

Harrow Council_ Combating Drugs Partnership Needs Assessment

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Overview of findings

Adult drug and alcohol treatment population

- There was an increase in the numbers of adults in treatment from 19-20 to 20-21.
- 30% of adults in treatment were aged 30-39 years.
- 70% of adults in treatment were male.
- There has been an increase in the numbers of adults in treatment from Asian or Asian British people.
- 54% of discharges from treatment are planned.

Views of local residents

- Drug dealing and signs of drug use are the second most common concern among residents responding to the Harrow Safe Spaces survey.

Children, young people treatment population

- 80 CYP in treatment in 19-20 down from 95 in 17-18
- 40% of CYP in treatment were aged 16-17 years.
- 60% of CYP in treatment were male.
- 75% of CYP in treatment were cannabis users.
- 30% of CYP in treatment were alcohol users.
- There have been no Class A users in treatment from 17-18 onwards.

Drug and alcohol related crime

- Harrow has the fourth lowest crime rate in London.
- There were 711 drug offences Jan 22 – Dec 22.
- Drug offences increased by 1.4% Aug 19 – Aug 20.
- Highest levels of drug related crime were in Greenhill, Pinner and Stanmore Park.

Criminal justice clients

- 37% of Harrow Probation clients have drug use as an identified need.
- Most commonly used drugs: cannabis, crack cocaine, heroin.
- 5 individuals were sentenced with a Drug Rehabilitation Requirement.
- Referrals from Wormwood Scrubs to be improved.

Youth offending

- There has been a reduction in overall levels of youth offending.
- There has however been an increase in drug offences which now accounts for 27.4% of youth offending.
- Most common offence was possession of cannabis which accounted for 80% of youth drug offences.

Health

- Police taking intoxicated people to Northwick Park but this is not right place for them.
- Increased pressure for hospitals to detox intoxicated people with no mental or physical health need- there is a gap in where these people can be supported.
- Not very clear pathways from primary care to specialist treatment services.

Children and young people

- 90% of CYP had not smoked, vaped, drank alcohol, used legal highs or illegal drugs.
- 2% of CYP are current users of legal highs and 3% are current users of illegal drugs.
- 40 CYP were admitted to hospital due to substance misuse between 17-18 and 19-20.

Vulnerable young people

- 208 CYP were identified as vulnerable due to parental alcohol misuse.
- 86 CYP were identified as vulnerable due to parental drug misuse.
- 24 CYP were identified as having links to county lines.
- 13 children were referred to Rescue and Response.

Vulnerable adults

Housing and accommodation

- Half of homeless people in England experience substance misuse issues.
- A snapshot of rough sleepers in autumn 2022 indicates 9 rough sleepers in Harrow.
- Of those owed a homelessness prevention/relief duty 7.2% had drug and 2.4% alcohol dependency needs.

- In 20-21 there were four adults and one older adult (65+) who received Care Act support where substance misuse was the primary reason for support.

The national drugs strategy

- In December 2021, the government introduced a 10 year strategy, “From Harm to Hope”, to cut crime and save lives by reducing the supply and demand for drugs and deliver a high-quality treatment and recovery system.
- The strategy takes a whole-government approach to tackle drug-related harm which is then reflected at a local level.

The strategy sets out three strategic priorities:

1. **Break drug supply chains:** reduce drug availability by targeting supply chains
2. **Deliver a world class treatment and recovery system:** rebuild treatment services following significant disinvestment
3. **Achieve a shift in the demand for drugs:** reduce demand for drugs,

delivering education programmes in schools and supporting at risk families.

Each locality is required to develop a multi-agency forum (known as a Combating Drugs Partnership). The Partnership will be responsible for:

- Delivering the three strategic priorities,
- Developing a joint local **Drugs Needs Assessment**,
- Developing a local drugs strategy **Delivery Plan**,
- Developing a local **Performance Framework**,
- Monitoring performance against the Combating Drugs Outcome Framework and reporting progress into central Government.

Implementing the national strategy in Harrow

Supplemental Misuse Treatment & Recovery Grant

All adults in structured treatment – Baseline and target increase

Capacity	Baseline 2021–22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
All adults in “structured treatment”	747	784	808	864
Opiates	267	280	289	309
Non-opiates (combined non-opiate only & non-opiates & alcohol)	224	235	242	259
Alcohol	256	269	277	296
Young people “in treatment”	34	50	65	75

**Total of £182,182
to deliver all
projects**

Number of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison/secure estate _
Baseline and target increase

	Baseline 2021–22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
National	37%		75%	
Local Planning	9%	15%	27%	44%

Source: Supplemental Substance Misuse Treatment and Recovery Grant Projects, June 2022

Drug & Alcohol deaths baseline

National	2016	%	2017	%	2018	%	2019	%	2020	%
Drug related deaths	2,386	100%	2,310	100%	2,670	100%	2,685	100%	2,830	100%
Alcohol specific deaths	1,671	100%	1,758	100%	1,685	100%	1,710	100%	2,074	100%
Deaths in treatment	2016-17	%	2017-18	%	2018-19	%	2019-20	%	2020-21	%
Opiate users	1,741	100%	1,712	100%	1,897	100%	2,010	100%	2,418	100%
Non-opiate users	172	100%	174	100%	193	100%	178	100%	244	100%
Alcohol only	767	100%	774	100%	799	100%	741	100%	1,064	100%
Harrow no. of deaths	2016	%	2017	%	2018	%	2019	%	2020	%
Drug specific deaths	7	0%	2	0%	2	0%	4	0%	2	0%
Alcohol specific deaths	5	0%	6	0%	5	0%	6	0%	7	0%
Deaths in treatment*	2016-17	%	2017-18	%	2018-19	%	2019-20	%	2020-21	%
Opiate users	0	0%	0	0%	0	0%	0	0%	0	0%
Non-opiate users	0	0%	0	0%	0	0%	0	0%	0	0%

Alcohol only	0	0%	0	0%	0	0%	0	0%	0	0%
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Source: Supplemental Substance Misuse Treatment and Recovery Grant Projects, June 2022

- A children and young people substance misuse needs assessment had been prepared in 2021.
- A rapid needs assessment was prepared in April 2022. The rapid needs assessment focused solely on adult drug and alcohol treatment services and the adult population in specialist treatment.
- Further work was delivered towards the end of 2022 to explore issues in relation to drug and alcohol misuse and its impact more widely.

The adult drug and alcohol treatment population

- 2009-10 to 2019-20 broadly stable picture of presenting treatment demand.
- Annual increases in the numbers in treatment in 2020-21 from 2019-20 for all drug types:
 - including a 72% increase in non-opiate presentations (from 50 to 85)
 - annual increases for presentations to treatment for non-opiates and alcohol (120 adults in 2020-21 from 105 in 2019-20) and for alcohol-only presentations (from 160 in 2019-20 to 225 in 2020-21)
- Notable increase in the number into treatment from Asian or Asian British people (reaching 185 in 2020-21).
 - Proportionally, there has been a stable picture by ethnicity for other black and minority ethnic groups.
 - For white people in treatment, there has been a steady increase in numbers 2018-19 (310) to 2020-21 (365) although, as a proportion, the overall total fell from 62% in 2018-19 to 55% in 2020-21.

Source: Harrow Young People & Adults – Substance Misuse Ethnic Minority Groups Outreach & Engagement Service - Pilot

Adults in Treatment

Data period = 01/04/2020 to 19/10/2022

Age at referral	Alcohol	Alcohol & Non-Opiate	Non Opiate	Opiate	Total
<20		4	13		17
20-29	42	52	74	35	203
30-39	115	89	51	127	382
40-49	134	52	19	158	363
50-59	95	24	16	60	195
60-69	56	1	1	23	81
70-79	15			3	18
80-89	3				3
Total number	460	222	174	406	1,262

- Three in ten clients, (30%) were aged 30 – 39
- Seventeen were aged 20 or below

- Seventy percent of clients were male cf. 30% female

Gender	Alcohol	Alcohol & Non-Opiate	Non Opiate	Opiate	Total
Male	302	150	115	319	886
Female	157	72	58	87	374
Not known/stated	1		1		2
Total number	460	222	174	406	1,262

Source: Demographics 20200401-20221019-WDP

- Thirty-five percent of clients identified as White British.
- A further 14% identified as Indian.

Data period = 01/04/2020 to 19/10/2022

Ethnicity	Alcohol	Alcohol & Non-Opiate	Non Opiate	Opiate	Total
White British	134	80	42	189	445
	101	27	23	28	
Other White	44	19	18	40	121
Other Asian	50	13	14	34	111
White Irish	26	9	4	23	62
African	19	9	9	11	48
Caribbean	8	12	14	11	45
Pakistani	9	11	5	10	35
Other Black	9	6	8	9	32
Other	11	3	6	10	30
White and Black Caribbean	8	7	6	6	27
Other mixed	6	5	4	8	23
White and Black African	2	3	6	2	13
White and Asian	3	4		5	12
Bangladeshi	2	1		4	7
Not stated	25	12	15	14	66
Ethnicity is unknown	3	1		2	6
Total number	460	222	174	406	1,262

Source: Demographics 20200401-20221019-WDP

- Fifty-four percent of the discharges shown in the table below were planned, 37% unplanned and a further nine percent were transferred.

Data period = January 2020 to October 2022

Discharge Type	Alcohol	Alcohol & Non-Opiate	Non-Opiate	Opiate	Total number
Planned	226	111	103	44	484
Transferred	11	8	11	53	83
Unplanned	118	68	39	107	332

Source: Demographics 20200401-20221019-WDP

1. To improve the initial, limited, needs assessment further work should be undertaken to gain a better understanding of the needs of the borough.
2. The commissioning function for substance misuse should be strengthened in order to support the treatment system to recover from the pandemic restrictions, work on improving the interface between services, and monitor performance and impact of any new funding. Also, to be involved in the development of a drug strategy partnership which involves the key partners in coordination and planning, and which contributes to commissioning decisions.
3. Re-establish 'in person' services including group work at WDP and satellite locations where possible, to ensure those with more vulnerability and complexity can access support. Additionally, re-establish the GP based shared care sessions.
4. Consider a group work specialist post for WDP – to focus on the development of group work including gender specific and trauma informed womens' group.

5. Undertake a deep dive investigation into criminal justice links and pathways – particularly in relation to continuity of care between prison and community treatment.
6. WDP should further develop outreach partnerships with external services and potential referral sources, building pathways that will engage more service users in treatment.
7. Commissioners should review inpatient detoxification, and residential rehabilitation funding and placements to fully understand the spend on these two treatment components, and consider how to move towards the national target of 2%.
8. The building from which WDP operates is too small. Commissioners should support the service to find satellite locations and allow co-location desk space. In the medium term support identification of a new, fit for purpose building with appropriate capacity.
9. WDP should ensure training needs of partner agencies such as probation services, anti-social behaviour team, GPs around drug and alcohol awareness generally, and

specific issues such as prescribed medicines dependence for GPs can be met.

10. Commissioners, WDP and key partners such as the probation service should consider the possibility of shared coverage of police custody and court settings using a cross borough arrangement. This could increase referrals into treatment and improve DRR/ATR rates.
11. WDP should address the need to provide support and training for its workforce in relation to reflective practice to develop skills in the psychosocial interventions the team delivers.

Children and young people's drug and alcohol treatment population

- Number of young people in treatment showing a downward trend since 2014.
 - 80 young people in treatment in 2019/20.
- The age distribution of young people in treatment remains largely centred in those above the age of 14 years old.
 - Slightly more 16-17-yr olds in the service than 14-15 year olds.
- Majority of service users are male.
 - 60% of young people in treatment were male in 2019/20.
- Majority of referrals into treatment come from the Education Sector, n=25 cf. n=5 from Youth Criminal Justice, Social Care, and Self, family, friends in 2019/20.
- Cannabis and alcohol amongst the most used substances.
 - Some decline in numbers using cannabis, n=105 in 2011/12 cf. 75 in 2019/20.

Source: Children & Young people’s Substance Misuse needs Assessment - 2021

Young People in Treatment

In treatment	2017/18	2018/19	2019/20
No. young people in treatment	95	90	80
Age	2017/18	2018/19	2019/20
Under 14	5	5	5
14-15	35	30	35
16-17	55	55	40
Gender	2017/18	2018/19	2019/20
Male	80	75	60
Female	15	20	15
Source of referral	2017/18	2018/19	2019/20
Education	25	25	25
Youth / Criminal justice	20	10	5
Social Care	10	5	5
Self, family & friends	5	0	5
Health services	0	5	0
Substance misuse	0	0	0

Other	0	0	0
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Source: Children & Young people’s Substance Misuse needs Assessment - 2021

Substance	2017/18	2018/19	2019/20
Cannabis	90	90	75
Alcohol	25	20	30
Ecstasy	5	0	0
Cocaine	0	0	0
Other	0	0	0
Benzodiazepines	0	0	0
Solvents	0	0	0
Other opiates	0	0	0
New psychoactive substances	0	0	0
Crack	0	0	0
Codeine	0	0	0
Ketamine	0	5	5
Heroin	0	0	0
Nicotine (adjunctive use only)	0	0	0

Source: Children & Young people’s Substance Misuse needs Assessment - 2021

1. Maintain lessons learned from the current COVID-19 pandemic, including flexible outreach through telephone and attending meetings with other Lead Professionals more easily.
2. Ensure that vulnerable groups are appropriately supported by CYP substance misuse service. This includes continued outreach to the Eastern European community, but that additional support is also given to vulnerable groups.
3. Ensure that commissioning of CYP substance misuse services increasingly addresses education/advocacy work at early and key transition points as part of a primary prevention strategy that allows conversations about drug use to be normalised.
4. Ensure that commissioned substance misuse services can upskill non-frontline staff on their knowledge, attitudes, and skills regarding substance misuse, particular new trends and new psychoactive substances, to allow for early intervention and

secondary prevention.

5. Develop a wider public health strategy that integrates the prevention and mitigation of adverse childhood experiences and adverse community environments into all public health work.
6. Expand on the input of service users, in particular primary consultation with CYP service users (COVID-19 restrictions permitting), Child and Adolescent Mental Health Services and Schools
7. Develop the CYP Emotional Wellbeing Board with a Schools Co-Lead as a conduit for discussion of broader wellbeing themes, including substance misuse, but not limited to it.
8. Explore attitudes to smoking and smoking cessation, as well as smoking prevalence, in children and young people, including the use of shisha and hookah in social settings.

The views of local residents

Harrow Safer Spaces Survey:

- Respondents to the survey were asked how safe they feel in their local area.
 - 49 said unsafe at times, 13 said very unsafe.
- Drug dealing / signs of drug use was the second most common concern raised amongst respondents.
 - Perception / witnessing drug dealing, seeing evidence of drug use including legal highs.
- Verbatim comments on drug dealing / use:
 - *Heavy drug use and dealing on the road and in the car park on Northwick Park road. There are also drug dealers who live inside the flats. Drunk / drugged people & gangs hang about on Bonnersfield lane and Northwick Park road waiting to mug people and are harassing women.*
 - *Signs of drug or alcohol use, drug dealing and drug use. People using the church gardens, surrounding alleyways and doorsteps to take drugs. People loitering around the school waiting for drugs to be delivered.*
 - *There is an abundance of open drug dealing at the park too.*

Source: Harrow Safer Spaces Survey, October – December 2022

	Soft intelligence defining identified needs and issues
Voluntary care sector	<ul style="list-style-type: none">• Review and identify culturally appropriateness of current services as this could improve engagement from diverse groups representative of the borough`s demographics• Not greater engagement with community intelligence which is important in identifying and developing solutions plus also support measuring of outcomes from interventions• Consider different strategies to address issues not one size fits all

The views of local professionals

Summary of themes from information gathered to date

- Engaging with young people early, prevention based approach
- Rising presentations and pressures on the system
- Community offer when people have been discharged from residential rehab or those intoxicated, not known to treatment services presenting at A&E
- Housing issues – from marijuana production to ensuring safety in estates where drug crimes are reported
- Support offer to ensure people do not revert back to substance misuse and drug crimes
- Probation pathways into treatment when leaving secure estate
- Need for mapping substance misuse pathways and service offers
- Disjointed system, that could do better at communicating and working together
 - Police and probation comms and ways of working
 - Primary care knowing more about substance misuse services (GP shared care / teaching for primary care)
 - Community services knowing where and how to refer to services
- Addressing issues that lead young people and adults to engage in drugs crimes

	Soft intelligence defining identified needs and issues
Stakeholder feedback - 1	<ul style="list-style-type: none"> • NDTMS KPI's are too many and do not give actual picture – information driver for funding – competition for providers impact changes for substance misuse service users and staff • Reduced funding for substance misuse services • Not much emphasis on recovery • Workforce - Academic knowledge and service user life experience background works well together • Level of training has gone down • Police – information sharing could be improved to achieve better outcomes • People`s behaviour is determined by the drugs in circulation e.g., heroin & cannabis calms people, hence its important to understand the drugs in circulation to drive the local strategy on tackling issues • Supply and demand management to be better understood and develop a strategy around that, less demand for drugs will reduce supply etc. • Who are the residents in Harrow – Inroads into communities through community champions (leaders) – e.g., provide training • Clinicians at the end of recovery process are very important • There is emphasis on assessing people than care plans – update care plans on a much regular basis than 3 months • Recovery support and champions will help with recovery and sustainability of this • Counselling important for substance misuse – to provide trauma enforced counselling • Exit plan/strategy to be discussed at the onset of contact with the drugs and alcohol service – good exit plan gives people opportunity to recover – with an after care package • Prisons not to release people on Friday`s with their prescriptions as this impacts on engagement and continuation of care • Services leads to meet and work together to improve outcomes for residents using substances <p>Communities to consider in Harrow</p> <ul style="list-style-type: none"> • Iraqi, Syria

	Soft intelligence defining identified needs and issues
Stakeholder feedback - 2	<ul style="list-style-type: none"> Concerns were raised regarding trust from people using services if soft intelligence is shared. Providers needed to understand what would happen to people when information has been shared. Providers felt that joined up approach with the police is key to ensure people are supported and protected if exposed. It is important for police to not separate gang violence and fear of violence when and if they young people are stopped by the police. The chain of drug supply & income impact should be linked and not isolated. Improve access to treatment in courts – probation & substance misuse – identify who needs to be at the table from other borough`s to discuss how this can be achieved Identify what substances people presenting in A&E are taking to ensure appropriate intervention Sex on premises venues and substance misuse usage to be better understood to facilitate development of interventions Preventative work important to reduce repeated occurrences <p>Possible ways to improve outcomes</p> <ul style="list-style-type: none"> Women in the well in London – helps people to move out of sex working into other work Police having work placements in substance misuse services as part of their training – at the beginning of their training People being taken to hospital by the police when they are intoxicated – Consider sobering bus – example – Street angels – (mental health, substance misuse & police present) multi-agency work needed, Work with the licencing team – recurring requirement for alcohol selling businesses to have training from substance misuse services – social responsibility for businesses Taxi companies, Uber etc. – role in getting people home – education Targeting taxi companies who regularly receive calls to deliver alcohol Target and work with Off licences giving people credit for alcohol

	Soft intelligence defining identified needs and issues
Stakeholder feedback - 3	<ul style="list-style-type: none">• Short brief interventions – for alcohol – prevention – system wide• Structured intervention evidenced based• Online interventions• Market better to the community of what is on offer to support people• Be innovative about how to access people with consideration that some people might not want to be seen going to drugs and alcohol services for support• Consider introduction of Nurse lead (Band 6 level) visiting the hospital, this would be helpful by supporting in, out & community patient recovery journey- model used in Brent & outcomes have been positive to support evidence for patient journey• Review Patient journey – to identify where they get lost in the recovery pathway, where they struggle to engage – link item with reduced drug related deaths• Use data systems more intelligently - use matrix – identify more risky people - to inform risk management• Review KPI`s to avoid easy wins as targets and develop KPI`s with focus on complex patients who require long term support• Dual diagnosis clinicians – inpatient support to continue when patient moves to outpatient in the community – to support with linking with WDP• Develop innovative ways to stop patient cycle• Single shared record system – patient record – similar to Milton Keynes model

Drug and alcohol related crime

- The overview of crime data showed that from January 2022 to December 2022:

All Offences

- Total offence count = 18,324
- 72.6 offences per 1,000 population
- Up 1.6% (12 months ending Dec 22 cf. previous 12 months ending Dec 21)

Drug Offences

- Total offence count = 711
- 2.8 offences per 1,000 population
- Down 25.9% (12 months ending Dec 22 cf. previous 12 months ending Dec 21)

Source: Monthly Crime Data / New Cats by metropolitan Police Service
<https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>

- In 2021, Harrow had the fourth lowest crime rate in London (Aug ry data).
 - Down from lowest crime rate in 2017.
- April 22 ry, Harrow had 62 crimes per 1,000 population.
 - Third lowest crime rate in London.

Level of crime year	Total no. crimes	Crimes per 1,000 population	Crime rate position in London
2021 (Aug ry)	15,610	61.3	4 th lowest
	15,876	62.3	2 nd lowest
2019	17,832	68.2	3 rd lowest
2018	14,908	58.2	2 nd lowest
2017	13,957	56	Lowest

Source: Item 4 – Strategic Assessment 2020 – 21

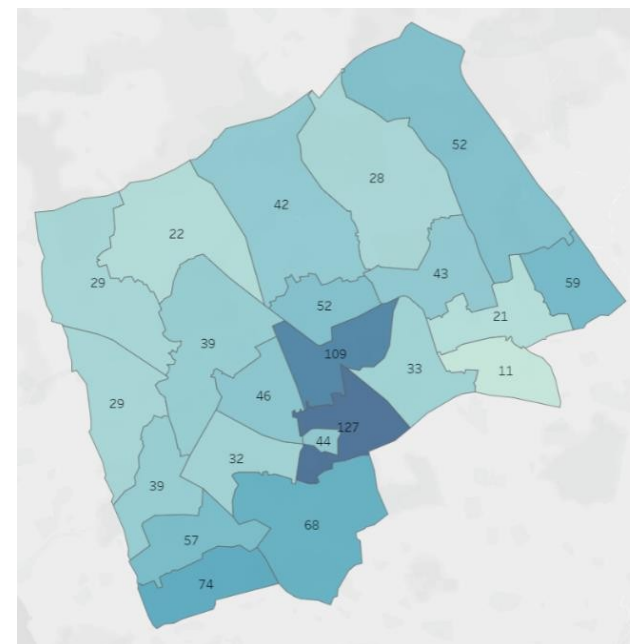
Source: Safer Harrow Performance Update 2022

- Number of recorded drug offences increased by 1.4% (n=347) between Aug 2019 and Aug 2021.

Year	Total no. drug offences	Number per 1,000 population
Aug 2021	1,084	4.3
Aug 2019	737	2.92

- Highest levels of recorded drug crime occurred in Greenhill, Pinner and Stanmore Park
 - Largest increases since Aug 2019 in Greenhill (+55) and Stanmore Park (+47)
- Lowest levels of recorded drug crime occurred in Kenton West and Rayners Lane
 - Largest reductions since Aug 2019 in Kenton West (-74) and Hatch End (-6)

Heat map: Harrow drug offences (Aug 21 yr)



Source: Item 4 – Strategic Assessment 2020 – 21

- Harrow saw an increase of 218 drug crimes in the three year period between May 2019 and May 2022.

Harrow	May 19 ry	May 20 ry	May 21 ry	May 22 ry
No. of Drug Offences	563	902	1,151	781

Source: Safer Harrow Performance Update 2022

	Soft intelligence defining identified needs and issues
Police and Crime Commissioner	<ul style="list-style-type: none"> • Drug use than drug supply - Green Hill main area • Drug dealers in Wealdstone area, but not many • Mainly class C drugs than class A <p>Identified gaps</p> <ul style="list-style-type: none"> • Probation not visible • Probation not informing police where residents are placed • Communication to be improved with probation
Safer neighbourhood	<ul style="list-style-type: none"> • Domestic Homicide review – needs assessment – could different support be offered to different people • Review - Perpetrator and victim relationship – supply and need – why young people and adults start engaging in drug crime • Resource – sustainability – withdrawing support without contingency to avoid relapse – Gap in resilience work with families • Normalising drug use e.g., cannabis • Case study: 15 year old started as soft drug selling then hardcore then – now in prison for years. • Supply chain and licenced premises • Expecting all young people to remain in school and follow national curriculum instead of supporting young people into apprenticeships if they do not want to continue with education but have other passions and ambitions which will lead to employment and an income to avoid being attracted to drugs income to support themselves and their families

Criminal justice clients

- Over a third (37%,n=225) of the Harrow Probation caseload have indicated drug use as an identified need.
- Daily usage – top three drugs:
 - Cannabis
 - Crack cocaine
 - Heroin

Age	Yes	No	Total
18-25	43% (n=50)	57% (n=66)	116
Over 25	36% (n=175)	64% (n=312)	487
Gender	Yes	No	
Male	39% (n=218)	62% (n=349)	567
Female	19% (n=7)	81% (n=29)	36

Source: Probation Needs Assessment Data for Harrow CDP

- Community Order: Five cases were assessed with a drug need and sentenced with a Drug Rehabilitation Requirement.
 - 80% (4) have an active Drug Rehabilitation Requirement.
- Post-Release: 14 cases were assessed with a drug need and sentenced with a Licence Drug Test Condition.
 - 86% (12) have an active Licence Drug Testing Condition.

Source: Probation Needs Assessment Data for Harrow CDP

	Soft intelligence defining identified needs and issues
Probation	<ul style="list-style-type: none"> • Increase in cannabis and nitrous oxide use • Marijuana production in Harrow - Locally grown cannabis – in homes • Modern slavery • Romanian cohort • Organised drug gangs • Wormwood prison – referrals to in community service to be improved • Challenges in identifying placements for tier 4 rehab and those with dual diagnosis • Willesden Crown court to review process for – DRR`s and ATR`s • Transition age group – old ways of working might not be as effective – especially marijuana use • Integration to be improved – better communication across services and their offer especially when there are changes. • Approach to courts to change in regards to ART`s and DRT`s to ensure quick assessments from substance misuse providers • Challenges for probation practitioners to refer to pan-London detox services i.e., GSST • Gap in understanding the drug use in Harrow and pipeline (where are drugs coming from – source – dealers) • Need to understand whether and how substance misuse providers share intelligence with the police

Youth offending

- Reduction in **overall** youth offending from 2019 to 2020 with an increase in the proportion of **drug offences**.
 - In 2021, the percentage of drug offences accounted for 27.4% of all youth offending crime (July 2021 year to date).
 - Up from 16.1% in 2020.
- Most common drug offence was possession of cannabis.
 - Cannabis accounted for 80% of youth drug offences.

Offence Type	2018	2019	2020	2021
Total Offences	272	270	193	113
	28	43	31	31
% of Drug offences	10.3%	15.9%	16.1%	

Source: Item 4 – Strategic Assessment 2020 – 21

- Offences data (below) is based on the main offence (usually the most serious offence) for cases starting a new triage intervention or court order in the year.
- Cannabis possession has reduced in the triage group from 14 (52%) for the whole of 2021/22 compared to only 2 (17%) in the first half of 2022/23.

Drugs possession – Class B	2021/22 Number	2021/22 Percentage	2022/23 Number	2022/23 Percentage
Triage	14	52%	2	17%
First Time Entrants	3	11%	1	5%
Re-offenders	1	3%	0	0

Source: Harrow Youth Justice Service performance Report Q2 2022-23

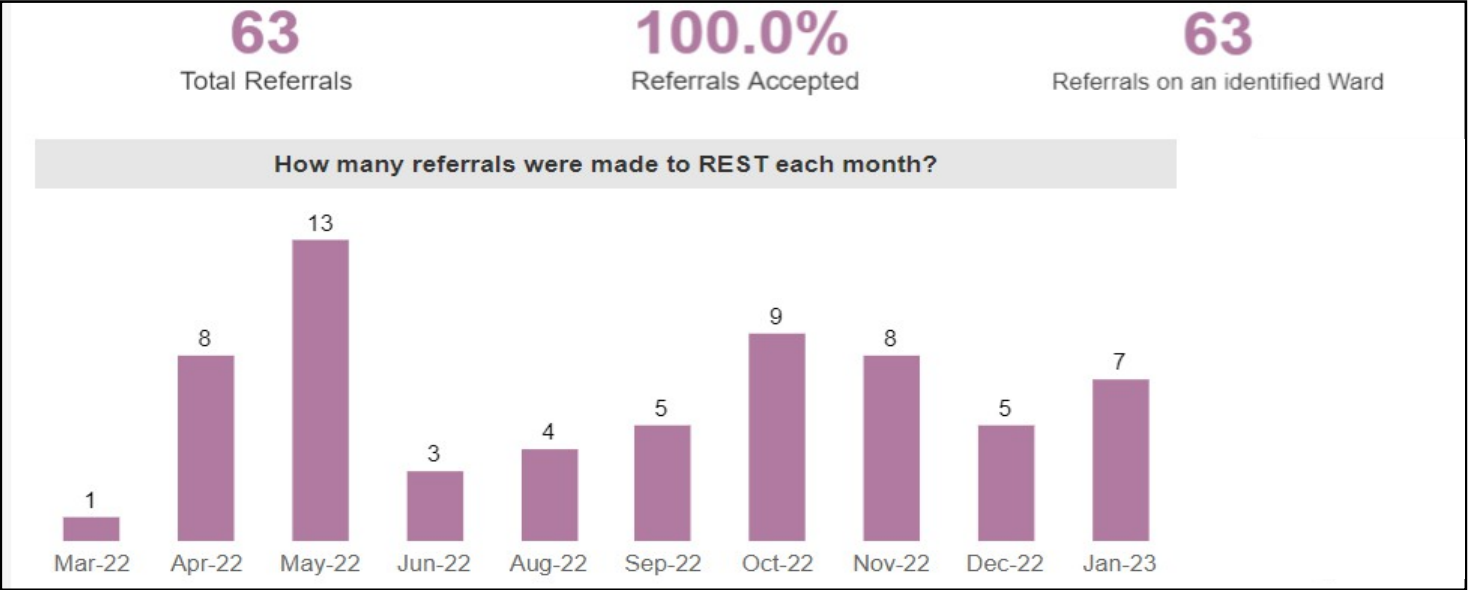
Health partners

- Harrow LPS team receives highest number of referrals compared to all other CNWL Boroughs.

WARD REFERRALS number													
Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	Total
2019-20	2	6	8	8	7	9	4	5	3	9	9	10	80
2020-21	5	14	18	23	17	3	2	5	5	6	15	16	129
2021-22	12	18	15	18	11	14	16	24	22	14	17	12	193
2022-23	14	11	12	13	10	7	14	-	-	-	-	-	81
A&E REFERRALS number													
Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	Total
2019-20	5	1	5	4	6	4	7	3	2	8	2	1	48
2020-21	14	9	7	2	6	5	6	9	3	5	3	4	73
2021-22	8	5	4	1	2	4	6	7	5	4	6	2	54
2022-23	11	7	11	3	5	2	4	-	-	-	-	-	43

Source: CNWL Harrow Psychiatric Liaison Service – drug and alcohol referrals

- Total no. of referrals received by REST at Northwick Park MHU : 91.
 - This includes 28 referrals from January to February 2022 as referrals were counted using local tracker prior to the building of our reporting system (Tableau).
- A further 16 Harrow patients were seen in Rehab from January to March 2022.
- Not all referrals will be for Harrow residents.
- Referrals to Local Addictions service (WDP): 19



How many referrals were made to REST each month?

Month	Referrals
Mar-22	1
Apr-22	8
May-22	13
Jun-22	3
Aug-22	4
Sep-22	5
Oct-22	9
Nov-22	8
Dec-22	5
Jan-23	7

Source: REST, August 2022

- Alcohol was the most used *primary* substance, followed by cannabis (Jan-March 2022).

Substance	Primary substance - total	Secondary substance – total
Alcohol	18	6
		2
Benzodiazepines	1	1
Cannabis	14	5
Cocaine powder	1	
Crack	2	4
Heroin	1	2
Heroin (past use)		1
MDMA	1	
Methamphetamine	1	
None (inappropriate ref.)	1	19
Tobacco	1	1

Grand Total	41	41
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Source: REST, August 2022

	Soft intelligence defining identified needs and issues
NHS	<ul style="list-style-type: none">• Police taking intoxicated people to Northwick Park, but not right place• Increased pressure for hospitals to provide detox to intoxicated people who have no mental and physical health needs• Gap in understanding where intoxicated people can be supported if they do not require mental and or physical health intervention• Increase in young black man abusing substances• Awareness of services and referral pathways to services not very clear for primary care teams• Community support offer not clear or not available or not well coordinated making it difficult to sign post young people to community provision• NHS – nothing commissioned through the organisation <ul style="list-style-type: none">• Review and revisit NWP place of safety which was available years back <ul style="list-style-type: none">- Trauma – holistic approach- Workforce training- MECC- Brief interventions• Mental health group – to feed into the needs assessment and strategy <p>PCN feedback</p> <ul style="list-style-type: none">• Review and improve working arrangement between WDP and GPs – Consider reviewing the prescribing and easier ways to engage with GPs to promote GP shared care• WDP to consider going to the surgeries as this used to work well• WDP to provide training to PCN`s• Review prescribed drugs as substances that can be misused

	Soft intelligence defining identified needs and issues
CNWL	<ul style="list-style-type: none">• Number of people presenting with substance in Northwick is increasing• No substance misuse trained staff at ED to support patients presenting with substance misuse needs• Suicidal presentation or self harm – not always captured –• Rest workers service – WDP employed – one day a week in the hospital very helpful, but resource does not meet demand

- New admission to community rehab - referred to REST 23/12/2021. REST was asked to see him due to longstanding substance use issues.
- Poly substance use: Crystal meth, Crack and Alcohol.
- Stated from the beginning 'don't want to stop'.
- Alcohol was of concern: he'd return from leave intoxicated and was difficult to manage.
- Work done to address alcohol use as still drinking between 20-40 unit a week (once 72 units) at times, 1:1 sessions, completing drink diaries, exploring risks associated and exploring strategies to reduce drinking levels.
- Seen by REST Consultant to explore medications to support lower risk drinking.
- Despite REST not being made aware of Jimmy's discharge (reasons not known) Jimmy was discharged.
- Prior to discharge referred to Harrow WDP for continued support regarding substance use.
- Since discharge, Jimmy has received 11 face-to-face visits and 13 follow-up calls from the REST Rehab team. This included escorting him to Harrow WDP to ensure he engages with community substance use assessment.
- He has not been readmitted.

Source: REST, August 2022

Children and young people

- Over 90% answered 'no' to whether they smoked, vaped, drank alcohol, took 'legal highs' or used illegal drugs.
 - Of those who answered 'yes', the most common substances used were alcohol at 6%, and smoking at 5% of respondents.
- About two percent of young people used to smoke, vape, or drink alcohol but had given up.
- Two percent of young people were current users of legal highs, and three percent were current users of illegal drugs.
- Around seven percent of respondents across Key Stages 3, 4 and 5 have been offered illegal drugs.
 - An increased likelihood of being offered illegal drugs in secondary school Key Stages 4 or 5.

Local Prevalence Hay* Survey 2021 – Key findings

Child and Maternal Health Profiles (2017-2020)

- Forty individuals aged 15-24 admitted to hospital due to substance misuse between 2017/18 to 2019/20.
 - With a value of 52.2 per 100,000, lower in comparison to the London region value of 55.6 and England value of 84.7.

SafeStats

- Between 2017-2020, roughly 980 first dispatch ambulance callouts per year for alcohol or substance related concerns for the 0-25 yrs age group.
 - Callouts for 0-5 years old may not reflect intentional 'substance misuse'.
- More callouts for Alcohol-related concerns than for Substance related concerns (Class A or related to Solvents).
 - 20 callouts for which a Class A related concern was coded.

Source: Children & Young people’s Substance Misuse needs Assessment - 2021

- The number of permanent exclusions with the reason drug & alcohol dropped from 4 (9.1%) in 2017/18 to 1 (6.3%) in 2020/21.
- A small proportion of the fixed term exclusions have the reason drug & alcohol, 2.3% (20) in 2017/18 to 2.7% (17) in 2020/21.

The number and percentage of Permanent and Fixed Term exclusions in Primary, Secondary and Special schools 2018 to 2022 by the Reason Drug & Alcohol

Drug & Alcohol Exclusion Reason	Area	Year			
		2017/18	2018/19	2019/20	2020/21
Permanent Exclusions	Harrow no.	4	3	1	1
	Harrow %	9.1%	9.1%	6.7%	6.3%
	National %	8.1%	8.7%	10.1%	7.9%
Fixed Term Exclusions	Harrow no.	20	21	23	17
	Harrow %	2.3%	2.7%	3.8%	2.7%
	National %	2.4%	2.6%	2.6%	2.8%

Source: Harrow’s 2017-18 to 2021-22 Exclusions by the Reason Drug & Alcohol

	Soft intelligence defining identified needs and issues
Education	<ul style="list-style-type: none">• Understand substance misuse brought up when inclusion is to be included• Hot spots areas based on the school where a child is excluded• Review approach to how young people are treated when they are found to be in position of drugs and if you sell drugs to other pupils

Vulnerable children and young people

Vulnerable Children and Young People

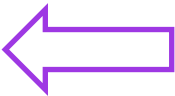
		Total	337
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Source: Social care data – children and young people

Gender	2021-22 number	Age	2021-22
Male	169	0-4	84
	158	5-9	78
Unborn / unknown	10	10-15	112
Total	337	16-17	48
		Unborn	15

Drug misuse: child	50	57	33
Drug misuse: parent / carer	132	121	86
Drug misuse: other household member	48	36	21

as a current factor
in the Social Work
assessment carried
out for the children
and young people
during the year.



Represents children's characteristics who are impacted
by alcohol or substance misuse within the household
and are not necessarily all misusing alcohol or drugs.
(i.e. those misusing alcohol or substances could be
children and young people themselves, parents or
carers or other household members).

- The data below shows the children's characteristics who are impacted by alcohol or substance misuse within the household and are not necessarily all misusing alcohol or drugs. (i.e. those misusing alcohol or substances could be children and young people themselves, parents or carers or other household members)

Ethnicity	2021-22	Ethnicity	2021-22
Asian or Asian British	29	Mixed > Any other mixed background	17
	46	Mixed > White and Asian	8
Asian or Asian British > Bangladeshi	1	Mixed > White and Black African	3
Asian or Asian British > Indian	18	Mixed > White and Black Caribbean	9
Asian or Asian British > Pakistani	7	White	38
Black or Black British	3	White > Any other White background	41
Black or Black British > African	12	White > British	36
Black or Black British > Any other Black background	10	White > Irish	3
Black or Black British > Caribbean	12	Unknown/unborn	5
Chinese or other ethnic group	8		
Chinese or other ethnic group > Any other ethnic group	31		
Total			337

Source: Social care data – children and young people

- In 2020/2021, 1,784 individuals linked to county lines across London.
 - Between seven and thirty-one individuals identified in Harrow.
 - Top boroughs identified between 83 & 138 individuals.

Source: Rescue and Response Strategic Assessment 2021

- 24 individuals identified with links to county lines between April 2021 & March 2022.
 - The majority were male (92%).
- 13 children and young people referred to Rescue and Response.
- Larger proportion of Arab individuals linked to county lines in Harrow in comparison to London proportion.

Source: Harrow Overview 2021-22 Rescue & Response - County Lines

- Rescue and Response figures (2021) pan-London:
 - 1,667 referrals
 - 707 accepted
 - 454 engaged

Referrals into R&R - Harrow

Year	Total no. referrals	% young women referrals
2019/2020	25	20%
2020/2021	26	4%

Source: Rescue and Response Strategic Assessment 2021

	Soft intelligence defining identified needs and issues
Social care - Children	<ul style="list-style-type: none">• Cross over between adults and children in terms of cuckooing• Children`s services – cannabis use – extensive use – moving drugs – county lines• Strengthen working arrangements with Redthread – they deal with stabbing - in Harrow• Need to have better understanding and awareness of how children are used to carry drugs• Children and young people involved in drugs to support families• Need for education for parents and identifying where and how this can be delivered to have an impact

Soft intelligence defining identified needs and issues

Safeguarding

- There has also been a steady increase in those characterised as 'parent not living with children' from 2009/10 (5%) to around a quarter (20%) of all reports from 2015/16 – 2019/2020, thereafter a drop to 15% was noted
- Lots of cases perpetrators and victims
- Need for clear pathway on action to take to support people – referral to WDP
- Need to identify incentives for substance misuse users to engage with services

Safeguarding receive over 1000 concerns – 40% likely to be a real concern

- Consider barriers to access services for people with cognitive needs, are services accessible to people with needs i.e., mental health, autistic, learning disabilities
- Consider relationship between the perpetrator and the victim – the complexity of need

Housing and accommodation

- A snapshot of rough sleepers in autumn 2022 indicates 9 rough sleepers in Harrow.
- Research by Bramley et al* indicated that half of homeless people in England experience substance misuse.
 - Gill et al** indicates that half of rough sleepers, a specific sub-cohort of the homeless, could be defined as alcohol dependent, of whom 36% were severely dependent.

*Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) *Hard Edges: Mapping Severe and Multiple Disadvantage*. (London: Lankelly Chase Foundation).

**Gill, B., Meltzer, H., & Hinds, K. (2003), The prevalence of psychiatric morbidity among homeless adults, *International Review of Psychiatry*, Vol. 15, No. 1-2, pp. 134-40.

- Of those owed a homelessness prevention/relief duty 7.2% had drug and 2.4% alcohol dependency needs.

Source: Government publication – Ending Rough Sleeping for Good, September 2022

- The Ending Rough Sleeping for Good, September 2022 publication indicated that the Government:
 - Has a commitment not just to continue reducing rough sleeping, but to end it for good.
 - Is aware that many people sleeping rough suffer from poor mental health and substance misuse.
 - Is therefore committed to investing not just in accommodation, but in better drug and alcohol treatment, improved mental health provision and more help into work schemes.

- The new strategy:
 - Takes a whole system approach to tackling rough sleeping. It recognises the fact that people rarely fall into a life on the streets overnight – it's often driven by a range of structural and personal issues including unemployment, housing affordability, poor mental health, drug misuse and alcohol dependency.
 - Will support recovery to prevent rough sleeping recurring.
 - Understand the routes into rough sleeping.
 - Will provide significant investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision: through an additional investment of up to £186.5m to expand the Rough Sleeping Drug and Alcohol Treatment Grant.

Source: Government publication – Ending Rough Sleeping for Good, September 2022

Soft intelligence defining identified needs and issues

Housing

- Detailed understanding of accommodation need required e.g., bed size/tenure requirements and type of accommodation related support needed e.g. floating support for how long, counselling services required etc. To be linked into work of the Homelessness Reduction Board
- Analysis of voluntary sector interventions e.g., My Yard projects on Grange Farm estate/Pinner Grove – effectiveness is linked to tackling other areas of deprivation such as food and fuel poverty, activities for children and teenagers, positive role modelling etc
- Improved coordination of responses to cuckooing and ASB including Housing, Community Safety, Police etc
- Substance misuse providers to attend Homeless risk board for coordinated response to needs
- Identify and address premises used for substance misuse
- Gap in complex needs worker to provide and sign post residents to services to ensure holistic support to address wider needs
- Gap in substance misuse Housing worker
- Gap in targeted work to support children on social housing estates who are enrolled to distribute drugs and become embedded in drug/gang environment
- Targeting of vulnerable social housing residents via “cuckooing” as part of drug distribution networks
- Increased levels of ASB due to substance misuse on social housing estates/n social housing blocks causing widespread issues for all estate residents- Focus areas - _ Grange Hill estate and Rayners Lane
- There is to work out how the system ensure that problems are not just moved around e.g., when foreclosures due to drugs
- There is need to map out current provision to facilitate clear pathways and seamless sign posting to appropriate service at the earliest time to prevent escalation of substance misuse and or engagement in drug crime

Vulnerable adults

- During 2021-22 there were four adults (aged 18-64) and one older adult (65+) who received Care Act eligible support where substance misuse was the primary reason for receiving that support.
 - Three packages were related to alcohol abuse, one to drugs, one appeared to be wrongly categorised and should now be seen as mental health.
 - Two were also known to housing for relevant issues, two to the Police. Three people were in care homes.
 - There may be safeguarding concerns raised under “self-neglect” but it’s not possible to extract concerns relating to substance misuse.

Source: Social care data – children and young people

Soft intelligence defining identified needs and issues	
Social care - Adults	<ul style="list-style-type: none">• Post COVID – Referrals from women – to deal with domestic violence – sex workers – drugs to deal with trauma• 67% - 80% of substance misuse residents have dual diagnosis• One doctor covers all Harrow WDP service which is a finite resource to service to meet the wide needs• Impact of drugs on families – to be understood – the risk to the whole family• Need for education for parents and identifying where and how this can be delivered to have an impact• Gap in community detox for residents discharged from residential rehab and still requiring support but can't move back home• Review the impact and gap left with the absence of a service which was delivering alcohol consumption monitoring and drug use in Harrow

Next steps