

The Need for Specialist Drug & Alcohol Treatment in Croydon

SUMMARY PICTURE – THE NEED FOR TREATMENT

- There are an estimated 5,300 dependent drinkers and users of opiates and / or crack in Croydon. Almost 80% of these are not currently known to treatment.
- Feedback from qualitative research found that there are emerging concerns in Croydon about the increasing numbers of women misusing alcohol; of new psychoactive substance misuse, predominantly among the homeless population; and of experimentation with a wider range of substances including pharmaceutical medications among young people
- More than half of adults entering treatment also have a need for mental health treatment
- One in every four adults entering treatment had a housing issue and 71% were not in work, either due to unemployment / economic inactivity or being on long-term sick or disabled.
- Approximately 300 children were living with adults who entered treatment during 2019/20. A third of these children had some contact with early help or social care.
- Croydon has comparatively high levels of drug crime and domestic abuse than other areas of London
- Males have much higher rates of hospital admissions and mortality due to drugs and/or alcohol than females. Croydon has higher rates of under-18 admissions due to alcohol.
- Latest data (2017-19) reports that that 35 people died from drug misuse within the latest three years, a rate of 3 per 100,000. At the same time, a further 65 people died from alcohol-specific conditions, a rate of 6.4 per 100,000. Both rates are lower than those seen across England and similar to the rates in London.

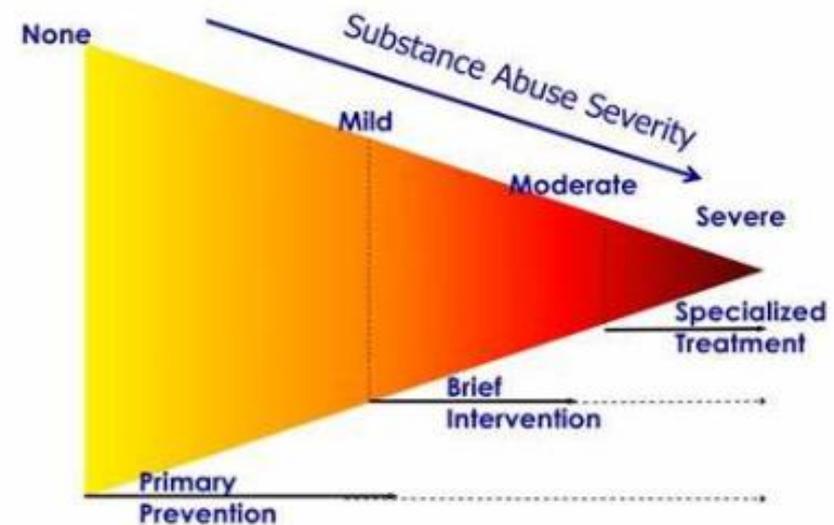
SUMMARY PICTURE - THE TREATMENT POPULATION

- Croydon adults in treatment fall into two main groups; opiate users who stay in treatment for some time (37% over 2 years compared to 51% nationally), and new presentations to treatment who are just as likely to be alcohol-only clients as opiate clients. Treatment outcomes for opiate users are good, particularly in males who make up the majority of this group. Outcomes were relatively poorer when compared to national rates in non-opiate users and alcohol users.
- In 2019/20, a total of 118 children and young people from Croydon were accessing specialist drug and alcohol services. 53% were aged 14-15, slightly higher than the national average. The majority were accessing services for cannabis, alcohol and/or nicotine.
- The length of time in treatment is shorter in children and young people than in adults.
- 54% CYP in treatment left with a planned treatment exit, lower than the national 58%.

SCOPE

This report aims to present some of the key information regarding **the need for specialist substance misuse treatment** in Croydon.

- It covers all ages and looks across both drugs and alcohol misuse
- It will look at the estimated treatment need within Croydon, the demographics of those currently accessing treatment services, key vulnerable groups, the outcomes of treatment and the wider impacts of using substances.
- There are an estimated 1.6 million adults in England who may have some level of alcohol dependence; in 2014, around 1 in 11 (9.4%) adults aged 16 to 59 in England and Wales had taken a drug in the last year (which equated to around 3.2 million people); and in 2018, 24% of pupils aged 11-15 reported they had ever taken drugs. Not all these people need specialist treatment. The needs of those not meeting the thresholds for specialist treatment, but who will benefit from another type of intervention e.g. brief intervention and/or self-help groups, are not covered in this report. Please see Healthy Behaviours in Adults needs assessment for a list of priority groups in Croydon who would benefit from targeted interventions to reduce their risks from excessive alcohol consumption.
- Smoking is also not covered in this report – please see Improving Healthy Behaviours in Adults needs assessment



DEFINITIONS- ALCOHOL

- Alcohol misuse may be defined as excessive consumption beyond recommended limits. In the UK, alcohol use is categorised by level of risk as defined by alcohol units; lower risk, increasing risk and higher risk. Higher risk, or harmful, drinking, is a pattern of alcohol consumption that causes health problems, including psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis. Higher risk drinking can be sub-divided into complex and non-complex. An example of a higher risk drinker with complex needs is an individual who has a mental health diagnosis or who is affected by domestic abuse. A small proportion of those drinking at higher risk are alcohol dependent.
- Categories of drinking as defined by the Department of Health

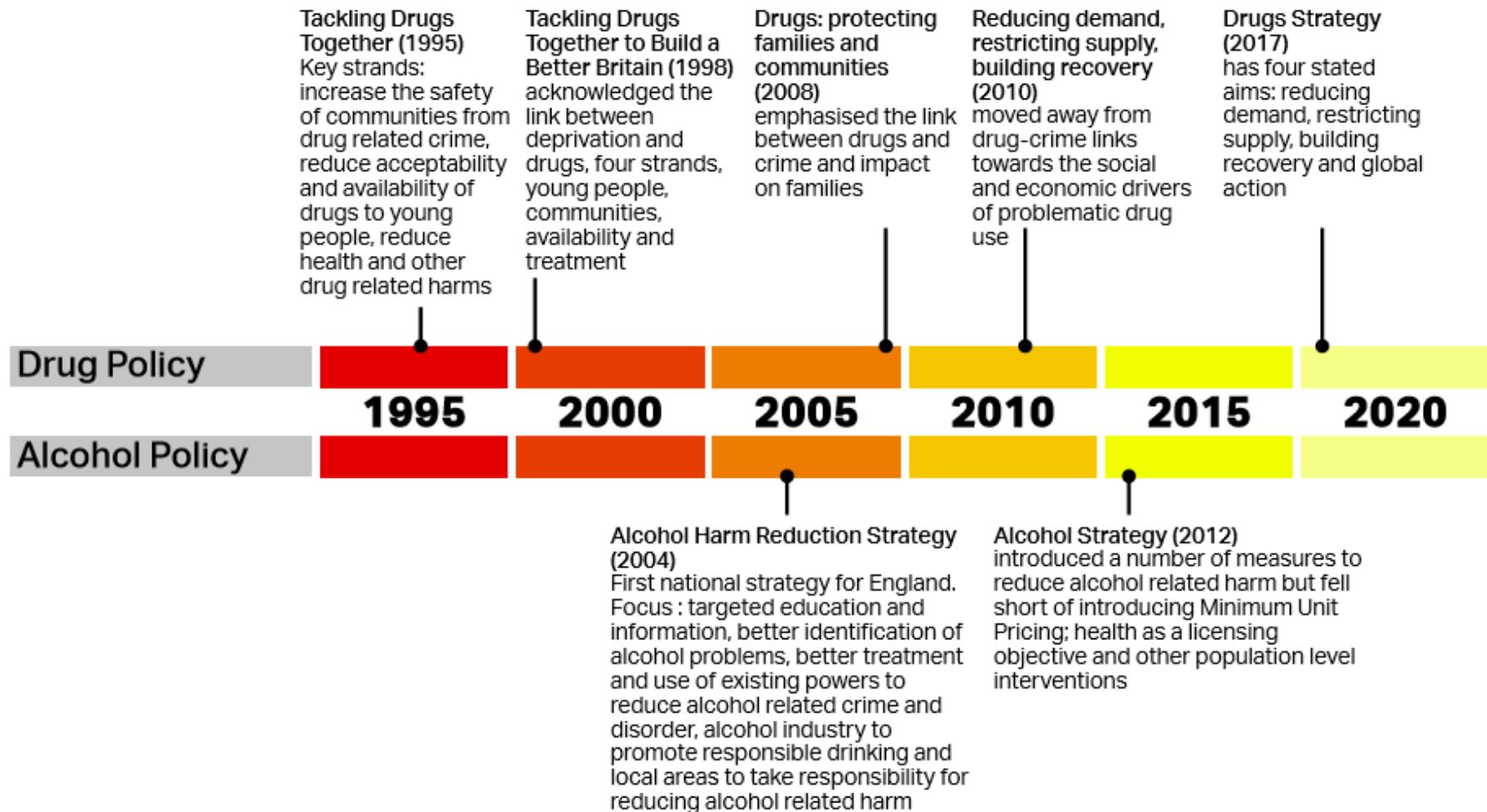
	MEN	WOMEN
Lower Risk	Less than 14 units [1] a week spread evenly across 3 or more days.	Less than 14 units a week spread evenly across 3 or more days
Increasing Risk ("Hazardous", PHE/ NICE)	15-49 units per week	15-34 units per week
Higher Risk ("Harmful", PHE/ NICE)	More than 50 units per week (or more than 8 units per day on a regular basis)	More than 35 units per week (or more than 6 units per day) on a regular basis
Alcohol Dependence	Drinking behaviour characterised by an inner drive to consume alcohol, continued drinking despite harm and commonly withdrawal symptoms on stopping drinking	

[1] One alcohol unit is equal to 10ml (in volume) or 8g (in weight) of pure alcohol.

DEFINITIONS – DRUGS

- Problem or problematic drug use can be either recreational or dependent. It is not necessarily the frequency of drug use but rather the impact that drug use has on an individual and those close to them that indicates there is a problem. The Home Office has traditionally defined problematic drug use as crack cocaine and heroin/opiate use; however at least some of this harm is caused by the illegality of these drugs. Problematic drug use is usually characterised by dependence, meaning that the substance is needed for the person to function normally. The person may also experience social, physical, psychological or legal problems

NATIONAL POLICY CONTEXT



LOCAL COMMITMENTS

Croydon Health and Wellbeing Strategy

PRIORITY 4: MENTAL WELLBEING AND GOOD MENTAL HEALTH ARE SEEN AS A DRIVER OF HEALTH

Develop a whole person approach to care for people with co-occurring mental health and substance misuse

Croydon Health and Care Transformation Plan

PRIORITY: IMPROVE QUALITY OF LIFE

More people will regularly engage in behaviours that will improve their health

Croydon Local Transformation Plan

PRIORITY: MAP AND IMPROVE PATHWAYS OF CARE INCLUDING TRANSITION POINTS INTO ADULT MENTAL HEALTH SERVICES

Develop the 0-25 Children and Young People Pathway

Safer Croydon Community Safety Strategy

PRIORITY 1: REDUCE THE OVERALL CRIME RATE IN CROYDON / PRIORITY 4: ANTISOCIAL BEHAVIOUR AND ENVIRONMENTAL CRIME

Work with offenders to tackle drug and alcohol abuse/ reduce reoffending by improve drug and alcohol misuse interventions

Croydon Community Strategy

PRIORITY 2: SUPPORT INDIVIDUALS AND FAMILIES WITH COMPLEX NEEDS/ PRIORITY 5: SECURE A GOOD START IN LIFE, IMPROVE HEALTH OUTCOMES AND HEALTHY LIFE EXPECTANCY

Ensure individuals and families are supported at crisis trigger points/ reduce harm caused by alcohol misuse/ support alcohol and drug awareness education

COVID-19 AND SUBSTANCE MISUSE – EMERGING EVIDENCE

Risk of infection/ outcomes

People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others, with COVID-19. They may also be more vulnerable to poor health outcomes due to underlying physical and mental health conditions, as well as mental health issues associated with lockdown (1).

- Comorbidities prevalent among people with substance misuse issues, such as cardiovascular diseases, chronic respiratory diseases, diabetes, obesity and cancer, increase vulnerability to COVID-19 and are associated with more severe COVID-19 symptoms, complications and fatalities
- high-risk behaviors such as sharing drug-using paraphernalia, difficulties to maintain quarantines and living in close contact with others in crowded shelters may contribute to the spread of COVID-19 among people with substance misuse issues (2).

(1) [COVID-19 guidance for commissioners and providers of services for people who use drugs or alcohol](#);

(2) [Clinical Impact of COVID-19 on people with substance misuse disorders](#)

COVID-19 AND SUBSTANCE MISUSE – EMERGING EVIDENCE

Impact – Alcohol Consumption

Rehm et al (2020) predicted a lowered level of consumption in the short term, based on the decreased physical and financial availability of alcohol. In the medium to long term, they hypothesise that the distress experienced from the pandemic will lead to an increase in consumption for some populations, particularly men (3). Evidence suggests consumption in the short-term has, however, increased:

- Kim et al (2020) found that lockdown was a risk factor for increasing alcohol consumption in people with alcohol use disorders and relapse for those who were previously abstinent, but that it also caused different behavioural changes on alcohol intake, with about 20% of individuals increasing or decreasing their normal alcohol consumption. In a subgroup of patients who had clinical contact during lockdown, contact with an alcohol nurse specialist was a positive predictor for reducing relapse and improving new abstinence (4).
- The Institute of Alcohol Studies (2020) highlight general population survey data, which indicates a rise in the proportions of both nondrinkers and higher risk drinkers, and that similar proportions of people are drinking more than before and less than before. There is limited evidence about the experience of heavy drinkers and people in recovery. According to the NDTMS, there has been a decrease in the number of clients starting alcohol or other drug treatment. NB. changes in referrals for and uptake of alcohol treatment are concerning but are typical of a wider pattern across healthcare (5)

COVID-19 AND SUBSTANCE MISUSE – EMERGING EVIDENCE

Impact – Substance Misuse

The European Monitoring Centre for Drugs and Drug Addiction (2020) reported preliminary findings of an overall decline in drug use, or some forms of drug use, in Europe during the first 3 months of the pandemic, explained at least in part by national confinement measures, and the disruption of street drug markets. This has particularly affected cocaine and MDMA use. A mixed picture was reported for cannabis, with some occasional users stopping or reducing their use during the lockdown period, while those who had more frequent or intensive patterns of use may have increased their consumption (6)

Impact - Vulnerable groups

COVID-19 will have specific implications for people experiencing homelessness and rough sleeping, many of whom may also use drugs or alcohol (1).

ESTIMATED ADULT PREVALENCE

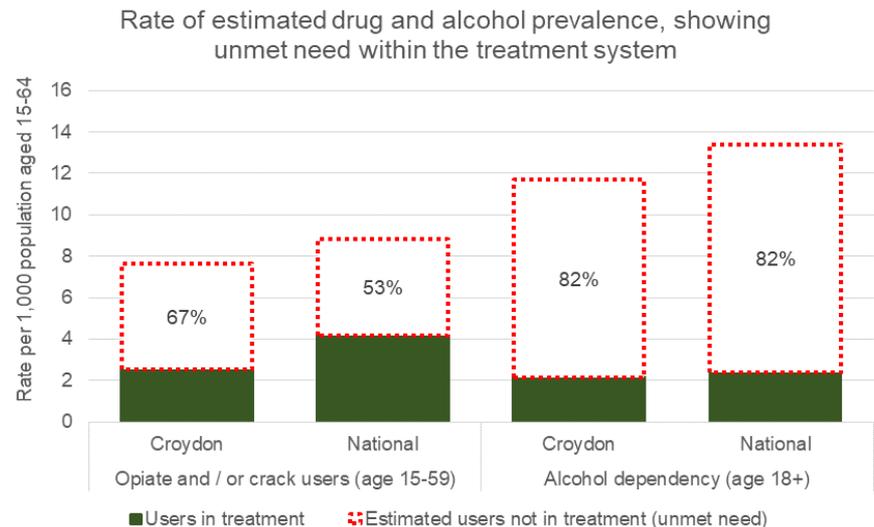
Latest estimates show that there were approximately 1,900 opiate and / or crack cocaine users (OCUs) and 3,400 dependent drinkers in Croydon. This equates to a rate of 7.6 OCUs per 1,000 and 11.7 dependent drinkers per 1,000.

The estimated rate of both dependent drinkers and OCUs has been slightly decreasing in Croydon in recent years. In alcohol dependence, this is similar to the decrease seen nationally but in OCUs this is in contrast as London and England have seen a slight upturn in the same time period.

Compared to London, Croydon had similar estimated rates for opiate and crack use in most ages, but had the 8th highest rate (and 4th largest number) of 15-24 year olds using these substances.

Despite having lower rates of expected prevalence compared to the national figures, Croydon has higher rates of unmet need in opiate and crack users. Latest figures suggest that there are;

- 1,295 opiate and / or crack users not in treatment
- 2,734 dependent drinkers not in treatment



ESTIMATED PREVALENCE IN CHILDREN AND YOUNG PEOPLE

There are no local prevalence estimates of treatment-need in children and young people.

Young people are more likely to report using drugs than older adults. In fact, at 21%, the proportion of young adults in England and Wales aged 16- 24 who reported taking any drug in the last year (2019/20) was more than double the proportion in the combined 16-59 age group, at 9.4%. Young people aged 16-24 were more than twice as likely to have taken Class A drugs and be frequent users of drugs (had taken a drug more than once a month in the last year) than the 16-59 adult population.

In the UK, alcohol consumption is lowest among young people. However, 16-24 year old drinkers are the most likely to 'binge' on their heaviest drinking day than any other age group - 43% in a national 2017 survey.

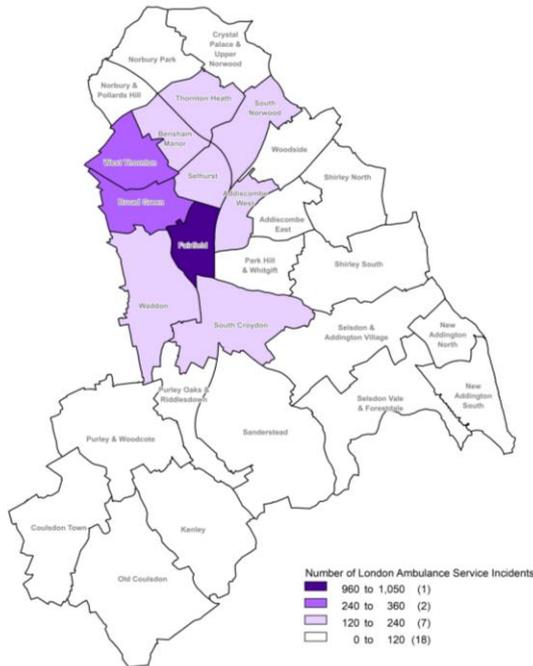
Nationally, the 2018 Smoking, Drinking and Drug Use Survey reported that 44% of pupils aged 11-15 said they had ever had an alcoholic drink and 24% said they had ever taken drugs. 9% of pupils reported being drunk in the past 4 weeks and 17% said they usually drank at least once a month (6% reported usually drinking at least once a week). 9% of pupils reported taking drugs in the past month.

The 2014/15 What About YOUTH Survey reported that 45% of 15-year-olds in Croydon said they had ever had an alcoholic drink, 8% had been drunk in the past 4 weeks and 3.5% said they were regular drinkers. 5.3% said they had used drugs in the past month.

INDICATIONS OF PREVALENCE

In the last three years (2017-19), there were 4,001 alcohol-related incidents that required a dispatch from the London Ambulance Service. Over a quarter of all incidents (26%) were within the Fairfield ward.

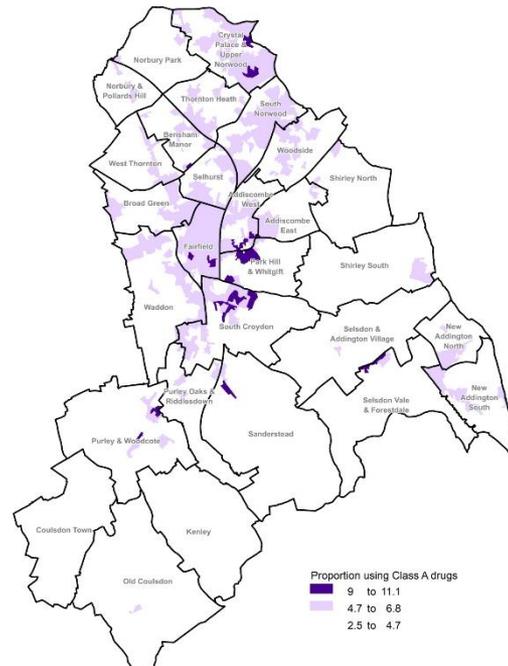
Total ambulance incidents for alcohol reasons
London Ambulance Service data, 2017-2019



Responses to the 2018/19 Crime Survey for England and Wales estimated that there was a higher prevalence of Class A drug use in the town centre and the north east of Croydon.

Estimated proportion of people aged 16-59 who have used Class A drugs in the past year

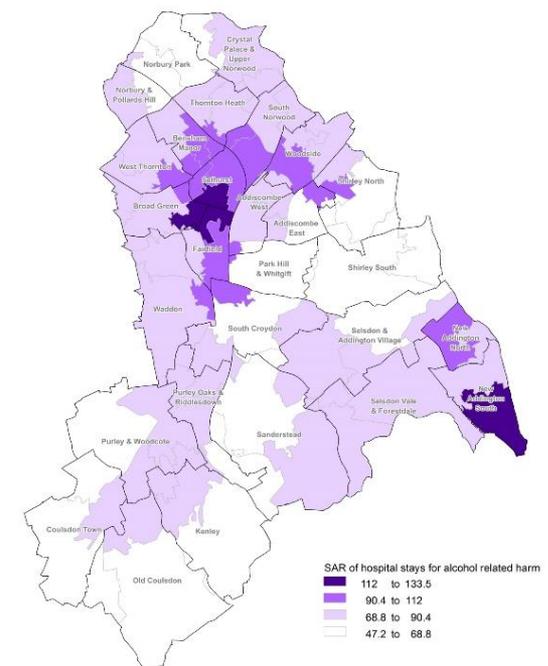
Crime Survey for England and Wales, 2018/19



The small areas with the highest standardised admission ratios of hospital stays for alcohol-related harm were in New Addington South and near the town centre. The MSOA near the town centre had the 9th largest admission ratio in London (out of 983 MSOAs).

Standardised Admission Ratio (SAR) of hospital stays for alcohol-related harm (narrow definition)

Hospital Episode Statistics, 2013/14 to 2017/18



DESCRIBING SUBSTANCE MISUSE IN CROYDON – FEEDBACK FROM QUALITATIVE RESEARCH

Describing substance misuse in Croydon – adults

- Substance misuse in Croydon is a significant and growing problem; but it is a problem that is changing.
- The three most problematic substances among adults are alcohol, crack/cocaine and heroin. However, heroin is declining in its importance and crack/cocaine and particularly alcohol are now the most problematic.
- New psychoactive substances (predominantly spice) are a growing problem. They tend to be associated with people who are homeless or have been through the prison system.
- Cannabis and cocaine are widespread, but they may be causing fewer problems to adults and the wider community.
- Pharmaceutical substances such as prescribed benzodiazepines, pregabalins and black-market Xanax are a growing problem.
- Substance misuse is widespread across the community: e.g. gender and ethnicity. However, there is concern about increasing numbers of women misusing alcohol.

Describing substance misuse in Croydon – under 18s

- As with adults, young people are using a range of substances, however, the picture is probably simpler: widespread cannabis use, with alcohol as the next most commonly used drug.
- A few young people are experimenting with the recreational use of a wider range of substances including some pharmaceutical medications.
- However, substance misuse's most serious impact on young people is from the use and dealing of other people.

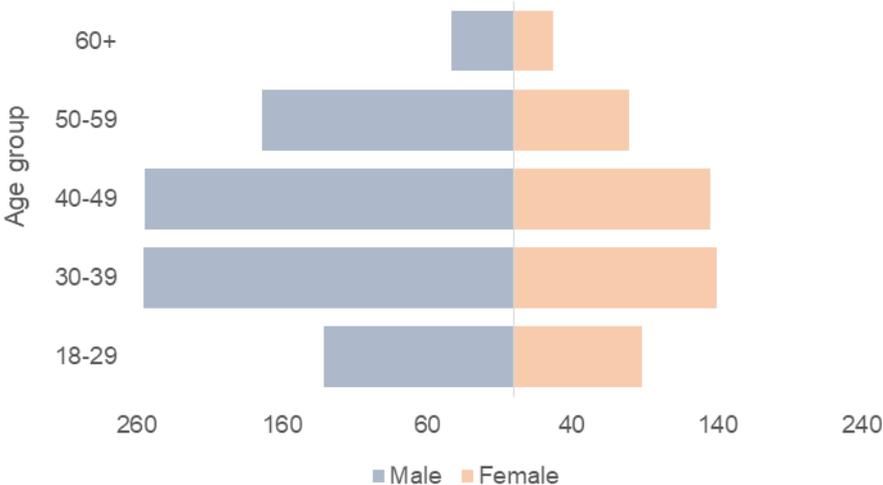
ADULT DRUG AND ALCOHOL TREATMENT

In 2019/20, a total of 1,330 Croydon adults were in specialist drug and/or alcohol treatment. Almost two in every three adults in treatment were male (65%) and just less than one in every three were in their thirties (30%).

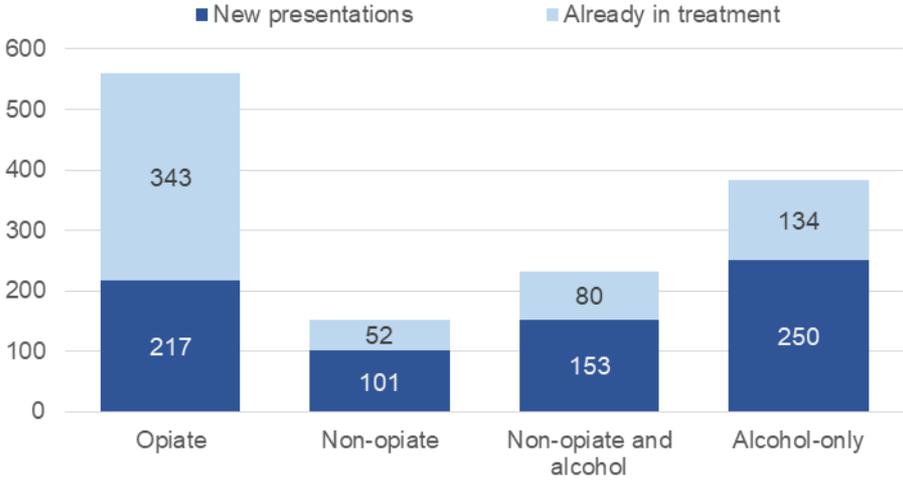
Of those in treatment, 54% (n. 721) were new presentations to treatment in the year.

While almost half of all adults in treatment (42%) were opiate users, the majority of these were already in treatment at the beginning of the year. There were more alcohol-only adults entering treatment in the year than there were opiate users.

Number of Croydon adults accessing specialist drug and/or alcohol treatment in 2019/20, by age and gender



Number of Croydon adults accessing specialist drug and/or alcohol treatment in 2019/20, by substance group

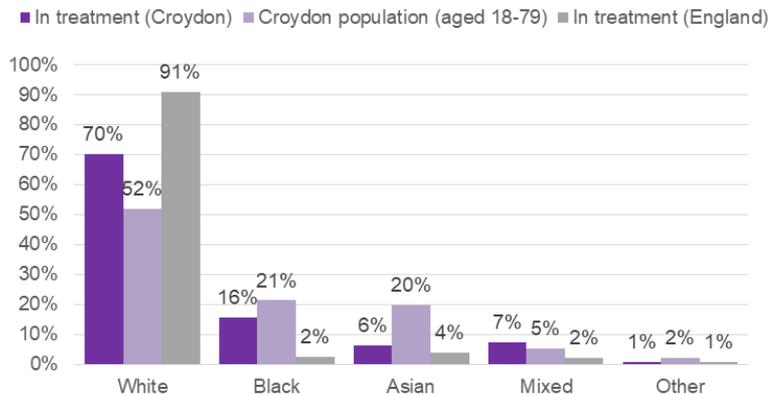


ADULT DRUG AND ALCOHOL TREATMENT

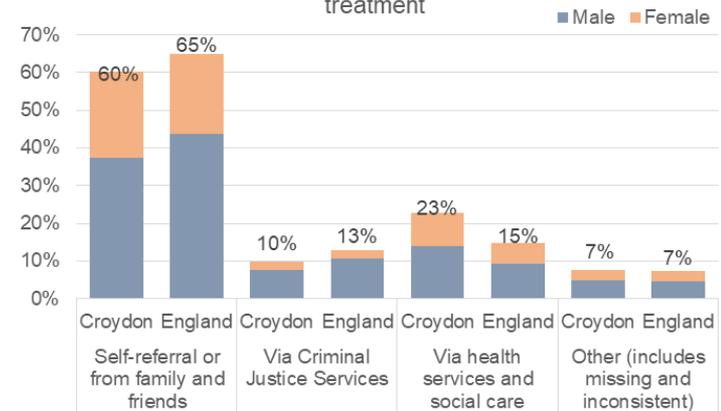
Of those in treatment, over two thirds (70%) had a white ethnic group, proportionately higher than the general adult population of Croydon but smaller than the national average in treatment. Overall, Croydon had proportionately more people from non-white ethnic groups in treatment compared to England, although compared to the local population proportionately fewer people with an Asian ethnic group. These patterns reflect the latest national data that shows that White British adults were most likely to be drinking at harmful or dependent levels (3.6%) and the Asian ethnic group was least likely to be drinking at this level (0.5%) (APMS, 2014). The same pattern has been found for drug abuse (UKDPC, 2010).

Of the new presentations to treatment, the majority (60%) accessed treatment via a self-referral, slightly less than the national average. Croydon had proportionately more 'health and social care' routes to treatment compared to England, this is down to a comparatively high proportion of referrals in Croydon coming from community-based care (such as outreach or community care assessments).

Proportion of Croydon adults accessing specialist drug and/or alcohol treatment in 2019/20, by ethnic group



Proportion of new presentations to specialist drug and/or alcohol treatment in 2019/20, by routes into treatment



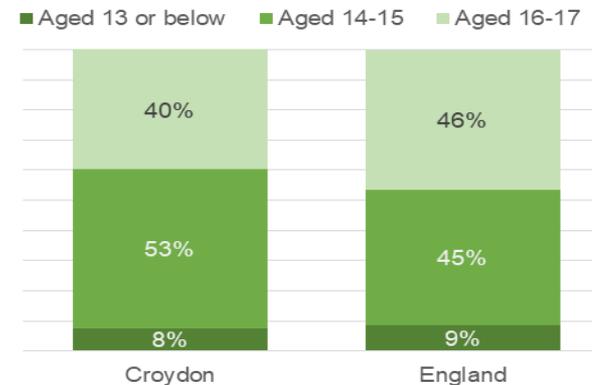
CHILDREN AND YOUNG PEOPLE'S DRUG AND ALCOHOL TREATMENT

In 2019/20, a total of 118 children and young people from Croydon were accessing specialist drug and alcohol services. 53% were aged 14-15, slightly higher than the national average of 45%.

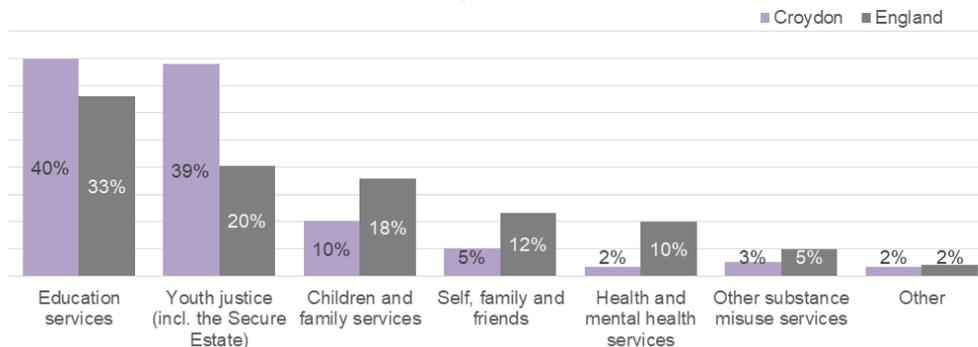
The majority were accessing services for cannabis, alcohol and/or nicotine. Less than 10 young people cited use of a stimulant such as cocaine, amphetamine or ecstasy (not crack).

39% of all those in treatment came through the criminal justice route, a much larger proportion than seen nationally.

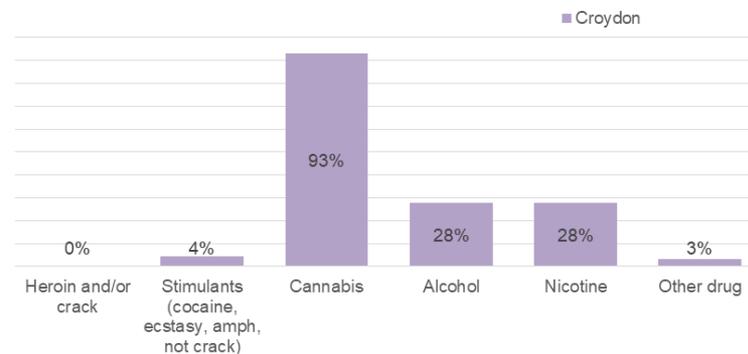
Proportion of children and young people in specialist drug and alcohol services in 19/20, by age group



Proportion of children and young people in specialist drug and alcohol services in 2019/20, by routes into treatment



Proportion of children and young people in specialist drug and alcohol services in 2019/20, by substances used

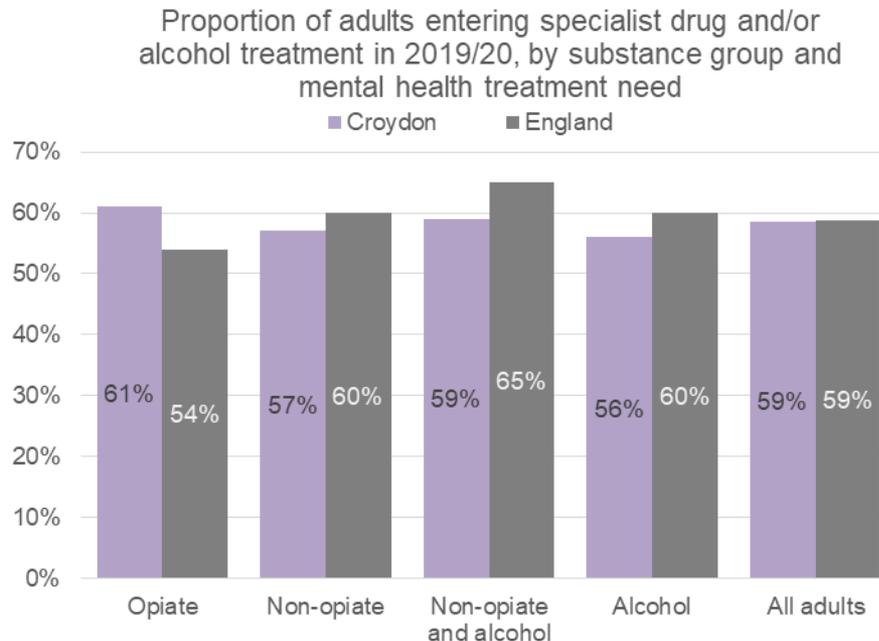


MENTAL HEALTH

Over half (59%) of all Croydon adults entering treatment had a mental health treatment need, this proportion differs slightly by substance group.

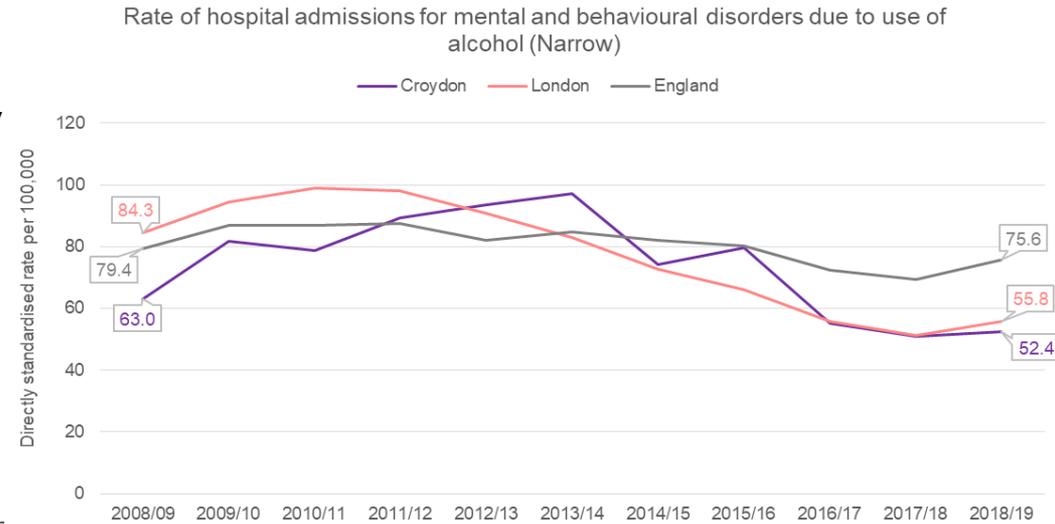
At the start of treatment, 67% of adults were already accessing some form of mental health treatment leaving 141 individuals with an identified need but not already accessing services.

20% of all children and young people in treatment had co-occurring substance misuse and mental health issues. Almost all (88%) of these children and young people were receiving treatment for their mental health need(s).

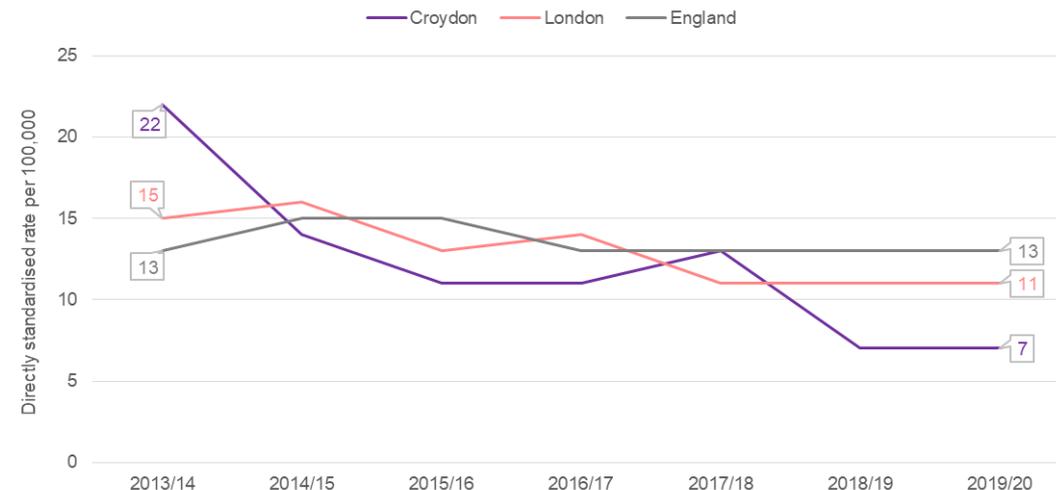


MENTAL HEALTH

In 2018/19, Croydon had 196 admission episodes for mental and behavioural disorders due to the use of alcohol, a directly standardised rate of 52.4 per 100,000 population. 61% of these episodes were in males. Female admission rates, despite being lower than their male counterparts, have been increasing over the past few years in Croydon and Croydon now has the 7th highest rate in London.



Rate of hospital admissions for drug-related mental and behaviour



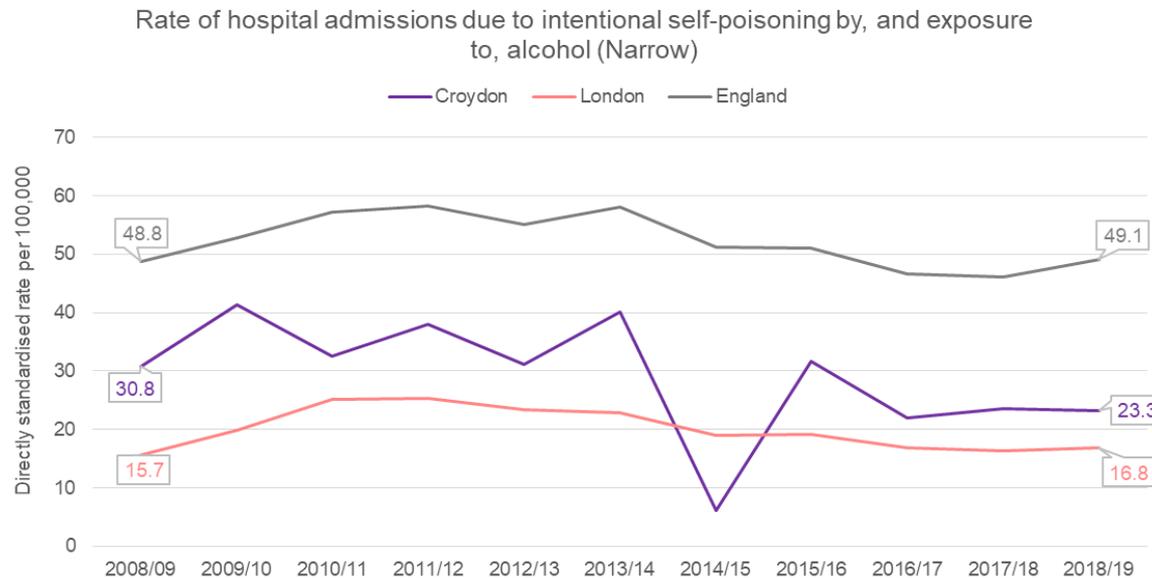
In 2019/20, Croydon had approximately 30 admission episodes for drug-related mental and behavioural disorders, a directly standardised rate of 7 per 100,000 population and the 14th lowest rate in London.

MENTAL HEALTH

In 2018/19, Croydon had approximately 90 admission episodes for intentional self-poisoning by, and exposure to, alcohol. A directly standardised rate of 23.3 per 100,000 population, the 8th highest rate in London.

Females were more likely to be admitted for this reason (63% of all admissions were females, 29 per 100,000). Croydon had the 7th highest rate of admissions in females in London.

Eight young people in treatment (5%) said that they were involved in self-harm.



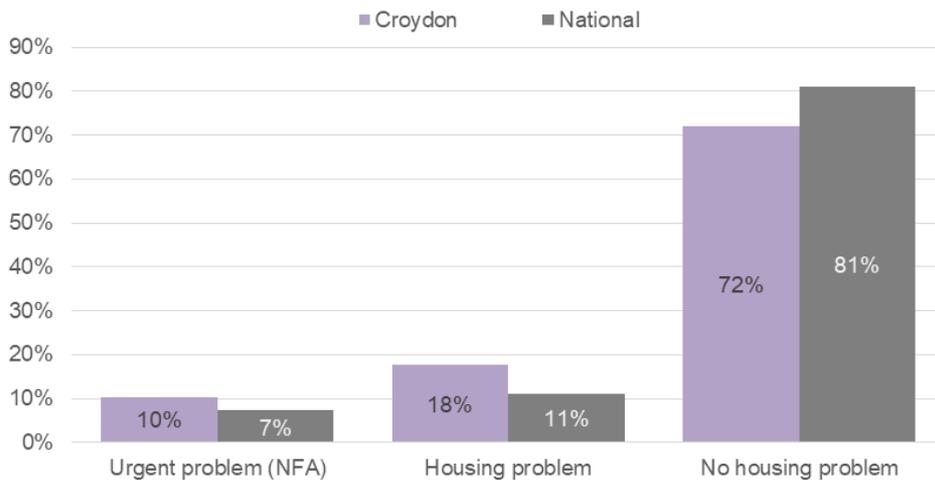
HOUSING AND EMPLOYMENT

More than one in every four Croydon adults entering treatment had some form of housing issue (28%).

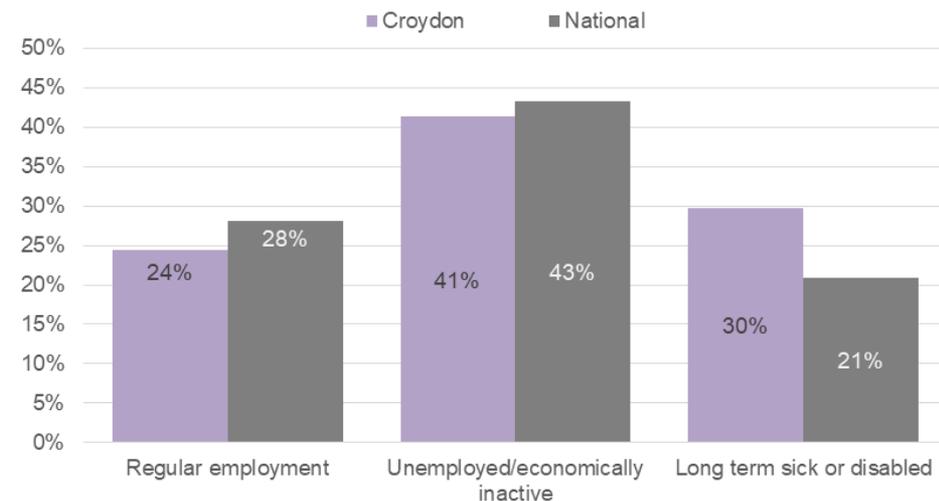
Almost a third were long-term sick or disabled (30%).

6% of children and young people entering specialist drug and alcohol services were not in education, employment or training (NEET).

Proportion of adults entering specialist drug and/or alcohol treatment in 2019/20, by accommodation status at start of treatment



Proportion of adults entering specialist drug and/or alcohol treatment in 2019/20, by employment status at start of treatment



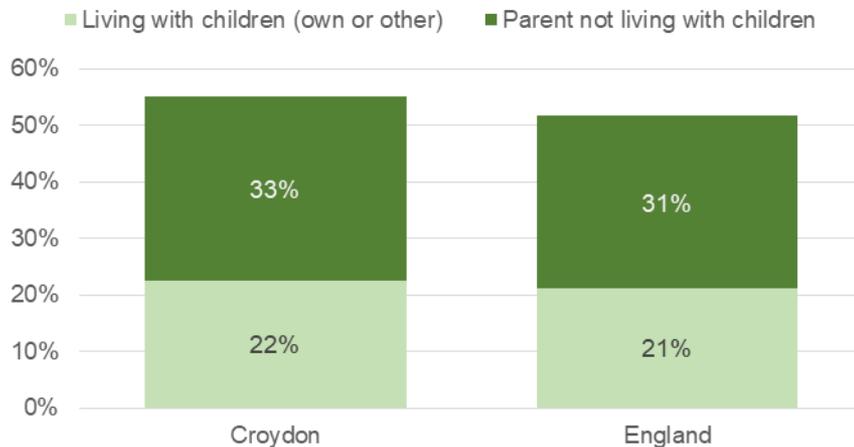
ADULTS IN TREATMENT LIVING WITH CHILDREN

Of the new presentations to treatment in 2019/20, 22% were living in a house with children and a further 33% were a parent not currently living with their child(ren).

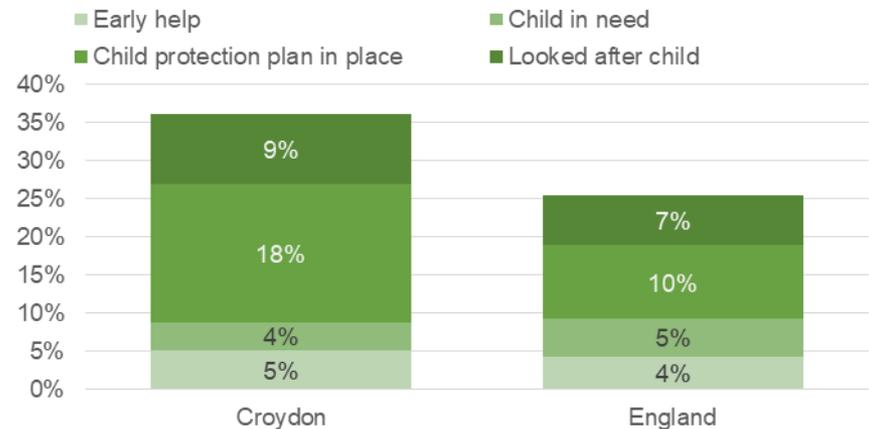
There were an estimated 296 children living with Croydon adults entering treatment. Of those children, over a third (36%) had some contact with early help or social care, higher than the England average (25%).

Less than ten women in Croydon entering treatment were pregnant.

Proportion of adults entering specialist drug and/or alcohol treatment in 2019/20, by parental status



Proportion of children living with adults entering specialist drug and/or alcohol treatment in 2019/20, by early help / social care involvement



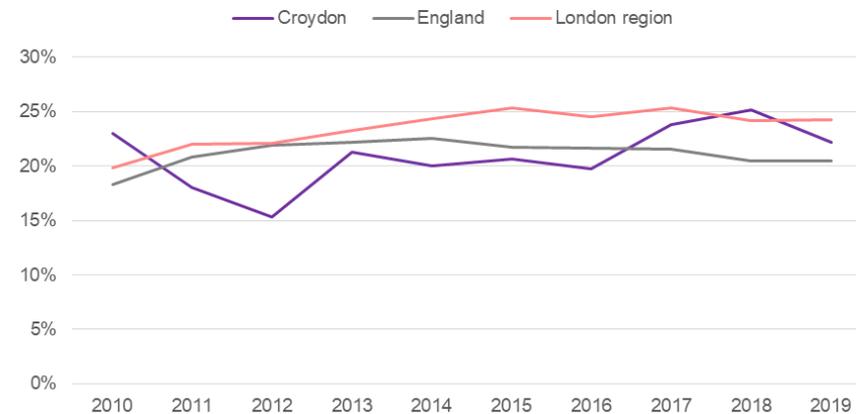
TREATMENT OUTCOMES OF ADULTS

Over a fifth of all Croydon adults in treatment in 2019 left treatment successfully and did not re-present for more treatment within 6 months of their exit. This proportion differs depending on the substances used because of the length of treatment journeys of some clients, particularly opiate users. In Croydon, 37% of opiate clients had been in treatment for two or more years compared to 51% nationally.

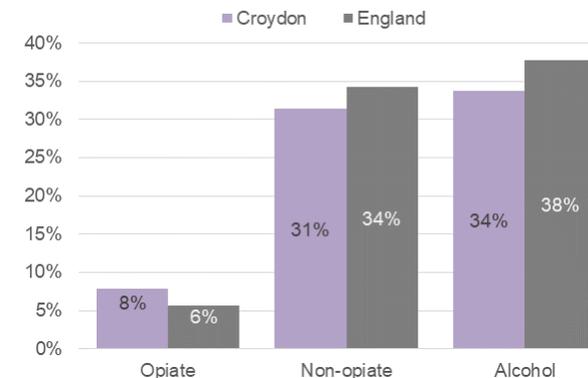
In Croydon, across most substance groups, males had slightly higher completion rates compared to females, the exception to this is in non-opiate users where females had higher rates. The overall proportion successfully completing and not re-presenting to treatment has risen in opiate users in the latest year but fallen in non-opiate and alcohol users. In 2019, Croydon had the 8th highest successful completion rate for opiate users in London, the 7th lowest rate for non-opiate users and the 4th lowest rate for alcohol users.

Of those new presentations who left treatment in a planned way with the appropriate information recorded, 84% of Croydon adults no longer reported a housing need, similar to the 85% reported nationally. Similarly, the number of adults reporting working full-time (16+ days) increased from 28% at start to 29% at planned exit, those with part-time or irregular work (1-15 days) increased from 3% to 4%. At planned exit, 64% of Croydon adults were not working, the same as the national average.

Successful completion of drug and/ or alcohol treatment
(proportion of adults in treatment who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months)



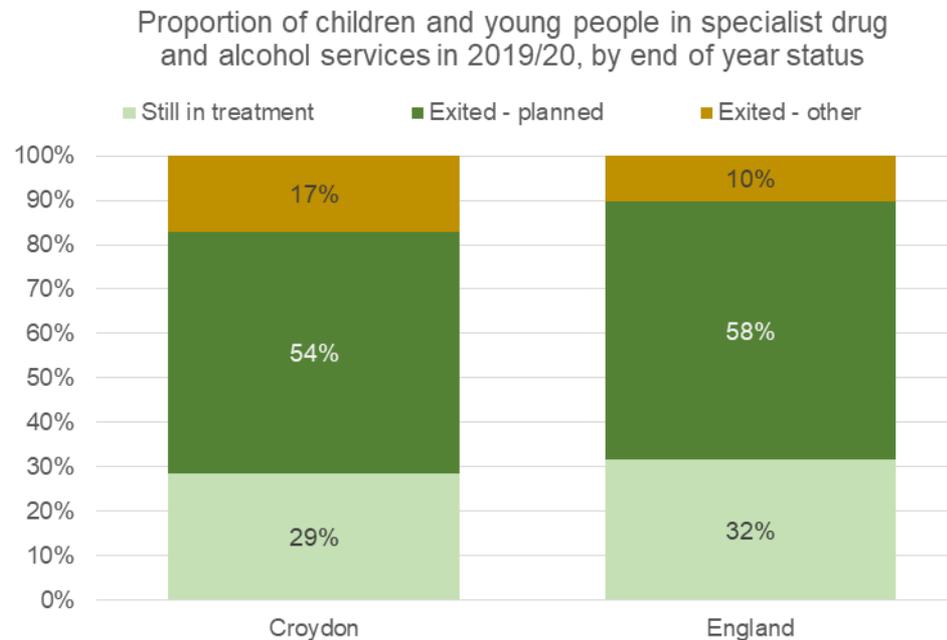
Successful completion of drug and/or alcohol treatment in 2019/20, by substance group



TREATMENT OUTCOMES OF CHILDREN AND YOUNG PEOPLE

The length of time in treatment is shorter in children and young people than in adults.

Of all those in treatment during 2019/20, 71% left within the year. 54% left with a planned treatment exit, lower than the national 58%.



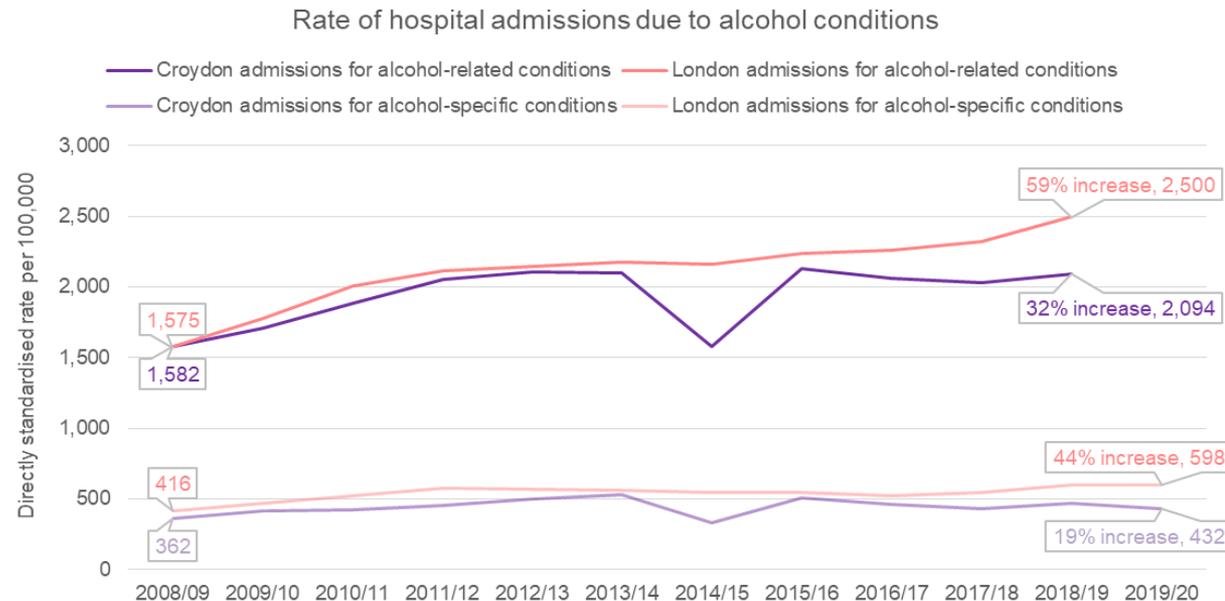
HOSPITAL ADMISSIONS DUE TO ALCOHOL

In 2018/19, Croydon had 6,766 admission episodes for alcohol-related conditions (broad definition), a directly standardised rate of 2,094 per 100,000 population which was the 5th lowest rate in London. Just less than two thirds (65%) of these episodes were in males.

In 2019/20, Croydon had 1,525 admission episodes for alcohol-specific conditions, a directly standardised rate of 432 per 100,000 population which was the 6th lowest rate in London. Over two thirds (70%) of these episodes were in males.

Although accounting for just 1.6% of all admission episodes for alcohol-specific conditions, Croydon had the 9th highest admission rate in London in those aged under 18.

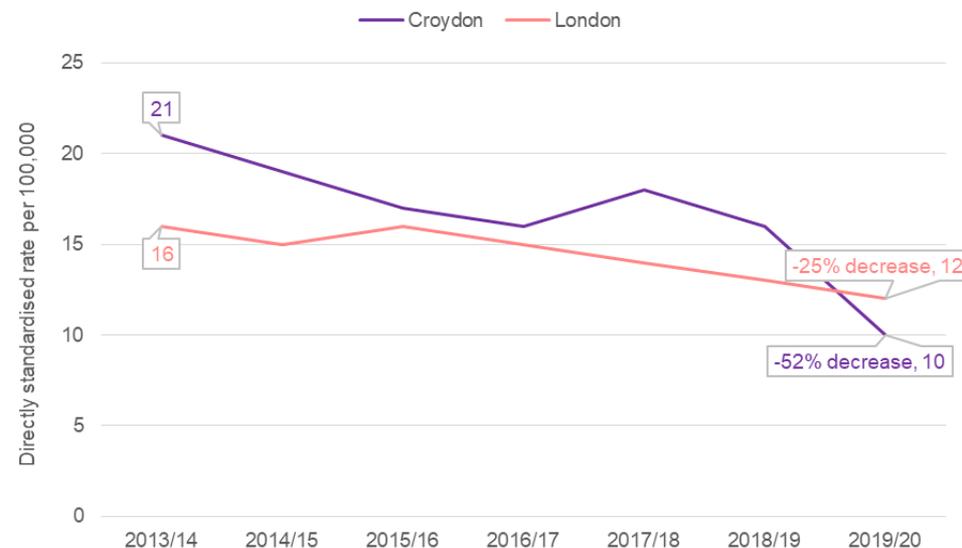
Provisional data suggests that 19% of adults admitted in 2019/20 for alcohol-specific conditions had 3 or more previous hospital admissions in the preceding 2 years, compared to 18% nationally.



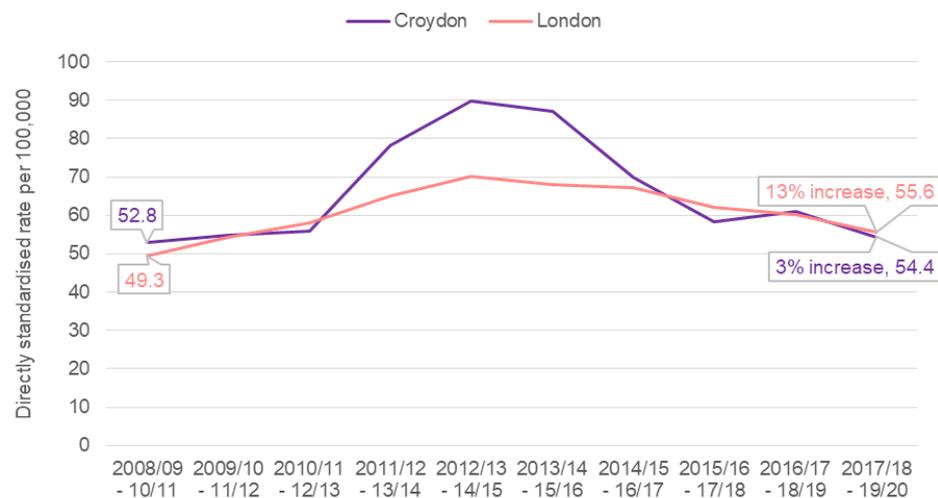
HOSPITAL ADMISSIONS DUE TO DRUGS

In 2019/20, Croydon had approximately 40 admission episodes for poisoning by drug misuse, a directly standardised rate of 10 per 100,000 population, slightly lower than the rate of 12 seen across London and the 10th smallest rate in London.

Rate of hospital admissions due to poisoning by drug misuse



Rate of hospital admissions due to substance misuse (15-24 years)



In the three years from April 2017 to March 2020, Croydon had approximately 70 children and young people aged 15-24 admitted to hospital due to substance misuse, a directly standardised rate of 54.4 per 100,000 population

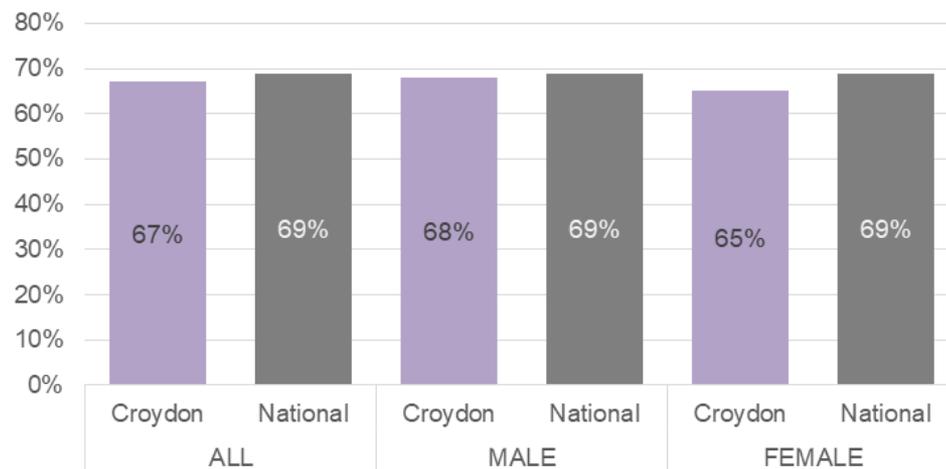
BLOOD BORNE VIRUSES

Sharing injecting equipment can spread blood-borne viruses. Eliminating hepatitis C as a major public health threat requires the identification and treatment of many more infected people who use drugs. Hepatitis C testing and referral data will vary from area to area depending on local systems and pathways.

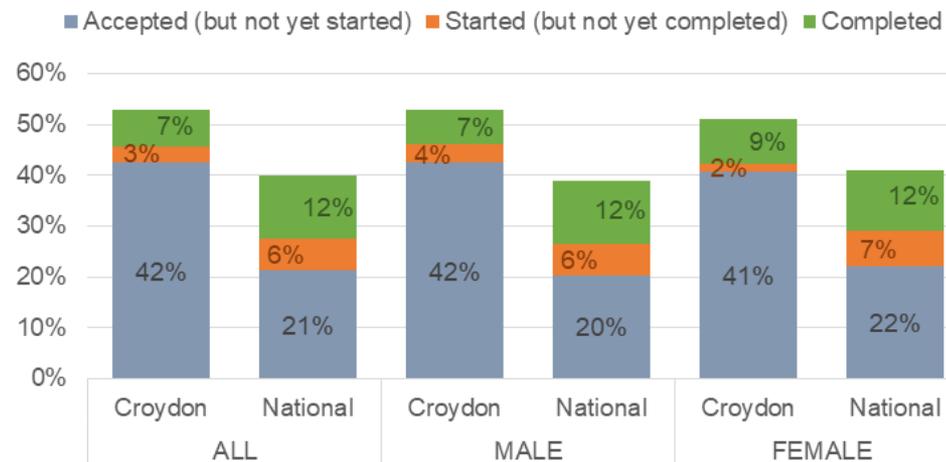
Of the clients in treatment in 2019/20 in Croydon who were eligible for one, 67% received an Hepatitis C Virus (HCV) test. This was slightly more likely in males than females.

Similarly, males were slightly more likely than females to accept a vaccination course for Hepatitis B.

Proportion of clients in treatment in 2019-20 eligible for a HCV test who received one



Proportion of adults new to treatment in 2019-20 eligible for a HBV vaccination course

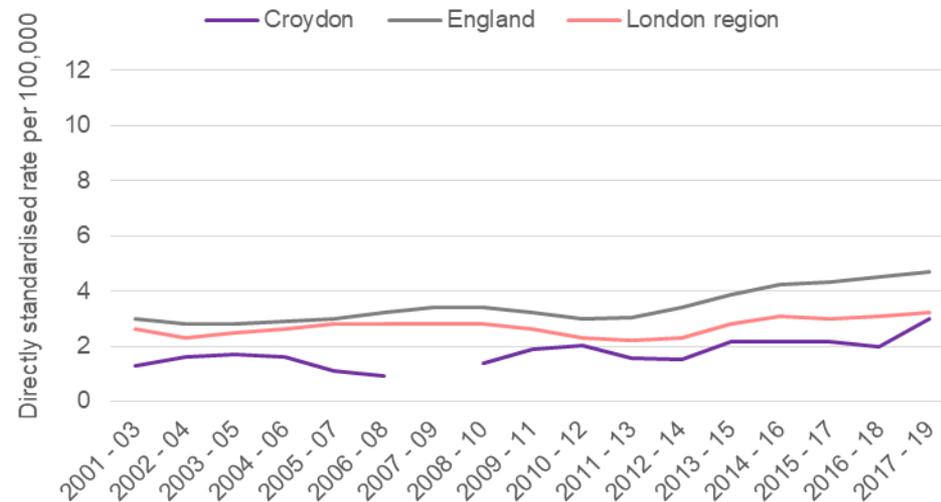


MORTALITY

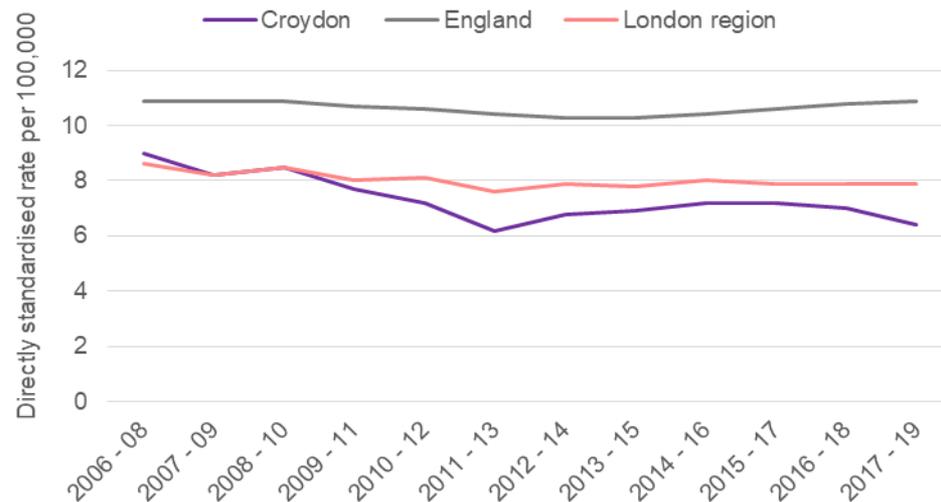
Latest data (2017-19) reports that that 35 people died from drug misuse within the latest three years, a rate of 3 per 100,000. This is lower than the rate seen across England and similar to the rate in London.

As with other areas, males have a higher death rate from drug misuse than females.

Rate of deaths from drug misuse



Rate of deaths from alcohol-specific conditions



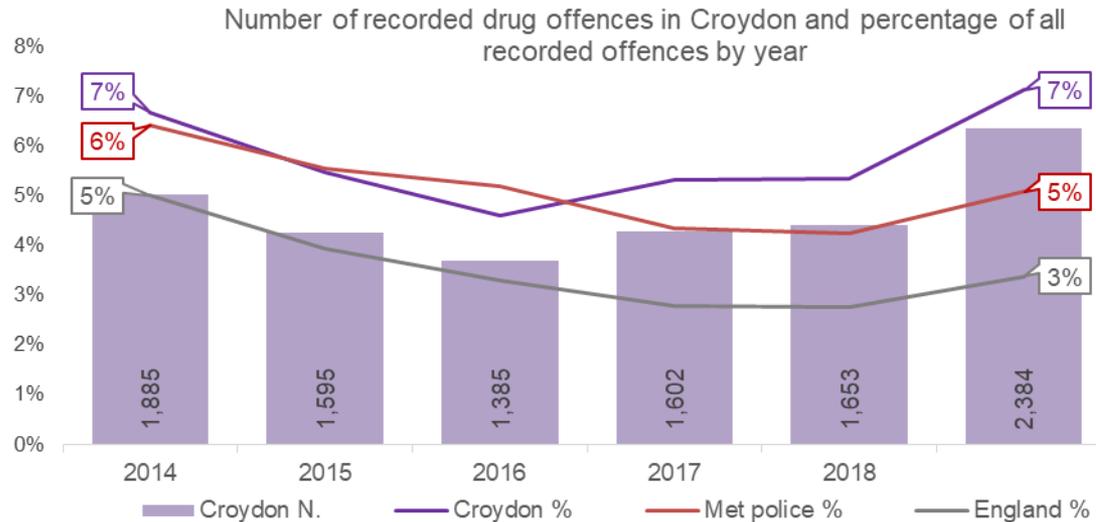
In the same time, a further 65 people died from alcohol-specific conditions, a rate of 6.4 per 100,000. This is lower than the rate seen across England and similar to the rate within London.

As with other areas, males have a much higher mortality rate for this cause. In 2017-19, the rate in Croydon was 10.2 in males and 3.0 in females.

CRIME

7% of all recorded crimes in Croydon in 2019 were drug offences, this equated to 2,384 recorded crimes of this type. This is the same proportion as seen in 2014 and is higher than comparator areas.

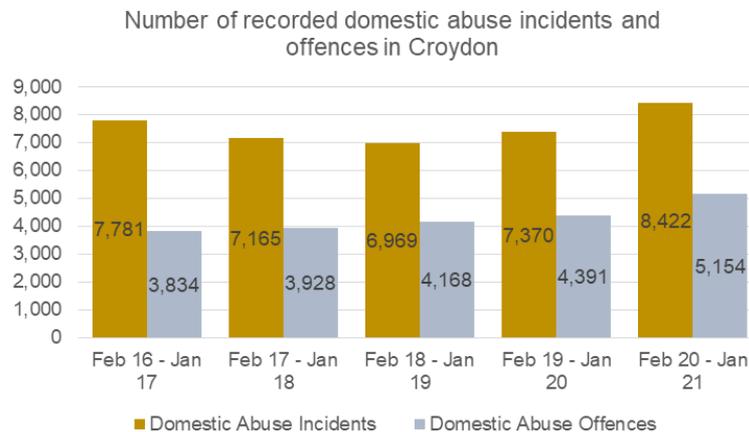
The number of drug offences in Croydon has been steadily increasing since 2016 and the increase seen in the most recent year is a larger increase that seen across England and the Metropolitan Police Force area.



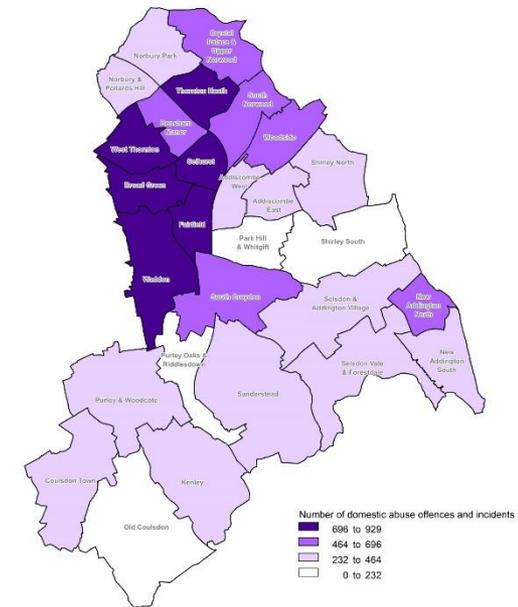
DOMESTIC ABUSE

Home Office statistics show 48% of convicted domestic abuse perpetrators had a history of alcohol dependence, and 73% had consumed alcohol prior to the event. Further, research by Agenda indicates that women who have experienced extensive physical and sexual violence are more likely than those who haven't, to have an alcohol problem or be dependent on drugs.

From February 2020 to January 2021, Croydon recorded the largest volume of both incidents and offences in London. At 22 incidents and 13.4 offences per 1,000 population; Croydon had the fourth highest incident rate and offence rates across London. The highest numbers of offences and incidents took place in Broad Green, Woodside and Fairfield wards.



Total domestic abuse incidents and offences
Mayor's Office for Policing and Crime, February 2020 to January 2021



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Terminology: *Domestic abuse incident:* Police incident data on domestic abuse cover reports of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members (regardless of gender or sexuality). These domestic abuse-related incidents data cover reports where, after initial investigation, the police have concluded that no notifiable crime was committed.

Domestic abuse offence: Incidents of domestic abuse that did result in a crime being recorded by the police. Offences that are domestic abuse-related will be recorded under the respective offence that has been committed, for example, assault with injury. This is because domestic abuse is not a specific criminal offence.

BEST PRACTICE RESOURCES

[Alcohol and drug misuse prevention and treatment guidance](#) (PHE, 2019): Information and other resources to support commissioners, service providers and others providing alcohol and drug interventions.

[Alcohol, drugs and tobacco: commissioning support pack](#) (PHE, 2018): evidence about why providing well-funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.

[Drug misuse treatment in England: evidence review of outcomes](#) (PHE, 2017): A review of evidence on what outcomes can be expected of the drug treatment and recovery system in England, with advice on future policy

[People with co-occurring conditions: commission and provide services](#) (PHE, 2017): Guidance on commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions.

[Service user involvement in alcohol and drug misuse treatment](#) (PHE, 2015): Guidance about the benefits of involving service users in planning and improving substance misuse treatment.

[Substance misuse services for men involved in chemsex](#) (PHE, 2015): Briefing for drug and alcohol commissioners and providers about men who have sex with men (MSM) who use drugs before or during sexual activity (chemsex).

[Alcohol and drug treatment quality governance](#) (PHE, 2015): Quality governance guidance for local commissioners of alcohol and drug services

[New psychoactive substances toolkit for commissioners](#) (PHE, 2014): Guidance for substance misuse commissioners on tackling new psychoactive substance (NPS) use, often called 'legal highs.'

[Non-medical prescribing in the management of substance misuse](#) (PHE, 2014): Updated national guidance on non-medical prescribing within drug and alcohol misuse treatment.

[Treating drug dependence recovery with medication](#) (PHE, 2013): Advice on best practice for reviewing individuals in substance misuse treatment.

[A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid](#) (PHE, 2013): evidence of how mutual aid can improve an individual's chance of recovery

Recommendations - Key Lines of Enquiry

1. There are notable gaps in the data that make full analysis of the need for substance misuse support services difficult to determine. Research should be commissioned/ conducted to understand:
 - Local prevalence estimates for drug and alcohol misuse among young people in Croydon
 - The profile of both adults and children who do not meet the thresholds for accessing services but who have risk factors for substance misuse
2. In light of the COVID-19 pandemic, local commissioners and partners should keep abreast of research into the impact on misuse of substances among adults and young people and consider local qualitative research to understand how both service users, and those outside of treatment, have been impacted locally. This may inform changes to provision to meet any changing demands for service use.
3. Evidence shows a worrying trend in women around problematic drinking, which is leading to increasing hospital admissions for mental and behavioural disorders due to the use of alcohol. Specific enquiries should be made to understand this issue.
4. Work should be undertaken to understand the pathways around referral sources as
 - Croydon seems to be an outlier in terms of referrals from community-based care.
 - A large proportion of referrals for young people's treatment come through the Youth Offending Service which is why the local treatment client-group is skewed towards older young men.
5. Data shows the Asian population is under-represented within those known to adult treatment services. Understanding why this is the case and ensuring equality of access to treatment for all population groups/ delivering targeted proactive engagement and support where needed, is required
6. Croydon has higher rates of under-18 admissions due to alcohol. Understanding the reasons for these higher rates will be important.
7. There are few Children and Young People in treatment using stimulants or class A drugs, and yet Croydon's planned exit rate is lower than the national average. Enquiry into why this is the case is recommended.

Recommendations from Qualitative Evidence – Service Improvements

Adults

- **Substance misuse services need to be reaching out and targeting harder to engage clients, particularly those who are having a significant impact on other public services and on the wider community. This will require a flexible service model with increased levels of outreach and working away from the service hub.**
- Enhanced pathways will need to be built with the new hospital service, with hostels and homelessness services and with services working with anti-social behaviour.
- Frontline non-substance misuse practitioners need training to respond appropriately to clients with drug and alcohol problems.
- More work is required to roll out alcohol Identification and Brief Advice, particularly in primary care, in accordance with NICE guidance.
- The criminal justice system is a vital focus for identifying and intervening with substance misusers. However, this work is under-developed.
- The pathway into detoxification and residential rehabilitation was felt by many to be too slow. However, this view was not shared by everybody and, therefore, this pathway should be reviewed.
- Training is required to ensure the legal literacy of frontline workers in using the powers which can safeguard and protect substance misusers e.g. the Care Act and the Mental Capacity Act.
- The challenge of people with both a substance misuse and a mental health problem remains a problem in Croydon as it does across the UK. The local response may be better than in many parts of the country but still requires development.

Recommendations from Qualitative Evidence – Service Improvements

Children and Young People

- Given the prominence of cannabis use among young people, a specific social marketing initiative is needed to challenge its acceptability.
- **A very strong message emerged that the young people's substance misuse service needs to be more assertive and focused on engaging young people in the community. The service's work in schools needs to be balanced with work reaching out into the community.**
- All schools should have access to the substance misuse service.
- A number of specialists respond to young people's substance misuse, this provision needs to be reviewed to ensure there is no duplication.
- The link between young people's substance misuse and mental health services needs to be reviewed to ensure a consistent response.
- The age range of the young people's substance misuse services needs to expand to include those up to 25 years of age.

The strategic and commissioning framework around substance misuse

- **Croydon needs a senior, multi-agency, strategic group to oversee the response to substance misuse in the borough.**
- This group will address concerns that the development of responses needs greater coordination.
- Lessons need to be learned from substance misuse related serious incidents. This will encompass both a specific drug and alcohol death review system and lessons being learned from Safeguarding Adult Reviews and Domestic Homicide Reviews.