

Greenwich Public Health Addictions Profile

2025

A review of current population level harms and impacts caused by drugs,
alcohol, smoking and gambling in Greenwich



John McGirr
Sofia Pountney
Saje Rasul
Jacqueline Nanteza
Ishwak Ahmed

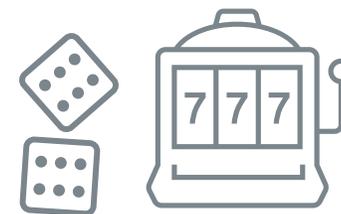
Senior Public Health Manager – Drugs, Alcohol, Gambling
Public Health Manager – Public Health Intelligence
Assistant Public Health Analyst
Public Health Officer - Drugs, Alcohol, Gambling
Rough Sleeping Drug and Alcohol Coordinator


ROYAL *borough of*
GREENWICH

Greenwich Health Addictions Profile - Overview

The Greenwich Addictions Health Profile provides an overview of the following public health issues:

- **Alcohol use**
- **Drug use**
- **Tobacco use** - including e-cigarettes and vapes
- **Gambling**



The profile consolidates existing data available on various indicators for the Greenwich population to identify issues and gaps, including treatment data and activity reports from a range of local services supporting children, young people and adults living in the borough.

It is used by the addictions team to assist the Royal Borough of Greenwich in enhancing health services, aiming to improve the well-being of residents who may have one or more of the specified addictions.

Introduction

Addiction is a chronic brain disorder characterised by compulsive engagement in rewarding stimuli despite adverse consequences [1].

It commonly involves substances like drugs, alcohol, and nicotine, or behaviours such as gambling [2].

These addictions develop due to the pleasurable effects on the brain's reward system, leading to repeated use or engagement [3]. Over time, individuals may require increasing amounts to achieve the desired effect, known as tolerance [4].

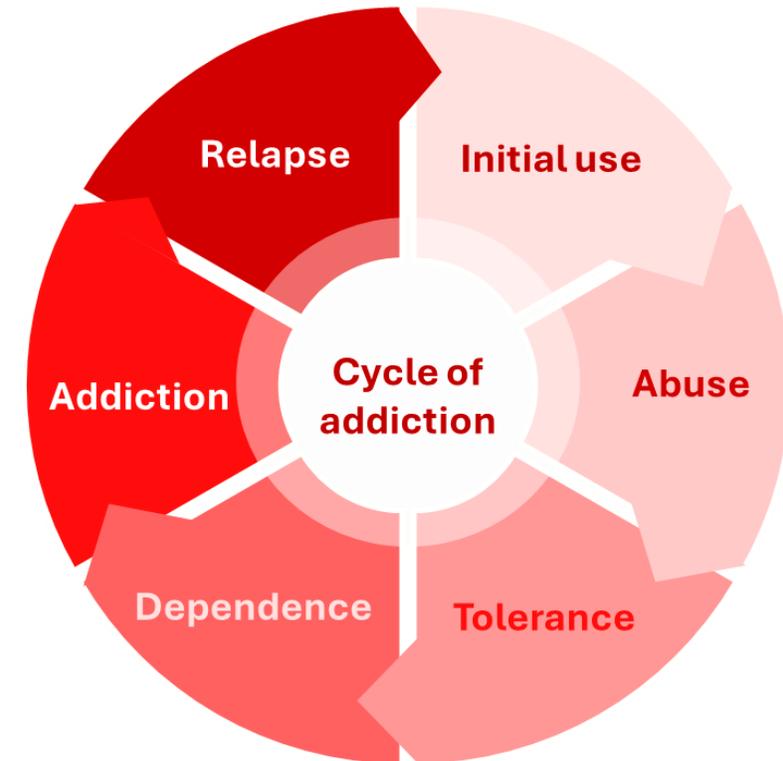
Addiction is influenced by both genetic predisposition and environmental factors [5]. Some studies suggest that addiction risk is partly genetic, but environmental factors, such as exposure to others with addictions, also play a significant role [6].

The strain of managing an addiction can seriously damage work life and relationships and substance misuse, particularly drugs and alcohol, can have severe psychological and physical effects [7].

Substance misuse can be a maladaptive coping mechanism for difficult issues.

Factors like unemployment, poverty, stress, and emotional or professional pressure can trigger or exacerbate addiction [8].

Substance addictions (drugs, alcohol, nicotine) and behavioural addictions (e.g., gambling) share similar neurobiological mechanisms, involving dysregulation of reward, motivation, and memory circuits [9].



National overview

There are an estimated **2.9 million regular drug users**^[10] in England and Wales, with a further **29 million adults** drinking regularly.^[11]

12% of the adult population smoke^[12] and estimates suggest that **48% of adults** in the UK regularly gamble^[13], with **2.8%** doing so to a problematic level.^[14]

Cost and Impacts

When these behaviours become problematic for the individual, the impacts of their addictions is usually not confined to them, as the effects are felt by others.

This includes **their loved ones, family members, communities and wider society.**

The costs are multiple; and are both individual and societal. The personal cost in physical and mental health and wellbeing to the individual, the impacts on their loved one's emotional and physical wellbeing, and the financial costs that are born through health care, social care, and criminal justice systems.

The annual cost : Nationally, the costs of drug related harm (£20 billion^[15]) and alcohol related harm (£27.7 billion^[16]) is estimated to be £47.7 billion pounds.

Harmful gambling is estimated to cost £1.77 billion^[17] and the costs of smoking related harm is estimated to be £21.8 billion per year.^[18]

This equates to £71 billion pounds or **£1,257 per person per year** and suggests combined costs to Greenwich of **£364m per annum**

£71bn

Per annum

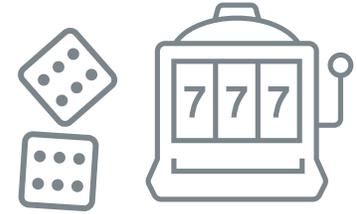
Total cost of
addiction harms
to England

£1,257

equivalent cost to
each person in
England

£364m

Combined costs for
Greenwich



Eng

682,000
Opiate and crack users

600,000
Dependent Drinkers

6 M
Smokers

1.6M
Problem gamblers

LDN

133,906
Opiate and crack users

93,176
Dependent drinkers

1.3M
Smokers

266,707
Problem gamblers

RBG

2,779
Opiate and crack users

3,177
Dependent drinkers

39,090
Smokers

4,892
Problem gamblers

Drugs:

The 2023/24 Crime Survey for England and Wales found that **9.9% of adults aged 16-59 had taken a drug in the last year.**

Cannabis was the most consumed drug, with 6.8% of adults reporting use ^[10].

Alcohol:

In 2022, **48% of adults in England reported drinking alcohol in the last week.**

7.4% of adults were classified as higher-risk drinkers ^[11].

Smoking:

In 2023, **11.9% of adults in England were current smokers,** down from 12.7% in 2022.

This represents 6 million smokers in the adult population ^[12].

Gambling:

In 2023 The Gambling Commission for UK found that **48% of adults had gambled in the past year.** ^[13]

Problem gambling prevalence was estimated at 2.8% of the population ^[14].

Drugs – Opiates and Crack/Cocaine

Nationally there are an estimated 3.2 million drug users in England and Wales, **2.9 million regular users**, and of these, **1 million** regularly use class A drugs.

These drugs include class A drugs such as opiates (heroin) and stimulants (cocaine and crack cocaine) but also include synthetic versions (Fentanyl and other opioid iterations), and cannabinoids (cannabis and synthetic iterations).

Treatment needs – Opiate and crack users

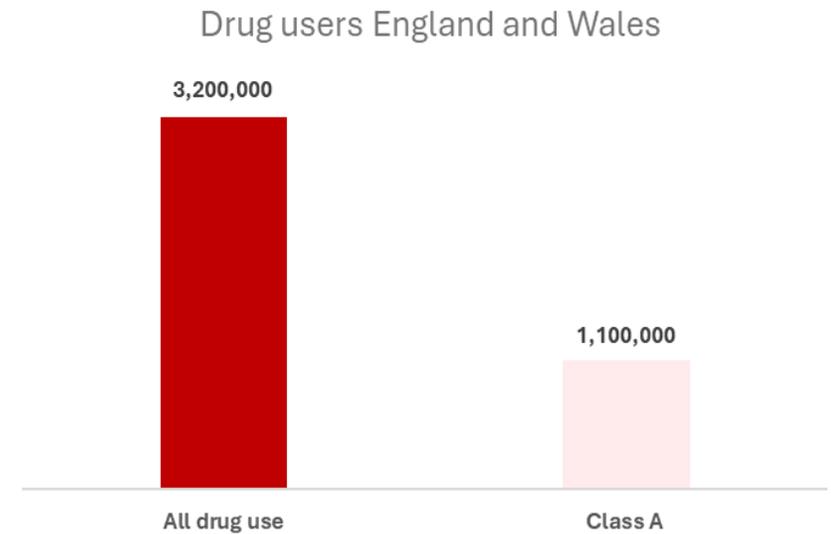
There are an estimated **133,906** individuals with a drug treatment need for opiate and crack use across London. **2,799** of these individuals are residents in Greenwich and **112** are estimated to be between 15-24 years old [19]

Comparing the most recent prevalence estimates (**498 opiate and or crack users**) with numbers in treatment indicates that **82%** are not currently having their treatment needs met.

This does not include costs and impacts of over-the-counter medication and the increasing number of codeine-related deaths in the UK. Whilst they are relatively low, they have increased from 24 deaths in 1993 to **200 deaths in 2021** [20]

This equates to an estimated 2,301 individuals not engaged in treatment or support in Greenwich*

*excludes Over The Counter - OTC users and those dependent on prescribed medications



2.9m

Regular drug users in
England and Wales,

1m class A users

682 k

Estimated Opiate
and Crack treatment
need in England

Drugs – Cannabis

Cannabis

Cannabis continues to be **the most widely consumed illicit drug** in the world. 30% of people in England and Wales (aged 15-59) report having used cannabis at least once in their lifetime in 2023/24 compared with 28% in 2001/2. [21,22]

Home office data indicates that 2023 was a record year for the number of cannabis seizures in the UK. Over 60,000 people were in treatment for cannabis use in 2023/24 and **20% of all new treatment presentations** were cannabis users. [23]

With over 12,500 children and young people in treatment in 2023/24, cannabis also remains the most common substance that **children and young people** seek support for. [28]

Cannabis potency has increased over the previous two decades. Evidence of drugs market activity indicates that cannabis resin use is declining, with herbal cannabis use increasing, additionally other methods of ingestion have become more prevalent, such as edibles and adulterated vape liquids.

Synthetic cannabinoids

There are increasing incidences of children and young people in England and Wales being exposed to **edible ‘cannabis’ products and adulterated vapes** containing synthetic cannabinoids or ‘Spice’, some of which have resulted in hospital admissions.

*based on estimates from NDTMS non-opiate treatment starts in 2023/24, crude rate - % of population reporting cannabis use

Treatment needs – cannabis [29]

62,000 who entered treatment in England and Wales in 2024 were using cannabis, of which **40,100** entered treatment for cannabis use*

Treatment population Greenwich

12% of all adults in treatment in 2023/24 were cannabis only users; **N=167**

Additionally, 16% of those in treatment used one or more non opiate drugs- which would likely include cannabis. **N=134**

1m

Cannabis users in
England and Wales

60,000

Estimated numbers
in treatment,
England and Wales

Drugs – Ketamine

Ketamine

The misuse of ketamine, particularly amongst young people, has grown in the last decade. In the year ending March 2024, an estimated **269,000 people aged 16-59 years had reported ketamine use in England and Wales.** [23]

Ketamine use in young people, aged 16-24 years, has **increased by 231%** since March 2013. The harms of ketamine - including its degree of addictiveness and the possibility of irreversible bladder damage - may be underestimated by many users. [23]

A study for NHS England found ketamine use among schoolchildren doubled from 0.4% in 2013 to 0.9% in 2023.

Treatment needs - Ketamine

Nationally there was an increase in the proportion of adults entering treatment in 2023 to 2024 with ketamine problems (from 1.6% in 2022 to 2023 to 2.3% in 2024). The number of ketamine users starting treatment (3,609) is now over **8 times higher** than it was in 2014 to 2015, when the number was 426. [10]

Greenwich

In Greenwich, whilst still low, the numbers seeking treatment in the last year has **increased threefold.** Most of whom were under 30 years old. [25]

Standard clinical dose = 1-4mg/kg for 5-10 minutes of sedation.

Sustained recreational dose can be as much as 15g in 24 hours.

It is this extreme consumption that causes irreversible damage to the urinary system, including fibrotic bladder. An increasing number of young adults are presenting in treatment with these symptoms [24]

UK police data shows a sharp rise in ketamine seizures, with a **189% increase** in 2023 compared to the previous year.

269k

Estimated number of
Ketamine users in
England and Wales

3,609

In treatment in
England and Wales

Drugs – Other drugs

Synthetic opioids – Nitazenes

Nitazenes are laboratory produced synthetic opiates which are becoming more prevalent in the UK illicit drug supply. Opiate production in Afghanistan has decreased by 95% between 2022 to 2023, this has led to drug markets being flooded with synthetic iterates, mostly from China, these can be **up to 500 times stronger** than street heroin. Nitazenes have also been detected in cocaine and synthetic cannabis, known commonly as ‘spice’, as well as counterfeit medicines, including benzodiazepines and oxycodone. [26]

Nitazenes

Manufactured in laboratories and relatively cheap to make, Nitazenes can range from tens to many hundreds of times more potent than morphine, Like morphine and heroin, Nitazenes also suppress the respiratory system, which can result in death, but the fatal effects of Nitazenes are seen at much lower doses.

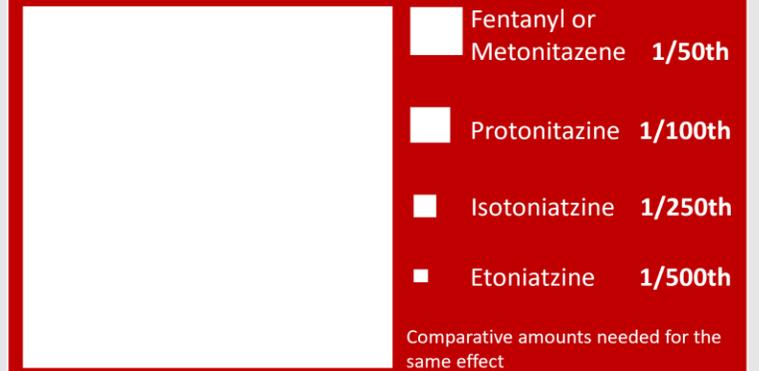
Greenwich

Between June 2023 and May 2024, there were two confirmed deaths and five non-fatal overdoses involving nitazenes in Greenwich. These figures are expected to rise as coroner reports are still pending. During the same period, 179 overdoses across the UK were linked to nitazenes, including 18 cases in London. . [27,28]

In response all local authority partnerships, across the UK, including Greenwich, have moved to ensure Naloxone kits (an overdose reversal drug) are being supplied to those that need them, and harm reduction advice is promoted to known drug users. Additionally, overdose training has been provided to over 200 practitioners in Greenwich.

Comparison between heroin and synthetic opioids

Opiates (heroin)



179

Deaths linked to Nitazenes in England Between June 2023 and May 2024

18

Deaths in London linked to Nitazenes between June 2023 and May 2024

Drugs – other drugs

Benzodiazepines - ‘Z’ drugs

There has been increasing non-medical use of novel (sometimes called ‘designer’) benzodiazepines in recent years.

Nationally, the number of new entrants into treatment with benzodiazepine problems increased from 3,620 in 2022 to 2023 to **3,872 in 2024**. [22]

Amphetamines - club drugs

There has been a small rise in methamphetamine treatment numbers this year (from 615 last year to **826 in 2024**), in England and Wales. This number has been increasing gradually since reporting began in 2005 to 2006. [10]

Chemsex drugs – GBL, Mephedrone, GHB

Chemsex use been on the rise for several years with a 10% increase in prevalence since 2015. London Ambulance Service crews attend at least **one chemsex-related call-out a day**. [29]

Demand for chemsex harm reduction packs has risen from **500 in 2014 to 1500 in 2023**. [29]

Emergency Departments treat ‘G’ overdose admissions weekly, and 3 deaths a month are suspected of being linked to chemsex, with **43 deaths in London last year**. [30]

Numbers in need are challenging to quantify due to fear and stigma and there is a gap in provision for mental health support related to use, limited access to detox and growing cases of rape and sexual assault and violence related to these drugs.

Chemsex is sexualised drug use that is predominantly:

Undertaken by gay, bi-sexual, and MSM men and trans people.

Using "chems": Crystal Methamphetamine (T/Tina), Mephedrone and GHB/GBL (G) to enhance the experience

Arranged using geosocial networking (hook up) apps (e.g. Grindr, Scruff, etc)

Presently there are very low numbers being referred in Greenwich which is inconsistent with trends in usage.

3,872

In treatment for
benzodiazepine use
England and Wales

826

In treatment for
Amphetamines in
England and Wales

Blood born viruses (BBVs) and drug use

Context

Blood-borne viruses can cause chronic poor health and can lead to serious disease and premature death. Rates of infection with blood-borne viruses are high among people with drug use disorders, specifically people who inject drugs (PWID).

People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.

Greenwich ^[25,31]

In Greenwich, all PWID entering treatment in 2023 are offered testing for Hep C, Hep B and HIV.

HEP C testing rate Greenwich: 100% offered.

HEP C test accepted	Greenwich: 69.7%	National rate: 58.5%
HEP C positive:	Greenwich: 21%	National rate: 25.2%
HEP B vaccination	Greenwich: 47%	National rate: 24.3%

Greenwich has higher rates of testing and lower rates of infection in PWID compared to National rates.

Prevalence rates for HIV in PWID remains low in England at 1.5% compared to 3.8% in Scotland. The most recent data from the UKHSA notes less than 10 new infections recorded in London in 2021. ^[32]

Effective harm reduction provision, such as needle exchanges and information and advice on safer injecting, and access to testing is continuing to reduce the rates of BBVs in PWIDs in Greenwich.

The target populations for engagement continue to be those who are most vulnerable, including **homeless and those leaving custodial settings.**

Hepatitis C in drug users ^[33]

Data from the UKHSA indicates that chronic Hepatitis C infection rates in injecting drug users, fell from 26% in 2017 to **7.8% in 2023**

The Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among people who inject drugs found that prevalence rates among survey participants has remained low for a decade and was at 1% in 2023.

Survey participants with a HCV marker remained stable at 53% though this rate is higher in those over 35.

27% of UAM survey participants reported that they were aware of their infection status.

63% had injected drugs in the last 4 weeks
77% had experienced homelessness
77% had been in prison

25.2%

Of PWID tested positive for Hep C in England in 2023

21%

Of PWID tested positive for Hep C in Greenwich in 2023

Alcohol

There are an estimated **29M adults** who drink alcohol in England and Wales. In 2022 in England, 48% of people have had a drink in the last week - 55% of men and 42% of women, with 24% drinking at levels which put them at increasing or higher risk of alcohol related harm. ^[11] 70% of all money spent on alcohol in London comes from the 21% of adults drinking more than 14 units per week.

A survey of 500 adults in Greenwich in 2019 indicated that less than half were drinking at low risk levels, over one third were drinking at an increasing risk, one in ten at high risk, and one in ten were drinking at potentially dependent rates.

Treatment needs – Alcohol

There are an estimated **600,000 dependent drinkers** in England, with **93,176** individuals with a treatment need across London, and **3,177** of these individuals are resident in Greenwich.

450 are estimated to be between 18-24 years old ^[19]

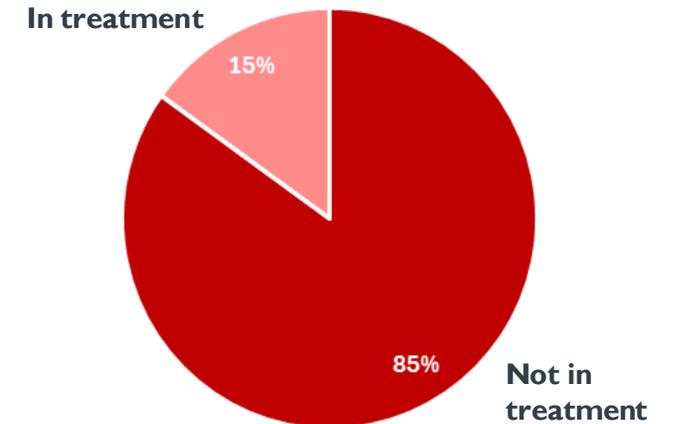
- **564 alcohol users accessing treatment**
- **3,177 alcohol users needing treatment**

Comparing the most recent prevalence estimates with numbers in treatment indicates that **85%** are not currently having their treatment needs met.

This indicates that **2,693 individuals in Greenwich are not engaged in either treatment or support that they need.** ^[19]

NDTMS prevalence and unmet need rates

Population in alcohol treatment - Greenwich



29m

Regularly drink alcohol in England

600k

Estimated number of dependent drinkers in England

Summary of alcohol activity (counts) – taken from SEL Alcohol Licensing workshop ^[34]

Name	IMD 2019 Core 20	Number in treatment 2022	Number of admission episodes 2022	Number of deaths 2022	Alcohol related ambulance call outs 2023	Anti-social behaviour offences 2023	Violent offences 2023	Violent related offences 2023	Population Size (Census 2021)
Greenwich	22%	527	1,940	20	1,074	2,476	6,246	5,164	289,100
South East London	17%	3,601	16,460	162	7,191	14,761	37,674	27,281	1,521,100
London	-	-	81,044	837	-	-	-	-	8,799,800
England	-	-	640,164	7,912	-	-	-	-	56,489,800

Greenwich had the highest count of violent related offences in 2023 out of all SEL Boroughs

- In 2023, Violent related offences account for **27% of all offences** in South East London.
- South East London has seen an **increase of 16%**, since 2022
- The largest increase is seen in Greenwich at **21%**, followed by Southwark (20%) then Lewisham (17%)



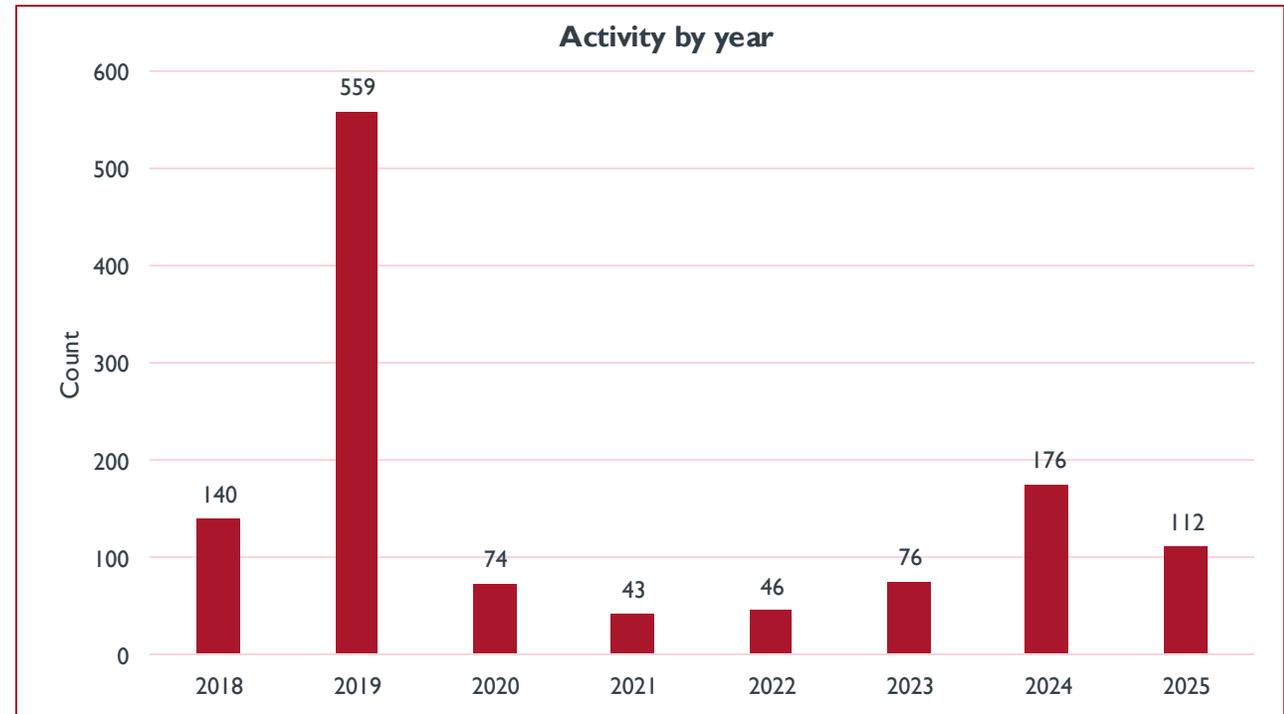
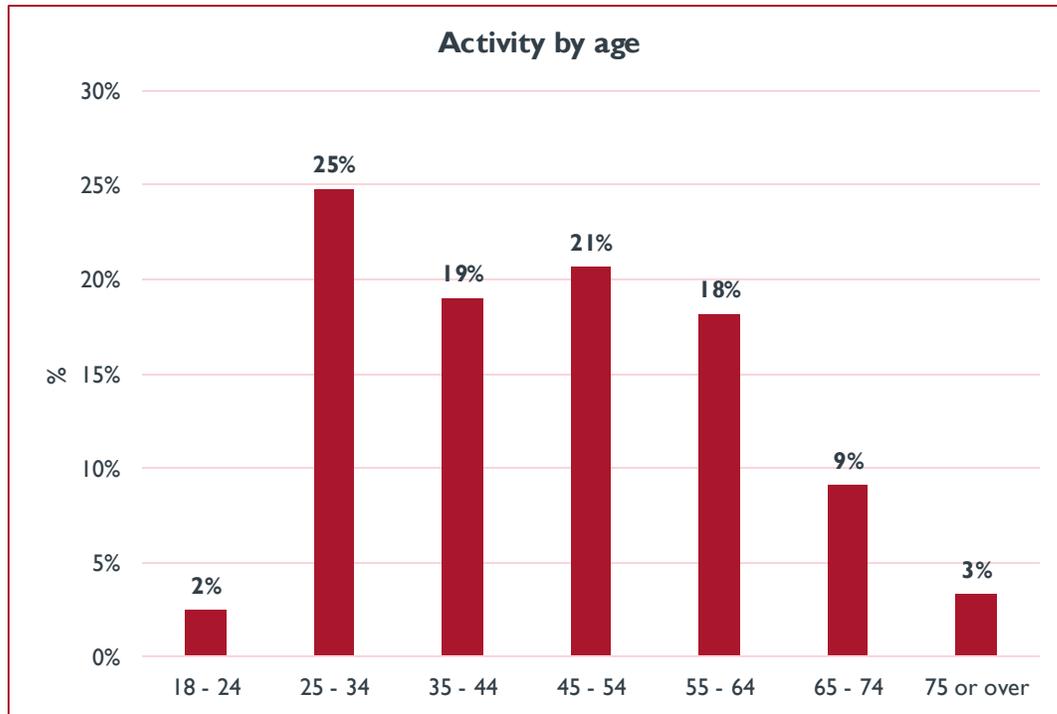
Alcohol consumption in Greenwich – Identification and Brief advice tool [35]

In 2018 Greenwich Public Health commissioned a local alcohol identification and brief advice platform – IBA tool; What Type Of Drinker Are You? The tool utilizes the AUDIT C questionnaire, a national audit tool for identification of alcohol intake.

This is a quick, confidential tool that helps respondents reflect on their drinking habits and understand the risks of regular alcohol use. For residents in the Royal Borough of Greenwich, it connects directly to local support like Via Greenwich and Live Well Greenwich, offering free advice, self guided behavior change support and self-referrals for free and confidential help, or to treatment to cut down or stop drinking.

Analysis of Greenwich IBA activity 2018 to 2025

- Highest percentage of people who completed were in the 25-34 age group (25%).
- Lowest group being 18-24 yr olds at 2%.
- 1,226 responses collated over this period, with 559 responses completed in 2019 as part of an alcohol IBA roadshow.



What Type of Drinker Are You?

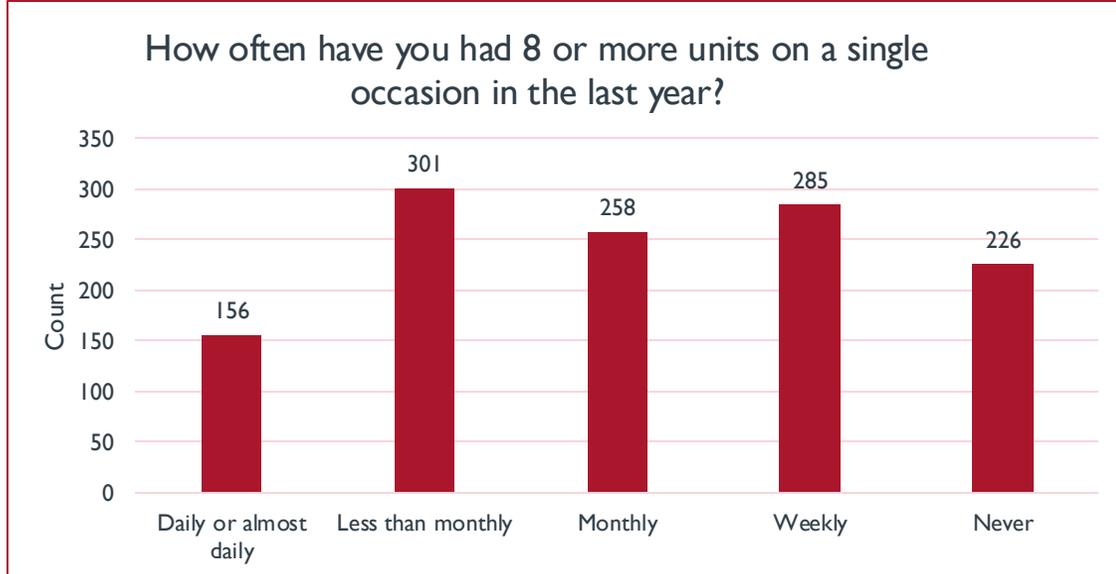
1,226 IBA responses between 2018 and 2025 were analyzed:

1,036 were completed by the individual themselves.

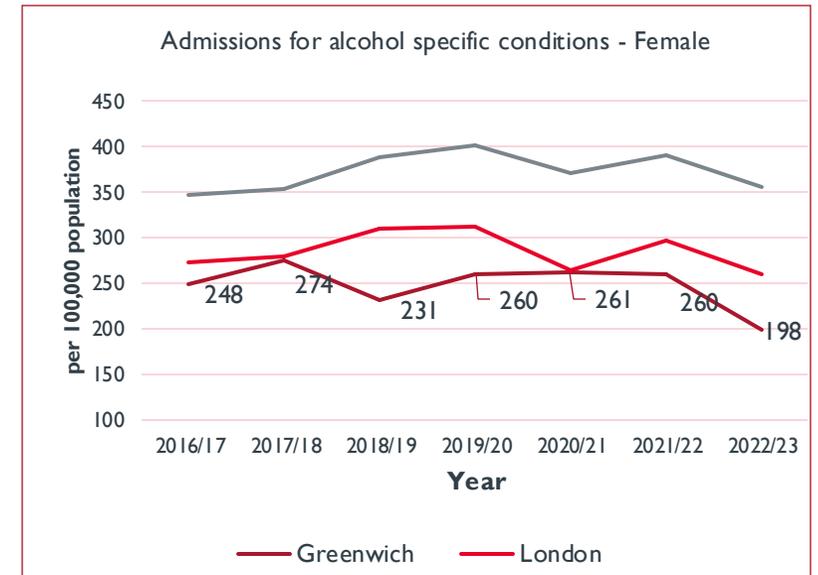
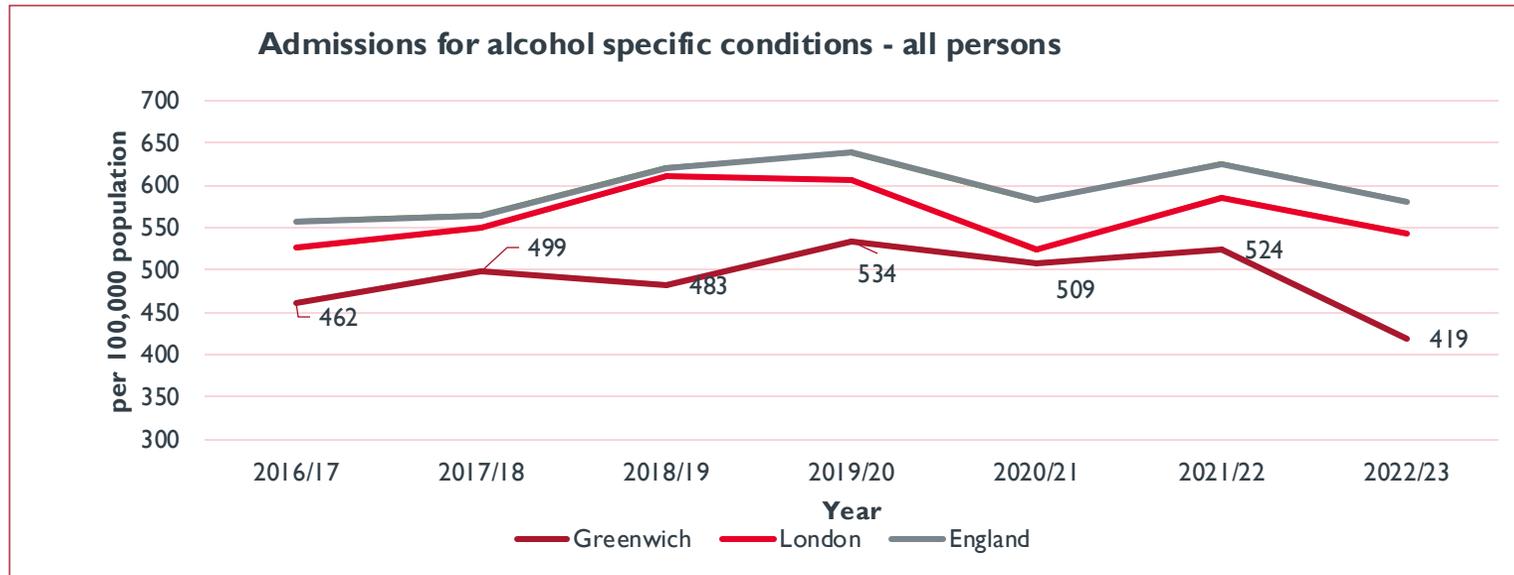
95 were completed by a staff member from CaCT.

55 were completed by a family member.

- **404** people said they have a drink 4+ times per week
- **276** people have 5 to 6 units on a typical day when drinking.
- **301** have reported drinking eight or more units of alcohol on a single occasion less than monthly.
- A total of **441** reported eight or more units on a single occasion either weekly or daily



Hospital admissions episodes for alcohol specific conditions [36]



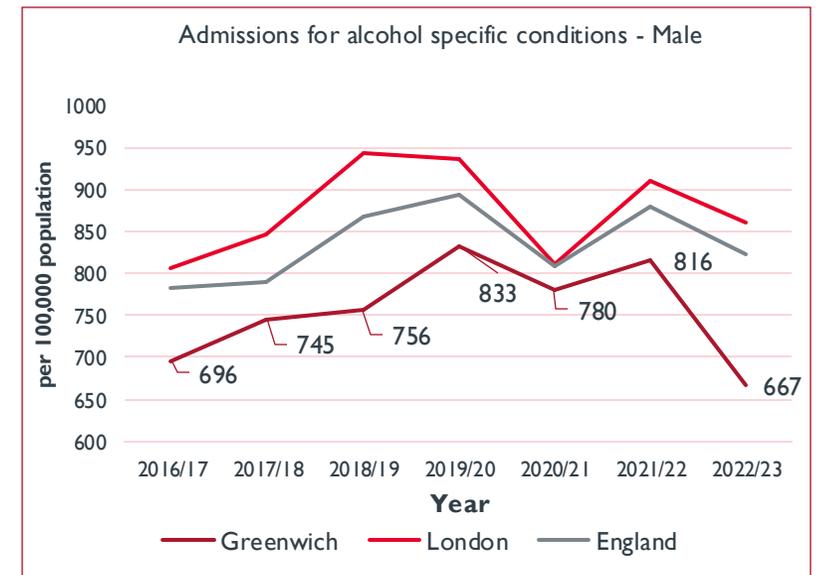
Summary

Peak in 2019/20: Greenwich, London, and England saw a peak in alcohol-specific hospital admissions around 2019/20, particularly for males. This might indicate an underlying trend of higher alcohol-related health issues during that period, possibly due to the COVID-19 pandemic.

Post-2019/20 Decline: After 2019/20, admissions generally decreased across all regions, especially in Greenwich and London.

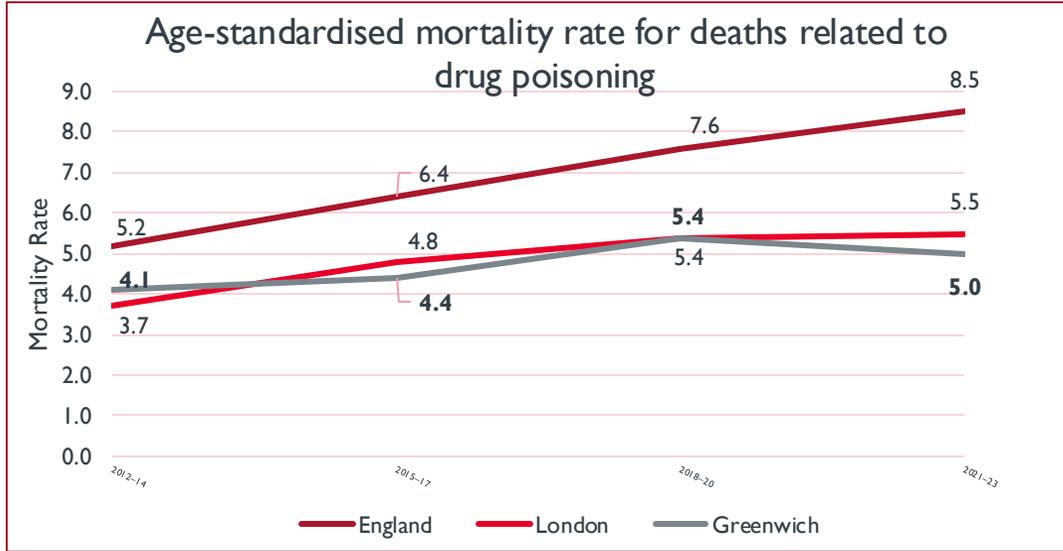
Gender Gap: Between 2016/17 to 2022/23, male admissions were consistently higher than female admissions.

Comparison to London and England: Greenwich generally had the lowest admission rates compared to London and England. However, it still followed the same overall pattern of peak admissions in 2019/20 and a subsequent decline.



Drug and alcohol deaths

Deaths related to drug poisoning ^[37]



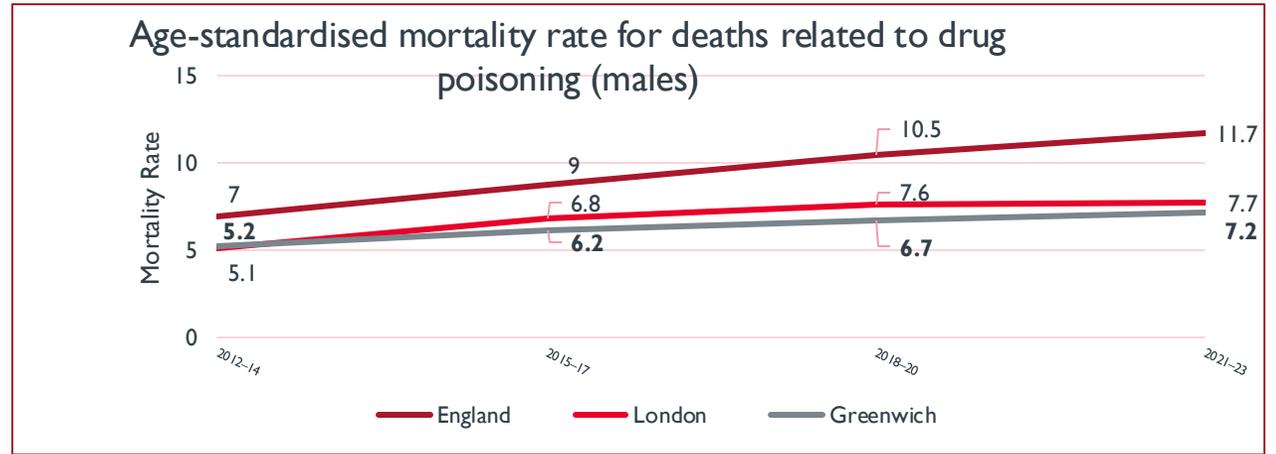
The mortality rate for England has been steadily increasing:

The rate peaked in 2021 -2023 at **8.5 deaths per 100,000** population

Greenwich had a similar rate to London from 2018 to 2020, with both at **5.4 deaths per 100,000** population.

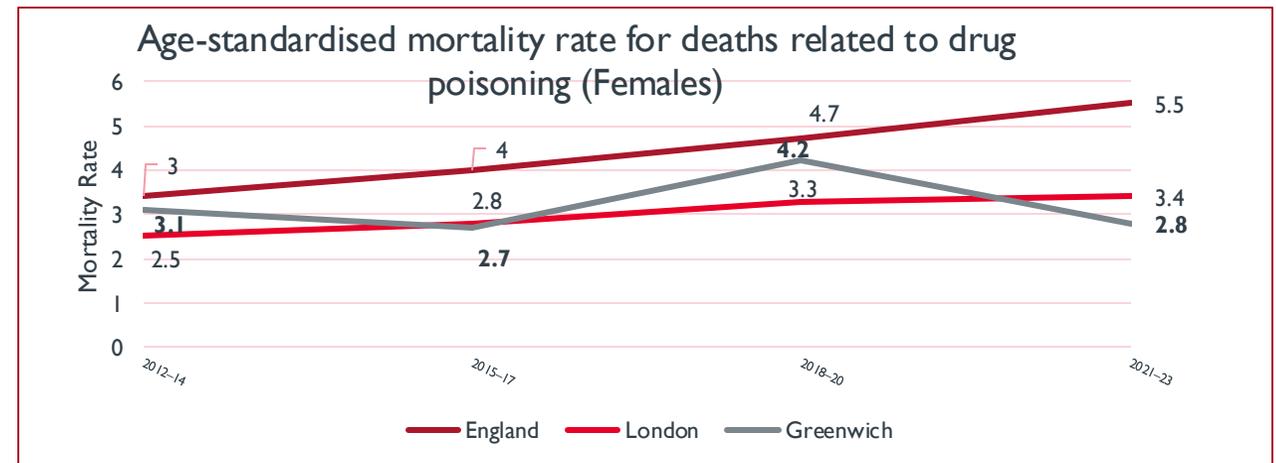
However, from 2021 to 2023, Greenwich's rate decreased to **5.0 per 100,000**, while London's increased to **5.5 per 100,000**.

Mortality rates are **consistently higher in males** than females. England's upward trend continues, while Greenwich shows more fluctuation, especially among females.



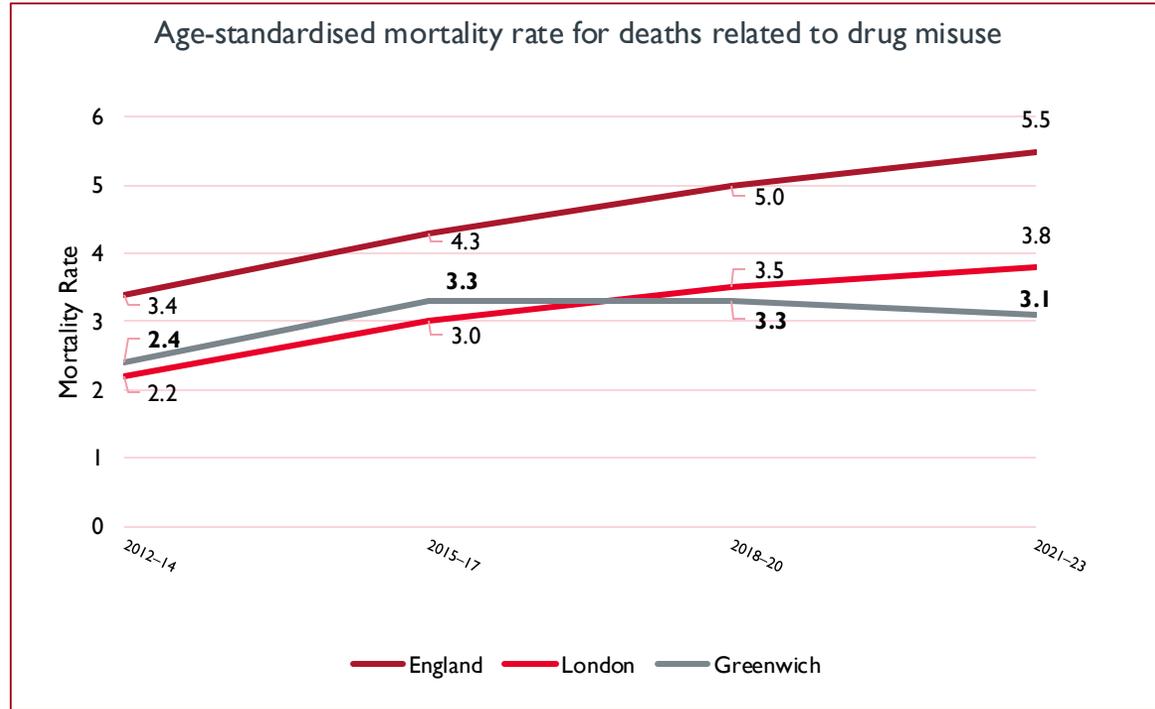
Males: Rates have increased across England, London, and Greenwich, with England consistently highest. London and Greenwich followed similar trends, but Greenwich's rise was more gradual.

Females: England has a steady increase, while London remains stable. Greenwich peaked at 4.2 deaths per 100,000 population in 2018–2020 before declining.



Drug and alcohol deaths cont.

Deaths related to drug misuse and alcohol specific deaths^[37,38]



England, mortality rate has risen between 2012-14 to 2021-23 from 3.4 to **5.5 deaths per 100,000 population**, while London's rate increased from 2.2 to 3.8 deaths per 100,000 population.

Greenwich saw an increase until 2015–2017, peaking at 3.3 deaths per 100,000 population, before gradually declining to its current rate of **3.1 deaths per 100,000 population**—lower than England and London



Greenwich, the alcohol-specific mortality rate has varied considerably, currently at **12.3 deaths per 100,000 population**, with the last peak at 12.1 deaths per 100,000 population in 2006–2008.

London, the rate has risen since 2016 and now stands at **10.5 deaths per 100,000 population**, remaining lower than Greenwich.

England, the rate has shown a steady increase from 9.5 deaths per 100,000 population in 2002 to **13.8 deaths per 100,000 population** in 2022.

Living and lived experience – service user voices

Individuals in treatment

Tailored surveys were given to service users of VIA Greenwich in May 2025, including those involved in Woolwich Service Users Project (WSUP). Questionnaires were provided for individuals at different stages of their treatment pathways – New to treatment, stabilised in treatment, and those participating in recovery activities. Tailored surveys were also given to WSUP and Children and young peoples substance misuse service (CYPSMS).

VIA Greenwich Adult Drug and alcohol treatment service

<p>Clients new and engaged in treatment pathway/stabilised in treatment N = 23</p>	<ul style="list-style-type: none">• 80% of users have previously engaged in treatment• 2 respondents heard about service through health professionals and one through court order, finding service location and opening times helpful/accessible• Several mentions of group programmes and detox programme being most effective aspects of treatment• 65% of people found opening times helpful and service location accessible• 95% of people found the treatment provider emotionally supportive and benefitted from group sessions• Service users would like to receive support in housing services, employment and childcare.
<p>Clients engaged in recovery activities nearing the end of treatment episode N= 14</p>	<ul style="list-style-type: none">• 27% of respondents found SMART recovery as the most helpful peer support activity.• Mentions of how these groups helped with socialising, emotional support and building confidence• 100% found service location accessible and opening times helpful

Living and lived experience – service user voices

Individuals in treatment

Tailored surveys were given to the Woolwich Service Users Project, and to the Children and young peoples substance misuse service (CYPSMS).

The Woolwich Service User Project is an independent charity providing support to people who are going through, or are at risk of, poverty, homelessness, addiction and any other life challenges.

Woolwich Service Users Project – WSUP N = 14	<ul style="list-style-type: none">• 64% of respondents are currently accessing support for drugs alcohol gambling smoking or other• 86% know where to get help• Desire for more mental health & bereavement support• More local services, especially in underserved areas• 88% want more support/advice at WSUP
Referral Pathways and Referring Partnerships for CYP <i>Within RBG there is a single path into the Young Persons Substance Misuse Service: DUST referrals - Drug Use Screening tool and accompanying assessment form.</i>	Top 5 Referral sources made in the academic year 2025/2026 to date are shown in brackets. <ul style="list-style-type: none">• Education (29)• Youth Justice Service (20)• Children’s Social Care (13)• CAMHS (10)• Family and Adolescent Support Service (5)• Other referral sources include MASH, Self-referral, parental, NHS.
Summary of feedback from CYP	<ul style="list-style-type: none">• Feedback from children was generally positive with majority saying their wellbeing has improved and have reduced substance use.• CYP appreciated the consistent support from staff, but a few noted that they felt their support worker didn’t understand them.• Activities such as body mapping and art group were particularly well received..

Current numbers in drug and alcohol treatment ^[39]

In the year ending 2024/25, **1,275** people in treatment for drug misuse and alcohol.

Of these:

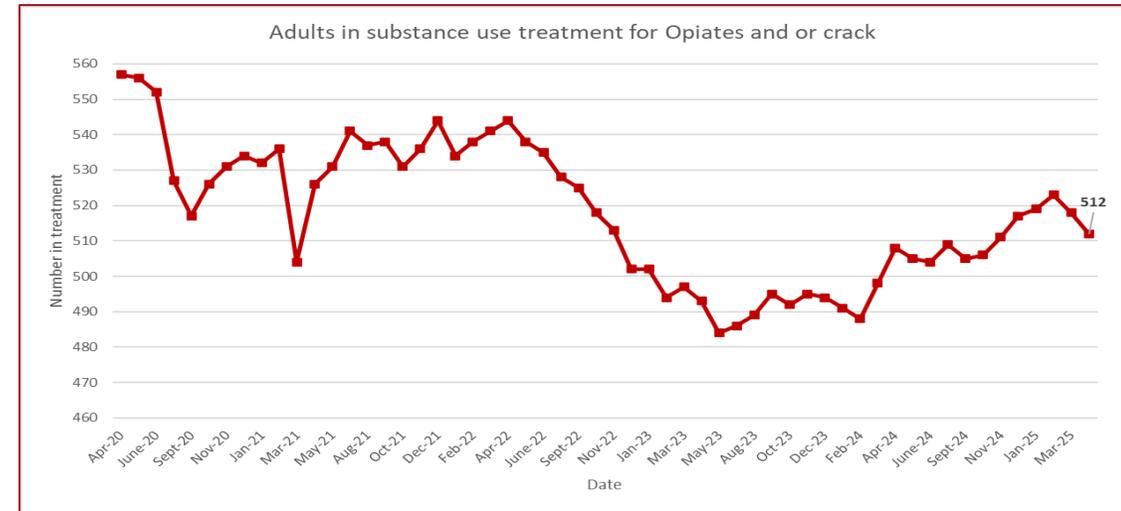
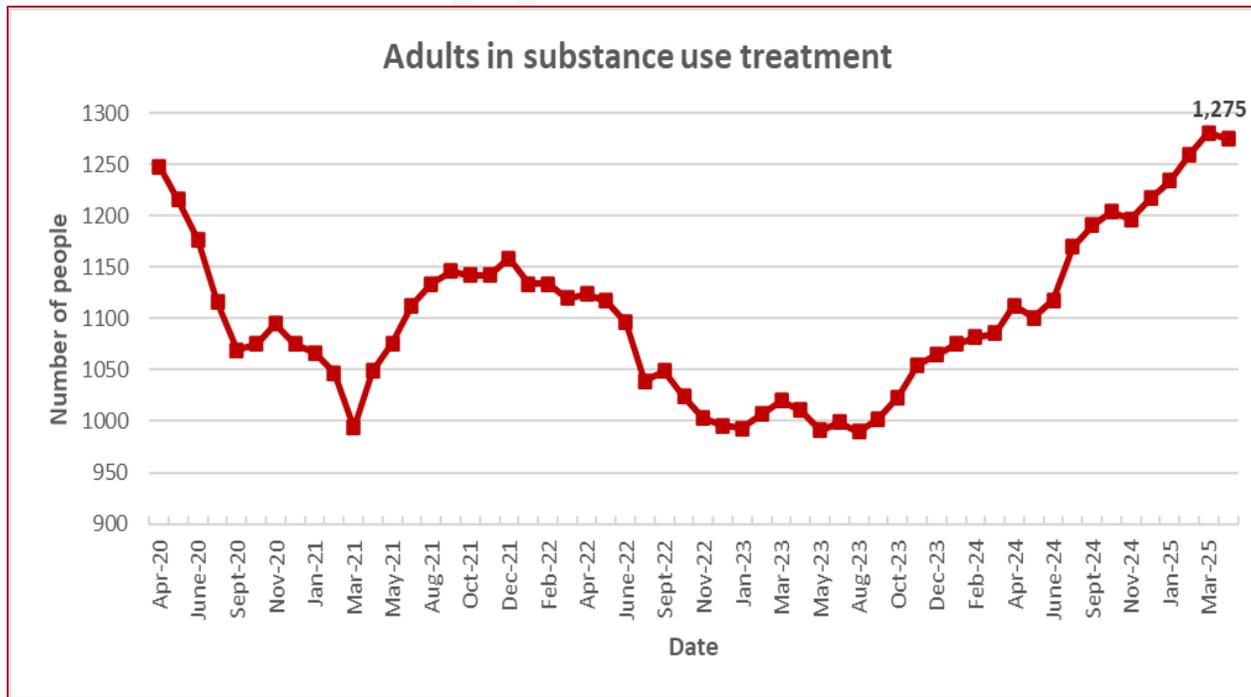
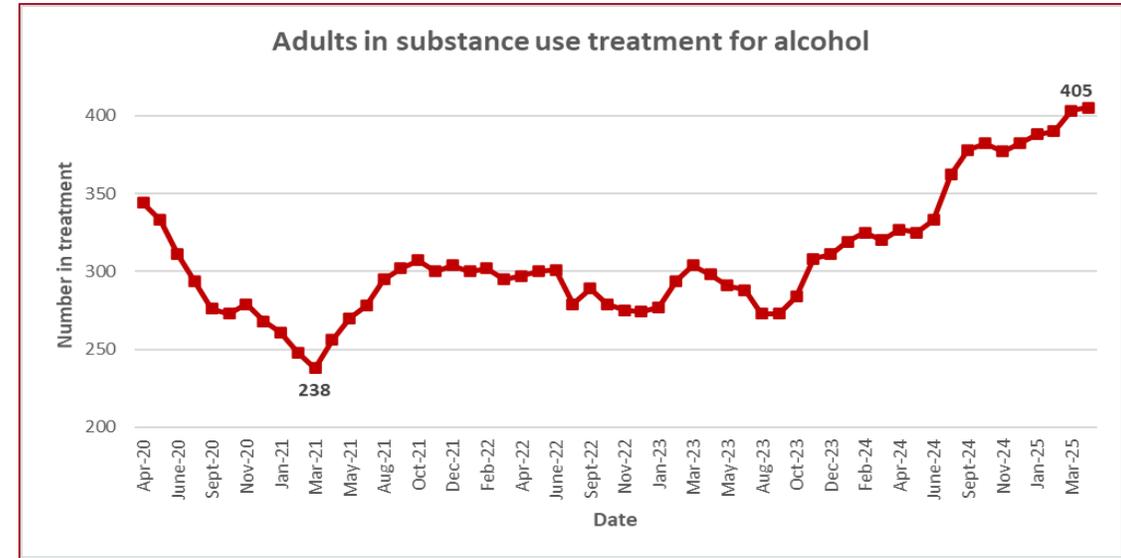
512 (40%) for opiate or crack use (or both)

405 (32%) for alcohol only

156 (12%) non opiates

202 (16%) non opiates and alcohol

Opiate	Non-Opiate
Morphine	NSAID's*
Codeine	Cocaine
Heroin	Cannabis

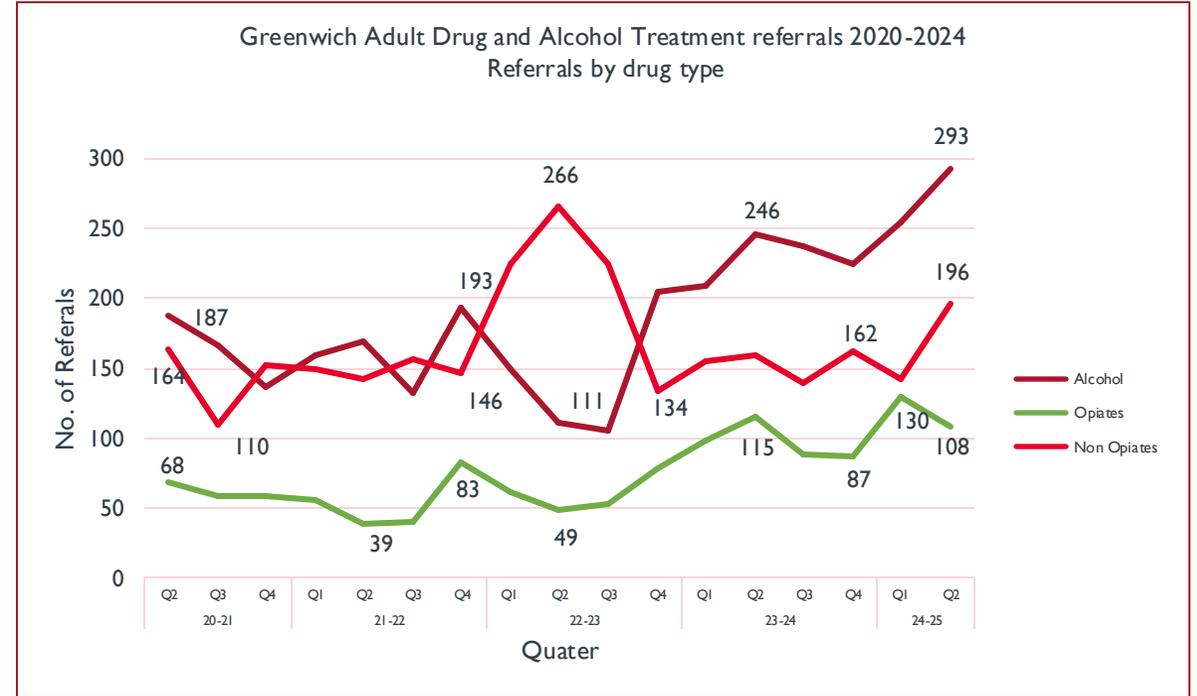
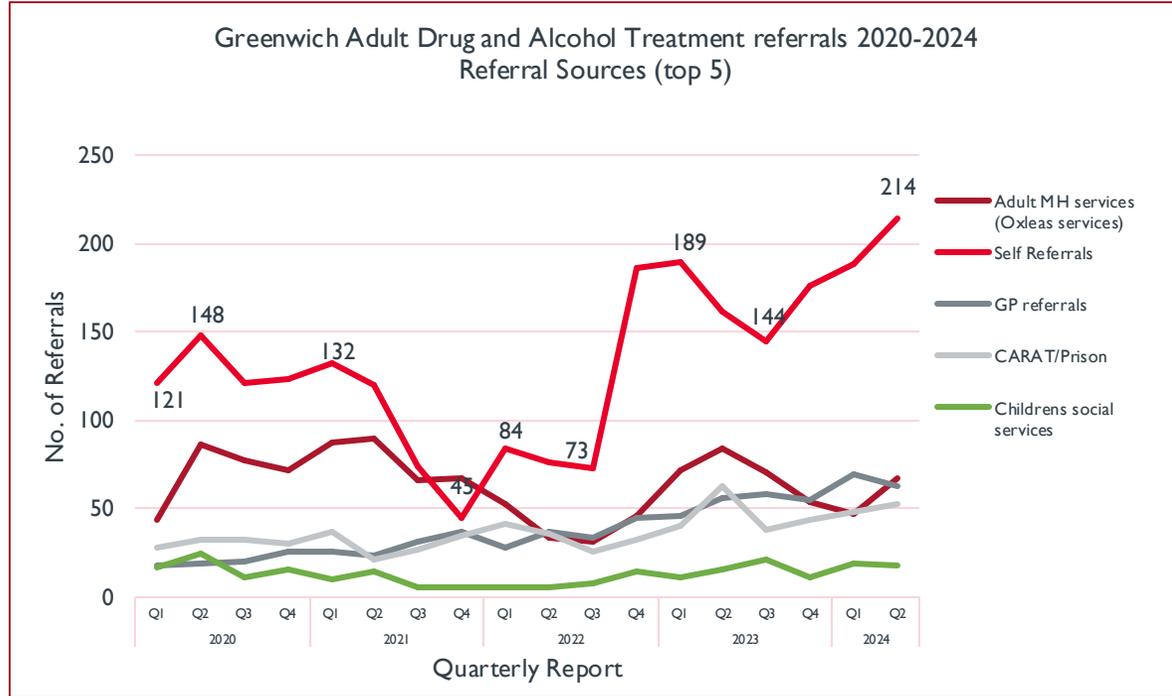


Currently the total number of adults in substance use treatment and the number in treatment for alcohol is the **highest recorded since April 2020**.

*Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.

Referrals into substance use treatment ^[40]

Data provided by VIA adult treatment service - April 2020 to September 2024



Top 5 Referral sources	
Self-Referral	2,375
Adults MH Services (Oxleas)	1,141
GP referrals	687
CARAT/Prison*	660
Children's social services	228

Alcohol referrals have shown an overall **increasing trend**, peaking at 293 in Q2 2024-25 after experiencing a dip to 111 in Q2 2022-23.

Non-Opiates referrals fluctuated but saw a significant peak at 266 in Q2 2022-23, followed by a decline and subsequent recovery to 196 in Q2 2024-25.

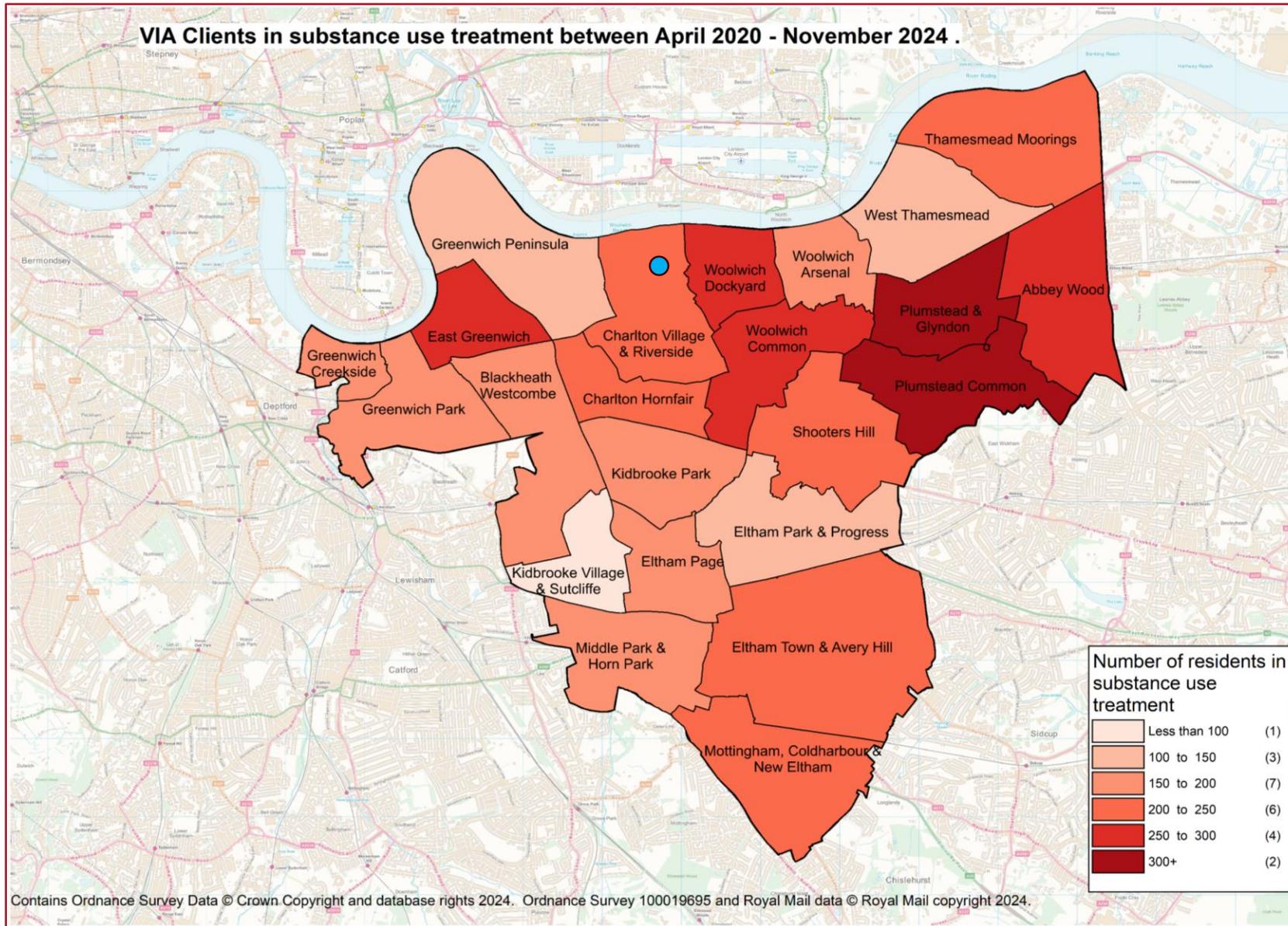
Opiates referrals have remained the lowest among the three categories, with a general **upward trend** in recent years, reaching 108 in Q2 2024-25 after a low of 49 in Q2 2022-23.

Overall, **alcohol referrals have seen the most substantial increase**, while non-opiate referrals have fluctuated. Opiate referrals have remained relatively low but show signs of growth.

CARAT/Prison: Counselling, Assessment, Referral, Advice and Throughcare team – prison-based drug service

Clients in drug and alcohol treatment by ward

Data provided by Via and showing the number of people in treatment between April 2020 and November 2024*



Highest number of people in treatment were in **Plumstead & Glyndon** and **Plumstead Common** wards

Ward	Number of clients
Plumstead & Glyndon	486
Plumstead Common	340
Abbey Wood	290

*Not all the data shown is people in treatment at the same time



● Via treatment centre located in Charlton Village & Riverside

Drugs, alcohol and mental health

39% of adults aged 16-74 with conditions such as anxiety or depression, surveyed in England, were accessing mental health treatment, in 2014, a **24% increase** since the previous survey in 2007 ^[42] *The most recent survey completed in 2023 is due in July 2025.*

72% of all adults starting drug or alcohol treatment in England 2024 said they had a mental health treatment need with those seeking alcohol and non-opiate drug support reporting the highest need at 78%.

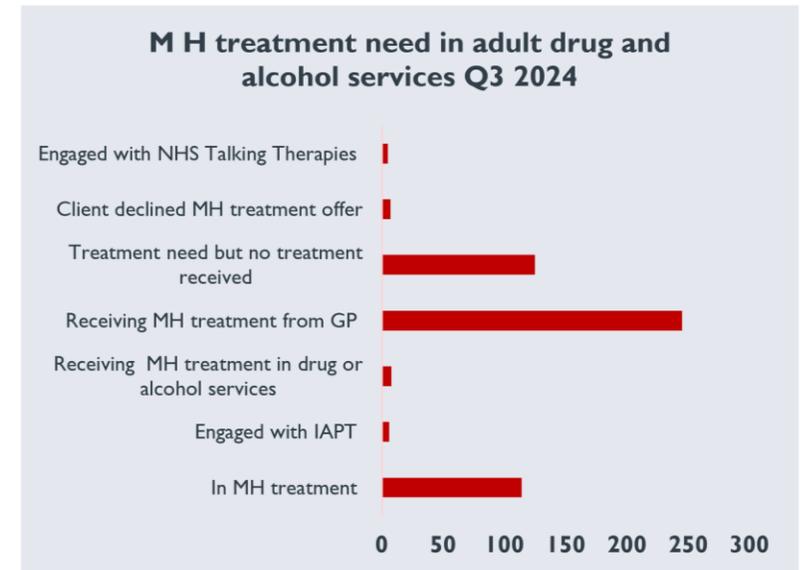
Of those who were receiving mental health support ^[43] :

- 64% received it in a primary care setting such as through a GP surgery
- 21% were engaged with local community mental health services (CMHT)
- 2% were accessing NHS talking therapies for anxiety or depression
- 2% received NICE recommended interventions provided for the treatment of a mental health problem in drug or alcohol services
- 1% had an identified space in a health-based place of safety for mental health crises

22% of all adults starting treatment were not receiving any support.

In Greenwich there were **511 individuals** out of 787 (65%) who identified as requiring mental health support in Q3 2024. ^[40]

- 25% were accessing this through their GP,
- 0% were engaged with CMHT services,
- 1% were being supported through drug and alcohol services.
- 11% had a need identified but treatment need not being met.



72%

Of adults entering treatment nationally had a mental health treatment need

65%

Of adults entering treatment in Greenwich report a mental health need ^[40]

Children and Young People Drug and Alcohol Use

England

Nationally more than 20,000 young people (young people under 18 and young adults under 25) have entered treatment in England in the most recent 12-month period (March 2024-April 2025) [44]

- 15,861 were under 18 years of age. Of which,
- 9,720 were male, and 6,149 were female
- Cannabis was the most common reason for referral.

London

In London, 3,124 young people entered treatment between April 2024 – March 2025 [41]

- 2,252 were under 18 years of age. Of which,
- 1,328 were male, and 925 were female
- Cannabis was the most common reason for referral

Greenwich [41]

The Greenwich Children and young people's substance misuse service (CYPSMS) presently supports children and young people from aged 11 to 18, and those who are SEND up to 21, and care leavers up to 25. (Excluding adults under 25 in adult treatment services)

- 52 young people in treatment (March 2024-April 2025)
- 51 were under 18 years of age. Of which,
- 25 were male, and 27 were female.

There is a disparity with the ratio of females in Greenwich CYP services compared to London and England rates. (51% female compared with 41% for London and 39% nationally)

Children and young people in treatment in Greenwich [41]

- 92% of children and young people are in treatment for cannabis addiction.
- 54 % for alcohol (can be in treatment for more than one substance).
- 100% of young people in cannabis treatment are currently still smoking cannabis.
- In 2024-25, 41% of referrals were from children and family services and 26% were from health + mental health services.
- 80% of YP have a wait time of under 3 weeks from referral to their first appointment.
- Regionally and nationally 100% have a wait time under 3 weeks from referral to first appointment.

20,384

Estimated number of children and young in treatment in England in 2024

52

Number of children and young people in treatment in Greenwich in 2024

Children and Young People Drug and Alcohol Use

Context

The Children and young people's substance misuse treatment statistics 2023 to 2024: report published in November 2024 Identified that there **were 14,352 children and young people** (aged 17 and under) in alcohol and drug treatment between April 2023 and March 2024. ^[44]

This is a **16% increase from the previous year** (12,418). However, the number in treatment is 41% lower than the peak of 24,494 in 2008 to 2009.

Cannabis remained the most common substance (87%) that children and young people came to treatment for. ^[41]

- 39% reported problems with alcohol use,
- 9% had problems with ecstasy
- 8% reported problems with powder cocaine use.

The number of children and young people in treatment for solvent and inhalant misuse, which includes using nitrous oxide, continued to increase.

This has **risen** from 329 (2.9%) in 2021 to 2022, to 881 (6.1%) in 2023 to 2024.

There was also **a rise in the number reporting problems with ketamine.**

This has risen from 512 (4.5%) in 2021 to 2022 to 1,201 (8.4%) in 2023 to 2024

In 2024 more children and young people reported problems with ketamine than with cocaine for the first time. ^[44]

Children and young people

Nationally, children and families referred to children's services for assessment will have more than 1 risk factor identified. Government data from 2018 identified the following rates:

49% Domestic violence

36% Mental health

19% Drug use

18% Alcohol

The 2018 Children's Commissioner's annual study of childhood vulnerability in England estimates

- 471,000 children in families where 2 risk factors are present
- 103,000 children in families where all 3 factors are present.

87%

Of children and young people in England reported cannabis as their problem substance

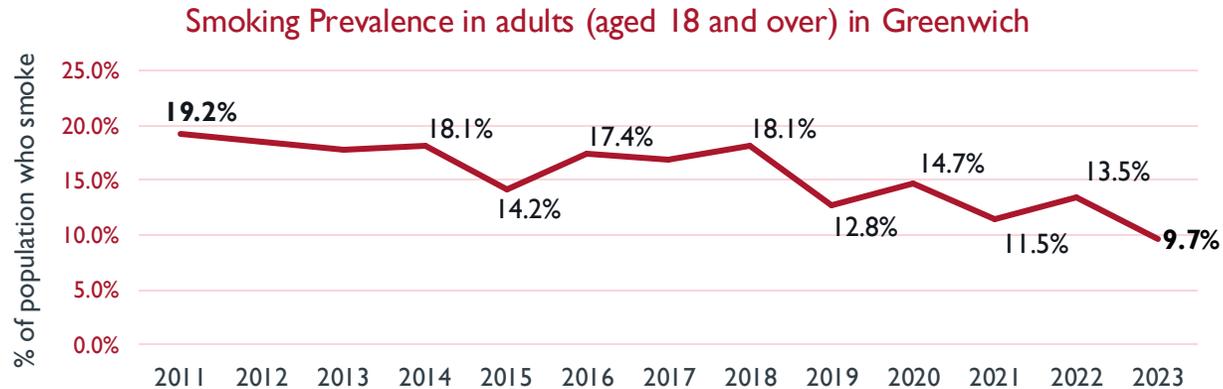
8.4%

Reported ketamine use as their problem substance.
Equalising cocaine for the first time

Smoking, e-cigarettes and vaping

In 2023, **11.9%** of people aged 18 years and over in England smoke cigarettes, which equates to just over 6 million people ^[11] in London, this figure is 11.7% and **9.7% in Greenwich.** ^[12]

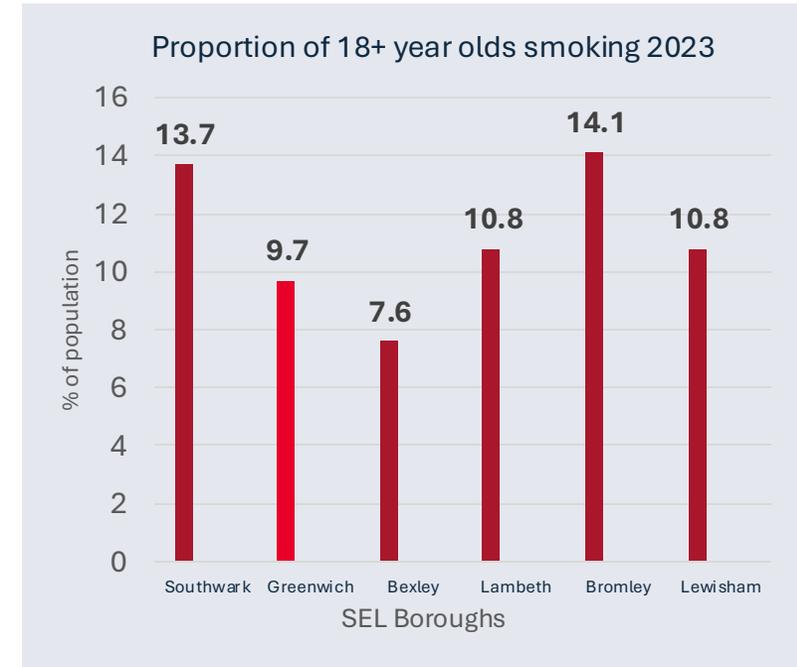
- **9.8%** of adults currently using e-cigarettes (31.6% current cigarette smokers, 2.8% who have never smoked cigarettes). ^[12]
- **12%** of children aged 8 to 15 had ever used an e-cigarette or vaping device. ^[11]



Smoking prevalence in priority populations in Greenwich ^[12,45]

In Greenwich estimates suggest **39,090** adults smoke (9.7% of the population)

- **8.9%** of which smoke during pregnancy.
- **4.5%** of mothers smoke at the time of delivering a baby (2022-23).
This has been decreasing each year from 11% in 2010/11.
- **7.8%** of adults in routine and manual occupations currently smoke (2023)
- **28.6%** of adults with a long-term mental health condition currently smoke (2022-23)
- **75%** of adults in drug and alcohol treatment currently smoke



39k

Adults regularly
smoke cigarettes in
Greenwich - 2023

122

Pregnant women in
Greenwich smoked at
the time of delivery

Smoking, e-cigarettes and vaping [45,46]

National Evaluation on Swap to Stop (2024/25)

The Swap to Stop scheme is a UK government initiative launched in 2023 to help 1 million smokers quit by providing free vape starter kits and behavioral support. Key features include targeted support for smokers, including pregnant women (with financial incentives) with local authority implementation, allowing tailored approaches.

Evaluation is ongoing, with early indicators suggesting strong uptake and engagement. This is part of the broader strategy to achieve a smokefree England by 2030.

In Greenwich

- Smoking prevalence in Greenwich **dropped** from 19.2% in 2011 to 9.7% in 2023.
- Between 2017 and 2021, rates hovered between 17% and 11.5%.
- From 2021 to 2025, the trend continues downward, with 9.7% of adults smoking in 2023, equating to 39,000 people.

Vaping as a Support Mechanism

- Vaping is significantly less harmful than smoking and is endorsed by UK health bodies as a harm reduction tool for adult smokers,
- Over 50% of UK vapers are ex-smokers, and many use vaping to reduce or quit tobacco.

Risks of Adulterated Refillable Vapes to Children and Young People (CYP)

- Illicit or adulterated vapes may contain unsafe chemicals, excessive nicotine, or contaminants including synthetic cannabinoids (THC/SPICE).
- Bright packaging, sweet flavors, and cartoon branding are used to target young people,
- Health risks include nicotine addiction, respiratory issues, and potential long-term effects on brain development,
- Recent incidents in UK schools have involved hospitalisations due to adulterated vapes

Smoking-Related Trends (2017–2021 vs. 2021–2025)

According to the Office for National Statistics (ONS) and other public health sources:

Smoking

Smoking prevalence in UK adults dropped from 15.1% in 2017 to 11.9% in 2023

E-Cigarettes

E-cigarette use rose from 5.5% in 2017 to 9.8% in 2023, with projections suggesting vaping may overtake smoking by 2025

Youth Vaping

Youth vaping surged between 2021 and 2023, largely due to disposable vapes and youth-targeted marketing

50%

Of UK vapers are
ex-smokers

9.7%

Smoking prevalence in
Greenwich

Smoking, e-cigarettes and vaping [47]

Quit Manager

Quit Manager is a digital platform used by smoking cessation healthcare providers in Greenwich to:

- Track individual smoking quit attempts
- Manage treatment plans (e.g., NRT, e-cigarettes)
- Record behavioral support sessions
- Monitor outcomes at 4 and 12 weeks

Greenwich Stop Smoking Service

Quit Manager is delivered through Greenwich's Stop Smoking Services via Live Well and Greenwich Health and includes:

- One-to-one behavioral support
- Nicotine Replacement Therapy (NRT)
- Free 12-week vape kits via the Swap to Stop scheme
- Specialist support for pregnant women and people with mental health conditions
- Drop-in clinics, phone, and digital support

Multi channel access to support

Support is available through a freephone line, email and a phone app, as well as one-to-one support sessions.

Quit Manager and Swap to Stop

Promoted across Greenwich and targeted support for population cohorts with the highest prevalence rates which include:

- Manual workers
- Individuals with long term mental health needs
- Individuals in drug and alcohol treatment
- Pregnant individuals

When a smoker stops smoking there are significant improvements to their health and wellbeing which include:

- Improved circulation and reduced risk of heart attack or stroke and improved skin health and improved capacity for physical activity.
- Improved lung capacity and better breathing reducing the risk of long-term respiratory illness.
- Reduced risk of developing type 2 diabetes, bone disease and dementia.

Evidence shows that after the withdrawal stage of quitting, people have reduced anxiety, depression and stress.

People who have quit also have increased positive mood compared with people who continue to smoke.

The financial benefits are evident with the average smoker saving £49 a week or £2,500 per year

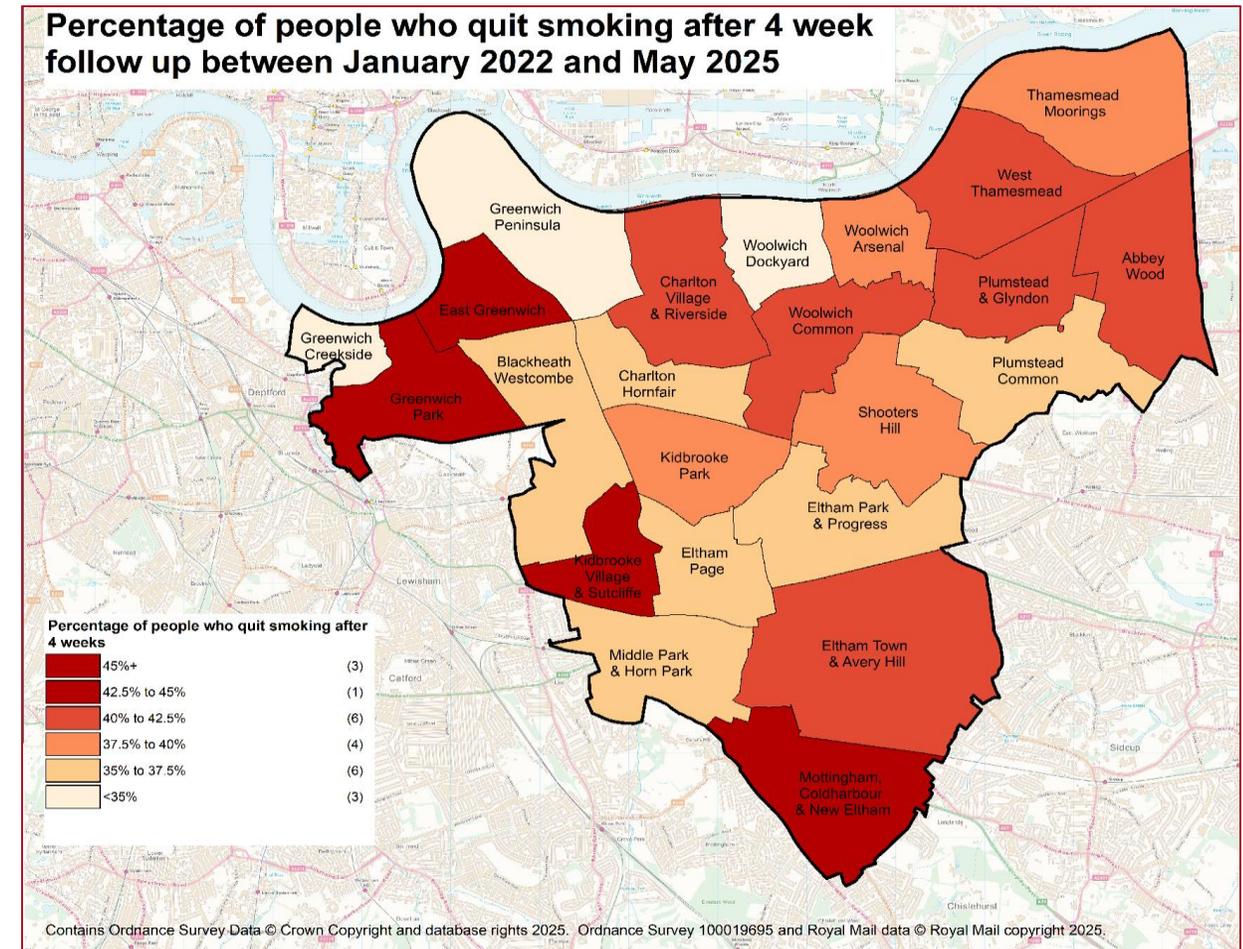
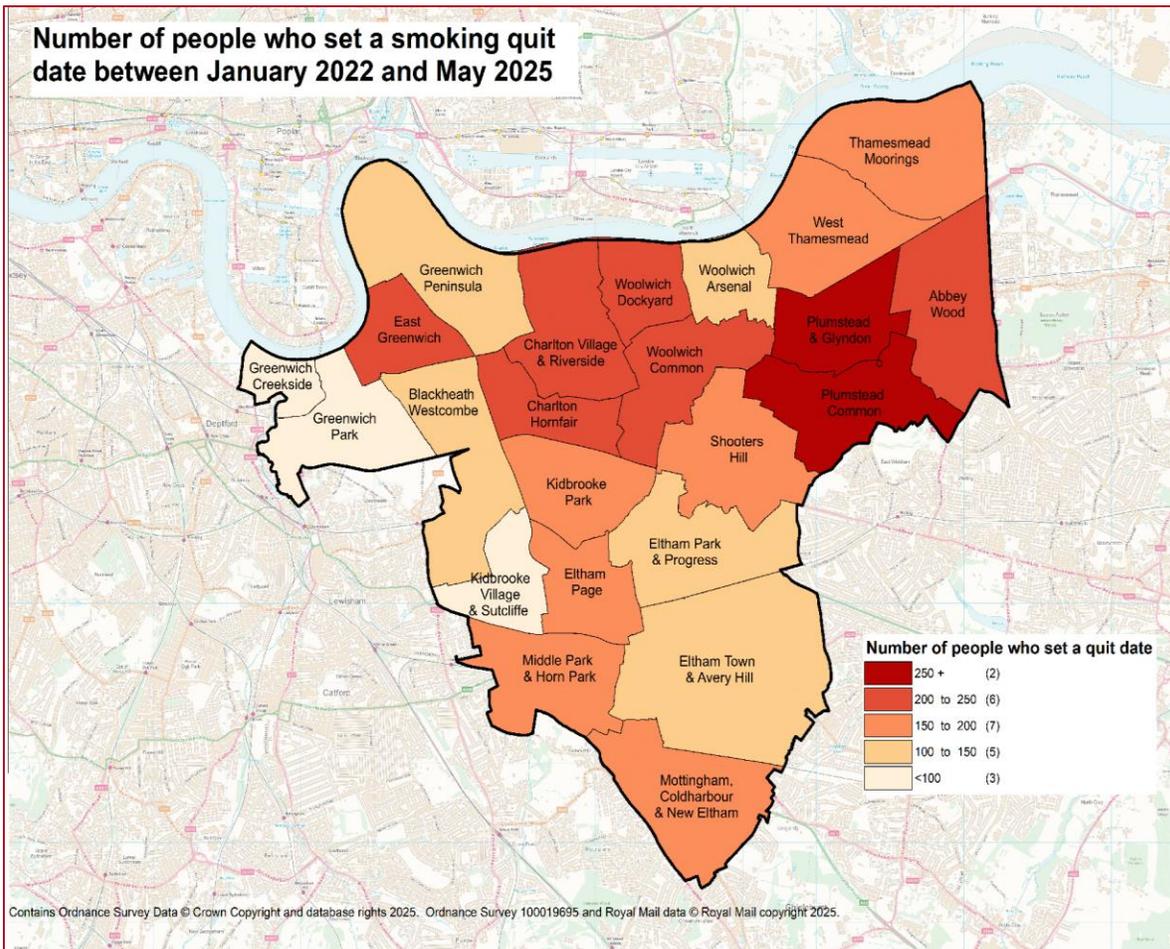
Smoking, e-cigarettes and vaping [47]

Quit Manager Data

Data from quit manager shows that Plumstead and Glyndon and Plumstead Common had the highest number of people setting a quit date.

However, when looking at the percentage of people who quit smoking 4 weeks after setting a quit date the following 4 Wards ranked the highest:

- East Greenwich
- Greenwich Park
- Kidbrooke Village & Sutcliffe
- Mottingham, Coldharbour and New Eltham



Gambling

At present, data on gambling is not a statutory requirement and is not collected on a routine basis.

Nationally, **1.6 million** adults gamble who may require treatment.

266,707 individuals are estimated to have a treatment need across London, of these **4,892** individuals are **resident in Greenwich**.^[13]

Greenwich has **44** Licensed Gambling Premises.^[48] These include:

- **Adult Gaming Centre Premise License**
- **Betting (Other) Premise License**
- **Bingo Premises License**
- **Pawnshops**
- **Payday Loan Shops**

Problem Gambling Severity Index (PGSI)

Standardised measure of level of gambling problems

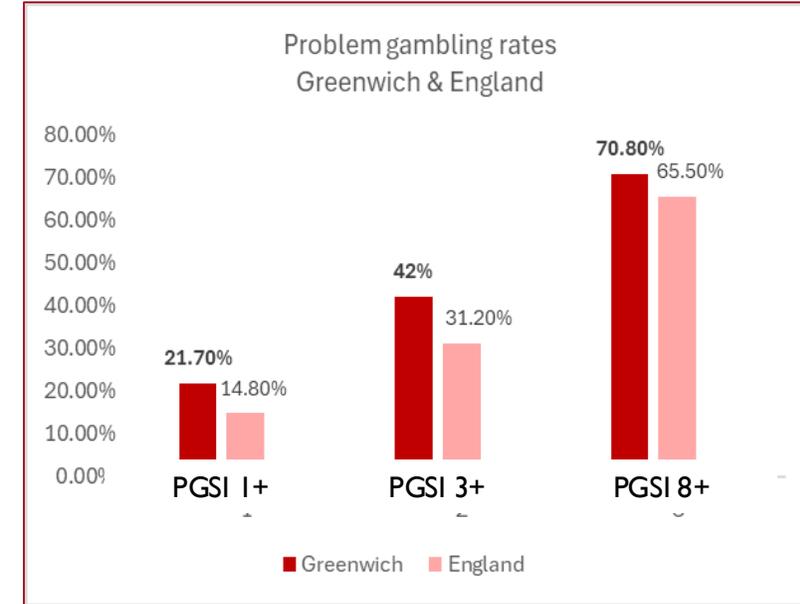
Score

Non problem gambling (0)

Low level problem gambling (1-2)

Moderate level problem (3-7)

Problem gambling (8+)



The Annual GB Treatment and Support Survey in 2022^[49] shows the following:

- **16%** of people in Greenwich have a PGSI score of 1 or more, compared to **13.4%** across Great Britain.
- **7.8%** of people score 3+, compared to **5.9%** across GB.
- **4.6%** of people score 8+ compared to **2.9%** across GB.

21.4% of those with a PGSI score of 1+ in Greenwich would like treatment, support or advice with their gambling, rising to **71.4%** among those with a score of PGSI 8+. Presently there are no commissioned services for gambling support in Greenwich.

266k

Estimated Problem gamblers in England and Wales

4.9k

Estimated problem gamblers in Greenwich

Gambling cont. [50,51]

Data for young people is limited however national statistics show:

- In 2024 in the UK **27%** of 11 to 17-year-olds spent their own money on gambling.
- **21%** spent their money on regulated forms of gambling.
- **63%** of young people had seen a gambling advertisement online
- **26%** of young people had seen the family they live with gamble.
- **Boys** were more likely to be classified as problem gamblers than girls (0.9% compared to 0.1%).

The costs and impacts of addiction extend to beyond the person with the addiction to include friends and family, community and wider society.

There are an estimated **912,085 children** living with an adult who may require treatment, correlating to **165,748 in London** and **3,069 children in Greenwich**.

Due to limitations on current availability of data, it is not possible to offer an estimate for the wider costs associated with these impacts, however, it would be reasonable to consider the potential wider impacts to health, social care, education, housing, mental health and criminal justice.

Costs of harms associated with gambling in England (2023)

Harm	Cost (£ millions) – Government cost and wider societal**
Statutory homelessness	£ 49 million
Deaths from suicide	£ 240 – 960 million
Depression	£ 508 million
Alcohol dependence	£ 3.5 million
Illicit drug use	£ 1.8 million
Unemployment	£ 77 million
Imprisonment	£167 million
Total	£ 1.05 to £ 1.77 billion

**Given the data limitations, it has not been possible to cost individual financial harms to gamblers or affected others (the family and closest network of people participating in harmful gambling)

Neurodivergence and addictions [52-54]

Context

As more resources are being made available for assessing neurodivergent conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), more evidence is emerging of neurodivergent individuals using alcohol and drugs as a coping strategy to manage the challenges of their condition.

For many such individuals, the demands of fitting into a neurotypical world are major drivers in attempting to **self-medicate with alcohol and/or drugs including tobacco.**

ASD

Autism can be coexistent with anxiety and high stress levels, or sensory receptiveness, which can lead to sensory overload.

A combination of anxiety, stress and exhaustion may lead some autistic individuals to self-medicate/self-regulate with substance use. **Cannabis, alcohol, opioids, benzodiazepines, ketamine and other substances,** may be used to rest, relax and de-stress.

ADHD

ADHD individuals may experience challenges with impulse control and may have issues processing dopamine, which is the reward-seeking chemical messenger, in the brain. Some may self-medicate/self-regulate with stimulants such as **cocaine, amphetamine and other substances.** They may also use cannabis or alcohol as an attempt to slow down and relax.

It is estimated that around one in seven people (more than **15 per cent of people** in the UK) are neurodivergent, with the ratio in drug and alcohol treatment being much higher.

Neurodivergence and Substance Use

Understanding the relationship between neurodivergence and addiction is key to developing effective prevention and care. Research shows that neurodivergent brains may process substances differently, leading to unique challenges in treatment.

ADHD has a high comorbidity with substance use

Both conditions have profound social, psychological, and economic consequences and are therefore highly relevant for health systems.

Public health strategies need to address these complexities to provide better support and interventions. By recognising the specific needs of neurodivergent individuals, healthcare providers can develop more tailored and effective prevention and treatment plans.

Individuals with neurodivergent conditions are often in repeat contact with the **criminal justice system** due to behaviours that are largely driven by unmet health and social needs.

People who cycle through the criminal justice system in this way typically engage in repeat, low-level offences such as theft, drug possession and criminal damage – a key driver of these offences being **multiple disadvantages.**

BCAP research

The British association of counsellors and psychotherapists – BCAP, estimate that 2,700 autistic individuals and just under 18,000 people with ADHD may be represented in the population served by drug and alcohol treatment services

Homelessness and rough sleeping

Context

According to the CHAIN quarterly report Q3 2024/25 **4,612 people were sleeping rough in London**, up 5% from the same period in 2024. ^[55]

21% of all people in treatment in 2024 had no home of their own, which included people who were living with friends or family as a short-term guest or 'sofa surfing' (9%), in temporary supported accommodation (4%), and living on the streets (3%)^[23]

39% of people starting treatment in 2024 with opiate problems had no home of their own, and 8% were living on the streets. A further 20% of people starting treatment were living in other situations, including long term supported accommodation or living with friends and family permanently. ^[48]

Greenwich

In Greenwich **81 people in treatment** were identified as rough sleeping/homeless in Q3 2024. ^[41]

Estimates from the Rough Sleeper Engagement Team for the same period identified **147 rough sleeping/homeless and a further 213 at risk of homelessness** in the Borough, ^[56] Indicating that at least 55% of the rough sleeping/homeless population in Greenwich at this time had a substance use treatment need.

Homeless people experience higher rates of: ^[57]

Health inequality People experiencing homelessness suffer from worse physical and mental health than the general population

Long-term illness and disability Between 2018 – 2021 63% of respondents reported they had a long-term illness, disability or infirmity

Mental health The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% 2021

Drugs and alcohol in a 2024 homeless survey 45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their mental health

Exclusion from services: many will be excluded from one or more services due to a range of factors listed above.

147

Rough sleeper/homeless identified in Greenwich

81

Rough sleepers/homeless engaged in treatment in 2024

County Lines and cuckooing ^[57]

Context

Approximately **14,000 children were identified as at risk** or involved in child criminal exploitation in 2022 to 2023, this is likely to be a significant underestimate on the scale of the problem.

County Lines

County Lines is the most violent model of drug supply and a harmful form of child criminal exploitation. It is strongly linked to violent offending, including knife crime and violence against women and girls.

The Home Office estimated there were **1,000 county lines in operation** across the UK in 2019, each generating £800m in illicit profit.

The Children’s Society estimates that, in London alone, there are around **4,000 teenagers** being exploited through county lines, with children involved being as young as 6.

Cuckooing

Cuckooing is connected to county lines. It is when organised gangs take over a vulnerable person’s house (for example by exploiting mental or physical health issues or by promising free drugs). The takeover can be to such an extent that the person limited to specific parts of their home or may be forced out of their home.

In 2024 there were 49 cuckooed properties referred to the Problem Premises Panel in the Royal Borough of Greenwich

Children and young people involved in country lines activity may be:

Frequently missing from home or school,

Linked to groups of young people/young adults who are older or controlling;

Have unexplained injuries or start to self-harm;

Have poor attendance/achievement at school or show an unexpected decline in their academic work;

Become isolated from their normal peer group/become secretive about their actions;

Become withdrawn or alternatively have unexplained outbursts which are out of character.

14,000

Estimated number of children and young people at risk in England and Wales

4,000

Children and young people being exploited through county lines in London

Commercial Determinants of Health

Commercial determinants of health refer to the ways the **private sector activities influence health outcomes**.

These can be both positive and negative. Examples of determinants, regulations and activities in Greenwich relating to addictions:

Substance	Determinants	Government Regulations	Royal Borough of Greenwich activities
Alcohol	<ul style="list-style-type: none"> Alcohol production companies Price setting Advertising to target market audience Density of licensed premises 	<ul style="list-style-type: none"> Age restriction. Licensing Act 2003 Minimum unit pricing –MUP on alcohol sales in Scotland, Wales and Northern Ireland. Not presently legislated in England Licensing and regulation regulated by local authorities 	<ul style="list-style-type: none"> Royal Borough of Greenwich Licencing Policy All licensing applications go through Public Health Local authority oversight of alcohol – temporal and spatial availability PSPO use to limit drinking and ASB
Drugs	<ul style="list-style-type: none"> Illicit drugs market – including county lines drug trade Synthetic drugs and online sales 	<ul style="list-style-type: none"> The Misuse of Drugs Act 1971 The Medicines Act 1968 The Psychoactive Substances Act (2016) The Misuse of Drugs Act 1971 Order 2024 	<ul style="list-style-type: none"> RBG commission drug misuse service Combating Drugs Partnership – including Project ADDER partners
Prescribed and OTC medications	<ul style="list-style-type: none"> Pharmaceutical marketing Availability of OTC products (spatial and temporal) Limited restrictions on some products 	<ul style="list-style-type: none"> Age restriction The Medicines act 1968 The Poisons act 1972 The Pharmacy Order 2010 The Human Medicines Regulations 2012 	<ul style="list-style-type: none"> Pharmacies regulated by the General Pharmaceutical council SE London ICS coordination with Primary Care Networks across Southeast London Trading Standards can act on illicit/counterfeit supplies if identified
Gambling	<ul style="list-style-type: none"> Online gambling platforms Number of gambling establishments Advertising to target market audience 	<ul style="list-style-type: none"> Legal age The Gambling act 2005 High stakes: gambling reform for the digital age (white paper) 2025. Licensing and regulation regulated by the Gambling Commission. The Gambling Levy Regulations 2025 	<ul style="list-style-type: none"> In the process of getting a gambling department sitting within NHS Mental health trust service Royal Borough of Greenwich licencing policy All licensing applications go through Public Health
Smoking	<ul style="list-style-type: none"> Retail density Product design (vapes) Rise of disposable vapes Black market and illicit tobacco 	<ul style="list-style-type: none"> Legal age to buy is 18. Banned in enclosed public spaces since July 2007 Legal duty to display no smoking signs Private sector engagement – WHO Framework Convention on Tobacco Control 	<ul style="list-style-type: none"> Smoking support, stop smoking services Additional investment in stop smoking services (grant funded) Test purchasing by trading standards/licensing Seizure of illicit tobacco/vape products from retailers

1. Intelligence streams used by addictions team

- Contract monitoring reports – Adult treatment services inc. Via Service, Release legal aid service, Adfam service,
- NDTMS: National Drug Treatment Monitoring Service: Local Outcomes Framework, Treatment and recovery unmet need toolkit, Diagnostic and Outcomes Monitoring Executive Summary (DOMES).
- Online sources (NHS Fingertips, ONS Statistics)
- Public Health Greenwich data dashboards: Alcohol Harms Vulnerability Dashboard, Gambling Harm Vulnerability Dashboard

2. Alcohol Harms Vulnerability Dashboard

Utilised by Public Health to support licensing decisions, including the extension of alcohol sales hours, and to evaluate harm risk at the Lower Super Output Area (LSOA) level. The alcohol harms dashboard uses collated data from a range of sources including NHS, GLA SafeStats, and Licensing



Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only.



Violent crime covers a variety of offences – ranging from common assault, robbery, murder, and manslaughter. It also encompasses the use of weapons such as firearms, knives and corrosive substances like acid.



First dispatch incidents recorded in the year period. One row per vehicle dispatch. Multiple vehicles can be dispatched to a single incident, and each can carry multiple patients.



All incidents of anti-social behaviour; begging, drunken behaviour, stone throwing and trespassing.



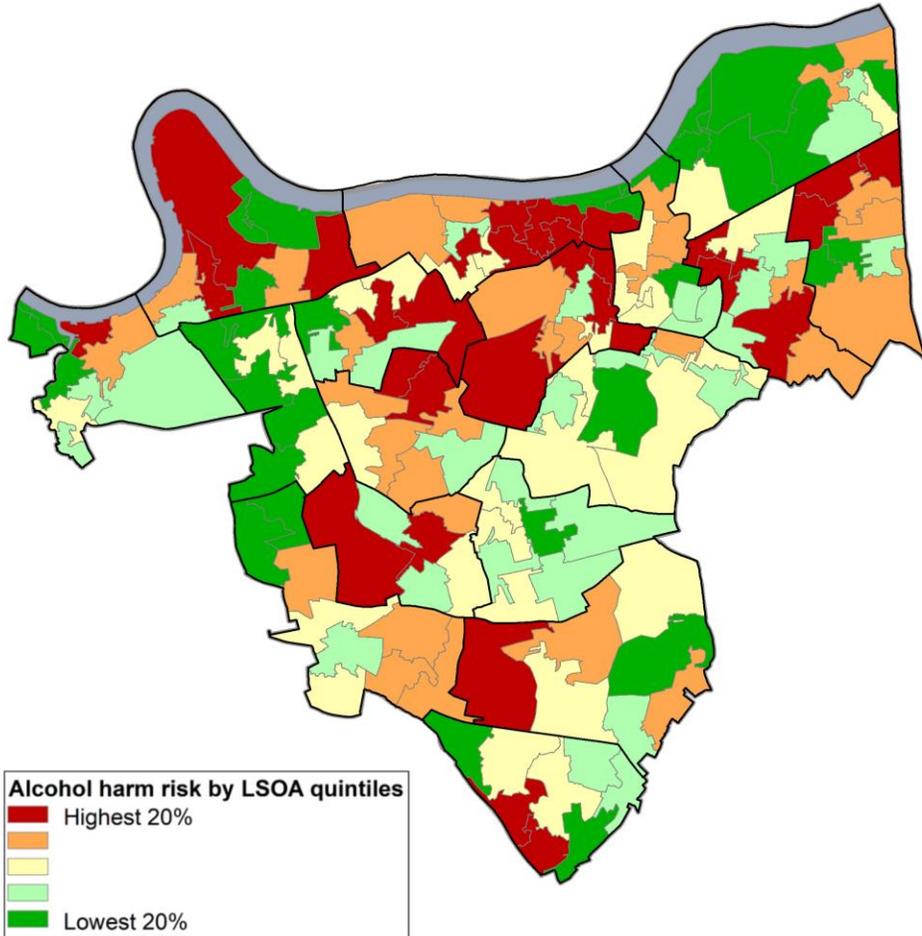
Deaths which have been wholly caused by alcohol consumption, registered in the calendar year period for all ages (Rate per 1000 deaths)



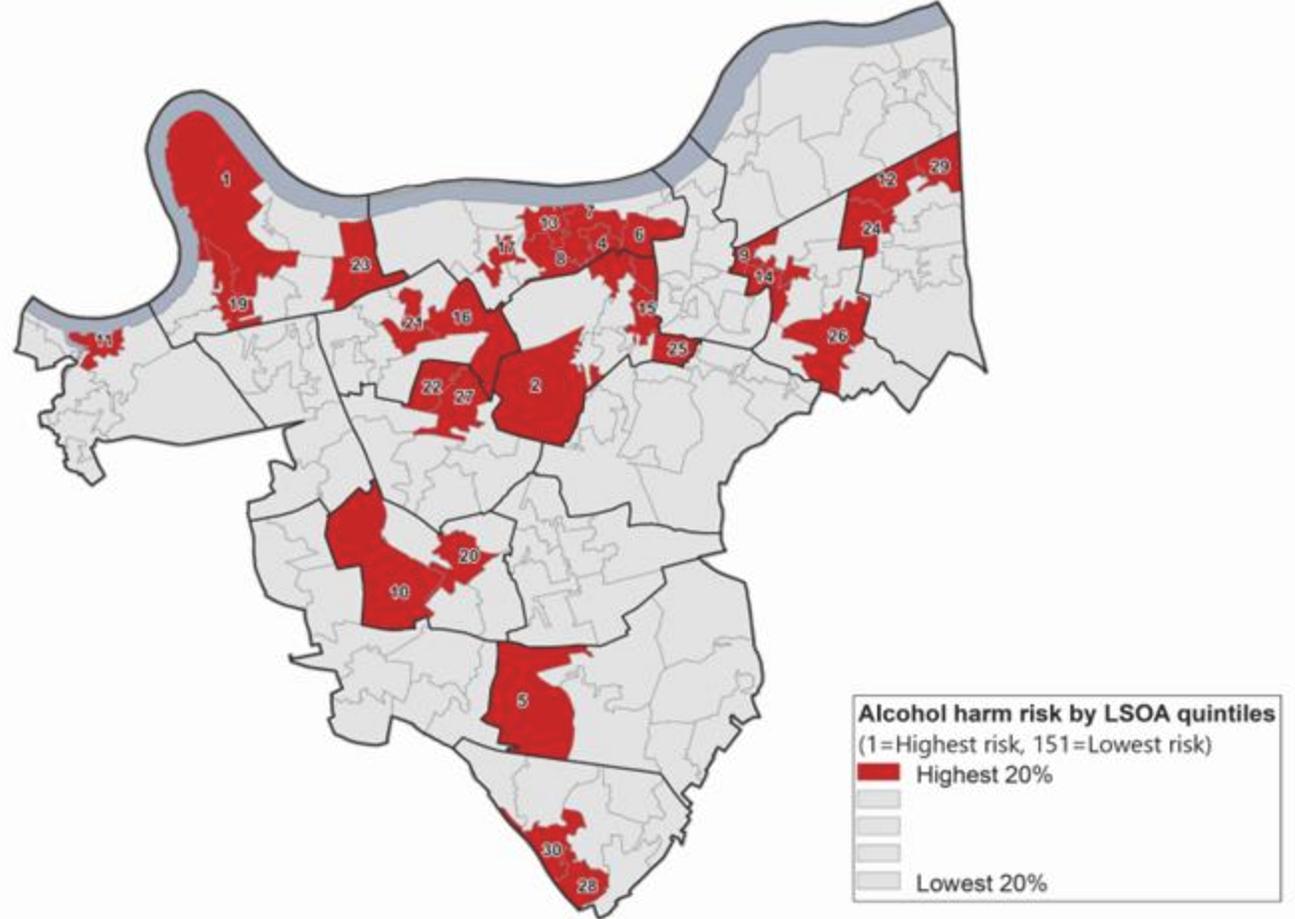
Index of Multiple Deprivation = IMD Score

The main IMD summary measure is a weighted average of the seven IMD domains. The more deprived an area, the higher the IMD score but the lower the rank.

Alcohol vulnerability and harm risk by LSOA



LSOA quintiles shown:
Highest 20% harm areas (Red)
Lowest 20% harm areas (Green)



LSOA quintiles shown:
Highest 20% harm areas (Red)

Figure 2 and 3. Alcohol risk score maps by LSOA.

Lower Layer Super Output Areas (LSOAs): LSOAs have an average population of 1500 people or 650 households

3. Gambling Harm Vulnerability Dashboard

Utilised by Community Safety to support licensing applications for gambling establishments and to assess the risk of gambling-related harm in the local area.

Methodology

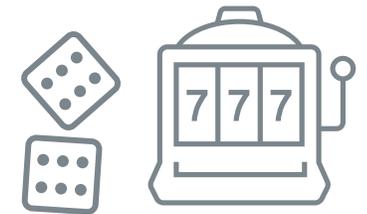
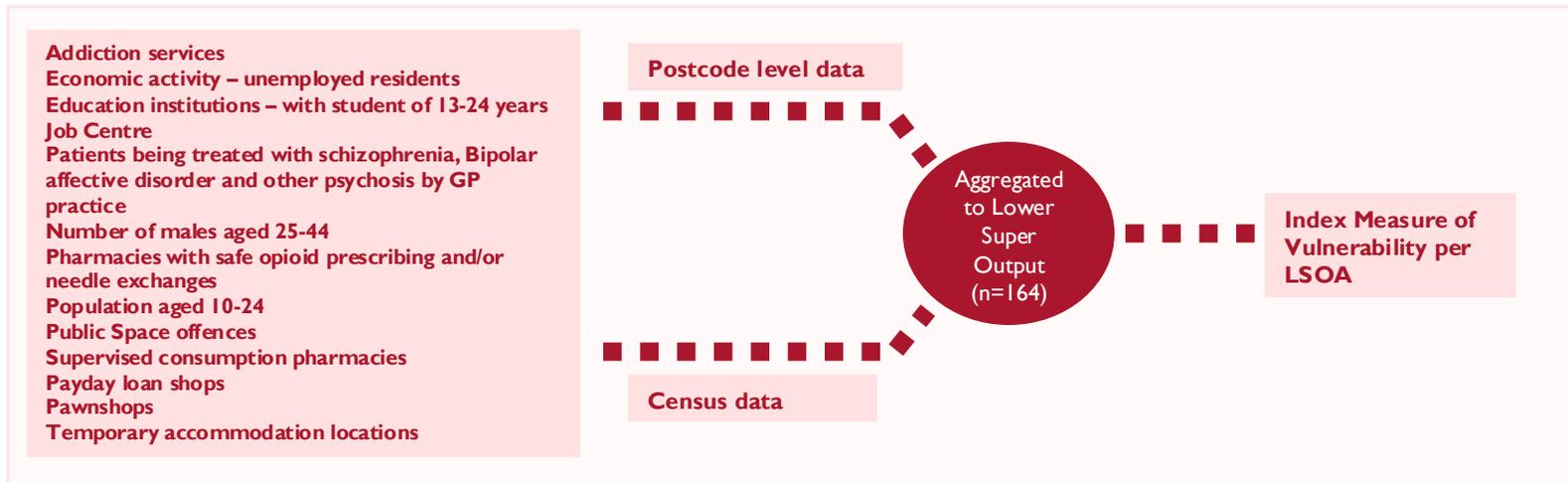
What is meant by ‘Vulnerability’?

The variable state or likelihood of being exposed to harm; in this case, exposure or propensity towards gambling-related harm. The vulnerability index is a tool detailing the main, individually weighted indicators of vulnerability, or characteristics impacting vulnerability, to gambling related harm.

The factors outlined are frequently interconnected, and experiences of gambling-related harm can occur across various economic, social and demographic indicators. For instance, a young man with a history of substance abuse faces greater risk compared to one without such issues, or a woman burdened with debt is more vulnerable than one who is debt-free. This convergence of vulnerability factors can heighten the overall risk. However, identifying specific locations or groups does not inherently mean they are prone to harm or problem gambling; instead, it offers a valuable way to illustrate the broader spectrum of vulnerability

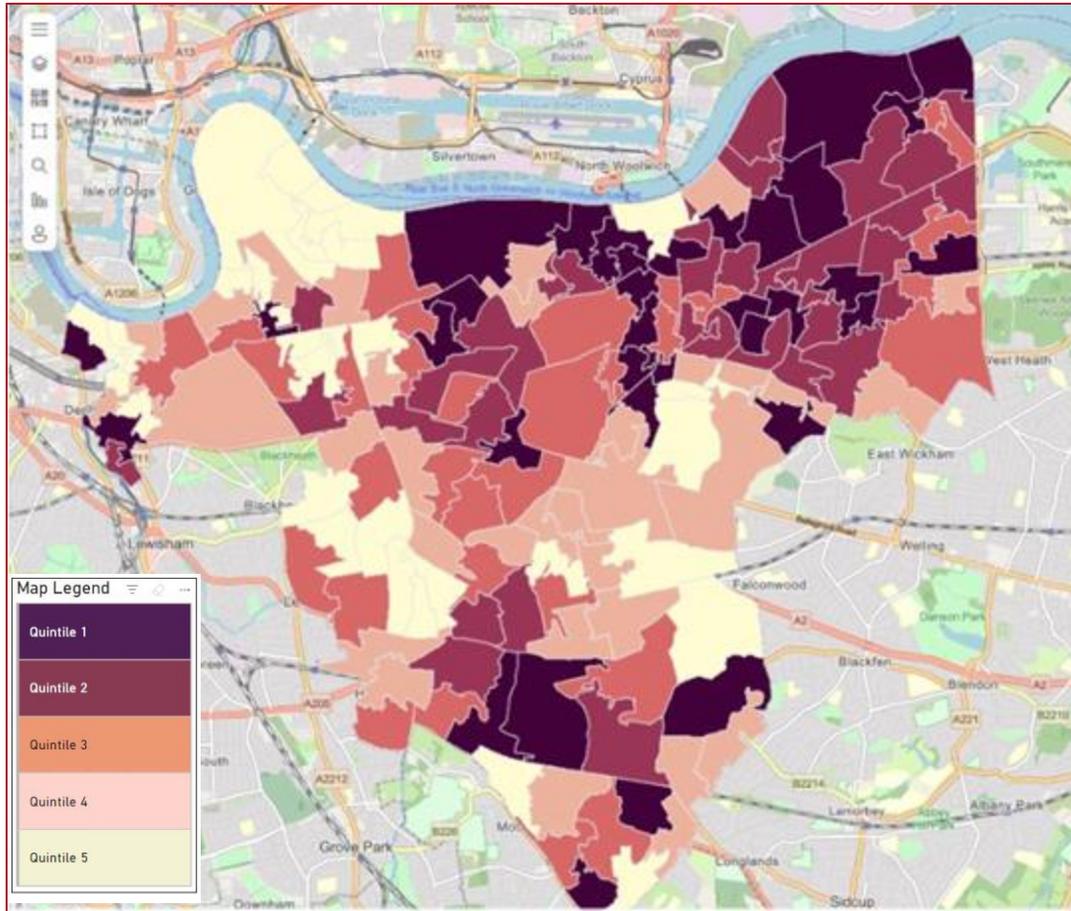
How were the scores calculated?

Each risk factor was aggregated to Lower Super Output Areas (LSOA) across the Royal Borough of Greenwich. Betting premises were excluded from the risk factors – see diagram below:



Lower Layer Super Output Areas (LSOAs): LSOAs have an average population of 1500 people or 650 households

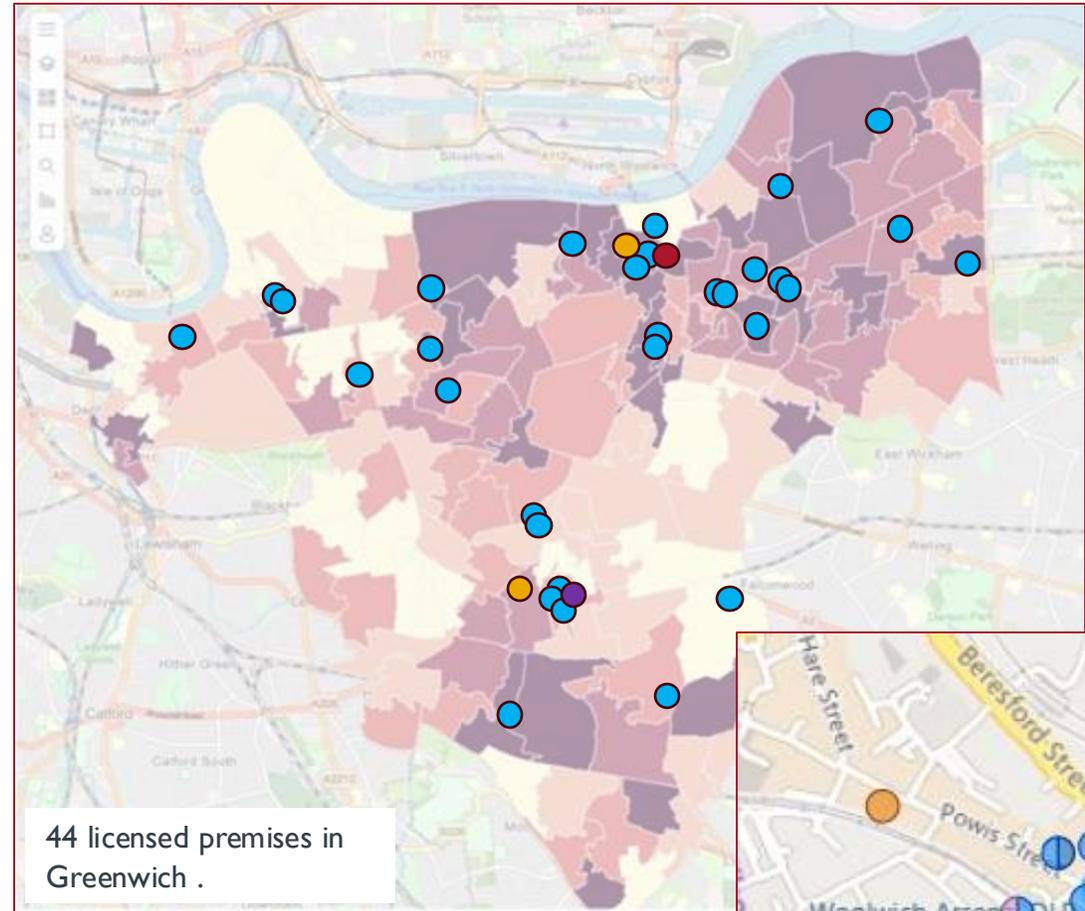
Gambling vulnerability and harm risk by Lower Super Output Area (LSOA)



Lower Super Output Area (LSOA)

Quintile 1 = 20% most vulnerable LSOAs

Quintile 5 = 20% least vulnerable LSOAs



Licensed premises by LSOA

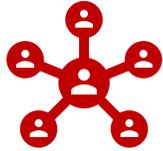
- Adult Gaming centre premises license
- Betting (other) premises license
- Bingo premises license
- Pawn shops
- Payday loan shops



Lower Layer Super Output Areas (LSOAs): LSOAs have an average population of 1500 people or 650 households

Harms and impacts – crime and disorder

Organised criminal gangs – (OCGs) and child exploitation



Drug related OCG activity costs £8bn a year. With an estimated 1000 county lines in operation in the UK, each generating £800m in illicit profits from drug distribution.

OCGs exploit children and vulnerable young people, coercing them to transport drugs, money and weapons locally as well as around the UK.

County lines offenders target vulnerable individuals, using a variety of control methods including debt bondage, threats of serious violence (including the use of weapons), kidnap and sexual abuse and cuckooing of properties.

46,000 young people are estimated to be involved in county lines activity.

County Lines is strongly linked to violent offending, including knife crime and violence against women and girls. [58,59]

Drug related theft



469,788 shoplifting offences were recorded by the police in England and Wales in 2024 a 29% increase on the previous year. [2]

Estimates by the Centre for Social Justice suggest 50% of all retail theft is due to Class A drug addiction.

The CSJ notes that the root of this problem is the failure to deal with the addictions that fuel the bulk of theft, with offenders cycling through a criminal justice system that does not have an effective process of rehabilitation.

The Dame Carol Black review 2-19 [60] identified that too many people with addictions are cycling in and out of prison, without ever achieving rehabilitation or recovery.

Antisocial behaviour, violence and domestic violence



Alcohol-related violence and anti-social behaviour (ASB) place a significant burden on the public and emergency services.

42% of violent crimes are committed under the influence of alcohol each year. [61].

41% of Penalty Notices for Disorder issued for non-notifiable offences in England and Wales in 2023 were related to drunk and disorderly behaviour. [62]

Lower socioeconomic groups experience higher prevalence rates of alcohol-related violence overall. And experience higher incidence and prevalence rates of alcohol-related domestic and acquaintance violence.

Gambling harms; fraud, theft and domestic violence



Whilst statical evidence is limited, research for the Government's Gambling related Harms evidence review in 2023 identified that gambling-related financial difficulties are associated with crimes by adult gamblers. This includes theft fraud and selling drugs.

This criminal activity affected close associates and wider society. [17]

For example, gamblers took out loans in other people's names, stole from friends and family and committed fraud. The review also noted gambling directly causes relationship problems affecting the gambler and their close associates, including their children. Examples of harms included arguments, relationship strain or domestic abuse.

Harms and impacts – individuals, families and communities

Children, young people and families



Problematic alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment.

In 2019/20, Department for Education statistics on the characteristics of children in need found that parents using drugs was a factor in 17% of child in need cases, alcohol use was a factor in 16% of cases [63].

In 2020 there were 478,000 children living with a parent with problem alcohol or drug use, (40 per 1,000).

A UCL study identified 12,600 babies born in England with Neonatal abstinence syndrome – NAS, due to the mother's addiction. [64].

Problematic gambling affects the gambler and their close associates, including their children, this includes relationship breakdown, domestic abuse, and in some cases homelessness due to gambling related debts.

Young people 14-25



Young adults are often far more susceptible to risk taking simply due to their stage of emotional development.

The pre-frontal cortex doesn't mature until around 25 years of age. This means their decision-making skills and exposure to risk taking though peer groups can disadvantage them in many ways.

This includes exposure to drugs and exploitation by gangs, as well as using vapes and other products that are increasingly adulterated, bought online or through social media networks, often leading to increased exposure to risk of harm or overdose.

Young people can also be exploited through these channels, forced into gangs through blackmail and coercion.

Individuals



Drug-related deaths in England and Wales are at the highest rate since records began in 1993.

Opiate deaths have more than doubled since 2012, cocaine deaths increased 50% since 2017. The majority are among people over 40, often with poor physical and mental health. [10,37].

Along with smoking related mortality, and a rate of 4-11% of suicides related to gambling these deaths impact on families and communities causing trauma, grief and loss. [65]

Significantly deaths from alcohol, drugs and smoking are most commonly at higher rates within communities with lower socio-economic advantages.

Communities and wider society



The impact of addiction on communities is multiple and includes increased strain on social structures, leading to increased crime rates and increased burdens on healthcare, criminal justice and social care systems.

Addictions cause emotional and financial stress for families and communities due to addiction-related behaviours.

Perpetuation of cycles of poverty and homelessness, increasing social inequality further increasing healthcare costs and crime rates.

These impacts are seen in greater ratios within the poorest communities due to the lack of protective factors such as financial resilience, stable housing, employment, and family structures.

Harms and impacts – economic

Retail economy – impact of thefts and ASB



Almost half of all shoplifting is considered to be due to drug addiction. This suggests that of the 430,000 offences costing £2bn in 2024, 215,000 were due to drug or alcohol addiction and cost £1bn to the retail economy. [61]

Additionally assaults on shop staff driven by drug addiction or alcohol related ASB and violence are increasing with the most recent figures showing violence related offences in Greenwich have increased by 23% and anti-social behaviour offences by 22% over the last 5 years. [61]

A survey by USDAW, the retail workers union, found that 70% of all assaults on shop staff were triggered by shoplifting with two thirds of these being related to addiction.

Productivity – impact of lost working days



Lost productivity due to alcohol use costs the UK economy more than £7 billion annually, and an estimated 167,000 working years are lost to alcohol every year.

Alcohol has the most measurable impact on productivity due to the fact that drinkers are more likely to be employed than non drinkers.

A Public Health England study in 2018 noted that staff who smoke have a 33% higher absence rate and cost £4.6bn per annum in sickness.

People with severe and multiple disadvantages (substance misuse, homelessness, mental health and offending history) are likely to be the furthest from the labour market. [66]

Recommendations following Addictions Health Profile:

- Develop a 5-year addictions strategy and delivery plan which will include the following points below



Improving access to treatment and support

Developing services that are focussed on supporting the borough residents.

Ensuring everyone understands what is available and making services accessible at the point of need.



Reducing the harms and impacts of addictions

Enabling residents to understand the harms and impacts of addiction on individuals, families and communities.

Providing targeted education and harm reduction support to individuals to ensure they stay safe from harm.



Delivering services where they are needed

Understanding where services need to be delivered across the borough.

Ensuring our residents get the help and support they need when and where they live.



Working in a joined-up way

Working with communities, treatment providers in health, social care, housing, community safety, children's services.

Including partners in criminal justice, employment, and the community and voluntary sector.

Considerations for strategic objectives cont.

What guides the addictions strategy in terms of evidence and outcomes we wish to achieve



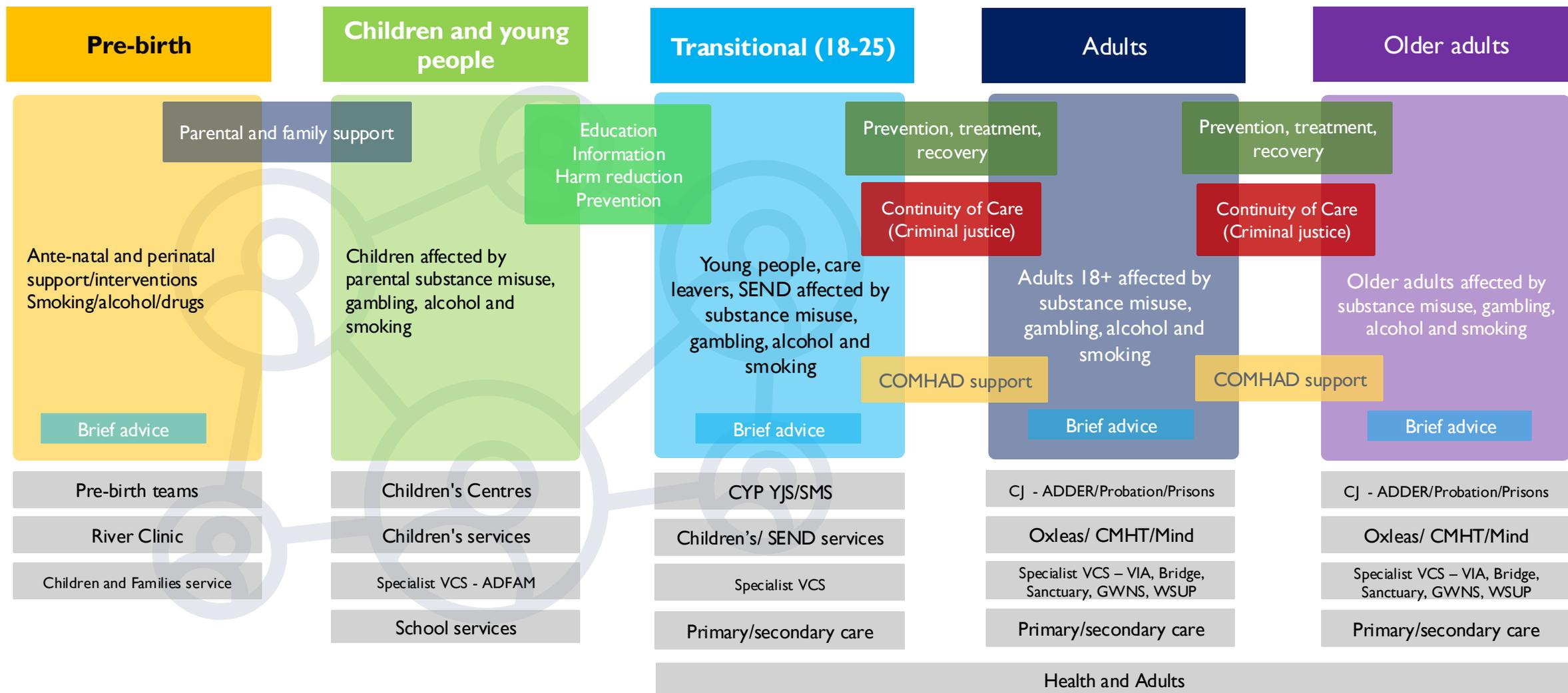
Drawing on research and evidence from Government and Public Health specialists.

Having regard to current national, regional and local strategies and the outcomes they seek.

Utilising the most current research on harms and impacts - including those for drugs and alcohol, tobacco and vapes, gambling, adults and young people, children and families, child exploitation, gangs, and organised criminal gangs (OCGs).

Population engagement – A whole system, life course approach

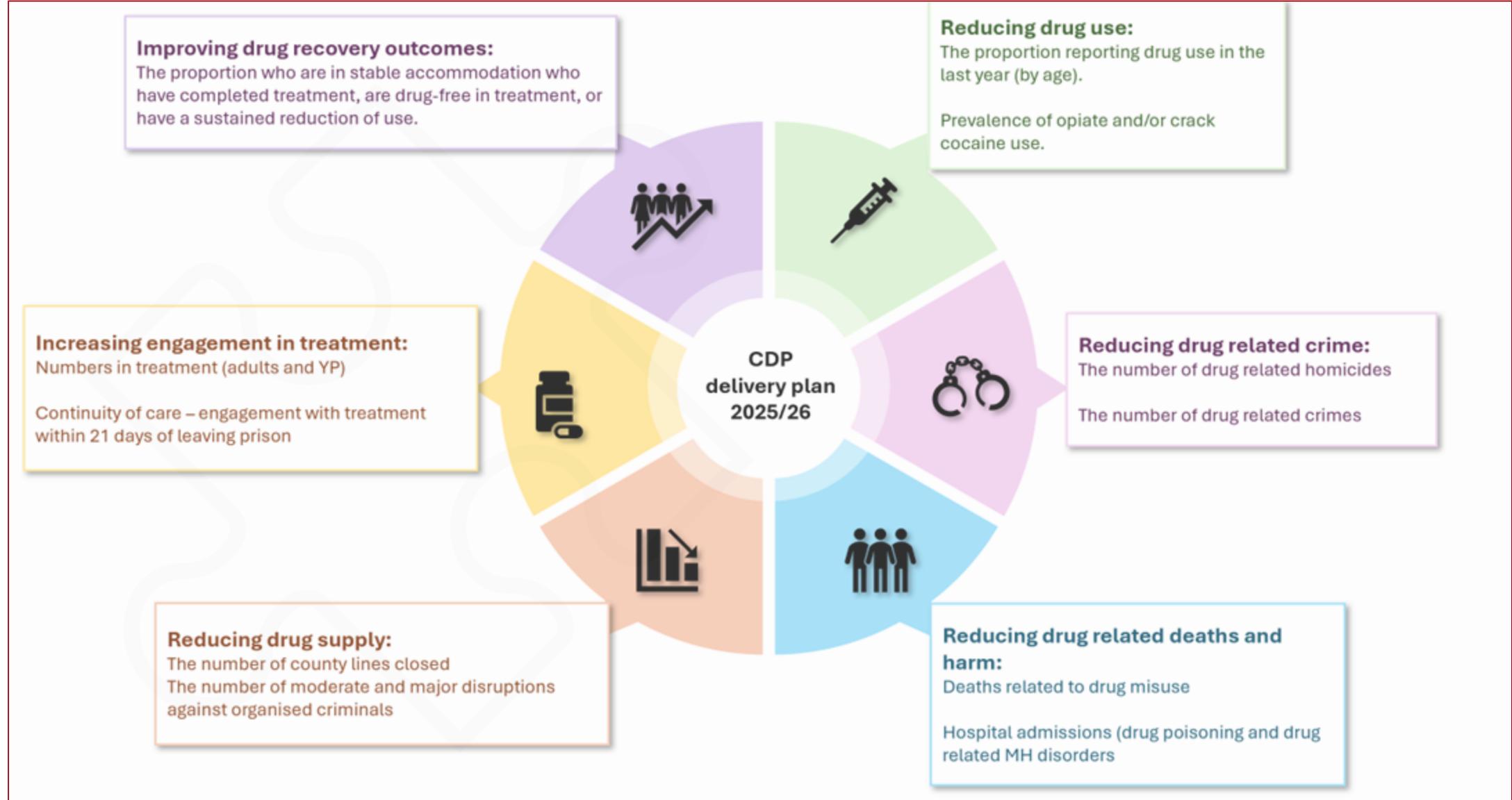
Greenwich residents (those who live, work, and study in the Royal Borough)



Addiction Harms Strategy - Our Greenwich Plan

Our Greenwich Missions		Outcomes the Royal Greenwich addictions strategy will support
1	People's health supports them in living their best life	<ul style="list-style-type: none"> • Fewer people experience poor health because of addiction or dependency • Fewer people are affected by poor mental health • Health and care services support people to live fulfilling and independent lives.
4	Children and young people can reach their full potential	<ul style="list-style-type: none"> • Children and young people grown up in a safe and healthy environment, with strong supportive networks around them
5	Everyone in Greenwich is safer, and feels safer	<ul style="list-style-type: none"> • Children and young people are at less risk of violence or exploitation. • Women and girls are safer and feel safer • People using public spaces are safer from anti-social behaviour and crime
6	People in Greenwich have access to a safe and secure home that meets their needs	<ul style="list-style-type: none"> • No resident sleeps on the streets
9	Neighbour- hoods are vibrant, safe and attractive	<ul style="list-style-type: none"> • Neighbour-hoods are safer and cleaner places
11	Everyone can secure a good job	<ul style="list-style-type: none"> • Residents with specific needs can access employment and training opportunities
14	The voluntary, community and socially motivated sectors in Greenwich are strengthened and able to provide more support to the most in need	<ul style="list-style-type: none"> • More residents who are in need can access support from organisations in Royal Greenwich which helps to improve their situation
15	Our Council is better at listening to communities, and communities feel they are heard	<ul style="list-style-type: none"> • Our communities are involved in defining and designing the service they need
16	We develop networks with communities, key partners and businesses to meet need and address challenges together	<ul style="list-style-type: none"> • There are greater levels of partnership working across our borough
17	We design our services around the needs of our residents	<ul style="list-style-type: none"> • We offer services that are accessible, inclusive and are joined up to enable all residents to access what they need • We design services that residents can use themselves easily, while offering more support to those who need it.

Addiction Harms Strategy – Combating Drugs Partnership: Overarching outcomes



Addiction Harms Strategy – Combating Drugs Partnership: Supporting metrics

Reducing Drug use 	Reducing drug crime 	Reducing drug deaths 	Reducing drug supply 	Increasing engagement 	Improving recovery 
<ul style="list-style-type: none"> • Proportion of population reporting drug use in the last year • Prevalence of opiate and/or crack users 	<ul style="list-style-type: none"> • The number of drug related homicides • The number of neighbourhood crimes 	<ul style="list-style-type: none"> • Deaths relating to drug misuse • Hospital admissions for drug poisoning/drug related mental health and behavioural disorders 	<ul style="list-style-type: none"> • The number of county lines closed • The number of moderate/major disruptions against organised criminals 	<ul style="list-style-type: none"> • The numbers in treatment (both adults and young people) reported by opiate and crack users, other drugs, and alcohol 	<ul style="list-style-type: none"> • The proportion in stable accommodation, who have completed treatment, are drug free in treatment, or have sustained reduction in use.
<p>Supporting metric</p> <ul style="list-style-type: none"> • Number/proportion of households owed a homelessness duty with a drug dependency need • Rate per population of children of referral and assessment by social services with drugs as a factor • Number of permanent exclusions and suspensions and proportion that are drug related • Proportion of 11–15-year-olds who think its ok to take drugs 	<p>Supporting metric</p> <ul style="list-style-type: none"> • Proven reoffending within 12 months • Police recorded trafficking of drugs & possession of drug offences • Hospital admission for assault by a sharp object <p>Local measure</p> <ul style="list-style-type: none"> • <i>PHOF C20 measure - % of individuals engaged in treatment within 21 days of discharge from prison</i> • <i>Number of individuals engaged in treatment who are homeless/at risk of homelessness</i> 	<p>Supporting metric</p> <ul style="list-style-type: none"> • Hepatitis C prevalence in people who inject drugs • Number and Percentage of people in treatment who have died during their time in contact with treatment system <p>Local measure</p> <ul style="list-style-type: none"> • <i>Number of naloxone packs delivered</i> • <i>Number of training sessions delivered on naloxone administration</i> • <i>Number of Buprenorphine patients on caseload</i> 	<p>Supporting metric</p> <ul style="list-style-type: none"> • Volume and number of drug seizures • Number and proportion of National Referral Mechanism (NRM) referrals with a county Lines flag 	<p>Supporting metric</p> <ul style="list-style-type: none"> • Number of individuals in treatment in prisons and secure settings • Number of community suspended sentence orders started with drug treatment requirements • Number of adults starting treatment in the establishment within 3 weeks of arrival (from community or other setting) • Unmet need for OCU treatment 	<p>Supporting metric</p> <ul style="list-style-type: none"> • Proportion of people in treatment that have reported no housing problem in the last 28 days • Proportion in treatment that have reported at least one day of paid work, voluntary work, or training or education in the last 28 days • Proportion in treatment reporting a mental health need who received treatment or interventions

Addiction Harms Strategy – Combating Drugs Partnership: Delivery actions

 Reducing Drug use	 Reducing drug crime	 Reducing drug deaths	 Reducing drug supply	 Increasing engagement	 Improving recovery
<ul style="list-style-type: none"> • Proportion of population reporting drug use in the last year • Prevalence of opiate and/or crack users 	<ul style="list-style-type: none"> • The number of drug related homicides • The number of neighbourhood crimes 	<ul style="list-style-type: none"> • Deaths relating to drug misuse • Hospital admissions for drug poisoning/drug related mental health and behavioural disorders 	<ul style="list-style-type: none"> • The number of county lines closed • The number of moderate/major disruptions against organised criminals 	<ul style="list-style-type: none"> • The numbers in treatment (both adults and young people) reported by opiate and crack users, other drugs, and alcohol 	<ul style="list-style-type: none"> • The proportion in stable accommodation, who have completed treatment, are drug free in treatment, or have sustained reduction in use.
<p>Delivery Actions</p> <ul style="list-style-type: none"> • Increase capacity in treatment services through investing in workforce • Deliver COMHAD/substance use interventions within Greenwich mental health community -based services • Explore placement of in-reach workers in primary care practices • Increase awareness around CYP substance misuse – target group - professionals and parents 	<p>Delivery Actions</p> <ul style="list-style-type: none"> • Increase number of adults and young people engaging with treatment services through criminal justice pathways • Promote DRR/ATR community orders • Testing and engagement with drug services on license. • Support community safety led initiatives to reduce crime (where aligned with drugs harms and impacts) 	<p>Delivery Actions</p> <ul style="list-style-type: none"> • Strengthen and improve pathways between hospital and community treatment services • Review gaps in transitional work with the aim of strengthening and formalising relationships between adults and children's services for YP aged 16-24 • Provide naloxone to carers and family members 	<p>Delivery Actions</p> <ul style="list-style-type: none"> • Community orders/ suspended sentence orders; explore use of GPS trial monitoring where location or mixing with peers is a key risk factor in offending • Support project ADDER initiatives at borough level 	<p>Delivery Actions</p> <ul style="list-style-type: none"> • Review criminal justice pathways into local treatment services to improve rate of transfers (CofC) • Expand IBA delivery in primary care • Develop peer support programme and explore Greenwich wide Peer support network linking MH and SU – include CVS groups. 	<p>Delivery Actions</p> <ul style="list-style-type: none"> • Launch Tri-borough IPS service • Explore JCP input to local pathways to enable more people to access employment • Liaise with ETE providers to ensure treatment service are aware of local ETE provision and referral pathways. • Explore enhancing support around housing and tenancy sustainment

Addictions Harms Strategy – risks and challenges to be considered for the strategy and delivery of services



Grant Funding	Tobacco and Vapes Bill	ICS framework	Funding Constraints	Drugs Market	Adulterated vapes	Finding the missing	Gambling
<p>Uncertainty of future funding across a range of grant funded areas including Tobacco, Drugs, Alcohol, Rough Sleepers</p>	<p>Legislation will impact on work in Public Health and across partnerships in response to new laws. <i>e.g. enforcement, licensing, treatment</i></p>	<p>Focus on prioritising work and resources to support development of new framework <i>Joint working, and sub-regional partnerships</i></p>	<p>Medium term financial strategy requires a focus on finding efficiencies, prioritising, Refining, and targeting treatment provision</p>	<p>Emerging threats (synthetics), increase in ketamine use, adulterated vapes and young people <i>Requires a proactive multiagency approach.</i></p>	<p>Targeted work to mitigate harms to children and young people (CYP) <i>Joint working with CYP, schools, Police</i></p>	<p>Increasing numbers in treatment, increased complexity of need. <i>e.g. Less smokers, but more with long term conditions require more resources</i></p>	<p>Relatively new area of focus. Requires further analysis and development of a response plan. <i>A multiagency approach, identify, resources</i></p>

Addictions Harms Strategy – current priorities



Borough wide

Grant funding	Grant funding	Addictions Strategy	Tobacco	Drugs	Drugs	Drugs	Drugs
 <p>Stop smoking grant allocations</p>	 <p>Drug and alcohol grant funding planning 2025/26 and beyond</p>	 <p>Develop borough strategy To ensure current needs and challenges addressed</p>	 <p>Capacity Challenges (Smoking) Targeting hard to engage groups</p>	 <p>DARD/LDIS information systems for sharing intelligence/ reporting of drug and alcohol deaths</p>	 <p>Synthetic Opioid Response Plan A coordinated multi-agency response</p>	 <p>Integrated commissioning of services Developing joined up delivery of treatment</p>	 <p>Combating Drugs Partnership Updating the CDP delivery plan</p>

Sub- Regional

Tobacco	Alcohol	Drugs
 <p>SEL wide Tobacco programme and comms campaign (Smoking)</p>	 <p>SEL wide: Alcohol Harms Oversight Group</p>	 <p>Pan London detox provision Stimulating market provision for residential treatment</p>

Addictions Harms Strategy – who we work with



Public Health and Wellbeing	Health and adult services	Community Safety	Housing	Enforcement
Oxleas NHS trust	Environmental Health	Trading Standards	Children's Services	CYPSMS
Department of Housing, Levelling up and Communities	OHID	South London and Maudsley NHS	L & G NHS trust	Guys, King's & St Thomas' NHS Trust
London Borough of Lewisham	London Borough of Bromley	London Borough of Bexley	Department of Health and Social Care	Ministry of Justice
Via service	Adfam	Release	Turning Point	The Forward Trust
QES Online	SE London ICS	Thames Reach	Build on Belief	WSUP
London Tobacco Alliance	London Borough of Lambeth	MetroGavs	Charlton Athletic community trust	Licensing
Youth Justice Services	Police	Border Force	Probation	Dentaid
NHS England	His Majesty's Prison and Probation services	Greenwich Homeless Project	PCNs	King's Health Partners

Statutory and community partners currently supporting delivery of addictions work in Royal Greenwich, at borough, subregional, and pan London level.

Addictions Harms Strategy - development process



Strategy proposal

Put forward business case to SLT for new addictions strategy: Drugs, Alcohol, Smoking, Gambling

Needs Analysis

PHIT & PH addictions leads to draw on data and research to develop an analysis report

Stakeholder involvement

Stakeholder list and set timetable for consultations

Strategy development

Working with partners, residents, and service users to develop a draft strategy

Scrutiny

Present outline and progress to scrutiny panel

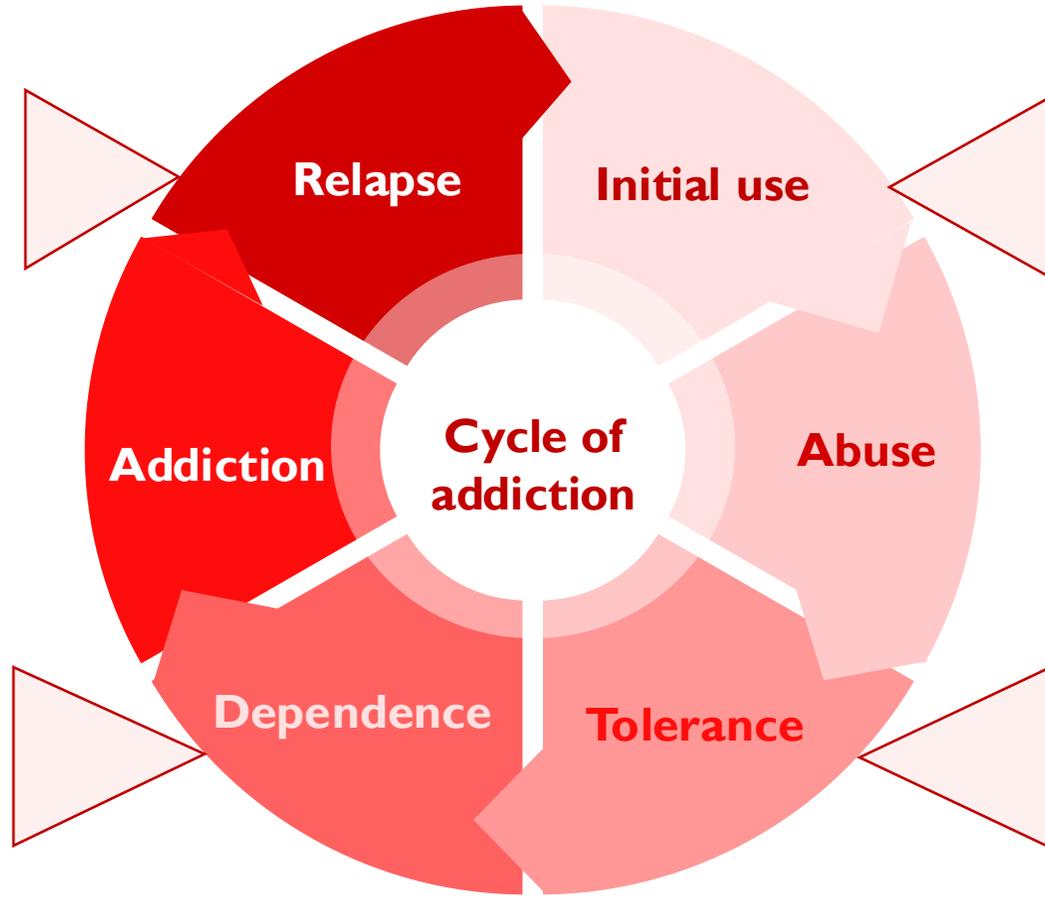
Strategy published

Final strategy completed and presented to Health and Wellbeing Board .
Establish implementation plan and monitoring of progress

Addictions Harms Strategy - aims



- Ensuring our treatment services are integrated with health and social care, children and families, and the criminal justice system.
- Delivering access to effective treatment at all touch points within education, health care, social care and criminal justice.
- Building recovery services and improving access to training and employment.



- Ensuring our residents of all ages are aware of the harms and risks associated with drugs, alcohol, smoking and gambling.
- Enabling everyone to make more informed decisions and reduce exposure to harms caused by drugs, alcohol, smoking and gambling.

- Designing services that reflect the needs of the local population and respond to changing harms.
- Ensuring support is accessible to previously underserved groups
- Disrupting supply of illicit drugs, reducing availability of harmful alcohol, restricting promotion of alcohol and gambling.

- Developing support systems and services that are accessible to all. Including children, young people, and families
- Reducing the availability and exposure to substances and products that cause or promote harms.
- Utilising lived experience of our residents in developing services that reflect their needs

Addictions Health Profile – References



1. [Neurobiological advances from the brain disease model of addiction, 2016](#)
2. [American Psychiatric Association. Diagnostic and statistical manual of mental disorders](#)
3. [Neurocircuitry of addiction. Neuropsychopharmacology.](#)
4. [An opponent process theory of motivation](#)
5. [Advances in the genetic epidemiology and molecular genetics of substance use disorders](#)
6. [The genetics of addiction—a translational perspective.](#)
7. [Drug dependence, a chronic medical illness: evaluation](#)
8. [Chronic stress, drug use, vulnerability to addiction](#)
9. [Pathological choice: the neuroscience of gambling and gambling addiction](#)
10. [Drug misuse in England and Wales 2024 - Office for National Statistics](#)
11. [Health Survey for England, 2022 Part 1 - NHS England Digital](#)
12. [Adult smoking habits in the UK - Office for National Statistics](#)
13. [Statistics on gambling participation – Annual report Year 1 \(2023\): Official statistics](#)
14. [Gambling behaviour - NHS England Digital](#)
15. [Addiction Healthcare Goals - GOV.UK](#)
16. [Economy - Institute of Alcohol Studies](#)
17. [Gambling-related harms evidence review: summary - GOV.UK](#)
18. [Latest figures show cost of smoking in England up 25% to at least £21.8 billion – ASH](#)
19. [NDTMS - Treatment and recovery unmet need toolkit](#)
20. [Deaths related to drug poisoning in England and Wales - Office for National Statistics](#)
21. [Cannabis use in England and Wales 2024 | Statista](#)
22. [Drug misuse in England and Wales 2023 - Office for National Statistics](#)
23. [Adult substance misuse treatment statistics 2023 to 2024: report - GOV.UK](#)
24. [British Association of Urological Surgeons Consensus statement](#)
25. [NDTMS Domes Report](#)
26. [National Crime Agency](#)
27. [Data from Metropolitan Police Project Adder](#)
28. [Data from RBG Drug and alcohol deaths surveillance system.](#)
29. [Chemsex London Overdoses](#)
30. [Hospitalisations and deaths caused by drug poisoning - Office for National Statistics](#)
31. [Hepatitis C infections in people who inject drugs fall - GOV.UK](#)
32. [Unlinked Anonymous Monitoring \(UAM\) Survey 2024 report](#)
33. [Shooting Up: infections and other injecting-related harms among PWID](#)
34. [SEL Alcohol Licensing workshop. December 2024](#)
35. [What Type of Drinker Are You?](#)
36. [Hospital admissions for alcohol specific conditions](#)
37. [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics](#)
38. [Alcohol-specific deaths in the UK: registered in 2022 - GOV.UK](#)
39. [NDTMS - Prevalence and unmet need toolkit](#)
40. [VIA Quarterly monitoring reports \(Substance use commissioned provider.\)](#)
41. [NDTMS - Local Outcomes Framework](#)
42. [Adult Psychiatric Morbidity Survey: Mental Health and Wellbeing, England, 2014](#)
43. [NHS England Mental Health Dashboard](#)
44. [Children and young people's substance misuse treatment statistics 2023 to 2024: report - GOV.UK](#)
45. [Tobacco Control Fingertips Profile](#)
46. [Swap to Stop Brochure](#)
47. [Quit Manager Smoking Data](#)
48. [Gambling Harms Dashboard, Community Safety, Royal Borough of Greenwich.](#)
49. [Local Authority Gambling Harms Prevalence Data](#)
50. [Young People and Gambling 2024: Official statistics – Summary](#)
51. [Young People and Gambling 2024: Official statistics](#)
52. [Neurodivergence and Substance Use Disorder: Understanding the Intersection – Dive In Well](#)
53. [Comorbidity of ADHD and Substance Use Disorder \(SUD\): A Neuroimaging Perspective - Thomas Frodl, 2010](#)
54. [Revolving-Doors-neurodiversity-policy-position.pdf](#)
55. [Rough sleeping in London \(CHAIN reports\) - London Datastore](#)
56. [Royal Borough of Greenwich Rough Sleeping and Safeguarding Conference February 2025](#)
57. [Safeguarding Network](#)
58. [County Lines Programme data - GOV.UK](#)
59. [Crime in England and Wales - Office for National Statistics](#)
60. [Independent review of drugs by Professor Dame Carol Black - GOV.UK](#)
61. [Enhancing understanding of the socioeconomic distribution of alcohol-related violence and anti-social behaviour in England and Wales — UK Data Service](#)
62. [Criminal Justice Statistics June 2024](#)
63. [Characteristics of children in need: 2019 to 2020 - GOV.UK](#)
64. [Nearly 12,600 babies born addicted to drugs in England since 2014 | UCL News - UCL – University College London](#)
65. [Gambling Related Suicides](#)
66. [Alcohol in the workplace](#)