

Appendix A: Recommendations from Camden Drug and Alcohol Needs Assessment (2024)

Unmet need

- Ensure our offers are fit for purpose for the different cohorts that we serve. One size does not fit all, and we must ensure equity of provision for underserved groups. This includes:
 - differentiating by type of substance, as data suggests gaps in provision for alcohol and non-opiate and/or crack cocaine users (OCU) substance use;
 - differentiating by personal characteristics, as data suggests unmet need in services for women, young people, people from ethnic minorities, disabled people, LGBT+ people.
- Additional street outreach for rough sleepers. This cohort has very high need and requires a high level of engagement, with an increased focus on precontemplation.
- Further develop the pathways from criminal justice to community drug and alcohol services. This is an area of success for Camden compared to other London boroughs, but there is still a large amount of unmet need.

Prevention

- Promote existing training for frontline staff and increase setting-specific offers. A rolling programme of training is required to give frontline staff across health, care and children & young people services the skills and confidence to do routine screening and to identify issues and signpost where needed.
- Support and develop our “second generation prevention” offer for children of those with drug and alcohol issues. Need in this area has previously been identified – our new family service offer will require support, monitoring and development.
- Improve the reach of harm reduction messaging and resourcing – especially in response to acute situations such as adulterated supplies leading to spikes in physical harm and death.

Data gaps

- Better understanding of current need given the gaps and time-lags for nationally available data. Many nationally produced estimates of need were produced pre-covid or are based on pre-covid data, and do not have the granularity in terms of ethnicity and other characteristics needed for Camden’s population. We must continue horizon scanning for relevant estimates and continue to ensure that feedback from delivery partners is a key part of intelligence gathering.

- Improve data capture, quality, and monitoring. This would particularly inform our understanding of prevention updates and outcomes, and employment, training and education service use and outcomes.

Health and work

- Better coordinated care for people with co-occurring mental and/or physical health conditions and substance use. Remove barriers to accessing mental health support and treatment for those with drug and alcohol needs.
- Encourage individuals to take a more proactive approach to managing their existing health needs and preventing the onset of others. Explore ways of co-designed this support and of empowering service users, to help them feel more able to navigate the health/wellness/leisure landscape, which may not always be easy or welcoming to those with specific needs e.g. drug and alcohol use.
- Improve clarity of employment, training and education offer. A strong offer is in place, but there is confusion around delivery, which needs to be resolved to best support service users.

Co-Production

- Co-production must be embedded into all aspects of drug and alcohol services and the wider drug and alcohol system. Service users and co-production must be integral to the development, design and delivery of services, facilitating the voices of those with lived and living experience being shared and used to shape support to match needs.