



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

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**Classification:**

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**Title:**

Director of Public Health Annual Report  
2023: Combatting Drug and Alcohol  
Misuse

**Report of:**

Anna Raleigh, Director of Public Health

**Wards Involved:**

All

**Report Author and**

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### 1. Executive Summary

- 1.1 This year's Annual Director of Public Health Report focusses on drug and alcohol misuse, a key issue for both the Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council (WCC), causing a variety of physical and mental health problems, as well as having wider implications for society.
- 1.2 Drug and alcohol misuse is a particular concern for both RBKC and WCC, with challenges resulting from the boroughs' Central London locations, thriving night-time economies and large rough sleeper population. 3,600 residents aged over 18 in RBKC and 7000 in Westminster have a high risk of drug dependence. In RBKC, drug related deaths are among the top five causes of death in the under 50s, and in Westminster, drug misuse is the most common cause of death in the under 50s in the most deprived areas of the borough. In 2021/22, 530 hospital admissions in RBKC and 800 in Westminster occurred specifically as a result of alcohol-related health issues.
- 1.3 Substance misuse causes a wide range of physical and mental health problems for individual users, as well as having a significant impact on their family, friends and communities. Economically, for example, drug misuse costs society £19.3 billion per year

nationally. Increased use of crack and expansion of county lines<sup>1</sup> has also contributed to a significant increase in serious violence in the UK, with drug supply chains often exploiting children<sup>2</sup> and vulnerable adults, giving rise to significant safeguarding concerns. Exposure to the harms associated with substance misuse can significantly affect children's mental health, as well as education and employment opportunities. Many drugs increase the risk of heart disease, strokes and depression. Use of intravenous drugs can also result in blood-borne virus transmission, including hepatitis C, which, if left untreated can lead to liver cancer. Alcohol is also a risk factor for multiple cancers, life threatening infections and even dementia.

1.4 Considering the above, we therefore make the following system-wide calls to action:

- a. We encourage all stakeholders within the wider health and social care system to raise the profile of substance misuse services available within Kensington and Chelsea and Westminster and think about how they are best placed to improve engagement with these services (as outlined in the CDP Delivery Plan) amongst residents in need of support.
- b. We encourage stakeholders to familiarise themselves with the work of the CDP, and actively participate and commit to its delivery.
- c. We encourage the wider health and social care system to adopt a personalised and holistic approach when supporting people with substance misuse issues, providing access to education, training, employment and housing advice as well as specialist treatment services.
- d. We encourage clarification of leadership and governance responsibilities in relation to substance misuse services within the local integrated care board.
- e. Substance misuse services themselves must ensure they are accessible to all residents, provide flexible appointment systems, maintain good communication channels with GPs and mental health services, and ensure continuity of care between hospital-based and community teams.

## **2. Key Matters for the Board**

2.1 Board members are asked to note the content of the report and support the calls to action ahead of its wider publication.

## **3. Combatting Drug and Alcohol Misuse**

### *The Combatting Drugs Partnership*

3.1 Adopting a 'Whole Systems Approach' is key to the way both RBKC and WCC commission services. The Combatting Drugs Partnership (CDP), led by the Director for Public Health, is a prime example of such an approach, aiming to combat substance misuse in the local area and provide a holistic and effective service for our residents by creating links between individuals and organisations. These links include (but are not limited to) partnerships between Public Health, the NHS, Housing, the Metropolitan Police, specialist substance misuse treatment providers, schools, the voluntary sector, Children's and Family Services, Employment Services, Community Safety Teams and the Probation Service. The CDP has

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<sup>1</sup> 'County Lines is a police term used to describe the exploitation of children or vulnerable adults to move and sell drugs. It is named after the phone lines often used in the distribution. Exploited individuals may have been groomed to believe they are autonomously selling drugs or that those exploiting them are their friends' (taken from: Youth Violence and Exploitation Strategy 2022-2025, the Royal Borough of Kensington and Chelsea)

<sup>2</sup> For the purposes of this report, the term 'children' refers to anyone under the age of 18.

been made possible by extra funding from the Department of Health and Social Care to help improve drug and alcohol treatment and recovery systems.

- 3.2 The CDP has identified three local priority areas based on contextual factors specific to our boroughs and the wider socio-economic effects of drug and alcohol use within these cohorts:
- 3.3 *Children and young adults*: As mentioned above, children and young adults can be affected by substance misuse in a variety of ways. 41 young people in RBKC and 73 in Westminster are currently in treatment for substance misuse, with one third of those engaging with youth offending services across both boroughs using drugs. The CDP therefore hopes to achieve a generational shift by targeting this important age group, raising awareness of how drugs and alcohol can impact the lives of children and young adults (and those around them), reducing the impact of substance misuse on children and their families, and helping to strengthen family support using a 'Whole Family Approach'.
- 3.4 *The criminal justice system*: Drug and alcohol misuse are closely related to crime. One in 10 opiate users in treatment, for example, have contact with the CJS across RBKC and Westminster. The CDP therefore aims to ensure that those with substance misuse issues who are involved with the CJS have access to appropriate community treatment services in order to prevent relapse and re-offending (i.e., 'the revolving door').
- 3.5 *Older opiate and crack cocaine users (OCUs)*: Older OCUs are another particularly high-risk group, with many experiencing high rates of stigma as well as more significant illness and death due to prolonged substance misuse, worsening physical and mental health and difficulty accessing health services. Furthermore, the proportion of older people who misuse drugs is on the rise in both boroughs. The proportion of opiate users aged 50 and over, for example, rose from 23% per cent in 2009/10 to 48% per cent in 2021/22 in RBKC and from 14% to 38% in Westminster.

#### *Our Services*

- 3.6 Both boroughs have a wide range of specialist substance misuse services available, many of which focus on the three priority areas mentioned above. These include the Substance Use Team (SUT), the Dual Diagnosis Team and a partnership with Changing Futures. Specific services designed to tackle substance misuse amongst children and young adults include the Integrated Gangs and Exploitation Unit (IGXU) and Insight. We are continuously aiming to ensure these services are of high quality, are meeting residents' needs, and are embedded appropriately within the councils' wider health and social support systems. The system does face challenges however, including changes in the way services have been delivered since COVID-19, stigma, inflexibility in accessing appointments and frequent alterations to referral systems. Despite these challenges, success rates for drug treatment in RBKC and Westminster are generally higher than those for London and England.

#### *Case Studies*

- 3.7 The final part of this year's report consists of a collection of seven videos providing an introduction to some of the innovative drug and alcohol services available across both boroughs and how they can make a positive impact on local communities. Many of these initiatives focus on the three priority cohorts, whilst also taking the night-time economy and rough sleeper population into account. They draw on the skills and knowledge of a wide variety of public services (with contributions from different agencies within RBKC and Westminster including schools, housing and employment services) whilst also working

closely with service users themselves to ensure services are meeting the needs of residents within both boroughs.

### 3.8 Services covered include:

- Black and Blue (a new prevention initiative funded by Public Health that offers drug education and awareness sessions for Year 6 school pupils)
- Starting Over (a service which provides additional support to the adult male Integrated Offender Management cohort, as well as to prolific theft offenders, to address their substance misuse needs and reduce their reoffending)
- Build on Belief (specialising in providing weekend and online services for people with substance misuse issues, including older OCUs)
- Turning Point DAWS – Women's Service (A drug and alcohol service specifically for women with substance misuse issues across the boroughs).
- Turning Point DAWS Plus (offering joined up support and treatment for homeless people starting treatment for substance misuse within housing and wider healthcare services)
- Club Drug Clinic (providing free confidential advice for those using club drugs and novel psychoactive substances)
- Night Stars (a volunteer night-safety initiative targeting Westminster's unique night-time economy)

#### *Calls to Action*

### 3.9 Considering the above, we therefore make the following system-wide calls to action:

1. We encourage all stakeholders within the wider health and social care system to raise the profile of substance misuse services available within Kensington and Chelsea and Westminster and think about how they are best placed to improve engagement with these services (as outlined in the CDP Delivery Plan) amongst residents in need of support.
2. We encourage stakeholders to familiarise themselves with the work of the CDP, and actively participate and commit to its delivery.
3. We encourage the wider health and social care system to adopt a personalised and holistic approach when supporting people with substance misuse issues, providing access to education, training, employment and housing advice as well as specialist treatment services.
4. We encourage clarification of leadership and governance responsibilities in relation to substance misuse services within the local integrated care board.
5. Substance misuse services themselves must ensure they are accessible to all residents, provide flexible appointment systems, maintain good communication channels with GPs and mental health services, and ensure continuity of care between hospital-based and community teams.

#### *Appendix*

- 3.10 The report ends with a progress review on last year's annual Director of Public Health report, which recognised that health is far more than the provision of services and that to improve health and wellbeing and address health inequalities, health needs to be everyone's business. Progress in the year past is summarised with significant investment

in a number of areas. Examples include initiatives which promote friendly neighbourhoods, social activities and good mental health, such as Bikeworks' 'Ride Side-by-Side', food pantries and provision of mental health youth workers in youth clubs. Others promote healthy lifestyles, such as investment in sports development officers, volunteer-led boxing sessions and supporting the health and wellbeing of those affected by the Grenfell Tragedy. We have also invested in outdoor spaces and healthy environments, including refurbishment of playgrounds and multiuse game areas, a new sensory garden and 'Green Walls'.

#### **4. Next steps**

- 4.1 The report will be uploaded to both councils' websites for wider dissemination, and it will be disseminated more widely to the public and to partners, including those involved in the CDP.

#### **5. Legal Implications**

- 5.1 The Director of Public Health has a statutory duty to prepare an Annual Public Health Report that demonstrates the state of health in their communities.

#### **6. Financial Implications**

- 6.1 The main costs associated with the production of this report include the costs of video production, report design costs and printing costs.

#### **7. Carbon Impact**

- 7.1 Printing will be minimised as much as possible by making the report available to residents online. Inclusion of videos also means that the report will be more engaging when read online with printed copies available specifically for those otherwise excluded from access.

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

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