors for substance misuse. [92]

5.4 Socio-economic disadvantage

Local GP data extracted on the 1st April 2018 show that increasing or higher risk drinking is significantly higher among City and Hackney residents living in the *least deprived* areas locally compared with other groups. Conversely, GP-recorded drug use is significantly higher among residents living in the *most deprived* areas, and lowest in the least deprived areas (Figure 12).

Figure 12: Prevalence of GP recorded increased risk drinking (AUDIT-C score of five and above) and substance use in Hackney and the City as a proportion of the population, by deprivation quintile (age 18+, 2018)



Source: extracted from the local GP register by CEG, Blizard Institute, April 2018. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

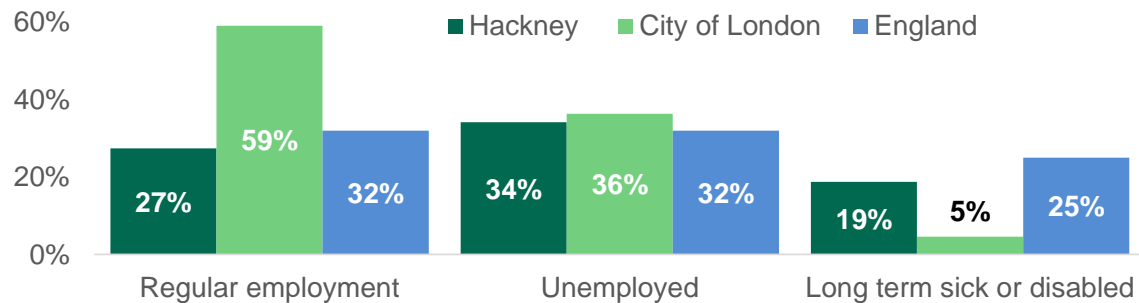
Notes: alcohol data includes ever recorded scores; drug use data includes scores recorded in the past five years.

5.4.1 Employment

Of those starting treatment for alcohol misuse, 27% Hackney residents and 59% City of London residents were in regular employment. The proportion who were unemployed was similar in both areas, while the proportion who were long-term sick or disabled was much lower in the City than in Hackney (Figure 13).

Of those starting treatment for drug misuse in Hackney and the City (data combined due to small numbers in the City), 22% were in regular employment, 43% were unemployed and 17% were long-term sick or disabled

Figure 13: Employment status of adult Hackney and the City clients at the start of treatment for alcohol misuse (2017/18)



Source: PHE Adults alcohol commissioning support pack 2019-20 [93]

Notes: employment status was missing or other for 20% of Hackney cases and 11% of the national data. Confidence intervals not available

5.4.2 Housing

In Hackney, in 2017/18, 6% of new presentations for alcohol misuse and 11% for drug misuse had an urgent housing problem (of no fixed abode). A further 15% (alcohol misuse) and 25% (drug misuse) reported a non-urgent housing problem.

In the City of London, in the same year, 5% of new presentations for alcohol misuse and 50% for drug misuse reported a non-urgent housing problem or were of no fixed abode. [73]

5.5 Sexual identity

The ONS Annual Population Survey (2013-2015) estimated that Hackney has the fourth highest proportion of adults (16+) identifying as gay or lesbian (bisexual excluded), at 4.3%. [94] Similarly, 2018 survey data found that 5% of respondents in City and Hackney were gay or lesbian and 2% were bisexual. [95] Local data on the transgender population is not available, but it is estimated that about 1% of the whole population has a gender identity incongruent with their assigned gender. [96] This equates to around 2,800 transgender people in Hackney and about 70 in the City of London. [97]

In 2017/18, in Hackney, 8% of all new presentations for both drug and alcohol misuse reported their sexual identity as lesbian, gay or bisexual (LGB).¹⁰ In the City of London, 18% of all new presentations for alcohol misuse and 16% for drug misuse identified as LGB. [72] This compares to national figures for the same year showing that 4% of new presentations to any substance treatment reported their sexual identity as LGB. [56]

¹⁰ 11% of new presentations in Hackney and 6% in the City did not have data on sexual identity.

Sexual identity data is not routinely collected for young people in substance misuse treatment.

5.6 Disability

In the 2011 Census, 15% of Hackney's respondents said they had a long-term illness that limited their daily activities in some way. This equates to approximately 41,000 people. [98]

Overall, 74% of new adult presentations to treatment in 2017/18 for any substance in Hackney and the City combined did not cite any disability. Of the 26% citing a disability, a breakdown of the most common types are provided in Table 16.

Table 16: Number and type of disabilities cited by new presentations to drug and alcohol treatment in Hackney and the City residents, (age 18+, 2017/18)

Disability type	Number
Emotional and behavioural	58
Progressive conditions	33
Learning disability	17
Motor skills	23
Sensory disability	21
Self-care	11

Source: All new presentation data from NDTMS Adult Partnership Level Report 2017/18. [72] Data on new presentations for drugs and alcohol separately from PHE Adults drugs commissioning support pack 2019-20. [93]

Notes: new presentations may cite more than one disability

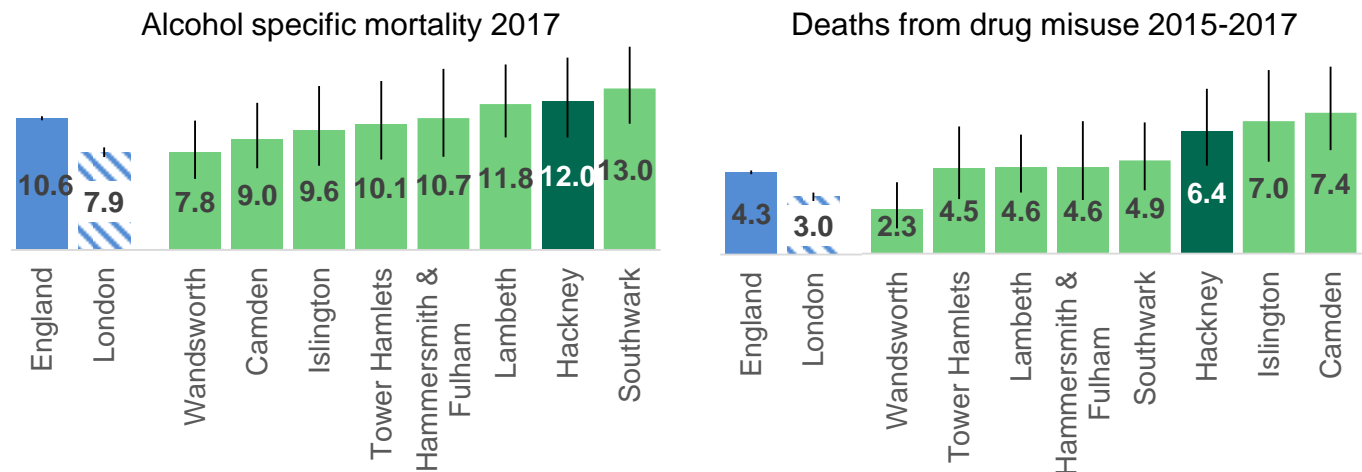
6 Comparisons with other areas and over time

6.1 Mortality

The alcohol-specific mortality rate in Hackney is significantly higher than for London as a whole, but is similar to its statistical peers and the national rate.¹¹ The three-year death rate from drug misuse in Hackney is higher than England and London, but similar to most statistical peers (Figure 14). Comparable data are not available for the City.

¹¹ 'Hackney's statistical peers are local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. Hackney's statistical peers are the 'Cosmopolitan Inner London' group: Camden, Hackney, Hammersmith and Fulham, Islington, Lambeth, Southwark, Tower Hamlets, and Wandsworth.'

Figure 14: Alcohol-specific mortality rate and deaths from drug misuse for Hackney residents (all ages, directly age standardised rate per 100,000 of population)



Source: PHE, Local Alcohol Profiles for England [58]; PHE, Co-occurring substance misuse and mental health issues profiles [99]

Notes: no data were available for the City of London due to small numbers.

The alcohol-specific mortality rate for Hackney has fluctuated over time (2006 to 2017) between 6.1 and 12.5 deaths per 100,000 population, while London and national rates have remained constant at around 8 and 10.5 respectively.

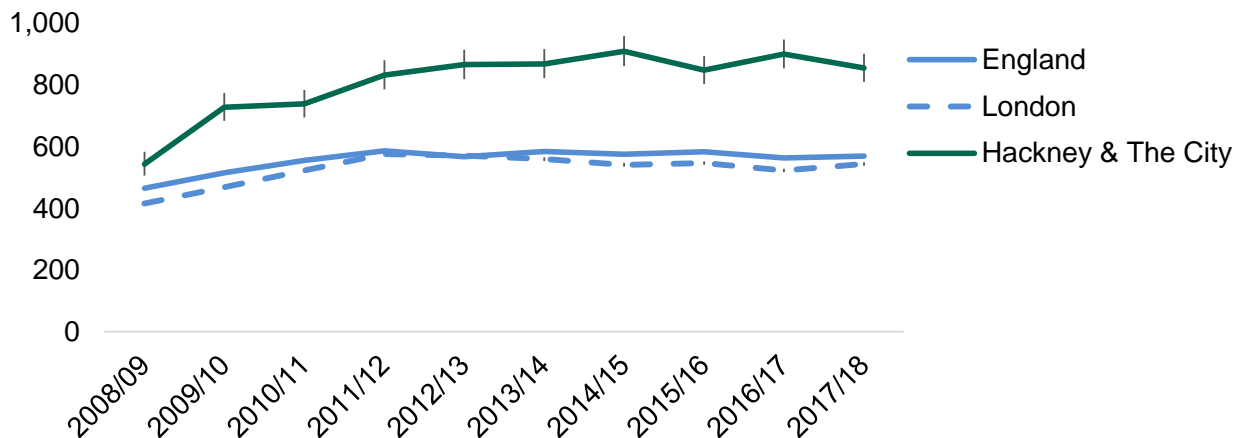
The rate of deaths due to drug misuse in Hackney declined between 2010 and 2014, to 2.5 deaths per 100,000 population - below the England average, but similar to London. However, it has since increased to 6.7 deaths per 100,000 population, which is above both the England (4.3) and London (3.0) averages.

However, trends in local mortality data must be interpreted with some caution due to low numbers.

6.2 Hospital admissions

At 855 per 100,000 population (directly age standardised rate), alcohol-specific admissions in Hackney and the City in 2017/18 were significantly higher than the London average (544), the national rate (570) and some but not all of Hackney's statistical peers. Figure 15 shows how local alcohol-specific admissions increased from 2008/9, before stabilising at this comparatively high rate more recently. [58]

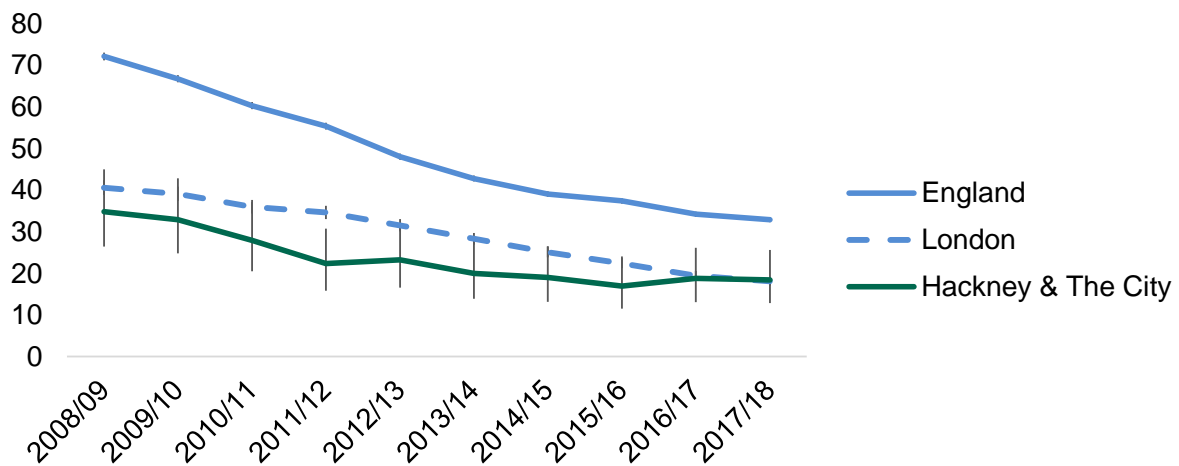
Figure 15: Rates of alcohol-specific hospital admission episodes (all ages, directly age standardised rate per 100,000 of population, 2008/09 to 2017/18)



Source: PHE, Local Alcohol Profiles for England [58]

Among young people (under 18), directly age standardised admission rates for alcohol-related conditions were significantly lower in City and Hackney in 2017/18 (18 per 100,000 population) than the national rate (33 per 100,000), but similar to the London average (18) and the majority of Hackney’s statistical peers. [58] Admission rates fell along with the national and London trend until 2015/16, since when they have started to plateau (Figure 16).

Figure 16: Rates of alcohol-specific hospital admission episodes (under 18s, directly age standardised rate per 100,000 of population, 2008/09 to 2017/18)

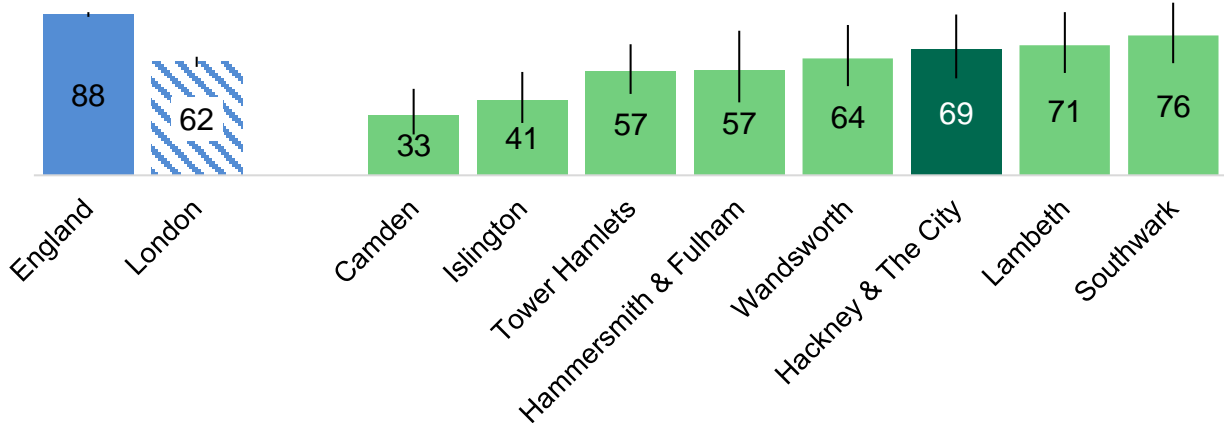


Source: PHE, Local Alcohol Profiles for England [58]
 Notes: data for City of London were combined with Hackney

Hospital admissions due to substance misuse for young people (aged 15-24) are analysed by PHE and aggregated across three years. Rates per 100,000 population for Hackney and the City combined are lower than the England average, but similar to the London average and most of Hackney’s statistical peers, except for Camden and Islington (Figure 17). Admissions have been rising locally in recent years (from 46.0 per 100,000 (2008/09–2010/11) to 69.1 per 100,000 (2015/16–2017/18), in line

with the national and London trend. During this time, the local rate has remained below the national rate and similar to London. [60]

Figure 17: Hospital admissions due to substance misuse (rate per 100,000 aged 15-24, 2015/16–2017/18)



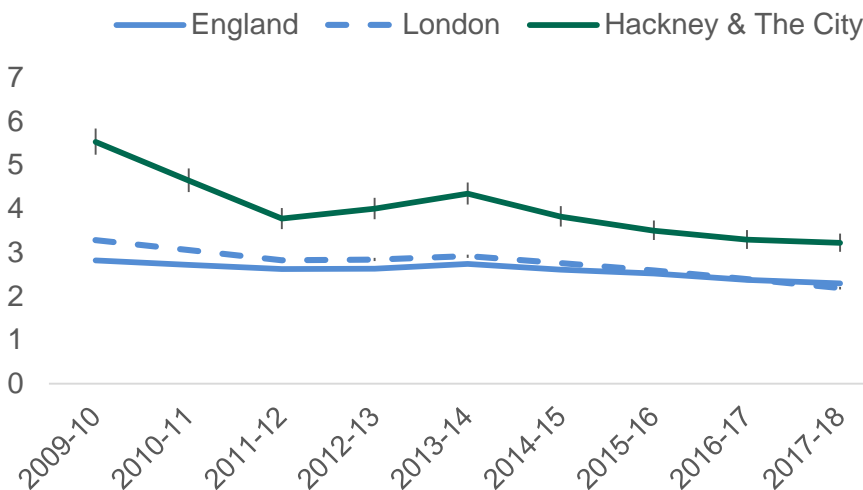
Source: PHE Crisis Care profiles [60]
 Notes: data for City of London were combined with Hackney

Data on drug-related hospital admissions for adults over 25 are not available by local authority, so comparisons cannot be reported. [15]

6.3 Treatment

Overall, new treatment presentations in Hackney and the City decreased between 2009/10 and 2017/19, but remain above the London and England averages (Figure 18).

Figure 18: New presentations into treatment in Hackney and the City of London (age 18+, crude rate per 1,000 population, 2009/10 to 2017/18)

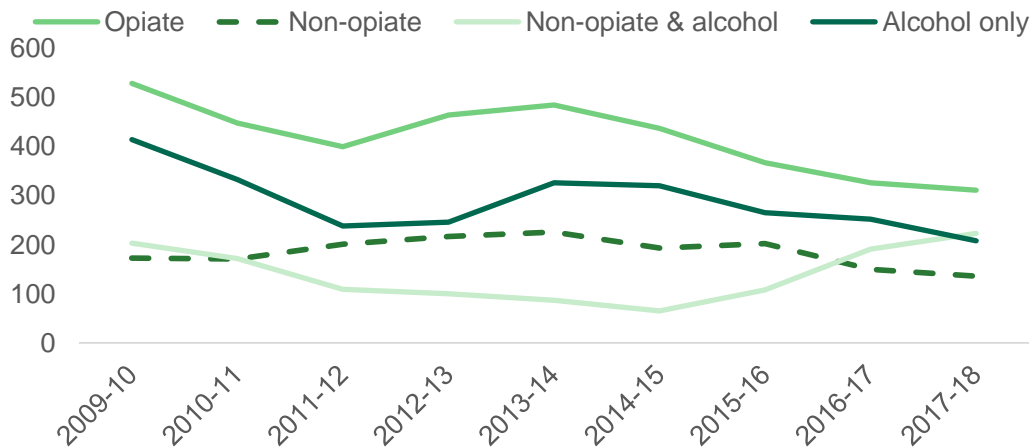


Source: PHE, Local area trend report. [84] Population projections Office for National Statistics. [100]
 Notes: Treatment data for Hackney and the City of London residents were combined.

The number of new treatment presentations in Hackney for people with opiate and alcohol only dependence declined year on year from 2009/10 to 2017/18. After an initial decline, the numbers of new presentations for non-opiate plus alcohol misuse appear to have been rising since 2014/15. The total numbers in treatment have fluctuated year on year with no discernible trend since 2009/10 (Figure 19). [84]

Similar data not presented for the City of London due to small numbers.

Figure 19: Number of new treatment presentations in Hackney by substance (age 18+, 2009/10 to 2017/18)



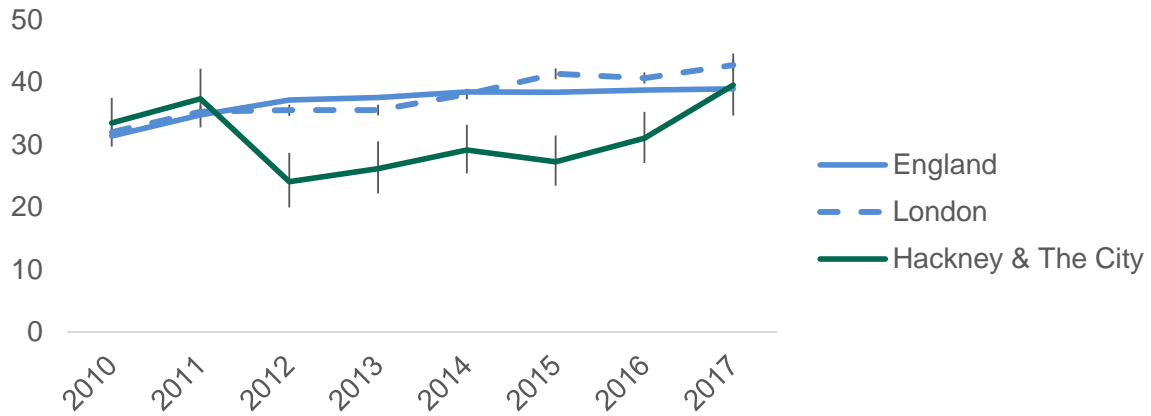
Source: PHE, Local area trend report [84]

Notes: figures are aggregated for disclosure purposes

Trend data for Hackney residents (not shown) by age shows a clear decline over time for new presentations for any substance in the 25-29 age group and a clear increase over time for those in the 50-54 age group. The pattern for other age groups is not as clear. As Hackney has a relatively young population, the overall decline in new presentations for some substances may be driven by changing habits in younger age groups. This trend also generally follows the pattern in England, where the treatment population is ageing. [84] Yearly numbers in the City of London are too few to determine any trends.

The proportion of successful completions among adult alcohol users in 2017 (Hackney and the City combined) was 40%, similar to the national (39%) and London (43%) averages. Figure 20 shows that this figure has been steadily increasing locally since 2012.

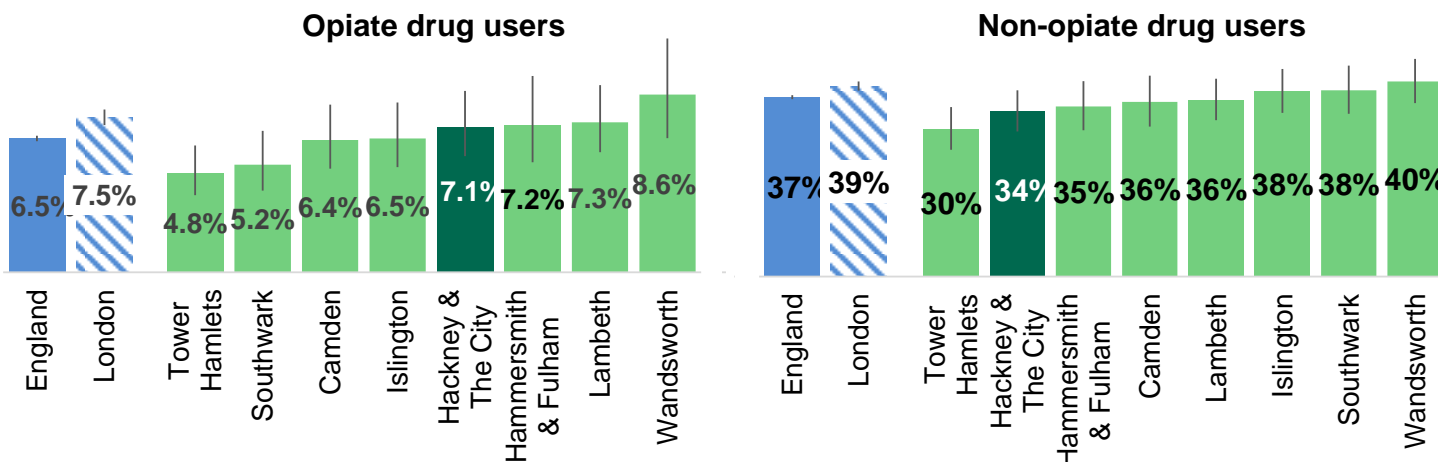
Figure 20: Proportion of successful alcohol treatment completions (age 18+, 2010 to 2017)



Source: PHE, Local Alcohol Profiles for England [58]
 Notes: data for City of London were combined with Hackney

In 2017, successful completions for both opiate users and non-opiate users (adults) in City and Hackney were not significantly different to the London and England averages, and broadly in line with Hackney’s statistical peers (Figure 21).

Figure 21: Proportion of Hackney and the City opiate and non-opiate drug users that left drug treatment as successful completions (age 18+, 2017)



Source: PHE, Co-occurring substance misuse and mental health issues profiles [99]

Local trends in opiate and non-opiate completions are not possible to reliably ascertain due to low numbers, and associated statistical uncertainty.

7 Evidence for what works

This section provides information about key national policies and best practice guidance, as well as a summary of the evidence related to effective delivery of interventions to reduce the harms from alcohol and drug misuse. Online links to the documents are available in the references where applicable.

7.1 National policy

Box 2 summarises the current national government's drug and alcohol strategies.

Taken together, national policy recommends integrating the commissioning and delivery of alcohol and drug interventions. Essentially this means local agencies, such as the police, housing and homelessness, employment, sexual health, mental health, children's services, youth teams and social care, should work together and across the whole system to tackle the social determinants of alcohol and drug misuse [101]. This integrated approach should include a combination of population level interventions and targeted interventions for the population groups most at risk.

Box 2: National Drug and Alcohol Strategies

National Drug Strategy (2017)

This strategy sets out the Government's partnership approach at local, national and international level to tackle drug misuse. It is focused on reducing demand, restricting supply, building recovery and global action. [102] This expands on the aims of the 2010 Strategy, namely to reduce illicit drug use and increase the rate of people recovering from dependence.

National Alcohol Strategy (2012)

This strategy aimed to address irresponsible drinking culture by adding priorities to the government's agenda, such as: minimum unit pricing; banning multi-buy promotions; granting local areas powers to set opening and closing times; controlling density of alcohol premises; and charging a late night tax to support policing. [103] The strategy achieved consultations with local residents that resulted in a greater public health representation on license applications, a new late night levy and multi-agency work with local partners. A new alcohol strategy is due out imminently.

7.2 Prevention

Universal approaches at an early age have been shown to be affective and are encouraged locally, for example school nurses, teachers and youth workers to providing drug and alcohol education. This should be an integral part of the curriculum, with consideration of age and educational needs, to help young people reflect on their beliefs and attitudes towards drugs and alcohol, build social skills, increase self-esteem and prevent risky behaviours during adult life. For both primary and secondary schools, primary prevention interventions (such as school-based programmes and brief advice) can help teachers to provide healthy values to young people to help them make the right decisions. [102] These interventions appear to have a positive impact on substance misuse but tend to diminish with time, suggesting that any such intervention should be ongoing rather than one-off. [104]

Evidence suggests that interventions directed at drinking environments can significantly reduce alcohol-related harm, for example through alcohol pricing and

opening hours. For example, evidence suggests that increasing the hours of sale by two hours or more increases alcohol-related harm. [102] [104]

On their own, behaviour change campaigns have not been found to have a significant effect on reducing alcohol-related harm. However, multi-component programmes, which deliver interventions in multiple settings, by a range of partners have been found to be effective. Alcohol expectancy challenges and other interventions to prevent harmful alcohol and drug use in nightlife settings also appear to be effective in university students and adults. [102] [105]

7.3 Identification

Early identification and assessment is an opportunity to provide tailored support to people at increased risk of harm and engage them with relevant services.

Alcohol Identification and Brief Advice (IBA) aims to identify and influence people who are drinking at lower to increasing risk levels. IBA can help to identify individuals who may not be dependent on alcohol, but whose alcohol consumption is increasing their risk of ill health. Research suggests that IBA reduces weekly drinking by 8% on average. [106] AUDIT and the Treatment Outcomes Profile (TOP) are useful tools to assess alcohol consumption and related psychosocial issues for this purpose. [107]

Health and care professionals should be trained to offer very brief advice (IBA) for people assessed as high risk drinkers. [108] A variety of professionals can be trained to deliver IBA (e.g. hospital staff, social workers, dentists). [107] If people do not respond to very brief advice, a motivational interview or series of motivational interviews may be appropriate.¹² Evidence suggests that brief interventions in primary care settings are effective, but that longer counselling probably provides no additional benefit. [108]

Box 3: MECC and Brief Advice

Making Every Contact Count (MECC)

Making Every Contact Count is an approach to achieve behaviour change that utilises everyday interactions between health and care professionals and patients as an opportunity to encourage and influence positive behaviours towards a healthy lifestyle.

IBA is a short structured intervention given as part of this approach in health and care settings to help patients to reduce their drug and/or alcohol use.

In settings where people with substance misuse often come into contact, such as mental health services and the criminal justice system, they should be routinely asked about their recent substance use. To facilitate this, relevant service staff should receive training that allows them to respectfully and non-judgmentally identify people at risk of misusing alcohol and drugs, and gives them the confidence to start

¹² Motivational interviewing uses a guiding style to engage clients, clarify their strengths and aspirations, evoke their own motivations for change and promote autonomy in decision making. [120]

a conversation about how they can access support. This follows the approach of IBA, very brief advice or 'Making Every Contact Count' (MECC). [109]

When entering structured treatment, following an assessment, service users should be continually engaged in the development and review of plans for their treatment, care and recovery. The assessment should not be an isolated procedure, but part of the recovery process, producing 'therapeutic' effects on its own. It should take into account service users' medical, psychological, social and occupational needs, any risks, their goals and any experiences of previous treatment. Appropriately trained staff are required to support this. [110]

7.4 Care, treatment and support

The commissioning of alcohol and drug services should be based on local needs, service user involvement and local clinical expertise. Interventions at a clinical and management level should emphasise holistic approaches, addressing education, training, housing and employment. Peer-led interventions should complement structured treatment before, during and after treatment.

Multidisciplinary teams responsible for assessing and providing treatment, and collaboration between multiple agencies, are highly effective approaches for different treatment situations and populations. Collaborative working between partners ensures continuity of care from prison and custody suites to community health services, to support those offenders whose substance misuse contributed to their offending. It also means that services are more likely to be able to provide a flexible and rapid access to treatment should it be needed. [102]

Care, treatment and support for alcohol and drug-related problems include different types of interventions, which can be divided into psychological, social and pharmacological, as described below. [110]

- Psychological interventions range from less structured approaches (such as motivational interviewing and brief advice) to highly specialised interventions (such as cognitive behavioural therapy).¹³
- Social interventions aim to support wider factors, such as family and friends, accommodation, engagement with services and employment.
- Pharmacological interventions may be used, where appropriate, to treat severe dependency, but should always be delivered alongside psychological interventions.

A core principle of drug and alcohol treatment is that psychological interventions should be offered to *all* service users and should form the base of any treatment. These psychological interventions should target specific needs, such as substance misuse or co-occurring mental health problems. In the case of criminal justice

¹³ Cognitive behavioural therapy is a type of talking treatment that focuses on how a person's thoughts, beliefs and attitudes affect their feelings and behaviour and teaches them coping skills for dealing with different problems. [121]

offenders, psychological interventions should be available during and after imprisonment. [110]

Brief interventions and advice should be provided in a non-judgmental and evidenced-based manner. This may include giving advice on reducing risky sexual and injecting behaviours, about self-help groups, or motivational interviewing.

Evidence shows that self-help and peer support approaches, such as 12-Steps and SMART Recovery groups (see Box 4), can be highly effective in supporting post-treatment recovery for alcohol and drug misuse. Contingency management and family and couples therapy have also been found to be effective in some cases. [110]

Box 4: Self-help and peer-support approaches

12-Steps programmes

This model, pioneered by Alcoholics Anonymous, consists of meetings where people share their experiences and support each other as a group. It can focus on a religious component (although not always) and is conceptualised by a 'higher power', to achieve recovery.

SMART recovery

The SMART approach uses cognitive-behavioural therapy and motivational methods to support behavioural change and promote recovery as a personal choice. It is scientifically-based and often cited as an alternative option to 12-Step models.

It is especially important that all drug and alcohol services can identify and address services users affected by trauma, including domestic violence. Staff should also be competent to identify urgent need of antibiotics or surgical interventions in patients at risk of injecting-related viruses. [110]

Flexible and rapid aftercare pathways support recovery following treatment, helping clients to re-engage in social and economic activities and prevent relapse and harm.

Commissioners should involve patients in the design, planning, development and evaluation of services. Family, friends and other carers of drug misuse patients should also be involved and supported whenever appropriate. [110]

Mental Health

National guidelines are very clear that people should not be denied substance misuse treatment due to a coexisting mental health condition or vice versa. [111] [112] [113]

National policy highlights the need for clearer and jointly-worked pathways between substance misuse and mental health services as a substantial step towards more efficient and integrated care for service users. Relevant best practice guidance for commissioning and service delivery to support patients with co-occurring mental health and substance misuse issues includes the following.

- NICE guidelines on 'Coexisting severe mental illness and substance misuse: community health and social care services'. [111]
- NICE guidelines on 'Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings'. [114]
- The PHE guide on 'Better care for people with co-occurring mental health and alcohol/drug use conditions'. [112]
- The 'Improving Access to Psychological Therapies (IAPT) positive practice guide for working with people who use drugs and alcohol'. [113]

Alcohol

Service users should be referred to specialist treatment if they show signs of moderate or severe alcohol dependence, have failed to benefit from motivational interview interventions, or show signs of severe alcohol-related ill health. [110]

Appropriate alcohol treatment varies, depending on a service users' consumption levels and goals. Treatment normally involves a mix of psychological and pharmacological interventions, stepped according to progress and level of need. [110]

There is strong evidence supporting most psychological treatments for alcohol problems. Motivational enhancement therapy, cognitive behavioural therapy, 12-Steps facilitation and brief interventions are supported by the strongest evidence. [115]

Drugs

Effective models of drug treatment include the involvement of primary care staff, especially GPs, non-medical prescribers, nurses and pharmacists. Staff should have a wide range of competencies at general medicine and drug specialist level. [110]

All drug treatment services should offer opioid substitution, supervised consumption, detoxification, needle syringe programmes (to prevent blood borne infections) and widespread provision of naloxone to prevent drug overdoses. Training on drug awareness and take-home naloxone should be delivered to service users, family, friends and partner services for people with heroin dependence. [110]

There is insufficient evidence to affirm pharmacological treatment for dependence on stimulants, cannabis, ketamine and other psychoactive drugs. Evidence suggests the best options are brief interventions for less dependent people, and psychosocial interventions oriented towards drug abstinence for people who are highly dependent. [110]

Further Guidance

Drug misuse and dependence: UK guidelines on clinical management (2017): these guidelines, commonly known as the 'Orange Book', provide information for clinicians and commissioners on evidence-based pharmacological and psychosocial treatments, to produce individual benefit and public good. [110]

The National Institute for Health and Care Excellence (NICE) Guidelines: commissioners and substance misuse services should comply with NICE guidelines on alcohol-use disorders and drug misuse, including the NICE clinical pathways, to ensure high quality practices for alcohol and drug prevention, identification and assessment, and treatment. [116]

PHE review on drug misuse treatment outcomes in England (2017): this covers what should be expected from drug treatment services in England. Topics include: prevalence and profile of treatment populations; drug-related harms; the impact of housing, employment and social deprivation on treatment outcomes; changes needed to support an ageing cohort of heroin users and new patterns of drug use; and how to evaluate effectiveness. The review also includes information on the social and economic costs of drug misuse and value for money of treatment services to assist in social return on investment. [117]

8 Services and support available locally

Hackney's service provision is based on a 'tiered' model with four levels, as follows.

- Tier 1 ('Prevention'): universal services, such as GP practices, school nursing, health visiting and schools. Information, screening, advice and referral in generalist settings (such as IBA).
- Tier 2 ('Identification'): similar to Tier 1, but provided in more specialist settings or other community-based services. It can be used to target 'at risk' individuals for problematic drug and/or alcohol use.
- Tier 3 ('Care, treatment and support'): more intensive support provided by specialists, involving 1:1 and group therapy. The treatment is structured in nature and may include pharmacological interventions.
- Tier 4 ('Care, treatment and support'): highly specialised and intensive treatment services, such as inpatient detoxification units, therapy and residential rehabilitation centres.

8.1 Local policy

Hackney's Alcohol Strategy (2017-2020): This local alcohol strategy is the result of a consultation process with residents and partners about how to reduce alcohol-related harm in Hackney. [118]

It is based on four core principles:

- encourage healthier drinking behaviours
- commission appropriate and responsive services
- support families, carers and young people affected by alcohol misuse
- promote responsible drinking environments.

Hackney Community Safety Partnership Strategic Assessment (2018-2019): This strategy focuses on tackling crime and disorder in Hackney and has three strategic priorities linked to alcohol and drug misuse:

- gangs, youth crime, youth victimisation and engagement
- alcohol related crime, licensing and safer socialising
- substance misuse, treatment and drug dealing.

City's Draft Alcohol Strategy (2019-2023): This strategy is currently in consultation with residents and workers of the City of London, but it stands on three main outcomes:

- people being informed about the risks of alcohol-related harms
- people being and feeling safe in the night-time economy
- people having the support they need to access services.

8.2 Prevention

Young Hackney Substance Misuse Service (YHSMS)

The service is based on two core aspects: prevention and individual treatment work, and aims to prevent and/or delay first use as well as provide harm reduction information. Young Hackney offers a non-judgemental and non-stigmatising substance misuse service for young people aged 8 up to 25 years old and their friends and family. It includes the provision of evidence-base, age-appropriate, impartial and specialist information and advice in schools.

The service also works with vulnerable groups and those who may be susceptible to drug use or criminal exploitation. They work with young people and adults around hidden harms, raising awareness with professionals who work with young people, in an attempt to prevent the cycle of use within families and generations. In addition, it helps young people with housing issues, physical and mental health, criminal justice, and employment and training.

Business Healthy

Business Healthy is a programme funded and delivered by the City of London Corporation's Public Health team, supporting the Corporation's statutory obligations to protect/improve the health and wellbeing of the 500,000+ people who come to work in the Square Mile each day.

Business Healthy provides free support to local employers of all sizes and sectors to protect and improve the health and wellbeing of their workforce (including their mental, physical, emotional, financial health).

Alcohol licensing

Hackney Council and the City of London Corporation are both a 'responsible authority' under the 2003 Licensing Act, competent to make representations

(objections) on alcohol licence applications/variations/reviews to protect the public from alcohol related harms.

The four Licensing objectives are:

- prevention of crime and disorder
- public safety
- prevention of public nuisance
- protection of children from harm.

Public Health in both Hackney Council and the City of London Corporation is one of a dozen or so “responsible authorities” which receive copies of all applications for licenses to sell alcohol in the borough from venues such as pubs, bars, off licenses, supermarkets. These applications are reviewed by public health staff, who liaise with other responsible authorities, particularly LBH Licensing and the police, regarding whether to raise representations.

8.3 Identification

Brief alcohol interventions in health care settings

An example of MECC is used in Hackney is to target alcohol users in health care settings, such as hospitals and health centres.

GPs in City and Hackney are incentivised to administer the AUDIT tool with selected patients, including people with certain long-term conditions, to identify those at risk of alcohol-related harm.

Through the Commissioning for Quality and Innovation (CQUIN) for preventing ill health by risky behaviours, Homerton Hospital and East London Foundation Trust are incentivised to provide alcohol screening and brief advice to patients admitted to hospital wards.

8.4 Care, treatment and support

Box 5: Local case study: Knowledge for Change

Knowledge for Change was a Hackney Council funded project in 2016/17 that provided people with experience of substance misuse with practical tools and knowledge to understand their addiction and take action. The project consisted of a 10-week psychology course focused on human behaviour and psychology models that students could use to achieve high levels of self-awareness. After each course, participants were awarded with a level 1 Open College Network (OCN) qualification and supported to progress to further education, volunteering and employment. Results measured with the Warwick-Edinburgh Mental Wellbeing Scale showed increasing levels of wellbeing throughout the course.

Most participants noted a positive change in their behaviour and attitude about their past and future. They said that the course was emotionally challenging, but transformative, and that they identified patterns of behaviour and feelings they had previously thought impossible to change. As a result, participants were able to identify and change long-term issues and approach their future in a more positive way, moving towards employment, volunteering or higher education.

Hackney Recovery Service

Hackney Recovery Service (HRS) brings together all Hackney's drug and alcohol interventions into a single treatment system. The service has three main hubs that work together, providing different types of support and treatments, as described below.

- The Treatment Hub provides structured programmes to support people who misuse drugs or alcohol - including one-to-one sessions, cognitive behavioural therapy and counselling to address clients' drug and alcohol misuse, mental health needs and other relevant needs.
- The Clinical Hub provides specialist interventions for service users with moderate to high level substance misuse - including substitute prescribing, harm reduction, needle exchange services and testing for health conditions often associated with substance misuse, such as blood borne viruses.
- The Reintegration Hub provides activities to help clients reintegrate into the community - including group work, support for families and carers, mutual aid and peer mentoring. The hub also provides wrap-around support, for example around education, training and employment and positive mental health.

The service works closely with a number of partners who provide aspects of the treatment and facilitate access to the main service, especially for priority and under-represented groups. They include GPs, pharmacies, criminal justice agencies, Homerton Hospital, sexual health services and homeless shelters.

Box 6: 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 has been able to engage him in services. He receives support from Hackney Recovery Service (HRS) and local mental health services; this support treats all of his needs, not just his drug use and mental health. 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.

GP Shared Care

This service aims to incorporate into the Hackney treatment system those service users who are in advanced stages of their recovery and/or being prescribed opioid substitution via a GP practice. Hackney Recovery Service offers alcohol and drug keyworking within GP practices that are actively participating in the scheme.

The scheme offers training and incentives to GPs working with service users and achieving successful treatment completions. Patients, who may otherwise not be willing to engage with specialist treatment services may feel more comfortable accessing support from their GP and therefore this service provides them with the opportunity to still benefit from equitable access to alcohol and drug treatment.

In 2016/17, 92 referrals to Hackney Recovery Service were received from GPs. Of these, 83% engaged in effective treatment.

Square Mile Health

Square Mile Health provides support and advice on alcohol, tobacco and substance misuse to residents and workers in the City of London. This includes training for professionals, police officers, housing staff and school leaders. The service also runs awareness events throughout the City of London.

Drug and alcohol treatment services are provided by Square Mile Health for residents and rough sleepers with a connection to the City. If a person presents with high or multiple needs they are given additional individual support and/or services as required.

Supporting Transition and Empowering People service (STEPS)

Hackney Council recently extended this two-year pilot that responds to clients with complex and multiple needs, such as: problems with substance misuse;

homelessness or insecure housing; poor mental health; and a history of offending. 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. The service also forms part of the Making Every Adult Matter approach.

An evaluation of STEPs found that, by the end of the two-year pilot (which involved 33 clients), clients showed lower levels of need. The average number of criminal justice and A&E contacts reduced markedly, 80% accessed drug and alcohol treatment services, and the total estimated use of crisis public services decreased significantly, equating to a potential cost avoidance of nearly £200,000 in one year. However, client access to and retention within mental health services has been lower.

Pause

Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. Pause aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour and to develop new skills and responses that can help them create a more positive future. The offer involves an 18-month, individually-tailored, intensive package of support, delivered by a dedicated practitioner, which is intended to address a broad range of emotional, psychological, practical, and behavioural needs. Many of these women are, or have been, dependent on drugs and alcohol and so being able to access effective treatment will often be a key part of their support offer.

A requirement to participate is that women agree to use an effective form of reversible contraceptive for the 18-month duration of the programme. Pause also works in collaboration with partner agencies to cover health needs, housing and benefits, leisure and sport activities, psychological treatment, among others.

Open Doors

This service offers free and confidential advice on contraception, safety and sexual health in East London for people working in the sex industry. During 2017/18, Open Doors engaged with 154 unique sex workers from Hackney, of which 98 were case managed. Many of their clients in Hackney also have substance misuse issues.

The service offer includes day and night time outreach, community drop-in, case management and a GUM drop-in clinic, providing referrals to specialised services including substance misuse treatment.

9 Service gaps and opportunities

Section 8 describes a comprehensive programme of drug and alcohol treatment and support across Hackney and the City. This investment in adults who use or are at risk of using drugs and alcohol in a problematic way, illustrates that addressing substance misuse and supporting individuals affected is a priority for Hackney and the City.

Based on the data and research provided throughout this chapter, the following areas have been identified as requiring an ongoing focus in order to minimise gaps in service provision, build on current practice and make use of opportunities.

Address any unmet need in treatment: continue to support individuals to engage with treatment, and explore if differences in personal circumstances and/or substance choice impacts engagement levels. Different approaches to treatment may be required for substance users depending on their choice of substance (e.g. alcohol only dependant adults, crack only users, etc.) and for individuals at differing stages of recovery (such as those who are thinking about changing their behaviour and those who have made significant changes and wish to maintain them).

Increase engagement in groups that appear to be underrepresented within local treatment populations, including the following.

- **Women:** although national data tells us that adult men are more likely to use drugs and/or alcohol and drink in a way that increases risk of significant harm, there continues to be a level of inequality in the number and proportion of women who engage with treatment services - including young women and girls who appear to have an *increased* likelihood of alcohol and/or drug misuse and/or dependency in the City and Hackney, compared to national rates.
- **Individuals from Black and/or minority ethnic groups, recognising the diverse communities living in the City and Hackney:** in line with national evidence, there is a need to understand if and how treatment services can better meet the needs of these groups and support them into treatment - this includes supporting young Black men living locally.
- **Individuals from the LGBTQ+ community:** explore how to better support LGBTQ+ individuals into treatment, including consideration for individuals who may be using club drugs and/or participating in Chemsex.
- **Younger drug and/or alcohol users vs. an ageing treatment population:** services must ensure they are attractive and accessible to young adults, while also considering how to support an older population of drug and/or alcohol users who may present with multiple and complex needs.

Reduce substance misuse mortality and crisis admissions at local hospitals: there are significantly higher levels of hospital admissions for alcohol and mortality for drug misuse locally when compared to regional and national averages, with an upward trend in recent years. A focus on reducing such admissions should be a priority for Hackney and the City.

Co-occurring mental health and substance misuse: there is increased prevalence of mental ill health among those who use drugs and/or alcohol. Published guidance emphasises that an integrated approach to treatment and support is essential. Yet, a third of all new presentations to Hackney and the City's treatment system in 2017/18,

with a self-disclosed mental health issue, were not receiving any support or treatment for their mental health. Recovery/treatment services and mental health services must continue to improve their pathways and partnership working to ensure local residents receive the care and treatment they require in a timely and effective manner.

Parental substance misuse: although not universal, parental problem drug and alcohol use can affect children and their experiences of life in a number of ways. This chapter identifies unmet need in parental substance use support, with only an estimated 16% of alcohol dependant adults living with children in Hackney engaged in treatment, and 55% of opiate dependant adults who live with children in treatment. This suggests that a focus is needed on engaging and supporting parental drug and/or alcohol users, in order to protect and safeguard both the children and their parents.

Sense of community and meaningful use of time: the importance of reintegrating individuals in recovery into meaningful activities (such as employment, training and education), as well as addressing other issues such as social isolation, unstable accommodation and basic needs, must be recognised.

Whole person approach: this chapter highlights how individuals engaging with specialist drug and alcohol treatment can present with multiple health and social care needs. Treatment services commissioned by Hackney and the City must continue to be well equipped to support all needs, which may include direct provision, a multidisciplinary approach or effective treatment pathways to other services.

Supporting community safety to deliver on their strategic assessment: continue to invest in services that reduce demand for illicit drugs, including:

- prevention, education and outreach activity with children and young people and work to boost their resilience
- drug and alcohol treatment services for adults, which have been shown to be widely effective and cost effective
- continuing to track trends in emerging or 'hidden' markets (including in relation to prescribed drug misuse, Chemsex, and new psychoactive substances) and improve communication between agencies.

At the time of writing this chapter, the Hackney Recovery Service was undergoing a review and recommissioning exercise. The gaps and opportunities identified in this chapter will be considered as part of the service redesign.

10 Glossary and acronyms list

10.1.1 Glossary of terms

The table below includes some of the specific definitions and acronyms used in this report. Further information on different substance types is available at:

<https://www.drugwise.org.uk/>

Term	Definition
Admissions due to substance misuse	Primary diagnosis code is a mental and behavioural disorder due to psychoactive substance use, poisoning by drugs, medicaments and biological substances or the first diagnosis code that represents an external cause
Admission episodes for alcohol-specific conditions	The primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition
Alcohol-related cardiovascular disease (broad)	The primary diagnosis or any of the secondary diagnoses are an alcohol-attributable cardiovascular disease code.
Alcohol-related conditions (narrow definition)	Primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code (such as assault).
Alcohol-related mortality	Deaths from alcohol-related conditions based on underlying cause of death, registered in the calendar year for all ages. Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death.
Alcohol-related unintentional injuries conditions (narrow definition)	Admissions to hospital where the secondary diagnoses is an alcohol-attributable unintentional injuries code.
Alcohol-specific conditions	Primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code.
Alcohol-specific mortality	Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.
Alcoholic liver disease (broad)	The primary diagnosis or any of the secondary diagnoses are an alcohol-attributable alcoholic liver disease code.
Confidence interval	This is a statistical indicator of how closely our measurements are likely to reflect the 'true' or underlying pattern. A wide confidence interval means that chance variations in what we are looking at could result in a big difference in the reported number, while a narrow confidence interval suggests that chance variations would not change the reported number by very much.
Dependence	Dependency describes a compulsion to continue taking a drug in order to feel good or to avoid feeling bad. When this is done to avoid physical discomfort or withdrawal, it is known as physical dependence; when it has a psychological aspect (the

	need for stimulation or pleasure, or to escape reality) then it is known as psychological dependence.
Detoxification	This describes the way in which a drug, such as heroin, is eliminated from the drug user's body, often with the help of a doctor and/ or specialist drug worker. This is often a gradual process and may take a number of days or weeks.
Hospital admissions for substance misuse	Where the primary diagnosis is of mental and behavioural disorders due to psychoactive substance use or the main cause is poisoning by, or exposure to, narcotics and psychodysleptics [hallucinogens].
Intentional self-poisoning by and exposure to alcohol condition (narrow definition)	Admissions to hospital where the secondary diagnoses is an alcohol-attributable intentional self-poisoning by and exposure to alcohol code.
Mental and behavioural disorders due to use of alcohol condition (narrow definition)	Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable mental and behavioural disorders due to use of alcohol code.
Naloxone	Naloxone is a medicine which can temporarily reverse the effects of an overdose caused by opiates and opioids such as heroin, methadone or morphine.
New psychoactive substances	New psychoactive substances (NPS) are drugs which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy whilst remaining legal – hence their previous name 'legal highs'. However, they are now also illegal. The effects of NPS vary significantly from drug to drug.
Off-trade	Includes all retail outlets like, supermarkets, convenience stores, off licenses etc. (On-trade includes outlets like bars, restaurants, coffee shops, clubs, hotels etc.
Primary diagnosis of drug related mental and behavioural disorders	NHS hospital finished admission episodes with a primary diagnosis of drug related mental and behavioural disorders
Primary diagnosis of poisoning by drug misuse	NHS hospital finished admission episodes with a primary diagnosis of poisoning by drugs listed as controlled under the Misuse of Drugs Act 1971, including intentional and unintentional poisoning.
Read codes	These are a coded thesaurus of clinical terms. They provide a standard vocabulary for clinicians to record patient findings and procedures, in health and social care IT systems across primary and secondary care.
Recreational drug use	Recreational drug use is the use of drugs for pleasure or leisure. The term is often used to denote the use of ecstasy and other 'dance drugs', and implies that drug use has become part of someone's lifestyle, even though they may only take drugs occasionally.
Statistical peers	Hackney's statistical peers are local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. Hackney's statistical peers are the 'Cosmopolitan Inner London' group: Camden, Hackney, Hammersmith and

	Fulham, Islington, Lambeth, Southwark, Tower Hamlets, and Wandsworth.
Substance misuse as recorded by GP	Substance misuse indicator includes the following codes: 1V65 - Heroin misuse; E240 - Opioid type drug dependence; E24 - Drug dependence; E246 - Glue sniffing dependence; E241 - Hypnotic or anxiolytic dependence; 1V3 - Drug injection behaviour; 1V0 - Misuses drugs; E242 - Cocaine type drug dependence; E243 - Cannabis type drug dependence; E244 - Amphetamine and other psychostimulant dependence; E24z - Drug dependence; 13c1 - Intravenous drug user; 13cJ - Previously injecting drug user; 1V3N - Uses needle and syringe exchange scheme; 8B23 - Drug addiction therapy; E247 - Other specified drug dependence; E241 - Hypnotic or anxiolytic dependence; EMISNQND10 - Substance misuse of heroin; EMISNQND9 - Substance misuse of cannabis
Successful completion of treatment	Proportion of service users (by substance group) that left treatment successfully (free of drug(s) dependence) within a 12 month period who do not then represent to treatment again within 6 months
Withdrawal	The body's reaction to the sudden absence of a drug to which the user has become physically dependent. Not having the drug often makes the user feel ill with flu like symptoms for at least a week. This usually takes the form of shivering, shaking, aching joints, nose running etc.

10.1.2 List of acronyms used in the report

A&E	Accident and emergency
BAME	Black and minority ethnicity
CCG	Clinical commissioning group
CI	Confidence interval
COPD	Chronic obstructive pulmonary disease
CSEW	Crime Survey for England and Wales
GBL	gammabutyrolactone
GHB	Gamma-hydroxybutyrate
GLA	Greater London Authority
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HRS	Hackney Recovery Service
IAPT	Improving Access to Psychological Therapies
IBA	Identification and brief advice
IPEDs	Image and performance enhancing drugs
JSNA	Joint strategic needs assessment

LGBTQ+	Lesbian, gay, bisexual, transsexual, questioning
MECC	Making Every Contact Count
MSM	Men who have sex with men
NDTMS	National Drug Treatment Monitoring System
NEET	Not in education, training or employment
NICE	The National Institute for Health and Care Excellence
NPS	New psychoactive substances
ODN	Operational Delivery Network
ONS	Office for National Statistics
PCR	Polymerase chain reaction
PHE	Public Health England
PWID	People who inject drugs
RNA	Ribonucleic acid
SADQ	Severity of alcohol dependence questionnaire
YHSMS	Young Hackney Substance Misuse Service

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