

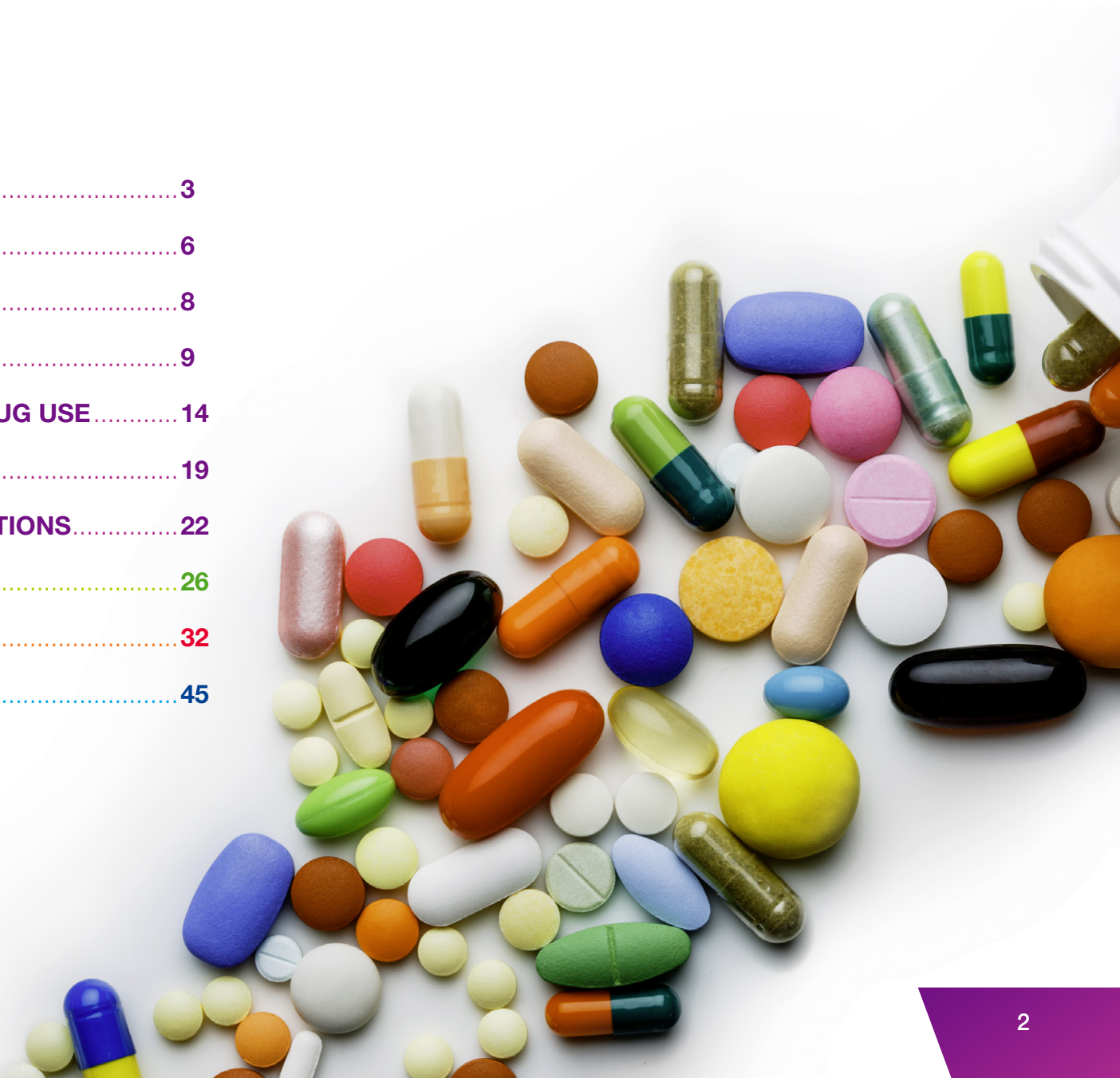


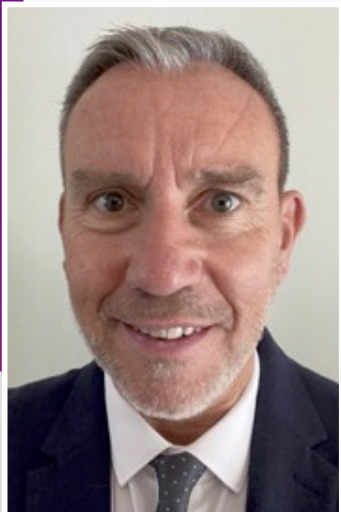
Tackling Drugs Together

Annual Public Health Report
2024/25



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I am delighted to present my 2024-25 Annual Public Health Report, Tackling Drugs Together, which focusses on alcohol and other drugs.

This report helps us understand how the use of alcohol and other drugs causes harm at a local level, it identifies the challenges that our systems face, and presents a series of recommendations for how we may overcome them. The report reflects on what Merton is doing well, and where there is a need to make improvements.

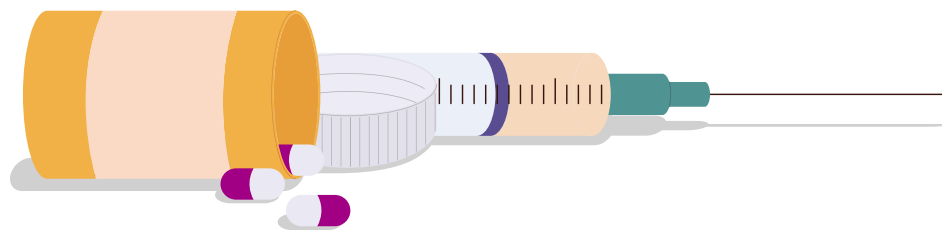
Preventing and tackling the harm caused by alcohol and other drugs requires a multi-agency response including amongst others Merton Council, the NHS, the Metropolitan Police Service, Prison and Probation services, our providers, voluntary groups, and communities across the borough. I am delighted that with our partners, we have already stepped up in response to this challenge.

Together we are coordinating a strategy and plan aimed at breaking the chain of supply, providing world class treatment and recovery, and supporting a generational shift in the demand for drugs.

There are a lot of challenges for our partnership at this time – in particular nitazenes (and other synthetic opioids) which are highly potent drugs up to 500 times stronger than heroin that can cause overdose and death on their own or in combination with other drugs.

Growing evidence in the UK already demonstrates that nitazenes pose a credible threat to both individuals and communities. Local seizures of illegal drugs have found the presence of nitazenes in Merton. In January 2024 a seizure of ketamine containing protonitazene (a highly potent synthetic opioid) was made in Mitcham. As nitazenes are increasingly found in street drugs including ketamine, people may be completely unaware they are taking nitazenes, and the very serious increased risks. The growing supply and use of synthetic opioids have profound implications for public health both in the immediate term and in the future. The trend of diminishing purity of drugs like heroin with substitutes brings new challenges and dangers to human health. This threat highlights the importance of a concerted and collaborative partnership response to ensure robust overdose prevention and interventions are in place, as well as for tackling supply.

There are many physical, mental, and societal problems caused or exacerbated by alcohol and other drugs. My report therefore considers a wide range of alcohol and other drug related harms and advocates for a coordinated partnership response for dealing with them.



If we are to continue to deliver the ambitions of the national 10 year drug strategy and make a sustainable difference to our local communities impacted by alcohol and other drugs, we must maintain vital investment in our treatment and support systems. This includes providing a long-term commitment to sustaining grants including the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) - a grant which has made a huge and positive impact on alcohol and other drug treatment systems in Merton, including helping people remain healthy long after treatment ends. At the time of writing my report, this grant has only been confirmed until 31st March 2025. I am therefore calling on Government to provide a guarantee that this supplementary funding will continue to be made available for at least the life of the 10 year drug strategy.

I am also calling on Government to review what more can be done in England to help preventative efforts to reduce the alcohol harm set out in my report, including consideration for introducing Minimum Unit Pricing; alcohol duty in line with inflation; the reduction of children’s exposure to alcohol advertising; mandatory health labelling on alcohol; and the introduction of a public health licensing objective.

I would like to personally thank Ted Sherman who has led on the compilation of this report and all who have assisted, especially those individuals with lived experiences who have provided their views on our local services, as well as the input received from members of the Health and Wellbeing Board and Merton Combating Substance Misuse Partnership.

Russell Styles

Director of Public Health, London Borough of Merton





As the Cabinet Member for Health and Social Care, I commend this Annual Report of our Director of Public Health.

Merton Council is fully committed to working together in partnership with shared responsibilities to improve health and reduce drug-related harm.

Merton’s partnership is strengthened in this endeavour by having joint Senior Responsible Officers (Russell Styles – our Director of Public Health, and Chief Inspector Andy Storr from

the Metropolitan Police Service) who Chair our Partnership Board, and report progress into the Community Safety Partnership, the Health and Wellbeing Board, as well as central government, and help to hold all delivery partners to account.

Action needs to enable all Merton residents to lead healthy lives. The wider context of people’s lives matters, including relationships, families, and neighbourhoods, and this is reflected in the way that our services operate.

Residents should not need to ‘tell their story’ multiple times, and there should be excellent communication, data sharing and co-ordination between different specialist support and health services, as well as an emphasis on breaking the chains of illicit drug supply through criminal justice mechanisms.

Embracing collaborative and sustained action for reducing drug and alcohol harm, Merton partners have committed to working together to implement a clear and joined-up plan to support individuals, families, and our communities, and particularly those experiencing the greatest harm.

I look forward to us taking this important work forward together.

Cllr Peter McCabe

Cabinet Member for Health and Social Care
Chair of Merton Health and Wellbeing Board



The Annual Public Health Report is an important vehicle through which the Director of Public Health identifies key issues and makes system-level recommendations for improving the health of the local population. This year the report focusses on alcohol and other drug use.

This report does not contain all the available data relating to alcohol and other drug use, rather, the data have been selected to provide an easily digestible and useful ‘picture’ of alcohol and other drug use in Merton. Additional information related to alcohol and other drug use in Merton can be found in the Merton 2024-25 Adult Substance Misuse Needs Assessment Summary.¹

The recommendations contained within this report will inform Merton’s partnership action to prevent and treat the problems associated with alcohol and other drug use. All recommendations will be taken forward through the Combating Substance Misuse Partnership and subgroups including the Treatment and Recovery Group and Children and Young People’s Group where operational and detailed action plans are formed, delivered, monitored and evaluated.

This report is divided into three sections which reflect the overarching domains of the 10 year national drug strategy, From Harm To Hope,² these domains are Demand, Treatment and Supply. Within each of the report’s three sections, consideration is given to the specific issues and problems; Merton’s current response; and how the Merton partners can take action to improve outcomes.

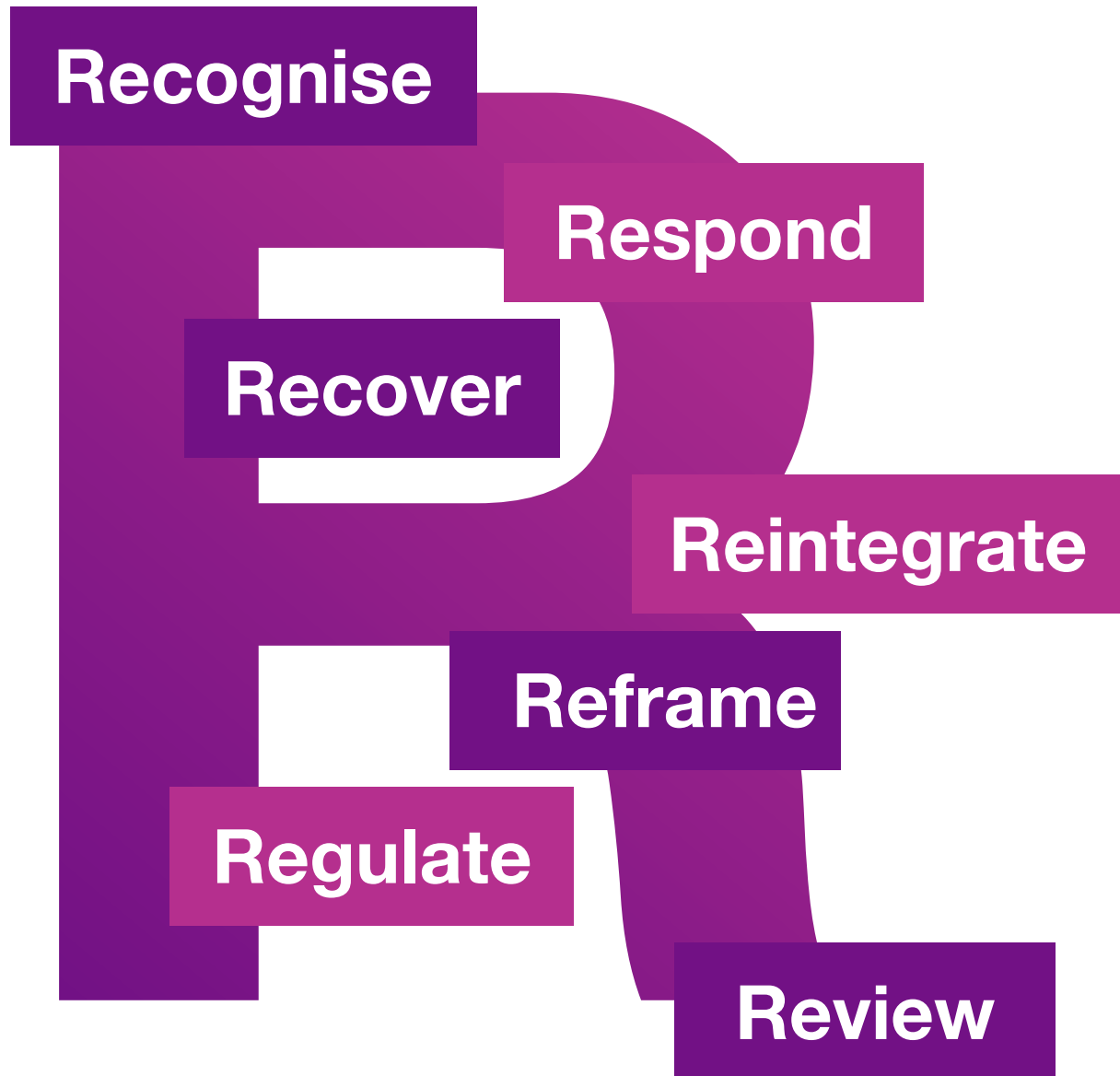
As indicated by the inclusion of ‘Reframe’ within the ‘Seven Rs’, Merton is committed to tackling discrimination, animosity and enmity towards people with alcohol and other drug problems and therefore it is important that the language used within this report is non-stigmatising. Following a discussion between Merton Public Health, members of the Merton Health and Wellbeing Board, and Via, (the incumbent provider of the Merton Adult Specialist Substance Misuse Service) it was agreed that the following terms would be avoided, where possible, in this and other reports – ‘substance misuse’; ‘addict’; and ‘alcoholic’. Rather, the term ‘alcohol and other drug use’ will be adopted, and where there is reference to individuals struggling to control their use of alcohol and other drugs, the term ‘people with an alcohol or other drug use problem’ will be employed.

¹ Health needs assessments | Merton Council accessed 7th May 2024

² From harm to hope: a 10 year drugs plan to cut crime and save lives (publishing.service.gov.uk) accessed 4th April 2024

The recommendations of this report are presented within a framework of 'Seven Rs'.

- **Recognise** (alcohol and other drug related needs and harm).
- **Respond** (to the problems caused by alcohol and other drug use).
- **Recover** (from the problematic use of alcohol and other drugs).
- **Reintegrate** (into a life free from alcohol and other drug problems).
- **Reframe** (the stigmatised view of alcohol and other drug problems).
- **Regulate** (through the use of various tools and powers the supply of alcohol and other drugs).
- **Review** (how problems and issues are understood, reassessed, and responded to).



Recognise Improve the process of sharing, reviewing, and responding to local alcohol and other drug related data by Merton partners so that partnership resources can be swiftly focussed on areas of highest need.

Recognise Normalise the process of enquiring about and screening for alcohol and other drug problems by developing Merton's network of organisations to promote confidence in asking pertinent, curious and necessary questions.

Respond Ensure that Merton has the resources to provide preventative interventions to those who are at high risk of developing alcohol or other drug problems, or for those whose use is likely to become more problematic.

Respond Implement a programme of harm reduction and overdose prevention interventions across Merton, including effective mechanisms for supplying Naloxone to individuals at risk of opiate overdoses.

Recover Increase the number of people with alcohol and other drug problems accessing Merton's specialist alcohol and other drug treatment service and improve treatment outcomes, especially for women and those from the LGBTQIA+ communities.

Recover Ensure that Merton has a system of well promoted and easily accessible alcohol and other drug related interventions ranging from awareness campaigns; and brief-interventions; to specialist community treatment; and residential care.

Recover Central Government grants issued to enhance the response of local partnerships to alcohol and other drug problems (i.e. the Supplementary Substance Misuse Treatment and Recovery Grant and other associated grants), should continue for at least the life of the 10 year drug strategy.

Reintegrate Develop Merton's recovery support offer, including access to employment, physical activity, and diet support services so that people with alcohol and other drug problems are more likely to sustain the positive outcomes they have gained through structured alcohol and other drug treatment.

Reintegrate Improve Merton's provision of care for people with co-occurring mental health and alcohol or other drug problems, so that tailored, specialist, and joined up support is received.

Reframe Deliver a programme of training to help Merton partners to recognise and tackle alcohol and other drug related stigma.

Reframe Strengthen the voice of alcohol and other drug related service users within all relevant Merton partnership activity.

Regulate Use legislation and 'place-based' partnership projects to ensure the harm caused by alcohol supply is reduced, and the supply of other drugs in Merton is disrupted.

Regulate Through regulation Government should consider introducing Minimum Unit Pricing; alcohol duty in line with inflation; the reduction of children's exposure to alcohol advertising; mandatory health labelling on alcohol; and the introduction of a public health licensing objective.

Review Develop Merton's process of continually reviewing and responding to best-practice evidence, with a particular focus on assessing the risks and options for responding to emerging threats and meeting the unique needs of specific demographic groups.

Review Ensure that Merton has effective processes and governance for reviewing service delivery and has the means to implement changes to achieve the best possible outcomes.

3.1 | Introduction

The following three sections relate to national data and research. The data specific to Merton can be found in Section 7.

Many sections of society use alcohol and other drugs. The Institute for Alcohol Studies states that alcohol is the second most consumed psychoactive substance in the UK (after caffeine) and is highly prevalent in personal and social situations. Nearly 30 million adults in Britain say they drink alcohol.³

nearly

30,000,000

adults in Great Britain drink alcohol³

Data from YouGov⁴, shows that, four in ten Britons (39%) say that they have taken recreational drugs.⁵

This use of alcohol and other drugs can result in a wide range of physical and mental health problems for individuals. These include digestive problems, multiple cancers,⁶ heart disease, strokes, liver damage, lung problems and depression.⁷

The use of alcohol and other drugs is also associated with wider societal issues which affect families, friends, and communities, these include homelessness⁸ and crime.⁹

To address these multiple, complex problems, national and local strategies which are focused on multi-faceted, partnership action are required.

In 2024 within England alone, the costs per year of alcohol related NHS healthcare, the cost of alcohol-related crime, lost economic productivity due to alcohol, and cost to social services are £27.4 billion. For Merton these costs equate to £85.8 million (£398 per head) a year.¹⁰ The costs relating to illicit drug use, in the UK in 2011/12, were £10.7 billion.¹¹

4 The YouGov Big Survey on Drugs | YouGov accessed 26th April 2024

5 The YouGov Big Survey on Drugs: How many Britons have used recreational drugs? | YouGov accessed 4th April 2024

6 Alcohol (who.int) accessed 4th April 2024

7 Misuse of illicit drugs and medicines: applying All Our Health - GOV.UK (www.gov.uk) accessed 4th April 2024

8 Drugs and alcohol | Crisis UK | Together we will end homelessness accessed 7th May 2024

9 Estimates of Violent incidents where the victim believed the offender(s) to be under the influence of alcohol or drugs in England and Wales, year ending March 2006 to year ending March 2016 Crime Survey for England and Wales - Office for National Statistics (ons.gov.uk) accessed 7th May 2024

3 Alcohol across society - Institute of Alcohol Studies (ias.org.uk) accessed 4th April 2024

10 Economy - Institute of Alcohol Studies (ias.org.uk) accessed 21st May 2024

11 An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk) accessed 7th May 2024

3.2 | A National Strategy

The response to the problems caused by alcohol and other drug use is set out in the national drug strategy - From harm to hope: A 10-Year Drugs Plan To Cut Crime And Save Lives – published in 2021.² This strategy was accompanied by a series of grants through which local partnerships can fund programmes to reduce problematic alcohol and other drug use, prevent deaths, increase the number of people accessing specialist treatment, and tackle the associated criminal activity.

The content of the national drug strategy was guided by the recommendations made in Dame Carol Black's Independent Report Review of Drugs Part 2: Prevention, Treatment and Recovery.¹² This report sets out 32 recommendations which include: increasing funding for alcohol and other drug treatment services; developing the alcohol and other drug treatment workforce; improving service delivery; ensuring an effective pathway for people within the criminal justice system to access treatment; enhancing recovery support services;

ensuring that there is adequate access to employment and housing for people with an alcohol or other drug problem; delivering preventative interventions; and improving the provision of joint mental health, alcohol and other drug treatment.

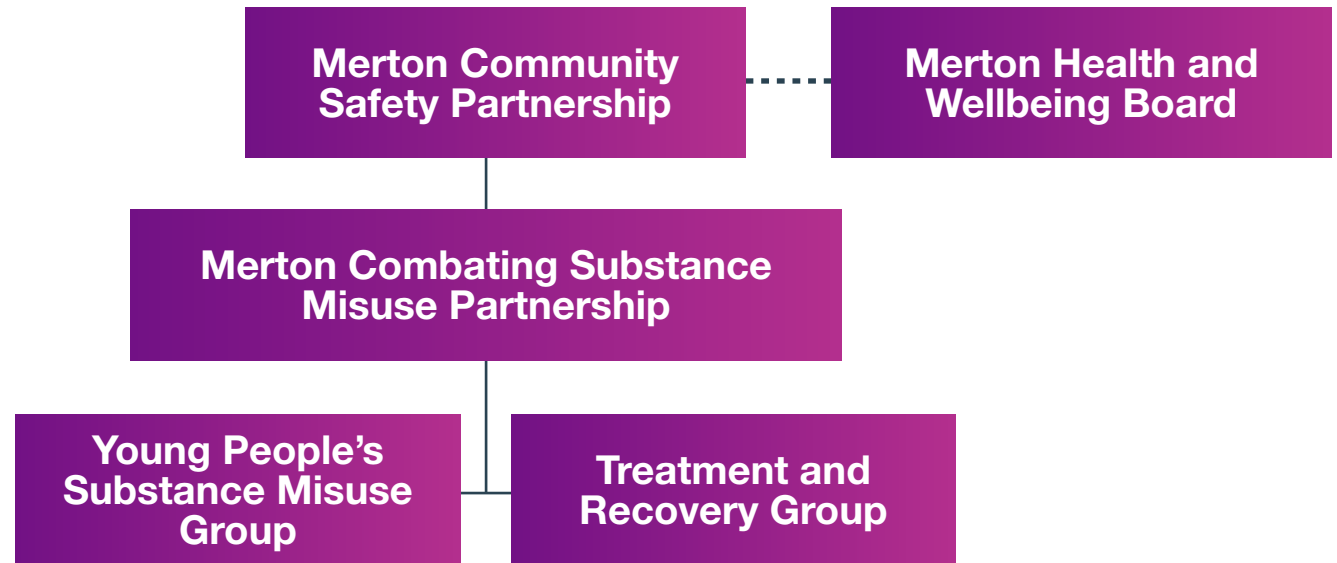


¹² Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk) accessed 4th April 2024

3.3 | Combating Drugs Partnership

Merton has developed a Combating Drugs Partnership but with an expanded focus to include alcohol. The Merton Combating Substance Misuse Partnership (CSMP) is a multi-agency, multi-disciplinary partnership with representation from the Local Authority, NHS South West London Integrated Care Board, Primary Care, Metropolitan Police Service, Probation, Mental Health Services and local provider organisations. Jointly chaired by the Director of Public Health and a Chief Inspector in the Metropolitan Police Service, the CSMP is accountable for the local delivery of the aims of national drug strategy through partnership activity. The Merton CSMP has an annual delivery plan which includes actions covering prevention, harm reduction, specialist treatment, wider recovery, and enforcement.

The CSMP sub-groups, the Young People's Substance Misuse Group, and the Treatment and Recovery Group (see structure to the right) are the forums in which the strategic decisions made by the CSMP are operationalised.



3.4 | Alcohol and Other Drug Use related health harms in the UK

More than 55% of all adults that took part in the 2021 Health Survey for England reported drinking alcohol in the last week and 11% reported drinking alcohol on five or more days. The proportion of men drinking alcohol in the last week was higher than women and the proportion of people drinking at increasing and higher risk levels (over 14 units in the last week) was higher for men (28%) than women (15%).¹⁰

Young people's alcohol use has been changing for some time and it is important to acknowledge this when considering our harm reduction approach.

Evidence shows young people (and young adults) have a different relationship with alcohol when compared with their counterpart age cohort both one and two generations ago. The report 'Smoking, Drinking and Drug Use Among Young People in England 2021'¹³ found that in 2021, 40% of 11- to 15-year-olds reported ever having had an alcoholic drink compared to 44% in 2018. This declining trend in alcohol consumption by young people in England is explored by Whitaker et al,¹⁴ who state that "youth alcohol consumption has fallen markedly over the last 20 years in England" and suggest that this might be caused by "changing practices of socialisation, decreased alcohol affordability, and changed attitudes towards risk and self-governance". Smoking Drinking and Drug Use Among Young People in England 2021¹³ also found that 8% of the surveyed 11- to 15-year-olds

that had drunk alcohol in the last 4 weeks had been drunk in those 4 weeks, this is similar to 2018.

The 2023 Crime Survey for England and Wales¹⁵ states that 9.5% of respondents (aged 16 to 59) reported having used drugs (other than alcohol) in the previous 12 months with a higher rate of use amongst younger people (17.6% of those aged 16 to 24) compared with older age groups (7.7% of those aged 25 to 59).

Cannabis is the most used illegal drug in the UK, with 7.6% of 16 to 69-year-olds reporting cannabis use in the previous year (2022).¹⁶

¹³ Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS England Digital accessed 30th April 2024

¹⁴ Young people's explanations for the decline in youth drinking in England | BMC Public Health | Full Text (biomedcentral.com) accessed 30th April 2024

¹⁵ Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) accessed 8th May 2024

¹⁶ Cannabis use in the UK: a quantitative comparison of individual differences in medical and recreational cannabis users - PMC (nih.gov) accessed 7th May 2024

The harms caused by alcohol and other drugs disproportionately affect those in the most disadvantaged communities. People living in areas of high deprivation are more likely to use illicit drugs and have a higher death rate than those living in less deprived areas².

Despite alcohol consumption being lower in more disadvantaged communities the harm caused by its use is higher,¹⁷ the cause of this is not fully understood but it is thought to be due to a mix of drinking patterns and other co-occurring issues associated with deprivation.¹⁸

The number of alcohol specific deaths* in the UK increased from 11.8 per 100,000 of the population in 2019 to 16.9 per 100,000 in 2022.¹⁹

**deaths which occurred as a direct result of alcohol use such as alcohol related liver disease*

In addition to these deaths, there are many hospital admissions directly caused by alcohol. In 2020 there were 318,595 alcohol-specific hospital admissions in England.²⁰

The use of drugs other than alcohol resulted in 3,127 drug poisoning deaths and 16,994 drug poisoning hospital admissions in 2022 within the UK.²¹

The use of opiates (most notably heroin) was responsible for just under half of all drug poisoning deaths in 2022 and, similarly to alcohol, the number of these deaths increased between 2011 and 2022.²¹

Cocaine related deaths in the UK have also increased between 2011 and 2022. In 2022 there were 857 cocaine related deaths compared to 112 in 2011.²¹



17 Understanding the alcohol-harm paradox: what next? - The Lancet Public Health accessed 4th April 2024

18 Health Survey for England, 2021 part 1 - NHS England Digital accessed 4th April 2024

19 Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk) accessed 8th April 2024

20 Local Alcohol Profiles for England: short statistical commentary, February 2022 - GOV.UK (www.gov.uk) accessed 8th May 2024

21 Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk) accessed 4th April 2024

4.1 | How alcohol and other drug use affects mental health, physical health and wellbeing

The following sections show some of the ways that alcohol and other drugs can damage mental health, physical health and wellbeing.

4.2 | Mental Health Harm

- Cannabis can damage an individual's memory which can make learning new things difficult.²²
- Cannabis can increase the risk of developing illnesses like schizophrenia especially if there is a family history of mental illness.²²
- Ketamine can cause depression and can result in psychotic symptoms such as hallucinations.²²
- Long term benzodiazepine (including diazepam and Valium) use can result in memory loss, anxiety, and depression.²²
- Opioids (including heroin) can make it difficult to focus and concentrate.

They can slow reaction times; cause sleepiness; and loss of consciousness.²²

- Gamma hydroxybutyrate (GHB) and Gamma butyrolactone (GBL) can cause drowsiness, confusion, and loss of consciousness.²²
- Cocaine use can result in depression, anxiety and paranoia.²²

- Alcohol use can result in short term depression and/or anxiety.²³
- Long term alcohol use can result in underlying mental health problems becoming worse and can result in alcohol-related brain damage.²³

23 Alcohol and mental health - fact sheet | Alcohol Change UK accessed 4th April 2024



22 Honest information about drugs | FRANK (talktofrank.com) accessed 4th April 2024

4.3 | Physical Health Harm

- Smoking cannabis increases the risk of lung cancer. It can reduce sperm count in men and suppress ovulation in women.²²
- Ketamine can cause serious bladder problems, with the urgent and frequent need to urinate. This can be very painful and the urine can be blood-stained. Although stopping the use of ketamine can help, sometimes the damage can be so serious that the bladder needs surgical repair or even removal. The urinary tract, from the kidneys to the bladder, can also be affected and urinary incontinence (uncontrolled urination) may also develop.²²

- People who use a lot of benzodiazepines can experience withdrawal symptoms, which include tremors, nausea, vomiting, headaches, anxiety, panic attacks and depression. People going through these withdrawal symptoms might experience fits.²²
- Opioids can cause accidental overdose and death. Overdoses are unpredictable and can occur regardless of how long an individual has been taking opioids or how high their tolerance is.²²
- Cocaine is risky for anyone with high blood pressure or a heart condition, but even healthy young people can have a seizure, heart attack or stroke after using the drug.²²
- Alcohol use is linked to cancer of the breast, mouth, throat, oesophagus, voice box, liver, colon, and rectum.²⁴

4.4 | Alcohol and other drug use and pregnancy

Drinking alcohol or taking drugs whilst pregnant increases the risk that the unborn child will experience negative health outcomes.

Alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorder (FASD), a brain development condition causing lifelong brain function, emotional, and behavioural issues. It is estimated that 2-4% of the UK population have FASD²⁵ but it is often underdiagnosed or misdiagnosed which results in lack of support for the affected child and family.

The use of drugs during pregnancy can affect the growth of the baby; can result in the baby experiencing withdrawals after birth; and injecting drug use can put an unborn child at risk of contracting hepatitis C or HIV.²⁶



²⁴ Drinking too much alcohol can harm your health. Learn the facts | CDC accessed 4th April 2024

²⁵ What is FASD - National FASD accessed 4th April 2024

²⁶ Hidden Harm (publishing.service.gov.uk) accessed 4th April 2024

4.5 | Alcohol and other drug use by children and young people

Guidance from England's Chief Medical Officer on alcohol consumption by young people states:

- Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option.
- The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by children.
- Support services must be available for children and young people who have alcohol-related problems and for their parents.²⁷

Research²⁸ shows a link between alcohol consumption by young people and an increased risk of experiencing negative outcomes, such as injury, violence, suicide attempts, risky sexual behaviour, and vandalism. It states that young people “who started drinking before age 15, compared to those who waited until they were 21, were 12 times more likely to be unintentionally injured while under the influence of alcohol, 7 times more likely to be in a motor vehicle crash after drinking, and 10 times more likely to have been in a physical fight after drinking.” This research also highlights an association between alcohol use by young people and an increased risk of alcohol use problems in adulthood and a possible negative impact for brain development.

The use of alcohol and other drugs by young people can negatively impact their physical and mental wellbeing; it can make them vulnerable to harm; and it can expose them to exploitation.²⁹



²⁷ Guidance on the consumption of Alcohol by children and young people (publishing.service.gov.uk) accessed 30th April 2024

²⁸ Consequences of Underage Drinking - Reducing Underage Drinking - NCBI Bookshelf (nih.gov) accessed 30th April 2024

²⁹ Children and drugs | NSPCC accessed 30th April 2024

4.6 | Alcohol and other drug use and ageing

Ageing can result in the consumption of alcohol becoming more harmful and yet it is reported that the amount of alcohol being drunk by older age groups is increasing.³⁰

The increased harm caused by drinking as individuals get older is thought to be caused by a reduced ability to break alcohol down; changes in life circumstances such as retirement; and problematic alcohol use going undetected or ignored.³⁰

The use of alcohol and other drugs can speed up the ageing process of our brains and as people age their ability to process drugs reduces and this increases their effect. Drug use can also increase the risk of experiencing negative health outcomes normally associated with ageing such as heart attacks.³¹

4.7 | The wider impact of alcohol and other drug use

Alcohol and other drug harms are not only experienced by those who use the substances. They also negatively affect families, friends, and the wider community.

The use of alcohol and other drugs is associated with adverse childhood experiences; family and marital problems; loss of workplace productivity; and crime and disorder.

Children, and especially babies, are very susceptible to the harms caused by people around them using alcohol and other drugs. Use by parents and carers can result in a child experiencing early exposure to alcohol, drugs or associated paraphernalia; reduced money to support the child; and reduced ability to support or prioritise the child's needs.³²

Parental alcohol misuse is a documented factor in 37% of cases where a child was seriously hurt or killed between 2011 and 2014.³³

There is a well documented link between alcohol and domestic violence:

- Between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault.³⁴
- A Home Office review of domestic homicides that occurred between October 2019 and September 2020 reported high levels of problematic alcohol and other drug use amongst both perpetrators and victims.³⁵

30 Alcohol and ageing: the hidden harms | Centre for Ageing Better (ageing-better.org.uk) accessed 4th April 2024

31 Young at heart? Drugs of abuse cause early onset cardiovascular disease in the young. - PMC (nih.gov) accessed 8th May 2024

32 learning-from-case-reviews-parents-substance-use.pdf (nspcc.org.uk) accessed 4th

33 Its-Everywhere-Commission-on-Alcohol-Harm-final-report.pdf (ahauk.org) accessed 4th April 2024

34 Microsoft Word - Domestic abuse, sexual assault, and child abuse.docx (ias.org.uk) accessed 8th May 2024

35 Key findings from analysis of domestic homicide reviews: October 2019 to September 2020 (accessible) - GOV.UK (www.gov.uk) accessed 8th May 2024

Alcohol is recorded as a factor in around 39% of all violent crimes in England,³⁶ and drugs are linked to half of all homicides and half of all acquisitive crime.³⁷ Alcohol and other drug use also contribute to public disorder and antisocial behaviour in communities across the country.

Alcohol and other drug use can be both a cause and consequence of homelessness. Crisis (a homelessness charity) report that two thirds of homeless people cite alcohol and other drug use as a reason for first becoming homeless.³⁸

There are health inequalities associated with alcohol harm. Despite alcohol consumption not being socially patterned, lower socio-economic status is associated with higher levels of alcohol-related illness and alcohol-attributable death.

Regulate

Through regulation Government should consider introducing Minimum Unit Pricing; alcohol duty in line with inflation; the reduction of children's exposure to alcohol advertising; mandatory health labelling on alcohol; and the introduction of a public health licensing objective.



³⁶ Record number of offenders facing sober Christmas and New Year - GOV.UK (www.gov.uk) accessed 4th April 2024

³⁷ Addictions and Substance Misuse (apccs.police.uk) accessed 4th April 2024

³⁸ Drugs and alcohol | Crisis UK | Together we will end homelessness accessed 4th April 2024

Local areas, including Merton, are encouraged to develop systems for obtaining and responding to emerging alcohol and other drug related issues.

This includes the development of a Local Drug Information System (LDIS) which is used to formally share urgent information with professionals and service users in response to an identified risk.

The market for drugs both in the UK and internationally is constantly changing with new substances being developed or introduced; new means for drug purchases emerging; and new settings in which drugs are being used.

Recent changes and emerging issues include:

- The presence of synthetic opioids (such as nitazenes and Fentanyl) in the heroin and other drug supply
- The emergence of synthetic cannabinoids such as Spice
- The purchasing of drugs on the internet

- The use of illegal drugs through vaping devices
- The practice of ‘chemsex’ (the use of substances such as gamma hydroxybutyrate [GHB] and gamma butyrolactone [GBL] alongside sexual activity)

Of the five emerging trends and harms listed above, we will give particular attention in the coming year to synthetic opioids and the use of chemsex related drugs.

The presence of synthetic opioids within the UK’s illegal drug market poses a highly significant risk to the lives of those using these drugs and requires a robust partnership response.

Ensuring that those who have developed a problem with chemsex related drugs are provided with appropriate treatment options is an equalities issue that requires partnership attention.

5.1 | Synthetic opioids

Synthetic opioids such as nitazenes have become a significant issue within the UK. Nitazenes are strong synthetic opioids which can be injected, inhaled, smoked or swallowed as tablets. The high potency of even small amounts of nitazenes leads to an increased risk of accidental overdose which may cause death.

The Advisory Council on the Misuse of Drugs’ (ACMD)³⁹ found that nitazenes were detected in 27 fatalities in the UK during 2021. There is a growing focus on local areas, through their Combating Drug Partnerships, to have effective plans to reduce the risk of harm caused by these substances.

39 ACMD advice on 2-benzyl benzimidazole and piperidine benzimidazolone opioids - GOV.UK (www.gov.uk) accessed 15th May 2024

Merton's response to synthetic opioids.

These actions draw on guidance produced by Office of Health Improvement and Disparities (OHID); international work to reduce the harm caused by these substances; and our response agreed with Merton partners.

- Ensure the recommendations below are given to anyone using drugs, especially those who use opioids:
 - Avoid using when alone
 - Always carry Naloxone (a medication which can reverse an opioid overdose)
 - Ensure that not everyone uses at the same time. Someone needs to be able to call for help and administer Naloxone if needed
 - Start by taking only a small amount to 'test' the substance
 - Always call an ambulance in the case of an overdose
- Ensure the Merton LDIS process is robust and able to collect, review and respond to all relevant alcohol and drug related intelligence.
- Ensure Naloxone is available as widely as possible in Merton.
- Create an environment in which people feel comfortable to disclose their drug use so that harm reduction interventions can be provided.
- Ensure Merton's specialist alcohol and other drug treatment services can be accessed equitably, quickly and easily.



5.2 | Chemsex

Chemsex refers to the use of drugs, usually methamphetamine, mephedrone or GHB/ GBL, during sexual activity to enhance the experience, and is practised mostly by gay, bisexual and other men who have sex with men (GBMSM). Chemsex is an emerging public health concern due to its association with negative health and social outcomes including increased risk of depression, anxiety, harmful substance use, transmission of sexually transmitted infections (STIs) and blood borne viruses (BBVs) including HIV and hepatitis C, and overdose. The prevalence of chemsex, and the problematic use of chemsex related drugs is difficult to determine, partly due to the stigma individuals may face if they seek help. However, a growing body of research points to this being a significant public health problem.⁴⁰

Merton's response to the use of chemsex related drugs includes:

- Development of strong partnership working arrangements between sexual health and alcohol and other drug treatment services to ensure people engaging in chemsex receive a package of joined-up care.
- Training all staff within sexual health and alcohol and other drug treatment services so there is a good understanding of the practice of chemsex and the use of chemsex related drugs so that services can respond effectively and safely.
- Development of discrete treatment pathways for people using chemsex related drugs, which are acceptable to the client group, responsive to the unique needs of this population, and are safe and effective.

⁴⁰ Chemsex-related drug use and its association with health outcomes in men who have sex with men: a cross-sectional analysis of Antidote clinic service data | Sexually Transmitted Infections (bmj.com)

The experience of accessing specialist treatment for alcohol and other drug problems differs across the population. Specific groups require additional attention because of elevated levels of risk; unique needs; or low representation within specialist treatment services.



6.1 | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+) groups

There is a higher level of alcohol and other drug use within the LGBTQIA+ community compared to the general population.⁴¹

Data for the three-year period from 2011-12 to 2013-14 showed that reported drug use was around three times higher among gay and bisexual men than among heterosexual men. Reported use of stimulants was around five times higher, with methamphetamine use around 15 times higher. The use of alkyl nitrites was around 19 times higher.⁴²

As Murray et al⁴³ (2003) point out, because of this higher rate of use “LGBTQ+ groups experience more drug-related harm than other groups in society”.

The barriers to accessing alcohol and other drug treatment for LGBTQIA+ groups include a sense or experience of staff not being skilled, sensitive or well informed about meeting the needs of LGBTQIA+ groups; fear or experience of harassment; and fear or experience of violence.⁴³

6.2 | Women

Women are commonly under-represented within specialist treatment services and often do not have their alcohol and other drug treatment needs adequately met. The Centre for Justice Innovation⁴⁴ states women use alcohol and other drugs in different ways and for different reasons than men and experience a set of “distinctive barriers” to treatment.

⁴¹ Official data confirms LGB drug use much higher than heterosexuals - London Friend accessed 26th April 2024

⁴² Substance misuse services for men involved in chemsex - GOV.UK (www.gov.uk) accessed 4th April 2024

⁴³ Full article: “It’s called homophobia baby” exploring LGBTQ+ substance use and treatment experiences in the UK (tandfonline.com)

⁴⁴ cji_-_drug_and_alcohol_treatment_services_for_women_-_commissioner_guide_-_final_2.pdf (justiceinnovation.org)

Women in treatment are more likely to use alcohol and prescription drugs than men, and are less likely to use cannabis, heroin, crack and cocaine. They are also less likely to be injecting.

Women in treatment are often younger than men, have lower levels of educational attainment, lower income, and are more likely to be married or cohabiting. They are also “significantly more likely to have childcare responsibilities” than men.⁴⁴

Women commonly report “early trauma” as a “driver for later” alcohol and other drug use. Research has shown a link between women’s alcohol and other drug use and “experiencing emotional, physical and sexual abuse, often perpetrated by a partner or family member.”

The barriers to treatment for women using alcohol and other drugs include:

- Stigma: alcohol and other drug use is more stigmatised for women than men. Women are portrayed as ‘bad’, ‘deviant’ and ‘unfit mothers’.
- Ongoing domestic abuse: Women in abusive relationships may find their partners resist or prevent them accessing treatment.
- Safety concerns: Women may be fearful of accessing mixed gender services, especially if they have already experienced interpersonal abuse, are experiencing domestic abuse, or have engaged in sex work. Women may feel unsafe disclosing their experiences in front of men in mixed groups or feel uncomfortable staying in mixed-gender residential facilities.

- Caring responsibilities: Women may avoid accessing treatment due to fears of “having children removed” and accessing treatment alongside family commitments can be challenging.
- Women from ethnic minorities may face additional barriers to treatment when services are not delivered in a culturally sensitive manner.⁴⁴

Women have reported that they can find mixed gender treatment services chaotic, intimidating or unsafe, with some women reporting being targeted by predatory male service users.

A high-quality treatment system is one that provides flexible, trauma-informed treatment and support in safe and gender-responsive ways.⁴⁴

6.3 | Heroin users

Heroin users typically have a very high level of complex needs, but the recent emergence of synthetic opioids in the UK heroin supply has reinforced the importance of providing effective harm-reduction interventions and specialist treatment for this cohort.

Heroin and other opioids greatly increase the risk of negative health outcomes experienced by the user. It has been found that compared to the general population, people using opiates (heroin) are ten times more likely to die prematurely.⁴⁵

6.4 | Older People

The harms caused by alcohol and other drugs can increase with ageing, and as Merton has an ageing population⁴⁶ this makes it important that alcohol and other drug support and treatment services are appropriate for older adults.

Review

Develop Merton's process of continually reviewing and responding to 'best-practice evidence', with a particular focus on assessing the risks and options for responding to emerging threats and meeting the unique needs of specific demographic groups.

⁴⁵ Mortality in people who use illicit opioids in England - The Lancet Public Health accessed 4th

⁴⁶ The Merton Story Summary 2022/23 accessed 30th April 2024

FROM HARM TO HOPE

The following sections use the three domains from the 10 year national drug strategy, From Harm to Hope, to provide an overview of the situation, the current response in Merton, and recommendations for making further improvements.

The three domains of the national drug strategy are:

BREAK SUPPLY CHAINS

This includes restricting upstream flow; targeting the middle and retail markets and rolling up county lines.

1

DELIVER A WORLD CLASS TREATMENT AND RECOVERY SYSTEM

This includes delivering high quality services; improving access to accommodation and employment; enhancing integration; and keeping prisoners engaged in treatment after release.

2

ACHIEVE A GENERATIONAL SHIFT IN THE DEMAND FOR DRUGS

This includes delivering school-based prevention and early interventions; supporting young people and families more at risk of substance misuse; and applying tougher and more meaningful consequences.

3

7.1 | Introduction

Achieving a generational shift in the demand for drugs is one of the three priorities in the 10 year Drugs Strategy. The strategy sets out an ambition to reduce overall drug use (including alcohol) towards a historic 30 year low by 2031 so that today's children and young people can grow up in a safer and healthier environment.²

In the context of tackling alcohol and other drug problems, the term 'prevention' is used to describe those interventions that seek to implement alcohol harm reduction and stop individuals starting to use other drugs, and also those interventions which are designed to reduce the risk of current alcohol or other drug use escalating and becoming more of a problem.

It is through the delivery of a comprehensive programme of 'prevention' activity that the Merton partners will reduce the use of alcohol and other drugs and will lower the burden placed on local services caused by these substances.

7.2 | Merton's alcohol and drug use

Obtaining a complete picture of the levels of alcohol and other drug use in Merton is challenging, as the data is either not collected, not reported, or not made visible. However, it is possible to crudely use England data to produce an estimate of levels of use with the caveat that Merton's population differs in key demographic ways from the population across England and so these estimates need to be considered with caution.

7.2.1 | Drug use

The National Crime Survey 2023 states that 9.5% of respondents aged 16 to 59 reported having used a drug in the last 12 months¹⁵. Applying this to the Merton adult population produces an estimate of 11,848 Merton residents having used a drug in the last 12 months.

Data produced by NDTMS (the National Drug Treatment Monitoring System) estimates that there were 746 opiate and/or crack users in Merton in 2016-17. Recent, restricted NDTMS data shows there has been a modest reduction in the estimated

prevalence of opiate and/or crack users in Merton.

7.2.2 | Alcohol Use

The annual cost to Merton caused by harmful alcohol use is estimated to be £85.8million.¹⁰

The Health Survey for England¹⁸ states that 49% of respondents, aged 16 and over, drank alcohol at least once per week. Applying this to the Merton adult population produces a total of 61,115 Merton residents who drank at least once per week.

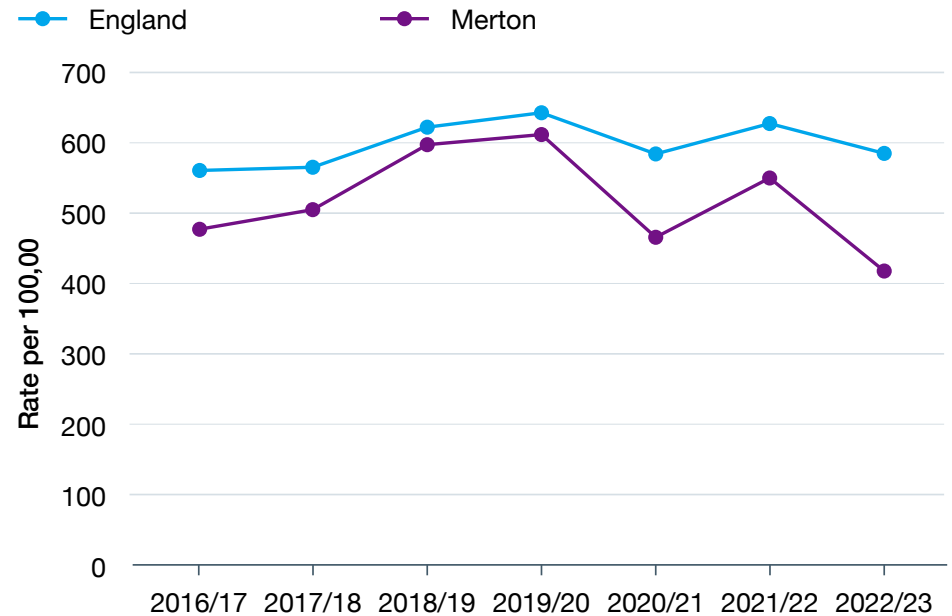
NDTMS data shows that there are more than 40,000 adults in Merton who drank above the recommended national alcohol consumption guidelines (no more than 14 units per week).

7.3 | Alcohol And Other Drug Related Hospital Admissions and Deaths

The following data shows that the levels of alcohol related hospital admissions in Merton are similar or lower than England and/or London (using the most recent data). However, whilst alcohol related hospital admissions and deaths are lower than the national average and on a declining trend, the data for drug (other than alcohol) related hospital admissions and deaths show these are either similar to the London or England average and on an increasing trend.

There were 791 hospital admissions for alcohol-specific conditions in Merton in 2022-23. This equates to a rate of 413 per 100,000 population, compared to 581 per 100,000 for England.

Rate per 100,000 of alcohol specific hospital admissions in Merton compared to England



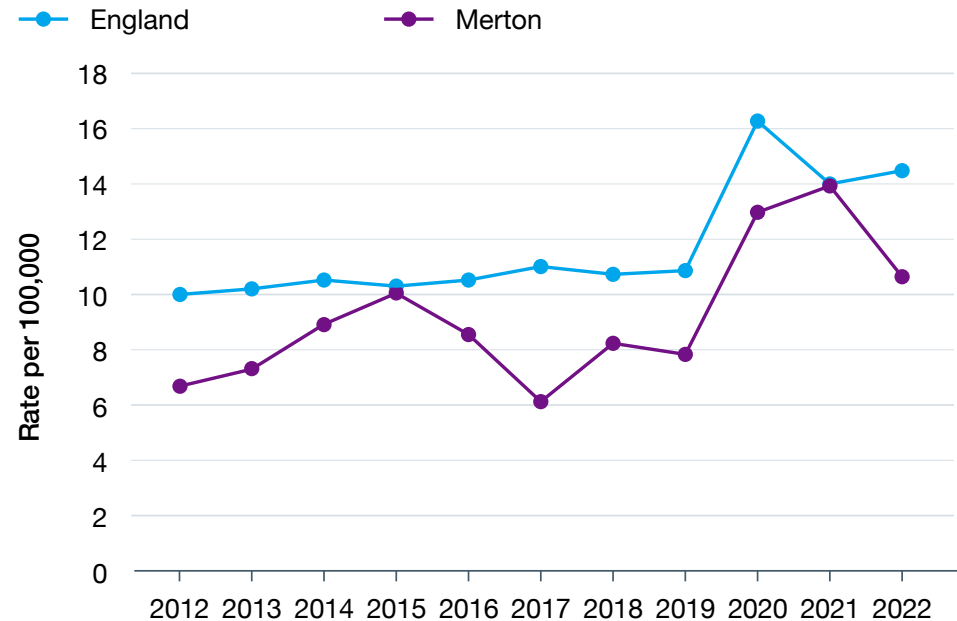
Source: OHID, based on NHS England and Office for National Statistics data

There were 21 alcohol specific deaths in Merton in 2022, this equates to a rate of 10.6 per 100,000 and is lower than the England rate of 14.5 per 100,000. The rate of alcohol specific deaths in Merton has reduced since 2020.⁴⁷

In the year 2019-20, there were 25 hospital admissions for poisoning by drug misuse for Merton residents.⁴⁸ There were 305 hospital admissions for a primary or secondary diagnosis of drug related mental and behavioural disorders in 2019-20.⁵² Data from the Office of Health Improvement and Disparities shows that there were 12 'deaths from drug misuse' in Merton between 2020 and 2022. This equates to a rate of 1.7 per 100,000 population, which is lower than London (3.6 per 100,000) and England (5.2 per 100,000). The rate of drug misuse related deaths in Merton is the third lowest in London, however the number of deaths has been increasing since 2017, there was 1 death recorded in 2017-19, 4 in 2018-20, and 8 in 2019 -21.⁴⁹

Data from the Drug and Alcohol Liaison Team (DALT), a service based within St George's Hospital, shows a notable increase in the number of referrals between 2021 and 2023 for people with cocaine/crack and opioid problems.

Rate per 100,000 of alcohol specific mortality (deaths) in Merton compared to England



Source: OHID, based on NHS England and Office for National Statistics data

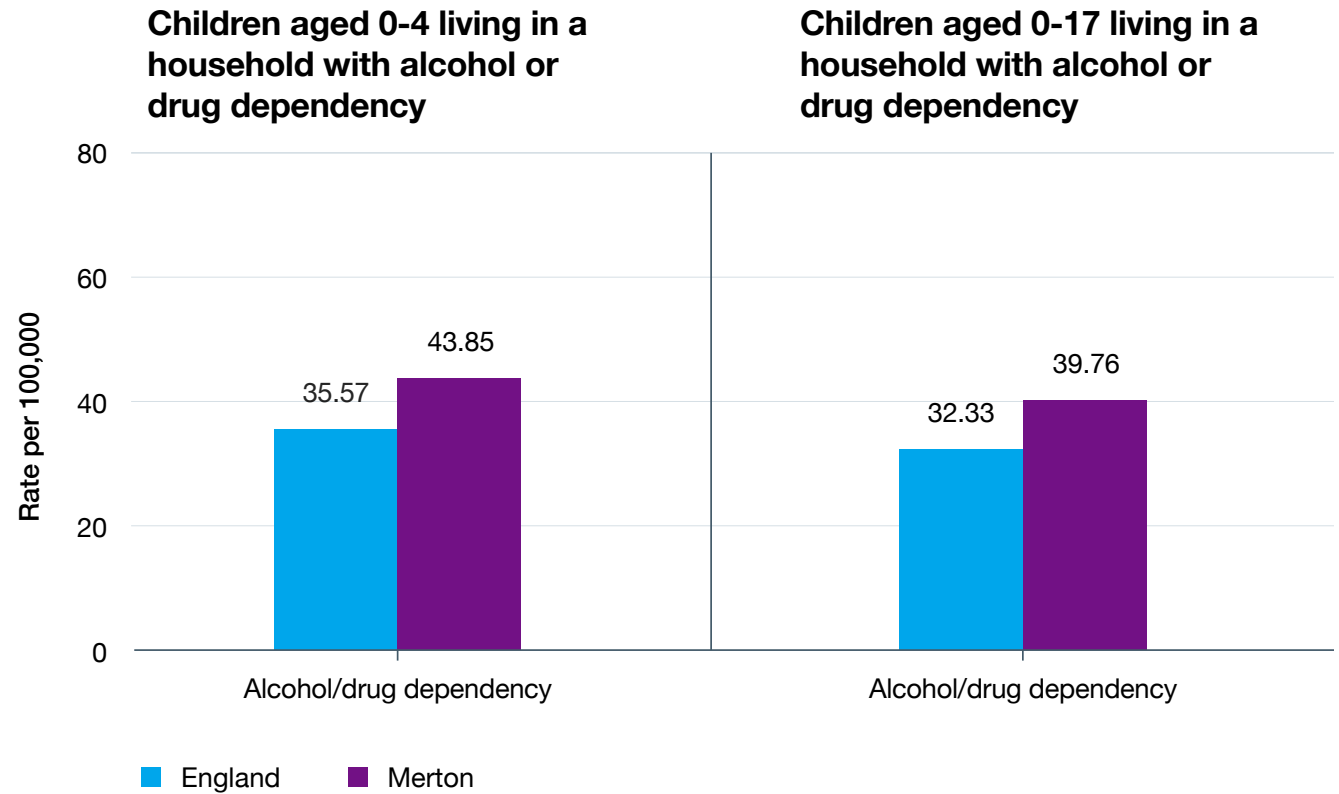
⁴⁷ Alcohol Profile - Data - OHID (phe.org.uk) accessed 4th April 2024

⁴⁸ Drug related hospital admissions: data tables - NHS England Digital

⁴⁹ Public health profiles - OHID (phe.org.uk) accessed 8th May 2024

7.4 | Parental Alcohol and Other Drug Problems in Merton

The graphs show the rate of children and young people in Merton living in a household with alcohol or drug dependency compared to the England average.⁵⁰ In Merton, 40 per 100,000 of those aged 0-17 live with a parent suffering with alcohol or drug dependency, compared to 32 per 100,000 across England.



Source: *The Merton Story 2021_final (1).pdf*

7.5 | People Experiencing Rough Sleeping and Alcohol and Other Drug Use in Merton

In 2018-19, Merton's homelessness outreach workers were able to undertake full assessments with 34 of 57 rough sleepers in the borough. Of those, 47% had alcohol misuse issues, 29% were drug users, and 41% had mental health problems. In 2022-23, the Combined Homelessness and Information Network (CHAIN) recorded 63 rough sleepers in Merton.



7.6 | Geographical Distribution of Alcohol and Other Drug Problems in Merton

The recent Merton Council Adults Substance Misuse Needs Assessment⁵¹ and the Young Person Substance Misuse Needs Assessment (awaiting publication) show that drug and alcohol related problems are more prevalent in the east of the borough and most of the people accessing the Merton Adult Specialist Alcohol and Drug Treatment Service live in the East of Merton.

7.7 | A Focus on Prevention

The provision of 'preventative programmes' is an essential approach to reduce demand. Prevention programmes, in the context of alcohol and other drug use, are those that are designed to reduce the likelihood of alcohol or other drug use starting and, where use has already begun, reducing the risk of this use becoming problematic.

Listed below are recommendations to effectively prevent both the use of alcohol and other drugs and escalation of problems associated with alcohol and other drugs. These are taken from The Combating Drugs Partnership: Promising Practice in Prevention of Drug Use and Harm (*this guidance is not currently publicly available*):

- Ensure a 'whole system' approach is taken, making prevention everyone's responsibility.
- Ensure everyone within the 'system' understands how alcohol and other drug use problems develop and when, in someone's life, the risk of developing a problem may increase.
- Ensure everyone within the 'system' can recognise and respond to vulnerability (in relation to substance use problems).
- Deliver preventative interventions at a universal; selective; and indicated level (i.e. to the wider population and specifically to those showing signs of having a problem).

⁵¹ Merton 24/24 Adult Substance Misuse Needs Assessment Summary accessed 8th May 2024

- Focus resources at particularly high-risk groups including:
 - Vulnerable young people (those who are not in education, employment or training [NEET]; in care; young offenders)
 - Offenders
 - Families where the parents have a substance dependency problem
 - Victims and perpetrators of domestic abuse
 - People working within the sex industry
 - People experiencing homelessness
 - Veterans
 - Older people
 - Individuals that have experienced multiple adverse childhood experiences.
 - Ensure that any mass media campaigns are delivered as part of a wider programme of prevention, are informed by behaviour research and do not pursue 'fear arousal' as the stigma caused by this can be a barrier to accessing treatment.
 - Ensure that skills-based training programmes are delivered within existing services and that these focus on developing life and social skills.
 - Deliver brief interventions, for adults, either online or face-to-face from various settings.
- In addition to the recommendations set out above, the introduction of Project ADDER, in February 2024, provides an opportunity for local partners to work with the Metropolitan Police Service in the delivery of substance misuse prevention programmes.

7.8 | Demand Recommendations

Recognise

Improve the process of sharing, reviewing, and responding to local alcohol and other drug related data by Merton partners so that partnership resources can be swiftly focussed on areas of highest need.

Recognise

Normalise the process of enquiring about and screening for alcohol and other drug problems by developing Merton's network of organisations to promote confidence in asking pertinent, curious and necessary questions.

Respond

Ensure that Merton has the resources to provide preventative interventions to those who are at high risk of developing alcohol or other drug problem, or to those whose use is likely to become more problematic.

Respond

Implement a programme of harm reduction and overdose prevention interventions across Merton, including effective mechanisms for supplying Naloxone to individuals at risk of opiate overdoses.

8.1 | Introduction

A period of structured treatment may be required for those whose use of alcohol or other drugs has become problematic. For example, when a dependence has developed, or the use of the substance has become the individual's priority, and this is then negatively affecting their ability to care for themselves or others or meet their roles and responsibilities.

The crisis in healthcare will not be resolved by treatment alone, we must focus on prevention.

A definition of structured treatment is:

Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment requires a comprehensive assessment of need, and

is delivered according to a recovery care plan, which is regularly reviewed with the client.⁵²

The 10 year national drug strategy introduced some treatment related objectives:

- To increase the number of people engaged in structured treatment
- To improve the treatment pathway between prison and community treatment
- To reduce drug and alcohol related deaths

Alongside the strategy came a series of grants, most notably the Supplementary Substance Misuse Treatment and Recovery Grant, which have allowed local partnerships to improve their response to the problems caused by alcohol and other drug use, however, at the time of writing commitment has only been given to provide these grants up until the end of 2024-25.

Specialist treatment and support for people using alcohol and other drugs provide numerous benefits not only to the individual but also their family and friends and the wider community.

Effective alcohol and other drug treatment and support:

- Prevents patterns of use escalating
- Addresses dependency and addiction
- Reduces the risk of overdose
- Prevents crimes
- Assists in addressing concurrent physical and mental health problems
- Improves social reintegration

⁵² Guidance for improving continuity of care between prison and the community - GOV.UK (www.gov.uk)

8.2 | The Merton Alcohol and Other Drug Treatment System

The Merton alcohol and other drug treatment system consists of:

- A specialist young people's treatment service – which provides one-to-one, psycho-social support for people aged 11 to 24 and their families
- A specialist adult's treatment service – which provides psychosocial and pharmacological treatment for people aged 18 and above, and their families
- Inpatient detoxification and rehabilitation treatment
- A hospital-based drug and alcohol service – shared with Richmond and Wandsworth at St George's Hospital
- Pharmacy based supervised consumption and needle exchange services

The Merton alcohol and other drug treatment system not only provides essential services to people using substances, it also produces information for the Merton Combating Substance Misuse Partnership. This information assists in understanding trends and need in the wider, non-treatment engaged, community. Some of this data is presented on the following pages.



8.3 | Unmet Treatment Need Amongst Merton's Adults with an Alcohol and/or Other Drug Problem

The table to the right provides the estimated percentage of adults for each of the six South West London boroughs with an alcohol or other drug problem who were not engaged in structured treatment in 2020-21.

The percentage of opiate and/or crack users not accessing treatment in Merton is higher than the national average and is the second highest in south-west London.

The percentage of adults with an alcohol dependency not accessing treatment in Merton is lower than the national average and is the lowest in south-west London.

	England	Merton	Sutton	Kingston	Wandsworth	Richmond	Croydon
Opiate and/or crack users not in treatment (2020/21)	53%	66%	64%	58%	67%	58%	66%
Adults with an alcohol dependency not in treatment (2020/21)	82%	75%	81%	81%	85%	78%	84%

Source: NDTMS - ViewIt - Adult

8.4 | Merton Treatment Population

Data from the Merton 2023-24 Adult Substance Misuse Needs Assessment and recent NDTMS data show that 'alcohol only' users make up the single largest group within the Merton adult treatment population, more than opiate and/or crack users. Crack users (without any opiate use) were the smallest group.

The Young Persons Substance Misuse Needs Assessment 2024 (awaiting publication) shows that most referrals to the

Merton Young Persons Substance Misuse Service were for problematic cannabis and/or alcohol use.

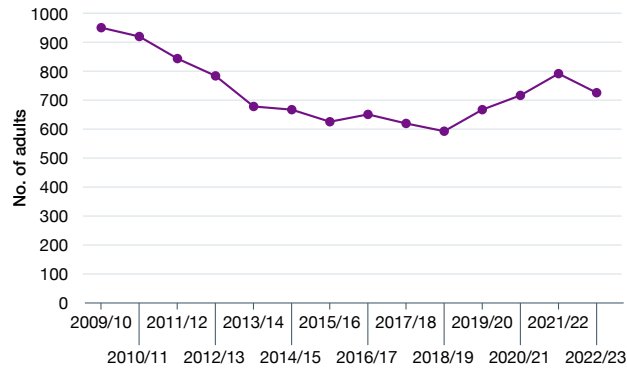
The Merton 2023-24 Adult Substance Misuse Needs Assessment also highlights that of those adults in treatment who reported use of New Psychoactive Substances or Club Drugs, the proportion stating they had a problem with either GHB/GBL and/or Methamphetamine, both of which are substances associated with chemsex, was more than 3.5 times higher than the England average.

8.5 | Outcomes from the Merton Alcohol and Other Drug Treatment System

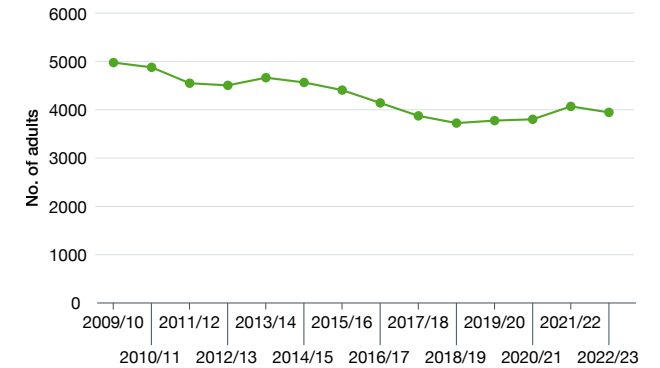
8.5.1 | Number of Adults in Structured Treatment

The charts to the right show the number of adults accessing structured alcohol and other drug treatment in Merton, London and England between 2009-10 and 2022-23. These charts illustrate how after a long decline the numbers in treatment began to increase after 2018/19. More recent, restricted NDTMS data shows that the drop in Merton’s numbers in 2022-23 has been addressed and a steady growth in the numbers in treatment is now happening.

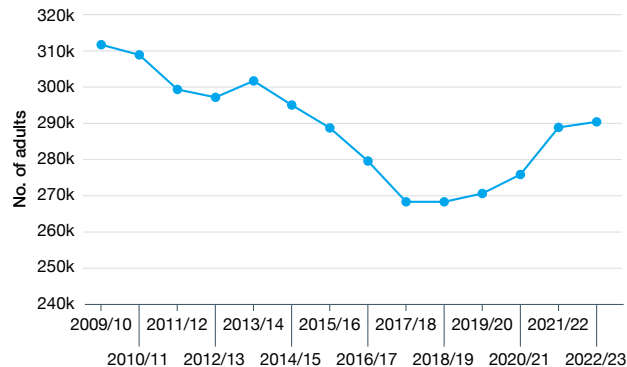
Numbers of adults in Treatment - Merton



Numbers of adults in Treatment - London



Numbers of adults in Treatment - England

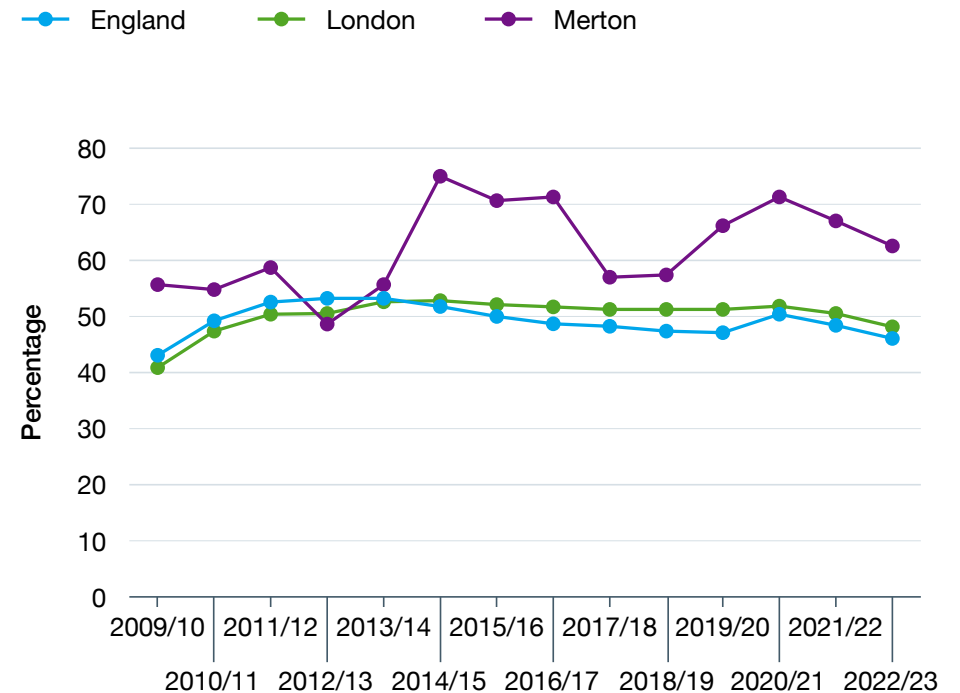


8.5.2 | Treatment Exits for Adults Leaving Structured Treatment in Merton

The chart to the right shows the proportion of adults that left specialist alcohol and other drug treatment in a 'successful' manner (i.e. either completing the treatment programme or leaving following a mutual agreement with the service provider) each year, from 2009-10 to 2022-23, in Merton, London and England.

Merton adult alcohol and other drug treatment services have consistently achieved a higher level of successful completions than both the London and England average.

Percentage of treatment exits that were 'successful' for Merton London and England



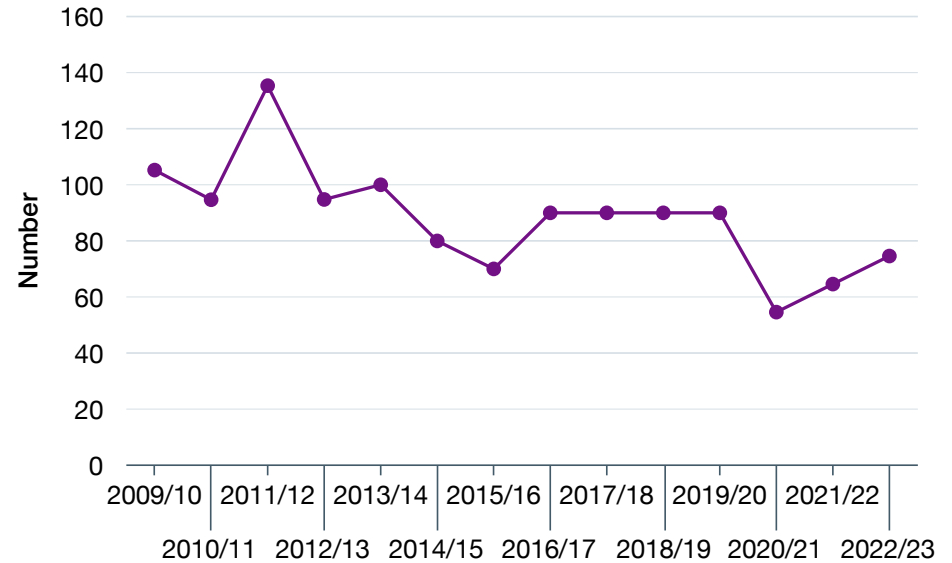
Source: NDTMS - ViewIt - Adult

8.5.3 | Number of Young People (under 18) in Structured Treatment in Merton

The number of young people accessing alcohol and other drug treatment in Merton dropped during the COVID-19 lockdown periods and then increased during 2021-22 and 2022-23. However more recent but restricted NDTMS data shows that the numbers have decreased since March 2023.

Some of the individuals engaged with Merton Young Person's Substance Misuse Service (Catch22) are aged between 18 and 24 and will therefore not be captured in the following graphs (but this cohort is included in the adults data in this chapter).

Number of young people in treatment, Merton



Source: NDTMS - ViewIt - Young People

8.5.4 | Treatment Exits for Young People Leaving Structured Treatment in Merton

The chart to the right shows the proportion of successful treatment exits for young people in Merton compared with London and England.

Merton’s young persons’ alcohol and other drug treatment service has achieved a higher proportion of successful treatment exits than the London and England average since 2014-15.

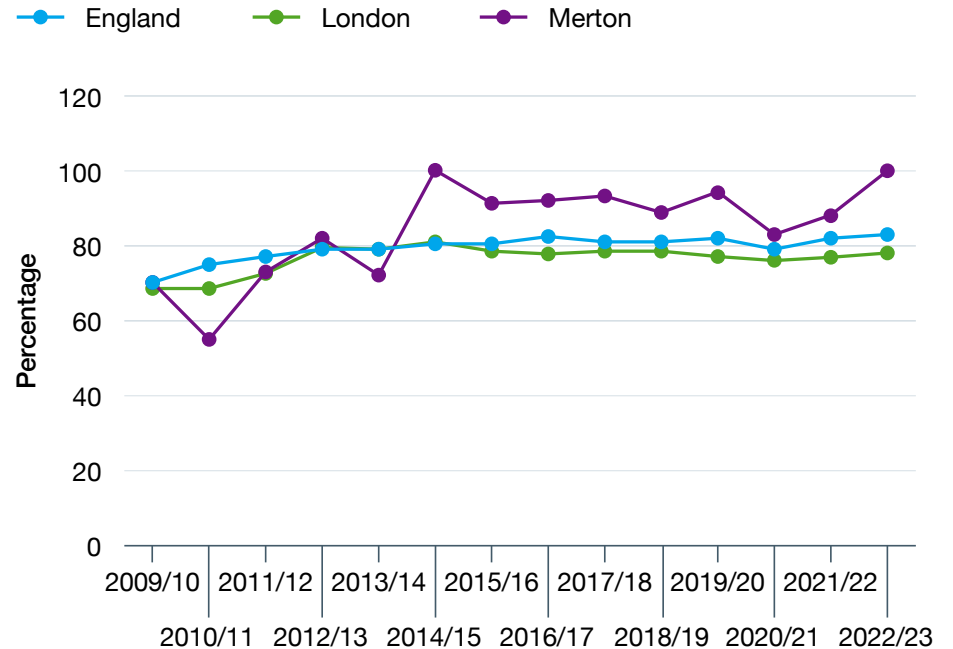
8.5.5 | Continuity of Care

Successful engagement into community based structured treatment for people leaving prison with an ongoing alcohol or other drug related problem is an important way of reducing the harms associated with the transition between custodial and community rehabilitation.

The process of transferring treatment between prison community services is referred to as continuity of care.

Merton has performed well in relation to Continuity of Care, with the February 2024 performance (covering the period December 2022 to November 2023) being higher than both the national and regional averages.

Percentage of young persons treatment exits that were ‘successful’ for Merton, London and England



Source: NDTMS - ViewIt - Young People

8.6 | Concurrent Mental Health Needs

The Merton Adult Substance Misuse Needs Assessment⁵⁶ shows that in 2020-21, more than 70% of drug users entering the adult treatment service and more than 60% of alcohol users had a mental health treatment need identified. Approximately three quarters of these were receiving some form of mental health treatment with roughly half receiving this from their GP.

Data provided by the Merton Young Persons Substance Misuse Treatment Service, shows that 41% of the individuals that accessed the service in 2021-22 reported experiencing a mental health problem.

8.7 | Parents in Treatment

NDTMS data shows that in 2022-23 the proportion of people starting treatment in Merton who were parents living with children was higher than the regional average (17% vs 15%) but lower than the national average (20%)⁵³

8.8 | LGBTQIA+ Community and Merton Adult Structured Treatment

The 2020-21 Commissioning Support Pack states that less than 5% of alcohol users and less than 10% of drug (other than alcohol) users accessing the Merton adult structured treatment population are recorded as homosexual or bisexual. For those individuals engaged in adult structured treatment and reporting use of drugs associated with Chemsex, 59% were recorded as homosexual or bisexual in 2022 and 69% in 2023.

8.9 | Women in Merton Adult Structured Treatment

Data produced by Via, the provider of the Merton Specialist Adult Alcohol and other Drug Treatment Service, shows that the number of women accessing the Merton adult specialist substance misuse service is lower than men, with women making up approximately 32% of the overall caseload. However, the proportion of women dying whilst in treatment is higher than expected; during the years 2022, 2023 and 2024 (to date), 45% of those individuals that died whilst in treatment in Merton were women.

The Merton Young Persons Alcohol and Other Drug Treatment Service engages a higher proportion of females compared to the adult service. In 2022-23 47% of the young people engaged in the Merton Young Persons Alcohol and Other Drug Treatment Service were female.⁵⁴

8.10 | Sport and Recovery

Merton Council is on a journey to become London's Borough of Sport and as such, improving access to and participation in sport and physical activity is a priority.

Research shows that regular physical activity can be important for the recovery process of individuals overcoming alcohol and other drug issues.⁵⁵ Physical activity can help reduce stress levels, which can be a common trigger for relapse, and it has been shown to reduce the symptoms of depression for both alcohol and other drug users and to increase abstinence rates amongst drug (other than alcohol) users.⁵⁶

53 NDTMS - ViewIt - Adult

54 NDTMS - ViewIt - Young People accessed 13th May 2024

55 Exercise: How It Can Help With Addiction Recovery (webmd.com) accessed 13th May 2024

56 pone.0110728 1..15 (plos.org) accessed 13th May 2024

Physical activity can also assist with the development of supportive social networks which can provide encouragement, motivation, and accountability during the recovery process.⁵⁷ The structure and routine gained through regular physical activity can also help those recovering from alcohol and other drug problems.⁵⁶

Merton's ambition to become the London Borough of Sport provides an excellent opportunity to increase the physical activity opportunities for people with alcohol and other drug problems.

8.11 | Diet and Recovery

Alcohol and other drug use can negatively impact on the user's diet. Alcohol and other drug use can result in a reduced diet, poor absorption of nutrients, and changes to the hormones that control the desire to eat and feelings of fullness.⁵⁸ Research has begun to show how an improved diet can help reduce the risk of relapse and improve the mental health of people recovering from alcohol and other drug problems.⁶²

⁵⁷ (PDF) The Effects of Physical Activity on Social Interactions: The Case of Trust and Trustworthiness (researchgate.net) accessed 13th May 2024

⁵⁸ Nutritional status and eating habits of people who use drugs and/or are undergoing treatment for recovery: a narrative review - PubMed (nih.gov) accessed 13th May 2024

Merton Public Health has developed a partnership with King's College London to provide a placement for student dieticians within the Merton Adult Alcohol and Other Drug Treatment service. This has already successfully raised the importance of diet within recovery and has given alcohol and other drug treatment staff the tools and knowledge to support service users to improve their diet.

8.12 | Employment and Recovery

People with drug and alcohol problems are often some of the most vulnerable individuals within the population and are commonly a long way from accessing employment. In 2022-23 only 37% of adults with an alcohol or other drug problem starting treatment in Merton were in regular employment.⁵³

There is compelling evidence that for most individuals, working improves health and wellbeing and reduces psychological distress. Research shows that obtaining employment can help those with a alcohol or other drug problem complete treatment

successfully and sustain recovery⁵⁹ and because of this there is a commitment within the 10 year national drug strategy to offer dedicated employment support, through a programme called Individual Placement and Support (IPS), to all individuals accessing structured alcohol and other drug treatment.²

IPS for people with alcohol and other drug problems in Merton commenced in April 2024 and has immediately begun to show positive outcomes with a good number of referrals for employment support.

8.13 | Listening to local people

Gathering feedback from local communities and service users can help ensure alcohol and other drug treatment services are effective; accessible; and are meeting the needs of discrete groups.

Outcomes from three Merton consultations, conducted in 2023 – one a public online consultation; another specifically with GP practice staff; and the third conducted

⁵⁹ The Effects of Employment Interventions on Addiction Treatment Outcomes: A Review of the Literature: Journal of Social Work Practice in the Addictions: Vol 16 , No 4 - Get Access (tandfonline.com) accessed 13th May 2024

as face-to-face meetings with users of the Merton Adult Alcohol and Other Drug Treatment Service, highlighted:

- Most people who had used or made referrals to the adult service reported a positive experience.
- There were only a few individuals who had not found their experience of the service to be positive or did not have their needs met.
- There were many people who were not aware of the service. The need to better promote the service came out strongly in the responses.
- The need to 'reach-out' into the community and work more closely with partners was expressed.
- The expansion of the physical building space would be welcomed as the current building is too small.
- The importance of talking therapies and psychosocial interventions alongside clinical interventions.
- The need for more post-treatment support and facilitated access into other community services to help with things such as social networking, ongoing mental health problems, and employment opportunities.

Respondents to the online consultation strongly noted that treatment can help improve the perception of people with alcohol and other drug problems, thus helping tackle stigma.



Statements from 2 Via service users

The following are statements from Via Merton service users reflecting on their experience of using the service.

“My experience with both my current and previous keyworkers has been invaluable to keeping me sober over the past 14 months. They have made me feel extremely safe and cared for during an emotional and difficult transition from actively using to becoming sober. My current keyworker in particular has been an incredible support and helped fight for me whilst I try and get support for various mental health problems. The knowledge, kindness and passion that she has shown has shined throughout my experience with her.”

“My keyworker was such an amazing support for me, she helped me get sober and I still am today. I went to her group as well and it was invaluable in giving me a routine and it let me make some sober friends, some of whom I am still in contact with today.

Without the support appointments and the group sessions I don't think I would've been able to become as healthy as I have.”

v-i-a

8.14 | Tackling Stigma

Tackling stigma is not only the right thing to do, it will also help remove a significant barrier to people with alcohol and other drug problems getting the support and treatment they need.

Merton is focussed on tackling the stigma faced by any local resident with an alcohol or other drug use problem. To initiate this work, a presentation was given to the Merton Health and Wellbeing Board (HWB) in November 2023 on alcohol and other drug related stigma. The HWB watched a video of Merton adult substance misuse service users, ensuring that the voice of those with lived experience were considered in the discussion, and the HWB members agreed to support tackling stigma.

Work is underway to improve how those with a lived experience of alcohol and other drug problems are more involved in the design, monitoring, and provision of alcohol and other drug related activity. Training focussed on tackling stigma will also be made available for local partners.



8.15 | Treatment Recommendations

Recover

Increase the number of people with alcohol and other drug problems accessing Merton's specialist alcohol and other drug treatment service and improve treatment outcomes, especially for women and those from the LGBTQIA+ communities.

Recover

Ensure that Merton has a system of well promoted and easily accessible alcohol and other drug related interventions ranging from awareness campaigns; and brief-interventions; to specialist community treatment; and residential care.

Recover

Central Government grants issued to enhance the response of local partnerships to alcohol and other drug problems (i.e. the Supplementary Substance Misuse Treatment and Recovery Grant and other associated grants) should continue for at least the life of the 10 year drug strategy.

Reintegrate

Develop Merton's recovery support offer, including access to employment, physical activity, and diet support services, so that people with alcohol and other drug problems are more likely to sustain the positive outcomes they have gained through structured alcohol and other drug treatment.

Reintegrate

Improve Merton's provision of care for people with co-occurring mental health and alcohol or other drug problems, so that tailored, specialist, and joined up support is received as required.

Reframe

Deliver a programme of training to help Merton partners to recognise and tackle alcohol and other drug related stigma.

Reframe

Strengthen the voice of alcohol and other drug related service users within all relevant Merton partnership activity.

Review

Ensure that Merton has effective processes and governance for reviewing delivery and has the means to implement changes to achieve the best possible outcomes.

9.1 | Introduction

Effective interventions for dealing with the supply of alcohol and tackling drugs are important for reducing the harms caused by these substances.

Whilst alcohol is a substance which can be sold and purchased legally, effective management of alcohol supply, through licensing laws, remains an important way of reducing access and harm.

Delivering an effective and robust response to the supply of drugs is a responsibility of enforcement agencies, however there is a need to involve all partners for supply related harm to be effectively addressed.

The National Drug Strategy sets out the goal of “cutting off the drug supply that is causing the most harm” by:

- Restricting upstream flow
- Securing the border
- Targeting the middle market
- Rolling up county lines

- Tackling the retail market
- Going after the money
- Prison security

By effectively tackling drug supply the intention is “neighbourhoods” will become “safe and secure places” and all areas will be enabled to “prosper and grow”.²

9.2 | County Lines and Cuckooing

County Lines is the term used to describe the method of transporting and selling drugs (other than alcohol) in a local area. County Lines operations will exploit children and vulnerable young people, “coercing them into becoming ‘runners’ of drugs and making it difficult for them to escape because of debt and threats.”²

Cuckooing is a tactic where drug dealers use violence and coercion to occupy a property and use it as a base for dealing. Dealers often target those who are the most vulnerable, including those experiencing drug addiction, mental ill health or learning disabilities.²

9.3 | UK Alcohol Licensing Law

In England and Wales, the Licensing Act 2003 is the legislation used to license premises in their sale of alcohol. It forms the backbone of UK alcohol laws and sets the laws that any business selling alcohol must follow, including which licenses they need to apply for and what they must do to responsibly carry out the sale of alcoholic beverages.⁶⁰

The main objectives of The Licensing Act 2003 are:

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

Every Licensing Authority (the organisation responsible for delivery the Licensing Act at a local level) is required to publish a Statement of Licensing Policy with respect to the exercise of its licensing functions, and to review it at least every five years.

⁶⁰ UK Licensing Laws: Everything you need to know about selling alcohol in your bar or restaurant – Alliance Online Blog

Merton's fifth Statement of Licensing Policy took effect in January 2021.

As increasing alcohol purchasing and consumption is associated with off-trade sales, consideration for reducing harm through restricting licensing of the off-trade is becoming equally, if not more important than on-trade licensing restriction.

9.4 | Alcohol Licensing in Merton

In 2023-24 there were 601 premises licensed to sell alcohol in Merton. There were 28 premises with 24-hour alcohol licences, of these one was a pub/bar/nightclub, 14 were supermarkets/stores, 2 were hotel bars, and 11 other premises types.

In 2023/24 there were 101 premises only permitted to make on-sales of alcohol, 250 for off-sales only, and 203 for both on-sales and off-sales together. Late night refreshments licences were held by 172 premises, while 35 had club premises certification.

Wimbledon Town Centre has the highest concentrations of licensed premises in the borough.

The Licensing team's continued engagement with the off-trade to promote responsible retailing including not selling to street drinkers, complying with conditions of their licenses and voluntarily prohibiting the sale of super strength beer and cider is important.

9.5 | Drug (other than alcohol) Supply, including County Lines

Data provided by the Metropolitan Police Service shows that the majority of offences in Merton directly related to drugs (between February 2023 and January 2024), involve Cannabis (49%), followed by cocaine and crack (11%) and heroin (3%).

The data also shows that there are three drug supply hotspots in Merton, these are located in the town centres and East of the borough.

Caution needs to be applied with the interpretation of this data as factors including visibility and targeted Police action will impact on what is detected and recorded.

The Metropolitan Police Service believe there to be more than five County Lines currently operating in Merton.

A link has been highlighted by the Metropolitan Police Service between violent crime and drug supply. Recently a decrease in knife crime has been observed within Mitcham (in the East of Merton) because of partnership disruption activity.

The majority of the victims and perpetrators of these offences are aged under 18 and some of those involved are coming into Merton from neighbouring boroughs.

9.6 | Cumulative Impact Zones

A Cumulative Impact Zone (or area) is a designated zone where evidence has indicated that the number, type or density of licensed premises is impacting adversely on the licensing objectives. Applications for new licences/ variations to existing premises licences for premises within Cumulative Impact Zones are subject to different policy considerations and need to show why the grant of a new premises licence or variation application will not add to cumulative impact.⁶¹

There are two cumulative impact zones in Merton. One in Wimbledon Town Centre (relating to all license types) and one in Mitcham Town Centre (relating to premises selling alcohol for consumption off the premises only).

Merton strategic partners agreed that the local cumulative zones have helped address some of the problems caused by alcohol supply and both zones were renewed in March 2024.

9.7 | Public Space Protection Order

A Public Space Protection Order (PSPO) is a tool to address anti-social behaviour (ASB) and its impact on individuals and communities.

In October 2020, Merton implemented a PSPO in relation to alcohol consumption in public places. In October 2022, the Order was extended for a further three years.

It covers the following East Merton wards:

- Cricket Green
- Figges Marsh
- Graveney
- Lavender Fields
- Ravensbury

The Order allows authorised officers of the Council and the Police to require people to stop drinking in public and to confiscate alcohol where the individual is causing or likely to cause a nuisance or annoyance. It also allows the Police to issue fixed penalty notices if an individual fails to comply to a request to stop drinking or surrender alcohol.

Following a public consultation in early 2023, approval has been given for expansion of the PSPO across the borough.

The focus of the PSPO in Merton is to engage and support those who are street drinking and multi-agency patrols take place to ensure that street drinkers are given referral routes to access support.

9.8 | Operation Hambling

Operation Hambling is a Metropolitan Police led operation in which Merton Council works in partnership to deliver joint activities, patrols and engagement in Mitcham Town Centre. This 'place based' partnership enables joint problem solving, sharing of resources, and improved intelligence sharing.

Operation Hambling started in August 2023 and continues to be delivered and has resulted in enforcement action being taken in response to offences either directly related to or associated with drug supply. Operation Hambling also provides recognition of and support for vulnerable young people.

⁶¹ Cumulative Impact Areas - What is a Cumulative Impact Area? (keystonelaw.com)

Tackling the Merton drug (other than alcohol) supply is a long-term challenge and as such the Metropolitan Police and Merton Council have given a long-term commitment to Operation Hambling.

9.9 | Project ADDER

In February 2024, funding from the Mayor of London was awarded to the Metropolitan Police to deliver a Project entitled Addiction Diversion Disruption Enforcement Recovery (ADDER) across London.

Project ADDER is a partnership project in which police and other partners work closely together to address local drug (other than alcohol) problems.

Project ADDER supports all elements of the Merton plans to tackle drug harms and provides an opportunity to tackle local supply by:

- Improving the sharing of intelligence
- Developing joint responses to supply hotspots
- Facilitating partnership problem solving in relation to key individuals involved in the supply of drugs
- Enabling a rapid, partnership response to meeting the needs of vulnerable young people involved in County Lines

We will ensure that best practice evidence is collated by ADDER in Merton and is used to reduce drug related offending, drug use and the number of drug related deaths.

9.10 | Supply Recommendations

Regulate

Use legislation and ‘place-based’ partnership projects to ensure the harm caused by alcohol supply is reduced, and the supply of other drugs in Merton is disrupted.

Regulate

Through regulation Government should consider introducing Minimum Unit Pricing; alcohol duty in line with inflation; the reduction of children’s exposure to alcohol advertising; mandatory health labelling on alcohol; and the introduction of a public health licensing objective.

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