East London
NHS Foundation Trust
Information Governance
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13th August 2026.

Our reference: FOI DA6671

We are responding to your request for information received 17th June 2026. We are sorry for the delay in responding to your request. This has been treated as a request under the Freedom of Information Act 2000.

We are now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact us on the contact details above if you have any further queries.

Yours sincerely,

FOI Team

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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Request:

Under the Freedom of Information Act 2000, I would be grateful if you could provide the following information relating to substance misuse services within your low secure forensic services.

Unless otherwise stated, please provide information covering the period from 1 January 2024 to the date this request is processed.

Question 1: Service Delivery Model

Please confirm whether substance misuse interventions within low secure forensic services are delivered by:

- **NHS-employed staff**
- **External or third-sector providers; or**
- **A combination of both.**

If external providers have been used during the above period, please provide the name(s) of the provider organisation(s).

Answer: Substance misuse interventions within low secure forensic services are delivered by NHS-employed staff, via the Drug and Alcohol Service (a specialist multidisciplinary team within the Forensic Directorate).
No external or third-sector provider organisations deliver substance misuse interventions within low secure forensic services during this period although service users may be directed to access support in the community from other providers (such as Alcoholic Anonymous or Change Grow Live if appropriate).
Please see attached Appendix one.

Question 2: Substance Misuse Interventions

Please provide details of substance misuse interventions available within low secure forensic services during the above period.

Where recorded, please indicate whether the service offers:

- **Psychosocial interventions (including CBT-based interventions and relapse prevention programmes);**
- **Dual diagnosis or integrated mental health and substance misuse interventions**
- **Peer-led or co-produced interventions; and/or**
- **Family or carer involvement programmes related to substance misuse recovery.**

Please also provide copies of any current service specifications, care pathways, intervention manuals/handbooks, operational policies, or equivalent documents relating to substance misuse provision within low secure forensic services.

Answer: Psychosocial/CBT-based interventions: individual and group therapy underpinned by motivational interviewing and CBT. This includes SMART (Self-Management and Recovery Training) – an open, semi-structured, peer-supported group grounded in CBT/rational emotive behaviour therapy, available to community service users and those approaching discharge – and Motivation to Change, a 12-week closed CBT/MI-based group for inpatients.

Dual diagnosis/integrated interventions: the service does not operate a separate dual diagnosis pathway. All interventions offered cater to this particular need given the needs of our service user population. Substance use formulations are developed in relation to mental health and offending, and delivered as part of service users' broader MDT care plans.

Peer-led/co-produced interventions: SMART groups are co-facilitated by a Peer Support Worker with lived experience of substance use. The Peer Support Worker also has capacity for supporting individual service users on a 1:1 basis. Staff training is co-produced where appropriate, such as in our forensic induction training.

Family/carer involvement: referral for family therapy where indicated; joint working with family therapy where indicated; substance-use literature is made available to carers and relatives and representatives from the service attend the Friends and Family Open Day and Carers' Forum. The Drug and Alcohol Service also routinely delivers a session at the Carers Recovery College.

See Attached: Drug and Operational Service Policy – Appendix one.

Intervention manuals are intellectual property of the Trust and are not included here.

Question 3: Specialist Substance Misuse Workforce

Please provide the most recent available staffing information for dedicated or specialist substance misuse roles within low secure forensic services during the above period.

Please include, where available:

- **Number of staff (headcount and/or full-time equivalent);**
- **Job titles and/or professional roles; and**
- **Whether these posts are employed directly by the Trust or provided through an external organisation.**

Answer: All specialist substance misuse posts are substantive NHS Trust posts, not provided through an external organisation.
1.0 WTE Forensic Psychologist (Head of Drug and Alcohol Service)
1.0 WTE Senior Substance Misuse Practitioner
1.0 WTE Psychological Therapist
1.0 WTE Assistant Psychologist
3.0 WTE Drug and Alcohol Recovery Workers
0.3 WTE Peer Support Worker

Please note: this staffing structure covers the entirety of our forensic service, i.e. medium security, low security, and our community forensic provision. It is not possible to provide information only for low security as the team works across service/site boundaries.

Question 4: Substance Misuse Assessment and Outcome Measures

Please list any psychometric, structured assessment, screening, risk assessment, or outcome measures used in relation to substance misuse during the above period.

For each measure, please indicate, where recorded:

- **Its purpose (e.g. screening, assessment, treatment planning, risk assessment, outcome monitoring);**
- **Whether it is used as a screening tool, assessment tool, and/or outcome measure; and**
- **The stage(s) of care at which it is used (e.g. admission, review, discharge).**

Answer: The following measures are used, primarily at assessment, and repeated before and after intervention for outcome monitoring:

URICA (University of Rhode Island Change Assessment): to assess motivation, used with all service users at assessment and outcome monitoring.

BSCQ (Brief Situational Confidence Questionnaire): to assess self-efficacy, used with all service users at assessment and outcome monitoring.

Change Rulers: to assess motivation, used with all service users at assessment.

SURPS (Substance Use Risk Profile Scale): to assess personality/risk profile relevant to substance use, used with all service users at assessment.

AUDIT (Alcohol Use Disorders Identification Test): to assess alcohol use/dependence severity at screening and assessment where alcohol use is identified.

CUDIT-R (Cannabis Use Disorders Identification Test – Revised): to assess cannabis use severity at screening and assessment where cannabis use is identified.

ASSIST Lite (Alcohol, Smoking and Substance Involvement Screening Tool - Lite): poly-substance use screening used at assessment where use of multiple substances is identified.

Stage of care: all measures are administered at assessment; outcome measures are re-administered before and after intervention.

Question 5: Prevalence Data

Please provide any centrally recorded data held on the prevalence of substance misuse needs among patients in low secure forensic services for the most recent reporting period available.

If prevalence data are held, please provide:

- **The number of patients identified as having substance misuse needs; and**
- **The total low secure forensic patient population used as the denominator, where available.**

If no centrally recorded prevalence data are held, please confirm this.

Answer: The Trust has reviewed question 5 of your request for information under the Freedom of Information Act (FOI) 2000.

Section 1(1) of the Freedom of Information Act 2000 states:
Any person making a request for information to a public authority is entitled—
(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and
(b) if that is the case, to have that information communicated to them.

East London NHS Foundation Trust does not record the information requested and is therefore unable to provide a response.

A previous QI project within the trust identified that 80% of service users in forensic services have substance misuse flagged as an issue on their violence risk assessment (HCR-20). It is likely that this figure would be very similar when considering the low secure service due to the overlap in patients and there being no significant difference in the LSU population.

Question 6: **Co-Production and Patient Experience**

Please provide brief details of any current co-production, peer support, service-user involvement, or patient feedback initiatives relating to substance misuse treatment within low secure forensic services.

Where available, please provide copies of any reports, audits, evaluations, presentations, meeting summaries, service reviews, or summary findings relating to these initiatives.

Answer Peer Support Workers with lived experience of substance use cofacilitate SMART groups, embedding service-user experience directly in intervention delivery.

Staff training is co-produced where appropriate, such as in our Forensic induction training.
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Representative from the team attend the Trust's Friends and Family Open Day and Carers' Forum to raise awareness of support available to service users and their families.

Service user feedback is obtained following every intervention the team provides. That feedback is used as part of the body of data to inform service development.