Introduction

Addiction, alcohol and drug abuse are taking a heavy toll on Britain. 1 in 20 adults in England (1.6 million) is dependent on alcohol and 1 in 100 (380,000) is addicted to heroin or crack cocaine. The annual bill to society is over £21 billion in alcohol-related harm and a £15 billion cost from illicit drugs[1]. However there are also huge health and social care related costs due to substance misuse. Drug use can lead to increased levels of crime either through the sales of illicit drugs or through users committing crimes in order to fund their habits. While alcohol can lead to liver diseases and injuries due to falls, alcohol and drug misuse can lead to wider family issues such as violence, domestic abuse, worklessness, debt, child neglect and educational failure, all of which disproportionately affect poor communities.

Guidelines for alcohol

The Chief Medical Officer's guideline for alcohol for both men and women states:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week[2].

There are no equivalent population level guidelines for safe levels of drug use.

Aims of profile

This profile looks at current levels of substance misuse (both alcohol and drugs) within The London Borough of Merton in relation to comparator areas e.g. England and London.

- To highlight any demographic differences e.g. gender and ethnicity and any inequalities which may exist within the borough.
- To set out what is happening locally to improve levels of substance misuse in Merton.

Summary of Key Facts

- Using national prevalence estimates, Merton has around 38,000 people who are likely to drink at increasing or higher risk levels.
- The highest proportion drinking over the recommended amount of alcohol units are males in the 65-74 age group and females aged 55-64 years.
- Males have much higher rates of admissions to hospital for alcohol specific conditions than females in Merton, however both male and female rates are lower than London and England.

[1] The Centre for Social Justice (2013) NO QUICK FIX - Exposing the depth of Britain's drug and alcohol problem

[2] UK Chief Medical Officers' Low Risk Drinking Guidelines

- Males have much higher rates of admissions to hospital for alcohol related conditions (broad definition) than females in Merton however both male and female rates are lower than London and England.
- Males have a higher rate of mortality due to alcohol specific conditions compared to London and England. The overall rate for Merton is also higher than London but lower than England.
- An estimated 3,871 adults aged 16 and over in Merton have taken class A drug in the last year.
- An estimated 4,258 adults aged 16 and over in Merton have taken stimulant drugs in the last year and an estimated 10,839 adults aged 16 and over have taken any drug in the last year.
- The proportion of drug related deaths in Merton are small; however in 2015/16 over 1% of these deaths occurred in those undergoing treatment, which is the highest it has been in Merton since 2009/10. The increase is predominantly due to the rise in opiate-related deaths.

Local picture

The table below shows the national prevalence of different levels of alcohol consumption. By applying the estimated national prevalence to the Merton population, the number of people locally who are likely to be drinking at each level of risk can be estimated.

Estimated alcohol consumption prevalence in Merton					
Consumption	Abstain	Lower risk	Increasing risk	Higher risk	Binge drinking
National prevalence (%)	17%	59%	20%	4%	17%
Local prevalence (persons)	26,839	93,146	31,575	6,315	26,839

*Local prevalence figures achieved by applying national prevalence to local population.

- Almost 1 in 6 adults in Merton binge drink.
- 1 in 20 adults are consuming alcohol at higher risk levels in Merton.
- 1 in 5 adults are consuming alcohol at increasing risk levels in Merton.
- 3 in 5 adults are consuming alcohol at lower risk levels in Merton.

We do not have any local data on the proportion of people in Merton who drink by ethnicity or gender, but we know the following from national data, and it may apply to the Merton population:

Ethnicity (national data)

- Estimated prevalence data suggests that **Asian ethnic groups** have the highest proportion of abstaining individuals - with over 70% of females compared to 55% of males.
- Approximately 40% of people in **black ethnic groups** are likely to be abstinent.
- The lowest proportion of abstinence was found in people in **white ethnic groups** - less than 10% of men and 15% of women.
- Males and females in the **75+ age group** have the **lowest** levels of drinking more than 14 units a week.

Age range (national data)

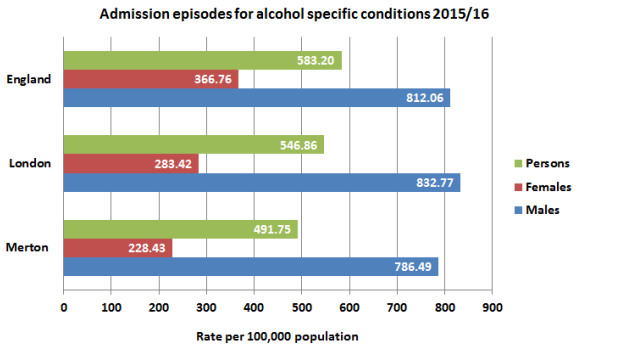
- In males the highest proportion of alcohol consumption is in the **65-74** age group.
- In females the highest proportion is in the 55-64 age group.

Alcohol related harm in Merton

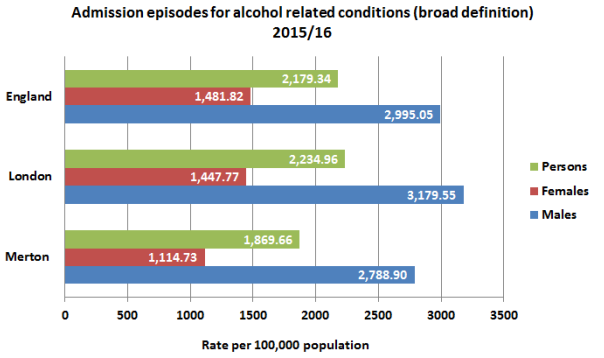
The health harms caused by alcohol can be split into two groups: alcohol-*specific* conditions and alcohol-*related* conditions. Alcohol-specific conditions are those which are a direct consequence of alcohol misuse, e.g. outcomes such as alcohol poisoning; alcohol-related conditions includes outcomes which are attributable to alcohol and for which alcohol increases the risk, such as liver

cirrhosis and cardiovascular disease. More information on these groups can be found at the PHE Fingertips link in the more information section.

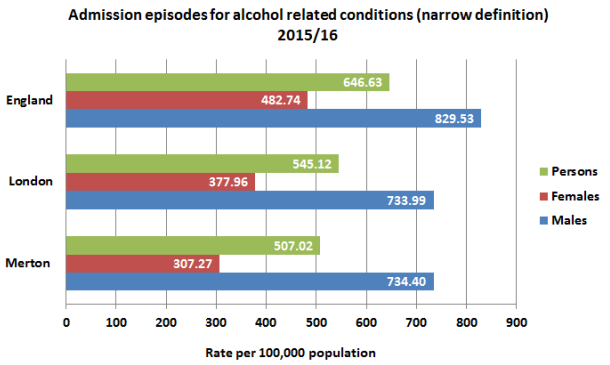
Admissions



- Overall **Merton** has **lower rates of admissions** compared to London and England for males, females and persons.
- **Males** have much **higher rates of admissions** to hospital for alcohol specific conditions than females in Merton.



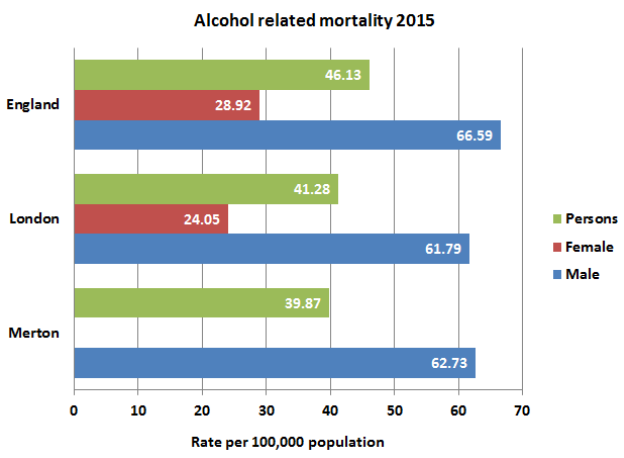
- **Merton** has **lower rates** compared to London and England for both males and females.
- **Males** have much higher rates of admissions to hospital for alcohol related conditions (broad definition) than females in Merton, London and England.



- Across Merton, London and England, **males** have much **higher rates of admissions** to hospital for alcohol related conditions (narrow definition) than females.
- Overall, **admission rates in Merton are lower** than London and England. However, this masks a difference between males and females: **Merton** has **lower admission rates for females** than London and England, where as admission rates in **Merton for males** are **similar to London** but **lower than England**.

Mortality

- Overall, **Merton** has a **higher rate of mortality** due to alcohol specific conditions compared to London, although lower compared to England.
- **Males** in Merton have a **higher rate of mortality** due to alcohol specific conditions compared to both London and England.
- Rates for females in Merton cannot be calculated due to the small number of deaths.



- Overall, **Merton** has a **lower rate of mortality** due to alcohol related conditions compared to both London and England.
- **Males** in Merton have a **slightly higher rate of mortality** due to alcohol related conditions compared to London, although lower compared to England.
- Rates for females in Merton cannot be calculated due to the small number of deaths.

Prevalence of drug misuse

The table below shows the national prevalence of different drugs. By applying the estimated national prevalence to the Merton population, the number of people locally that are likely to be using drugs can be estimated.

	Any Class A drug	Any stimulant drug	Any drug
National prevalence %	3.0	3.3	8.4
Merton estimates	3,871	4,258	5,548

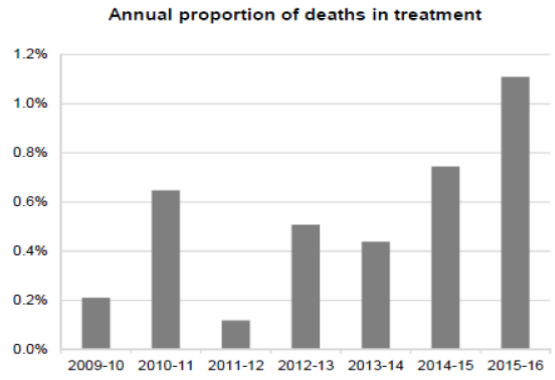
- An estimated 3,871 adults aged 16+ in Merton have taken any class A drug in the last year.[3]
- An estimated 4,258 adults aged 16+ in Merton have taken a stimulant drug in the last year.[4]
- An estimated 10,839 adults aged 16+ in Merton have taken any drug in the last year.[5]

[3] *Class A drugs are powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

[4] A stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite, methamphetamine and mephedrone.

[5] Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, ketamine, methamphetamine, mephedrone, tranquillisers, anabolic steroids, amyl nitrite and any other pills/powders/drugs smoked.

Drug related harm in Merton



- The number of **drug related deaths** in Merton **fluctuates** so it is difficult to see a clear trend, although the actual numbers remain small.
- In 2015-16, **over 1%** of all drug related deaths occurred in those **undergoing treatment**, which is the highest since 2009/10, and likely due to the rise in opiate-related deaths.

Substance misuse related crime

Drug related crime can be broken down into drug offences, including the trafficking or possession of drugs, crimes committed under the influence of drugs, and acquisitive crime to fund substance use.

The Crime Survey for England & Wales (CSEW) found, (in the year ending 2016), that in 19% of violent incidents, the victim believed the offender(s) to be under the influence of drugs. This amounts to 2,518 crimes committed annually, however, this is also likely to be a gross underestimate due to the exclusion of non-violent crimes and poor reporting of certain crimes such as acquisitive crimes of small value.

The local Merton data from the CSEW shows that there were a total of 13,251 crimes committed from October 2015-September 2016, 40% of which were reported as alcohol-related. This amounts to approximately 5,300 alcohol related crimes in the year, a likely underestimate of the extent to which alcohol impacts on the community.

What works?

The burden on society caused by alcohol and drug misuse is substantial and has an effect on more than just health, affecting society and the economy too.

Alcohol misuse interventions

Three key influencers have been identified relating to alcohol consumption – price (affordability), ease of purchase (availability) and the social norms around its consumption (acceptability). Extensive arrays of policies have been developed with the primary aim of reducing the public health burden of alcohol[6]. A systematic review by PHE into the effectiveness of these interventions was carried out and the findings are summarised below:

Taxation and cost regulation

Taxation and policies that regulate costs affect consumer demand by increasing the cost of alcohol in comparison to alternative choices. Evidence shows these policies are the most effective and cost-effective approaches to prevention and health improvement.

Marketing regulation

Reviews of longitudinal and cohort studies of children consistently show that regular exposure of children to alcohol marketing increases the risk that they will start to drink alcohol, or for those that already drink, they will consume greater quantities. More recently, watershed bans and website age verification measures have been used to reduce exposure to alcohol advertising in children.

[6] PHE (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review

Availability regulation

Policies that reduce the hours during which alcohol is available for sale – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy. These policies are particularly cost-effective within high population areas.

There are many other policies aimed at alcohol harm reduction, although evidence reviews shows poorer evidence of wide scale effectiveness, for example:

- Education programmes increase awareness but little evidence exists that they reduce harm;
- Managing the drinking environment shows only a small reduction in harm.

Drug misuse interventions

The evidence for the effectiveness of pharmacological interventions; psychosocial interventions; residential rehabilitation, continuing care and recovery support; crime reduction, and needle and syringe programmes is summarised below:

Pharmacological interventions

There is substantial evidence over the last 20 years that Opioid Substitution Treatment (OST) is an effective treatment for heroin or other non-medical opioid dependence. NICE recommends OST, in conjunction with psychosocial interventions. The evidence shows strong evidence that this intervention suppresses heroin use, and leads to a reduction in injecting drugs and a reduction in sharing needles, which is likely to have other health benefits e.g. reduced risk of blood borne disease.

Psychosocial interventions

The goal of psychosocial interventions is to help people build and sustain motivation for behaviour change and recovery, to recognise and cope with drug conditioned urges and emotions, and to engage or develop family and community recovery supports[7]. People who are not in formal treatment also appear to benefit from brief psychosocial interventions.

Needle exchange programmes

There is consistent evidence that community-based needle and syringe programmes are associated with reduced rates of HIV and hepatitis C infection in the target population.

What are we doing?

Adult Substance Misuse services in Merton are currently delivered, under the Engage Merton banner, by South West London and St Georges Mental Health Trust (SWLstG), and a sub-contracted voluntary sector organisation Community Drug & Alcohol Recovery Services (CDARS). From April 2018, Adult Substance Misuse services will be delivered by WDP.

Service delivery is comprised of a number of components ranging from prevention to treatment and recovery. These are currently provided from the Wilson Hospital in Mitcham, complimented by outreach services that meet and engage with clients in settings throughout Merton. From April 2018, services will continue to be delivered from a location in Mitcham, complemented by outreach. In addition to the Adult Substance Misuse service, the following are available for Merton residents:

- The Drug & Alcohol Liaison Nurse Service (currently jointly commissioned between London Borough of Merton Public Health, Merton CCG and Wandsworth CCG): the service consists of 3 nurse posts (one of whom is a prescriber) and is headed up by a Consultant Hepatologist. Operating within St Georges Hospital in Tooting, the service has links between in-patient/acute care/A&E within St George's and the community Substance Misuse services. The service is

[7] PHE (2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England

supplemented by a part time "in – Reach" worker from the Substance Misuse services (currently Engage Merton) to ensure robust pathways from acute hospital services to community services.

- Risk and Resilience Service: the prevention and treatment of young people's substance misuse in Merton is a joint partnership responsibility between Local Authority, Health, Police and Voluntary Sector providers. The service sees young people with substance misuse problems under the age of 18. It also sees young people aged 18 – 24 years who are less complex in their needs and works closely with the current provider of Adult Substance Misuse services (Engage Merton) to ensure the pathway for more complex young people is robust, including referral routes into treatment for those needing it.
- London Borough of Merton Public Health commissions Equinox Brook Drive and Cranstoun City Roads to provide and deliver in-patient detoxification for clients referred as suitable from the Adult Substance Misuse services (currently Engage Merton). These are referred to the service upon completion of appropriate preparation work and blood testing. Cases requiring subsequent referral from detoxification services to Residential Rehabilitation or Day Care programmes are co-ordinated by a Care Manager currently seconded into Engage Merton, funded through London Borough of Merton Adult Social Care.

In addition to treatment services, London Borough of Merton and partners such as the police are also working to shape the environment to reduce and prevent the risk of alcohol and drug related harm, for instance through promoting brief interventions such as DrinksChecker for local residents (http://oneyoumerton.drinkchecker.org.uk/), influencing local alcohol licensing decisions and policy, and at the other end of the pathway, working with a range of partners to support those in and leaving treatment to access training, employment and housing.

Other indicators related to substance misuse

Compared with benchmark: Better | Similar | Worse — Lower | Similar | Higher — Not compared

Merton

Indicator	Period	England	London region	Barking and Dagenham	Barnet	Bexley	Brent	Bromley	Camden	City of London	Croydon	Ealing	Enfield	Greenwich	Hackney	Hammersmith and Fulham	Haringey	Harrow	Havering	Hillingdon	Hounslow	Islington	Kensington and Chelsea	Kingston upon Thames	Lambeth	Lewisham	Merton	Newham	Redbridge	Richmond upon Thames	Southwark	Sutton	Tower Hamlets	Waltham Forest	Wandsworth	Westminster
1.13i - Re-offending levels - percentage of offenders who re-offend	2014	25.4	25.7	25.1	22.6	21.9	27.2	24.4	30.0	*	28.0	24.4	25.0	24.4	26.1*	28.4	26.4	21.8	20.3	23.4	25.6	30.5	26.0	23.9	29.6	26.6	25.6	25.8	25.0	23.7	24.9	23.2	26.4	25.3	25.7	25.2
1.13ii - Re-offending levels - average number of re-offences per offender	2014	0.82	0.76	0.73	0.65	0.65	0.75	0.67	0.97	0.40	0.83	0.74	0.68	0.71	0.73	0.96	0.78	0.63	0.58	0.70	0.77	1.01	0.76	0.92	0.87	0.71	0.73	0.76	0.73	0.76	0.70	0.68	0.78	0.70	0.85	0.76
2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2015/16	14.0	13.3	13.5	13.9	15.0	16.8	14.1	12.5	8.8	10.2	12.5	12.6	13.3	13.6	10.4	13.0	14.6	13.9	12.6	14.0	12.5	12.6	13.3	12.3	13.7	15.5	12.9	11.8	12.8	14.8	14.3	12.6	14.4	13.5	12.1
Prisoner population: count	Sep 2014	-	-	-	-	-	-	-	-	-	-	-	-	2367	-	1221	-	-	-	-	550	1783	-	-	725	-	-	-	-	-	-	-	-	-	1606	-
Hospital admissions due to substance misuse	2013/14 -15/16	95.4	67.9	63.7	56.9	118.3	66.1	158.1	53.0	*	86.9	62.3	49.8	91.1	60.5*	66.6	76.3	49.8	49.2	50.5	45.6	53.3	81.0	48.0	71.4	87.5	56.9	66.3	59.2	75.2	67.4	110.8	56.7	65.3	71.9	54.3
Parents in drug treatment: rate per 100,000 children aged 0 - 15	2011/12	110.4	104.1*	86.6	45.7	48.3	97.0	67.4	118.6	0.0	78.2	111.3	96.6	*	111.3	125.0	136.8	122.4	130.3	82.0	116.1	115.9	81.6	78.9	115.0	137.9	102.6	85.6	75.7	35.0	127.3	96.9	230.2	171.5	*	137.2
Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2014/15	8.7	13.4	27.5	13.3	12.5	7.1	4.4	9.4	20.0	8.4	14.1	7.8	3.5	24.7	24.3	5.2	15.0	11.3	16.3	22.2	8.7	18.6	4.3	8.3	7.4	6.0	10.6	14.2	6.9	19.9	5.5	16.1	35.1	17.3	11.6
Persons in substance misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test	2014/15	81.5	82.9	95.3	88.6	89.7	90.8	94.0	75.9	85.7	79.5	82.5	76.3	82.2	86.7	89.8	76.0	85.7	81.3	55.2	74.0	86.8	87.8	69.7	81.4	81.1	67.6	78.5	80.6	81.9	92.0	88.2	91.2	77.6	89.3	77.3
Concurrent contact with mental health services and substance misuse services for drug misuse	2015/16	22.1	27.2	24.2	33.4	32.1	30.1	18.8	32.0	46.7	43.3	29.2	35.5	38.0	24.8	23.9	32.4	23.5	19.0	54.7	10.4	39.2	25.4	26.2	25.6	13.9	19.5	21.0	14.4	23.2	29.1	22.3	23.8	19.0	17.2	24.3
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2015/16	20.8	26.7	18.2	26.1	44.1	20.9	16.9	37.2	*	47.5	30.5	34.0	35.3	14.0	22.3	37.9	23.7	16.5	59.9	6.9	25.0	23.8	26.3	28.3	10.6	18.8	23.6	11.2	32.7	28.2	40.6	29.9	15.8	12.6	19.7
2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2016/17	30.3	21.0	12.9	21.1	33.3	19.4	26.1	18.9	0.0	31.6	26.7	31.5	21.9	28.4	15.5*	19.9	8.8	19.5	14.0	17.4	17.1	*	24.2	25.2	18.1	28.4	21.3	24.3	48.1	13.7	26.7	24.9	15.1	19.4	*
Homeless young people aged 16-24	2015/16	0.58	0.92	2.76	0.47	1.21	0.72	1.01	0.10	1.43	1.34	0.76	0.90	0.73	1.65	0.91	0.90	0.66	1.16	0.24	0.69	0.70	1.03	0.41	0.65	0.90	0.17	1.34	0.68	0.50	1.47	0.91	0.76	1.66	1.12	0.80
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2016	14.9	14.0	19.9	6.2	16.1	15.3	9.7	7.6	0.0	13.9	15.4	13.8	19.7	13.9	16.1	14.0	14.0	16.6	14.8	16.0	26.1	7.1	10.7	18.3	19.2	10.8	11.3	11.3	6.8	16.7	8.7	19.2	12.3	16.4	9.4
Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2016	10.1	11.6	7.5*	12.9	11.6*	10.7	6.2*	12.0	0.0*	26.8	9.2	9.0	9.1	8.2*	11.7*	9.9	7.0	8.3	18.4	6.4*	19.9	15.9	4.0*	12.7	8.9	14.1	13.7	4.7	5.6*	14.3	19.5	8.5*	13.1	8.2	8.2*

More information

PHE Fingertips http://fingertips.phe.org.uk/profile/local-alcohol-profiles
For definitions refer to the LAPE 2017 User guide on the PHE Fingertips link above

National Drug Evidence Centre http://research.bmh.manchester.ac.uk/epidemiology/NDEC

National Treatment Agency PHE http://www.nta.nhs.uk/ndtms.aspx

National Drug Treatment Monitoring System https://www.ndtms.net/default.aspx

PHE (2016) Evidence review of alcohol
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

PHE (2017) Evidence review of Drug treatment outcomes
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf

Public Health England

Healthmatters Drug misuse harms society