

# Children and Young People Drugs Strategy

## 2023-2026

Preventing and reducing harm  
caused by illegal drugs on children,  
young people and families



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

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# 1 About this strategy

The problems created by the illegal sale and use of drugs are widespread and complex. No single service nor intervention can address these problems alone. Preventing and reducing the harm caused by drugs requires a whole system approach that focuses on addressing the root causes of substance misuse rather than treating the symptoms in isolation.

This document outlines the Royal Borough of Kensington and Chelsea's (RBKC) and Westminster City Council's (WCC) public health approach using data, research, intelligence, evidence-based practice and our residents' lived experiences to inform recommendations for action.

Although the approach cuts across the entire life-course, we know that children and young people are particularly vulnerable to the harm caused by illegal drugs, hence the target population for this strategy is children and young people between the ages of 0-25 and their families. This document is for the duration of 2023 to 2026.

## This strategy document specifically aims to:

- Evidence the wider determinants of health (and crime) in our boroughs.
- Outlines the approaches we took with young people, residents, our partners, and frontline services to understand the problem we face.
- Articulate our public health approach to reducing the impact of illegal drugs on local children, young people and families.
- Make recommendations for action.

# Enforcement

This document focuses primarily on prevention and early intervention, however for the strategy to be effective it needs to include enforcement. This section sets out elements of local enforcement related to the supply of drugs in line with the National Drugs Strategy by strengthening the collaboration between the police, local authorities and local partners to tackle the supply of drugs through enforcement and sharing intelligence. We particularly want to ensure strong enforcement on those individuals who exploit and profit from supplying drugs across our boroughs. We can do this by:



Engaging with our local communities and partners to tackle the drug dealing and drug taking problems.



Supporting the police to arrest and prosecute those who benefit from supplying drugs whilst seizing their drugs and proceeds of crime by providing surveillance data and evidence.



Support in the identification of organised criminal groups who are engaged in trafficking drugs particularly those who seek to exploit children and vulnerable people through county lines, and the taking over of premises for dealing (cuckooing).



Using the local Combatting Drugs Partnership and the national outcomes framework to monitor and evaluate the impact of the action plan.

## Authors

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## Acknowledgements

This strategy was co-developed with the community, partners, and frontline services. We would like to thank the many people and organisations who contributed to its development. Particular thanks are due to our steering group, community safety and police, children and young people and those with lived experiences, whose input and guidance were invaluable. A special mention is to community safety colleagues Alice Kavanagh, Stacie Smith, the Integrated Gangs and Exploitation Unit and Michael Walsh from the Metropolitan Police Service, and both boroughs Youth Crime Partnerships who provided invaluable steer, critique and challenge.



## 2 Foreword

We are pleased to co-write the foreword to this strategic document outlining our local approach to preventing, minimising harm, and tackling the complex issues surrounding illegal drugs and our children, young people and families.

Although locally we have seen overall reductions in youth offending, knife crime and serious youth violence remain a challenge across Westminster and Kensington and Chelsea. We know that illegal drugs are the key driver for the majority of crime and violence, and our central location in the city provides us with additional challenges as bustling night-time economies and recreational drug users often unfortunately go-hand in hand.

As a partnership, we need to understand what drives the supply and demand of substance misuse and also the connection with criminal gangs and violence. Factors that young people have told us that they are concerned about include the cost-of-living crisis, mental health issues and related stigma, shame and particularly cultural shame. This is often on-top of already complex and stressful family lives, so we must as a partnership come together and all do our part, making it easier for our young people to access support.

Everyone is harmed by the impact of illegal drugs to some extent, however we know that some of our local children and young people and communities are disproportionately affected. It is unacceptable that young people, mainly young boys from black and multiple ethnic backgrounds are disproportionately represented in exclusions from school, being stopped and searched and becoming involved in the criminal justice system. The recent “Child Q” serious case review in Hackney has highlighted further concern about systemic racism and how, as a partnership, we must continuously challenge the work that we are doing to tackle these issues, if we are to be successful in reducing the harm caused by substance misuse. This is challenging but critical work, and if successful has the potential to improve outcomes of our most vulnerable children and families and build safer communities.

This strategy sets out the work we will do across the local partnerships to tackle substance misuse and the factors that contribute to it. It outlines the local need that aligns into the wider national context: the Government recently published the 10-year drugs strategy. Our ambition has been to produce a practical set of recommendations that the partnership can take forward and we hope that we have achieved this. We look forward to working with you all to ensure that all local children, young people and families are supported and protected from harm caused by illegal drugs.

**Anna Raleigh**

Bi-borough Director of Public Health

**Sarah Newman**

Bi-borough Executive Director of Children’s Services

# 3 Executive summary

## 3.1 What is the problem

Eradicating the harm caused by drugs to individuals, families and communities is a national, regional and local challenge.

- Substance misuse costs society as a whole around £20 billion pounds annually<sup>1</sup>.
- According to a 2017 NHS Digital report, in England and Wales, 1 in 12 adults (16 to 59 years old) used an illicit drug in the previous year (around 2.7 million individuals).
- Around one in three adults reported using an illicit drug at some point during their lifetime<sup>2</sup>. In addition to driving most of the crime nationally<sup>3</sup>, substance misuse can have “serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them”<sup>4</sup>.
- Locally, residents in both RBKC and WCC largest concerns are drugs and related crime<sup>5</sup> and 34 per cent of young people engaging with the local youth offending services show evidence of substance misuse.
- Both boroughs vibrant night-time economy and hospitality sectors are specific local challenges in terms of recreational drug users and the impact that has on local communities.

Following on from the local Youth Offending and Serious Youth Violence JSNA, and the publication of the National 10-year drugs strategy (and Dame Carol Black’s review), we have developed this local Public Health approach to preventing and reducing the impact and harm of illegal drugs on children, young people and families in the Royal Borough of Kensington and Chelsea and the City of Westminster. This includes how we best support:

- Children and young people (CYP) who are using illegal drugs
- Parental Substance misuse and “hidden harm”
- CYP who are involved (and/or exploited to be) with the supply and dealing of drugs.

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1. HM Government Independent Report (2021, p. 3). Review of drugs part two: prevention, treatment, and recovery. Viewed 1 June 2022. <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

2. HM Government Independent Report (2021). Review of drugs part two: prevention, treatment, and recovery. Viewed 1 June 2022. <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

3. HM Government Independent Report (2021). Review of drugs part two: prevention, treatment, and recovery. Viewed 1 June 2022. <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

4. HM Government Advisory Council on the Misuse of Drugs (2011, p. 30). Hidden Harm Inquiry. Viewed 1 June 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

5. Resident surveys (WCC 2021 and RBKC 2022)

## 3.2 Approach

To fully understand the issue and possible solutions, we utilised both quantitative and qualitative research. We conducted a thematic analysis of a range of local and national strategies to consolidate data and recommendations.

Alongside this we facilitated a range of engagements including workshops, focus groups and conversations with a variety of services, professionals, people with experience of the criminal justice system and substance misuse, and children and young people to understand the local challenges and their lived experiences.

## 3.3 Key findings

- The need to challenge the acceptability and glamourisation of drugs and the “lifestyle” of being involved with dealing drugs
- Recreational drug users are a large factor in driving the local drugs market, as is the two boroughs central London locations and bustling night-time economies
- The rising cost of living and impact of the Covid-19 pandemic and consequent financial pressures on young people’s “need” to be involved in dealing drugs, and the increased anxiety that may increase people’s desire to use drugs, was a huge concern
- Concern around emerging drug trends, online buying and the dark web, impact of social media and the black market are all relatively lesser known in non-specialist circles
- Shame (particularly cultural shame) and stigma are large factors in not accessing support
- Children and young people value a holistic view for their health and wellbeing: they don’t just want advice on drugs, they are also interested in wider addiction topics
- Mental health is a huge factor and is often the underlying initial cause of drug taking
- The non-specialist workforce are vital in opening up conversations around informed choices
- Lived experiences, particularly local CYP and families, alongside grassroots organisations are vital to solutions
- There is high quality local service provision and an incredibly committed workforce
- There is a collective sense of “yes this work is 100 per cent needed”

**We know that we need to support people sooner rather than later and there is a need to:**

- strengthen pathways
- help people to navigate the system and make points of entry easier
- ensure a consistency of care
- upskill the wider (non-drug specialist) workforce
- strengthen the wider wellbeing offer: that covers a range of health and wellbeing topics: gaming, gambling, alcohol and pornography addictions, not just drugs.
- continue to strengthen prevention and early identification



## 3.4 Summary of Recommendations

There were five consistently strong themes throughout our engagement and research that form the basis of recommendations:

### 3.4.1 Education and Awareness:

We need to raise awareness among young people, families and those working in non-specialist positions (i.e. not working in drug and alcohol services) of the risks of drugs and the help available locally. We need to challenge the acceptability of drugs, deglamourise and demystify. Raising awareness around criminal exploitation, county lines and helping to tackle the fear of reporting those who exploit young people is also important (this includes young people themselves who may not see themselves as exploited). Training, resources, and messaging need to be culturally appropriate, co-designed with CYP and families with lived experiences. Enhancing the knowledge, skills and capabilities of stakeholders and the non-specialist workforce.

### 3.4.2 Stigma and shame:

We need to reduce stigma and shame, associated with drugs and mental health and accessing support. Increase opportunities for CYP and families to talk openly about health and wellbeing. This includes families who are concerned about their children taking drugs and being involved in the dealing of drugs. Parental substance misuse is also a complex and sensitive area where we need to reduce stigma and shame. Intersect this with structural racism and unconscious bias makes this a particularly challenging yet critical theme.

### 3.4.3 Safe spaces for CYP:

There is a need to create access to social and learning opportunities that offer an alternative pathway to involvement with drugs and to make the availability of these offers clear to young people.

### 3.4.4 Support for Families:

We need to make it easier for families to access support and reduce the impact on children and young people from hidden harm.

### 3.4.5 Strategic collaboration:

Building on partnership working is vital, particular attention needs to be paid to collaboration between mental health and substance misuse services.

We recognise some of these themes overlap: an important overarching enabler is *strengthening the voices* of local people, especially children and young people and those with lived experiences.

## 3.5 Next steps

These recommendations will be part of both boroughs Youth Crime Prevention Partnerships: we will work together across the whole system to agree owners for these actions and to implement them for the benefit of children and young people in our boroughs.

## 4 Introduction

### 4.1 Background

Illegal drugs can have a devastating impact on individuals, families, communities, and society, both from a substance misuse and a criminality perspective.

Drugs misuse costs society around £20 billion pounds a year whilst the indirect cost to individuals and communities is insurmountable. We know that tackling crime and feeling safe are top priorities for local people alongside supporting our children and young people to be healthy, happy and resilient. Overwhelmingly, we all want local children, young people and families to thrive.

However, we know that families are facing complex challenges around the rising cost of living, the impact of the Covid-19 pandemic, and in some cases, for our most vulnerable families this is on top of already chaotic and challenging lives where substance misuse, trauma and mental health difficulties often play a part. Andrew's case-study below helps demonstrate some of these complexities.

Andrew\* is 20 years old. He began living in a hostel four-months ago when his home life became volatile. Andrew has been arrested several times and his older brother is currently in prison. He regularly uses alcohol and cannabis.

Andrew grew up in a home where both parents were using drugs. He has little contact with his mum but is close with his dad. Despite this, they both find it too difficult to live with one another.

Andrew found school challenging and social services were involved with his family throughout his childhood. Starting a course with a local football club was exciting but he struggled with the consistency it required.

A hostel key worker asked Insight for help in supporting Andrew to thrive. A volunteer now spends time each day with him to provide structure and focus to his day. Workers have also supported Andrew to gain access to grants to improve his living environment and welfare benefits to provide ongoing financial stability.

In addition to this help, he has received support to manage his relationship with his dad. Equal focus has been on helping him to improve his health and wellbeing generally as it has on substance misuse.

\*Note briefly: the local case studies used throughout this document highlight the stories of young people who have been involved with drugs and supported by Insight, the local young people's health and wellbeing service specialising in substance misuse, commissioned by the local Public Health team. The case studies highlight common problems, successes and opportunities for improvements. The young people featured in these case studies consented to share their stories. The names have been changed to protect their identities.

These are multifaceted and challenging issues to address, with no single solution: a whole-system approach is needed. The Government recently published a 10-year drugs plan<sup>6</sup> with an ambition to reduce overall use. Commitments are made across the government to break drug supply chains while simultaneously reducing the demand for drugs by getting people suffering from addiction into treatment, and deterring recreational drug use.

This document sets out what we can do locally taking a Public Health lens. The Covid-19 pandemic has shown what can be achieved when we come together to address a Public Health emergency.

This document details the Royal Borough of Kensington and Chelsea and Westminster City Council's Public Health approach to tackling the harm caused by illegal drugs on children, young people and families. It is the culmination of research, engagement and analysis with children and young people, frontline workers, voluntary and community organisations and our partners.

## 4.2 Aims

This strategy focuses on children and young people who:

- Use illegal drugs
- Are harmed by parental substance misuse (hidden harm)
- Are involved and/or exploited in the supply and dealing of drugs

**Short to medium-term aims are:**

- Drive a whole system commitment to preventing and reducing the impact of illegal drugs on local children, young people, and families
- Raise awareness amongst professionals, communities, children, young people, and families around the impacts of:
  - buying illegal drugs on local CYP
  - drugs misuse including parental, familial and household substance misuse and how best to get support
- Reduce shame and stigma (including cultural stigma) and increase open conversations around illegal drugs to support informed decisions and minimise harm

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6. HM Government (2020). From Harm to Hope: A 10-year drugs plan to cut crime and save lives. Viewed 1 June 2022. <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

- Drive consistent messaging and language around illegal drugs and substance misuse
- Build and strengthen the non-drugs specialist workforce capacity, knowledge, confidence, and skills so we can Make Every Contact Count (MECC) from a range of professionals, so that more people can spot the signs earlier on and know how to offer support
- Make navigating the system easier for local children, young people, and families to access support and advice
- Raise awareness amongst children and young people around the impact and life-long consequences of being involved in drug dealing (including demystifying and de-glamourising). This includes raising awareness around criminal exploitation: helping vulnerable young people to see they are being exploited.
- Minimise harm related to Chemsex for local LGBTQ+ young people

**Longer-term outcomes are:**

- Reduction in children and young people involved with the supply and dealing of drugs, including (but not exclusively) local youth offending (recognising youth offending is up until age 18)
- Reduction in gang affiliation (there are young people who are involved in the supply/ dealing (and victims of criminal exploitation) of drugs who aren't "caught" and therefore are not young offenders/officially part of the criminal justice system
- Reduction in the harm caused to the community by drugs including serious youth violence and antisocial behaviour
- Reduction in young people affected by drugs misuse including minimising harm from parental substance misuse (hidden harm)
- Increased prevention and early identification of children, and young people at risk, improved treatment outcomes and strengthened pathways
- Children, young people, families and communities feel safer
- Children and young people have improved aspirations, purpose and brightness of future

### 4.3 Other measures of success

It is important to note that harm from illegal drugs comes in many forms and data sets do not always reflect the true picture or demonstrate the full impact. A particularly important measure of success is the feedback and local intelligence around what our children, young people, families and communities whom are most affected by the harm caused by illegal drugs tell us.

Therefore, this document sits alongside other key local strategies in both borough's Community Safety Plans which utilise community feedback as indicators to help to assess the impact that the wider partnership has on reducing harm.

## 4.4 At risk groups

Everyone is impacted to some degree by the harm caused from illegal drugs, indirectly or directly, however certain groups are particularly vulnerable, both in terms of drug usage (for example to help manage anxiety) but also some of these CYP fall into the at-risk group re: criminal exploitation.

There is often unmet speech, communication and learning needs (SCLN), for instance 15- to 17-year-olds in a youth offending institution have the average literacy age of a seven- to 11- year-old<sup>7</sup>.

### At risk groups:

**CYP with certain learning disabilities and SCLN** such including autism spectrum disorder (ASD). We recognise the clear links to the work, and the local SEND and Autism strategies both make commitments to supporting these groups and making places and spaces more inclusive

**Women and girls:** a lot of the SYV and youth offending prevention work focusses on boys and young men as they count for a significant proportion of the cohort, however we must acknowledge the very gendered vulnerabilities that girls and women face in this area. The Violence Against Women and Girls (VAWG) local strategy and related work is joined up via partnership including the VAWG strategic partnership (of which the Director of Public Health co-chairs), Community Safety Partnership and the CYP Operational Group.

**Black, Asian and Minority Ethnic Groups (BAME):** young black boys make up the majority of the local YOT cohorts. This disproportionality is undeniable and we must as a partnership continue to address this all the way through the life course.

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7. Ministry of Justice, Transforming Youth Custody (2013)

## 5 Methodology

To fully understand the issue, and possible solutions, for this local Public Health approach we conducted a range of engagement from workshops, focus groups, discussions with services, professionals, community groups, local individuals, children and young people.

Insight (the local young person's health and wellbeing service that specialises in substance misuse) supported us with children and young people and family engagement. IGXU supported us with intelligence around lived experiences. In the latter stages, to help refine and sense check our findings Young Westminster Foundation and Young K&C supported us with conducting an engagement focus group.

We also utilised the wider local evidence base e.g. Young Westminster foundation report and both boroughs community safety insights. Data sources and additional documents are outlined in appendix 2.

We were able to talk with those who had sought help with their drug usage, however a challenge has been hearing the voices of local young people involved in the supply and dealing of drugs, as they would be implicating themselves in a crime by talking to researchers.

To help mitigate this we have spoken to an ex-gang member with lived experience, professionals and community groups who have provided invaluable insights into this area. Further work is required to understand the experiences of those involved in dealing drugs and to further hear the voices of local children and young people in all that we do across the system.

For further information on the Methodology including an outline of services represented please see appendix 3.

### 5.1 Definitions

The "drugs world" terminology and associated issues are varied and complex. Every effort has been taken throughout this document to use sensitive language without judgement or causing offence. We acknowledge that some generalisation occurs but make every effort to counteract this. Appendix 4 sets out definitions of common terminology used throughout this document.

### 5.2 Scope

Although the approach cuts across the entire life-course, we know that children and young people are acutely vulnerable to the harm caused by drugs. The target population for this strategy is children and young people between the ages of 0-25. This strategy focuses on those children and young people who:

- Use illegal drugs
- Are harmed by parental substance misuse (hidden harm)
- Are involved in the supply and dealing (and exploitation) of drugs

## 5.3 Out of scope

### **Vulnerable Adults: Alcohol and adults drug misuse, addiction and treatment**

We have decided not to include alcohol, though acknowledge that alcohol misuse is often strongly linked (parental substance misuse and general addiction). However, the focus is on illegal drugs as they are the key driver for serious youth violence and the focus of the national drugs strategy. Further work around alcohol is acknowledged in the Recommendations.

Similarly, adult drug addiction and treatment are not included in this plan (except when relating to parental substance misuse and the harm that causes to CYP). Experts have told us that often the adult lens focuses on typically 40-year-old plus, chronic drug users who are addicted to heroin: this is a different picture and landscape for children and young people who may use or be involved in drugs and needs a significantly different approach.

### **Vulnerable adults: autism and disabilities**

We recognise that vulnerable adults, for example adults with autism and disabilities, are sometimes targeted and exploited by criminal gangs, there is substantial evidence that they are often used in cuckooing. However, the wider strategic work around this is out of this document's remit: the local Adult Safeguarding Strategy that oversees adults who are vulnerable and that includes adults with autism and disabilities.

### **Not in Education, Employment Training (NEET) and school inclusion**

Whilst we recognise the NEET agenda as a crucial link to this work (being in education is a protective factor), NEET and School Inclusion are part of other approaches and strategies. Please see Appendix 2 for interlinking strategies.



## 6 The “World of Drugs”

This section provides an overview of some commonly known illegal drugs and the impact they have on health and wellbeing.

### 6.1 Types of Drugs

As mentioned drugs and the language can be complex with various terminology used, Table 1 contains an overview taken from [DrugWise](#) and the [Royal College of Psychiatrists](#), of commonly known illegal (and NPS) drugs, and their impacts, for more detailed information please see [www.DrugWise.org.uk](http://www.DrugWise.org.uk) for downloadable factsheets.

Drug name(s)	How it is most commonly taken	What does it do	Common side-effects
<b>Cannabis</b> (weed, skunk, puff, pot, marijuana, hash, dope, grass)	Often smoked in a “joint” with or without tobacco	Both a sedative and stimulant Sedative: can make users feel relaxed and happy Stimulating: can make users talkative Lethargic Hallucinogenic Pain killing effects	Lightheaded or nauseous  Anxiety and paranoia
<b>Cocaine</b> (charlie, coke, dust, snow, white, crack)	Snorted in “lines”	Stimulant: can make users feel energetic, alert and confident	High doses increase heart rate and body temperature and can be linked (rarely) to heart attacks  Anxiety and paranoia, restlessness
<b>Crack Cocaine</b>	Smoked in a “pipe”, tube, glass bottle or in foil		
<b>Amphetamines</b> (speed, uppers, whizz)	Powders are snorted, mixed in drinks or injected	Stimulant: increased energy, happiness and confidence	Sleep issues  Anxiety and paranoia  Risks to injecting
A stronger form is <b>Methamphetamine</b> (Meth, Deoxyephedrine, Chalk, Crank, Glass, Ice, Shabu, Trash)	Powder, crystals or tablet.  Smoked on foil or in a pipe, swallowed and sniffed		



Drug name(s)	How it is most commonly taken	What does it do	Common side-effects
<p><b>Club Drugs</b>            Club drugs are a group of drugs. Some club drugs are well known, like cocaine, MDMA (ecstasy), mephedrone and ketamine</p> <p>Groups of new club drugs are emerging all of the time. These are called 'new psychoactive substances' (NPS), the so called legal highs</p>	<p>They are commonly taken in nightclubs, at festivals, parties and are sometimes used by members of the lesbian, gay, bisexual and transgender (LGBT) community as part of their sex- lives</p> <p>May have an exploratory nature</p>	<p>Can make users feel euphoric, energised or relaxed</p> <p>These are made specifically to mimic the effects of established drugs</p>	<p>Toxic reactions, damage to internal organs, overdoses, heart problems, mental health problems and dependence have all been seen in club drug users</p> <p>For more information on Club Drugs please see <a href="#">here</a></p>



## 6.2 Impact on Health and wellbeing

The impact on health and wellbeing can be broad and dependent on the amount, frequency and other individual factors. Impact is both direct from the drugs and indirect (impacting the wider determinants of health such as housing, employment and education).

Substance misuse can have “serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them”<sup>8</sup>. Some of the more common impacts of substance misuse are outlined in Table 2.

### Common impacts and risks of substance misuse

<b>Physical</b>	<ul style="list-style-type: none"> <li>• Major injecting-related problems e.g. abscesses, blood-borne virus infections, overdose</li> <li>• Accidental and non-accidental injury</li> <li>• Overdosing and drug poisoning</li> <li>• Liver damage from undiagnosed Hepatitis C</li> <li>• Sexual risk taking (inc. Chemsex) and associated STIs</li> <li>• Lung damage from drugs and tobacco</li> <li>• Arthritis and immobility among injectors</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>• Priorities dominated by drugs</li> <li>• Drug ingestion usually a daily event and essential for everyday functioning</li> <li>• Unpredictable and irritable behaviour during withdrawals</li> <li>• Chronic anxiety, sleep disorders, depression, suicidal behaviour</li> <li>• Post-traumatic stress disorder</li> <li>• Serious memory lapses</li> </ul>
<b>Social and interpersonal</b>	<ul style="list-style-type: none"> <li>• Family break-up</li> <li>• Loss of employment and/or unreliability</li> <li>• Chronic or intermittent poverty</li> <li>• Rejection by former friends and community</li> <li>• Victim or perpetrator of physical, psychological or sexual abuse</li> <li>• Eviction and homelessness</li> <li>• Need to engage in crime, fraud, drug dealing or prostitution to pay for drugs</li> <li>• Association with other persistent offenders</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Constant requirement to find large sums of money to pay for drugs</li> <li>• Substantial debts and/or inability to pay for necessities</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Arrest, imprisonment and or probationary orders</li> <li>• Outstanding warrants and fines</li> </ul>

Table 2. Common features of problem drug use adapted from HM Government (2011,) and the Office for Health Improvement and Disparities<sup>9</sup>.

8. HM Government Advisory Council on the Misuse of Drugs (2011, p. 30). Hidden Harm Inquiry. Viewed 1 June 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

9. Office for Health Improvement and Disparities (2022). Misuse of illicit drugs and medicines: applying All Our Health. Viewed 1 June 2022. <https://www.gov.uk/government/publications/misuse-of-illicit-drugs-and-medicines-applying-all-our-health/misuse-of-illicit-drugs-and-medicines-applying-all-our-health>

# 7 National context

There have been two important national policy drivers: the Independent review by Dame Carol Black and Government's 10-year National Strategy, both have been valuable for shaping the local recommendations.

## 7.1 Independent review of drugs by Dame Carol Black

The [independent review of drugs](#) by Dame Carol Black identified 32 recommendations to address the complex relationships between drugs, crime, poor health outcomes and deprivation. It contains positive steps such as increased funding available for specialist substance misuse services for young people and increased support to communities of recovery. It recommends that local authorities commission a full range of evidence-based harm reduction and treatment services.

## 7.2 The National 10-year drugs strategy: From harm to hope: A 10-year drugs plan to cut crime and save lives

The [National 10-year drugs strategy](#) that followed Dame Black's review details how the Government and wider society will work together to tackle the issues related to and caused by illegal drugs. It aims to:

- 1. Cut off the supply of drugs by criminal gangs**
- 2. Support those with a drug addiction to live a productive, drug-free life**

Aiming to achieve a generational shift in demand for drugs by changing attitudes and the perceived acceptability of drugs – education and awareness play an important role in achieving this goal

## 7.3 Additional national evidence base

### 7.3.1 Hidden Harm and the Trio of Vulnerabilities

Although the number of individuals with serious drug problems is relatively low nationally, the impact on children, young people and families can be profound. There were an estimated 478,000 children living with a parent with problem drugs or alcohol use in 2019 to 2020<sup>10</sup>.

Between 2016 and 2017, 19.7 per cent of children and young people identified as being 'in need' were affected by drug misuse<sup>11</sup>.

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10. Children's Commissioner for England's data on childhood vulnerability

11. HM Government Official Statistics (2017). Characteristics of children in need: 2016 to 2017. Viewed 1 June 2022. <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017>

An Inquiry carried out by the Advisory Council on the Misuse of Drugs into Hidden Harm<sup>12</sup> found that parental drug or alcohol misuse featured in a quarter of cases on the child protection register.

We must acknowledge the complex and often multiplying factors that impact children around parental substance misuse. Domestic violence in the home, substance misuse and parental mental ill-health all make a child or young person more vulnerable to drug involvement and have huge consequences for their health and wellbeing. This “trio of vulnerabilities” can lead to unstable home life, inconsistent care (it’s important to note that where there is domestic abuse the inconsistent care is a result of the perpetrator, not the survivor) and can be scary or confusing for children to witness. Leading to children being coerced into criminal activities, such as collecting their parent or carer’s drugs.

Looking at this through a life-course lens, adverse childhood experiences (ACEs) can also cause a number of poor health outcomes in adulthood, for example increasing the risk of mental illness, violence and becoming a victim of violence: not everyone who is abused for example becomes an abuser, but it’s important to recognise a link around complex families and interfamilial trauma (whilst also considering the impact of wider determinants of health).

The Children’s Commissioners report describes where children were old enough to be aware of problems at home, they were so frequent it felt normal<sup>13</sup>. They shared that they rarely did things together as a family, take part in activities or hang out with friends. The below quotes from the commissioner’s report helps to summarise some of the impact:

“It’s not like it ever hit me hard that I had a problem with it because I was born around it, it was quite normal.” **16-year-old boy**

“I was having my own problems at school as well as at home – so it’s kind of like there was nowhere I could really go to feel relaxed, feel comfortable – because I was on edge everywhere I went – so stress levels were just rising, and my anxiety was rising as well.” **16-year-old girl**

“It’s so unpredictable, it’s just that, because you don’t know what’s going to happen, when it’s going to happen, why it’s going to happen.” **10-year-old girl**

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12. HM Government Advisory Council on the Misuse of Drugs (2011, P. 12). Hidden Harm Inquiry. Viewed 1 June 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

13. Children’s Commissioner (2018). Are they shouting because of me? Voices of children living in households with domestic abuse, parental substance misuse and mental health issues. Viewed 1 June. Viewed 1 June 2022. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/08/Are-they-shouting-because-of-me.pdf>

### 7.3.2 Mental Health

There is a clear link between mental health and substance misuse. However, not everyone diagnosed with mental health challenges are linked to the misuse of substances, and vice versa. But there is a clear link with people self-medicating to help with anxiety, addiction and “escapism”.

Research<sup>14</sup> tells us that 50 per cent of all mental illnesses are established by the age of 14 and 75 per cent by the age of 24. Around one in 10 people aged under 16 have a diagnosable mental disorder. This indicates the importance of early intervention and addressing the determinants of poor mental health.

It’s widely discussed how the Covid-19 pandemic affected people’s mental health, England’s Mental Health of Children and Young People (MHCYP) survey found that “21.6 per cent of children and 29 per cent of young people with probable mental health problems had no adult at school or work to whom they could turn during lockdown<sup>15</sup>.”

The Office of National Statistics<sup>16</sup> most recent release for drugs misuse is for the year ending in March 2020 and therefore largely unaffected by the coronavirus pandemic, however local young people’s substance misuse services intelligence tells us that locally (and in other London areas) we are seeing:

→ Increased poly drug use (cannabis, alcohol and club drugs)

→ Cannabis use often be influenced through inter-generational use

→ Increasing use of vapes

Of course, not all drugs use is related to mental health and vice versa, but they are strongly connected.

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14. WCC\_RBKC\_Annual\_Health\_Report\_17-18.pdf ([jsna.info](#))

15. Newlove-Delgado, T., McManus, S., Sadler, K., Thandi, S., Vizard, T., Cartwright, C., et al (2021). ‘Child mental health in England before and during the COVID-19 lockdown’. *Lancet*, Vol 8, Issue 5, pp. 353-354. Viewed 1 June 2022. DOI:[https://doi.org/10.1016/S2215-0366\(20\)30570-8](https://doi.org/10.1016/S2215-0366(20)30570-8)

16. Drug misuse in England and Wales - Office for National Statistics ([ons.gov.uk](#)).

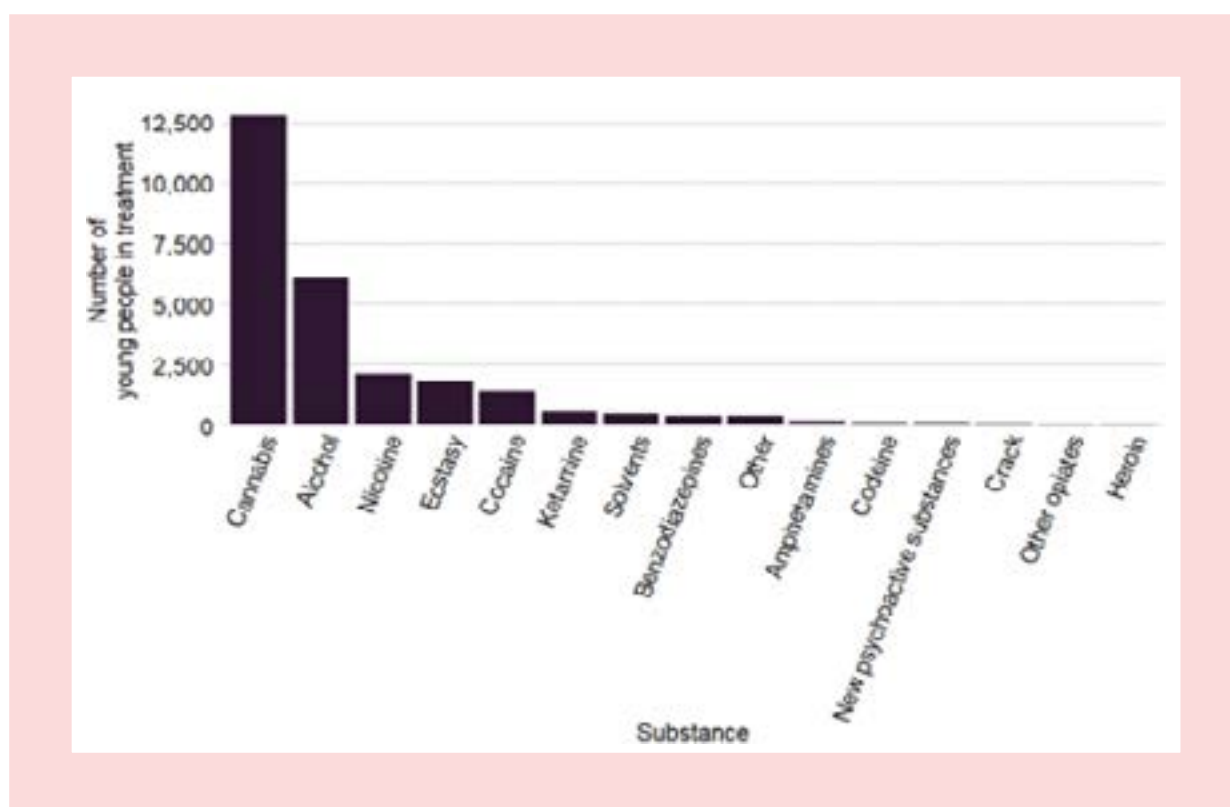
### 7.3.3 Young people accessing specialist treatment

Between April 2019 and March 2020, 14,291 young people came into contact with specialist drug and alcohol services nationally<sup>17</sup>. More than a third (37 per cent) said they also had a mental health treatment need. This figure was higher for girls than for boys (49 per cent compared with 30 per cent). In 2020 there were 11.6 and 27.7 deaths related to drugs poisoning per million among those aged 15 to 19 and 20 to 24 respectively<sup>18</sup>.

Figure 1 highlights that the most used substances by young people receiving treatment

Figure 1. Substance misuse by young people (Source: Public Health England, 2020)

According to a 2018 study conducted by The University of York “when examining hospital presentations for cannabis-related mental health problems in England and Wales, the data shows a sharp increase in presentations between 2012/13 and 2016/17”<sup>19</sup>. In the same period “young people have also seen a 112 per cent increase in cannabis-related psychosis, whereas adults have seen an 11.5 per cent increase”.



17. Public Health England (2021). The impact of COVID-19 on London’s children and young people: May 2021. Viewed 1 June 2022. <https://traded.enfield.gov.uk/public-assets/attach/4567/CYP-COVID-wider-impacts-23-May-21.pdf>

18. Office for National Statistics (2020). Deaths related to drug poisoning in England and Wales: 2020 registrations. Viewed 1 June 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

19. McCulloch, L., Matharu, H., and North, P (2018, P. 14-15). ‘The Children’s Enquiry: How effectively are the UK’s cannabis policies safeguarding young people?’, Volteface. Viewed 1 June 2022. <https://volteface.me/app/uploads/2018/09/The-Childrens-Inquiry-Full-Report-2.pdf>

## 8 Regional context

In London, drug-related offences have been climbing steadily since 2017/18. According to an analysis by Clark (2022), in the three years to 2020/2021, offences have increased by just over 40 per cent. It is worth caveating that drug offences are often indicative of the level of police activity.

**Former Metropolitan Police Commissioner Cressida Dick has been quoted saying,**

**“serious violence affecting our young people is connected to drugs in one way or another”.**

Although the number of children and young people being cautioned or sentenced in England and Wales has fallen by 82 per cent in the last 10 years<sup>20</sup> children who were under the supervision of a London Youth Offending Team made up 30 per cent of children in youth custody. The most complex cases remain, often reoffending.

In their report on the impact of Covid-19 on London’s children and young people, Public Health England notes that they have “generally coped well” during the pandemic, however disruption to children and young people’s lives and routines, and concerns around the impact on their opportunities is considerable.

Mental health is also a concern “one in 10 children aged five to 16 years in London have a probable mental disorder<sup>21</sup> and of course many more children and young people’s mental health needs are not reflected in this picture.

Of course, not everyone who suffers with mental health issues use illegal drugs, however it is worth noting the intricacies around mental health, coping mechanisms, financial pressures and illegal drugs.

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20. Youth Justice Board & Ministry of Justice (2021). Youth Justice Statistics 2019/20, England and Wales. Viewed 1 June 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/956621/youth-justice-statistics-2019-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956621/youth-justice-statistics-2019-2020.pdf)

21. Public Health England (2021, P. 31). The impact of COVID-19 on London’s children and young people: May 2021. Viewed 1 June 2022. <https://traded.enfield.gov.uk/public-assets/attach/4567/CYP-COVID-wider-impacts-23-May-21.pdf>

## 9 Local context

### 9.1 Characteristics of the Bi-Borough

As poverty, low socioeconomic status, and social inequality are key risk factors that make children and young people more vulnerable to harm caused by drugs, it is important to understanding the environment within which our children and young people live. These factors are broadly deemed the “wider determinants of health” because our health is largely shaped by where we live, household income and particularly for children and young people how they are cared for. Interestingly, the wider determinants of health are similar to the determinants of crime.

This section explores the local environments of the two boroughs through a health and wellbeing lens.

#### 9.1.1 Inequalities and Deprivation

Both boroughs are world renowned attractive places to live, work, study, and visit, but it is sometimes referred to as a tale of two cities masking stark inequalities:

- The two boroughs are home to the most and least deprived neighbourhoods in England.
- In Westminster, seven wards in the borough are among the least deprived nationally and eleven are in the top 10 per cent of most deprived.
- The picture is similar in Kensington and Chelsea which overall is in the top ten least deprived boroughs yet has several neighbourhood areas which rank in the top 10 per cent of most deprived areas in England.
- With 29 per cent of children in Westminster and 21 per cent of children in Kensington and Chelsea are living in poverty.

**Local young people recognise the impact that inequalities in ethnicity and other factors have on their wellbeing<sup>22</sup>:**

“Growing up on an estate knowing that five minutes away there’s another young person exactly the same as you, but they’ve sort of started off higher in life than you are, so I’m not saying it’s impossible to get to where they are, but you have to work harder than they have to work to get to the same point.”

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22 WCC\_RBKC\_Annual\_Health\_Report\_17-18.pdf ([jsna.info](https://jsna.info))



## 9.1.2 Employment and Housing

Employment and living situations are worse than national or regional average, we know that homelessness increases the risk of poor mental health, including drugs and alcohol misuse<sup>23</sup>:

- Employment rates in both boroughs are lower than London averages
- Both boroughs are among the least affordable in London to buy property. Private rental prices are higher than the housing benefit maximum allowance
- Demand for social sector rented homes outstrip the supply
- Significantly higher rates of households in temporary accommodation compared the national average of three per cent. 21 per cent in Westminster and 28 per cent in Kensington and Chelsea
- Westminster has a large rough sleeping population, with the highest rates of homelessness in the country
- In 2020/21, there were 2,162 rough sleepers reported in Westminster, making it the London borough with the highest number of rough sleepers in that year<sup>24</sup>

## 9.1.3 Life expectancy

There is a wide variation in life expectancy in both boroughs:

- In Westminster, life expectancy is 11.3 years lower for men and 7.9 years lower for women in most deprived areas versus the least deprived
- In Kensington and Chelsea, life expectancy is 15 years for men and 17 years lower for women in most deprived areas versus the least deprived

## 9.1.4 Night-time economy, thriving hospitality and entertainment sector

Recreational drug users, including middle class cocaine users and weekend partygoers, contribute to drug demand especially in the West End. The night-time economy, thriving entertainment and hospitality sectors drive a large local drugs market:

- Westminster has the largest concentration of night-time economy in the UK
- In RBKC, South Kensington and Chelsea there is a similar picture (areas off the Kings Road/Sloane Square and borders of Knightsbridge) being one of London's busiest areas for nightlife
- High levels of drug-related crime, often committed by non-residents entering both boroughs
- Young people travel into our boroughs to sell drugs, termed "reverse county lines"

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23 Rough Sleepers JSNA, 2013

24 Homeless in London 2021, by borough | Statista

### 9.1.5 Communities

Local residents and communities are keen for drug related impacts, crime and violence to be reduced

- In Westminster of 203 parents interviewed, 54 per cent felt drugs were the reason young people commit crime or anti-social behaviour<sup>25</sup>
- Residents in Kensington and Chelsea are concerned about drug offending as a driver of crime. Top community safety priorities for residents in Kensington and Chelsea relate to:
  - violence (including child exploitation and grooming)
  - antisocial behaviour (including drug related behaviour)
  - drug-related crime

### 9.1.6 Feelings of safety and gang culture

Crime and safety is also a concern raised by young people in the boroughs. In particular, the impact of gang culture and associated peer pressure on health and wellbeing was clearly recognised<sup>26</sup>.

Locally, there was a good awareness among young people of the challenges and pressures posed by gang recruitment and culture, as well as some of the root causes of criminal behaviour and gang involvement.

“There’s this whole image of gang violence being a product of poor people being beasts and it’s built in in their biology to behave like this and I think they’re completely ignoring the fact that it’s years of frustration and deprivation that’s leading to these issues and instead of helping these communities they’re condemning them even more.”

While young people acknowledged that it was a complex issue to resolve there was recognition that social media campaigns such as [London Needs You Alive](#) can be effective in raising awareness and providing a potential solution.

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25. Young Westminster Foundation

26. WCC\_RBKC\_Annual\_Health\_Report\_17-18.pdf ([jsna.info](#))

## 9.2 Local children and young: Mental health, drugs, and offending

### 9.2.1 Children and Young People's mental health

Several specific mental health issues have been identified by local young people<sup>27</sup>:

- Stigma around mental health
- It can be difficult to identify mental health signs in yourself and your friends
- Although many young people did have someone to talk to, there were a number who did not and were concerned they wouldn't be heard even if they did.

### 9.2.2 Children and Young People and drugs

This section outlines some statistics relating to local children and young people and drugs: however, the data is unlikely to be a true reflection of the actual picture as wider intelligence suggests that a lot of illegal drugs use and drugs involvements “goes under the radar” for a few reasons:

- It's illegal
- Shame and stigma (including cultural) in relation to drugs but also mental health
- Data is often from the higher end of the treatment spectrum: most young people will not access or need a specialist drug treatment service
- For CYP involved in the dealing of drugs: data only is accurate for the CYP “caught”
- With that caveat, here are some stats and intelligence:
- In Westminster, 15 per cent of non-opiate drug users are under the age of 25
- In RBKC, 21 per cent of non-opiate drug users are under the age of 25
- Use of legal highs and emerging “trends”, online drugs buying is rising
- In Westminster, 10 per cent of permanent exclusion from school was due to drugs or alcohol. In Kensington and Chelsea, it was less than five per cent

### 9.2.3 Drug related offences, crime and serious youth violence

We cannot truly address serious youth violence without acknowledging the drugs market as a key driver of this violence: locally we looked at this as part of a Joint Strategic Needs Assessment in 2020.

This section provides some insight into the local picture of violence and crime that is linked to drugs.

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27 WCC\_RBKC\_Annual\_Health\_Report\_17-18.pdf ([jsna.info](https://jsna.info))

## 9.2.4 Youth offending

Drug-related offences are the most common type of youth offences in Kensington and Chelsea and the second most common in Westminster.

- 34 per cent of young people engaging with youth offending services show evidence of substance misuse
- Young males make up the majority of local youth offending cohorts
- Young people from black and minority ethnic backgrounds are disproportionately represented in the youth offending cohorts across both boroughs. Increasingly, boys with North African, East African, Arab, Middle Eastern and Kurdish heritage are entering the cohort
- With some exceptions, crime hotspots across the boroughs largely correlate with areas of multiple deprivation
- 14 per cent of young people engaged with the YOT had a formal mental health diagnosis with a further 40 per cent having engaged with mental health services
- RBKC and WCC youth offending cohorts have seen decreases in first time entrants (FTEs) over recent years and very sharply in the last 18 months, however re-offending rates remain a challenge

### **Some wider intelligence tells us:**

- Both boroughs have two “high harm” gangs
- In recent years there has been increase of knife crime and serious youth violence: Westminster has some of the highest rates of SYV in London: a lot of offences are committed by non-residents
- Children as young as 11 are being “recruited” and exploited into criminal gangs

## 9.2.5 County Lines

A particularly concerning challenge often involving children and young people in terms of their involvement in the supply of drugs is through county lines: where criminal gangs often exploit children and vulnerable adults to move and store drugs and/or money across the country into other “counties”. Grooming, coercion, blackmail, debt bondage, intimidation, violence are all common tactics used against children and young people to help “run” the lines.

Both Westminster and Kensington and Chelsea’s relatively unique positions in terms of night-time economy and stark differences in wealth are factors around this challenge.

## 9.2.6 Local Insights from parents and adults

Young Westminster Foundation and their partners consulted with parents, adults and young people in North West Westminster to understand their views on Serious Youth Violence, of 203 parents and adults surveyed by, 54 per cent felt drugs were reason young people commit crime or anti-social behaviour.

Additionally, parents and adults shared what they felt would keep children safe, away from a life of violence and/or drugs, these include:

- Opportunities: legitimate ways to earn money was a high priority
- Education on consequences from those with lived experience
- Supporting and educating families as a whole
- Parents recognised the need for safe places for young people to go for support, education and pleasures. Youth clubs were seen as providing safety and security. More provisions like these were required.
- 48 per cent surveyed didn't know what community initiatives were available in their local area: greater promotion could help resolve this.



## 9.2.7 The impact of Covid-19

We cannot fail to acknowledge the wide-ranging impact from the Covid-19 pandemic: we know that this will have long term impacts of people's mental health and emotional wellbeing, financial situations and increased stress and anxiety

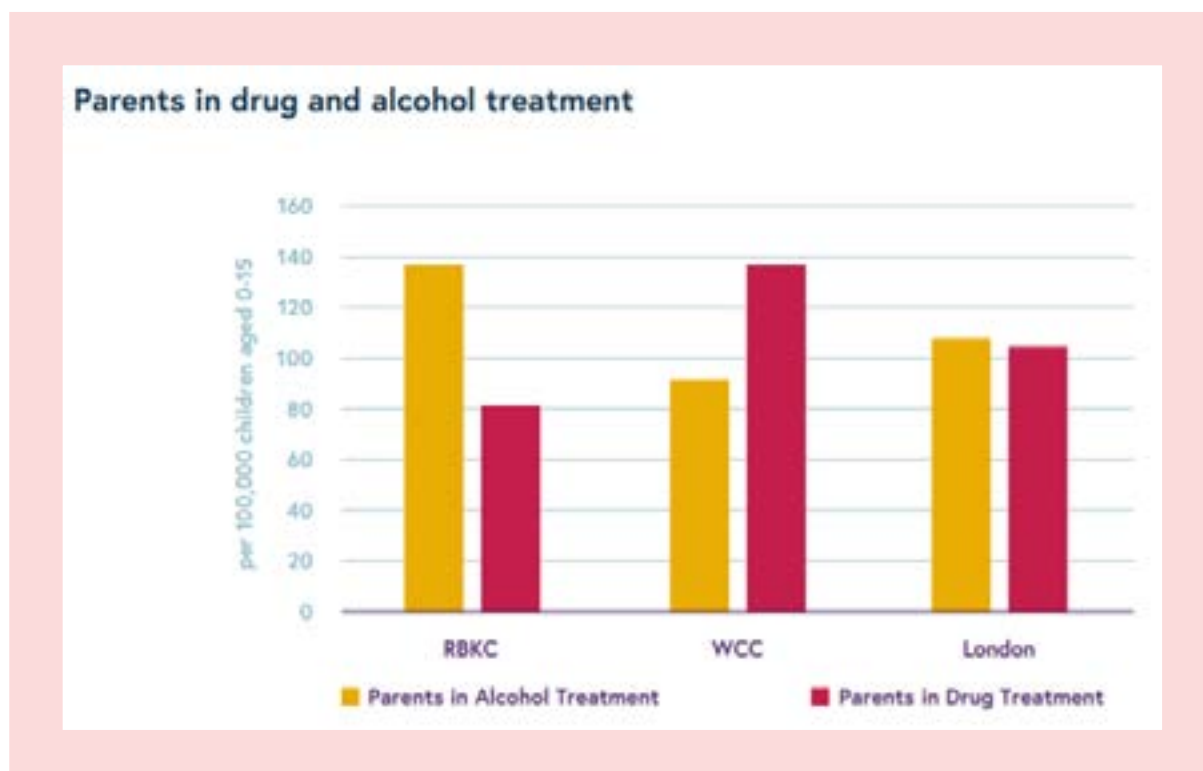
Most of the young people who were consulted during the development of this public health approach felt the impacts of Covid-19 and the national restrictions have increased drug use. They believe the following were triggers for using or increasing their use of drugs:

- Having nothing to do, boredom and their options feeling limited
- Stress and increased mental health concerns
- Frustration and feeling fed up

Covid-19 has exposed the fragile circumstances that many children live in. We know that the reasons people use drugs are complex, but we do know that trauma, mental health, socio-economic status and wider determinants of health (e.g. income, housing, employment) are intrinsically linked to drugs misuse: all of which Covid-19 has further impacted.

## 9.2.8 Substance misuse among families

Environments in which young people grow up around substance misuse also contributes towards their vulnerability and often unstable home environments: in RBKC there is a considerably higher rate of parents in alcohol treatment than the London average, whilst Westminster sees a similar rate for parents in drug treatment<sup>28</sup>.



28. Bi-Borough (2020, p. 42). Youth offending and serious youth violence: Annual Report of the Director of Public Health 2020 and JSNA. Viewed 1 June 2022. <https://www.jsna.info/document/youth-offending-and-serious-youth-violence>

# 10 Our findings

## 10.1 Our current offer

As part of our workshops with council services, partners, commissioned providers and the voluntary and community sector we mapped some of the existing relevant provision across both our boroughs. This is not exhaustive and we recognise there are a range of school and community based programmes for example all contributing to this work.

It was clear from the engagement that several initiatives already existed that provide valuable outreach and integrated ways of working. This section explores this in more detail.

## 10.2 Best Practice Examples

There is a wide spectrum of multi-agency work ranging from universal to targeted and specialist support across the boroughs, that contribute, prevent and tackle serious youth violence and drug related harm, often with a wellbeing lens.

**The below are some examples from across all sectors:**

### 10.2.1 Midaye Parent and Carer SYV Champions (PCCs)

Midaye are a community grassroots organisation that aims to create a whole community response to youth violence and crime by empowering key participators in the community, leveraging their lived experience and equipping them with the information. Midaye stands for Unity and is focused on supporting ethnic minorities.

PCCs are local RBKC parents and carers and were recruited from within the community. Midaye have trained and commissioned 31 PCCs. Each of the candidates undertook an extensive programme of learning which included sessions delivered by the police, Youth Offending Team, Prevent, Early Help and council employed specialists in serious youth violence, school inclusion, grooming and modern slavery and substance misuse.

The PCCs drive conversations around key issues in the community and aid those who would like additional support. Midaye are looking to strengthen pathways into specialist support services.

### 10.2.2 Community Health and Wellbeing Workers (CHWWs)

Westminster City Council, the Royal Borough of Kensington and Chelsea Public Health and Imperial College London, in cooperation with partner GP surgeries, are running three programmes of trained CHWWs in localities experiencing high levels of health inequality.

CHWWs visit local households monthly, irrespective of need, and deliver a broad range of activities including promotion of healthy lifestyles, reminders for vaccinations and screening and management of chronic diseases. This proactive, universal and comprehensive role helps to capture health and social care issues as they arise. CHWWs in the pilot have identified undiagnosed serious mental illness, domestic violence and improved cervical screening uptake in Muslim women.

Due to the initial success of this pilot scheme, this model is now being adopted by the National Association of Primary Care to promote nationally.

### **10.2.3 Young Westminster Foundation's Helping Hands project**

A Violence Reduction Unit funded project for community capacity building being delivered in the North of Westminster. The project aims to develop estate-based youth steering groups and community networks; and to develop a small grants fund in order to increase feelings of safety and belonging within the communities.

### **10.2.4 Youth Markets: Maida Hill Youth Market, Church Street and Portobello Road**

Youth markets are a great way to showcase the talent and entrepreneurial skills of local young people: providing provide opportunities for students and residents to run their own stalls. For more info on Portobello please see [here](#)

Picture 1: Young People showcasing their work at Maida Hill youth market



### **10.2.5 RBKC's Detached and Outreach team (DOT)**

The team is made up of four youth workers who conduct street-based youth work in community locations such as local estates and parks. The team delivers mentoring and bespoke detached projects centred around young people's needs. The projects operate from community hubs and DOT also work with schools. For more information see this [video](#)

### **10.2.6 WCC Sport and Physical Activity and Leisure Neighbourhood sports programmes.**

Working in partnership with local organisations and a range of partners to deliver physical activities to help divert young people from youth crime, have fun, get active and boost emotional wellbeing. Targeted programmes also provide local young people with volunteering and paid work opportunities.



### **10.2.7 Commissioned substance misuse specialist services: Turning Point and Insight**

The Drugs, Alcohol and Wellbeing service (DAWS) Education Training and Employment (ETE) programme is delivered across the local treatment population: 491 Bi-borough clients accessed the ETE service in 21/22 with 19.23 per cent in WCC and 16.25 per cent in RBKC gaining employment.

The ETE Service has been accredited the Matrix Standard (owned by the Department for Education): the international quality standard for organisations that deliver information, advice and/or guidance.

**Xavier\* is 24. Following a period of instability with his family, he now lives in hostel accommodation. Xavier has been using drugs since he was 14 and alcohol from the age of 16.**

**Xavier has recently experienced some mental health problems and is receiving both support and medication from the Community Mental Health Service.**

**Insight, a free and confidential young person's health and wellbeing service specialising in substance misuse, regularly works from hostels in both Kensington and Chelsea and Westminster. A hostel key worker identified that Xavier's health and wellbeing had deteriorated. They encouraged him to participate in a short intervention with Insight and connected him with the service.**

**Xavier took part in a series of three health and wellbeing sessions. These provided him with advice, practical support and knowledge to allow him to make healthier choices. Because hostel key workers are trained by Insight they have been able to provide ongoing support to Xavier beyond these initial sessions.**

**Xavier's outlook on life and his future is now very optimistic. He has always aspired to work in the music industry, and with the ongoing support from his hostel workers, now feels able to take concrete steps towards this goal.**

NB: name has been changed to protect confidentiality, but the young person has consented to their case study being shared.

### **10.2.8 Westminster's Integrated Gangs and Exploitation Unit (IGXU) RAGE training**

Raising Awareness of Gangs and Exploitation (RAGE) training is delivered by Westminster's Integrated Gangs and Exploitation Unit to a wide range of professionals, including housing and schools, as well as parents, carers and the wider community. Aims of the training are:

- To increase knowledge of Gangs, Exploitation, Knife Crime & Missing episodes.
- To help identify, understand and respond to children and young people's needs & risks.
- Understand context and trends of Serious Youth Violence and the Public Health approach to address it.
- Break down stereotypes

The purpose of the training is to equip participant with knowledge of the principles surrounding gangs and exploitation, and empower them to utilise tools and resources to identify early, intervene sensitively, signpost effectively and discharge the safeguarding duties to support the vulnerable young people into keeping safe and healthy. In 2021-22, the training was delivered to over 276 professionals from a range of statutory and non-statutory services.

### **10.2.9 The Night Stars**

The Night Stars is a volunteer night-safety initiative run by Westminster City Council. The program aims to provide a welcoming place for all and collaborate to ensure that Westminster's nightlife remains a safe, inclusive, and enjoyable experience for residents and visitors. Volunteers are there to help anyone who finds themselves in a vulnerable situation, whether they need water, someone to talk to, or a safe place to sober up, helping to minimise harm.

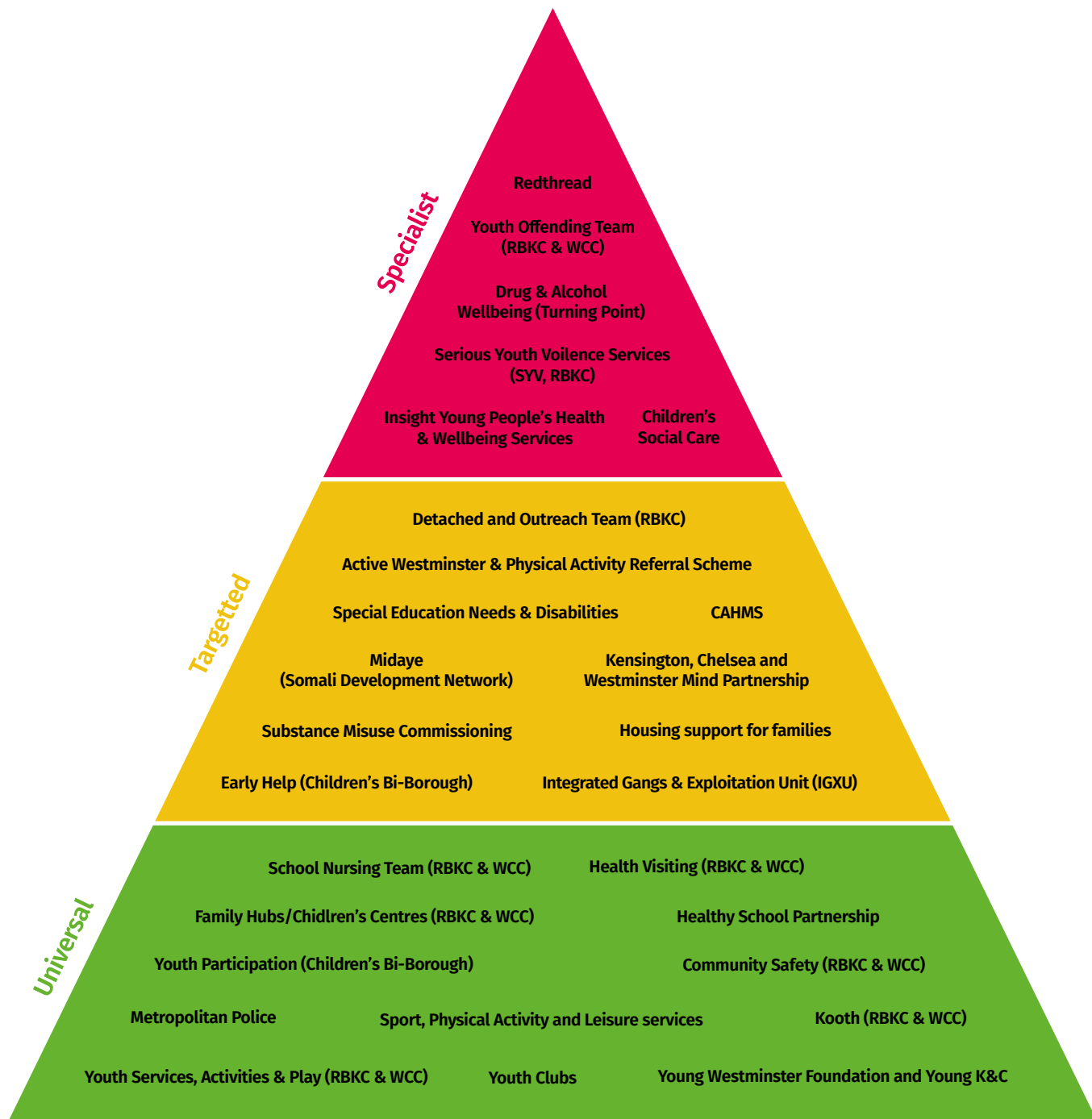
The Night Stars work in partnership with St John's Ambulance and the Metropolitan Police Service to deliver medical aid at the Night Hub at St Anne's Church, Soho, preventing lengthy trips to A&E by providing effective and immediate care to those in need. It is delivered across Westminster's night-time economy, and focuses on areas such as Soho, Piccadilly, Leicester Square, Embankment, and operates on Fridays 10pm to 5am.

### **10.2.10 Club Drugs Clinic**

A free confidential NHS service. supporting people who want to change the way they are using recreational drugs, helping to minimise harm and reduce risk caused by club-drugs such as Ketamine, cocaine and MDMA. The service supports anyone living in Hammersmith and Fulham, Westminster or Kensington and Chelsea.

### 10.3 Local Intervention Prevention and Promotion Services

There are a variety of local intervention, prevention and promotional services that contribute towards improving the lives of CYP and improving the mental health and wellbeing of those impacted by drugs. Figure 4 illustrates whether these are universal, targeted and specialist services (this is not an exhaustive list).



## Youth Offending teams

A key specialist service for this agenda are the Youth Offending teams who provide statutory support alongside wider support including health and wellbeing for this cohort: see Chris' case study below.

Chris was referred to the drugs worker in the Youth offending Team.

During the assessment he was open and honest about his daily cannabis use and agreed to work towards reducing. Chris was supported to initially explore triggers, cravings, and risks, and over the next 4 weeks sessions focussed on a cannabis diary, covering usage habits, associated thoughts and reflective practice.

Through discussions Chris was able to use this information to help reduce his cannabis use. This helped him to make positive changes to his lifestyle changing his friendship group and further reducing his cannabis use. He is working and is now able to spend his money on clothes and food instead of drugs, which impacts his mental health and wellbeing positively.



## 10.4 Engagement summary

Workshops and discussions with council services, partners, commissioned providers, the voluntary and community sectors explored where the local system could be improved, gaps in provision and areas of good practice that could be built upon.

A summary is provided in Table 3:

Areas of Strength	Areas of challenge and for consideration
<ul style="list-style-type: none"> <li>Existing provision is strong</li> <li>A wealth of diverse expertise exists within the system</li> <li>Volunteers, families and workers are passionate and committed</li> <li>A wide range of youth provision provides both physical activity, social and learning opportunities locally</li> <li>Insight is embedded within the wider system with good relationships with CAMHS and YOT</li> </ul>	<ul style="list-style-type: none"> <li>Ease of navigating the different offers can make it a challenge to access support</li> <li>Smooth, joined-up pathways and handovers between services: entry point's need to be easier</li> <li>Getting the balance between early intervention and responding to those who are already in crisis</li> <li>Greater collaboration between services: maximise the diverse workforce and service provision more and Make Every Contact Count</li> </ul>
<ul style="list-style-type: none"> <li>Outreach and 'hub model' ways of working are emerging; there is a strong consensus around the effectiveness of these approaches</li> </ul>	<ul style="list-style-type: none"> <li>Outreach models don't always operate at a great enough scale to make a system wide (and lasting) impact</li> </ul>
<ul style="list-style-type: none"> <li>Specialist services are rarely punitive in nature</li> <li>There is a focus on health and wellbeing across the system which focuses on building skills for the future (not just on substance misuse)</li> <li>Good support for families which invests in developing ongoing relationships</li> </ul>	<ul style="list-style-type: none"> <li>The stigma/cultural stigma of accessing services can act as a barrier to getting support earlier</li> <li>Support and activities don't always include the wider family</li> <li>Emerging health and wellbeing needs and broader addictions are not always easy to get advice or support for e.g. gambling, gaming, and pornography</li> </ul>

Areas of Strength	Areas of challenge and for consideration
<p><b>A diverse range of interventions exists which include those that:</b></p> <ul style="list-style-type: none"> <li>• Are both community and professional-led, intense and longer-term support</li> <li>• Provided daily, weekly and monthly support</li> <li>• Are delivered where young people want them (at home, in school, at provider sites, in public spaces)</li> <li>• Meet users where they are: both minimising harm and/or supporting them to live completely drug free lives</li> <li>• Offer holistic support to help with finances, skills and relationships.</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention is often not ‘early enough’</li> <li>• More interaction with CYP is required before they try drugs or hear about them from older friends or family</li> <li>• More work is required to support professionals how to spot the early signs of substance misuse, criminal exploitation and involvement with gangs and to support them to have conversations and to signpost</li> <li>• Confidence is required across the system to hold open and honest conversations with users: this includes parent/carers feeling confident to have conversations with CYP.</li> </ul>
<ul style="list-style-type: none"> <li>• Outstanding schools: committed, supportive and provide safe spaces for CYP</li> <li>• Youth clubs and third sector organisations offer great “alternative” things to do and places to be, as well as providing a “trusted” adult</li> <li>• Amongst specialist professionals there is a good understanding of at-risk groups, particularly around Chemsex</li> </ul>	<ul style="list-style-type: none"> <li>• Young people turning 18 often lose the support networks and increase the risk of becoming involved with drugs</li> <li>• Provision needs to adapt to changing substance misuse habits</li> <li>• Consistency of education, knowledge and awareness: ensuring every child and young person has the same access and exposure to non-stigmatising evidence-based messaging: this is particularly challenging for some young people who don’t attend school regularly</li> <li>• Effective promotion of activities is a challenge: more use of social media and gaming platforms to promote</li> <li>• Health promoting messaging around the risk of Chemsex could be louder and stronger</li> </ul>

Table 3. Summary of workshop themes

## 10.5 The views of children and young people recovering from substance misuse issues

We conducted interviews with young people recovering from substance misuse issues, to better understand the lived experience of substance misuse and their experiences of accessing support. Key findings are outlined in Table 4.

What we heard	Quotes from young people
<p data-bbox="290 571 715 683"><b>There can be a lack of clarity around where and how to access support</b></p> 	<p data-bbox="802 566 1326 745">“I’m not familiar with drug support services but we were told about the organisation called Frank in school. Educating young people in schools, in lessons would be more helpful”</p> <p data-bbox="802 775 1284 846">“I only know rehab and Insight (a young people’s support service).”</p> <p data-bbox="802 875 1318 981">“I have a drugs worker at the YOT. We talk about things. I do not know about other drug use support.”</p> <p data-bbox="802 1010 1321 1189">“I don’t know any drug support services. Social media could help young people to know more about this since young people are a lot on such websites like Instagram.”</p>
<p data-bbox="290 1276 566 1348"><b>A range of reasons for taking drugs</b></p> 	<p data-bbox="802 1272 1326 1377">“The main message was ‘It’s fine it’s a teenage experience, it’s all fun and games.’”</p> <p data-bbox="802 1406 1318 1547">“Weed is so appealing for people like me who are going through a lot because it is a sedative and it is numbing”</p> <p data-bbox="802 1576 1313 1756">“Drugs are a thing which is really hard to let go of, especially if there is nothing else to do if you don’t have any other activities or things to do.”</p> <p data-bbox="802 1785 1313 1890">“Drugs are the least of my problems. There are so many other things going on in my life.”</p>

<p><b>The messaging around drugs and substance misuse</b></p> 	<p>“They tell you, ‘you should not take drugs’ but a lot of young people are taking drugs, and they then feel embarrassed and won’t reach out for help.”</p> <p>“If you have somebody to whom you could relate to who went through a similar thing and shares their experience that is very helpful. I feel like then young people are more likely to open up.”</p> <p>“I don’t remember that drugs were being really discussed with us in school, they only say ‘don’t do drugs”.</p>
<p><b>The acceptability of cannabis</b></p> 	<p>“It is very common among my peers to smoke weed. People think it’s cool.”</p> <p>“In my community, I am the only one who doesn’t smoke weed anymore.”</p>
<p><b>The glamourisation and glorification of drugs</b></p> 	<p>“The media, Amsterdam.... they glorify it and make it seen as no problem.”</p> <p>“Weed is so glamorised in our society, and you don’t really get to know how harmful it can be.”</p>

Table 4. Key themes from user interviews with young people



## 10.6 Case studies: Andrew, Xavier and Chris: our learning

Andrew, Xavier and Chris's case study's are examples of joined up working between services taking a holistic approach to address young people's unmet needs, rather than focussing solely on drug-related issues.

→ They highlight the stories of young people who have been involved with drugs and supported by Insight the local young people's health and wellbeing service specialising in substance misuse.

→ They provided practical support to enable the young people to establish a routine and make progress towards improving their health and wellbeing, achieving personal goals and raising aspirations.

→ The case studies show the importance of professional's relationships with young people and minimising harm.

→ These case studies reflect wider learning: young people accessing services are often exposed to illegal drugs and substance misuse at a young age for example household systemic substance misuse and/or siblings/family involvement in the criminal justice system, and substance misuse is often related to instability and complex needs existing within the family.

→ The learning also highlights the link between substance misuse and poor mental health.

## 10.7 Additional insights from parents and adults

In 2020, Young Westminster Foundation and their partners consulted with parents, adults and young people in North West Westminster to understand their views on Serious Youth Violence.

Of 203 parents and adults surveyed, 54 per cent felt drugs were the reason young people commit crime or anti-social behaviour<sup>29</sup>.

They shared their insights on what they felt to be the protective factors in ensuring young people stayed safe and away from youth violence and/or drugs. These are outlined below along with direct quotes from parents who participated in the survey:

- **The availability of safe spaces with access to support, education and recreational activities: 48 per cent surveyed didn't know what community initiatives were available in their local area (p. 15).**

*“More after school and out of school youth provision with emphasis on positive role models and experienced, empathetic workers.”*

*“More free, safe, monitored places for teenagers to go to learn a skill, sports, stay off the streets and feel positive about themselves.”*

- **Legitimate opportunities to earn money and make a living.**

*“More opportunities for young people to focus and gain skills and support especially if they feel isolated or trapped in their life.”*

- **A better understanding of the consequence of drugs specifically by hearing from those with lived experience.**

*“Deeper understanding of the drugs and funding it provides underlying the gangs and turf wars.”*

- **Support and education around drugs and violence for families.**

*“Educate young people of the consequences of such violence, due to the decisions and choices that they make at such a young age.”*

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29. Young Westminster Foundation (2021). North West Westminster Serious Youth Violence Consultation: Research Report. Viewed 1 June 2022. <https://www.youngwestminster.com/wp-content/uploads/2022/01/North-West-Westminster-Serious-Youth-Violence-Research-Report.pdf>

## 10.8 Emerging themes

There were five consistently strong themes throughout our engagement and research that form the basis of the recommendations:

- **Education and Awareness**
- **Stigma and shame**
- **Safe spaces for CYP**
- **Support for Families**
- **Strategic collaboration**

In addition, an overarching theme is strengthening local voices, particularly CYP and families with lived experiences.

### 10.8.1 Education and awareness

A key theme that emerged is the need to improve education and awareness. There was broad consensus both in the literature and through the engagement that young people needed to receive better information about drugs and their harm.

Similarly, non-specialist professionals working with families (i.e. those not working in drug and alcohol services) need the knowledge and confidence to be able to spot the signs of young people becoming involved in the use or supply of drugs and to help them make informed choices. There was a recognition that this capability needs improving in both boroughs.

*“Children and young people are hesitant to reach out to drug services, they know drugs are illegal and that there’s a stigma around it so they are afraid to go there.”*

**Substance use expert**

*“If I’m already confused about which services are out there and who is responsible for what, how would a child or young person feel about it?”*

**Health and Social Care Worker**

*“I don’t know any drug support services. Social media could help young people to know more about this since young people are a lot on such websites like Instagram.”*

**Young person**

In many cases, we heard of examples where drug use and being involved in the supply of drugs was glamorised. There was a consensus that sharing the stories of those with lived experience could help to debunk myths and de-glamorise young people's perceptions.

*“The media, Amsterdam.... they glorify it and make it seen as no problem.”*

**Young person**

*“Weed is so glamorised, and you don't really get to know how harmful it can be.”*

**Young person**

Improving education and awareness was identified as a challenge across the whole system. Parents and carers need better information to help them have open and productive conversations with their families.

Training, resources, and messaging need to be culturally appropriate, co-designed with CYP and families with lived experiences, that don't exacerbate unconscious bias and/or criminalisation of young people.

### 10.8.2 Stigma and Shame

Where there was awareness of the support available, the stigma and shame associated with drug use often acted as a barrier to asking for help. We need to reduce stigma and shame (including cultural shame) associated with drugs, mental health and accessing support.

Many people told us about the impact stigma and shame has from accessing support, to making them physically unwell due to the worry and not being able share that worry, to the deep shame that families often feel in this space. Intersect this with structural racism and unconscious bias makes this a particularly challenging yet critical theme.

### 10.8.3 Safe spaces for children and young people

There is a need to create access to social and learning opportunities that offer an alternative pathway to involvement with drugs and to make the availability of these offers clear to young people

Youth clubs, sports and physical activity, music and other hobbies provide social and learning opportunities that offer an alternative pathway to involvement with drugs. Children interviewed by Young Westminster Foundation stated that “after family and friends, almost everyone would seek help from their youth club/youth worker first and foremost when in need”<sup>30</sup>.

A common issue raised during the engagement was that of young people presenting to local groups while under the influence of drugs.

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30. Young Westminster Foundation (2021, p. 21). North West Westminster Serious Youth Violence Consultation: Research Report. Viewed 1 June 2022. <https://www.youngwestminster.com/wp-content/uploads/2022/01/North-West-Westminster-Serious-Youth-Violence-Research-Report.pdf>

More than instructing young people to “come back another time”, hosts of group activities highlighted their desire to do more for young people who try to join in but who aren’t sober. There were high levels of confidence in the value outreach and hub models can offer real value in these situations. Practitioners were eager to have routes and strategies to ensure that every contact counted even when young people were not immediately able to participate in group activities.

***“Young people who are using or selling drugs are also bored. We need to encourage them to go to the gym, to social activities, build some routine and structure in their day to keep them busy.”***

**Youth club provider**

#### **10.8.4 Support for families**

Our user research identified several examples of missed opportunities to intervene at an earlier stage. There is a need for confidence across the system among professionals to have conversations with families and young people to ensure that we reduce the impact of hidden harm on children and young people. This was identified as an essential prerequisite in being able to intervene at the earliest possible stage.

The ability to intervene early requires the appropriate balance of stigma-free services to meet need, confidence among professionals, parents and carers in articulating the support available and high levels of trust with young people at all ages and stages. This theme is closely aligned with the need to improve education and awareness and reduce stigma and shame.

It was recognised that additional support is needed around Hidden Harm: specialist Hidden harm and whole-family workers are a valuable addition to existing substance misuse services.

***“We need to get everyone to start talking about drugs, having an open and honest conversation, acknowledging there is an issue and refrain from blaming.”***

**Council worker**

### 10.8.5 Strategic collaboration

Our mapping demonstrated that there is a broad range of provision available to young people and families. However, when a family or individual is in crisis, support can be difficult to navigate. In many cases, a family and young person might be working with up to four or five services.

Improvement ideas offered by young people and professionals centred on the need to develop a coordinated response to need. Building on partnership working is vital, in particular improved collaboration between mental health and substance misuse services, the Combatting Drugs Partnership's that the Government has asked local areas to develop is a good opportunity for this.

*“There was also a strong narrative centred on the need for more community-led solutions, especially important in communities where English is often a second language: good practices exists in both boroughs. “It turned out I was the family’s fourth meeting of the week.”*

**Outreach worker**



# 11 Recommendations

Drawing on our learning and research, this strategy makes five thematic recommendations. Each recommendation has suggested actions and rationale and were co-developed with stakeholders, partners and adults and young people with lived experiences.

## Education and Awareness

### A: Strengthen education and raise awareness of the impact of illegal drugs

Develop and deliver targeted campaigns aimed at recreational drug users

Co-design campaigns with local CYP, grass roots organisations, local businesses and police. Utilise videos, social media and podcasts

Develop consistent messaging to raise awareness of the impact of drugs on health and wellbeing, harm to communities and exploitation/criminality perspectives

Advocate for “cross-border” approaches: campaigns will have greater reach and impact if across a range of boroughs, ideally pan-London

Utilise innovation alongside health promotion such as virtual reality to show the harsh reality of “life of crime”, trap houses, cuckooing, and drug raids. As part of deterrent approaches that help to demystify and deglamourise involvement with illegal drugs

Utilise “outside the box” programmes and techniques to increase awareness and provide professional curiosity around getting involved with dealing drugs e.g. Job description and career progression of a drugs dealer versus another career options

Raise awareness around how to minimise harm relating to Chemsex

Raise knowledge, expertise and confidence amongst families, schools (including SENCOs), colleges, universities, communities and the non-specialist workforce (e.g. library staff, sport and physical activity coaches, teachers, family hub based family navigators) on illegal drugs and support available so that they can spot the signs, are confident to have conversations and know where to get help

Particular attention to be paid to collaboration between mental health and substance misuse services and young people’s supported housing

Consider video case study’s of service users with lived experience to help showcase the support available and benefits of accessing support

#### Why

“Recreational drug users think it’s fine when they buy weed or coke occasionally and are not addicted to it. But they don’t take into account what impact it has on a young person who is pressured into selling drugs on the streets.” - Youth worker

This helps to strengthen education around drug usage, including the impact of the drugs market on local CYP and communities

Middle class/more affluent/recreational drug users don’t always consider the impact of their actions on vulnerable children and young people

Grass roots organisations, local CYP and people with loved experiences are key to effective solutions

Acceptability and glamorisation of drugs needs to be challenged with help of those with lived experience and innovation

It’s important to education and show the reality and consequences – so that children and young people can make informed decisions and have safe spaces to ask questions with natural curiosity

London Needs You Alive campaign was recognised by young people as a good resources to raise awareness

Chemsex has specific associated risks and is not talked about enough

#### Who

Public Health and Commissioners (and Public Health commissioned services), Children’s Services, Community Safety, Communications, Police, local businesses

## Education and Awareness

### B: Training and learning: Enhance the knowledge, skills and capabilities of stakeholders across the whole system

<p>Strongly promote key services such as Insight including their training offer (e.g., Drugs Awareness course)</p> <p>Fund and develop a specialist Public Health school nurse drugs lead/champion (building on the successful sexual health lead school nurse)</p> <p>School health service to work in partnership with community organisations and other services (e.g. Healthy Schools) to offer a calendar of health promotion interventions with a focus on substance misuse, hidden harm and emotional wellbeing to primary, secondary schools and alternative provision</p> <p>Ensure the training offer is reviewed annually to reflect the changing landscape and emerging drug trends (including hashish, magic mushrooms, and legal drugs and highs such as vaping and usage of cannisters)</p>	<p><b>Why</b></p> <p>“It was really hard to get the support I needed. Online there were so many offers and I reached out to different services but they took ages to come back to me.” Young Person</p> <p>The non-specialist workforce are crucial, schools and education settings, families, professionals</p> <p>“The official guidance from the DfE for Health Education leaves it quite open to schools what they should teach about drugs.” School advisor</p> <p>The difference in the provision, culture and delivery of PSHE education can make it difficult for consistent messaging around drugs in schools. Children and young people interviewed highlighted that the messaging around drugs in schools sometimes prevents them for discussing their experiences</p> <p>Universal health professionals can provide a less stigmatised “way in” to talk to CYP</p> <p>Health promotion sessions led by specialist community organisations could be co-ordinated similar to the existing (relationship, health and sex education) RHSE meetings</p> <p>School Health service also to flag with schools at their annual Partnership agreement meetings when they meet head/ senior staff to look at individual wellbeing needs of schools and also training/support needs</p> <p>Clubs Drugs clinic, Insight, Midaye SYV parent/ carer champions, DOT, IGXU are all possible partners for joining up in-school initiatives</p> <p>Assemblies, coffee mornings, in-class workshops with CYP can help to open up conversations, and support natural curiosity so that we minimise harm caused by drugs</p>	<p><b>Who</b></p> <p>Public Health and Commissioners (and Public Health commissioned services)</p>
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## Education and Awareness

### B: Training and learning: Enhance the knowledge, skills and capabilities of stakeholders across the whole system

Develop a training programme that raises knowledge, expertise and confidence across both boroughs' frontline staff about 'drugs' and related issues: criminal exploitation, county lines and gangs

Ensure YP's health and wellbeing services are including "wider" health and wellbeing issues such as gambling, gaming and addiction to pornography

Review the MECC training offer to ensure it includes up to date brief intervention messaging around drugs (both usage and dealing, and related exploitation), hidden harm and specific concerns such as addiction to gaming, gambling and pornography. This review to include appropriateness of training and messaging for people working with CYP and families

Fund training around parental substance misuse: how to spot the signs, reducing impact on CYP, and how to raise the issue sensitively and effectively (to also include alcohol)

#### Why

Children and young people are hesitant to reach out to drug services, they know drugs are illegal and that there's a stigma around it, so they are afraid to go there." Substance use expert

IGXU provide training- Raising Awareness Against Gangs and Exploitation

MECC training needs to be reflective of post-pandemic needs, current local issues and is often aimed at professionals working with adults

Community groups and frontline workers feedback that children and young people are sometimes hesitant to engage with drug specialist services. Their advice is to incorporate drug support into all offers aimed at children and young people

Professionals have told us that Insights "drugs awareness" training is valuable: building and scaling up this type of training offer. Trio of Vulnerabilities services are particularly valuable

#### Who

Public Health and Commissioners (and Public Health commissioned services), Community Safety, Children's Services, Police

## Education and Awareness

### B: Training and learning: Enhance the knowledge, skills and capabilities of stakeholders across the whole system

Develop an ambassador's programme where local adults with lived experience share their stories, reality and how they have turned their life around with drugs and drug dealing e.g. ex-offender's, people with experience of the criminal justice system and SMU services

Build on mentoring programmes: raise aspirations for local CYP: showcase and raise the profile of success stories of local CYP: ensure women and girls are fully included

"If you see somebody who you can relate to, an example of somebody who went through a similar thing and turned their life around, that is really powerful." - Young Person

Children, young people and frontline staff have provided input that they are more likely to listen and open up to people that they can relate to, and who have been through a similar experience to them. Recruiting those who have previously been involved with substance misuse and dealing will ensure their voices and experiences are heard and resonate

Links to upskilling local CYP and can link this to Mental health training

Note: to mitigate the risk to young people who may face risk of retribution and the risk of glamourising drugs, an adult model was recommended: however the messaging and learnings would be shared with local schools, young people, podcasts (for example RBKC SYV and Civic Participation podcast "powered by you")

These findings help shape and form services, ensure the local voice is heard and provide two-way education benefits

#### Who

Public Health and Commissioners (and Public Health commissioned services), Community Safety, Children's Services, archives team, Police (working with schools, colleges, universities, youth and sport clubs)

## Reduce stigma and shame

### Increase opportunities for CYP and families to talk openly about health and wellbeing, including drugs

<p>Raise “addiction awareness” across the system</p> <p>Provide Making Every Contact Counts and Mental Health training</p> <p>Raise awareness of county Lines and the impact of being involved with drug dealing</p> <p>Offer every school entry level drugs misuse and exploitation awareness interventions such as coffee mornings, assemblies to sit alongside their PSHE</p> <p>Develop the specialist mental health school nurse role to build capacity, skills and confidence across the wider service and school community</p> <p>Ensure that young people at-risk of exclusion are offered an emotional health and wellbeing assessment from a Public Health trained nurse (school health service) (this builds on the local practice upon entering the Pupil Referral Unit (PRU): the HHEADS model is a good holistic example (see JSNA)</p>	<p><b>Why</b></p> <p>“A bigger understanding of what addiction really is across the workforce is needed”</p> <p>“We need to reframe what a “typical drug addict” looks like, often they are affluent, functioning and live a seemingly “normal life”</p> <p>Stereotyping can mean that early signs are not spotted and opportunities for signposting and support are missed</p> <p>Parental substance misuse maybe able to be earlier identified by “routine” opportunities e.g Health visiting, library visits, children’s centres</p> <p>Lower entry level interventions are helpful for initiating conversations and prevention</p> <p>Talking more about mental health by utilising the wider health and wellbeing offer at school is a good place for initiating conversations around mental health (including parental mental health and the impacts on CYP) at an early age</p>	<p><b>Who</b></p> <p>Public Health and Commissioners (and Public Health commissioned services), Community Safety, Children’s Services, archives team, Police (working with schools, colleges, universities, youth and sport clubs)</p>
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## Safe spaces for young people

### Develop safe spaces for children, young people, their families and carers

<p>Replicate a youth health hub model by joining up existing services such as GP, counselling, health and wellbeing services. Bridging the Gap is an opportunity for this</p>	<p><b>Why</b></p> <p>“Young people first come to see me regarding something non-drug related. It could be a minor injury or a routine appointment but when they then realise it is confidential and you build this relationship, they then start to slowly open up, trust you and are much more receptive to any other support they might need” - GP</p> <p>Children and young people involved in drugs have many different health needs, it’s important to ensure easy access to a range of health services so that their different needs can be met in one place</p>	<p><b>Who</b></p> <p>Children’s Services, Youth Club organisations, Public Health, NHS</p>
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## Safe spaces for young people

### Develop safe spaces for children, young people, their families and carers

<p>Strengthen and promote the “counter offer”: work to ensure a diverse range of diversionary, aspirational and employment opportunities for children and young people</p> <p>Promote relatable role models (“young people who sound and look like me”), successful young people, CEOs and entrepreneurs to help inspire local young people</p> <p>Promote and support mentoring programmes: including partnership programme with the Police</p> <p>Continue to support, fund and utilise the wide- ranging benefits of sport and physical activity</p> <p>Ensure there are physical activity offers for youth offending cohorts in both boroughs</p> <p>Ensure the distinct needs of the diverse cohort of CYP are recognised when planning interventions including gender, religion, sexuality</p> <p>Strengthen and support outreach models, and grassroots organisations</p> <p>Work with CAMHS to ensure accessibility of services to all young people who need them including looking at outreach and locations of offer</p> <p>Support and fund CYP volunteering and entrepreneurial programmes</p>	<p><b>Why</b></p> <p>“More free, safe, monitored places for teenagers to go to learn a skill, sports, stay off the streets and feel positive about themselves” – Parent</p> <p>“More opportunities for young people to focus and gain skills and support especially if they feel isolated or trapped in their life” - Parent</p> <p>Some children and young people who are involved in drugs will present themselves to GPs, nurses, and other healthcare professionals. Social prescribing to the wider offer can help bridge the link between health and community services and the offers available</p> <p><b>The new Lord Mayor of Westminster is a local born and bred young person who shares the ambitions to help inspire young people and showcase positive examples of young people so the narrative isn’t always negative and bleak:</b></p> <p>Challenging racial bias and improve communities and CYP relationship with Police</p> <p>We need to take services and support to the communities</p> <p>Grassroots organisations are run by the community for the community and as such are central to solutions</p> <p>Maximise existing hub development models such as Bridging the Gap</p> <p>Ensure all commissioned health and wellbeing services have a “we will come to you” offer whether that is a community setting outreach, a lower threshold for initial meeting or a home visit – more flexibility is needed</p> <p>Contributing to Modern Day Slavery and VAWG agenda: and acknowledging the specific gendered vulnerabilities</p> <p>People have told us that having a “purpose” in life is crucial: as well as gaining skills and providing alternatives to becoming involved in drugs</p>	<p><b>Who</b></p> <p>Children’s Services, archives team, sport and leisure teams, youth and sport club organisations, Public Health, Communications, Voluntary and Community organisations, Police, NHS (CAHMs), Community Safety/ SYV colleagues</p>
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## Support for families

**Strengthen support for families and increase “Hidden harm” approaches. Make it easier for people to navigate the system and access help at an earlier stage**

<p>Consider the whole family in support, service design and activity provision</p> <p>Strengthen and develop advocacy models for young people involved in drugs misuse: someone to stand alongside them whilst they navigate the system</p> <p>Ensuring people with lived experiences are part of decision making and steering group, including those with a history of drug misuse and those who have previously been involved in gangs/drug dealing/ex-offenders</p> <p>Strengthen local voices, in particular, CYP and those with lived experience by including them in partnership boards, co-design and co-delivery</p>	<p><b>Why</b></p> <p>“An older sibling is often seen as somebody who the younger brother or sister looks up to. So if an older brother is using or selling drugs it often makes it for the younger sibling also much more appealing.” Youth worker</p> <p>With family or similar support, a young person is more likely to overcome their involvement with drugs. Risk factors for being involved in drugs include household/familial involvement with drugs</p> <p>Lived experiences are crucial in solutions</p>	<p><b>Who</b></p> <p>All, Public Health and Commissioners (and Public Health commissioned services), Community Safety, Children’s Services, Police, Probation, strategic boards, voluntary and community organisations</p>
<p>Fund a Hidden Harm and Family and Friends worker</p> <p>Develop Parent Peer Support Champions offer, to provide ongoing support for parents</p> <p>Conduct a local needs assessment to fully understand the need on alcohol misuse and smoking in relation to addiction including the impact on CYP. Actions can be part of the wider strategic approach (see Strategic Collaboration)</p> <p>Ensure robust transition processes are in place between young people’s substance misuse services and adults substance misuse services so support can continue</p>	<p><b>Why</b></p> <p>Parental substance and household misuse is complex, often systemic and “hidden” – specialist support for the family is needed</p> <p>The new Hidden harm worker would be part of existing services focussing on supporting primary school aged children, families and staff</p> <p>The new Family and Friends workers will deliver parenting programmes, group and 1-2-1 support for the whole family</p> <p>Parental substance misuse often involves alcohol: a needs assessment would provide insight into the local scale and impact</p> <p>This is particularly pertinent following the pandemic where we have heard anecdotally that people’s drinking and smoking habits have changed, combined with the cost of living crisis and financial pressures. The Khan review provides a good policy driver to look at harm caused by smoking</p>	<p><b>Who</b></p> <p>Public Health and Commissioners (and Public Health commissioned services)</p>

## Strategic collaboration

### Strengthen strategic collaboration and streamline pathways

<p>Establish a multi-partnership substance misuse strategic group: Combatting Drugs Partnership</p> <p>Review service thresholds and adopt flexible approaches to discharging young people who fail to attend appointments to ensure those with complex problems are not penalised by being 'cut off' from support. We recognise that some services do this already</p>	<p><b>Why</b></p> <p>The national drugs strategy asks local areas to establish a multi partnership group: this opportunity could allow for wider discussions and action on SMU (including tobacco and alcohol)</p> <p>“Service users are really chaotic and they have a chaotic life so as a service you need to accommodate this, be flexible and don't penalise them if they are late or haven't shown up but rather continue to offer the appointments.” Substance use expert</p> <p>Youth crime boards in both boroughs provide strategic direction and scrutiny for the wider youth crime agenda</p>	<p><b>Who</b></p> <p>All: including Public Health and Commissioners (and Public Health commissioned services), Community Safety, Children's Services, Police, Probation, strategic boards, voluntary and community organisations</p>
<p>Strengthen the links between community approaches and drug prevention services. This is particularly relevant for: Community/Family connectors, Community Champions, Social Prescribers, Parent and Carer Champions, and Community Health and Wellbeing workers</p> <p>Explore options for a drugs specialist within some of the existing services e.g. a seconded Insight worker or a dedicated Gangs Worker</p>	<p><b>Why</b></p> <p>“There are so many great services out there, but they still often work in silos and don't know about each other. We need to link and join up and learn from each other.” - Council service worker</p> <p>Practitioners see a need to develop firmer networks for different stakeholders to come together to learn and grow their skills, knowledge and capabilities</p> <p>Currently the IGXU has a gangs worker who is a drugs specialist, other examples of joined up working exists: this was felt to be essential</p>	<p><b>Who</b></p> <p>Public Health and Commissioners (and Public Health commissioned services), NHS, Community Safety, Children's Services, Police, voluntary and community organisations</p>
<p>Increase knowledge around county lines and exploitation with families and schools utilising existing police and school bases programmes: including spot the signs type messages. IGXU RAGE training is a good example</p>	<p><b>Why</b></p> <p>“Older drug gang members intimidate and exploit young people by involving them in dangerous county lines drug trade.” - Police Officer</p> <p>In both boroughs there are high-harm gangs, intelligence suggests that they are running county lines</p> <p>IGXU and DOT both work with schools: IGXU for example have a dedicated schools and youth engagement officer who provides support to schools when they have concerns about a YP being exploited/involved in gangs</p>	<p><b>Who</b></p> <p>Community Safety, Children's Services, Police, voluntary and community organisations</p>

## Strategic collaboration

### Strengthen strategic collaboration and streamline pathways

<p>Support schools to develop consistent, evidence-based drugs policies and ensure schools' inclusion policies align with these accordingly</p>	<p><b>Why</b></p> <p>“They say ‘you should not take drugs’ but a lot of young people are taking drugs, and they then feel embarrassed and won’t reach out for help.” Young person</p> <p>Feedback from CYP and frontline staff was that zero-tolerance approaches can make it difficult to open up and access support</p>	<p><b>Who</b></p> <p>Children’s Services, Public Health and Commissioners (and Public Health commissioned services), Community Safety and Police</p>
<p>Continue innovative collaboration between Community Safety, Health, and Children’s Services to support community organisations</p>	<p><b>Why</b></p> <p>Several impactful initiatives were supported to launch and thrive by these three services working together. These initiatives such as Midaye, IGXU, DOT and the Helping Hands programme need continual support/funding and need to be encouraged to develop ongoing innovative solutions</p>	
<p>Commission evidence-based research such as the School Health Education Unit to further understand the health and wellbeing needs (and wider life) of local CYP</p>	<p><b>Why</b></p> <p>“I worry about pressure from friends to take part in gang activity” - Young Male</p> <p>“Young people join a gang thinking they can make a lot of money, buy the expensive trainers they always wanted and live a certain lifestyle which is glamorized. But the reality is they most likely get caught, end up with a criminal record and be in and out of the criminal justice system throughout their life or even worse get killed.” - Gangs Worker</p> <p>It is important to strengthen the voices of local families and ensure their views are part of decision-making and their input is included in analysis</p> <p>CYP health and wellbeing approaches should be holistic and based on local need. School based universal research allows for the widest reach</p>	<p><b>Who</b></p> <p>Public Health and Commissioners (and Public Health commissioned services), Children’s Services</p>

# 12 Appendices

## Appendix 1: Data sources used in thematic analysis

The main sources of data included in our thematic analysis were the Youth Offending and Serious Youth Violence Joint Strategic Needs Assessments (JSNA) published in 2020. Our Mental Health and Wellbeing JSNA (2019), Children with Special Educational Needs JSNA (2020), and Young Adults JSNA (2017) were also analysed.

Together, these needs assessments consolidate data from across the partnership on challenges, performance and outcomes in relation to drugs and youth offending in both our boroughs. Conducting the thematic analysis enabled us to better understand the context within which this strategy exists and to validate qualitative data that emerged from workshops and interviews with partners and young people.

### **We also reviewed the following strategies:**

- [The National Drug Strategy](#)  
“From harm to hope: A 10-years drugs plan to cut crime and save lives (2021/2031)
- [Royal Borough of Kensington and Chelsea, Our Council Plan](#) (2019/2023)
- Westminster City Council – Council Plan (Being drafted under new Labour administration)
- [The Bi-Borough Ending Modern Day Slavery Strategy](#) (2021/2026)
- [The Bi-Borough Violence against Women and Girls Strategy](#) (2021/2026)
- The Bi-Borough Suicide Prevention Strategy (2022/2025)
- [The Bi-Borough School Inclusion Strategy](#) (2021)
- [The Royal Borough of Kensington and Chelsea Youth Violence and Exploitation Strategy](#) (2022/2027)
- The City of Westminster Anti-Social Behaviour Strategy (in draft)
- Community Safety Plans for The Royal Borough of Kensington and Chelsea and the City of Westminster



## Appendix 2: Methodology and Services involved in workshops

To develop a qualitative evidence base for understanding the violence, exploitation, and crime patterns linked to drugs we began the engagement with three workshops. The first with council services, the second with statutory partners and commissioned services and the third with our partners in the third sector. We used these sessions to map existing services available locally, share effective practice and areas for improvement as well as generate ideas about how we could improve our approach. Services represented in these workshops are outlined below.

Following each workshop, our strategy working group shared additional insights based on the outputs of the session. Their input enabled us to contextualise the outputs of the workshops and to identify emerging themes.

We conducted 15 additional semi-structured expert interviews with professionals to supplement the insight we had gathered during workshops. We also conducted user interviews with young people recovering from substance misuse issues.

Lastly, we reviewed the results of a survey of 203 parents and adults conducted by the Young Westminster Foundation<sup>31</sup>. We used this data to better understand the impact of and views on drug supply and use locally.

Having mapped the system and identified initial themes, challenges and opportunities we sought feedback from the whole system via a virtual marketplace event. The session was attended by 20 representatives who provided additional insight and guidance to ensure the strategy and action plan accurately reflected the needs of their users.

As part of later engagement stages we had numerous 121 discussions: including NHS services, addiction specialists, CAMHs, Insight, IGXU and more to support richness of discussions.

We knew it would be difficult to speak with a broad range of young people involved in drug distribution and use because of its illegal nature. To overcome this challenge, we collaborated with front-line stakeholders who work with and have built trust with young people and families who are either involved in or affected by drugs. This ensured we were able to capture both professional insight and rich stories from within the community. The YOT, IGXU, Insight, DOT, CAMHS, Young Westminster foundation all helped us with engagement and/or accessing local people with lived experiences of the drugs and criminal justice systems.

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31. Young Westminster Foundation (2021). North West Westminster Serious Youth Violence Consultation: Research Report. Viewed 1 June 2022. <https://www.youngwestminster.com/wp-content/uploads/2022/01/North-West-Westminster-Serious-Youth-Violence-Research-Report.pdf>

<b>Council services (including commissioned)</b>	<b>Partner services</b>	<b>Voluntary and community partners</b>
<ul style="list-style-type: none"> <li>• Family Services</li> <li>• Early Help (Bi-Borough)</li> <li>• Youth Offending Team (WCC &amp; RBKC)</li> <li>• Children’s and Community Safety, Integrated Gangs and Exploitation Unit (IGXU), Serious Youth Violence (SYV)</li> <li>• Young People’s Health and Wellbeing services (Insight by Humankind; WCC &amp; RBKC)</li> <li>• Drug and Alcohol Wellbeing (DAWS; WCC &amp; RBKC) &amp; Turning Point (Commissioned Service, WCC &amp; RBKC)</li> <li>• Substance Misuse (Bi-Borough)</li> <li>• Street Population Service (RBKC)</li> <li>• Anti-Social Behaviour (RBKC Housing)</li> <li>• Youth Participation (RBKC)</li> <li>• Adult Offending Services and Victim Support (RBKC)</li> <li>• Detached and Outreach Team (DOT; RBKC)</li> <li>• Community Resilience (Bi-Borough)</li> </ul>	<p style="text-align: center;"><b>Police</b></p> <ul style="list-style-type: none"> <li>• Youth Engagement Team</li> <li>• Proactive Teams that Target Gangs</li> <li>• Neighbourhood Team</li> <li>• Drug Focus Desk</li> </ul> <p style="text-align: center;"><b>NHS</b></p> <ul style="list-style-type: none"> <li>• Tri-borough Mental Health Safeguarding</li> <li>• Westminster School Nursing Team</li> <li>• Children and Young People (CYP) Team</li> <li>• Emotional Health and Wellbeing Group</li> <li>• Bi-borough School Health Service</li> <li>• Bi-borough Mental Health</li> <li>• Improving Access to Psychological Therapies (IAPT)</li> </ul> <p style="text-align: center;"><b>Education</b></p> <ul style="list-style-type: none"> <li>• Bi-borough school lead</li> <li>• Healthy Education Partnership</li> <li>• Public Health Commissioner, Schools</li> </ul> <p style="text-align: center;"><b>Housing Associations</b></p> <ul style="list-style-type: none"> <li>• Peabody</li> <li>• Centrepont</li> </ul> <p style="text-align: center;"><b>Homelessness</b></p> <ul style="list-style-type: none"> <li>• Turning Point</li> <li>• St. Mungo’s</li> <li>• Connections at St Martins</li> </ul>	<p style="text-align: center;"><b>General</b></p> <ul style="list-style-type: none"> <li>• Community Engagement (RBKC)</li> <li>• Volunteer Centre Kensington &amp; Chelsea</li> <li>• Eritrean Elders Welfare Association</li> </ul> <p style="text-align: center;"><b>Women Empowerment</b></p> <ul style="list-style-type: none"> <li>• The Mosaic Community Trust</li> <li>• Midaye</li> </ul> <p style="text-align: center;"><b>Victim Empowerment</b></p> <ul style="list-style-type: none"> <li>• Anti-Social Behaviour Help - Victim and Partnership Project Manager</li> <li>• Victim Support - Senior Operations</li> <li>• Advance Charity</li> </ul> <p style="text-align: center;"><b>Youth Empowerment</b></p> <ul style="list-style-type: none"> <li>• Young Westminster</li> <li>• Youth Action Alliance</li> </ul> <p style="text-align: center;"><b>Physical/ Mental Health</b></p> <ul style="list-style-type: none"> <li>• Mind</li> <li>• Samaritans</li> <li>• Spectra</li> </ul> <p style="text-align: center;"><b>Sports &amp; Activities</b></p> <ul style="list-style-type: none"> <li>• Sports and Leisure</li> <li>• Everyone Active</li> <li>• Avenues</li> </ul>

Table 1. Services represented in engagement workshops

## Appendix 3: Common definitions and abbreviations

For this document, we have used the Misuse of Drugs Act 1971 illegal drugs definition that divides drugs into three classes, summarised as:

### Class A:

These include: cocaine and crack, ecstasy, MDMA, heroin, LSD, methadone, methamphetamine (crystal meth), fresh and prepared magic mushrooms.

### Class B:

These include: amphetamine, barbiturates, codeine, ketamine, synthetic cannabinoids such as Spice and cannabis (medicinal cannabis is now legal in the UK and can be prescribed by specialist doctors from 1st November 2018).

### Class C:

These include: anabolic steroids, minor tranquillisers or benzodiazepines, khat and BZP

The drugs we focus on as part of this document are: cannabis, cocaine and “club” (or recreational) drugs. See “Types of Drugs” section. The strategy also includes New Psychoactive Substances (NPS) or legal highs as they are often referred to.

### Chemsex

**CYP:** Children, Young People usually referring to young people aged up to 25 years old.

### Drug misuse/substance misuse

Drug misuse/substance misuse is a dependence on, or regular excessive consumption of, psychoactive substances. It can lead to:

- Social problems
- Mental and psychological illness
- Physical illness
- Legal problems

Drug misuse is more prevalent in socially deprived areas (National Institute for Health and Care Excellence, 2012).

In England and Wales the most commonly used psychoactive substances include:

- Cannabis
- Cocaine
- Ecstasy

Opioids such as heroin may be less common but can lead to the most significant health problems (National Institute for Health and Care Excellence, 2012).

## Parental substance misuse<sup>32</sup>

‘Parental substance misuse’ is the long-term misuse of drugs and/or alcohol by a parent or carer.

This includes parents and carers who:

- consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents)
- are dependent on alcohol
- use drugs regularly and excessively
- are dependent on drugs.

During our research we acknowledge that heroin plays a large part in parental substance misuse (most young people themselves don’t tend to use heroin) and for that reason the type of drug is not the main focus– the impact on the child is.

## Dual Diagnosis

A dual diagnosis is when someone has both an addiction and a mental health condition. Sometimes, the addiction part is addressed while the mental health condition goes without treatment<sup>33</sup>.

## Hidden Harm

The experience of children living with, and affected by, parental substance use has become widely known as ‘Hidden Harm’. The term Hidden Harm encapsulates the two key features of that experience: that children are often not known to services, that they suffer harm in a number of ways through physical and emotional neglect, including exposure to harm and poor parenting. Not all parents who use substances experience difficulties with parenting capacity. Equally not all children exposed to parental substance misuse are affected adversely either in the short or longer term<sup>34</sup>.

## Inclusion

Inclusion is not simply the absence of a formal suspension. An inclusive education system is welcoming and respectful to all children and families, whatever their characteristics, needs or ambitions<sup>35</sup>.

**MECC:** Making Every Contact Count is an approach to supporting behaviour change, utilising the day to day interactions that a wide range of organisations and professionals have with people to improve their health and wellbeing.

**NEET:** Not in Employment, Education or Training.

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32. NSPCC (2022). Parental substance misuse. Viewed June 10.  
<https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse>

33. Addiction Centre (2022). Dual-diagnosis. Viewed June 10.  
<https://www.addictioncenter.com/addiction/dual-diagnosis/#:~:text=A%20dual%20diagnosis%20is%20when,health%20condition%20goes%20without%20treatment>

34. Drugs.ie. Viewed June 10.  
[http://www.drugs.ie/features/feature/hidden\\_harm\\_children\\_living\\_with\\_and\\_affected\\_by\\_parental\\_substance\\_use](http://www.drugs.ie/features/feature/hidden_harm_children_living_with_and_affected_by_parental_substance_use)

35. Bi-borough Inclusion strategy (2021)

## Public health approach

Taking a public health approach to tackling illegal drugs (and their impact) is through the lens of early intervention, prevention and vulnerability rather than criminality. Using evidence to understand causes, risk and protective factors, health inequalities and find whole-system interventions to restore health and wellbeing in individuals and the community as a whole. For more information on what a Public Health approach please see the JSNA on Youth Offending and Serious Youth Violence.

**New Psychoactive Substances (NPS):** drugs that are designed to replicate the effects of other illegal substances. People may refer to these drugs as “legal highs”, but all psychoactive substances are now either under the control of the Misuse of Drugs Act 1971 or subject to the Psychoactive Substances Act 2016 (PS Act)<sup>36</sup>.

## Serious Youth Violence

Serious Youth Violence refers to violence affecting young people under 25. It is concerned with crimes which have the potential to result in significant physical injury or involve a weapon. These include, but are not limited to, homicide, knife crime and county lines. This includes areas of criminality where serious violence is likely including in gangs and other cases of exploitation.

## Trio of Vulnerabilities (previously known as the Toxic Trio)<sup>37</sup>

*The trio is the interaction (often within the same household) of:*

- Domestic violence and abuse within the household
- Parental substance misuse (alcohol or drugs)
- Parental mental health issues

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36. Home Office (2016). Resource pack for informal educators and practitioners. Viewed 10 June 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/544030/6\\_1845\\_HO\\_NPS\\_Resources\\_Booklet\\_June16\\_v10.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/544030/6_1845_HO_NPS_Resources_Booklet_June16_v10.pdf)

37. Children's Commissioner (2018). Estimating the prevalence of the 'toxic trio'. Viewed 10 June 2022. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf>

## Appendix 4: Recommendations mapped against national recommendations relevant to children and young people

Local Recommendation	National Recommendation
<p>Create consistent messaging to raise awareness of the impact of drugs</p>	<p>“...delivering school-based prevention and early intervention – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school” <b>(National Strategy, p. 9)</b></p> <p>“We recommend that DfE and DCMS, with support from DHSC and the Office for Health Promotion, invest in age-appropriate evidence-based services and support all young people to build resilience and to avoid substance misuse. Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.” <b>(Black, part 2, recommendation 29)</b></p>
<p>Strengthen education around drug usage, including the impact of the drugs market on local communities</p> <p>Promote existing and develop new tools that raise knowledge, expertise and confidence amongst families on drugs and support available so that they are comfortable holding conversations and know where to get help for their family</p> <p>Reduce the stigma and increase opportunities for children, young people and families to talk openly about health and wellbeing, including drugs</p>	<p>“...building a world-leading evidence base – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change” <b>(National Strategy, p. 9)</b></p> <p>“We recommend that DWP recruit peer mentors (one in each Jobcentre Plus area), to encourage people dependent on drugs to claim all relevant benefits and access employment support, with funding for the posts agreed at the Spending Review.” <b>(Black, part 2, recommendation 21)</b></p> <p>“We recommend that DfE make an assessment of the support available to teachers in rolling out the new Relationship, Health and Sex Education (RSHE) curriculum, and continue to monitor implementation, with a view to more detailed evaluation after 2 years of full curriculum delivery.” <b>(Black, part 2, recommendation 28)</b></p>
<p>Enhance the knowledge, skills and capabilities of stakeholders across the whole system</p> <p>Develop a training programme that raises knowledge, expertise and confidence across both boroughs’ frontline staff about ‘drugs’</p>	<p>“We recommend that DHSC commission Health Education England to develop competency and training requirements for all staff working with people with co-existing mental health problems and drug dependence.” <b>(Black, part 2, recommendation 25)</b></p>

Local Recommendation	National Recommendation
<p>To strengthen connections to improve advice and guidance</p>	<p>“...ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery” <b>(National Strategy, p. 8)</b></p> <p>“We recommend that DHSC, NHSE and the Office for Health Promotion ensure that opportunities for integrated commissioning of mental health and substance misuse services are explored proactively and articulated as part of the next stages of integrated care system development.” <b>(Black, part 2, recommendation 25)</b></p> <p>“We recommend that DHSC and NHSE develop, publish and implement by the end of 2021 an action plan for improving the provision of physical healthcare to people with drug dependence, which should be an integral part of local integrated care systems.” <b>(Black, part 2, recommendation 27)</b></p>
<p>Build on existing partnership working</p> <p>Replicate a youth health hub model by joining up existing services</p> <p>To develop safe spaces for children, young people, their families and carers</p> <p>Strengthen and promote the “counteroffer”, i.e. the activities and services offered to help mitigate the likelihood of youth drug involvement</p> <p>Consider the whole family in support, service design and activity provision</p>	<p>“...supporting young people and families most at risk of substance misuse – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme” <b>(National Strategy, p. 9)</b></p> <p>“We recommend that DHSC make increased funding available to specialist substance misuse services for young people to improve the capacity and quality of these services, and also through the national Commissioning Quality Standard ensure that these services are linked with other local services for vulnerable young people and that family interventions are more widely available” <b>(Black, part 2, recommendation 13)</b></p>
<p>Make it easier for people to navigate the system and access help</p> <p>Strengthen the voices of children, young people and families, particularly those with lived experiences, in decision-making</p>	
<p>To develop robust tools and mechanisms for delivering a prevention-focused system</p>	<p>“...action should be taken to divert drug users from the criminal justice system into treatment” <b>(Black, part 2, recommendation 15)</b></p>

