

Market Position Statement

Adult and Young Person Substance Misuse Services

May 2023

Demand / Local Picture – Young People (11 – 24)

- Main drugs:
 - 94% Cannabis
 - 15% alcohol
- Emerging issues around vaping and the use of THC/Spice vapes in schools, as well as reports of edibles. Currently working with schools to design a package of support to role out to schools, pupils and parents
- New partnership with MOPAC to deliver 16-25 substance misuse support via Newham's pilot youth to adulthood probation services
- Increased resource in the YP service to deliver more prevention and education works across schools
- Partnership with Alcohol Education Trust and Daniel Spargo-Mabbs Foundation to delivery PHSE training for school leads and support with education work across Newham School over next academic year.
- Our targets over the next 12 months are to increase referrals and numbers in structured treatment, as well increase the number of Young People completing treatment successful.

Demand / Local Picture – Young People (11 – 24)

3.1 Young people in treatment in 2020-21

The data in this section shows numbers of young people in community structured treatment, for under 18s and 18-24s in young people's services. 18-24s in adult substance misuse services are not included. It includes young people in treatment during any part of 2020-21.

In treatment split by sex In treatment split by service type and sex In treatment split by age and sex

Table 3.4: Age of young people and young adults in treatment for Newham and England, 2020-21

Age	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
Under 14	3	6%	5%	7%	740	5%	5%	5%
14-15	17	31%	30%	36%	4,280	30%	29%	31%
16-17	29	54%	60%	36%	5,993	42%	44%	37%
18-24	5	9%	5%	21%	3,327	23%	21%	26%
All ages	54				14,340			

Note:
Breakdowns by sex for these statistics show the percentage of all clients who are male or female.

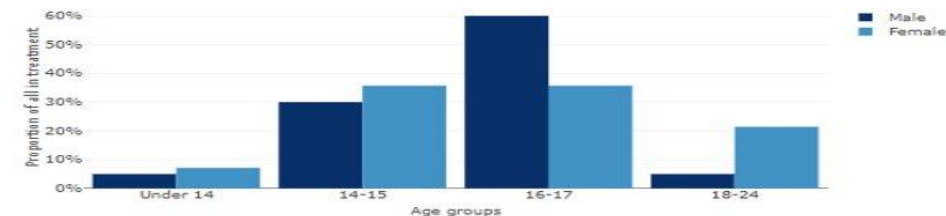


Figure 3.3: Proportion of young people and young adults in treatment by age and sex for Newham, 2020-21

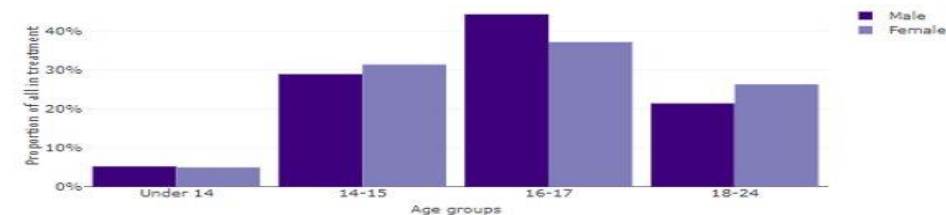


Figure 3.4: Proportion of young people and young adults in treatment by age and sex for England, 2020-21

3.15 Successful completions

This section shows the number of young people who have left specialist interventions successfully and the proportion that return to treatment, referred to as re-presentations.

Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should be rapidly re-assessed to inform a new care plan that addresses all their problems.

The re-presentation information is based on planned exits between 1 January 2020 and 31 December 2020, with re-presentations up to 6 months after exiting. It is included to help with monitoring the effectiveness of specialist interventions; a high re-presentation rate may suggest a problem with the treatment system, or an outside factor driving young people to need to return to treatment.

Leaving treatment Leaving treatment successfully Leaving treatment successfully, as a proportion of all exits

Successful completions and non re-presentation

Table 3.42: Young people (under 18) leaving treatment successfully, as a proportion of all exits for Newham and England, 2020-21

Area	Total leaving treatment successfully	Total exiting treatment	Proportion of all exits	Male (%)	Female (%)
Local	14	28	50%	52%	43%
England	5,725	7,237	79%	79%	78%

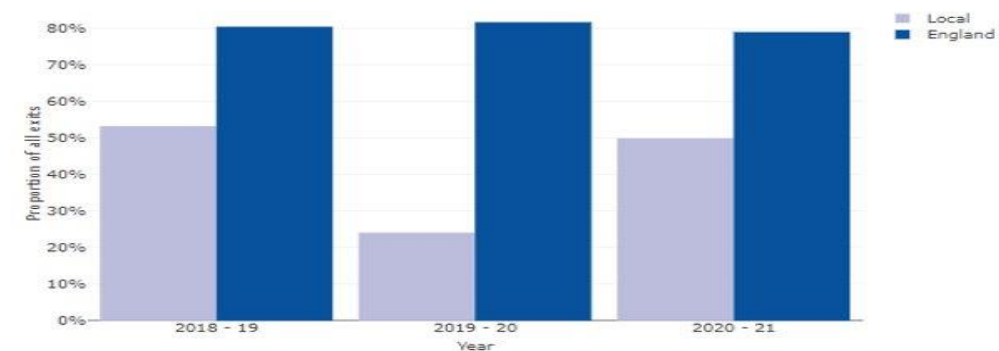
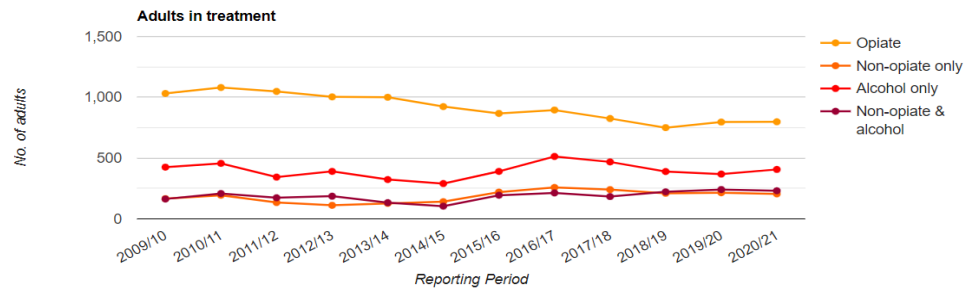


Figure 3.32: Proportion of all young people (under 18) in treatment who completed successfully as a proportion of all exits for Newham and England, 2018-19 to 2020-21

- The majority of those in treatment are primarily opiate use
- The majority of those in treatment are of white ethnicity, which is not representative of our residents
- Synthetic estimates show high unmet need amongst alcohol users.
- Consultation with service users shows that many experience barriers to accessing treatment
- 10% of those in treatment are in contact with the criminal justice system
- Full needs assessment is published at

Demand / Local Picture – Adult

Opiate Non-opiate only Alcohol only Non-opiate & alcohol



Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	1031	1080	1048	1003	1000	923	867	895	825	750	796	798
Non-opiate only	166	194	134	111	127	141	220	258	240	210	215	205
Alcohol only	425	456	343	390	323	290	390	513	468	389	368	406
Non-opiate & alcohol	163	208	173	186	133	104	194	213	183	222	241	231

8.1 Adults in drug treatment in 2020-21

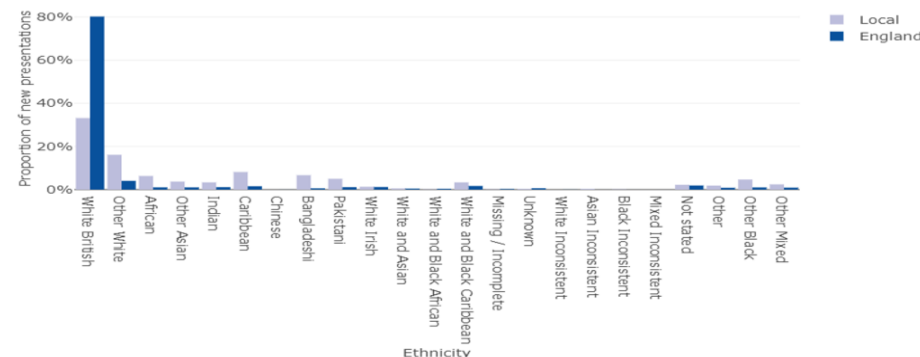
In treatment split by sex

In treatment split by drug group and sex

In treatment split by age and sex

Table 8.1.2 Numbers and proportion of adults in drug treatment by drug groups for Newham and England, 2020-21.

Drug Group	Local (n)	Male (%)	Female (%)	England (n)	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Alcohol and non-opiate	231	77%	23%	30,688	70%	30%	
Non-opiate	205	70%	30%	27,605	68%	32%	
Opiate	798	78%	22%	140,863	72%	28%	
Total	1,234	76%	24%	199,156	71%	29%	



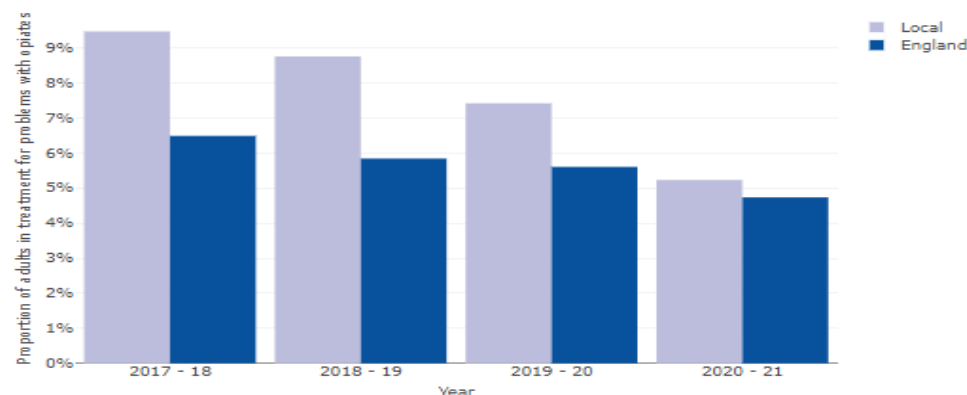
Successful completions (opiates and alcohol)

8.25 Successful completions

Table 8.25.1 Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Newham and England, 2020-21.

Drug group	Local (n)	Proportion of treatment population		Male (%)	Female (%)	England (n)	Proportion of treatment population		Male (%)	Female (%)
Non-opiate including alcohol and non-opiate	94	21.5%	21.0%	22.9%		18,699	33.0%	33.3%	32.2%	
Opiate	42	5.2%	5.6%	4.0%		6,701	4.7%	4.6%	5.1%	

Figure 8.25.1 Proportion of all in opiate treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Newham and England, 2017-18 to 2020-21.



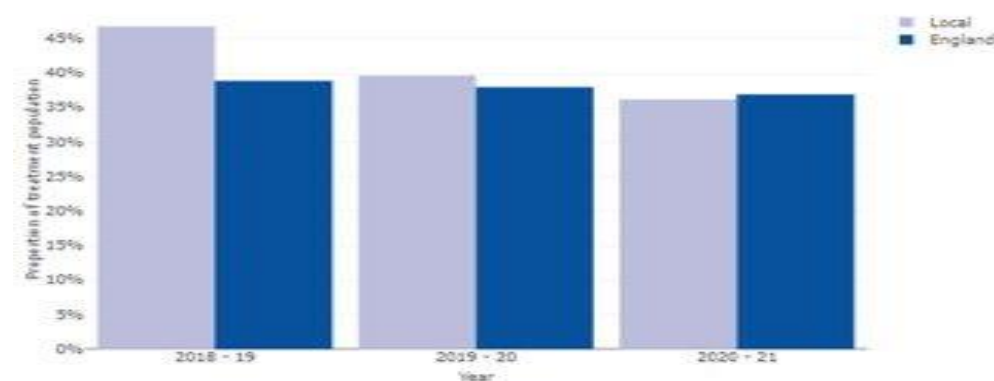
9.20 Successful completions

Leaving alcohol treatment	Leaving alcohol treatment successfully
Leaving treatment successfully, as a proportion of all exits	Successful completion and non-representation

Table 9.20.2 Adults leaving alcohol treatment successfully for Newham and England, 2020-21.

Area	Total adults	Proportion of treatment population	Male (%)	Female (%)
Local	547	36%	38%	32%
England	28,349	37%	37%	37%

Figure 9.20.2 Proportion of treatment population leaving alcohol treatment successfully for Newham and England, 2018-19 to 2020-21.



Commissioned Service Overview

(Pre additional investment from the Drug Strategy)



Pre additional investment from the Drug Strategy

- In July 2019, Newham commissioned an all-aged integrated substance misuse service, which is provided by Change, Grow, Live (CGL). The annual contract value is **£3.1m pa over five years**
- The services are provided over three hub across the borough – Canning Town, Stratford and Manor Park, with young people services delivered in the community and in schools
- We also provide a small shared care service via the Newham Health Collaborative across five GP sites in Newham
- We spend on average **£250k pa** on residential rehabilitation and in-patient detoxification
- Total annual spend (including needle exchange and supervised consumption) prior to additional investment was **£3.6m per annum**

Post additional investment

- An additional **£900k** was received between January 2021 and March 2022 to increase service capacity, support rough sleepers with substance misuse issue, and improve outcomes for those in the criminal justice system. In addition, we also receive funding to provide individual placement support (enhanced supported employment)
- Using this funding, we provide an enhanced holistic wrap substance misuse service for rough sleepers with multiple disadvantages and have invested in more education, treatment and prevention to help rebuild the wider Newham treatment system
- The three-year funding agreement via the government's 10 year drug strategy will provide (amongst additional targeted investments) several additional front-line workers in 2022-23, significantly reducing caseloads and increase our numbers in treatment. In 2022-23 will receive **£800k**, in 2023-24 we will receive **£1.3m** and in 2024-25 we will receive **£2.5m**

Commissioning Priority 1: Reprocare our current service provision



- Our current contract with Change, Grow, Live ends in June 2024.
- Work has begun on considering what our future requirements will be. This is informed by our comprehensive needs assessment and our plans for further service development with Year 3 of the supplementary substance misuse grant.
- We will be undertaking extensive consultation with residents and experts by experience.
- We will further consider how best to integrate substance misuse provision with other areas such as rough sleeping, sexual health and domestic abuse.

Commissioning Priority 2: Commissioning a culturally competent substance misuse service



- Our recently completed Needs Assessment clearly shows us that we are not providing substance misuse services which meet the needs of all our residents.
- Key to our future delivery is the development of culturally informed and competent services which reduce the current barriers to accessing treatment experienced by our diverse residents.
- As part of our upcoming procurement of the substance misuse service we will be consulting with residents and community groups on the best way to develop and sustain these services.
- We will be considering the best procurement method to ensure that we retain safe and high quality clinical service provision alongside tailored and culturally sensitive support.

Commissioning Priority 3: Develop alcohol prevention and treatment provision

- Our needs assessment data tells us that we have some significant alcohol issues where residents are experiencing extremely poor health outcomes as a result of their drinking
- We also know that, nationally, there are patterns of increased drinking as a result of the pandemic and lockdowns and due to the cost of living crisis.
- A key issue will be offering alcohol brief advice and support to residents before their drinking becomes harmful to their health and wellbeing.
- We also need to increase our culturally competent alcohol support and treatment to work with residents who are experiencing significant harm as a result of their drinking.