London Borough of Redbridge

# The impact **of addictions** on Redbridge

## Annual Public Health Report 2019/20

# Contents

# Foreword

## From the Director of Public Health

I am delighted to share with you the Annual Public Health Report for Redbridge 2019/20.

This year's report is focused on the cost of addiction, who is most affected and what does this mean for Redbridge. The report looks at the three main types of addictions in detail. Nicotine addiction, smoking, shisha and chewing tobacco, drug and alcohol, including addiction to prescription drugs and gambling. It is possible to be addicted to just about anything, including: work, internet, solvents and shopping. There are lots of reasons why addictions begin. In the case of drugs, alcohol and nicotine, these substances affect the way people feel, both physically and mentally. These feelings can be enjoyable and create a powerful urge to use the substances again.

Gambling may result in a similar mental "high" after a win, followed by a strong urge to try again and recreate that feeling. This can develop into a habit that becomes very hard to stop. An addiction is a treatable condition.

The heavy use of addictive substances and the heavy engagement in addictive behaviours have a negative impact on a wide range of individual and societal health and wellbeing outcomes. Addiction takes many forms and can have far-reaching consequences for individuals, their families and the wider community.

The report outlines in detail four areas where we can make the greatest difference to our residents, making clear recommendations for action.

I am pleased to report that the recommendations from last year's Annual Public Health Report on the public health approach to violence have been taken up by the Redbridge Community Safety Partnership and incorporated into the Safer Redbridge Strategy. I welcome this cross-sector commitment to strengthening referral pathways, using data and intelligence to best effect, and tackling the root causes of violent crime. This approach will help to make Redbridge a safer, more family-friendly borough in which everyone can thrive.

I am grateful to my team and many colleagues from the Council and other organisations for their support and contributions to this year's report.

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**Gladys Xavier**

Director of Public Health and Commissioning

## From the Chair and Vice Chair of the Health and Wellbeing Board

We are delighted to present this year's annual public health report on the impact of addiction on Redbridge.

The health harms of addictions are well known, but the true costs of addiction – both financial and human – are seen throughout the community. In this report, we look at how addictions hurt the health, wellbeing and life chances of our residents. Addictions cause disability and death, but also cost individuals, their loved ones and the wider community in lost money, in lost opportunity, and in reduced quality of life.

Tens of millions of pounds are lost to the borough each year because of addiction. The costs are varied: smoking causes disabilities that place additional costs on adult social care, while more of the costs of gambling or drugs are seen in crimes committed to fund addictions. This report puts figures on some of these costs, not to devalue the very human costs seen to individuals and families, but to highlight just how important it is to tackle addiction and reclaim that money for the benefit of our communities in Redbridge.

Not all sections of the community are affected equally. Some of the most disadvantaged, including those with lower incomes and those with mental ill health, are also the most affected by addiction. It can be a vicious cycle – Redbridge's children and young people who grow up with addiction in their families are more at risk of addiction themselves. This deepens inequalities and harms the life chances of those we should be seeking to support.

Tackling addiction requires work across sectors to prevent addictions from starting and to support those affected as early as possible. It also requires the excellent services we already have in the borough to continue working to help residents suffering from addiction. Residents who use our stop smoking services are three times as likely to successfully quit than those who attempt to stop on their own. Our highly effective drug and alcohol services support those most badly affected away from addiction and towards employment and full participation in their communities.

This report has drawn on the wide range of sources of data and local insight available to help us understand the full impact of addiction in Redbridge. The recommendations arising are grounded in evidence and best practice, and build on existing work that is already being done by London Borough of Redbridge and its partners across the borough.

**Cllr Mark Santos**

Chair of the Health & Wellbeing Board

**Dr Anil Mehta**

Vice-Chair of the Health & Wellbeing Board

# Executive summary

## What does this report cover?

Addiction takes many forms and can have far-reaching consequences for individuals, their families, their communities, and society as a whole. This report brings together what we know about addiction in Redbridge, its impacts on our borough, and what we can do about it.

This report looks at three types of addiction in detail: nicotine addiction, in particular smoking, shisha and chewing tobacco; drug and alcohol addiction, including addiction to prescription drugs; and gambling addiction.

## What are the costs of addiction in Redbridge?

There are 30,000 smokers in Redbridge – more than one in ten of our adult residents – and the borough has high rates of shisha and chewing tobacco use, particularly among Asian residents. All three are highly addictive and very harmful to health. Smoking costs Redbridge £4m a year in adult social care costs, £9m in health service costs, and £29m in lost productivity. Tobacco costs the average Redbridge smoker over £2,000 a year, pushing many families below the poverty line.

There are 2,200 dependent drinkers and 1,500 opiates (heroin and heroin-like drugs) and/or crack cocaine users in Redbridge, resulting in over a hundred deaths a year that could have been avoided. Nearly half of all thefts, burglaries and other acquisitive crimes are committed by those addicted to opiates and/or crack cocaine, resulting in an estimated £28m a year lost to residents and local businesses and services. The most successful way to reduce offending in those who suffer from addiction is to treat the addiction.

It is estimated that 2,000 Redbridge residents have a serious gambling problem and another 9,000 are at risk of developing one. Problem gambling can lead to debt, financial pressure and unemployment, causing harm not only to the individual but to their family and their local community. Problem gambling can also cause stress, anxiety, shame and stigma for the problem gambler and their family. It is estimated that nearly 500 Redbridge residents with a serious gambling problem have committed a crime to finance their addiction.

## Who is most affected?

Those living in more deprived areas of the borough are more likely to be addicted to nicotine, alcohol, drugs and gambling. This drives inequality not only through the well-known health harms of these addictions, but also through the financial costs to individuals, their families and their local communities. Money lost to addiction is money not spent on improving life chances or quality of life.

Men are more likely than women to experience addiction and are therefore more likely to live their lives in poor health for longer, or die younger than women because of smoking, alcohol or drug-related diseases. Some social implications of addition, such as unemployment and family and relationship breakdown are also more likely to be experienced by men. However, people of all genders experience the financial and human costs of a partner or loved one with addiction.

People with mental ill health experience higher rates of addiction, with mental ill health and addiction forming a vicious cycle where each makes the other more likely. This can deepen inequality for an already disadvantaged group.

## What does this mean for Redbridge?

This report has identified four major areas where London Borough of Redbridge can make the greatest difference to our residents. From this we have developed twelve recommendations grounded in the best available evidence and good practice, all of which align with the Council's five key strategic priorities (see page 8).

1. **Licensing, regulation and enforcement**
   We need to create a well-regulated and community-friendly environment where young people and those at higher risk of addiction are not over-exposed to addictive substances, behaviours and harms, and those recovering from addiction are able to avoid relapse.
2. **Community education and resilience**
   Addiction harms communities, but empowered and aware communities can fight addiction. We must ensure all residents have fair and appropriate access to information and services,

and also that communities can build on their own strengths and assets to combat addiction in the ways that work for them.

**3. Families and getting the best start in life**

Children who get a good start in life are more likely to become resilient teens and adults who can protect themselves against addiction. Additionally, we need to protect every child in Redbridge from the harms of addiction in parents, carers and other family members.

**4. Support for those who need it most**

Appropriate treatment and support for those most in need can help reduce the human and financial cost of addiction by breaking cycles and helping people into recovery. Successful addiction treatment saves lives, money, and communities.

## Recommendations

### Licensing, regulation and enforcement

1. Implement smoke free zones in Redbridge to protect children, pregnant people, and those at most risk of harm from second-hand smoke.
2. Use full licensing powers as a council to ensure that businesses applying for a licence to sell alcohol, open a shisha café, or open a betting shop, do not contribute to an environment that promotes addiction.
3. Work in partnership across the council, police and health services to find and enforce against illegal tobacco and alcohol sales, drug dealing, and illegal betting.

### Community education and resilience

4. Ensure that the community hubs being built in Redbridge are a home for appropriate addiction prevention and support, and that they provide positive alternatives for children and young people who might otherwise experiment with smoking, drinking, drugs or gambling.
5. Ensure that all education and support offers for addiction are culturally appropriate, taking into account the languages, values and behaviour patterns of the communities that make up Redbridge.
6. Meet people's needs within the community. Where possible, use outreach services, partnerships with local community, voluntary and faith groups, and other council and health services to bring support, advice and information to people where they are.

### Families and getting the best start in life

7. Ensure addiction services support and advise families as appropriate to help them with the wider impacts and costs of addiction.
8. Continue early years provision to help all children get a good start in life, including building resilience and protecting children from second hand smoke.
9. Ensure that council and addiction services work with schools on a comprehensive education offer around all addictions for Redbridge children and young people.

### Support for those who need it most

10. Maintain our high-quality smoking cessation and substance misuse treatment services, which provide value for money and cost-saving interventions for Redbridge residents.
11. Explore possibilities for further gambling support within local services.
12. Use public health intelligence, including the information in this report, to build partnerships and target interventions at those most in need – including our innovative new work with adult social care to identify and support older adults who could benefit from stop smoking support.

## How do this reports recommendations align with the Council's key strategic priorities?

| | | Regenerate the borough to benefit our residents and integrate new communities | Keep the borough clean and safe | Be a great place to live as a family | Tackle the root causes of social challenges | Build a brilliant Council |
|---|---|---|---|---|---|---|
| **Licensing, regulation and enforcement** | 1. Smoke free zones to protect families | | ✓ | ✓ | | |
| | 2. Use full licensing powers to protect residents | ✓ | ✓ | ✓ | | ✓ |
| | 3. Work in partnership to find and enforce against illegal sales | | ✓ | | ✓ | ✓ |
| **Community education and resilience** | 4. Community hubs as a home for addiction prevention and support, and as space for children and young people | ✓ | | | | |
| | 5. Culturally appropriate addiction education and support | ✓ | | ✓ | ✓ | |
| | 6. Meet people's needs within the community through outreach and partnership | ✓ | | | ✓ | |
| **Families and getting the best start in life** | 7. Ensure addiction services support and advise families | | | ✓ | ✓ | |
| | 8. Continue early years provision to build resilience and protect children | | | ✓ | ✓ | |
| | 9. Work with schools on a comprehensive education offer | | | ✓ | ✓ | |
| **Support for those who need it most** | 10. Maintain our high-quality smoking cessation and substance misuse treatment services | | ✓ | | ✓ | |
| | 11. Explore possibilities for further gambling support | | ✓ | | ✓ | |
| | 12. Use public health intelligence to build partnerships and target interventions | | | | ✓ | ✓ |

# Introduction

Someone with an addiction experiences all three of the following: [1]

**1** The urge to continue to do the thing they are addicted to – for example, craving a cigarette

**2** Loss of control in limiting how much they do the thing they are addicted to – for example, not being able to stop at just one alcoholic drink

**3** Continuing to do the thing they are addicted to despite negative consequences – for example, continuing to gamble even when it is the cause of debt

Addiction takes many forms and can have far-reaching consequences for individuals, their families, their communities, and society as a whole. This report brings together what we know about addiction in Redbridge, its impacts on our borough, and what we can do about it.

This report looks at three types of addiction in details:

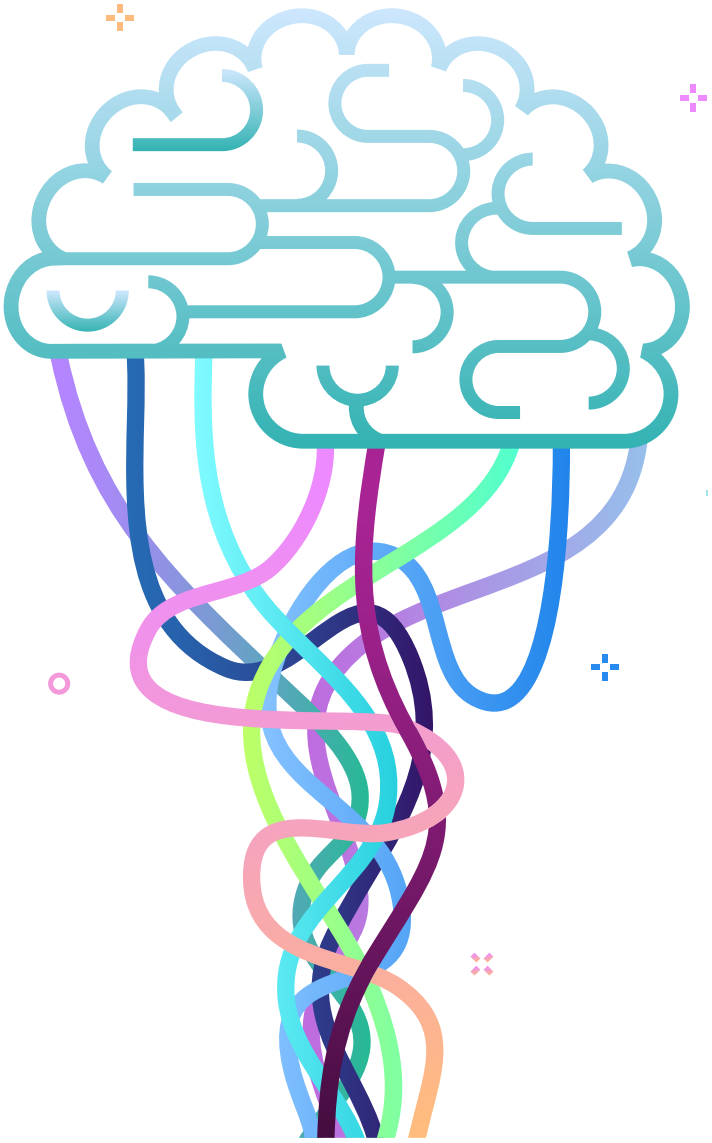
**Nicotine addiction – in particular smoking, shisha, and chewing tobaccos**

**Drug and alcohol addiction, including addiction to prescription drugs**

**Gambling addiction**

These addictions have been chosen because of their impact on Redbridge. All three types of addiction affect large numbers of Redbridge residents directly, and all three result in harm to the community and high costs to local services. By understanding their causes and effects better, we can make real changes to the lives of residents and to the health and happiness of the borough.

## The science of addiction



Some addictions, such as smoking, have a well-known and understood effect on the body. The nicotine in cigarettes affects smokers' body- and brain-chemistry, and so nicotine withdrawal can cause not just changes in mood but also headaches, sweating, digestive issues, and other physical symptoms. Other addictions, such as gambling, are often described as purely psychological addictions because they do not introduce new chemicals to the body. However, all addictions are linked to similar changes in the brain, and so have more in common than their diverse causes may imply. [2]

Addictions often begin by causing a mental "high" – chemicals are released in the brain's reward centre that make the person feel good. In some cases, this is caused by a physical substance such as nicotine or alcohol. In others, it's caused by doing something pleasurable – this could be anything from winning money through gambling to scoring points on a computer game to being stimulated by sex or pornography. [3]

Repeated exposure causes the brain to learn and remember this feeling. This means that the brain gets trained to seek out the same exposure again and again. Over time, the brain adapts so that more is needed to create the same level of high. This is called "tolerance", and is why people's use of an addictive substance or activity can increase over time as they try to recreate the same high. [3]

Addictions also train the brain to associate certain environments with the high of the exposure. Being in a bar can intensify the craving for alcohol because the brain has been trained to expect the associated high. Similarly, if addiction forms part of a daily routine – the first cigarette of the day, or playing computer games to wind down after work – then cravings will be particularly strong at these times. [4]

Addictions are so powerful at reprogramming the brain that even years after someone has stopped using a substance or participating in an activity, they can still relapse because of the pathways that remain in their brain.

# Addictive substances and activities

## Nicotine addiction

The most common form of nicotine addiction in the UK is cigarette smoking. Other forms include shisha, smokeless tobacco, and e-cigarettes.

**Cigarette smoking** is one of the leading causes of preventable ill health in the UK, with over 75,000 deaths each year in the UK attributable to smoking. In 2016, the most recent year for which figures are available, this amounted to 16% of all deaths in the UK. Smoking causes lung cancer and other lung disease, heart disease, other cancers, and many other serious health harms. Due to long-term and concerted work at a local, national and international level, smoking rates have been dropping since the 1970s, with more smokers quitting and fewer young people taking up the habit. [5]

**Waterpipe smoking** – most commonly known as **shisha** – is often assumed to be less harmful or less addictive than cigarette smoking, with some users believing that the water somehow "filters" impurities. This is not correct, and shisha smoking comes with a similar range of harms to cigarette smoking. [6]

**Smokeless tobacco** is any tobacco product that is placed directly in the mouth rather than burned and inhaled. Different forms may be chewed, sucked, or rubbed on the gums. They typically contain a mix of ingredients as well as the tobacco itself, including slaked lime, areca nut, and various flavourings/sweeteners. They are most popular in South Asian communities, with different communities having different names for the products – some common names include paan, nass, and gul or gadakhu. Smokeless tobacco consumption can lead to many health harms including mouth cancer, heart disease, and problems in pregnancy. [7]

**E-cigarettes** are a wide range of products only some of which resemble cigarettes. They are battery-powered devices that "aerosolise" (make into a fine spray/mist) a liquid often containing nicotine, which is then inhaled by the user. E-cigarettes have only been sold in the UK since 2007 and we still don't know all the health consequences, but they are a popular aid for quitting smoking. [8]

Nicotine in all forms is highly addictive. There is no safe level of smoking cigarettes or shisha, chewing tobacco, or vaping.

## Substance misuse

There are a vast range of legal and illegal substances in the UK that can affect brain and body chemistry, from alcohol and prescription drugs to Class A drugs such as cocaine and heroin that it is illegal to possess or sell. Not all substances are universally bad. Some, such as alcohol, can form part of a healthy and happy social life, and others, such as prescription drugs, will have positive health benefits when used correctly. However, the effects of addiction to any of these substances – whether legal or illegal – can be devastating to the individual and their community.

**Alcohol** is legal to buy and consume in the UK for those age 18 and over, and many people consider it an important part of their social activity. While there are no safe levels of alcohol consumption – with even small amounts increasing the risk of cancer, heart disease, stroke and other diseases – it is possible to consume alcohol regularly

without becoming addicted. In the UK, 83 out of every hundred adults drink alcohol, but only one of those 83 is addicted to alcohol. [9]

**Illegal drugs** cover a range of drugs, some of which are much more addictive than others. Highly addictive drugs include cocaine and heroin, which are extremely harmful to those who take them. Very few people who use illegal drugs use cocaine and/or heroin, but they are responsible for a high proportion of the cost to society through crime and use of public resources. [10]

**Prescription medications** are drugs that are prescribed to meet genuine medical need. Many painkillers can be addictive, with the current high rate of opioid addiction in the US – and corresponding rise in deaths due to opioid overdose – linked to overprescribing of pain relief whose addictiveness was not adequately reported or understood. We do not have good data on the rate of addiction to prescription painkillers in the UK, but we know that prescription rates are on the rise, as are deaths from opioid overdose. [11]

## Gambling

Gambling includes playing the National Lottery, betting on sporting events, participating in raffles, and playing on slot machines and fixed odds betting terminals. Most people who gamble do so without ill-effects, but a small proportion become addicted, losing vast sums of money very quickly.

**Fixed odds betting terminals** are sometimes referred to as "electronic slot machines" – players pay into the machine, which has fixed odds of returning specified payouts. This is often through "games" such as a simulated roulette wheel. These are considered to be highly addictive, due to the ease of repeat use and the potential for immediate reward. There are laws restricting which venues are allowed to house these and how many they are allowed to house. [12]

**Online gambling** covers a wide range of activities, from betting on sporting events to frequenting online casinos. The vast majority of online gambling takes place in the home, but one in five online gamblers age 18-34 who do gamble outside the home report that they have gambled at work. Online gambling is much harder to regulate or monitor than in-person gambling, and individual patterns of behaviour may be hidden by using multiple accounts or betting sites. [12]

## Other forms of addiction

People can develop addictions to many other activities and substances. Addiction is increasingly being recognised to such activities as playing online video games, pornography, shopping, and other activities that generate an immediate high. Eating disorders include addictions to food, exercise, or forms of weight control.

With less common addictions, it is important to recognise where behaviour moves from enjoyment to addiction – in particular, when it begins to cause harm to the individual, their family, or the wider community.

# Impacts of addiction

Addictions affect individuals, their families, their communities and society as a whole. Different addictions may have different impacts, but all addictions affect the community as well as the individual.

| | **Nicotine** [13] | **Substance misuse** [9] [14] | **Gambling** [15] [16] |
|---|---|---|---|
| **Individual** | Smoking cigarettes and shisha causes lung cancer and other long-term lung damage, heart disease, stroke.<br>Chewing tobacco causes mouth, nose and throat cancers.<br>Nicotine in all forms can cause anxiety and depression | Alcohol causes cancer, heart disease, liver disease and other ill health.<br>Smoking cannabis causes lung damage and may be linked to psychosis<br>Injecting drug users risk blood borne diseases such as HIV and Hepatitis B/C<br>Drug users risk overdoses and long-term damage to physical and mental healt | Gambling can cause stress, depression, anxiety and other mental health issues<br>Gambling addiction often leads to financial hardship and debt, and may lead to the loss of job and home |
| **Family and friends** | Second hand smoke risks health harms to family and friends<br>Long-term health conditions arising from smoking may lead to financial hardship and increased caring responsibilities | Alcohol addiction is associated with domestic violence<br>Substance addictions can lead to financial hardship and homelessness | Problem gambling can lead to child neglect<br>Financial hardship caused by gambling can lead to homelessness |
| **Community and society** | Pressures on health and social care systems<br>Harm to local economy through increase in sick days and people unable to work | Increased crime and antisocial behaviour<br>Increase in gang membership and violent crime<br>Harm to local economy through reduction in workforces | Increased crime<br>Community disempowerment<br>Spending on gambling not going into local economy |

## References


[1] G. F. Koob and N. D. Volkow, "Neurocircuitry of Addiction," Neuropsychopharmacology, vol. 35, no. 1, pp. 217-238, 2010.

[2] T. Love, C. Laier, M. Brand, L. Hatch and R. Hajela, "Neuroscience of Internet Pornography Addiction: A Review and Update," Behavioural Science, vol. 5, no. 3, pp. 388-433, 2015.

[3] NHS Choices, "Addiction: What is it?," 18 April 2015. [Online]. Available: https://www.nhs.uk/live-well/healthy-body/addiction-what-is-it/. [Accessed 1 July 2019].

[4] Harvard Health Publishing, "Harvard Mental Health Letter: How addiction hijacks the brain," July 2011. [Online]. Available: https://www.health.harvard.edu/newsletter_article/how-addiction-hijacks-the-brain. [Accessed 1 July 2019].

[5] NHS Digital, "Statistics on Smoking: England 2018," NHS Digital, 2018.

[6] T. Langley and M. Jawad, "Waterpipe smoking (shisha) in England: The public health challenge," Public Health England and The Association of Directors of Public Health, 2017.

[7] National Institute for Health and Care Excellence, "Smokeless tobacco cessation: South Asian communities overview," National Institute for Health and Care Excellence, 2018.

[8] House of Commons Science and Technology Committee, "E-cigarettes: Seventh Report of Session 2017-19," House of Commons, 2018.

[9] Public Health England, "The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies," Public Health England, 2016.

[10] Public Health England, "An evidence review of the outcomes that can be expected of drug misuse treatment in England," Public Health England, 2017.

[11] OECD, "Addressing Problematic Opioid Use in OECD Countries," OECD Publishing, Paris, 2019.

[12] Gambling Commission, "Gambling participation in 2018: behaviour, awareness and attitudes," Gambling Commission, 2019.

[13] Action on Smoking and Health, "ASH Ready Reckoner 2018 Edition," 6 September 2018. [Online]. Available: http://ash.lelan.co.uk/. [Accessed 1 July 2019].

[14] Department of Health, "A summary of the health harms of drugs," Department of Health, 2011.

[15] Public Health England and Local Government Association, "Tackling gambling related harm: A whole council approach," Local Government Association, 2018.

[16] W. Lane, P. Sacco, K. Downton, E. Ludeman, L. Levy and J. K. Tracy, "Child maltreatment and problem gambling: A systematic review," Child Abuse and Neglect, vol. 58, pp. 24-38, 2016.


## Key points

1. There are 30,000 smokers in Redbridge – more than one in ten of our adult residents – and the borough has high rates of shisha and chewing tobacco use. All three are highly addictive and very harmful to health.
2. Smoking costs Redbridge £4m a year in adult social care costs, £9m in health service costs, and £29m in lost productivity. Tobacco costs the average Redbridge smoker over £2000 a year, pushing many families below the poverty line.
3. Smoking, shisha and chewing tobacco kill and disable residents across the borough, but disproportionately harm our poorest residents and those who have mental illnesses.
4. Asian residents are more likely to use shisha and chewing tobacco, and may not be aware that these products are as dangerous and damaging to health as smoking cigarettes.
5. Local services are available to help our residents quit smoking. People are three times as likely to successfully quit using our services than trying on their own.

## What is nicotine?

Nicotine is a highly addictive substance found in tobacco – it is the reason people become addicted to cigarettes, shisha (water pipe smoking), chewing tobacco and other tobacco products.

The health harms of smoking are well known, but not everyone is aware that shisha is equally or more dangerous, and that chewing tobacco can also lead to cancer and other illnesses.

The costs to Redbridge of smoking, shisha, chewing tobacco and other nicotine products (such as e-cigarettes) are mainly seen in how the resulting ill health, disability and death affect not just the individual, but also their family, the social care and health systems, and local businesses.

### WHAT DO WE KNOW ABOUT E-CIGARETTES?

E-cigarettes (also known as vapes) are a relatively new way of consuming nicotine – and other substances, such as cannabis. E-cigarettes work by heating a liquid containing nicotine to turn it into a vapour that can be inhaled, rather than burning tobacco so that its smoke can be inhaled.

Advocates for e-cigarettes say that it is much less harmful than smoking, and that it can be used as a stepping stone to quitting.

Critics say that is it much more harmful than not smoking at all, and that it can be a way for tobacco companies to encourage young people to start smoking or to keep smokers consuming nicotine when they might otherwise quit.

Public Health England currently advises local stop smoking services to provide behavioural support to smokers wanting to quit with the help of an e-cigarette. Redbridge follows this guidance and delivers an e-cigarette friendly service.

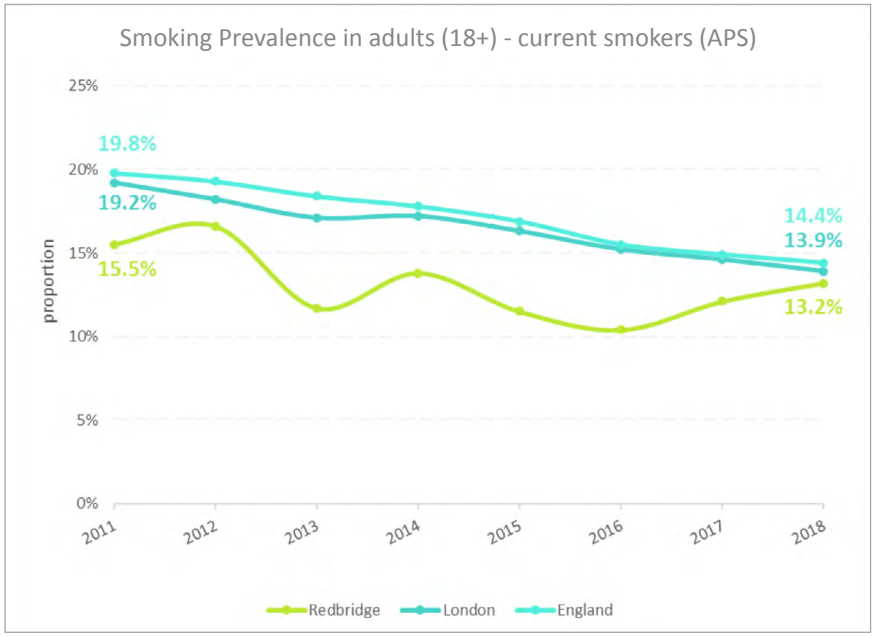
Source: World Health Organisation [1]

# Smoking and nicotine in Redbridge

There are 30,000 smokers in Redbridge, or roughly 13% of the adult population. [1] In common with the rest of London and England, this number has fallen over time, as more smokers quit and fewer young people begin to smoke. However, progress has stalled in Redbridge, and for the first time in 2018 a slight rise was seen in smoking prevalence.

Redbridge has similar cigarette smoking rates when compared to the rest of London, but much higher rates of shisha and chewing tobacco use, both of which are more common in Asian communities. An estimated 8,000 Asian residents regularly smoke shisha, and one in five 15-year-olds report having tried it at least once. [2] [1]

### Smoking rates over time





### What does this graph show?

This graph shows the proportion of the adult population who smoke in Redbridge, London and England, and how that has changed from 2011 to 2018.

Redbridge's smoking rate used to be much lower than London and England's, but over time London and England's rates have steadily decreased, while Redbridge's has not decreased as much. Some of the fluctuation in Redbridge's rates is due to how the rates are measured (a survey is done with randomly selected adults across England, and so we would expect the rate for Redbridge to change slightly year on year simply due to chance) but it is clear that over time the local rate is not decreasing in line with the London and national rates.

# The cost of nicotine in Redbridge

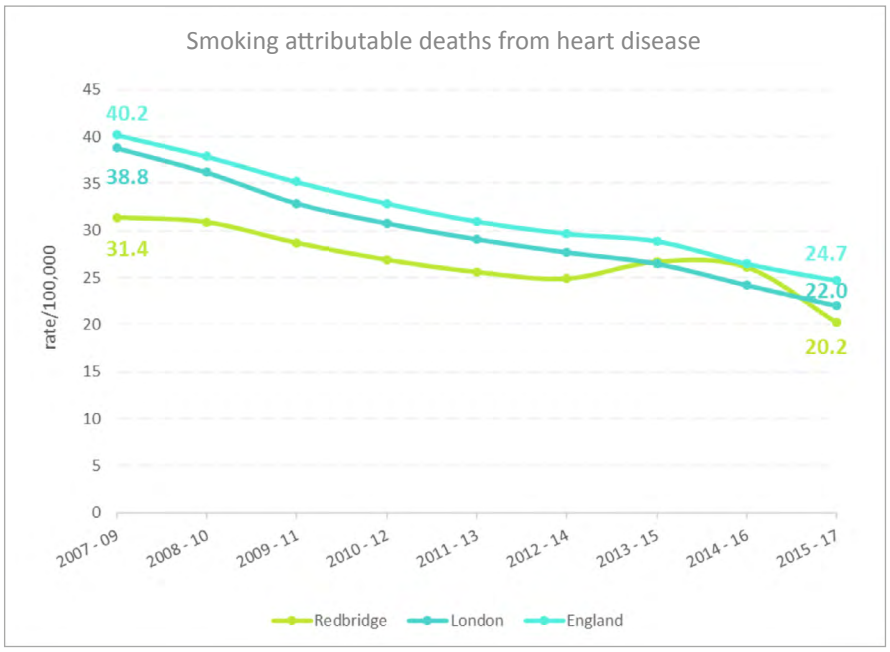
Smokers in Redbridge spend roughly £49m on tobacco products a year, with the average household with an adult smoker spending £2,158 a year on tobacco products. In Redbridge, roughly 1,200 households are pushed below the poverty line because of what they spend on tobacco products – if these smokers were to quit, over 5,000 residents, including over 2,000 dependent children, would no longer be below the poverty line. [3]

About half of all life-long smokers will die before the age of 75, losing on average ten years of life. [4] Smoking is the leading cause of preventable ill health and death in the UK, costing Redbridge £4m a year in adult social care needs caused by smoking-related illnesses and costing local health services £9m a year. It is estimated that businesses in Redbridge lose £29m in productivity due to smoking breaks and smoking-related illness and death, and that £1m is lost annually in Redbridge as a result of fires caused by smoking materials. [5]

These costs to society far outweigh tax revenue brought in by tobacco purchases, even before we take into account the human suffering caused by smoking-related illness and death.

Cigarette smoking causes lung cancer, other cancers, coronary heart disease, stroke, chronic obstructive pulmonary disease, still birth, and many other health harms. [6] Shisha smoking is often perceived as "healthier" than cigarette smoking, but it not only causes the same kinds of health harms, but also carries additional risks around infectious diseases (from sharing pipes), toxic elements in shisha including arsenic, and carbon monoxide poisoning from the charcoal burned to heat the products. [2] It is hard to compare shisha smoking directly to cigarettes because the content and use of shisha pipes varies so much, but it is certainly as dangerous, and some research suggest it may be more dangerous because of how long people spend breathing in cancer-causing fumes during a single shisha session. [7] Chewing tobacco can cause cancers of the mouth, throat and pancreas, as well as increasing risks for early delivery and stillbirth if used in pregnancy. [8]

**Smoking attributable deaths from heart disease over time**




### What does this graph show?

This graph shows the "smoking attributable" rate of death from heart disease in Redbridge, London and England, and how that has changed from 2011 to 2018. This is the number of deaths from heart disease per 100,000 residents aged 35+ that could have been avoided if no one smoked.

Smoking contributes to heart disease but it is not the only cause – others include poor diet and lack of exercise – so the "smoking attributable" deaths are not all deaths from heart disease, but instead a proportion of them calculated by Public Health England using a combination of local data and national evidence about how smoking affects heart disease.

We can see that as with Redbridge's smoking rate, our local rate of smoking attributable deaths from heart diseases used to be much lower than London and England's, but over time London and England's rates have steadily decreased, while Redbridge's have not decreased as quickly, and are now very similar to the London and national rates.

## Who is most affected?

Smoking drives inequality – it is the single largest behavioural reason why those who are poorer live shorter lives, and in worse health, than those who are richer. [9] People living in the most deprived 10% of neighbourhoods in England are four times as likely to smoke as those living in the least deprived 10%, and hence much more likely to develop lung cancer, heart disease, stroke and other smoking-related illnesses. [10] Locally, four of Redbridge's 161 neighbourhoods[1] are among the 10% most deprived in England, with another 9 in the 20% most deprived – reducing smoking in these areas will reduce the health inequalities we see in the borough.

There are also differences in smoking behaviour by gender, ethnicity, and other characteristics.

### SMOKING IN PREGNANCY

Smoking in pregnancy risks miscarriage, still birth, and life-long health problems for the unborn child. Babies whose parents smoke are more likely to be admitted to hospital for lung infections in their first year of life.

In Redbridge we provide specialist services to help those who are pregnant to stop smoking as early as possible in the pregnancy. Thanks to this service, only 3.5% of people who give birth are smoking at the time of delivery – far lower than the national average of 11%.

Source: Public Health England [1]

In Redbridge, 18% of adult men smoke compared to 8% of adult women. [1] Nationally, men are about 20% more likely to smoke than women [10] but this difference varies by ethnicity – Asian men are much more likely to smoke than women (with estimates of a 4- to 10-fold higher smoking rate) [11] but this does not take into account smokeless/chewing tobacco use, which we know Asian women are more likely to do than smoke.

Asian residents are less likely to smoke cigarettes than White residents but more likely to use smokeless tobacco or shisha. [10] [2] [12] This presents challenges to make sure that smoking cessation services and education are appropriately targeted. Eastern European residents and Gypsy/Traveller residents also have high levels of smoking, with some estimates suggesting half of Gypsy/Traveller adults smoke. Black Caribbean and Chinese men also have high smoking rates. [9]

Most smokers start smoking before the age of 18, with roughly 40% of smokers starting before the age of 16.

1 These types of neighbourhoods are technically known as "LSOAs", or "lower super output areas". The Office for National Statistics splits the country up into these LSOAs (each with roughly 1500 residents) in order to understand what is happening on a very local level.

Those who smoke heavily are more likely to have started smoking before the age of 16. [13] This means that stopping young people from starting smoking and delaying the age at which people start is an important part of any smoking prevention strategy. In Redbridge, only 1.6% of 15-year-olds report smoking one cigarette or more a week, one of the lowest rates in the country. This is hugely positive, but is tempered by the fact that Redbridge has a high rate of 15-year-olds who have tried other tobacco products such as shisha, with 18% reporting having ever tried them. [1]

People with mental ill health are more likely to smoke compared with the general population: those with long-standing mental ill health are between 1.5 and 2 times as likely to smoke as the general population. [14] People with a severe mental health condition (such as schizophrenia, bipolar disorder and other psychoses) have particularly high smoking rates. In Redbridge, the smoking rates among this population group was reported by GPs to be 30%. This is relatively low compared to other areas (nationally the rate is 41%), but is still over twice the smoking rate in the general Redbridge population. [1]

LGBT+ (lesbian, gay, bisexual, transgender and other sexual and gender minorities) people are more likely to smoke than the general population. [9]

## How can we tackle nicotine addiction in Redbridge?

To tackle nicotine addiction, London Borough of Redbridge must:

**Stop people from starting to smoke and using other forms of tobacco**

**Provide help and support for those wanting to quit**

**Protect others from the effects of second hand smoke**

**Use our planning and enforcement powers to limit the availability of shisha and illegal tobacco**

## Stopping people from starting to smoke

As part of Redbridge's ambition to become a Child Friendly Borough, we are working with schools, colleges and other partners across the borough to stop children and young people from starting to smoke. We are improving their resilience so they are better able to resist pressure to smoke, and educating them about the dangers of smoking, shisha and other forms of tobacco.

We know that children growing up with parents or siblings who smoke are nearly twice as likely to become smokers themselves compared with those who don't. This means that tackling smoking in adults can have the double impact of both helping adults to quit and stopping children and young adults from starting to smoke. [9] Smoke free public areas also help to break the image of smoking as a normal part of life – children who do not grow up seeing smoking as the norm are less likely to smoke themselves.

## Providing help and support

Our stop smoking services (see next section) help over a thousand Redbridge residents to quit each year. [1] These services are based on the best available evidence on how to support people to quit, providing individual, tailored plans and medications that work for our residents.

## Protecting others from the effects of second hand smoke

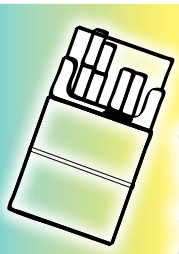
National regulations protect people from second hand smoke in indoor public venues from restaurants to hospitals. The 2007 smoking ban has led directly to a reduction in heart disease and in smoking-related deaths caused by second hand smoking. [15]

Smoke free public outdoor areas also help to protect people from second hand smoke.

## Using planning and enforcement powers

The Council has the power to grant or deny licences to shisha bars, to inspect licensed venues to ensure they are running safely, and to shut down unlicensed venues. These inspection and enforcement powers are extremely valuable in tackling the health harms of shisha, as poorly ventilated shisha bars can allow the build-up of harmful gases such as carbon monoxide to extremely dangerous levels.

The Council also has the power to investigate the sale of illegal tobacco, and to confiscate illegal tobacco and issue fines. Illegal tobacco is a major way that young people start smoking because it's cheaper and may be sold in smaller quantities. This is especially true for those under the age of 18. It also undermines adults' attempts to quit. This means that fighting the illegal tobacco trade is vital to our efforts to reduce smoking and its harms in Redbridge.



only **1.6%** of 15-year-olds report smoking one cigarette or more a week

# What support is available?

## Stop smoking services

Over a thousand Redbridge residents successfully quit each year using our stop smoking services – this is a higher proportion of all smokers in the borough than is seen in London or England. [1] Smokers are three times as likely to successfully quit using these services than simply making the attempt without support. [16]

For help to quit smoking, we encourage residents to use the Everyone Health Redbridge (Redbridge Stop Smoking Service). Clients can choose to receive one-to-one or group support by Everyone Health's Specialist Practitioners across community locations in the borough. Alternatively, support can be provided through participating pharmacies across Redbridge. Telephone and virtual support is also available as part of the service. Clients will also have access to stop smoking medicines to help manage the quit journey. Please call 0333 005 0095 or email: clinical.contactcentre@nhs.net. You can find out more online at **https://redbridge.everyonehealth.co.uk** (Information correct at time of publication)

## Regional resources

Additional advice and support is available from the Stop Smoking London service. Residents can access free specialist, personalised support from trained health advisers over the phone to help them quit smoking. Helpline number: 0300 123 1044; Website: **www.stopsmokinglondon.com** (Information correct at time of publication)

## Case study

Lance is a 67 year old Redbridge resident who stopped smoking in August 2019 after 35 years of smoking. Lance was nervous at first about trying to quit because so many of his friends, family and wider community smoked, but the rising cost of cigarettes and the risks to his health made him seek out support.

Everyone Health Redbridge prescribed him nicotine patches and gave him a series of one-on-one support sessions to help him set a quit date and stick to it. He found the patches very helpful in reducing his cravings, and has been smoke-free for two months at time of writing. Already, his breathing has improved, and he is delighted by the amount of money he has saved.

Over the next year, Lance will continue to notice the positive effects on his health, as he will breathe more easily and be much less likely to get coughs and lung infections. By August 2020, Lance's chance of coronary heart disease will have dropped by half, and the long-term health impacts – including reduced risk of cancer, heart disease and lung disease – will be felt for the rest of his life.

Lance has had a really positive experience of using the service and is working hard to get as many of his friends as possible to follow in his footsteps.

"I now tell all my friends to go to the service," Lance says. "I tell them that the advisers are really friendly, helpful and supportive and they help you with which products are the best for you."

Case study provided by Everyone Health Redbridge.

# References


[1] Public Health England, "Local Tobacco Control Profiles," [Online]. Available: https://fingertips.phe.org.uk/profile/tobacco-control. [Accessed 29 July 2019].

[2] T. Langley and M. Jawad, "Waterpipe smoking (shisha) in England: The Public Health Challenge," Association of Directors of Public Health and Public Health England, 2017.

[3] Action on Smoking and Health, "Estimates of poverty in England adjusted for expenditure on tobacco," 20 July 2016. [Online]. Available: https://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-poverty-calculator/. [Accessed 05 September 2019].

[4] Department of Health, "Towards a Smokefree Generation - A Tobacco Control Plan for England," Department of Health, 2017.

[5] Action on Smoking and Health, "ASH Ready Reckoner 2018 v6.8," 6 September 2018. [Online]. Available: http://ash.lelan.co.uk/. [Accessed 24 June 2019].

[6] Centers for Disease Control and Prevention, "Health Effects of Cigarette Smoking," 17 January 2018. [Online]. Available: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm. [Accessed 29 August 2019].

[7] H. M. Aslam, S. Saleem, S. German and W. A. Qureshi1, "Harmful effects of shisha: literature review," International Archives of Medicine, vol. 7, no. 16, 2014.

[8] Centers for Disease Control and Prevention, "Smokeless Tobacco: Health Effects," [Online]. Available: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm. [Accessed 09 September 2019].

[9] Public Health England, "Health inequalities briefing for London: Tobacco (use): Inequalities by protected characteristics and socioeconomic factors," Public Health England, 2015.

[10] Office for National Statistics, "Smoking inequalities in England, 2016," 14 March 2018. [Online]. Available: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/adhocs/008181smokinginequalitiesinengland2016. [Accessed 29 July 2019].

[11] S. Karlsen, D. Millward and A. Sandford, "Investigating ethnic differences in current cigarette smoking over time using the health surveys for England," European Journal of Public Health, vol. 22, no. 2, pp. 254-256, 2012.

[12] National Institute for Health and Care Excellence, "Smokeless tobacco cessation: South Asian communities overview," National Institute for Health and Care Excellence, 2018.

[13] Office for National Statistics, "Chapter 1 - Smoking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)," Office for National Statistics, 2013.

[14] Royal College of Physicians and Royal College of Psychiatrists, "Smoking and mental health," Royal College of Physicians, 2013.

[15] K. Frazer, J. E. Callinan, J. McHugh, S. v. Baarsel, A. Clarke, K. Doherty and C. Kelleher, "Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption," Cochrane Database of Systematic Reviews, 2016.

[16] National Centre for Smoking Censsation and Training, "Stop smoking services: increased chances of quitting," 2019. [Online]. Available: https://www.ncsct.co.uk/usr/pub/Stop%20smoking%20services%20effectiveness.pdf. [Accessed 02 September 2019].

[17] World Health Organisation, "Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS)," World Health Organisation, 2016.


## Key points

1. People can become addicted to a wide range of substances, from opiates (heroin and heroin-like drugs) and crack cocaine to alcohol and prescribed medication.
2. There are 2,200 dependent drinkers and 1,500 opiates and/or crack cocaine users in Redbridge, resulting in over a hundred deaths a year that could have been avoided.
3. Nearly half of all "acquisitive" crimes – burglary, robbery, shoplifting and other theft – are committed by those addicted to opiates and/or crack cocaine. In Redbridge, this makes an estimated £28m a year lost to residents, businesses and local services.
4. The most successful way to reduce crime in those who suffer from substance addiction is to treat the addiction.
5. Drugs and alcohol disproportionately harm our poorest residents, their families and their communities.
6. We are working locally to educate and empower communities, and create safer environments, to stop substance misuse before it starts. We have responsive and effective local services in place to treat and support those who do become addicted.

## What is substance misuse?

This section covers drugs, alcohol, and the misuse of prescription medication. These substances have very different effects and are viewed very differently by society, but they are all potentially addictive and can cause both health and social harms.

Some drugs, such as opiates (heroin and heroin-like drugs) and crack cocaine, are highly addictive and very damaging – there is no level of consumption that does not risk serious ill health or even death.

Other substances, such as alcohol, are commonly accepted as neutral or even positive in moderation – while there is no "safe" level of alcohol consumption in terms of health harms, many consider the trade-off worth it for the social enjoyment it generates.

At the other end of the spectrum, prescription medications have positive health effects when used correctly, but some, such as opioids (a type of high-strength painkiller) can be addictive, especially when prescribed inappropriately – that is, prescribed at too high a dose, for too long a time, or when there are other more appropriate medicines available. Those who do become addicted may continue to receive prescribed medications when they do not need them, may turn to illegal sources of these medications, or may transition onto other more readily available illegal drugs.

### WARNING!

"Opiates" and "opioids" are very similar words that are often used when discussing substance misuse.

Opiates are heroin and heroin-like substances such as morphine. Some opiates can be prescribed as painkillers, but they are often illegal or highly controlled.

Opioids are man-made painkillers that are chemically similar to heroin and morphine. Some are illegal or highly controlled, but others are prescribed on a regular basis.

## Substance misuse in Redbridge

It is estimated that there are:

- 2,200 dependent drinkers in Redbridge who are in need of specialist support and treatment [1]
- 1,500 Redbridge residents who use opiates, crack cocaine or both [2]
- 16,000 Redbridge residents who have used any illegal drug in the last year, of whom 13,000 have used cannabis and 5,600 have used any class A drug such as cocaine, ecstasy, heroin or crystal meth. [3]

Redbridge has similar rates of dependent drinking and substance misuse to London and England.

In 2014, 700,000 litres of pure alcohol were sold in off-licences, supermarkets and other shops in Redbridge (the "off-trade"). [4] This is the equivalent of 17.5 million litres of beer. There are 523 premises in Redbridge licensed to sell alcohol, of which about half are supermarkets, off-licences and other shops, and about a third are pubs and restaurants.

## The cost of substance misuse

The main costs of substance addiction are not seen in the direct spend on alcohol and drugs, but in the wider costs to individuals, their families, and society.

In 2015-17, there were 250 deaths in Redbridge attributable to alcohol consumption, and 14 deaths directly caused by drug misuse. [4] [5] It's important to note that the drug misuse figure includes only those deaths where a drug is named as the cause on the death certificate – this excludes, for instance, deaths from diseases acquired through injecting drug use. These diseases include Hepatitis B and C, HIV and bacterial infections.

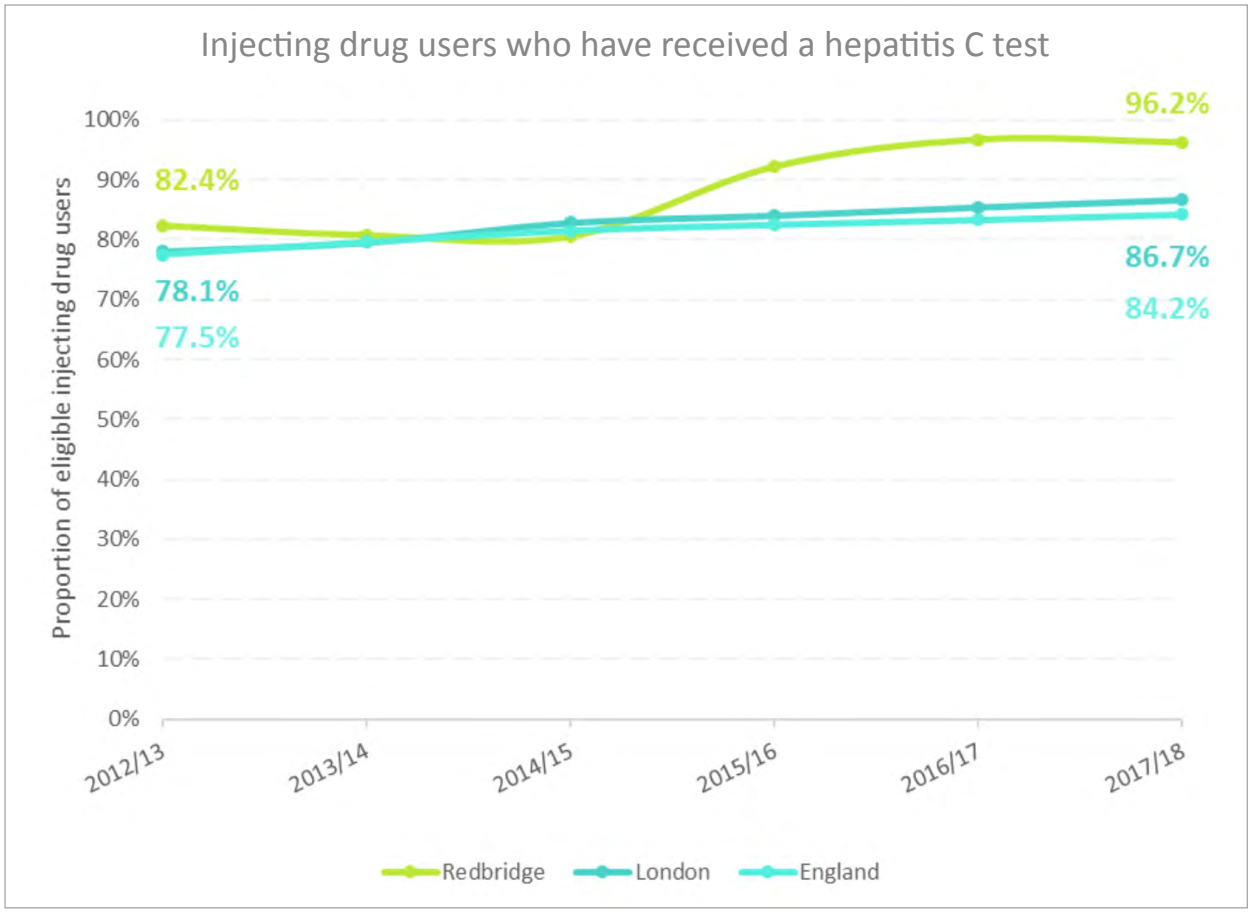

### WHAT DO WE KNOW ABOUT PRESCRIPTION PAINKILLERS?

The "opioid crisis" in the United States has many in the UK worried about similar issues of addiction to prescription opioids (high strength painkillers) over here. Nationally, there are some warning signs, such as increased prescribing of opioids and increased reporting of opioids used for non-medical reasons. However, these do not seem to be at the same level as those seen in the US.

In Redbridge, just over 20,000 residents received at least one opioid prescription in 2017/18 for something other than cancer-related pain. When adjusted for the age and gender makeup of the borough, this is lower than what is typically seen nationally.

Other prescribed medications can also lead to addiction such as benzodiazepines and Z-drugs (types of sleeping medicine) and pregabalin and gabapentin (types of anti-anxiety medicine). Nationally, there has also been an increase in prescribing these medicines, although Redbridge has lower prescribing rates than is seen nationally.

Source: Public Health England [5]




### What does this graph show?

This graph shows the proportion of eligible people entering drug misuse treatment in Redbridge, London and England who are tested for hepatitis C, and how this has changed over time.

Hepatitis C is a viral liver disease that can be transmitted through some bodily fluids (eg by sharing needles or having unprotected sex). A key group of people who are at risk of having and passing on hepatitis C are injecting drug users, and reducing the prevalence of this disease is a pan-London priority.

Redbridge has seen a striking improvement in testing our substance misuse clients for hepatitis C over the last five years, much higher than the London and England rates. Through innovative onsite treatment that brings services to those who need it, we are supporting our residents not only to learn their hepatitis C status, but also to receive appropriate treatment (as hepatitis C can be cured) and support to avoid reinfection. This is extremely positive, as we are protecting not just those who are vaccinated, but also those to whom the vaccinated people might otherwise have passed on the disease.

Alcohol and drug addiction affect more than just the individual. These addictions increase the risk of domestic violence, child abuse, unemployment and homelessness. [6] [7] Having a parent with a substance misuse addiction is itself considered an adverse childhood experience (see box), which contributes to worse outcomes throughout a child's life.

Nearly half of all "acquisitive" crimes – burglary, robbery, shoplifting and other theft – are committed by those addicted to opiates and/or crack cocaine. It is estimated that £6bn a year is lost to drug-related acquisitive crimes – thefts committed to fund drug addiction. [8] In Redbridge, this comes to £28m a year lost to residents, businesses and local services.

Alcohol can also cause health harms in many ways. Redbridge saw 19 road traffic accidents in 2014-16 due to alcohol – this rate is roughly typical for London. [9] In 2017/18 there were 4,864 hospital admissions in Redbridge for alcohol-attributable conditions, of which 809 were specifically for conditions caused only by alcohol (such as alcoholic liver disease, or alcohol poisoning). [4] Those who heavily misuse drugs and alcohol are at increased risk of stroke, dementia and other conditions that require adult social care support, leading to increased costs for the adult social care system.

## Who is most affected?

While people with higher incomes or who live in less deprived areas are more likely to drink, those with lower incomes or who live in more deprived areas are more likely to experience alcohol-related health harms such as liver disease, cancer and early death. [10] [11] People in the 10% most deprived local authorities in England are over twice as likely to die due to a condition caused by alcohol. [4] Even though people in employment, especially high paying employment, are more likely to drink, those in receipt of out-of-work benefits and housing benefit are much more likely to be dependent on alcohol. [12]

We can see in the map of licensed premises in Redbridge (Figure 1) that those shops, pubs and restaurants licensed to sell alcohol are concentrated in our areas of highest deprivation.

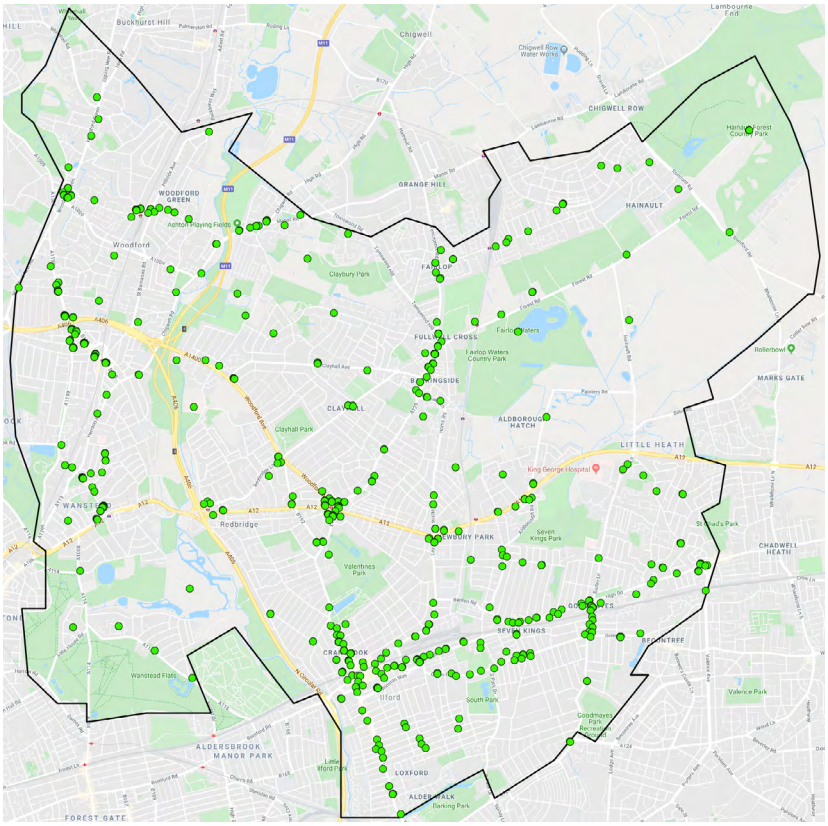



Figure 1: Map of premises in Redbridge licensed to sell alcohol

Those living in areas of higher deprivation are also more likely to become addicted to drugs, especially highly addictive and harmful drugs such as heroin and crack. [13]

People who live in areas of high deprivation are more likely to be prescribed opioids and also more likely to be prescribed them for longer. It may be that this is an entirely proportional response to the fact they are more likely to experience chronic pain, but this still raises chances of addiction. [14]

Men are more likely to be addicted to substances, with men three times as likely as women to be dependent on alcohol (6% compared to 2%), twice as likely to take drugs, twice as likely to die due to a condition caused by alcohol, and three times as likely to die from drug misuse. [15] [16] [4] [3] Each year in Redbridge, men lose approximately 900 years of life to alcohol-related conditions, while women lose approximately 250. [4]

However, it is important to remember that while men may be more likely to drink and abuse substances, alcohol is a major contributor to intimate partner violence, which can affect all genders. Alcohol can increase intimate partner violence risk directly, by lowing self-control and increasing emotional responses, and indirectly, by causing or increasing stressful situations such as financial problems. [17]

Those living in areas of higher deprivation are

**more likely**

to become addicted to drugs

## ADVERSE CHILDHOOD EXPERIENCES

Experiences in childhood can affect people's lifelong health and resilience. Children who go through "Adverse Childhood Experiences" (ACEs) such as abuse or neglect, or growing up in a house where there is drug use, domestic violence or other issues are more likely to have poorer health and suffer from substance addiction.

ACEs are not the only factor that affects someone across their life – there are people with no ACEs who develop addictions, and people with several ACEs who live healthy and happy lives – but the more ACEs a child experiences, the more likely they are to have negative health consequences as an adult. Those with four or more ACEs are twice as likely to binge drink and eleven times as likely to use opiates or crack as those with none.

By ensuring that every child has a safe, happy and healthy start in life, we can help future generations grow up with much lower chances of addiction. It is estimated that if no child experienced any ACEs, we would reduce opiates and crack use in future generations by almost 60%.

Source: Public Health England [23]

**Years of life lost due to alcohol-related conditions by gender over time**


### What does this graph show?

This graph shows years of life lost in Redbridge per 100,000 adult residents due to alcohol, and how this has changed over time. It is split by gender, with the years of life lost by men consistently much higher than the years of life lost by women – this reflects that men are much more likely to drink alcohol to harmful levels and to suffer from alcohol addiction.

One positive thing that can be seen from the graph is that while the number of years of life lost fluctuates over time, there has been a drop over the ten year period 2008-2017, reflecting the work done to limit harmful drinking, support those who are addicted to alcohol, and treat those who become ill as a result.

Different age groups are most affected by different substances. Younger people are more likely to have used any drug in the last year and more likely to binge drink. [3] [10] However, the consequences of substance misuse are long-term, with hospital admissions and deaths from alcohol-related conditions more common in older age groups. In Redbridge in 2017/18, men over the age of 65 had over 1,100 hospital admissions for alcohol-related conditions per 100,000 population, compared to less than 200 per 100,000 in men under 40. The corresponding figures for women are lower but follow the same pattern. (480 per 100,000 in women over 65, 110 per 100,000 in women under 40). [4]

We are also, in common with the rest of the country, seeing our treatment population for heroin users aging. [18] These older residents will require multiple health and social care services to meet their increasingly complex needs.

Older adults are at particular risk of prescription drug misuse, simply because they are much more likely to be prescribed multiple medicines, with 10% of these likely to be inappropriately prescribed. [19]

Asian residents are less likely to report drinking or using illegal substances when surveyed. [20] This is reflected in the fact that there are nearly twice as many White residents using our substance misuse services as Asian residents, despite the fact there are more Asian residents of Redbridge than White residents. [21] However, there may also be issues with Asian residents being less likely to seek treatment, especially Asian women, due to stigma around substance use and addiction. [22]

People with mental ill health are more likely to have coexisting substance addiction than the general population – this "dual diagnosis" can provide particular challenges around treatment and ongoing support from services. [23]

# How can we tackle drug and alcohol addiction in Redbridge?

Redbridge has a comprehensive substance misuse strategy, which has the following four key priorities. [23]

## Informing, educating and empowering communities

Strong and empowered communities are the key to preventing substance misuse addiction. Redbridge Council work with schools, GPs and voluntary and community groups to raise awareness, promote resilience and change social norms. This helps all our residents – especially young people – understand the risks of drugs and alcohol, and enables them to make the choices that are right for them, without facing social pressure to use substances or feeling unable to cope with life without substance use.

## Promoting healthy and safe community environments

We work as a council to ensure all residents live in safe, healthy communities where healthier choices are possible. This includes working across agencies to reduce the availability of illegal substances, and using the best available evidence to identify where additional pubs, clubs and off-licences may harm the community.

## Providing a responsive system of care

The Public Health Team within Redbridge Council commissioned an integrated substance misuse service that provides appropriate, cost-effective treatment for all those ready to seek help. Treatment dramatically reduces reoffending in those in contact with the criminal justice system. [24]

GPs and other frontline healthcare staff also provide brief advice and signposting to those who require some support but do not require structured treatment.

## Supporting individuals in recovery

We promote the mental and physical wellbeing of all patients in treatment services, helping them to get into education and employment, and supporting them through this. We aim to raise all individual's capacity to be active in their family and community life.

## What support is available in Redbridge?

If you or someone you know is worried about substance misuse, your GP or another professional (such as a housing support officer, nurse or social worker) will be able to advise you and, if appropriate, refer you into support and treatment services.

Through our providers, WDP, we offer free, confidential support and treatment for Redbridge residents affected by drug and alcohol addiction, and their families and carers. This includes one-to-one key working, group programmes, counselling, support to re-enter employment, and harm reduction programmes such as our highly successful screening, vaccination and treatment programmes for blood borne viruses. We also provide an outreach service for members of the street drinking population, which uses an assertive and persistent approach to engage and keep engaging with those who are hardest to reach.

### Case study

John  is a 40-year-old Redbridge resident who is currently staying in a local homeless shelter. He has two children who live with their grandmother.

John started taking drugs in his 20s "just to keep [his] girlfriend company", not thinking that he would become addicted. However, he soon became addicted to both heroin and crack, and lost his job as an electrician, his home and his family.

Since seeking help, he has been supported by local treatment and recovery services to tackle both his addiction and the reasons behind it.

Many people receiving treatment for heroin addiction are treated in part with less harmful substitutes that reduce the physical cravings and allow them to transition away from dependence. Redbridge is the first local authority in the country to offer a new way of administering these substitutes so that people can receive treatment monthly instead of daily – John says that because of this new treatment, "I forgot I was a drug addict for the first time in a long time."

Thanks to ongoing support and treatment, John finally feels hopeful about his future. He hopes to return to work as an electrician.

Case study supplied by P&S Chemist.

# References


[1] R. Pryce, P. Buykx, L. Gray, T. Stone, C. Drummond and A. Brennan, "Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence," April 2017. [Online]. Available: https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf. [Accessed 21 August 2019].

[2] G. Hay, A. R. d. Santos, H. Reed and V. Hope, "Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17)," Public Health Institute, Liverpool John Moores University, Liverpool, 2019.

[3] Home Office, "Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales," Home Office, 2018.

[4] Public Health England, "Local Alcohol Profiles for England," 2019. [Online]. Available: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data. [Accessed 2019 July 18].

[5] Office for National Statistics, "Drug-related deaths by local authority, England and Wales," 06 August 2018. [Online]. Available: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority. [Accessed 05 August 2019].

[6] Public Health England, "The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review," Public Health England, 2016.

[7] S. Barber, R. Harker and A. Pratt, "Human and financial costs of drug addiction," House of Commons Library, London, 2017.

[8] HM Government, "2017 Drug Strategy," HM Government, London, 2017.

[9] Public Health England, "Local Alcohol Profiles for England," [Online]. Available: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/. [Accessed 21 August 2019].

[10] Office for National Statistics, "Adult drinking habits in Great Britain," 01 May 2018. [Online]. Available: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017. [Accessed 02 August 2019].

[11] M. A. Bellis, K. Hughes, J. Nicholls, N. Sheron, I. Gilmore and L. Jones, "The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals," BMC Public Health, vol. 16, 2016.

[12] S. McManus, P. Bebbington, R. Jenkins and T. Brugha, "Mental health and and wellbing in England: Adult Psychiatric Morbidity Survey 2014," NHS Digital, Leeds, 2016.

[13] Public Health England, "An evidence review of the outcomes that can be expected of drug misuse treatment in England," Public Health England, 2017.

[14] Public Health England, "Dependence and withdrawal associated with some prescribed medicines: An evidence review," Public Health England, 2019.


[15] Public Health England, "Health matters: harmful drinking and alcohol dependence," 21 January 2016. [Online]. Available: https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence. [Accessed 02 August 2019].

[16] Public Health England, "Health matters: preventing drug misuse deaths," 15 September 2017. [Online]. Available: https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths. [Accessed 02 August 2019].

[17] World Health Organization, "Intimate partner violence and alcohol," 2006. [Online]. Available: https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf. [Accessed 02 August 2019].

[18] Advisory Council on the Misuse of Drugs, "Ageing cohort of drug users," Advisory Council on the Misuse of Drugs, 2019.

[19] Royal College of Psychiatrists, "Our Invisible Addictions (2nd edition)," Royal College of Psychiatrists, 2018.

[20] NHS Digital, "Illicit drug use among adults," 17 May 2019. [Online]. Available: https://www.ethnicity-facts-figures.service.gov.uk/health/physical-and-mental-health/illicit-drug-use-among-adults/latest. [Accessed 26 September 2019].

[21] National Drug Treatment Monitoring System, "Adult Profiles: Ethnicity - Redbridge - All in Treatment," [Online]. Available: https://www.ndtms.net/Viewlt/Adult. [Accessed 26 September 2019].

[22] UK Drug Policy Commission, "Drugs and Diversity: Ethnic minority groups," July 2010. [Online]. Available: https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20ethnic%20minority%20groups%20(policy%20briefing).pdf. [Accessed 26 September 2019].

[23] London Borough of Redbridge, "Redbridge Substance Misuse Strategy 2017-2020," 2017. [Online]. Available: https://www.redbridge.gov.uk/media/4041/substance-misuse-recovery-strategy-2017-2020.pdf. [Accessed 02 September 2019].

[24] Ministry of Justice and Public Health England, "The impact of community-based drug and alcohol treatment on re-offending," Public Health England, 2017.

[25] Public Health England, "Prescribed medicines review: clinical commissioning group data," 10 September 2019. [Online]. Available: https://www.gov.uk/government/publications/prescribed-medicines-review-report. [Accessed 11 September 2019].

[26] J. Bond, "Introduction to Adverse Child Experiences," [Online]. Available: https://www1.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/ACES%20and%20social%20injustice%20_DCP%20SW.pdf. [Accessed 26 September 2019].

## Key points

1. Nearly 2,000 Redbridge residents are likely to have a serious gambling problem, with another 9,000 at risk of developing one.
2. "Fixed odds betting terminals", also known as electronic slot machines, are a particularly dangerous form of betting where people can lose a lot of money very quickly. Most of these machines are in betting shops, which are mainly found in the more deprived areas of Redbridge.
3. We do not know the extent of online gambling in Redbridge, but we do know that online gambling is particularly attractive to younger residents, with many young people able to bypass attempts to limit play to those aged 18+.
4. Problem gambling can lead to debt, financial pressure and unemployment, causing harm not only to the individual but to their family and their local community. Problem gambling can also cause stress, anxiety, shame and stigma for the problem gambler and their family.
5. It is estimated that nearly 500 residents with a serious gambling problem have committed a crime to finance their addiction.
6. Availability of gambling opportunities increases the risk of developing a gambling addiction. Since 2015, the Council has had greater powers to prevent new betting shops from opening in Redbridge, which it has used to protect residents from further proliferation of betting shops.

## What is gambling?

Gambling is any activity that involves betting money on the outcome of something, even if the prizes are not money. This includes participating in lotteries, raffles and bingos, betting on sporting events, playing games of chance or skill such as poker for money, and playing games/betting machines where there is a fixed chance of winning.

Gambling can be a fun and social activity, with some gambling activities (such as a raffle for a local charity) supporting good causes. Nearly half of adults in the UK report gambling in the last month, with the most popular activities being playing the National Lottery and betting on football matches. However, for a minority of participants, gambling can become a serious problem, causing harm to the individual and the people around them. [1]

## Gambling in Redbridge

For every 100 people in the UK who gamble, 1 will have a serious gambling problem, and another 7 will be at risk of developing one. In Redbridge, this is an estimated 1,800 adult residents with a serious gambling problem, and another 8,900 at risk of developing one. Of these residents, 7,500 will agree with the statement "I have bet more than I can afford to lose." [1]

There are 54 betting shops in Redbridge. Betting shops allow customers to place bets on sporting or other events, but also contain fixed odds betting terminals (FOBTs) (see box). All premises licensed to sell alcohol for consumption on site ("on licences") are entitled to have up to two gaming machines on site, and can have more if given a permit by the local authority.

Online gambling is available to all Redbridge residents who can use the internet. There are currently no restrictions on the size of stakes or speed of play for online gambling, and young people report bypassing attempts to limit play to those who are 18+. [2] Online gambling mainly takes place in the home, with people using laptops, mobile phones and tablets to gamble. However, 22% of online gamblers aged 18-24 who do gamble outside the home report gambling at work. [1]

## The cost of gambling

It is estimated that Redbridge residents spend £68m a year on gambling, with £15m spent in betting shops, £27m spent on online betting, and the rest spent on the National Lottery, casinos, arcades, bingo and other forms of gambling. [3] Money spent in Redbridge's betting shops is money that is lost to the local economy – all licenced betting shops in Redbridge are members of national chains such as Ladbrokes (15 betting shops in Redbridge), Betfred, Paddy Power or William Hill (each with 9 betting shops in Redbridge).

Problem gambling can lead to stress, anxiety, shame and stigma for the problem gambler and their family. It can also cause financial difficulties, as the gambler spends more and more on their addiction, with problem gamblers more than three times as likely to be in debt as non-gamblers. [4]

In 2017/18, Gamcare's National Gambling Helpline received 30,000 calls from those affected by problem gambling. The most common impacts mentioned by callers were anxiety/stress, financial difficulties, and family/relationship difficulties. Two thirds of callers disclosed that they were in some level of debt. [2] Work and education also suffer - just under half of problem gamblers have risked an educational opportunity due to gambling. [4]

Gambling addiction doesn't just affect the gambler and those close to them. One in four problem gamblers – an estimated 450 in Redbridge – have committed a crime in order to finance their gambling. [4] Problem gamblers are more likely to become homeless, to use mental health services, and to be a jobseeker's allowance (JSA) claimant. In particular, gambling addiction is estimated to cost Redbridge between £44k and £266k in additional statutory homelessness costs. [4]

### WHAT DO WE KNOW ABOUT FIXED ODDS BETTING TERMINALS?

Fixed odds betting terminals (FOBTs) are electronic slot machines where there is a fixed and pre-determined chance of winning. The classic "fruit machine" is an early example of this, but current FOBTs can offer many different games, providing users with variety and a sense of control.

FOBTs are controversial because users can lose large sums of money very quickly. Since April 2019, the legal maximum stake on a FOBT has been reduced from £100 to £2, but as there is no limit to the number of times a person can gamble and lose, cost can add up quickly.

Problem gamblers are more likely to use FOBT than those who rarely gamble, so some people see these machines as targeting an already vulnerable group.

Most FOBTs are found in betting shops, although pubs and some other venues may also have a licence to house them.

Source: House of Commons Library [12]


Redbridge residents spend around **£68m a year** on gambling

# Who is most affected?

Gambling and gambling addictions are strongly linked to deprivation. Lower income households spend a higher proportion of their income on gambling, [5] and problem gamblers are more likely to live in areas of higher deprivation. [6]

In Redbridge, we can see that most of the betting shops are clustered in the south east of the borough in and around Ilford, especially Clementswood (8 betting shops and 6 other premises licensed for gambling) and Loxford (5 betting shops and 1 other premise licensed for gambling), although there are also 6 betting shops in Fairlop to the north (and 5 other premises licensed for gambling). Where there are more betting shops, it's easier to gamble and harder to avoid the opportunity if you are struggling with addiction. More betting shops also mean more FOBT, the most addictive form of in-person gambling.

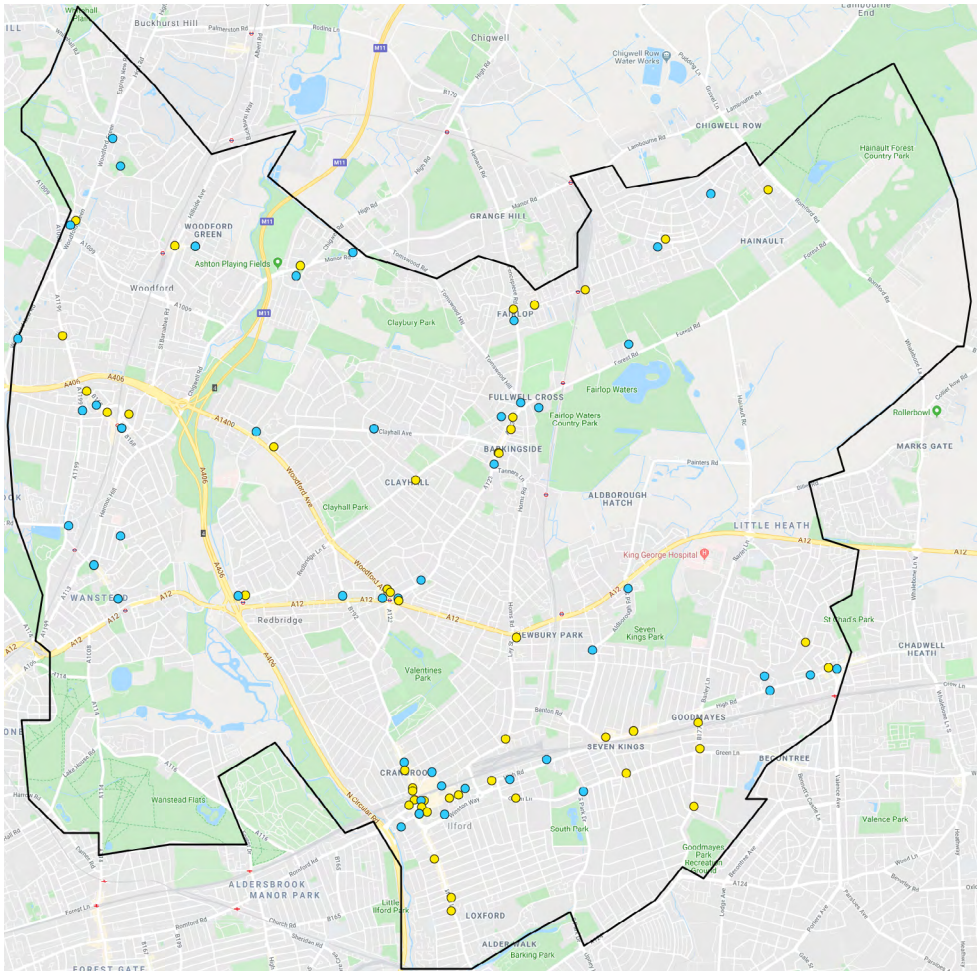



Figure 2: Betting shops in Redbridge

Men are three times as likely as women to be at-risk gamblers and seven times as likely as women to be problem gamblers. While younger people are less likely to gamble, those age 16-34 who do gamble are most likely to be problem gamblers. [1]

South Asian adults in Britain are less likely to gamble than White British adults, but those who do gamble are more likely to be problem gamblers. [7] Similar patterns are also found for Black adults. [8]

# How can we tackle gambling addiction in Redbridge?

## Preventing gambling addiction from starting

Many individual factors – good mental wellbeing, personal resilience, and a supportive network of family and friends – give people strong protection against becoming addicted to gambling. Improvements in broader factors such as employment, education and opportunity are also protective. [9] [10]

Availability of gambling opportunities increases the risk of developing a gambling addiction. [11] This means we can protect residents against gambling addiction by reducing the availability of gambling opportunities, especially betting shops which house fixed odds betting terminals.

Since April 2015, national legislation has given local councils greater power to control the location and proliferation of new betting shops through planning permission. Existing betting shops are not affected by these rules, but any change of use from another type of shop to a betting shop now requires planning permission from the Council. Our Local Plan sets out the conditions under which such applications are assessed, restricting them to town centres and requiring them to be spaced out.

In the last five years, only one new betting shop has been given permission to open in Redbridge, and two existing premises have ceased to be betting shops.

## Identifying gambling addiction early

Frontline staff who provide council services to residents are in a strong position to spot the early signs of gambling problems, as are those who provide health services, and community and voluntary sector services. Social workers, revenues and benefits workers, housing officers and many others can receive training in how to identify the signs of debt and gambling problems, and signpost appropriately to support, advice and services.

## Addressing debt, financial pressure and other issues caused by gambling

Problem gambling can be a vicious cycle. The debt and financial pressure brought on by gambling can lead people to gamble further in an attempt to recoup their losses, and the stress caused by debt can make it harder to recover from an addiction, and indeed lead to people trying to escape stress through their addiction.

By identifying people who may be struggling with financial and debt issues, and providing them with the advice and support they need – both emotional, in the form of counselling and support groups, and practical, in the form of debt management plans, debt relief orders and other tools – we can address the harms of problem gambling and help support people into recovery from their addiction.

# What support is available in Redbridge?

There are no local specialist services for gambling addiction, but if you or someone close to you is struggling with problem gambling, the following services provide support:

Talking Therapies, provided by the North East London NHS Foundation Trust, are a free and confidential set of services that can provide support for the stress and anxiety that contributes to – and is caused by – gambling addiction. You can be referred through your GP, or self-refer on line or by calling 0300 300 1554.
**https://www.talkingtherapies.nelft.nhs.uk/redbridge**
(Information correct at time of publication)

Citizen's Advice has a range of online and in person resources to support people struggling with debt or financial issues. They can help to work out which debts to deal with first and how to do this, and how to find specialist help if needed. **https://www.citizensadvice.org.uk/debt-and-money/get-help-with-gambling-problems/**
(Information correct at time of publication)

GamCare (**https://www.gamcare.org.uk/**), GamblingAware (**https://www.begambleaware.org/**) and Gamblers Anonymous (**https://www.gamblersanonymous.org.uk/**) are among a number of national charities with phone helplines, online support, and in person meetings (including some local to Redbridge) to help people with a with gambling addiction and support long term recovery. Citizen's Advice also recommends the free Gambling Therapy app produced by the Gordon Moody Association. (Information correct at time of publication)

## Case study

Pete began gambling in his early twenties as a fun social activity with his friends on a Saturday night. They would place an accumulator bet on the football and watch the results come in at the pub.

By his mid-twenties, Pete's friends were less interested in going to betting shops, but Pete's weekend gambling became the only thing that could get him through the week. As well as attending the local betting shop and a nearby casino – often trying to win at the casino to recoup his losses from the betting shop – he eventually started to gamble online when the shop and casino were shut.

"When I was up," Pete recalls, "I could never walk away with my winnings. They'd go straight back on another bet, in search of a bigger rush."

Pete and his partner rowed frequently over money, and were barely able to afford food, let alone bills and rent. The worse things got, the more Pete tried to gamble his way out of the problem, or find a way to feel good about himself.

When Pete's partner became pregnant, he knew that without help he would gamble away the money he needed to support their child. He sought help, entered rehab, and had regular therapy to manage his impulses and ultimately change his behaviours..

"It was a long slog, but I stuck with my treatment programme and I've managed to stay off gambling completely. My life and my family are too important to me to ever change back to my old ways. If I could offer advice to anyone, it would be to get help now. It is the only way and you won't regret it."

Case study provided by Port of Call, an addiction support service that provides support for substance misuse, gambling and other addictions. Information about Port of Call can be found at **https://portofcall.com/**, and you can contact them directly on 0808 274 1277.

(Information correct at time of publication.)


In the last five years,
**only one**
new betting shop has been given permission to open in Redbridge

# References


[1] Gambling Commission, "Gambling participation in 2018: behaviour, awareness and attitudes," Gambling Commission, 2019.

[2] GamCare, "GamCare Annual Statistics 2017/18," GamCare, 2018.

[3] Gambling Commission, "Industry Statistics: April 2016 to March 2018, updated to include October 2017 to September 2018," Gambling Commission, 2019.

[4] C. Thorley, A. Stirling and E. Huynh, "Cards on the table: The cost to government associated with people who are problem gamblers in Britain," Institute for Public Policy Research, 2016.

[5] Faculty of Public Health, "Gambling Policy Statement," Faculty of Public Health, 2018.

[6] G. Carrà, C. Crocamo and P. Bebbington, "Gambling, geographical variations and deprivation: findings from the Adult Psychiatric Morbidity Survey," International Gambling Studies, vol. 17, pp. 1-12, 2017.

[7] D. Forrest and H. Wardle, "Gambling in Asian Communities in Great Britain," Asian Journal of Gambling Issues and Public Health, vol. 2, no. 1, pp. 2-16, 2011.

[8] H. Wardle, "Exploring area-based vulnerability to gambling-related harm: Who is vulnerable?," Geofutures, 2015.

[9] N. A. Dowling, S. S. Merkouris, C. J. Greenwood, E. Oldernhof, J. W. Toumbourou and G. J. Youssef, "Early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies," Clinical Psychology Review, vol. 51, pp. 109-124, 2017.

[10] S. Mishra, S. Beshai, A. Wuth and N. Refaie, "Risk and protective factors in problem gambling: an examination of psychological resilience," Internal Gambling Studies, vol. 19, no. 2, 2019.

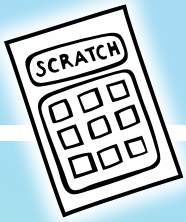
[11] A. Johansson, J. E. Grant, S. W. Kim, B. L. Odlaug and K. G. Götestam, "Risk Factors for Problematic Gambling: A Critical Literature Review," Journal of Gambling Studies, vol. 25, no. 1, pp. 67-92, 2009.

[12] J. Woodhouse, "Fixed odds betting terminals," House of Commons Library, London, 2019.



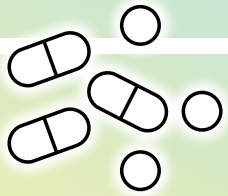
SCRATCH
GAMBLING

Redbridge residents spend **£68m** a year on gambling



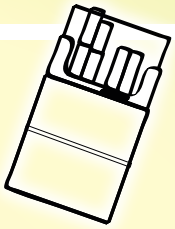

Roughly **450** Redbridge residents have committed a crime to finance their problem gambling

Nearly half of all burglaries, robberies and other thefts are committed by those addicted to heroin and/or crack cocaine. In Redbridge, this makes an estimated **£28m** a year lost to residents, businesses and local services

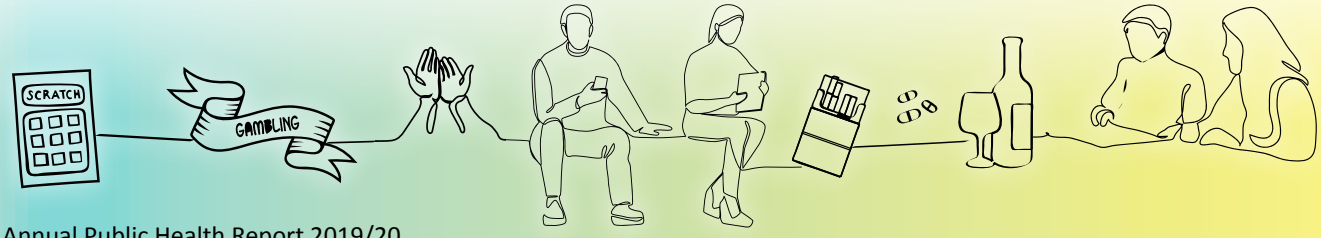


The most successful way to reduce crime in those who suffer from substance addiction is to **treat** the addiction

Smokers in Redbridge spend roughly **£49m** on tobacco products a year, pushing roughly **1,200** local households below the poverty line



About half of all life-long smokers will die before the age of 75, losing on average ten years of life and costing local services and the local economy **£43m**



## The cost of addiction in Redbridge

As we have seen throughout this report, addictions harm Redbridge residents, their families, and their wider community in many different ways. The financial and non-financial costs are seen not just by individuals but by the public purse and by society as a whole.

Addictions are expensive, with people often going into debt or stealing due to the high costs, and many others pushed below the poverty line to support their addiction. Caring for someone disabled by smoking or substance misuse can come at a financial cost, as can the loss of income to the individual and the loss of productivity to the community. Addiction brings increased costs to the council through adult social care, community safety, housing and homelessness, and harms the local economy by money leaving through both legal (e.g. profits from national betting shop chains) and illegal (e.g. drug dealing) means, as well as lost productivity. There are also increased costs across the rest of the public purse – in healthcare, policing, and many other areas.

Addictions also have a very human cost, as we have seen in our case studies: Lance, whose lungs have been damaged by 35 years of smoking; John, who lost his job, home and family to substance misuse; and Pete, whose baby daughter could have lost everything if he had not been able to stop gambling. Without the services, support and interventions available to Lance, John and Pete, each of these stories could have ended in tragedy.

# Who is most affected?

The costs – financial and human – discussed in this report are not spread equally across the community. We know some areas and some groups of people are disproportionately affected. Across all three addictions discussed, three groups stand out.

## Those living in more deprived areas

In Redbridge, there is an eight year gap in life expectancy at birth for men in the poorest neighbourhoods compared to those in the richest ones, and a five year gap for women. The gap in healthy life expectancy is even greater, at nine years for men and eleven for women. [1] In other words, not only do those living in poorer areas die earlier, but they spend more of their life living with ill health and disability.

One of the major causes of this dramatic inequality is addiction – to nicotine, to alcohol, to drugs, and to gambling. This is partly due to the well-known health harms of these addictions to the individual, but is also due to the wider effects that these addictions have on the community, including the financial costs both to the community and to the public purse. Money lost to addiction is money that is not spent on education, housing or the many other things that improve life chances and quality of life.

## Men

Men are more likely than women to become addicted to alcohol, drugs, smoking and gambling. The most obvious and stark consequences of this are seen in men becoming disabled and dying far younger at far higher rates than women from drug overdoses, alcohol-related diseases, and smoking-related diseases. Consequences are also seen in men's employment, mental health, and life chances – whether it's debt brought on by gambling addiction or a prison sentence for a crime committed to feed a habit, men see the highest burden from this.

However, the full impacts of addiction are seen across genders: people of all genders will experience the consequences of a partner or loved one with addition, whether this is the financial burden, the increased chance of divorce or domestic violence, or the consequences for health, housing and employment.

## People with mental ill health

There is a complex relationship between mental ill health and addiction. Addiction causes stress, anxiety and depression. Certain addictive substances, including many drugs and alcohol, can damage the brain through long-term heavy use – for example, cannabis use has been linked to increased likelihood of psychosis, and heavy alcohol misuse can cause Korsakoff syndrome, a type of dementia. [1] [2] On the other hand, those who experience mental ill health are more likely to become addicted to substances, with much higher rates of smoking, substance misuse and gambling in those with mental ill health. It is often hard to unpick cause from effect, with mental ill health and addiction forming a vicious cycle that deepens inequality.

# What does this mean for Redbridge?

## Licensing, regulation and enforcement

We have seen in this report the importance of licensing, regulation and enforcement in creating an environment where young people and those at higher risk of addiction do not become addicted, and those recovering from addiction are able to avoid relapse.

Licensing, enforcement and regulation can also protect residents from the harms associated with addiction. This might be in smoke free zones protecting children from passive smoking, in licensing decisions that ensure alcohol sales do not contribute to antisocial behaviour, or in cracking down on illegal gambling that can fund gangs and crime. These actions protect both those who are or might become addicted, and also those who would suffer as a wider consequence of these addictions.

**Recommendation 1**: Implement smoke free zones in Redbridge to protect children, pregnant people, and those at most risk of harm from second-hand smoke.

**Recommendation 2**: Use full licensing powers as a council to ensure that businesses applying for a licence to sell alcohol, open a shisha café, or open a betting shop, do not contribute to an environment that promotes addiction.

**Recommendation 3**: Work in partnership across the council, police and health services to find and enforce against illegal tobacco and alcohol sales, drug dealing, and illegal betting.

## Community education and resilience

Addiction harms communities, but empowered and aware communities can fight addiction. As we have seen throughout the report, not only are different communities affected to different extents by addictions, but the type of addiction can vary by community – for example, Redbridge's Asian residents are more likely to use chewing tobacco or shisha, which may be used more rarely by other residents.

Addiction prevention and support must take into account the different needs of different communities. This will ensure that not only does everyone have fair and appropriate access to information and services, but also that communities can build on their own strengths and assets to combat addiction in the ways that work for them.

**Recommendation 4**: Ensure that the community hubs being built in Redbridge are a home for appropriate addiction prevention and support, and that they provide positive alternatives for children and young people who might otherwise experiment with smoking, drinking, drugs or gambling.

**Recommendation 5**: Ensure that all education and support offers for addiction are culturally appropriate, taking into account the languages, values and behaviour patterns of the communities that make up Redbridge.

**Recommendation 6**: Meet people's needs within the community. Where possible, use outreach services, partnerships with local community, voluntary and faith groups, and other council and health services to bring support, advice and information to people where they are.

## Families and getting the best start in life

Children who get a good start in life are more likely to become resilient teens and adults. They are more able to resist external pressures to addictive substances or activities, such as peer pressure and availability of such substances/activities. They are also more able to find healthy coping mechanisms for those internal factors – stress, anxiety, lack of control – that make people more likely to become addicted.

We know that the children of smokers are more likely to become smokers, the children of those addicted to substances are more likely to misuse substances themselves, and the children of those with problem gambling are more likely to be problem gamblers. [4] [5] [6] We must support all children, especially those at risk through their parents/carers, to grow up with the best chance of avoiding addiction themselves. To do this, we need to support children and their families to be resilient and to protect them as far as possible from the harms of addiction.

**Recommendation 7**: Ensure addiction services support and advise families as appropriate to help them with the wider impact and costs of addiction.

**Recommendation 8**: Continue early years provision to help all children get a good start in life, including building resilience and protecting children from second hand smoke.

**Recommendation 9**: Ensure that council and addiction services work with schools on a comprehensive education offer around all addictions for Redbridge children and young people.

## Support for those who need it most

We have seen that the highest costs for addiction are seen at the sharp end – those who are most heavily addicted to tobacco, alcohol, drugs or gambling. Appropriate treatment and support for those most in need can help reduce the human and financial cost of addiction by breaking cycles and helping people into recovery. Successful addiction treatment – whether a short stop smoking course or an intensive, months-long inpatient drug recovery programme – saves lives, money, and communities.

**Recommendation 10**: Maintain our high-quality smoking cessation and substance misuse treatment services, which provide value for money and cost-saving interventions for Redbridge residents.

**Recommendation 11**: Explore possibilities for further gambling support within local services.

**Recommendation 12**: Use public health intelligence, including the information in this report, to build partnerships and target interventions at those most in need – including our innovative new work with adult social care to identify and support older adults who could benefit from stop smoking support.

# References


[1] Public Health England, "Public Health Outcomes Framework," [Online]. Available: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework. [Accessed 01 October 2019].

[2] A. M. Marconi, M. D. Forti, C. M. Lewis, R. M. Murray and E. Vassos, "Meta-analysis of the Association Between the Level of Cannabis Use and Risk of Psychosis," Schizophrenia Bulletin, vol. 42, no. 5, pp. 1262-1269, 2016.

[3] Alzheimer's Association, "Korsakoff Syndrom," [Online]. Available: https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/korsakoff-syndrome. [Accessed 1 October 2019].

[4] M. Vuolo and J. Staff, "Parent and Child Cigarette Use: A Longitudinal, Multigenerational Study," Pediatrics, vol. 132, no. 3, pp. e568-e577, 2013.

[5] K. L. Henry, C. J. Fulco, D. V. Agbeke and A. M. Ratcliff, "Intergenerational Continuity in Substance Abuse: Does Offspring's Friendship Network Make a Difference?," Journal of Adolescent Health, vol. 63, no. 2, pp. 205-212, 2018.

[6] N. A. Dowling, K. A. Shandley, E. Oldenhof, J. M. Affleck, G. J. Youssef, E. Frydenberg, S. A. Thomas and A. C. Jackson, "The intergenerational transmission of at-risk/problem gambling: The moderating role of parenting practices.," American Journal of Addiction, vol. 26, no. 7, pp. 707-712, 2017.


London Borough of Redbridge