Substance Misuse
Report of the Health Committee
March 2017
**Members of Health Scrutiny Committee**

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**Co-opted Members**

- Shumon Ali-Rahmen
- Sahdia Warriach
- Alli Anthony
Executive Summary

1.1 The Council funds drug and alcohol services through money allocated by the Department of Health for health funds, some of which are invested in treatment and prevention of substance misuse. Many other local partners also have a supporting role for this work, including the CCG, NELFT and Whipps Cross Hospital. There is also a clear role for the MPS on enforcement restricting the drugs market through preventing drug dealing.

1.2 The Health Committee looked at the issues around the Council’s work on substance misuse at three meetings, taking evidence from the Public Health Team, Families Team and Lifeline, who provide the Council’s substance misuse treatment programmes.

The Work of Waltham Forest

1.3 Locally it is estimated that:

- 9,000 adults drink high risk levels of alcohol (more than 35 units per week) and 31,000 adults drink between 14 and 35 units per week.

- alcohol related harms are similar in prevalence to national statistics, which is recognised to be unacceptably high.

- 5,033 residents use Class A drugs, 1,463 of whom are heroin and crack users.
Waltham Forest has the second highest reduction in drug use in London.

1.4 Waltham Forest has consistently been denied its fair share of public health funds, and the Committee is also aware that this is being made worse as public health budgets continue to be reduced by the Department of Health. Future reductions in the allocation could create pressures on the capacity of services like this in the years ahead given the continuing pressures of the Council’s public health budget. The Committee recognise that these circumstances are beyond the Council’s control.

Treatment

1.5 Lifeline was appointed to be the Council’s new drugs and alcohol treatment provider in 2015. Its appointment brought together a number of contracts that the Council had previously tendered out separately.

1.6 The change in provider has been managed well. Lifeline has a very effective website and has also been very proactive in promoting and publicising the services it offers. They are located in premises which have been provided to them by the Council at Beulah Road in Walthamstow Village. These premises are well-established, having operated for some time as a drug and alcohol treatment centre. However, the Committee have heard concerns that the premises are in
need of modernisation and that the current layout is not ideal in terms of maintaining the safety of the premises.

1.7 As of September 2016, around 1,000 residents have used the Lifeline’s Tier 2 and 3 treatment services. 63% came to the service through self-referral including family and friends and the walk-in service, 13% came through the Criminal Justice System, and GP referrals account for 6.3%. Although some self-refers will have been signposted by GPs, the Committee were concerned that referral rates from GPs appeared to be low. The Committee were told that work will be undertaken over the next couple of years to improve the level of referrals from other sources.

1.8 Successful treatment of substance misuse is defined as a service user being clean for six months. Treatment outcomes vary according to the referral route. The best attendance rates are through self-referral, at about 78%. This is because clients are “treatment ready” – users may deny there is a problem despite being referred to the service by their GP or through the criminal justice system. Treatment outcomes for people who have been referred through the criminal justice system are lower than for other referral routes.

1.9 Although the Council pays for residential treatment, the benefits of treating individuals in this way are realised by other public sector partners. It is also the case that greater work on prevention would help to reduce the need for expensive treatment programmes further down the line. The
Committee believe that the Council targets its limited resources effectively, but that these programmes could be expanded with additional resource, which would again save partners money as there would be less call on their services from individuals with substance misuse issues.

Enforcement

1.10 Enforcement activity around substance misuse tends to occur around hard drugs such as cocaine and heroin. The Council and partners engage in little enforcement activity around cannabis use, although for many residents this may be a more visible form of drug taking. Enforcement is led by the MPS centrally, and is not at the discretion of borough commanders. The Committee were told that the MPS is supposed to test everyone who is arrested for drugs, but that following recent confusion about testing it has come to light that this does not happen. However, the Committee were told that this is now being tackled.

Prevention and Education

1.11 The Committee were told that the prevention of problematic use of drugs, alcohol and tobacco starts in childhood. Evidence shows that certain risk factors and vulnerabilities
increase the likelihood of young people using drugs, alcohol or tobacco. This use is likely to continue into adult years, increasing the risk of negative health and social outcomes for that individual and their social network.

1.12 Prevention work is hugely important given the future benefits of having a healthy population of children and young people that are alert to the dangers of substance misuse. However, it is also difficult to measure the impact of these programmes given that the benefits are realised over many years. The Council only has a role to support grant-maintained schools and that academies are under no requirement to work with the Council on PHSE programmes. However, the Council should continue to work to build relationships with academies given the increasing number of children and young people that they are responsible for educating.

1.13 The Committee were told that the majority of council resources are spent on primary prevention in early years, treatment, and enforcement. However, an estimated 198,000 of Waltham Forest residents are adults and collectively have very different experiences and challenges within their own early years, different levels of educational attainment, life chances, and life changes. Prevention work for adults is typically comprised of early identification, behaviour change, legislation and enforcement of legislation.

1.14 An increasing area of concern is the level of alcohol consumption amongst older people, which is closely linked to increased numbers of falls and can have a negative
impact on nutrition, hydration, social connectedness, and mobility. The Council has also recently appointed a new Voluntary, Community and Social Enterprise provider. The Council should consider how it can utilise the VCSE sector to ensure that prevention work is coordinated and the opportunities to reach out to people are fully utilised.
Summary of Recommendations

**Recommendation 1:** The Council should work with Lifeline staff and service users to review the premises and determine what changes are needed to ensure that Lifeline is housed in up-to-date facilities that are welcoming for people actively seeking treatment.

**Recommendation 2:** The Council should continue to work with partners to ensure that the range of services offered by Lifeline is understood by healthcare professionals and the wider community.

**Recommendation 3:** The Council and Lifeline should consider how they can improve treatment readiness for GP and criminal justice referrals.

**Recommendation 4:** The Council should work with the STP board and other partners to secure investment in preventions that will reduce hospital admissions and burdens elsewhere.

**Recommendation 5:** The Council should continue to liaise with the MPS to ensure that performance in this area is monitored and continues to improve.
Recommen
dation 6: The Council should consider whether it is possible to utilise systematic screening explore the benefits of systematic screening techniques and what the potential benefits could be.

Recommen
dation 7: The Council should continually work to ensure that high quality prevention work is being delivered in all schools, including academies.

Recommen
dation 8: The Council should use its new VCSE provider, Community Waltham Forest, to explore with voluntary organisations what support they can and do provide to residents of all ages to prevent substance misuse.
2. Introduction

2.1 In June 2016, the Health Committee agreed to undertake a themed review into drugs and alcohol services in Waltham Forest. Last year, the Committee looked at mental health, an area where problems are often caused or exacerbated by prolonged substance misuse. The Community Safety Committee also looked at violent crime, where drugs and alcohol often influence perpetrators. The Committee thought that the interest expressed in this area by members of these Committees could best be explored through a themed review looking at the full range of activity undertaken by the Council and its partners.

2.2 This was also a timely review for the Committee to undertake as the Council has recently commissioned a new provider, Lifeline, to undertake its substance misuse treatment programmes. The Committee is also aware of the significant social and economic effect of drugs and alcohol misuse on individuals, families, communities and the Council services. Dependent and non-dependent alcohol and drug use can cause social, physical and mental health harms, contributing to cardiovascular disease, liver disease, harm to unborn children, anxiety, depression and other mental health problems.

2.3 The Committee looked at substance misuse at several of our meetings:

- on September 21 the Committee heard about the current provision of drug and alcohol treatment for adults¹

- on November 23 the Head of Community Safety presented a report on the extent of drug use in Waltham Forest and on the actions being taken by Safetynet, the Borough’s Community Safety Partnership (CSP), to reduce the harm that drug usage causes²

- on January 25 the Committee received a report from Public Health about prevention of problematic drug and alcohol use³


2.4 The Committee also visited Lifeline on September 5. Members were extremely grateful that Jean Pender and Charlotte Talbot from the service were able to provide a comprehensive briefing about their work and relevant issues for the successful delivery of a drugs and alcohol treatment service.

3. The national policy context

3.1 Lifeline defines substance misuse as:

the harmful use of substances (like drugs and alcohol) for non-medical purposes. The term “substance misuse” often refers to illegal drugs. However, legal substances can also be misused, such as alcohol, prescription medications, caffeine, nicotine and volatile substances (e.g. petrol, glue, paint).

3.2 In recent years, there has been an attempt to shift NHS focus away from treatment of substance misuse towards prevention. The NHS Five Year Forward Plan says that there should be a greater emphasis on “Incentivising and supporting healthier behaviour”, noting that “there are now over 3,000 alcohol-related admissions to A&E every day”. However, in the absence of the introduction of minimum alcohol pricing in England, which has been proven to be the “the most effective, and cost-effective, approaches to prevention and health improvement”, responsibility for measures seeking to reduce harm from substance misuse has sat with local authorities since they were given responsibility for public health in 2013.

3.3 As well as responsibility for the drugs classification system, the Home Office also has an aim to:

reduce the number misusing illegal and other harmful drugs and increase the number who successfully recover from drug dependence. We want to restrict the supply of drugs by identifying and prosecuting those involved in the drug trade, and confiscating the proceeds of crime.
4. The Work of Waltham Forest/
Scale of the problem

4.1 The Council funds drug and alcohol services through money allocated by the Department of Health for health funds, some of which are invested in treatment and prevention of substance misuse. Many other local partners also have a supporting role for this work, including the CCG, NELFT and Whipps Cross Hospital. There is also a clear role for the MPS on enforcement restricting the drugs market through preventing drug dealing.

4.2 Locally it is estimated that:

- 9,000 adults drink high risk levels of alcohol (more than 35 units per week) and 31,000 adults drink between 14 and 35 units per week.
- Alcohol related harms are similar in prevalence to national statistics, which is recognised to be unacceptably high. Locally we have higher rates of alcohol related hospital admissions in residents 18 and under compared to the rest of London; and higher rates of hospital admissions for alcohol related mental health in adults.
- 5,033 residents use Class A drugs, 1,463 of whom are heroin and crack users.
- The extent of drug used locally is less than that in the neighbouring boroughs of Hackney, Newham and Haringey but similar to Redbridge and that Waltham Forest has the second highest reduction in drug use in London.

4.3 The Government’s Modern Crime Strategy published in March 2016 pointed out that whilst drug use amongst adults and young people has declined over the last ten years, the impact upon crime has remained high with acquisitive crime accounting for 45% of drug related offences.

4.4 The Committee noted that in the last financial year there were 10,159 recorded acquisitive crimes in Waltham Forest which comprised around half of the total recorded

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crime in the borough. Drug using offenders are thought to be responsible for approximately half of all acquisitive crime offences. A significant number of violent offences in the borough also relate to drug buying, selling and use.

4.5 Local authorities were formally given responsibility for public health in 2013. Waltham Forest has consistently been denied its fair share of public health funds, and the Committee is also aware that this is being made worse as public health budgets continue to be reduced by the Department of Health. Future reductions in the allocation could create pressures on the capacity of services like this in the years ahead given the continuing pressures of the Council’s public health budget, and we recognise that these circumstances are beyond the Council’s control.

4.6 The Borough’s Health and Wellbeing Board Strategy says that “People will be supported to make healthy lifestyle choices, in order to promote good health and prevent the development of illness”, including “work to tackle alcohol and substance misuse”.

4.7 This translates into the Council and its partners working to reduce harm from drugs and alcohol through four routes:

- treatment
- enforcement
- prevention
- education

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5: Treatment

5.1 Lifeline was appointed to be the Council’s new drugs and alcohol treatment provider in 2015. Its appointment brought together a number of contracts that the Council had previously tendered out separately. Lifeline currently provides the following services:

- treatment,
- recovery, including art and music therapy
- takes referrals from the criminal justice system
- –outreach
- prescribing treatment for opiate users (e.g. methadone)
- physical health nursing for example blood testing
- benefits advice
- advice sessions with St Mungo’s on housing

5.2 The change in provider has been managed well. Lifeline has a very effective website and has also been very proactive in promoting and publicising the services it offers.7

5.3 Lifeline is located in premises which have been provided to them by the Council at Beulah Road in Walthamstow Village. These premises are well-established, having operated for some time as a drug and alcohol treatment centre. However, the Committee have heard concerns that the premises are in need of modernisation and that the current layout is not ideal in terms of maintaining the safety of the premises.

**Recommendation 1:** The Council should work with Lifeline staff and service users to review the premises and determine what changes are needed to ensure that Lifeline is housed in up-to-date facilities that are welcoming for people actively seeking treatment.

7 [http://www.lifeline.org.uk/]
Referral Routes

5.4 As of September 2016, around 1,000 residents have used the Lifeline’s Tier 2 and 3 treatment services. The largest referral route by far is through self-referral including family and friends and the walk-in service, which makes up around 65%.

5.5 The next largest referral base is from the Criminal Justice System at 13% followed by GP referrals which account for 6.3%. Although some self-refers will have been signposted by GPs, the Committee were concerned that referral rates from GPs appeared to be low, and it is possible that this is because of a lack of awareness amongst healthcare professionals about the change in provider as well as the wide range of services provided by Lifeline. The Committee were told that work will be undertaken over the next couple of years to improve the level of referrals from other sources.

Recommendation 2: The Council should continue to work with partners to ensure that the range of services offered by Lifeline is understood by healthcare professionals and the wider community.

Treatment Outcomes

5.6 Successful treatment of substance misuse is defined as a service user being clean for six months. Individuals are not eligible for permanent support, and their entitlement to call on services ceases at this time, unless they relapse.

5.7 The committee were told that treatment outcomes vary according to the referral route. The best attendance rates are through self-referral, at about 78%. This is because clients are “treatment ready” – users may deny there is a problem despite being referred to the service by their GP or through the criminal justice system. In some cases people with substance misuse problems may just grow out of the behaviour.

5.8 The Committee were told that often clients referred by their GP do not attend for treatment, but that Lifeline is constantly working with GPs to ensure that people they are referring are ready to engage. Lifeline is also undertaking work to assist GPs in completing the referral forms to ensure they provide the best possible information and so allow for targeted treatment. This helps to make sure that people referred from GPs are treatment ready.
5.9 Treatment outcomes for people who have been referred through the criminal justice system are lower than for other referral routes. However, the Council and Lifeline only have finite resources, which treatment outcomes suggest is best deployed on people with a better chance of successful treatment – those actively seeking help - rather than on individuals being forced to attend by the criminal justice system.

**Recommendation 3: The Council and Lifeline should consider how they can improve treatment readiness for GP and criminal justice referrals.**

**Treatment Costs**

5.10 Treatment does not just have the potential to improve the lives of individuals. Public services such as Whipps Cross Hospital and the MPS often spend a lot of energy supporting individuals with substance issues prior to them entering residential treatment. For example, Lifeline was aware of one individual who had had more than 40 admissions to A&E between January and September 2016. It is worth noting that each emergency admission costs £1,600.

5.11 Although the Council pays for residential treatment, the benefits of treating individuals in this way are realised by other public sector partners. It is also the case that greater work on prevention would help to reduce the need for expensive treatment programmes further down the line. The Committee believe that the Council targets its limited resources effectively, but that these programmes could be expanded with additional resource, which would again save partners money as there would be less call on their services from individuals with substance misuse issues.

5.12 Residential treatment programmes can be effective for individuals with long-term substance misuse issues. However, this is also an expensive form of treatment, as each residential placement costs around £15,000. Lifeline has, understandably, only been able to budget for around 10 residential treatment places a year.

**Recommendation 4: The Council should work with the STP board and other partners to secure investment in preventions that will reduce hospital admissions and burdens elsewhere.**
6. Enforcement

6.1 Metropolitan Police Service data has previously shown that 23% of residents in Waltham Forest feel there is a problem with people being drunk or rowdy in public places, higher than the rate for London.\(^8\) At present there are two alcohol restriction zones (ARZ) in the borough, in Walthamstow town centre and Leytonstone town centre. An ARZ is an area where a police constable or police community support officer can require you not to consume alcohol.\(^9\) They are set to remain in force until 20 October 2017, when they are expected to become Public Space Protection Orders with the same restrictions.

6.2 Enforcement activity around substance misuse tends to occur around hard drugs such as cocaine and heroin. The Council and partners engage in little enforcement activity around cannabis use, although for many residents this may be a more visible form of drug taking (for example, the smell or people smoking on the streets).

6.3 There is a perception that cannabis is a gateway to harder drug use, which some evidence does not support. However, the key message around cannabis use should be that there is growing evidence that “people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past.” The Royal College of Psychiatrists says that:

*Over the past few years, research has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability - and that there is a particular issue with the use of cannabis by adolescents.*\(^10\)

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\(^8\) [http://democracy.walthamforest.gov.uk/documents/s49860/1.1%20Appendix%201%20Community%20safety%20Performance%20Report%20%20Quarter%202015-16.pdf](http://democracy.walthamforest.gov.uk/documents/s49860/1.1%20Appendix%201%20Community%20safety%20Performance%20Report%20%20Quarter%202015-16.pdf)

\(^9\) [https://www.walthamforest.gov.uk/content/street-drinking](https://www.walthamforest.gov.uk/content/street-drinking)

\(^10\) [http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/cannabis.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/cannabis.aspx)
MPS

6.4 The Community Safety Partnership has key targets in tackling drug related harm:

- the reduction in the number of young people involved in running drugs locally and across the country.

- the reduction in drug-related offending, including supply offences.

6.5 Enforcement is led by the MPS centrally, and is not at the discretion of borough commanders. However, the MPS has worked with the Council on a major enforcement operation in the St James Street operation aimed at disrupting gang related activity around drug dealing. It is felt that Operation Teague has been a success, with 16 arrests of high level individuals, and a cash seizure of £15,000 from one individual alone.11

6.6 The Committee were told that the MPS is supposed to test everyone who is arrested for drugs, but that following recent confusion about testing it has come to light that this does not happen. However, the Committee were told that this is now being tackled.

Recommendation 5: The Council should continue to liaise with the MPS to ensure that performance in this area is monitored and continues to improve.

Other Work

6.7 The Committee was also told that work is currently underway to consider how the Council can use its role as a planning authority and developer to “design out” opportunities for people to trade and take drugs from new housing developments. The Committee welcomes this innovative approach which will help to reduce opportunities for drug dealing and use, and give residents greater confidence in the work being undertaken to tackle this problem.

6.8 The Council’s implementation of the Licencing Act also provides opportunities for preventing alcohol related harm as a result of a premises selling alcohol. The Public Health team are working with Licensing and Trading Standards to ensure that activity is concentrated in areas where harm is at its greatest, using data supplied by the police and London ambulance services. There are also two Cumulative Impact Policy locations identified, where alcohol related harm and licensed premises are in their highest concentrations.

7. Prevention and Education

7.1 The Committee were told that the prevention of problematic use of drugs, alcohol and tobacco starts in childhood. Evidence shows that certain risk factors and vulnerabilities increase the likelihood of young people using drugs, alcohol or tobacco. This use is likely to continue into adult years, increasing the risk of negative health and social outcomes for that individual and their social network (family and/or intimate partners, for example). Risk factors and vulnerabilities include:

- Household adversity, including domestic violence, separation or divorce, death of parent or sibling, one or more parent or carer in the home experiencing substance misuse, mental ill health or criminality
- Living in care
- Truanting from school
- Early sexual activity
- Antisocial behaviour and offending

7.2 The Committee were told that systematic screening in all statutory services is an evidence-based, effective approach to early identification and brief advice. It allows for the collection of local information to enable the design of locally appropriate interventions, and offers early identification, allowing conversations around advice and support to begin.
Recommendation 6: The Council should consider whether it is possible to utilise systematic screening explore the benefits of systematic screening techniques and what the potential benefits could be.

7.3 The Council’s Best Start In Life approach is an evidence based approach to prevent these harmful behaviours in later life. This approach includes:

- using children and family centres, whose high impact team provides services in oral and physical health, nutrition, and speech and language, all of which provide foundations for continued resilience to challenges later down the line.

- provision in schools, including the school nurse service, the Healthy Schools programme and the Personal, Social and Health Education (PHSE) programme.

7.4 To help prevent these behaviours, the Council also engages in a number of initiatives aimed at early identification and intervention for children and young people. These include:

- Public Health have purchased a school-based alcohol education package from the Alcohol Education Trust, that provides training in how to identify risk relating to alcohol use, and personal strategies for saying no or avoiding risking situations.

- specialist interventions includes the provision of structured treatment to young people and training to other professionals to support problematic use that is not so problematic that a structured treatment programme would benefit the young person.

7.5 This prevention work is hugely important given the future benefits of having a healthy population of children and young people that are alert to the dangers of substance misuse. However, it is also difficult to measure the impact of these programmes given that the benefits are realised over many years. The Council will instead want to monitor the delivery of these programmes to ensure they are of a high quality, especially when they are delivered by external organisations.

7.6 The Committee also understands that the Council only has a role to support grant-maintained schools and that academies are under no requirement to work with the Council on PHSE programmes. However, the Council should continue to work to build

relationships with academies given the increasing number of children and young people that they are responsible for educating.

**Recommendation 7: The Council should continually work to ensure that high quality prevention work is being delivered in all schools, including academies.**

7.7 The Committee were told that the majority of council resources are spent on primary prevention in early years, treatment, and enforcement. However, an estimated 198,000 of Waltham Forest residents are adults and collectively have very different experiences and challenges within their own early years, different levels of educational attainment, life chances, and life changes. Prevention work for adults is typically comprised of early identification, behaviour change, legislation and enforcement of legislation. Early identification for adults includes:

- using national social marketing techniques to encourage individuals to self-identify their personal consumption levels of alcohol or drugs and to take recommended actions to reduce or desist. This is achieved through information sharing from research, advertisements and seasonal campaigns, such as Dry January.

- screening techniques by health, social care and other statutory professionals, who are equipped to identify alcohol or drug use at different levels of interaction, i.e. in GP consultation or at point of arrest.

- locally systematic screening occurs in the NHS Health Checks programme for residents aged 40-74, and in some areas of Barts Health, including Whipps Cross Hospital.

7.8 The Committee were told that the Public Health team is in discussions with the CCG about future roll out of screening in more areas of health and are working with social care teams to assist with appropriate implementation.

7.9 An increasing area of concern is the level of alcohol consumption amongst older people. Although they tend to drink less alcohol than younger people, 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves. These figures have increased by 40 per cent in men and 100 per cent in women over the past 20 years. A third of older people develop drinking problems for the first time in later life, often cause
by bereavement, physical ill-health, difficulty getting around or social isolation which can lead to boredom and depression.\footnote{13}{http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/alcoholandolderpeople.aspx}

7.10 Alcohol consumption in older people is closely linked to increased numbers of falls and can have a negative impact on nutrition, hydration, social connectedness, and mobility. There are many organisations in Waltham Forest that work with and support older people, such as Age UK, who are well placed to provide information and support to prevent problem drinking in the elderly.

7.11 The Council has also recently appointed a new Voluntary, Community and Social Enterprise provider, Community Waltham Forest, as part of a revised VCSE strategy.\footnote{14}{https://www.walthamforest.gov.uk/sites/default/files/active%20communities%202020.pdf} Collectively, these organisations will have a significant reach into large parts of the community and a significant number of residents. The Council should consider how it can utilise the VCSE sector to ensure that prevention work is coordinated and the opportunities to reach out to people are fully utilised.

**Recommendation 8:** The Council should use its new VCSE provider, Community Waltham Forest, to explore with voluntary organisations what support they can and do provide to residents of all ages to prevent substance misuse.
8. Conclusion

8.1 The Council, Lifeline and other partners are undertaking a lot of work to tackle the problems caused by substance misuse. The Council's Public Health budget is under considerable pressure at the current time as a result of central government cuts, and we hope that the Council and partners can continue to properly support this vital work.

8.2 We are pleased that the switch to the new provider has gone smoothly, and we welcome the areas for how this service can be taken further by the Council and Lifeline. We welcome the work that is being undertaken across other areas of the Council, such as designing out opportunities for drug dealing, establishing alcohol restriction zones and prevention work happening in schools.

8.3 Our eight seven recommendations seek to build on this practice, putting forward a series of changes that could ensure that the Council continues to successfully work with residents, successfully treating substance misuse and preventing it from occurring as much as possible.