

# Drugs

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Haringey Stat

28 November 2019

## Aims:

- A data-led exercise to kickstart an honest dialogue about:
  - The scale and nature of the issues
  - Most affected groups
  - Impact on community life
  - What we are doing well
  - What do we need to prioritise
  - **Building/recognising everyone's role in the partnership**

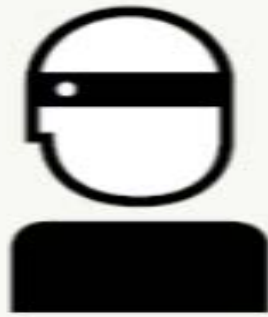


Public Health  
England

## Drug misuse harms families and communities



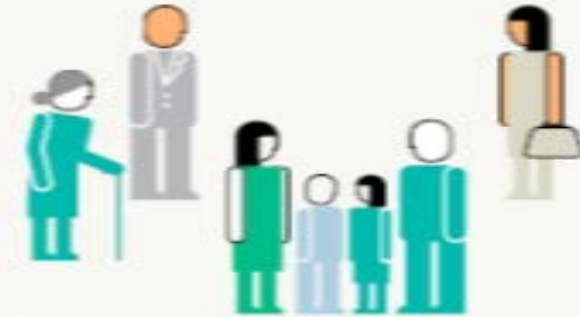
Parental drug use is a risk factor in **29%** of all serious case reviews



Heroin and crack addiction causes crime and disrupts community safety



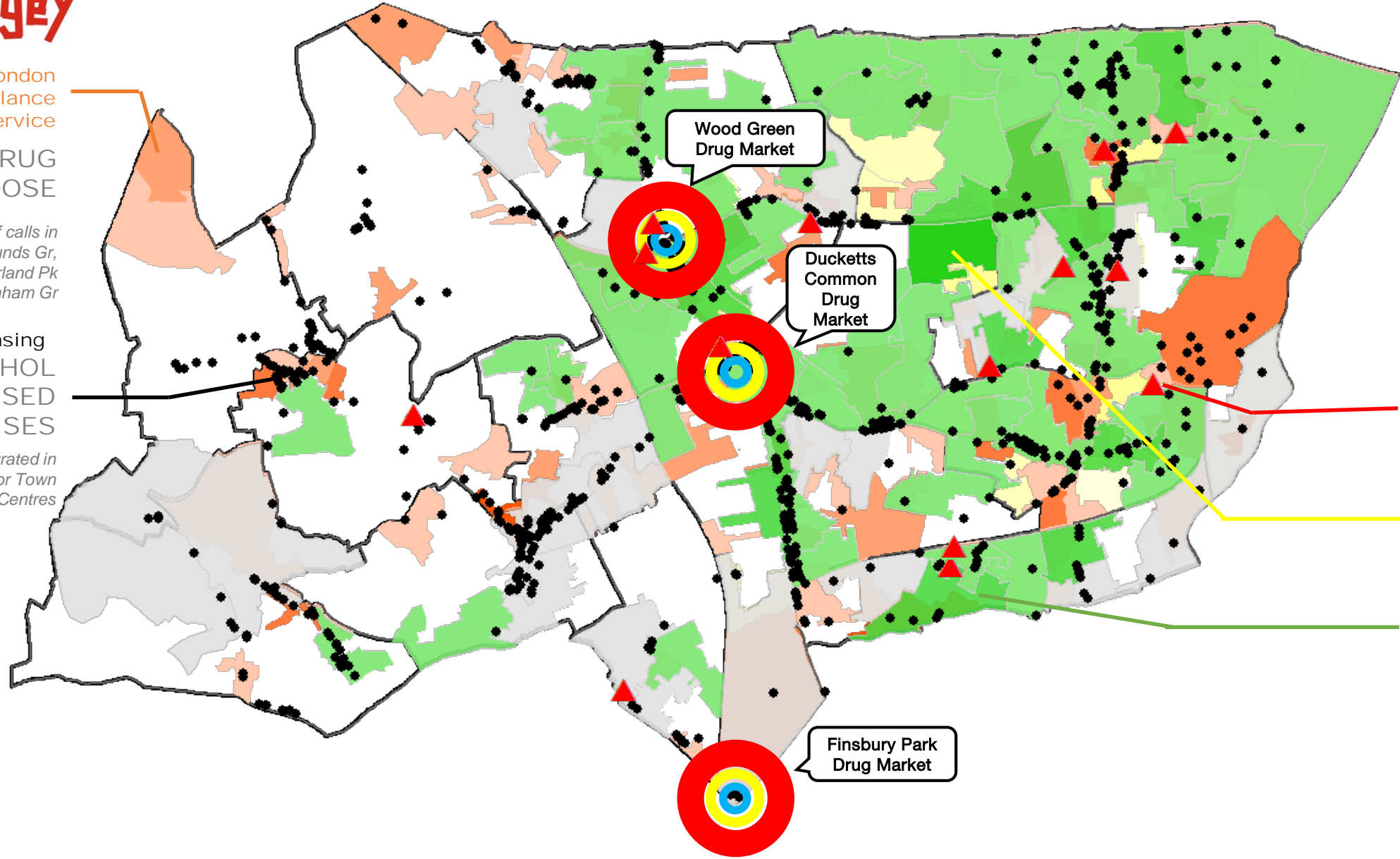
A typical heroin user spends around **£1,400 per month** on drugs (2.5 times the average mortgage)



The public value drug treatment because it makes their communities safer and reduces crime. **82%** said treatment's greatest benefit was improved community safety

London Ambulance Service  
**DRUG OVERDOSE**  
*30% of calls in Bounds Gr, Northumberland Pk & Tottenham Gr*

Licensing **ALCOHOL LICENSED PREMISES**  
*Concentrated in major Town Centres*



**Treatment Service**  
Drug/Needle Exchange  
*Mainly in east to meet need*

**IMD 2019**  
Deprivation  
*Most deprived 20%*

**In Treatment**  
Tier 2&3 Clients  
*Heavily skewed to the east particularly West Gr, Seven Sisters & Tottenham Gr*

C O U N T Y L I N E S 

# National context

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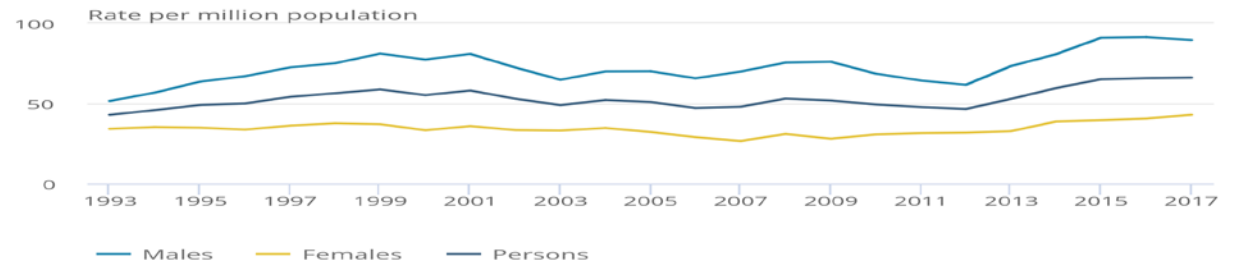
Drug markets generate violence, cause health conditions and deaths, and fuel organised criminal activity that affects the most vulnerable people

- Drug purity is at its highest for five years as a result of violent competition between organised criminal networks
- 4,000 London children are being exploited into supplying drugs through 'county lines' to meet demand

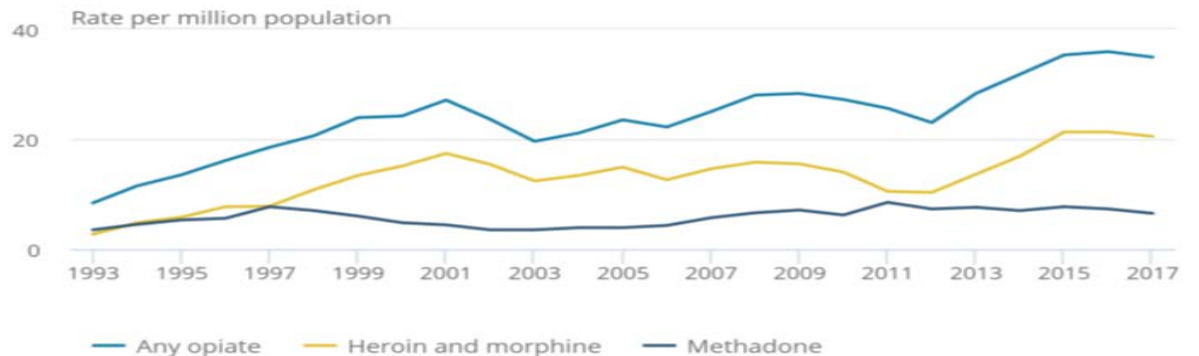
- More than one in every 50 people in London take drugs every day
- Cocaine use has doubled in the last five years
- 16% increase in drug related deaths in the last five years
- Expectation of drugs delivered 24/7

- Men are more likely to die from drug use than women.
- Drug related deaths from opiates have dramatically increased 579 deaths in 2012 to 1,209 deaths in 2016;
- Drug deaths are 3 times higher than the European average (Scotland 10 X)

Age-standardised mortality for deaths related to drug poisoning by sex 1993 - 2017



Age-standardised mortality rates for deaths by all opiates, heroin and morphine 1993 - 2017



Overseas

Drug Crops Grown and Processed

Trafficked through producer country and overseas by Drug Trafficking Organisations

Smuggled Across Border

UK

Drugs Grown / Produced

Imported by Organised Criminal Network (OCN)

Distributed to Regional/ Local OCN

Distribution Network (e.g. County Lines)

Dark Web

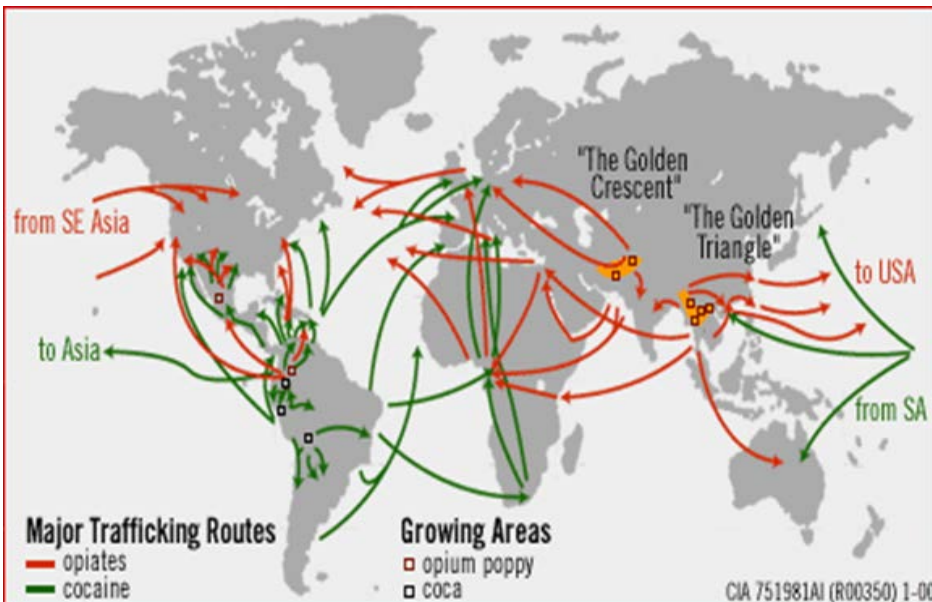
Street Dealer

User

UK market value:  
£5.3bn

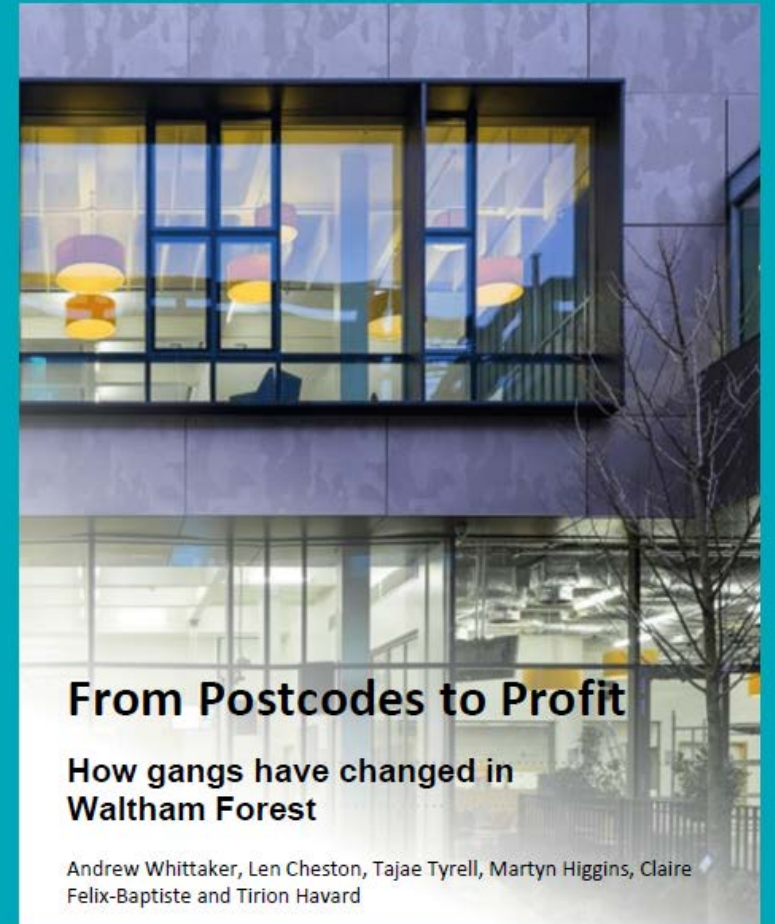
Market Dynamics

- High demand
- Variable purity
- Variable price
- Illicit product
- Brand/dealer loyalty
- Market exit through arrest / treatment

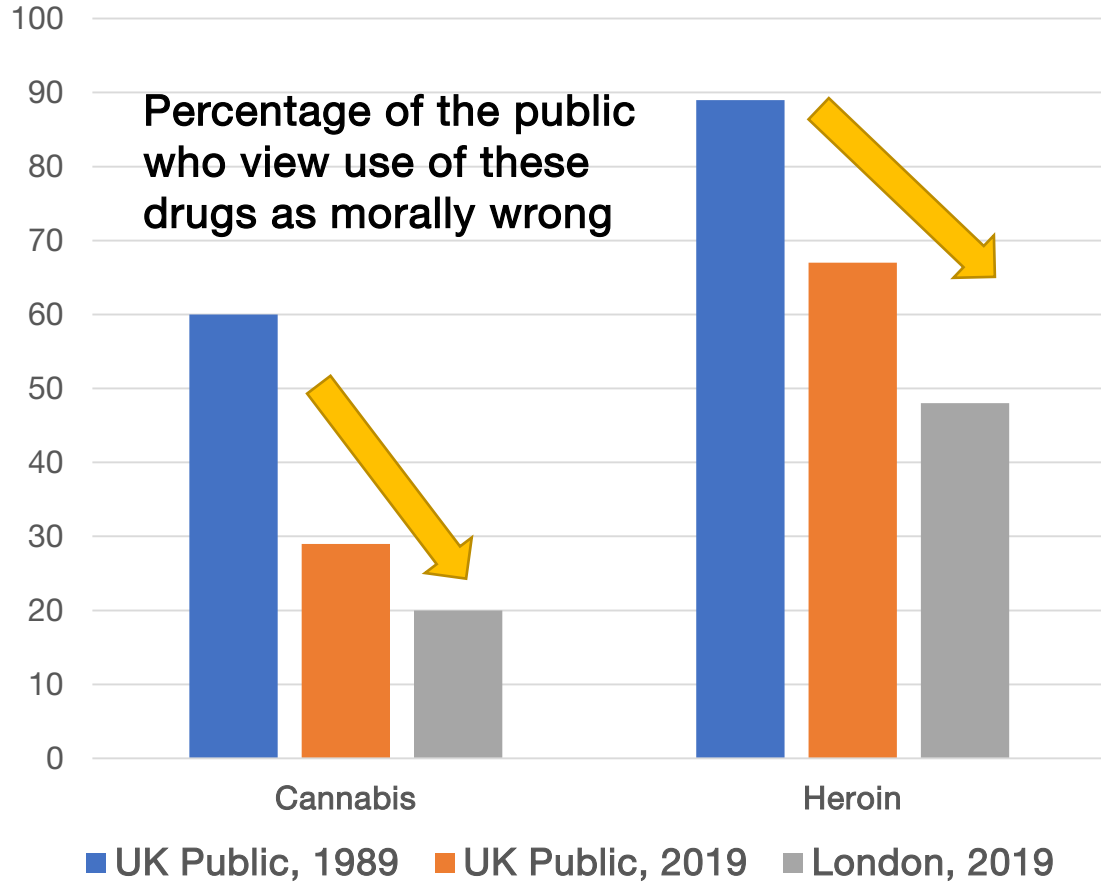




- Gangs are more money orientated and less linked to postcodes than they were a decade ago
- Territory has developed a new meaning: Instead of an emotional sense of belonging to a postcode that needs to be defended, **territory is valued as a marketplace to be maintained.**
- Rising competition in London's drug market has led to gangs targeting towns outside of the capital where they are less known to authorities.
- There is an **increasing involvement of women and girls**, in particular carrying drugs for gangs, means that they are **frequently at risk** of being exposed to violence and sexual exploitation
- Some gangs operate 'off grid', avoiding social media and using old technology to avoid leaving a digital footprint. Other gangs embrace social media, using music videos to reinforce 'brand' and gang identity.
- There are potential signs of gangs using technology to access new drug markets, and of potential links between street gangs and terrorist networks

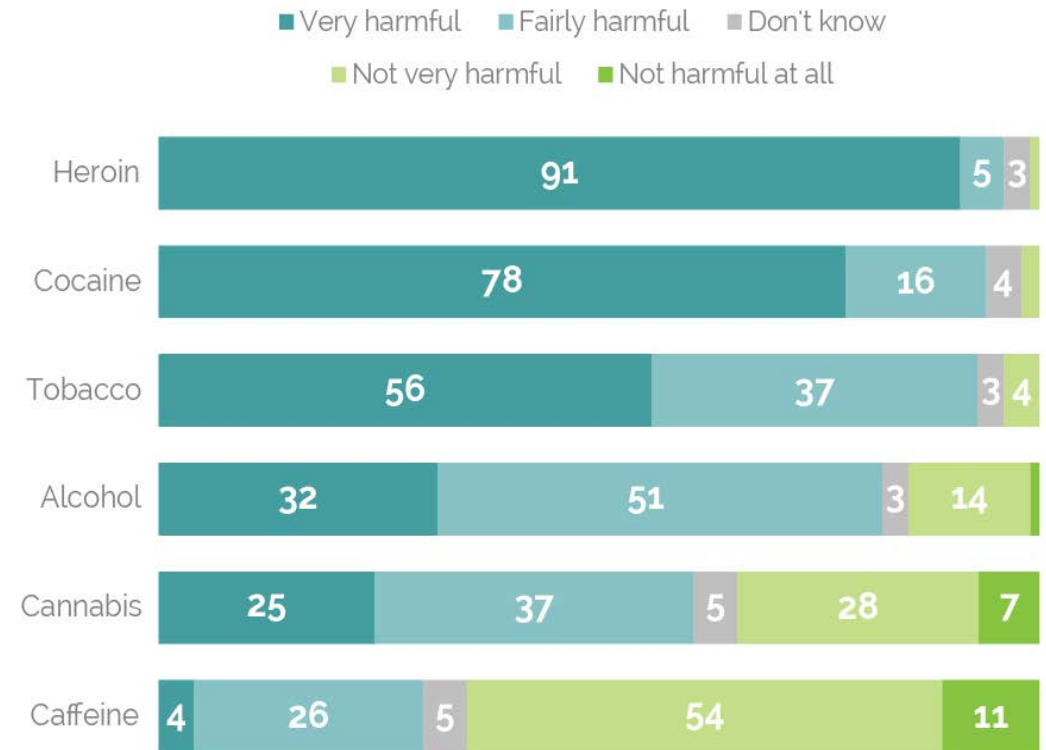


The UK public are more tolerant of heroin and cannabis use than 30 years ago. London residents are especially tolerant.



Ipsos Mori and Kings College London, 2019

**The UK public sees cannabis as less harmful than alcohol**



YouGov | yougov.com

May 23-24, 2018

## Strength

- Levels of 'Tetrahydrocannabinol' (THC), the primary psychoactive constituent in cannabis, has increased significantly over the past decade. These stronger types of cannabis are widely available across the county.

## Harms

- 10% regular users get addicted to cannabis
- You can develop a tolerance to cannabis thus need more to get the same effect
- Regular cannabis use increases your risk of developing a psychotic illness, such as schizophrenia
- The younger you start, the stronger it is, and the more you use it, the higher the risk.

## Legal Status

- "I want the market legalised, regulated and taken away from crime gangs. For young people not to be criminalised by use and properly educated. I want to see the strength of the stuff reduced, labelled and properly organised in this country"  
- Tottenham MP David Lammy after returning from visiting Toronto.
- In November 2018 medical cannabis was legalised for prescription by GP

# Defining Drugs

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## Class A

- Type - Cocaine, crack, Crystal meth, Ecstasy, Heroin, LSD (acid), Magic mushrooms, Methadone, and any Class B drug prepared for injection
- Maximum penalties - seven years in prison and/or a fine for possession, life imprisonment and/or a fine for possession with intent to supply

## Class B

- Types - Amphetamines (speed), Cannabis, Codeine, Spice
- Maximum penalties - five years in prison and/or a fine for possession, 14 years in prison and/or a fine for possession with intent to supply

## Class C

- Type - Ketamine, some tranquillisers like Temazepam, Anabolic steroids
- Maximum penalties - two years in prison and/or a fine for possession, 14 years prison and/or a fine for possession with intent to supply.

## Traditional

- Heroin – in Haringey both treatment data and drug testing in police custody suggests users are also taking cocaine/crack
- Cocaine – London use doubled in last 5 years, purity at its highest, use as high in week at weekend, 1 in 50 take it every day
- Crack cocaine – cocaine freebased into rocks and smoked, cheaper, faster acting, but the high is shorter increasing frequency of use.
- Crystal meth- remains very expensive in UK, so ‘Champaign’ of drugs, linked to sex parties by men who have sex with men (Chemsex)

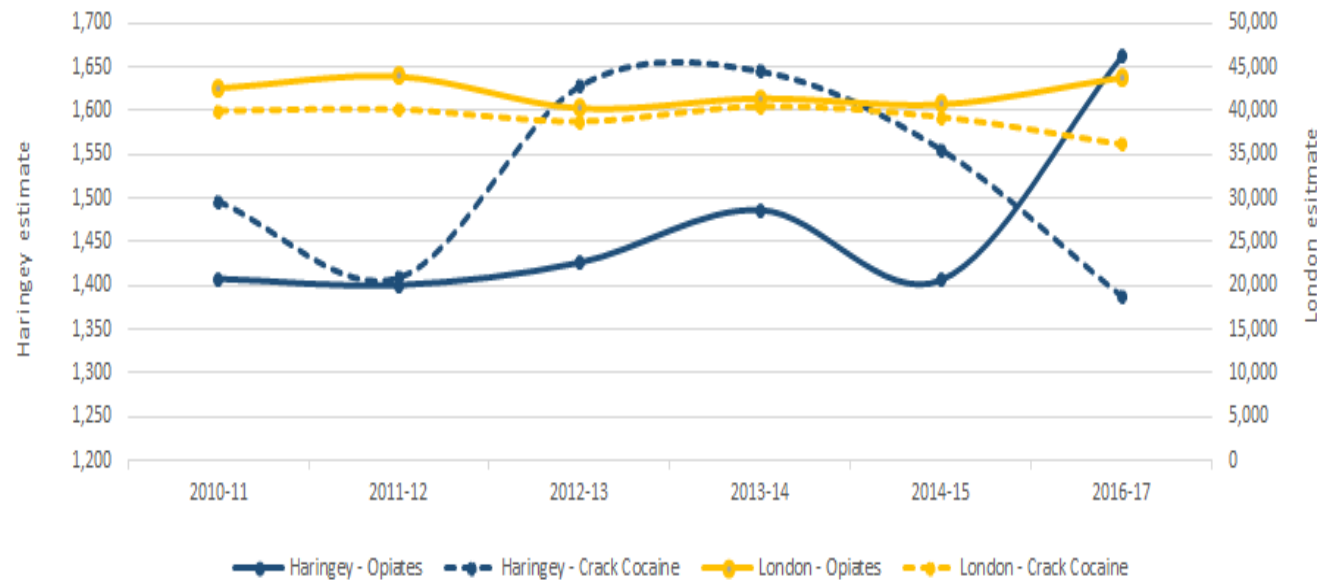


- Ecstasy/MDMA – popular in 1980s and 1990s, associated with live music and the night-time economy, widely available in Haringey
- Spice - a group of drugs known as synthetic cannabinoids, manufactured in laboratories, with unpredictable strengths and effects
- Deep Purple/Lean – made from mixing soda water, sweets and codeine cough medicine, Lean is used predominantly by young people
- Nitrous Oxide – metal cannisters are used to fill balloons, from which the drug is inhaled. Very widely available, with moderate depressant effects.
- Illicit prescribed or counterfeit drugs



Type	Region	No. of users						2016-17 Rate (000) pop	Change (%) 16/17 - 10/11
		2010-11	2011-12	2012-13	2013-14	2014-15	2016-17		
Opiates	Haringey	1,407	1,400	1,426	1,486	1,406	1,662	8.54	18.1
	London	42,588	43,918	40,293	41,431	40,750	43,823	7.24	2.9
	England	261,792	256,163	251,257	258,737	257,476	261,294	7.37	-0.2
Crack Cocaine	Haringey	1,496	1,408	1,628	1,645	1,555	1,386	7.12	-7.3
	London	39,934	40,080	38,723	40,431	39,226	36,116	5.97	-9.6
	England	170,627	166,640	170,167	182,334	182,828	180,748	5.10	5.9

National and local estimated number of people who use opiates & crack cocaine: 2010 - 2017



- Haringey has higher rates of Opiate and Crack-Cocaine users than both the London and national rate (2016/17)
- Opiates
  - There are 1,662 (8.54 per 1,000 pop) users in Haringey in 2016/17, considerably higher than the previous five year average of 1,425
  - This represents a significant 18% annual increase compared to a 8% London rise and 2% nationally for the same period
  - Haringey has seen a similarly large 18% increase in users since 2010/11 compared to London's 3% increase and effectively no-change nationally
- Crack-Cocaine
  - There are 1,386 (7.12 per 1,000 pop) users in Haringey in 2016/17, notably less than the previous five year average of 1,546
  - Haringey's annual 11% reduction in users in 2016/17 was greater than both London's and England's falls of 8% and 1% respectively
  - Since 2010/11 Haringey has seen a 7% drop in users, less than the 10% reduction in London but better than the 6% increase seen nationally



# Case Study 1

I used to smoke weed and drink alcohol before trying heroin yet the first time I used gear I loved it. It calmed me down completely, took the suicidal thoughts away, I felt like I was wrapped up in an impenetrable cocoon

I always worked and earned good money and I only realised how intense the problem was when I couldn't score. My mate who used to serve me wasn't around and I started clucking. It was awful

Things soon spiralled downhill. My relationship with my son's mother ended because of my behaviour. My family turned their backs on me, suicidal thoughts came back with a vengeance, I wasn't allowed to see my boys, I lost job after job, became homeless and my mental health deteriorated, I had no quality of life left, suicide became the only option for me, that's how low I felt

# Case Study 2

Both of my parents drank a lot of alcohol, I remember staring out of my bedroom window as a small child, waiting anxiously for either parent to return from the pub. Fearing it would kick off, enduring hours of screaming, shouting and then non-stop crying from my mother. I felt invisible to the world

Around 13 years I discovered alcohol blocked out the pain and hurt. By 17 years I was completely obsessed with drinking, from the very moment I woke up to when I pass out. I started using cocaine in my early 20's

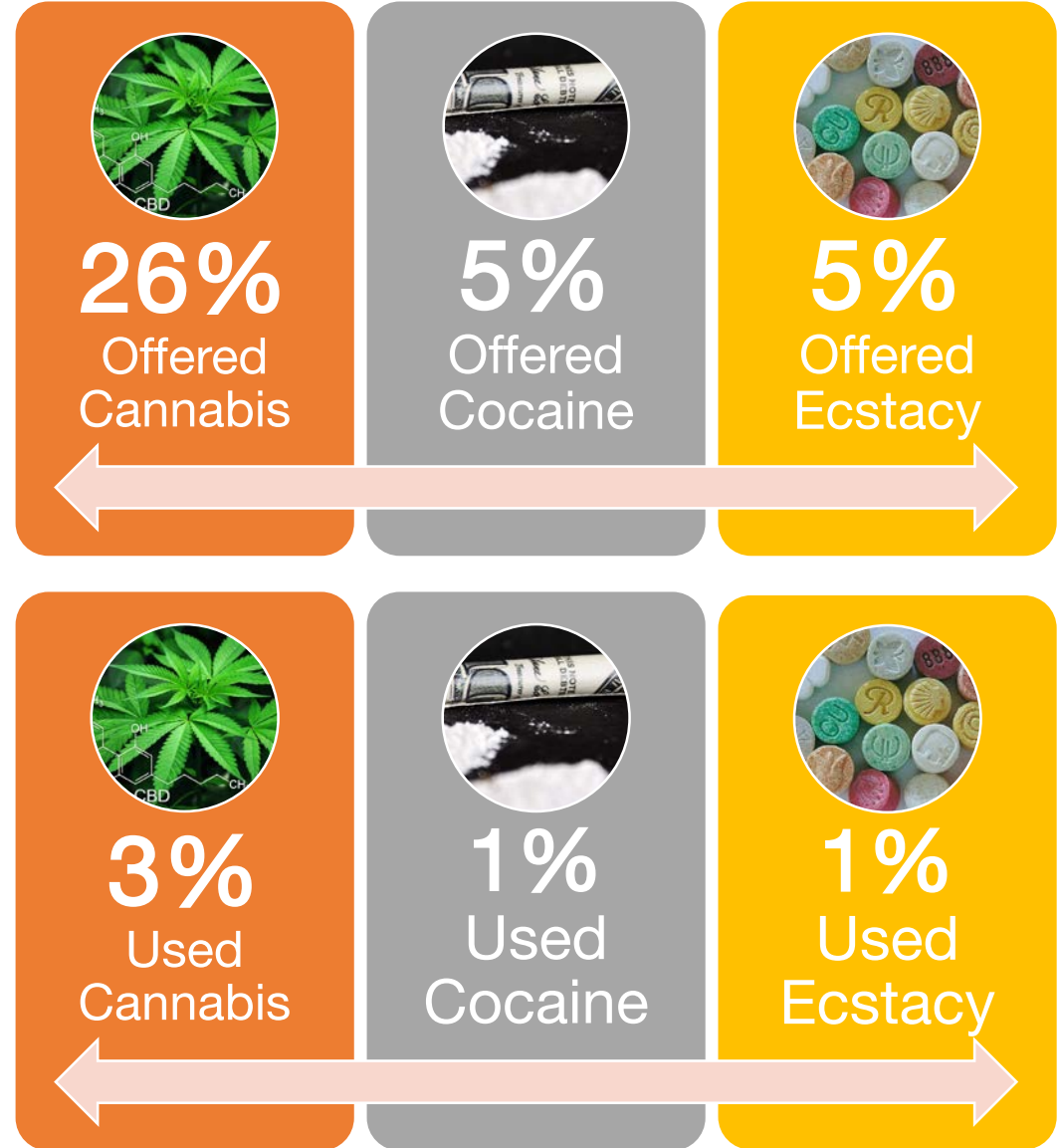
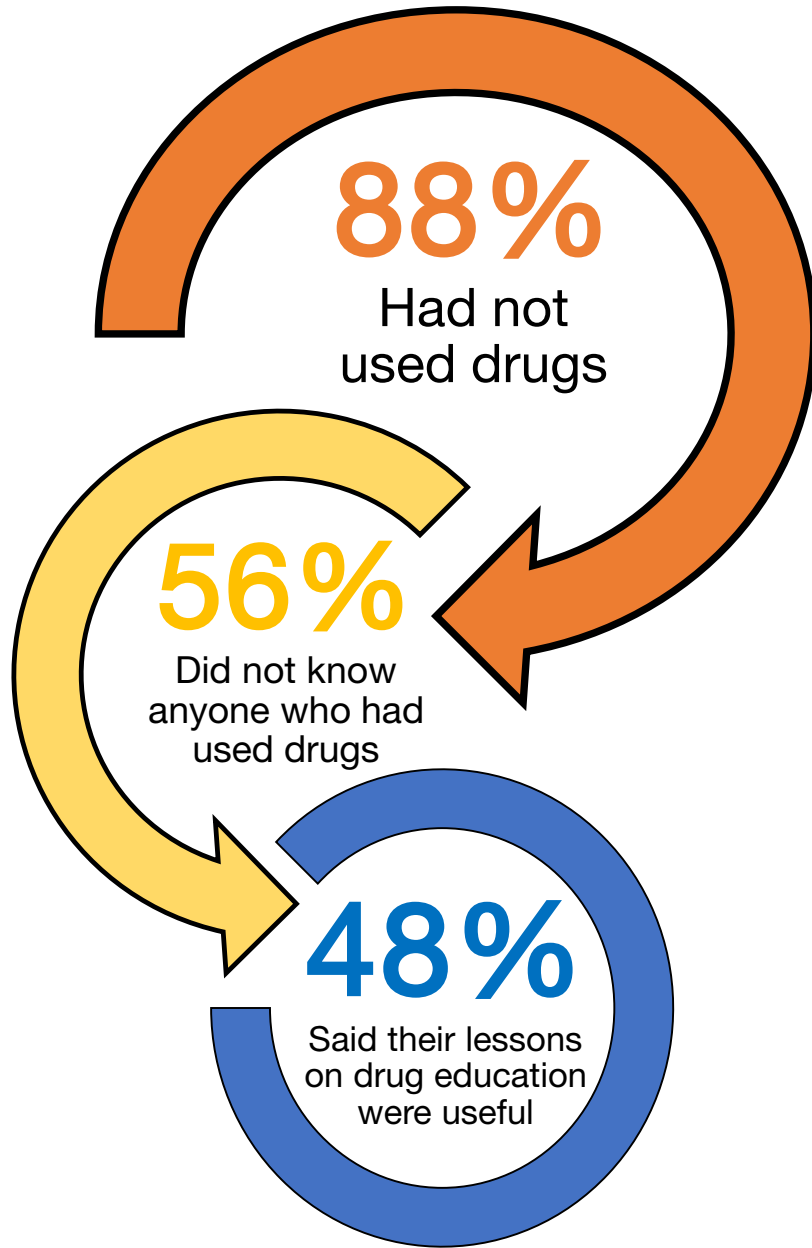
I have attempted suicide many times – last time I was diagnosed with Bi-Polar, sectioned and detoxed, however started drinking and using again

I had a child and Social Services became involved and eventually she was removed from my care and placed with my mother, can you believe that

My flat has been cuckooed (dealers took over her flat) I earn money for my drug use from washing cocaine and selling crack alongside the dealers that would frequent the flat and started smoking it. I was taking handfuls of pills and smoking loads of crack, to the point where I needed to come down from the high of the stimulant and started smoking heroin

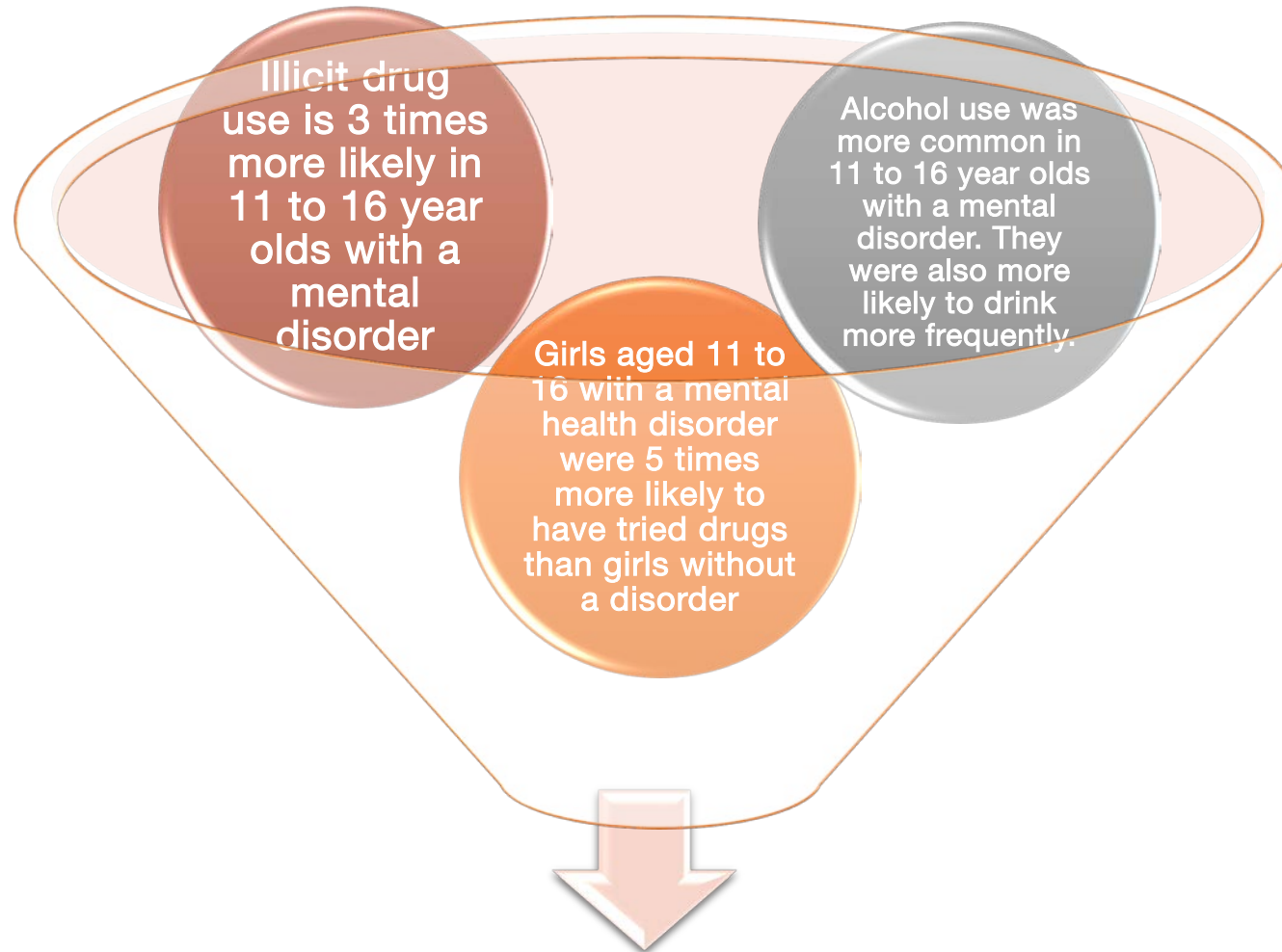
# **Young people, violence, vulnerability & exploitation**

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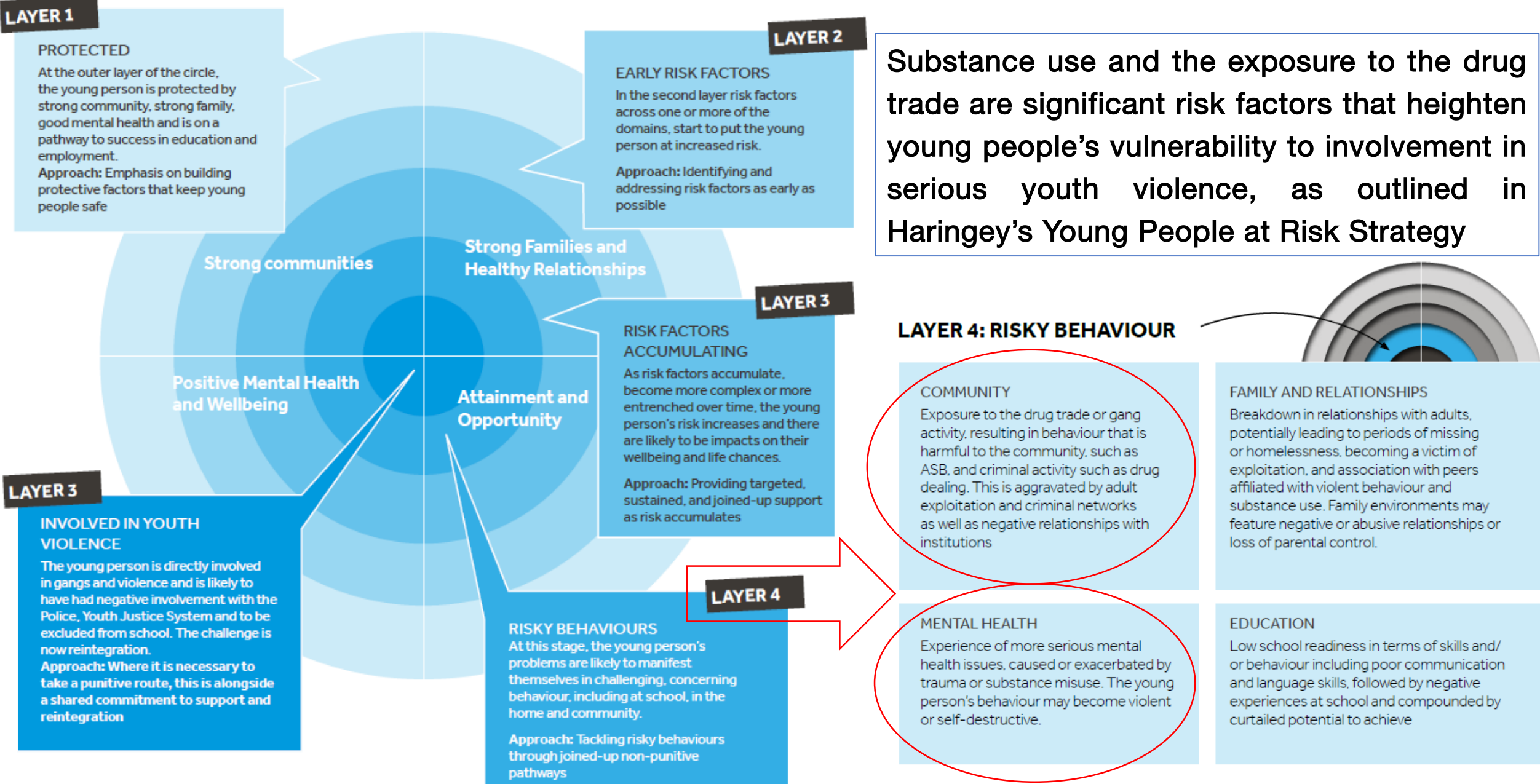


The younger a person is, the greater the intensity of the drug in question and the more frequently it is used, the higher the likelihood of negative or unwanted effects being generated



For some young people, the use of drugs or alcohol is a form of 'self medication', which enables them to relieve stress, or block emotionally distressing thoughts.

**There are 3,817 (5-16 year olds) children/young people in Haringey with a mental health disorder**

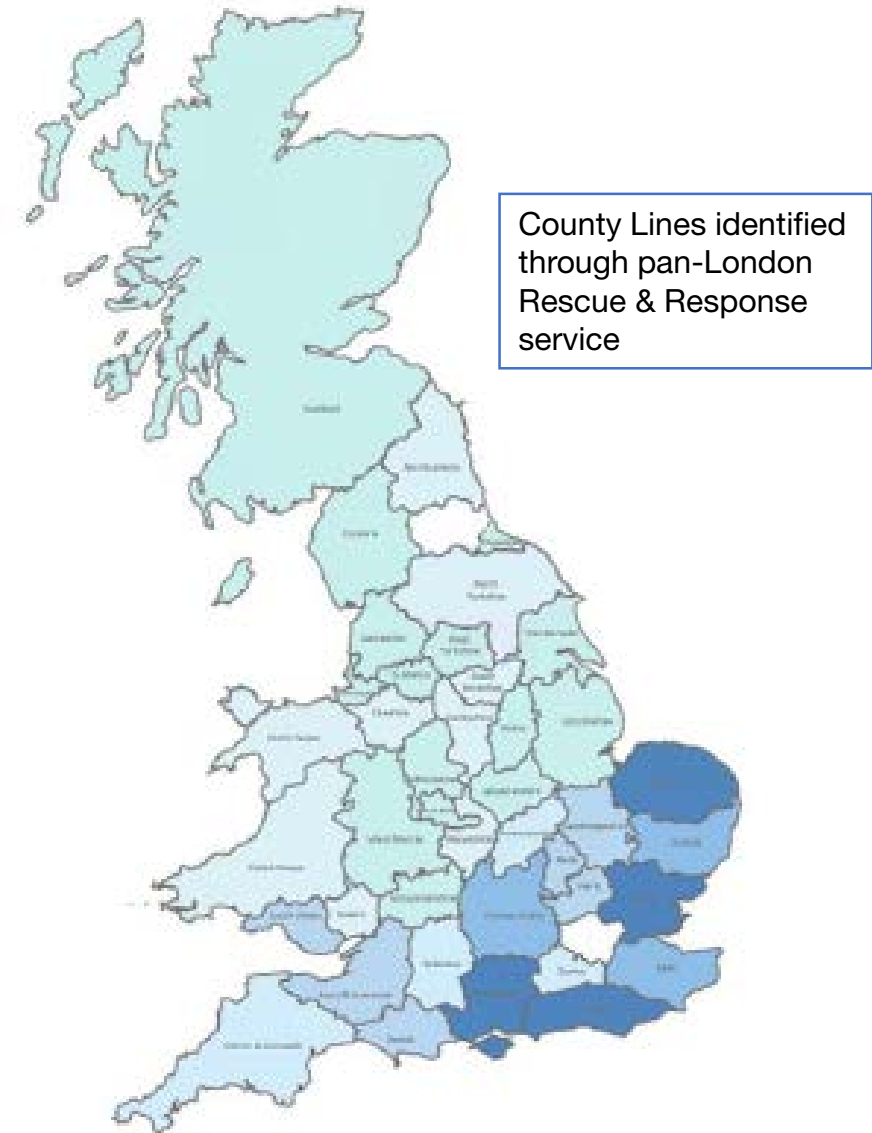


## County Lines

Haringey is a key exporter of illegal drugs - This operating model actively seeks out new market shares in smaller and more rural locations, which may have only traditionally offered customers a limited choice of commodities of varying quality with supply being restricted to a few local well known dealers.

- Over 90 individuals from Haringey have been involved in county lines activity across **20 police force areas**.
- Over half of individuals from Haringey identified as involved in County Lines activity are **aged 15-18** and three-quarters are **males**
- Individuals from Haringey are believed to have been involved in criminality in areas including **Sussex, Hampshire, Norfolk & Essex**.

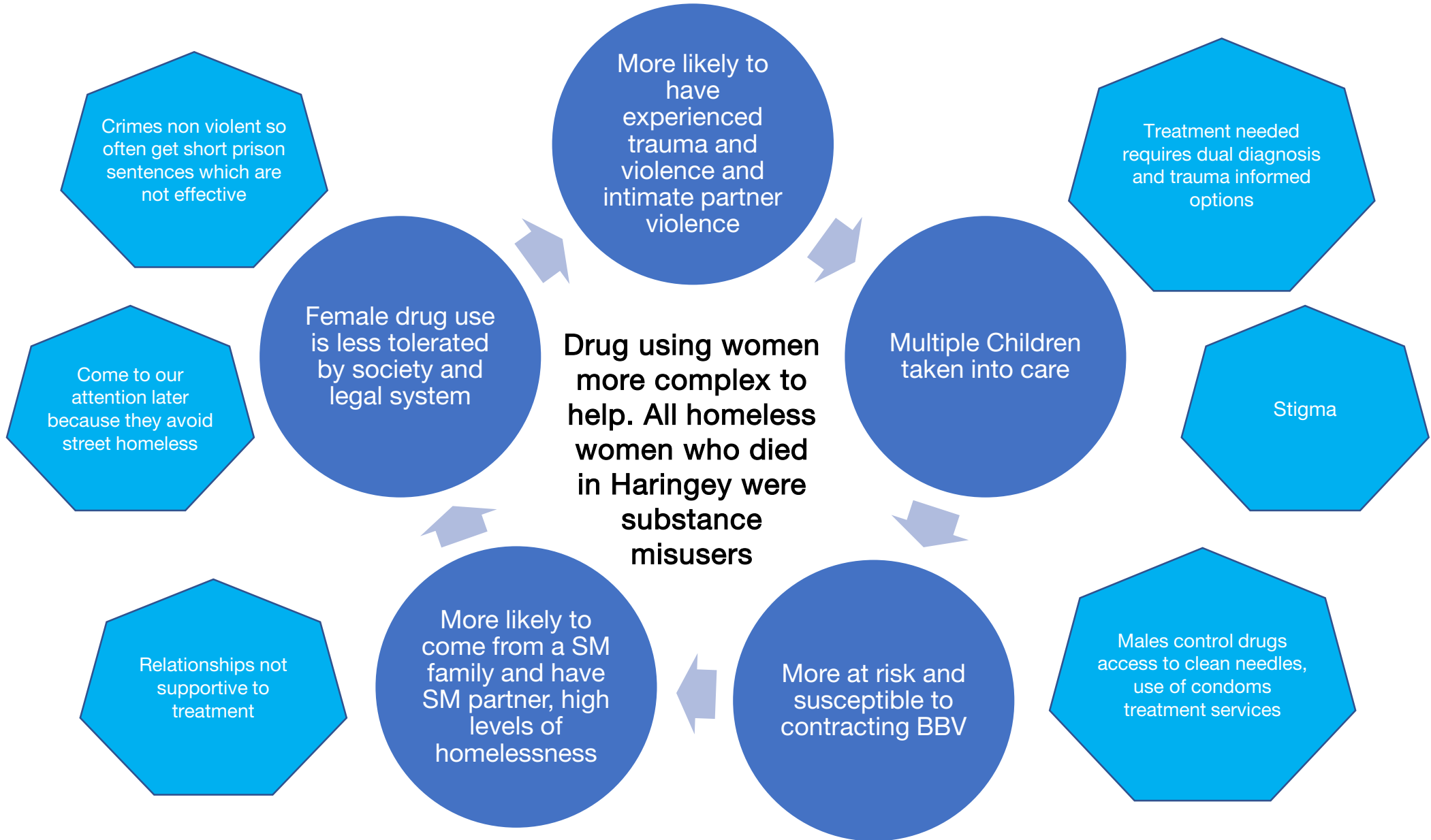
Of the young people known to the Preventing Exploitation Panel, at least 20 are known to have been involved in County Lines activity



**Women**

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# The complex needs of women make helping them more difficult

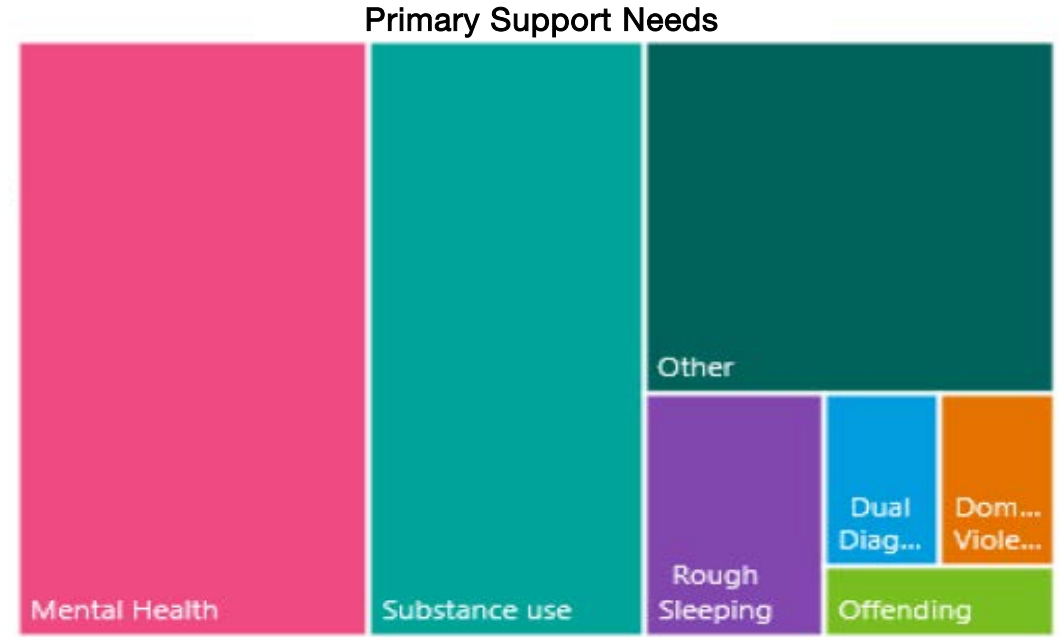




# Adults, homelessness and complex needs

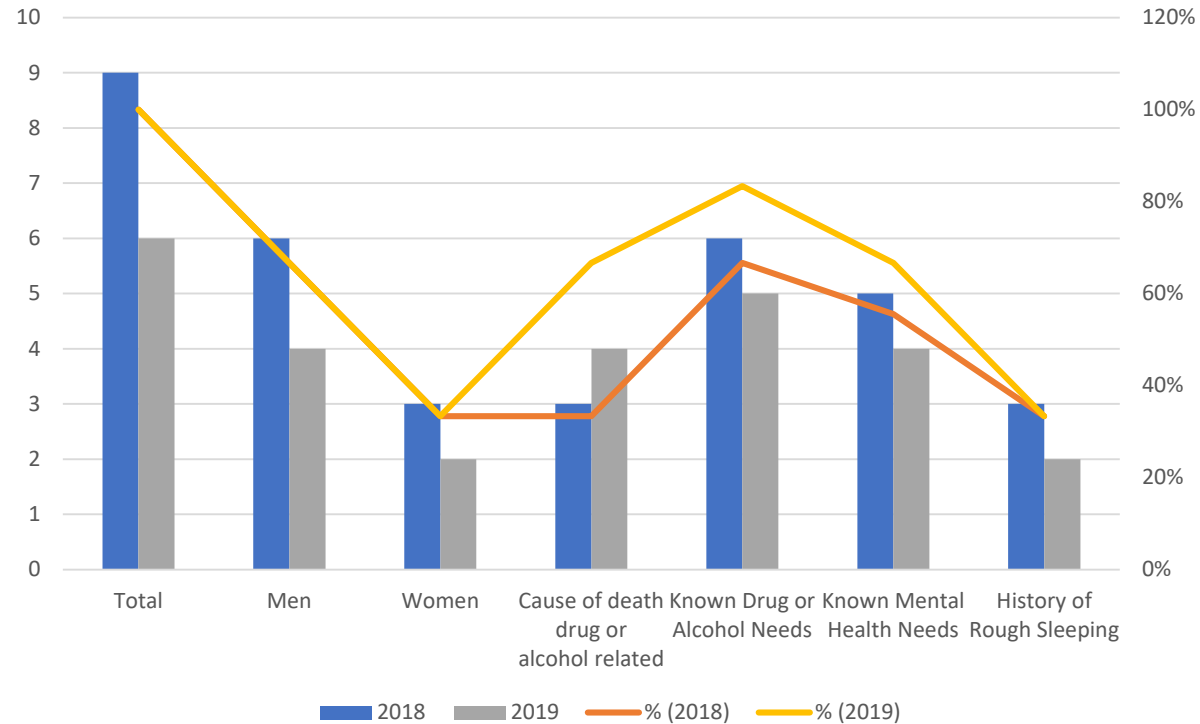
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- Support with mental health & substance abuse are the most commonly identified needs for homeless people in Haringey
- 79% of people rough sleeping in Haringey have drug or alcohol dependencies alongside mental health needs



- Our data suggests that less than 15% of people living in our hostels and support housing services meaningfully engaged with substance use services in 18/19
- Over a third of incidents in our supported housing services in 18/19 were related to alcohol or drug abuse

Homelessness deaths 2018 - 2019

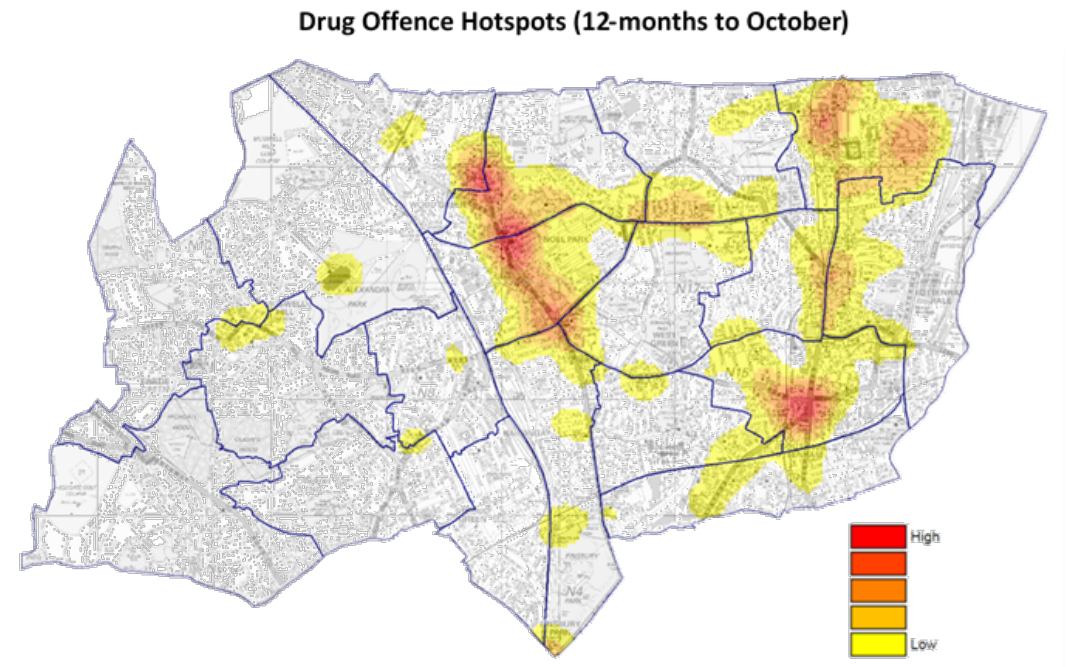
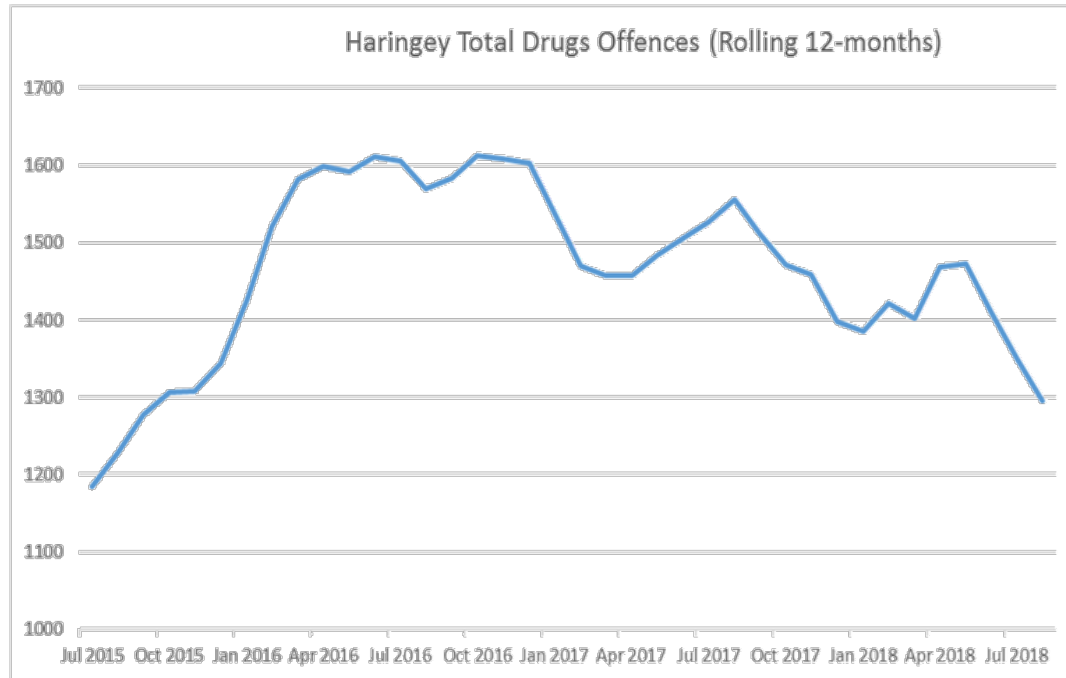


Source: Haringey Homelessness Fatality Review Procedure (internal data source)

- There are an average of 10 deaths of homeless people each year in Haringey.
- The average age at death for homeless people in Haringey is 41 years old
- Homeless women made up 33% of the people who died, more than the national average. All of these homeless women who died in Haringey were substance misusers
- In 2018, 66% of those who died had an identified drug or alcohol need. In 2019 (to date) this has increased to 87% of the people who have died.
- In 2018, 37% of deaths were drug or alcohol related, in 2019 this has risen to 67%
- Of the deaths that were drug related, 66% were due to heroin overdose

**Crime**

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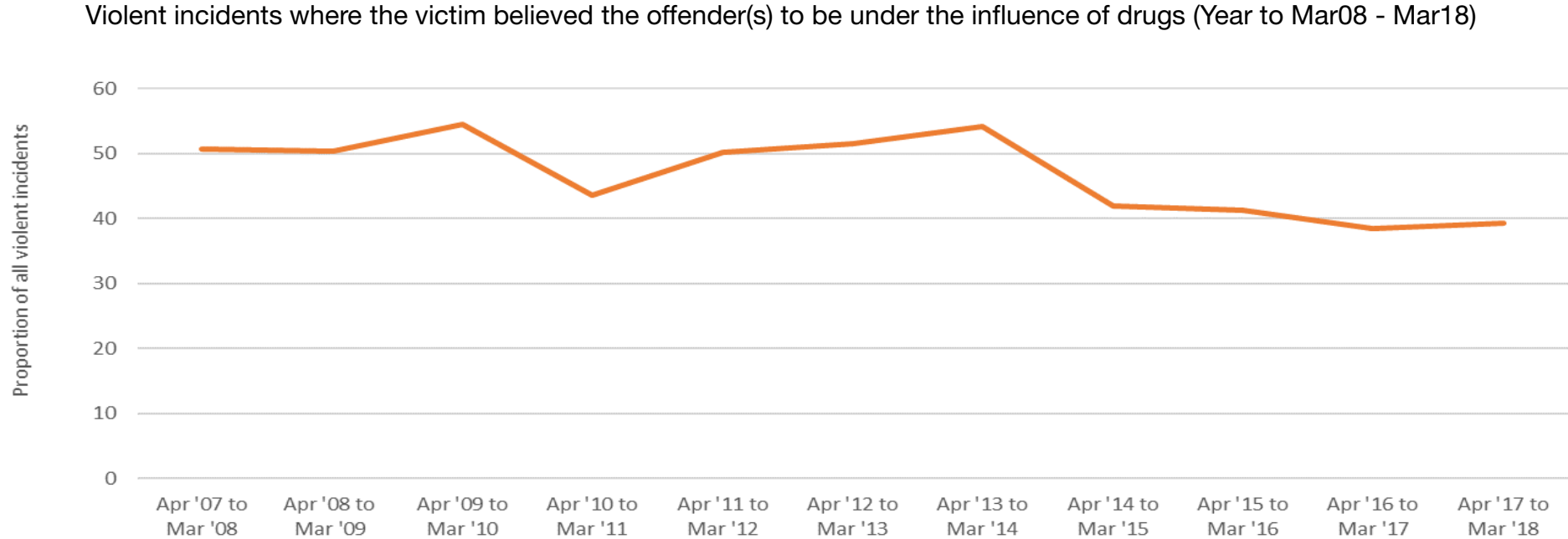


**Drug-related violent crime (CSEW March 2018)**

- In 21% (305,000) of violent incidents, the victim believed the perpetrator(s) to be under the influence of drugs. This represents a 4% increase on last year, the first upturn since March 2014 (27%) but equivalent to the previous 5 year average

**Haringey (MPS recorded crime)**

- There has been a reduction in the total number of drug offences down to 1,295 from 1,556 in the previous year, the lowest recorded levels since 2015.
- 91% of drugs offences are classified as drugs possession, the remaining offences include categories such as drugs supply, drugs trafficking and production of cannabis. All categories of drug offences have fallen.
- The hotspots for arrests for drug offences in Haringey are Wood Green High Road, extending from Green Lanes / Bowes Road, southwards to Turnpike Lane.



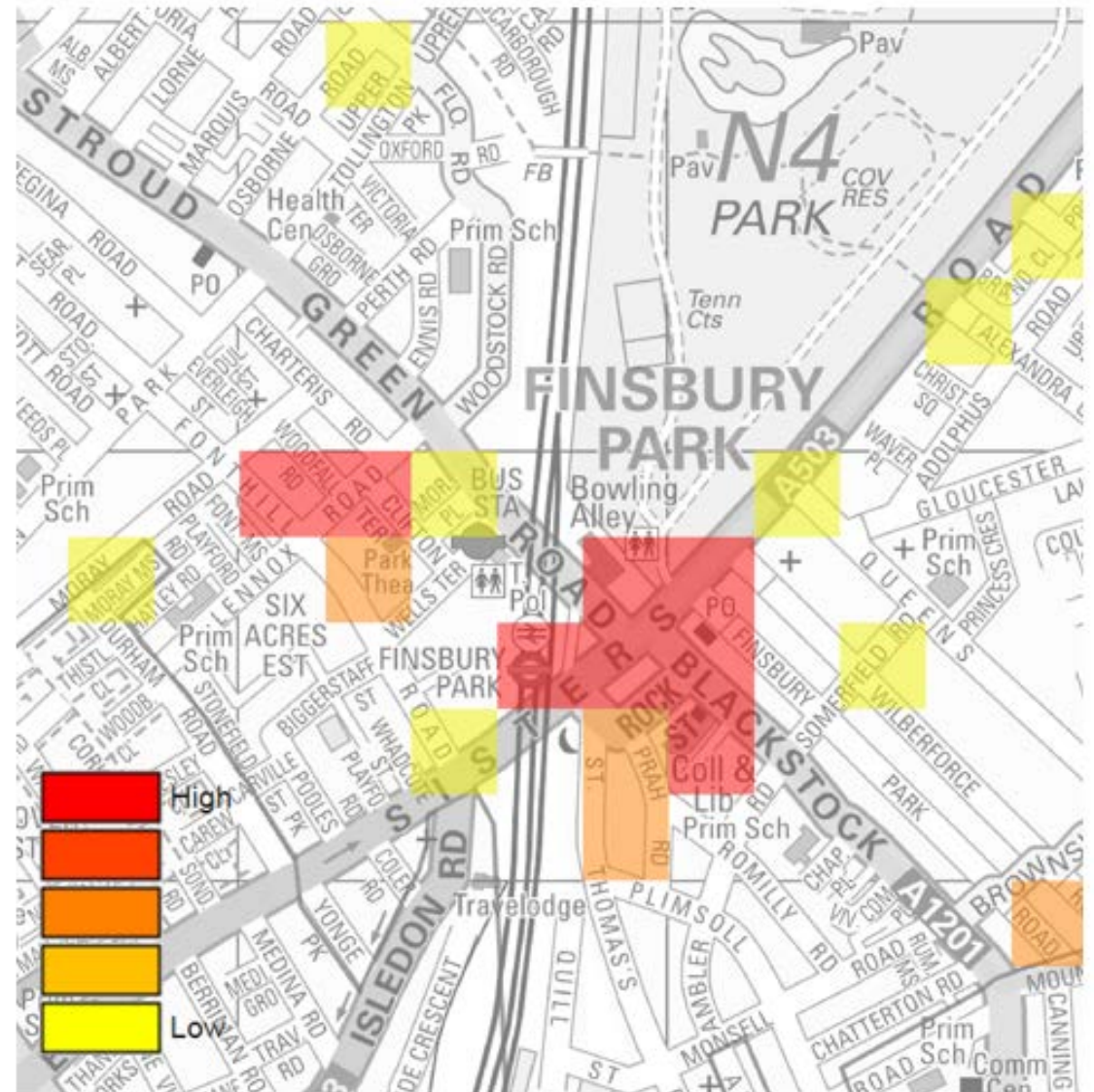
## Drug related trend

- Notable 4% increase to 21% in 2017/18 however the trend has remained largely stable with this figure equivalent to the previous 5 year average and 6% less than the 2013/14 peak (27%)

The main drug markets in Haringey are predominantly street-based.

- Haringey drug markets appear to be well established and well known to drug sellers and users.
- Established markets tend to be in close proximity to busy **transport hubs** (Turnpike Lane / Wood Green / Finsbury Park) and areas of high footfall.
- These are also significant **violent crime** hotspots, with a number of these violent incidents being directly linked to drug related disputes between sellers and criminal groups.
- High volumes of **anti-social behaviour** (ASB) associated with these locations impacts upon the quality of life of local residents and those using the area.
- Local businesses have also reported an impact, through a reduction in customers and also due to intimidation from drug sellers.

- The Finsbury Park / Stroud Green Road area has experienced a significant number of drugs offences.
- This area straddles Haringey, Hackney and Islington boroughs with offences occurring in all three.
- High levels of anti-social behaviour and related nuisance occur in this location.
- Source: Metropolitan Police Crime Data





### 1 - Perception

- The perception is there is a serious drugs problem in the Finsbury Park area

### 2 – Drug mortality rates

- Haringey recorded the 4<sup>th</sup> highest level of mortality rates from drugs misuse in London in 2017, higher than the national rate

### 3 – Increased emergency service demand

- There has been an increase in drug overdose / poisoning (Ingestion) LAS call-outs around Finsbury Park and increases in drug related call-outs in Haringey

### 4 – Violence and acquisitive crime link

- Serious violence and acquisitive crime is prevalent in the Finsbury Park area and some of this is linked to drugs activity

### 5 – Organised crime

- Two main groups run the drugs market in the Finsbury Park area

### 6 – Drugs are the defining feature

- Research and information suggests that geography, drugs, and violence were all considered defining features of the majority of all gangs but drugs are now a more defining feature in gangs

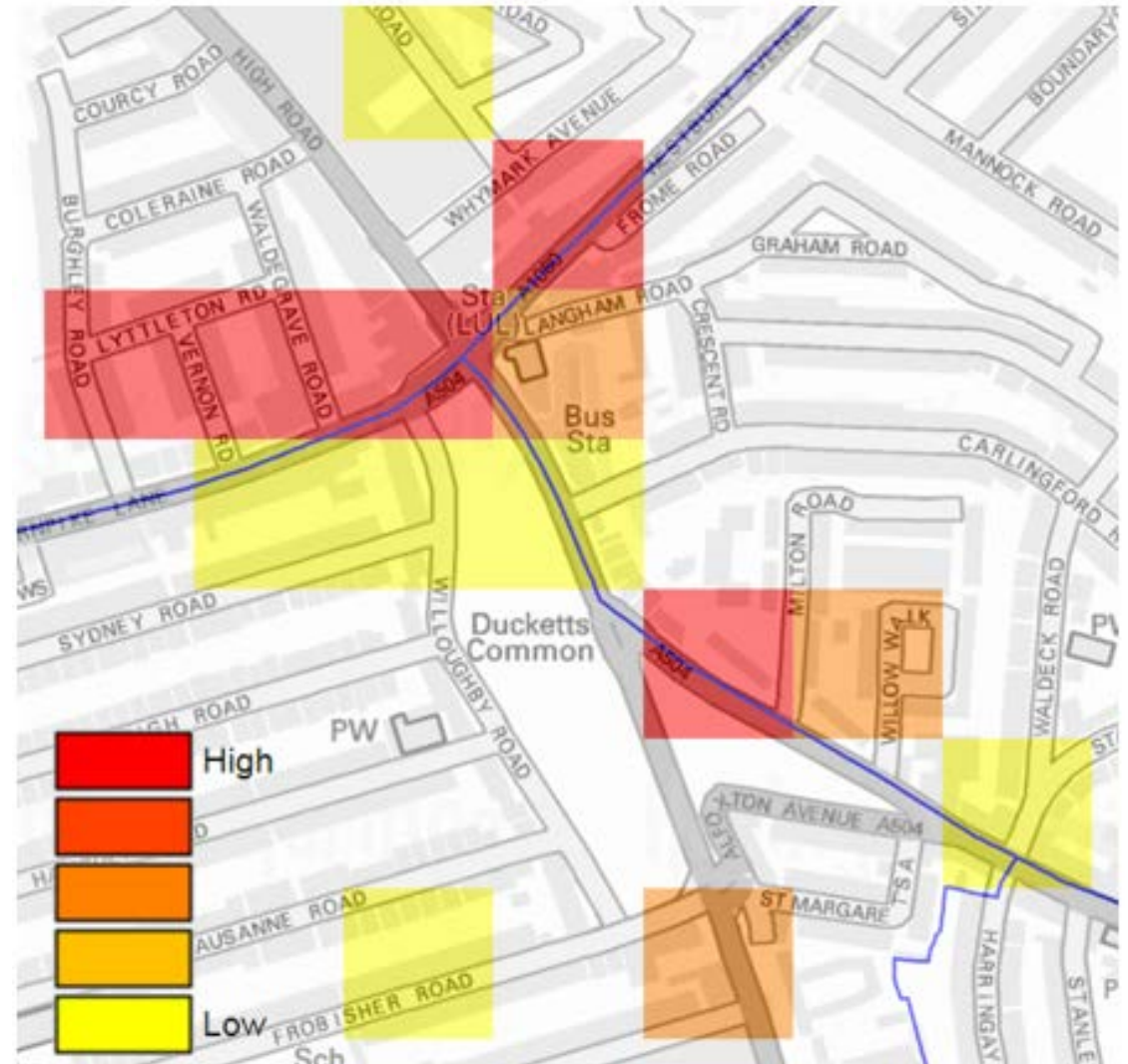
### 7 – Rough sleeping

- Rough sleeping in the area is prevalent and a significant proportion of the street population have drugs support needs

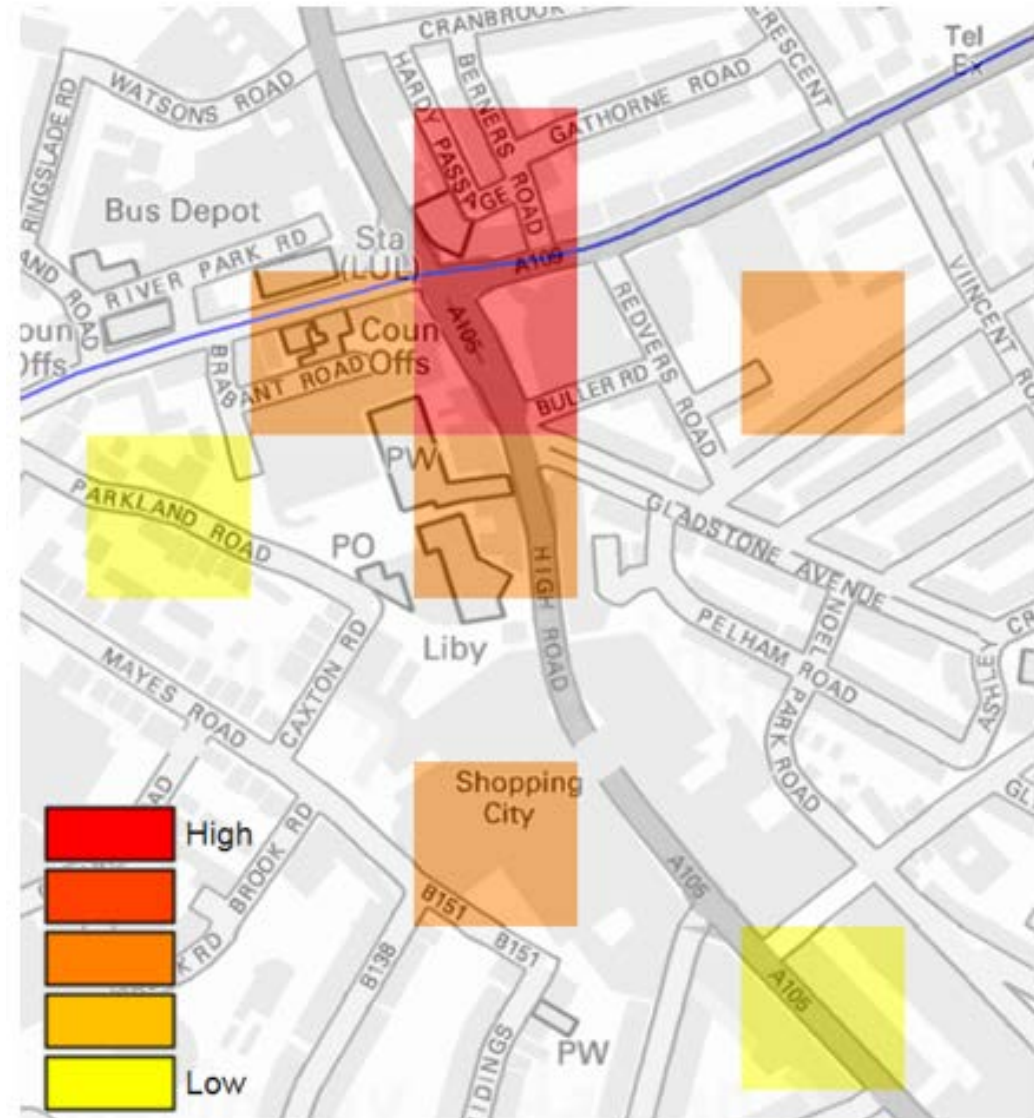
### 8 – CCTV

- The issue is very visible in the area and has been captured on CCTV

- Key location known to have been an open drug market for a number of years.
- A significant volume of violence has also occurred in the locality, some of which is believed to be linked to drug related disputes.
- Criminal groups and gangs are known to frequent the area to sell drugs.
- High levels of associated criminality and ASB also occur in the area.
- Source: Metropolitan Police Crime Data

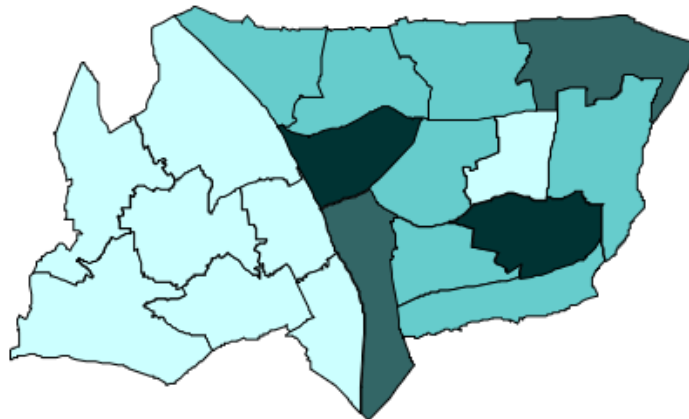


- Wood Green historically has experienced high levels of drugs offending, particularly around the Hollywood Green / Lordship Lane junction.
- This location is also known to be a hotspot for violent crime and robbery offences.
- The volume of knife crime in the area continues to be high, with Noel Park featuring in the top 2% highest volume wards for knife crime in London.
- Source: Metropolitan Police Crime Data

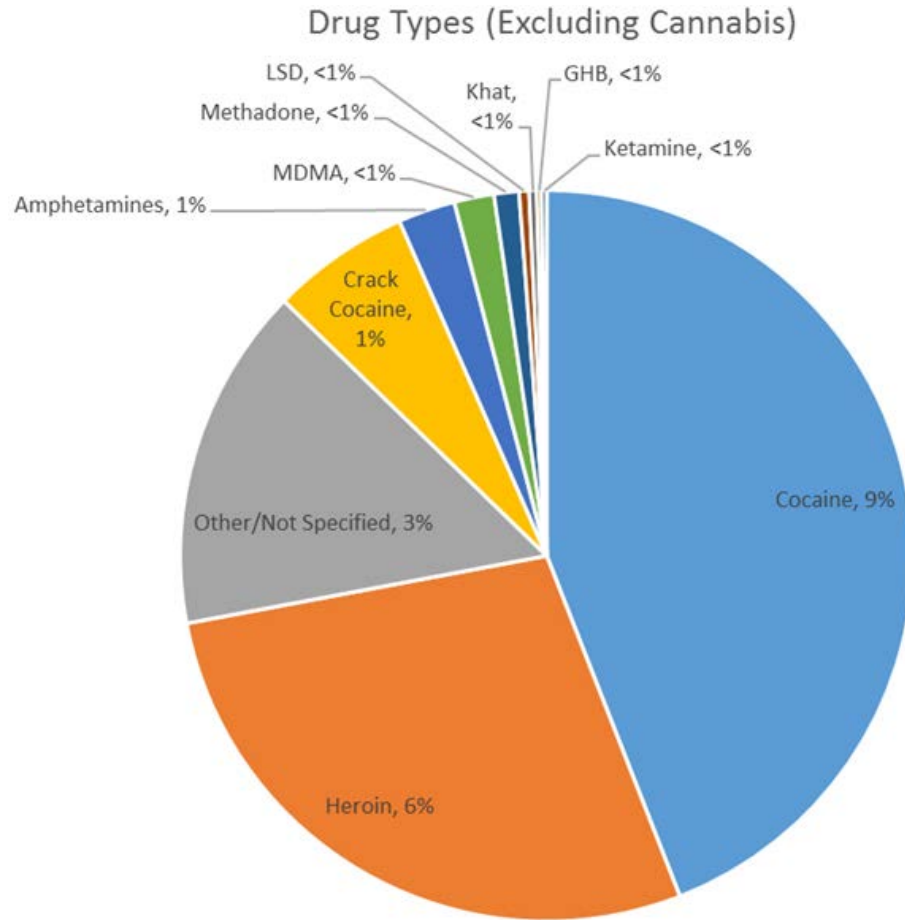


## Police Stops Data (MPS 2016-18)

- Between 2016 and 2018, police in Haringey carried out 8,431 stop and searches and stop and accounts, with the stop grounds recorded as ‘drugs’
- The highest volume of drug stops were carried out in Tottenham Green and Noel Park wards, which together made up 31% of all such stops.
- Of the total, 10% took place in Haringay ward, with a large number of these being attributable to festivals/ events held in Finsbury Park. The drugs market associated with these large events has particular dynamics and attracts organised criminal networks from neighbouring boroughs
- It is notable that 70% of drug stops in Haringey in 2018 resulted in no further action being taken



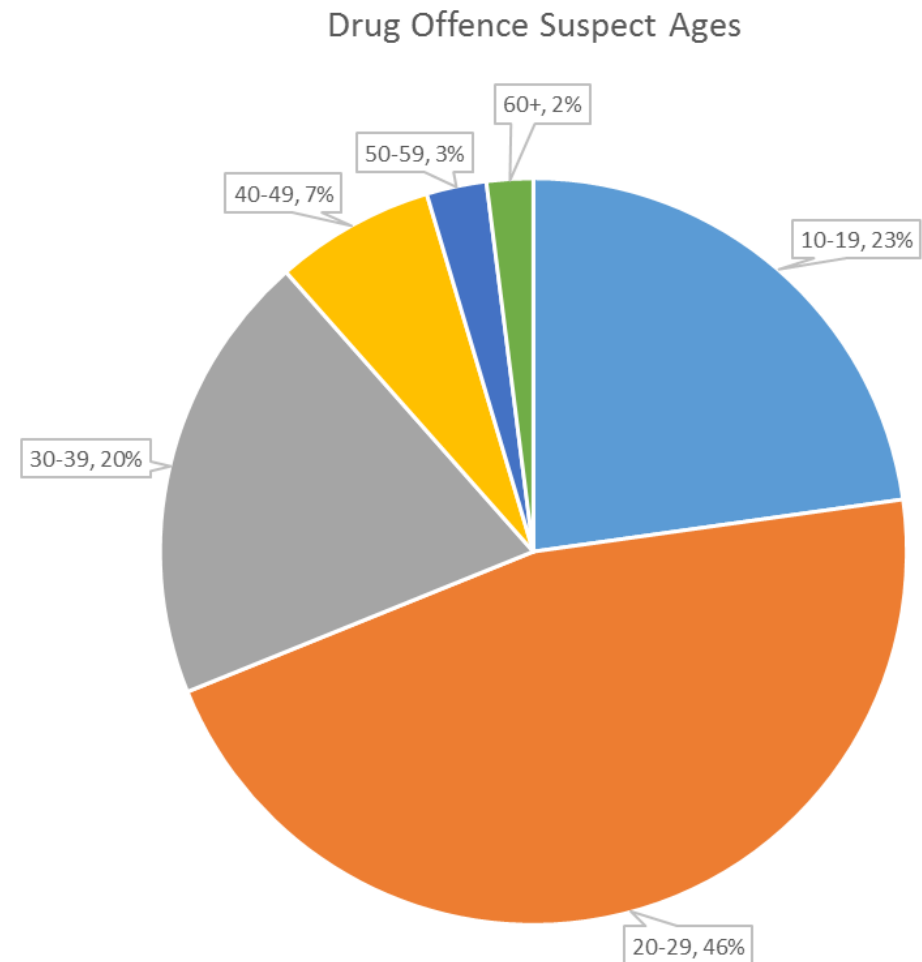
Ward	Drug Stops Conducted	% of Total
Tottenham Green	1345	16%
Noel Park	1270	15%
Haringay	865	10%
Northumberland Park	839	10%
White Hart Lane	506	6%
Tottenham Hale	488	6%
St Ann's	480	6%
Woodside	462	5%
Seven Sisters	441	5%
West Green	402	5%
Bounds Green	381	5%
Alexandra	212	3%
Bruce Grove	209	2%
Hornsey	152	2%
Muswell Hill	125	1%
Crouch End	92	1%
Stroud Green	72	1%
Fortis Green	63	1%
Highgate	27	0%
<b>Haringey Borough Total</b>	<b>8,431</b>	



79% of all drugs offences relate to cannabis as the primary illegal substance.

Excluding cannabis, the most frequently found drugs are cocaine (9%), heroin (6%), crack cocaine (1%) and amphetamines (1%).

(Source: MPS data)

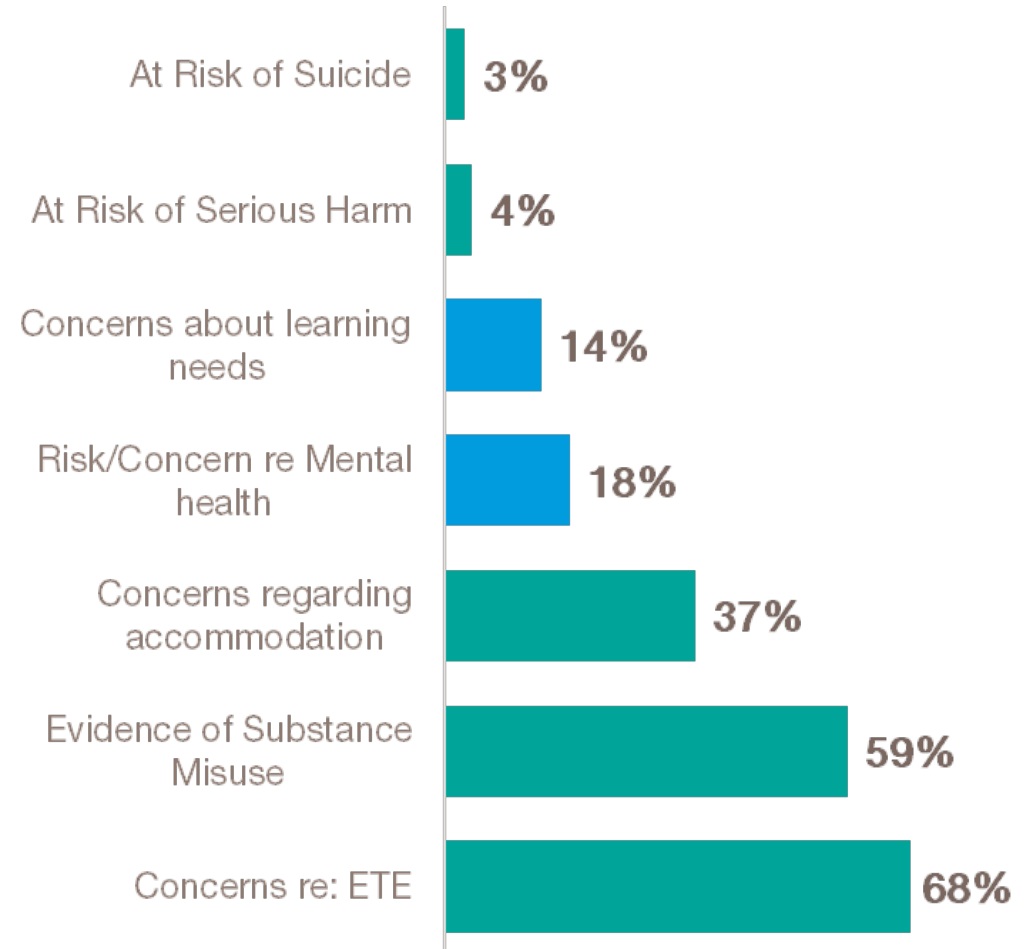


The majority of drug offences are committed by 20-29 year olds (46%). 23% are committed by 10-19-year olds

(Source: MPS data)

- Young people with a substance misuse are over-represented in the youth justice system
- Over half (59%) show evidence of substance misuse
- 18% of assessment responses in May 2018 identified concerns regarding mental health

Youth Justice Service – May 2018



Offence type	Estimated Number of Crimes of 100 coming into treatment Committed Before treatment entry
Shoplifting	46,233
Theft from a vehicle	623
Domestic burglary	1,869
Non-domestic burglary	2,368
Robbery	748
Fraud	997
Criminal damage and arson	42
Violence against the person	110
Begging	5,857
Drug offences	<b>26,543</b>

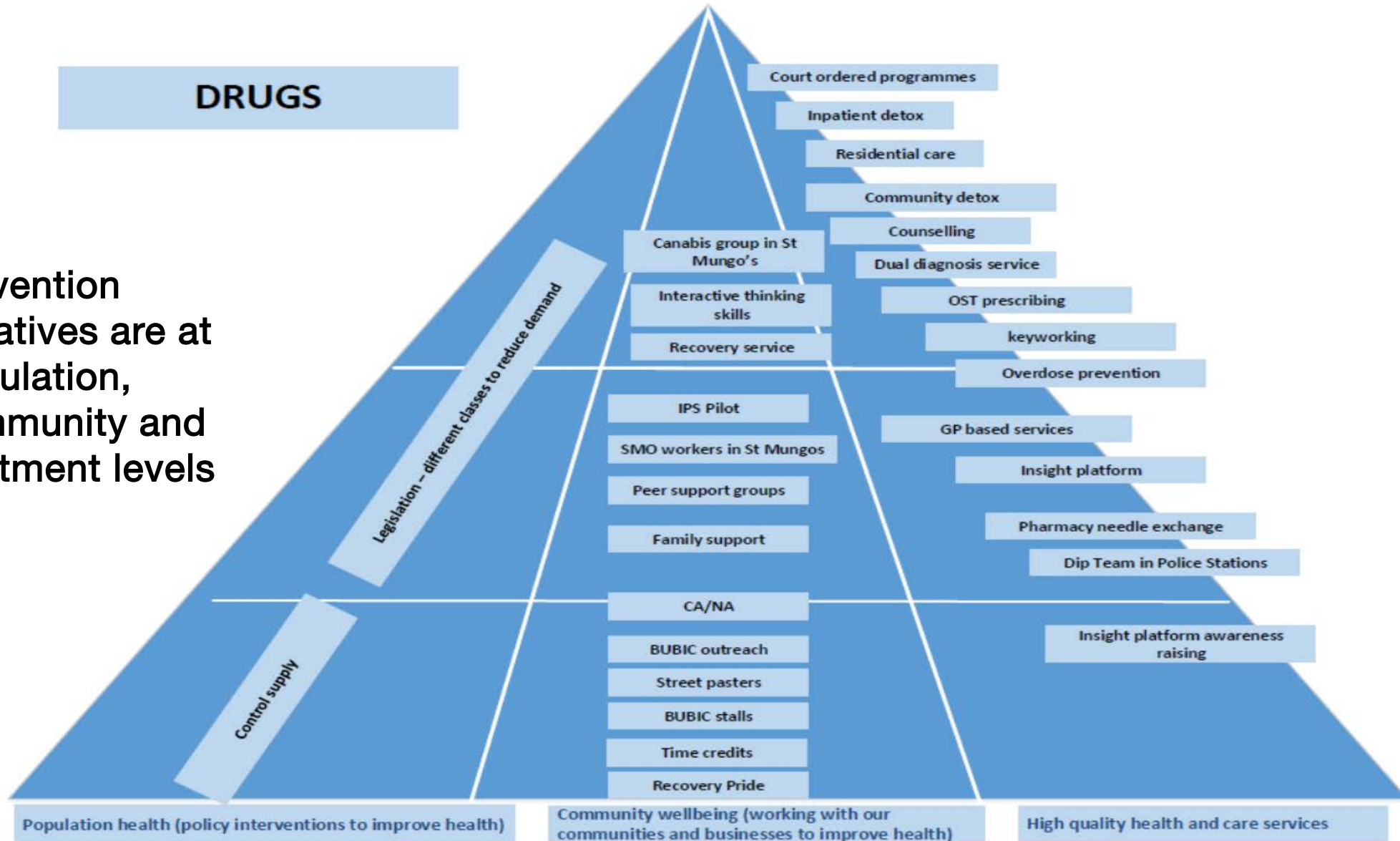
- Getting people with drug problems into treatment reduces their levels of offending.
- In Haringey we do this by having drugs workers in police stations, courts and prison that can rapidly get someone into treatment.
- We use criminal sanctions to get them into treatment, evidence shows outcomes are as good, making people enter treatment than through self referral.
- In Haringey in 2016-17 there were 100 class A drug-users who were recorded as entering drug treatment via Drug Interventions Programme (DIP)



# Treatment

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Prevention initiatives are at population, community and treatment levels



Successful treatment completions for drug use in Haringey are as good as London and England

- Public health commission a comprehensive range of drug services
- We ensure these have no waiting times
- We have new programmes for drugs like Spice.
- We prioritise those coming in from the criminal justice service -especially IOMs/prolific offenders
- BUBIC does outreach and peer support. It works closely with police around crack house closures and the Council around reducing antisocial behaviour.
- Haringey is part of a national pilot employment programme
- We have complex care services able to deal with homelessness and mental health – especially the new Making Every Adult Matter (MEAM) pilot

## **Drug treatment - Return on investment**

Expenditure on drug treatment has decreased but still spent £4.6m in 2018/19. Spend is key part of Public Health grant and investment.

- Once in treatment there is a 44% reduction in reoffending
- In Haringey during 2016/17, it is estimated to have:
  - Prevented 28,888 offences
  - Estimated return on investment of £12,325,062 in social and economic gains

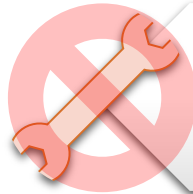
**In Haringey  
every £1  
spent on drug  
treatment  
saves £2.50  
in costs to  
society**



Crime - **18%** came in via the criminal justice system



Mental health - **25%** were identified with dual diagnosis, a term which is used to describe co-existing mental health and substance misuse problems



Unemployment - Only **14%** had been in any paid work in the last four weeks prior to their treatment start date



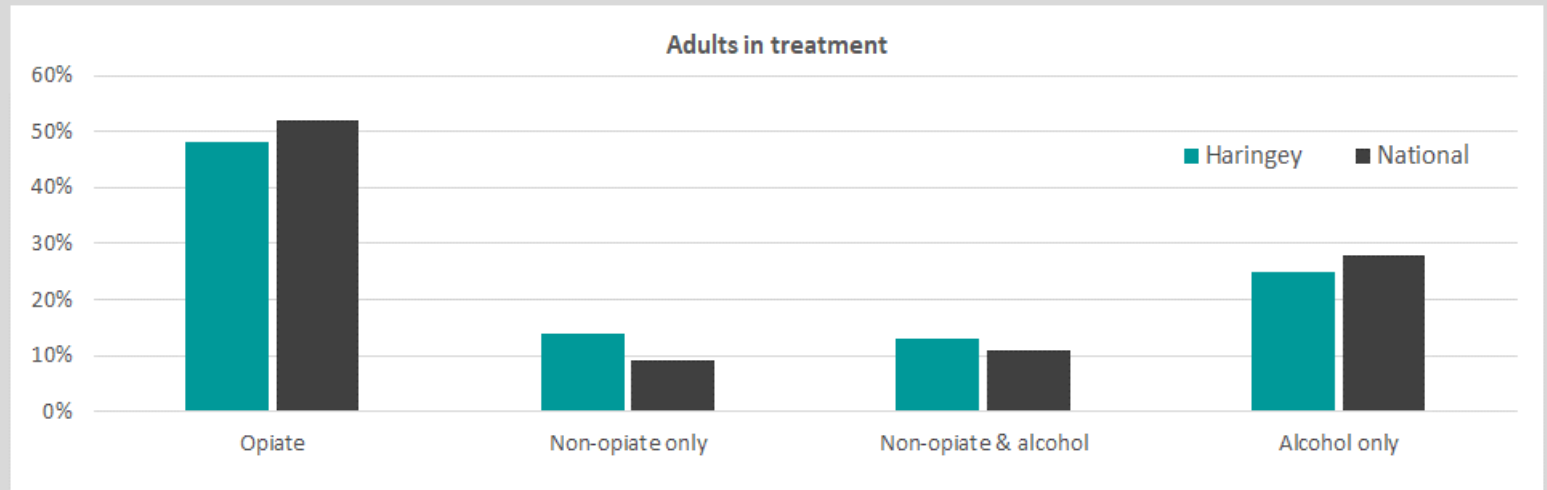
Homeless - **14%** were NFA and a further 14% had a housing problem



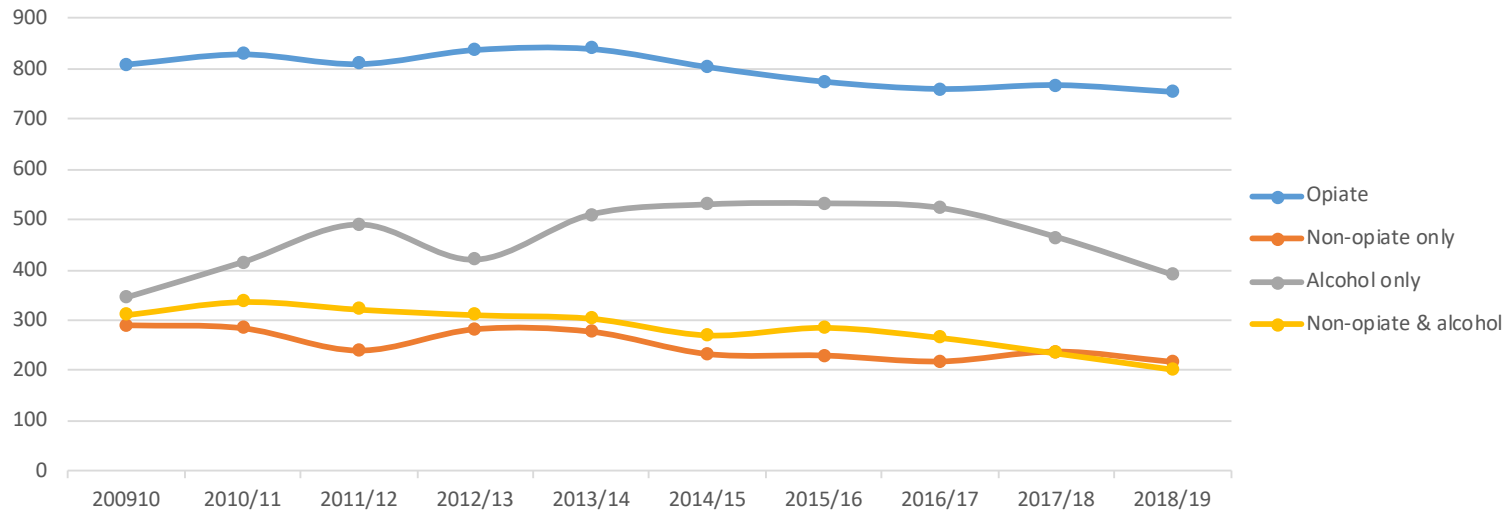
Parents – **57** had children living with them

### Number and proportion of adults in treatment in 2018/19

	Haringey		National	
	No. in Treatment	proportion (%)	No. in Treatment	proportion (%)
Opiate	753	48%	139,845	52%
Non-opiate only	216	14%	24,523	9%
Non-opiate & alcohol	203	13%	28,598	11%
Alcohol only	389	25%	75,555	28%
<b>Total</b>	<b>1,561</b>	<b>100%</b>	<b>268,521</b>	<b>100%</b>



### Number of clients in treatment in Haringey 2009/10 – 2018/19



	Percentage change 2017/18 - 2018/19		Percentage change 2009/10 - 2018/19	
	Haringey	National	Haringey	National
Opiate	-1.8	-1.0	-6.9	-17.8
Non-opiate only	-8.9	2.2	-25.5	-1.2
Alcohol only	-16.2	-0.3	13.1	-14.2
Non-opiate & alcohol	-13.6	3.3	-34.7	-1.4

### Annual change 2017/18 – 2018/19

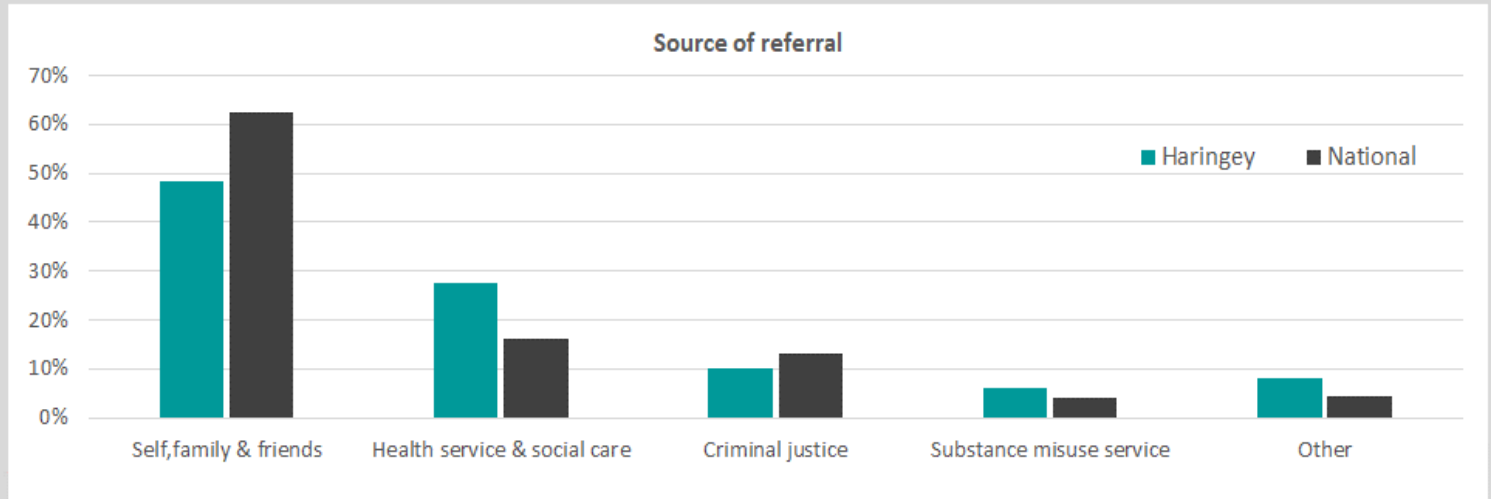
- Haringey recorded greater reductions for all substance categories compared to England

### 2009/10 – 2018/19 change

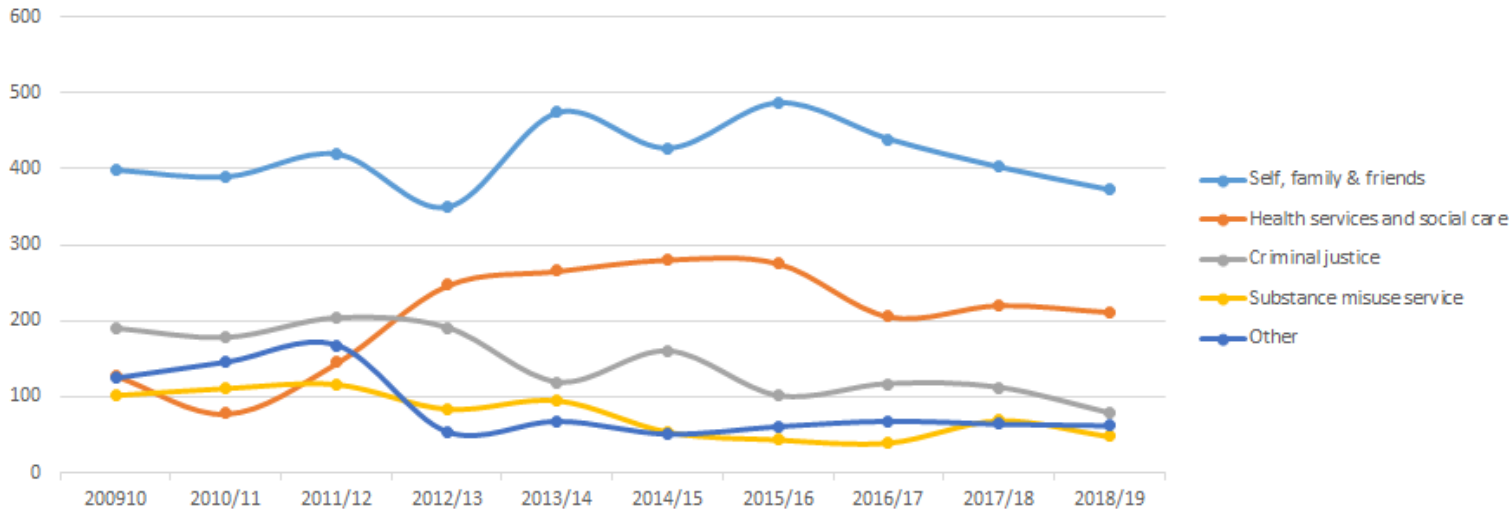
- Haringey has seen significantly greater reductions for Non-Opiate only and Non-Opiate & Alcohol compared to nationally in the decade since 2009/10

## Sources of referral into treatment

	Haringey		National	
	Number	Percentage of referrals	Number	Percentage of referrals
Self, family & friends	372	48%	82,461	62%
Health service & social care	212	27%	21,259	16%
Criminal justice	78	10%	17,244	13%
Substance misuse service	48	6%	5,269	4%
Other	62	8%	5,711	4%
<b>Total</b>	<b>772</b>	<b>100%</b>	<b>131,944</b>	<b>100%</b>



## Sources of referral in Haringey 2009/10 – 2018/19



	Percentage change 2017/18 - 2018/19		Percentage change 2009/10 - 2018/19	
	Haringey	National	Haringey	National
Self, family & friends	-7.5	11.6	-6.5	41.9
Health service & social care	-4.1	-4.2	65.6	-28.9
Criminal justice	-30.4	-2.8	-58.9	-40.9
Substance misuse service	-30.4	-27.7	-52.9	-72.1
Other	-3.1	1.5	-50.4	-39.2

### Annual change 2017/18 – 2018/19

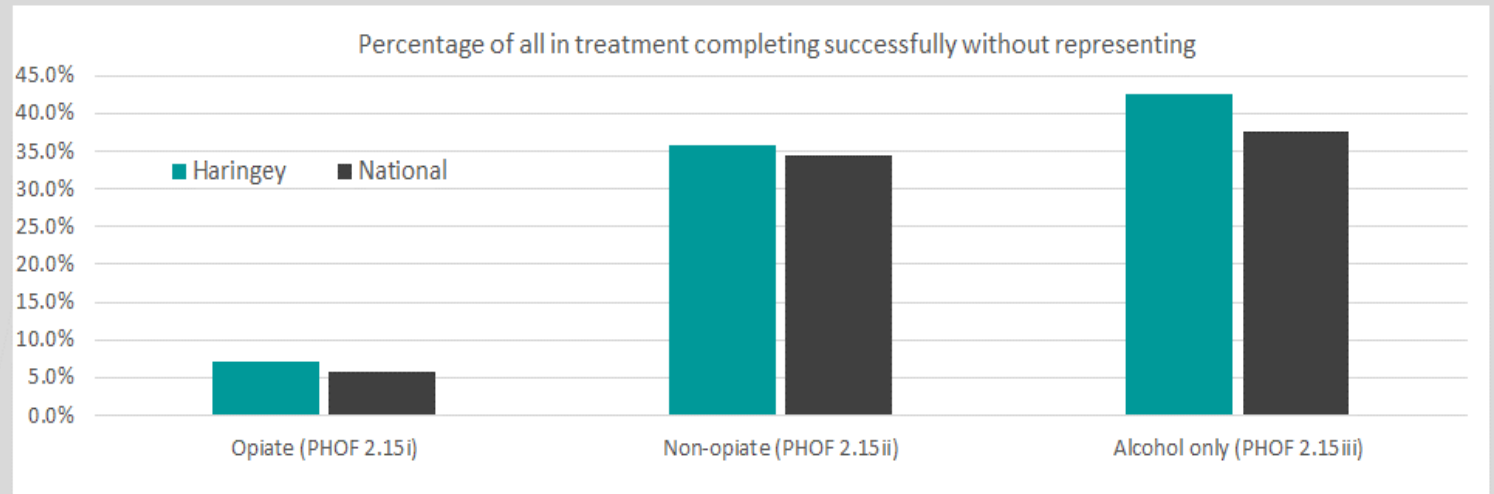
- With the exception of the Health service & social care, Haringey has seen higher reductions in referrals from all sources compared to nationally

### 2009/10 – 2018/19 change

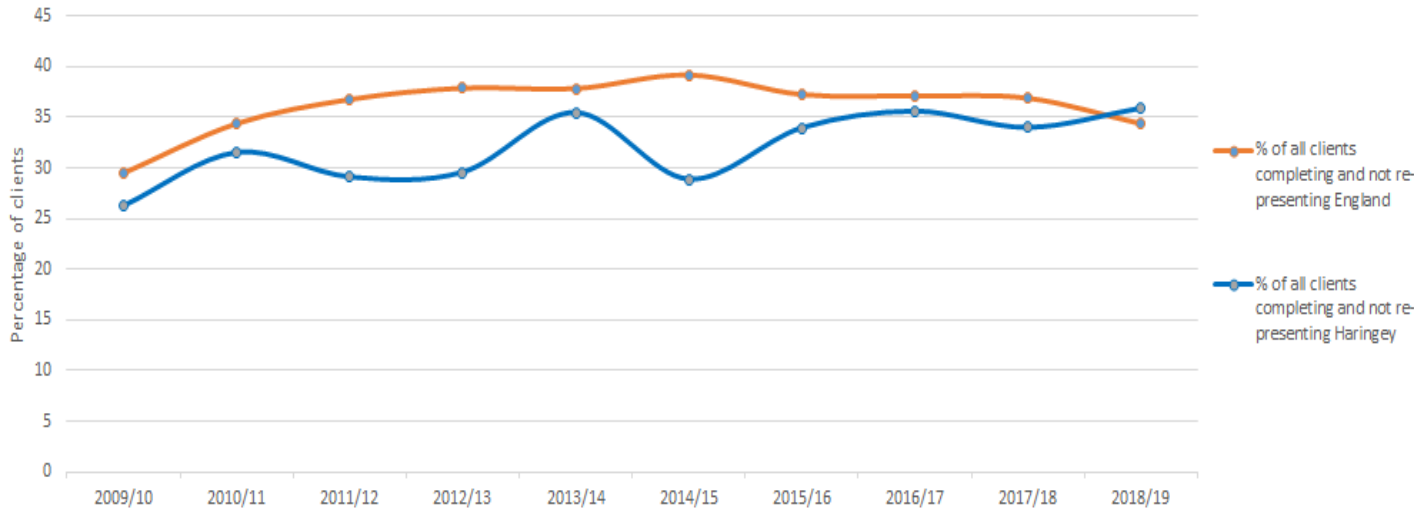
- Nationally, referrals from Self, Family & Friends increased considerably (42%) whilst they fell in Haringey by 7%. Criminal Justice and Other referrals also recorded greater reductions than nationally

**Successful completions without re-presenting to treatment within 6 months**

	Haringey		National	
	Number	Percentage of treatment pop	Number	Percentage of treatment pop
Opiate (PHOF 2.15i)	53	7.1%	8,090	5.8%
Non-opiate (PHOF 2.15ii)	151	35.9%	17,956	34.4%
Alcohol only (PHOF 2.15iii)	180	42.6%	28,896	37.6%
<b>Total</b>	<b>384</b>	<b>24.2%</b>	<b>54,942</b>	<b>20.5%</b>



**Clients successfully completing and not re-presenting to treatment - Non-opiate users - PHOF 2.15ii**



**Non-opiate combined users (PHOF 2.15ii)**

**2018/19**

- In Haringey, 35.9% of Non-opiate drug users successfully completed treatment without re-presenting, higher than the national figure of 34.4%

**Change from 2017/18 – 2018/19**

- Haringey saw an increase of 1.9 percentage points in successful completions not re-presenting compared to a fall nationally (2.5)

**Change from 2009/10 – 2018/19**

- Haringey’s 9.6 increase in percentage points for the number of successful completions not re-presenting was greater than the national 4.9 increases



- 913 DIP tests were done between April and December 2018 on those committing acquisitive crime, **48%** of whom tested positive for class A drugs
- In addition, 279 tests were completed using inspector's authority, 45% were positive (n=128) of these 50 people were positive for opiates and cocaine, 75 for cocaine and 3 just opiates
- This high level of cocaine use echo's patterns of those entering drug treatment and prevalence rates
- The 100 drug users who came into treatment are estimated to have committed 90,733 offences in 12 months before treatment. This equates to 18% of those in treatment
- National evidence shows a 44% reduction in the number of individuals who were recorded as re offending following the start of treatment and a 33% reduction in the number of offences

2,000 people in Haringey are more likely to take action to help a child living with parental alcohol use

Children's services piloting alcohol screening and conversation tools (University of Newcastle evaluation)

Anchor project training children's services in new tools to help parents build resilient families

A school's approach recognising and reaching children is affected by parental alcohol

Children of alcohol misusing parents are more likely to go to be substance misusers,

Working with the community to build family resilience

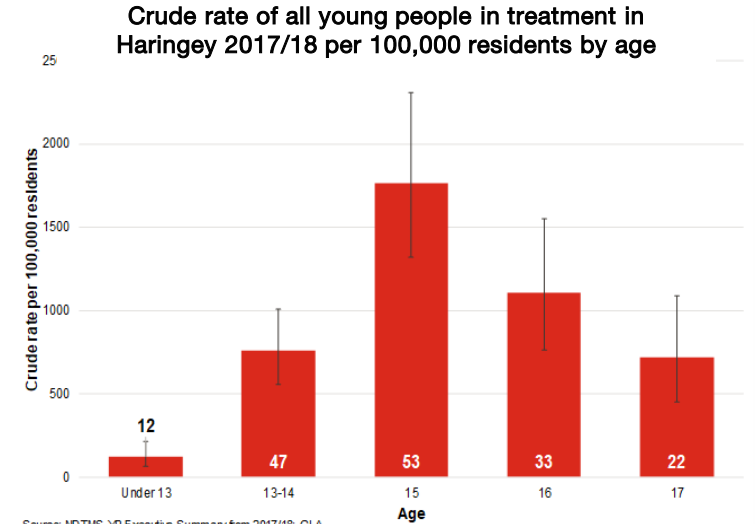
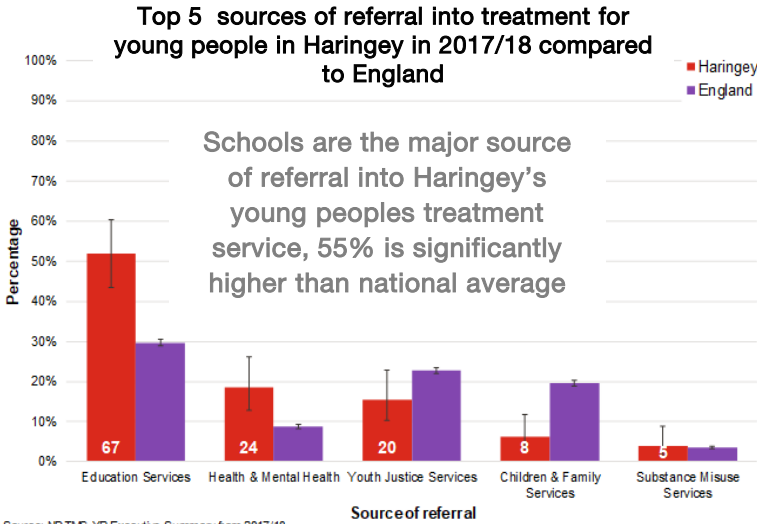
Peer service for the non-alcohol dependent parent

Whole family support around dependent drinking

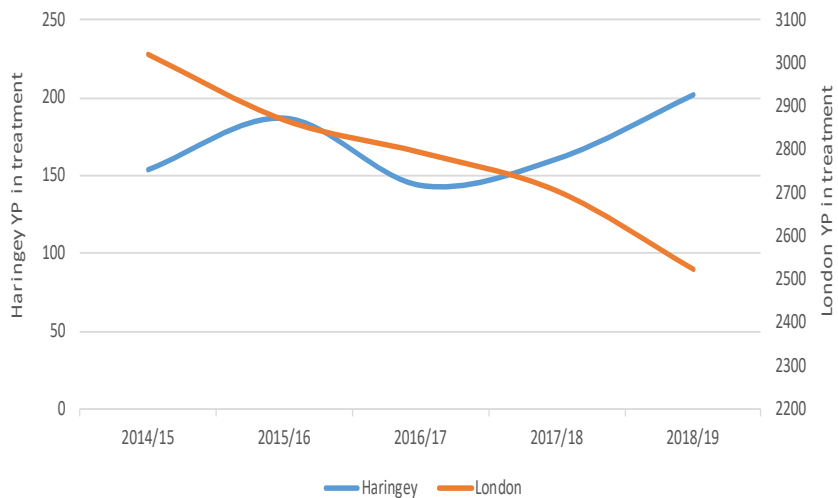
All workers who could help a child living with parental alcohol

- There were 202 young people in drug treatment in 2018/19 in Haringey, compared to 161 in 2017/18 (Source: Community Young People (YP) Treatment Performance Reports – Haringey)
- Year to date (Apr–Sep) 2019 there are 116 young people in treatment
- Cannabis constitutes the 91% of all drugs used
- Alcohol and Nicotine comprise a further 40% and 27% respectively
- Cocaine/Crack do not register i.e. 0%
- 82% of discharges are planned the same as the national figure

Source: NDTMS Young peoples Activity Report Apr – Sep 2019



**Haringey trend for the number of young people in treatment 2014/15 – 2017/18**



**Health watch found;**  
 “The service is valued by service users, particularly their relationship with their key worker, the flexibility of the service and the holistic and ‘whole family’ approach to support, which includes help with things like housing, benefits and child custody”

## Age and gender profile

- 15 year olds represented the highest proportion (32%) of young people in treatment in Haringey by age
- In Haringey there is a younger age group entering treatment compared to neighbouring boroughs (data from GLA)
- The overall ratio of females to males is 41% to 59% but this split varies significantly across age groups