Havering Combating Substance Misuse Strategy 2024-2029

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Foreword

Unfortunately, many of our residents are affected directly or indirectly by drug and alcohol misuse.

The reasons for this, and the related harm it causes are complex. Some individuals are more susceptible than others due to their genetic and environmental risks, and the harm from the misuse of alcohol and substances extends from the individual to the family, community, and society.

Therefore a strategy to tackle it must cut across the responsibilities of a range of different organisations represented in our combating drugs partnership.

The latest data shows substance misuse-related crime incidents have nearly tripled since 2016, from 388 to 1,084 in 2022, as community awareness and police response have increased. There were 91 alcohol-related deaths in 2022, which was a jump from 69 in the previous year. It is estimated that more than two-thirds (67%) of opiate and /or crack users aged 15-64 in Havering are not in treatment. Also of concern is that 1 in 5 new adults coming forward for substance misuse treatment are parents or adults living with children.

This strategy has been drafted in response to the UK's 10-year drugs strategy, 'From Harm to Hope', published in December 2021.

Our vision is that by working in partnership through, prevention, supporting individuals and communities, tackling the supply chain and reducing demand, we will further reduce substance misuse in Havering and safeguard the users, families, and communities from the harms of addiction, including providing useful and timely information and advice.

In order to achieve the above ultimate strategic outcomes, there is a need to be clear about where we all are, where we are going and how to get there. To this end, key partners actively participated in two workshops and drafted Havering's five-year strategy and delivery plan, using the experience of people with lived experience.

The drugs strategy commits to promoting equality and meeting the needs of all vulnerable communities. I could not emphasise enough the shared accountability for all the outcomes to avoid the problem of individual organisations being pulled in different directions by competing outcomes and targets. The successful implementation of this five-year strategy will be dependent on the whole local partnership working together and sharing responsibility for creating a safer, healthier and more productive society.

I am writing to express my sincere gratitude to all partners who have played a key role in drafting this strategy and for your participation in developing a detailed delivery plan.

Councillor Gillian Ford

April 2024

List of abbreviations

Abbreviation	Meaning
AA	Alcoholics Anonymous
ASB	Anti-Social Behaviour
ATR	Alcohol Treatment Requirement
BAP	Behaviour and Attendance Partnership
BAU	Business as usual
BBV	Blood Borne Viruses
BCU	Basic Command Unit
BHC	Before Housing Costs
BHRUT	Barking, Havering & Redbridge University Trust
CAMHS	Children and adolescent mental health services
CCG	Clinical Commissioning Group
CEPN	Community Education Provider Networks
CDP	Combating Drugs Partnership
CDPB	Havering Combatting Drugs Partnership Board
CGL	Change Grow Live
CI	Confidence Interval
CLDT	Community Learning Disability Team
CJS	Criminal Justice System
CMT	Corporate Management Team
CPOMS	Child Protection Online Management System
CSB	Community Safety Board
CSCA	Country Signing Certificate Authority
CSC	Children Social Care
CST	Complex Safeguarding Teams
D&A	Drugs and Alcohol
DCLG	Department for Communities and Local Government
DHSC	Department of Health and Social Care
DIP	Drug Intervention Programme
DOMES	Diagnostic and Outcome Measure Executive Summary
DPO	Data Protection Officer
DRR	Drug Rehabilitation Requirement
DSL	Designated Safeguarding Lead
DV	Domestic Violence
DWP	Department for Work and Pensions
ESOL	English for Speakers of Other Languages
EUPD	Emotionally unstable personality disorder
FTEs	First-Time Entrants
GLA	Greater London Authority
GP	General Practitioner

Abbreviation	Meaning
HA	Havering Association
HRVA	Hazard, Risk and Vulnerability Analysis
HASP	Health and Safety Plan
HCV	Hepatitis C virus
HES	Hospital Episode Statistics
HJTF	Havering Joint Taskforce
HIV	Human Immunodeficiency Virus
HMPPS	His Majesty Prison and Probation Service
HSAB	Havering Safeguarding Adults Board
HSCB	Health and Social Care Board
HSCP	Havering Safeguarding Children's Partnership
HSL	Healthy Schools London
HSSW	Home school support workers
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IDVA	Independent domestic violence advocate
IMD	Index of Multiple Deprivation
IOM	Integrated Offender Management
ISA	International Standards on Auditing
JCU	Joint Commissioning Unit
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAPE	Local Alcohol Profiles for England
LBH	London Borough of Havering
LFB	London Fire Brigade
LGA	Local Government Association
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSD	Lysergic acid Diethylamide
LSOA	Lower Super Output Areas
LTC	Long-term conditions
MARAC	Multi-Agency Risk Assessment Conference
MACE	Multi Agency Child Exploitation Meeting
MASH	Multi-Agency Safeguarding Hub
MDMA	Methyl enedioxy methamphetamine
MH	Mental Health
MOPAC	Mayor's Office for Policing and Crime
MOJ	Ministry of Justice

Abbreviation	Meaning
MPS	Metropolitan Police Service
NA	Needs Assessment
NCC	National Collaborating Centres
NDTMS	National Drug Treatment Monitoring System
NEL	North East London
NELFT	North East London Foundation Trust
NHS	National Health Service
NIDA	National Institute on Drug Abuse
NRM	National Referral Mechanism
NTA	National Treatment Agency for Substance Misuse
OCU	Opiate and Crack users
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PBP	Place Based Partnership
PCC	Police Crime Commissioner
PCN	Primary Care Networks
PH	Public Health
PHE	Public Health England
PHI	Public Health Intelligence
PSHE	Personal, Social, Health, and Economic education
PWID	Persons Who Inject Drugs
PYLL	Potential Years of Life Lost
SGV	Sexual and Gender-based Violence
SPOC	Single Point of Contact
SRO	Senior Responsible Officer
TBA	To be announced
TBC	To be confirmed
TOPS	Treatment Outcome Profile
TOR	Terms of Reference
TTCG	Tactical Tasking and Coordination Group
UK	United Kingdom
VAWG	Violence Against Women and Girls
VCS	Voluntary Community Sector
VOLT	Victims, Offenders, Locations and Trends
WAY	What About Youth
YJB	Youth Justice Board
YJS	Youth Justice Service
YP	Young People

Executive Summary

Substance misuse is the abuse of alcohol, drugs and other substances that affect perception, consciousness, understanding, mood or emotion. It is a worldwide public health issue. Substance misuse not only harms the individual, but also their family, communities and society. The UK is one of the European countries most affected by drugs. Demand for drugs across the population is very high – over three million adults reported using drugs in England and Wales in 2021.

Drug use increases crime, damages people's health, puts children and families at risk and reduces productivity. It affects everyone, with the most deprived areas facing the greatest burden. The UK Government estimates that drug use costs society nearly £20 billion a year. In England and Wales, nearly 3,000 deaths a year are related to drug use.

In Havering, statistics show that substance misuse is still an issue which needs to be prioritised, and that to tackle it we need a long-term approach where relevant agencies work in partnership. Latest statistics show an increase in the number of crime incidents that are related to substance misuse each year. Cases nearly tripled between 2016 and 2022, from 388 to 1,084. There were 938 'possession of drugs' crimes and 146 'drug trafficking' crimes reported in Havering in 2022.

Alcohol-related deaths among males have also been rising in the last three years. The latest data (2020) showed that for every 100,000 deaths in Havering, 57 were related to alcohol. This was higher than the London average where 51 out of every 100,000 deaths were related to alcohol. In 2020 and 2021, 528 adults in Havering were in drug treatment services. The number has not changed significantly in the last five years, suggesting that there are still many people who need treatment but are not accessing it.

Across 2020 and 2021, only 18% of people known to be dependent on alcohol contacted alcohol treatment services. In Havering, it is estimated that more than 67% of people aged 15 to 64 who use opiates or crack (or both) are not in treatment. It is also concerning that out of 364 adults accessing treatment for substance misuse for the first time during 2019 and 2020, 21% were parents or adults living with children.

This strategy has been drafted in response to the UK's national 10-year drugs strategy **(From harm to hope: A 10-year drugs plan to cut crime and save lives)**, which was published in December 2021.

The national strategy sets out how the government will try to:

- fight illegal drug use;
- cut off the supply of drugs by criminal gangs;
- give people with a drug addiction a route to a productive and drug-free life;
- offer a world-class treatment and recovery system; and
- change attitudes in society about the perceived acceptability of illegal drug use (with education and being tougher on those in possession of illegal drugs).

It has three overarching priorities, namely:

- breaking drug supply chains;
- delivering a world-class treatment and recovery system; and
- achieving a generational shift in the demand for drugs (to reduce number of people wanting to use drugs).

To help us meet the aims of this plan, we are supported by a government grant of roughly £300,000 a year for three years. We will use the money to strengthen local treatment services that offer a range of evidence-based interventions.

Executive Summary

The Havering Combating Drugs Partnership (Havering CDP) was fully formed in August 2022 to lead the local response set out in this strategy. To benefit local residents, our strategy has been guided by a detailed local-needs assessment and builds on many existing activities and policies across a range of areas, including:

- enforcement;
- treatment;
- recovery; and
- prevention.

Our strategy covers all substances which have the potential for abuse and addiction, except tobacco. It treats addiction as a chronic (long-term) health condition and requires all relevant local agencies to work together to provide effective long-term support. It aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support, and to minimise community violence towards those with substance-misuse problems.

The strategy acknowledges that although addiction problems can be seen across all communities, some people and communities are more affected than others so need more support and personalised solutions. These include:

- veterans;
- rough sleepers;
- people from the LGBTQ+ community; and
- the children of people with addiction problems.

There is a well-established range of specialist treatment services in Havering, but investment in these services is relatively low as the Public Health Grant received by the Council is itself low. There is still a need for new and cost-effective approaches to treatment, to allow a wide partnership of agencies to do the following:

- Increase the rate of recovery of people who are receiving treatment for drug or alcohol dependency (or both).
- Support the residents with the most complex needs (including poor physical and mental health, homelessness, unemployment and contact with the criminal justice system) who need help in many areas of their lives to address their substance misuse, reduce harm and support recovery.
- Support parents with substance-misuse problems, to minimise the harm to children (including the increased risk that they will experience similar problems later in life).

Substance misuse and addiction affect more than just the person with dependency problems – they can affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence. This is why the partners in Havering will work together to:

- break drug supply chains;
- deliver a world-class treatment and recovery system;
- achieve a generational shift in the demand for drugs; and
- reduce risk and harm to individuals, families and communities.

A plan to address these four key areas was developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services etc. The table below summarises the different parts of the agreed delivery plan. A more detailed plan is available in appendix 2 of the full report.

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Priority	Why	How	Who
Breaking drug supply chains	• Supplying illicit drugs is a crime in itself, and it often involves exploitation and slavery. • COVID restrictions facilitated vigilance resulting in many arrests.	• Local agencies collecting and sharing knowledge and information • Local agencies working together to disrupt county lines and modern-day slavery • Following the money gained from drug sale. • Targeting dealers and the middlemen • Limiting alcohol outlets where there is a high level of alcohol misuse problems • Community vigilance and street policing • Keeping an eye on emerging markets for example, vapes	• Metropolitan Police • Community safety teams • Trading standards and licensing committees • Residents • The NHS • Social care agencies
Delivering a world-class treatment and recovery system	• Addiction is a chronic condition with stages of remission, relapse and recovery. • Tough enforcement action must be combined with a high-quality treatment and recovery system to break the cycle of addiction. • Reducing the stigma of addiction is the key to improving access to, and the success of, treatment. • Increasing the confidence individuals have in treatment services to encourage them to get support and treatment.	• Monitoring the effects of the treatment system • Working closely with mental health professionals • Working with all partners (including NHS trusts, GPs, community pharmacies, housing support, social care and the voluntary sector) • Offering information and advice to the public about access to treatment and self-care • Sharing data between services • Working with prisons, detention centres and probation services to put treatment in place • Introducing needle exchange programmes and having facilities for supervised consumption • Reducing the stigma of substance misuse • Making sure access to recovery systems for marginalised communities is culturally sensitive	• Members of the Havering Combatting Drugs Partnership • Change Grow Live (CGL) (provider of drug and alcohol treatment) • North East London Foundation Trust (NELFT) • The voluntary care sector • London Borough of Havering communication team • Community pharmacies working with CGL • All front-line services • Housing support • DWP • Voluntary sector

Executive Summary

Priority	Why	How	Who
Achieving a generational shift in the demand for drugs and alcohol	• Some children are more at risk than others of misusing substances in later life, due to the genetic predisposition for addiction and exposure to drug and alcohol use. • 21% of people using treatment services were living with their children.	• Offering information, awareness and staff training • Putting school-based prevention and early intervention in place to reduce the chances of children using and abusing alcohol, drugs and other substances • Supporting young people and families who are most at risk of substance misuse or criminal exploitation • Reviewing and regulating the alcohol retail sector • Creating links to the treatment system and breaking the supply chain • Collecting and sharing knowledge and information between partnership services	• Schools and education providers • Children services • Public health services • Metropolitan Police • Youth justice services • London Borough of Havering Licensing team • London Borough of Havering communication team
Reducing risk and harm to individuals, families and communities	• Substance misuse is involved in antisocial behaviour, domestic violence, exploitation, violent crime, theft and burglary. • 21% of people in Havering using illegal drugs are aged between 16 and 24. • People who inject drugs are most at-risk of getting a blood-borne virus.	• Providing information and advice for the public about ways to reduce harm and risk and where to find help • Making sure agencies work together to support those at higher risk or those who have suffered harm because of substance misuse • Training staff from different services together on the same issues • Improving opportunities to those in treatment i.e. volunteering, employment and fixed accommodation • Introducing needle exchange services and facilities for supervised consumption • Carrying out research, service audits and surveillance • Increasing awareness and training around neurodiversity (for example Autism, Attention deficit hyperactivity disorder (ADHD), Dyslexia)	• CGL • NELFT • Safeguarding boards (Havering Safeguarding Adults Board and Havering Safeguarding Children's Partnership) • Social services • Community safety groups for example, domestic violence support group • DWP • Public health services • London Borough of Havering communication team • Community pharmacies working with CGL • Trading standards and public protection • London Fire Brigade

Executive Summary

Our vision is that by local agencies working together to tackle the supply chain and reduce demand, we will further reduce substance misuse in Havering. This, along with providing useful information and advice when it is needed, will mean we can protect the users, families and communities from the harms of addiction.

To achieve our intended outcomes of reducing drug use and drug-related crime, harm and deaths, we need to be clear about the current situation, our goals and how we will meet them.

In May 2023 the UK Government published the National Combating Drugs Outcomes Framework to help local partnerships monitor their progress towards achieving the outcomes. You can read this framework at **GOV.UK**

The framework sets out three strategic outcomes of reducing:

- drug use;
- drug-related crime; and
- drug-related harm and deaths.

It also includes medium-term goals of reducing drug supply, increasing engagement in treatment and improving outcomes for recovery, as well as 22 supporting measures. The supporting measures allow partnerships to monitor their progress towards meeting the outcomes through two key aims:

- Putting in place more timely, interim and proxy measures which can tell us about the progress towards meeting the strategic and shorter-term outcomes.
- Having a wider picture of the progress, allowing us to monitor the overall effect of the strategy and to see unexpected trends.

The intended outcomes (and the methods we are putting in place to meet them) which are set out in this document are aimed at all partners who are involved in implementing our five-year strategy. Our strategy emphasises the importance of shared responsibility for each outcome, with the aim of avoiding the problem of individual organisations being pulled in different directions by competing outcomes and targets. The Havering CDP board will organise and monitor progress towards the intended outcomes. This will involve making sure local partners are accountable to the UK Government, each other and local residents.

Considering different groups and people with protected characteristics is a key part of this strategy as it aims to promote equality and meet the needs of people from all communities, particularly those who have often not received an effective service in the past (including women and people from ethnic minority backgrounds).

The Havering Senior Responsible Officer (SRO) represents the Havering CDP as they have overarching responsibility for implementing this strategy in local areas. The SRO (on behalf of the Havering CDP) will report and answer to the UK Government and will monitor local areas' progress in towards meeting the intended outcomes set out in national and local frameworks. Progress will be monitored in the context of the whole system. This means, we will be aware that in the short term, we could expect improvements in some areas as a result of more planned activity and services meeting demand. However, in the longer term, the number of improvements might slow down as we successfully implement our strategy and the underlying problems are reduced.

This strategy will be implemented over five years from the date it is published. We will review it at least once a year and make amendments as necessary.

Introduction

1.1 Purpose

The use and abuse of alcohol and psychoactive substances is a worldwide public health issue with harms extending from the level of the individual to the family, community, and society. Recent data published by the United Nations[1] put the global estimate of people who inject drugs in 2021 at 13.2 million, 18 per cent higher than previously estimated. Globally, over 296 million people used drugs in 2021, an increase of 23 per cent over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45 per cent increase over 10 years. The UK is among the countries in Europe most affected by drugs and demand for them across the population is very high: over three million adults reported using drugs in England and Wales in the last year and one in three 15-year-olds said they took drugs in 2018, up from one in four in 2014.[2]

People use substances including alcohol and drugs for a variety of reasons:[3]

• to relax, for enjoyment
• to be part of a group
• experiment out of a sense of curiosity
• rebellion
• to avoid physical and/or psychological pain
• to cope with problems
• to relieve stress

Some people are more vulnerable to initial use and addiction due to environmental and genetic factors. Drug and alcohol dependence often co-exists with other health disparities, like poor mental health and homelessness, so the local partners need to make sure the physical and mental health needs of people with drug addictions are addressed, to reduce harm and support recovery.[4] Moreover, most people who drink alcohol and/or use legal or illegal drugs do not become dependent on any of these substances. Addictions to cocaine, opiates, caffeine, alcohol, and tobacco are moderate to highly heritable.[5] In most people with addiction, their opioid receptors, dopamine transporters, cannabinoid receptor, and nicotinic receptors respond differently to opiates, stimulants, cannabinoids, and nicotine respectively from the general population in expressing a sense of reward. Environmental factors such as stress can interact with genes to exhibit drug addiction. In drug addiction especially with alcohol and opioids, not only there is psychological attachment to the substance our body develops physiological dependence, which makes treatment necessary.

Therefore, it is crucial that the drug market is disrupted so vulnerable people are not exposed to substances, or exploited and targeted; an evidence-based, world-class treatment system is there to manage addiction; information, advice and relevant support are there to eliminate the demand, and a supporting system is there to reduce the risk and prevent the harm of substance misuse and addition to the individuals, families and the community.

In addition to health impacts, drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs

1 World Drug Report 2023 - Special Points of Interests (unodc.org)

2 Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics).

3 Why do people use alcohol and other drugs? - Alcohol and Drug Foundation (adf.org.au)

4 From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)

5 The genetics of addiction—a translational perspective | Translational Psychiatry (nature.com)

Introduction

society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.[6]

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs. Therefore, local partnerships are asked to ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and £21 billion annually for society as a whole Neighbourhoods blighted by the presence of illegal drugs cannot prosper or provide the happy, healthy environment that people deserve.

1.2 National Strategy

In December 2021, the UK government published a new 10-year drugs strategy, 'From Harm to Hope', backed by record levels of funding of over £3 billion to be spent from 2022 to 2025 on addressing the substance misuse problem. The national strategy sets out how the government will combat illegal drug use; cut off the supply of drugs by criminal gangs, give people with a drug addiction a route to a productive and drug-free life, deliver a world-class treatment and recovery system and change attitudes in society around the perceived acceptability of illegal drug use. It has three overarching priorities, namely:

 • breaking drug supply chains
 • delivering a world-class treatment and recovery system
 • achieving a generational shift in the demand for drugs

For ease and brevity, the strategy document will use the term 'substance' to collectively describe alcohol, illegal drugs, psychoactive substances, over the counter drugs and prescription only medicines. However 'substance misusers' do not form one homogenous group. Therefore, where there are specific aspects of alcohol or drugs to be considered, more precise terminology will be used, e.g. alcohol misuse, drug use, problematic use of over the counter drugs and prescription only medicines.

1.3 Local Strategy

The national strategy is supported by provision of a supplementary grant and guidance for local authorities on how to establish partnerships for defined areas. Havering received nearly £300,000 in 2022/23 which will be repeated for two further years. The grant will be used to strengthen the capacity of local treatment service that offers a full range of evidence-based interventions.[7]

Guidance for implementation of the national strategy at local level was published on 15 June 2022. Local areas are expected to define their geographical footprint which should be at least Lower Tier Local Authority, identify a Senior Responsible Officer (SRO) to chair a partnership board and lead the local strategy. The partnership board should bring together the different individuals and organisations with responsibility for delivering the strategic priorities of the drug strategy – breaking supply, treatment and recovery and reducing demand.

The Havering Combating Drugs Partnership (CDP) was established in August 2022 to lead on the implementation of the national drugs strategy at local level. Below is the list of member organisations and representatives:

6 From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)
7 Guidance for local delivery partners (publishing.service.gov.uk)

Introduction

Table 2: Member organisations / representatives of the Havering Combating Drugs Partnership, 2023

- LB Havering Public Health
- LB Havering Elected member representatives for adults and children services
- LB Havering Public Involvement Lead & Communities
- Community Safety Partnership and Crime Prevention
- Police and Crime Commissioner
- Metropolitan Police
- Probation Service Representative
- Integrated Offender Management and Serious Group Violence
- CGL
- NELFT
- BHRUT A&E
- Healthwatch
- LB Havering Housing
- Jobcentre Plus / DWP
- LB Havering Adult Social Care
- LB Havering Children Services
- LB Havering Early Help
- Schools and Education
- Safeguarding Board
- NHS NEL ICB
- Local Pharmaceutical Committee
- GP Representative
- Voluntary Care Sector
- Youth Justice Board
- Service User with Lived Experience
- Independent Domestic Violence Advocate
- LB Havering Licensing Team
- LB Havering Communications

Introduction

Management team of the Havering CDP (Unpaid roles)

- SRO and Chair
- Partnership Lead
- Strategy Development Lead.
- Commissioner Lead
- Programme Manager
- Data Lead

In Havering, NEL sub-region and London, there are many synergistic plans and strategies that interact with combating substance misuse strategy. These include:

- Community Safety Plan, 2022-2025
- Community Safety Strategic Assessment, 2022
- Integrated Offender Management (IOM), pan-London Framework, 2022
- Serious Group Violence and Knife Crime Strategy, 2017-2021 (new version expected by January 2024).
- Violence Against Women and Girls (VAWG) Strategy, 2019-2022
- Knife Crime and Violence Reduction Action Plan, 2022
- The London Reducing Reoffending Strategy, 2022-2025

Due to the cross-cutting nature of substance misuse and co-existing circumstances including health issues, the partnership will report to or work with Health and Wellbeing Board, Havering Place-based Partnership Board, Havering Community Safety Partnership and Safeguarding Boards. The partnership governance can be seen as below.

Figure 1: The combating drugs partnership governance structure
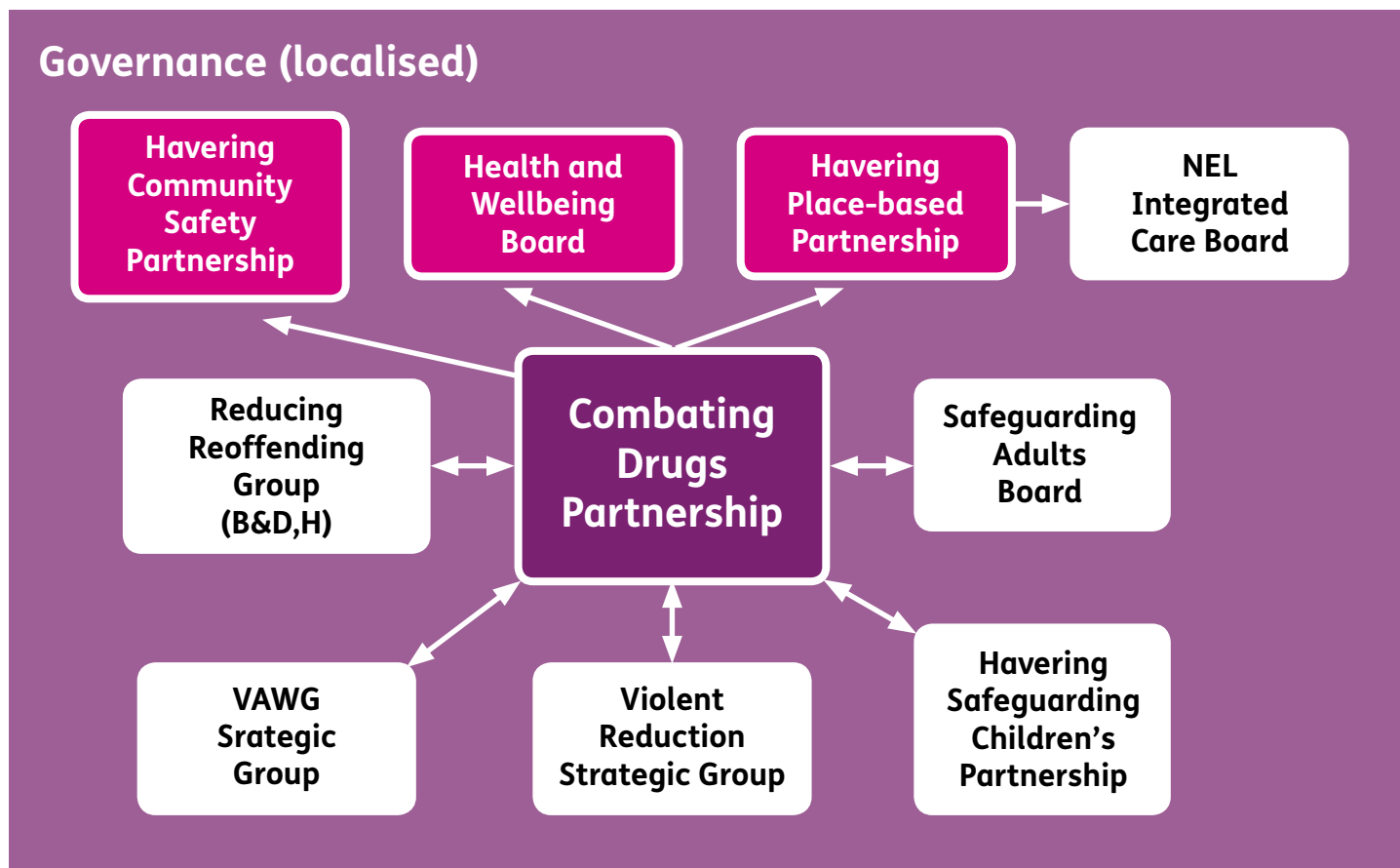
* The governance structure is dynamic and is subject to regular revision with the agreement of partners. Also in figure 1 edit labels as indicated.

Introduction

The partnership will be putting in place structures and processes through which we should work together to reduce drug-related harm, and to implement co-ordinated actions across a range of areas including enforcement, treatment, recovery and prevention.

A key task of the local partnership board has been to facilitate a joint needs assessment through the review of local drug data and evidence and using this to agree a local drugs strategy and action plan, including developing data recording and sharing mechanisms. This new strategy will replace Havering Drug and Alcohol Harm Reduction Strategy 2016-19, the review of which was delayed due to the COVID-19 pandemic.

Drug and alcohol addiction, homelessness, and contact with the criminal justice system are often experienced in combination. It is important to break a vicious cycle of harm to individual users, their families, and communities. Therefore, locally, we added another priority which is to reduce the harm to individuals with substance misuse, their families, and their communities through multiagency partnership efforts to safeguard all those vulnerable, to reduce the risk, and to prevent the harm from substance misuse.

2 Where We Are Now

To enable understanding of our current status as regards substance misuse in Havering and current interventions and also to facilitate the development of the Havering local strategy, a joint needs assessment was carried out by the CDP between May and December 2022. This involved collation and analysis of relevant local data from treatment services and published data on prevalence, treatment and recovery from resources such as OHID Fingertips, National Drug Treatment Monitoring System (NDTMS), Metropolitan Police Service Crime Dashboard and London SafeStats. The needs assessment also drew from other relevant partnership pieces of work, such as the Local Drugs Market Profiles, Community Safety Strategic Assessments and the Havering Joint Strategic Needs Assessment (JSNA). Below is a summary of key findings from the needs assessment reported according to the four priority areas.

2.1 Breaking Drug Supply Chains

This priority area aims at levelling up neighbourhoods by ridding them of drugs, making them safe and secure places and enabling all areas to prosper and grow. This can only be achieved by prioritising cutting off the drug supply that is causing the most harm. Given the scale of the threat and the rise of the violent county lines distribution model, breaking drug supply chains and 'rolling up' county lines should be a priority for everyone, the police and all law enforcement partners.

Currently in Havering, the Met Police and relevant members of the Community Safety Partnership (CSP) share intelligence reports including VOLT intelligence, information on operations to enable the Multi-agency Safeguarding Hub (MASH), ASB and rescue and response referrals. Community Safety Partnership effectively apply the Crime and Disorder Act through its members. Youth Justice Board (YJB) and MASH use National Referral Mechanism (NRM) to identify young people involved in County lines and also monitor exploitation data. CSP also publishes Serious Violence Duty and Strategic Assessment annually. There are also a suite of activities around community vigilance, street policing and enforcement such as Neighbourhood Watch, Ward panel meetings with the Met, Community Safety Roadshows, Operation Yamhill, Drugs Dog operations, diversionary mentoring and enforcement drones.

2 Where We Are Now

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County Lines

There is no data on county line closures at local level.

At national level **3,588** county lines have been closed **since 2019**

10,209.people have been **arrested** by police via the county lines programme

5,727 referred for **safeguarding via the county lines programme**

Substance misuse related crime

Number of annual **substance misuse related crimes** in Havering have nearly **tripled** since 2016 from **388 to 1,084** in 2022

In 2022, **938 posession of drugs crimes** were reported in Havering

In 2022, **146 drug trafficking crimes** were reported in Havering, an **increase by 63%** compared to the previous year

2 Where We Are Now

2.2 Delivering a World-Class Treatment & Recovery System

Tough enforcement action must be coupled with a high-quality treatment and recovery system to break the cycle of addiction. We must tackle the stigma to addiction and must treat addiction as a chronic health condition, and where people who need it are provided with long-term support. NHS and the local substance misuse provider are working together to ensure effective pathways and better integration, including improving the skills of the workforce in relation to drugs and alcohol.

The Havering council drug and alcohol service is delivered by Change Grow Live (CGL), a health and social care charity with services across England, Scotland and Wales. They offer support to young people, adults, those in the criminal justice system and anyone looking to live a healthier happy life. The government has recently (February 2023) provided a supplementary grant to all local authorities across England to improve drug and alcohol addiction treatment and recovery.[8] The funding will enable local authorities to:

- recruit more staff to work with people with drug and alcohol problems
- support more prison leavers into treatment and recovery services
- invest in enhancing the quality of treatment they provide - in turn helping make streets safer by getting people out of the addictions which are known to drive offending

The Havering local plan to utilise the supplementary grant is led by the combating drugs partnership board. Local services are delivered via a highly trained and motivated workforce offering a full range of evidence-based interventions.

8 £421 million to boost drug and alcohol treatment across England - GOV.UK (www.gov.uk)

2 Where We Are Now

2.2.1 Key findings from the needs assessment

Trestment services

In 2020/21 there were a total of **528 Havering adults in drug treatment services**

The number has not changed significantly in the last 5 years

Currently there are more than **400 patients (75 under CAHMS)** in mental health care who have **co-existing substance misuse problems**

In 2020/21, **82% (1,844) of known dependent drinkers** did not get in contact with alcohol treatment services

It is estimated that **67% of opiate** and/or **crack users** aged 15-64 in Havering **are not in treatment**

Adult patients living with children

Havering had a total of **364 new adult presentations to treatment** for substance misuse during 2019/20, Of those, **77 (21%) were parents or adults living with children**

Hospital admissions

In 2020/21, **632 people in Havering** were admitted in hospital with **alcohol related mental and behavioural disorders**

In 2020/21, **226 people** in Havering were admitted in hospital with **alcoholic liver disease**

In 2020, **6.3% (16 people) of opiate users** **35% (84) of non-opiate users** and **40% (100) of alcohol users** successfully completed treatment

Alcohol related deaths

RIP

Alcohol-related mortality among males has been **rising in the last three years**. The latest data (2020), shows alcohol-related mortality in Havering **(57/100,000)** is higher than the London average (51/100,000)

2 Where We Are Now

2.3 Achieving a Generational Shift in the Demand for Drugs

A downward shift in the demand for drugs and alcohol addiction can be achieved by:

- ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug- and alcohol- related harm
- delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using / abusing alcohol, drugs and other substances
- supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

In addition, raising awareness among young people and adopting a risk reduction approach within higher-risk communities and families are crucial steps to reduce the demand for drugs. There is information for young people and their families and carers on FRANK at **www.talktofrank.com.** FRANK also lists sources of help and advice, including local services.

The harms of the substances should be communicated across the population and high risk groups. This is because not many people know about the harms of both newer substances of abuse such as nitrous oxide (laughing gas) and more well-known ones such as opioids, cocaine, alcohol and cannabis.

NICE guidance 64 (NG64) recommends skills training be offered to children and young people and their carers or families, ensure it helps children and young people develop a range of personal and social skills, such as:

- listening
- conflict resolution
- refusal
- identifying and managing stress

2 Where We Are Now

2.3 Achieving a Generational Shift in the Demand for Drugs

- making decisions
- coping with criticism
- dealing with feelings of exclusion
- making healthy behaviour choices
- dealing with feelings of exclusion (especially for care leavers and look-after-children).

NG64 also recommends providing information in different formats, including web-based information (such as digital and social media) and printed information in the following settings where groups who use drugs or are at risk of using drugs may attend:

- nightclubs or festivals
- sexual health services and primary care
- people in temporary accommodation, supported accommodation or hostels
- gyms (to target people who are taking performance-enhancing drugs)

Currently, vulnerable siblings and children are identified through Integrated Offender Management (IOM), Sexual and Gender-based Violence (SGV) and Domestic Violence MARAC for early support to break cycles of substance misuse and trauma. In addition, here is a lot being done in school, e.g. PSHE/RSE alongside awareness training on substances, modern day slavery and pastoral support to understand what is going on at home. Schools and colleges involve parents, carers, children and young people in initiatives to reduce drug and alcohol use. CGL's Wize-up and hidden harm work engage with a range of key partners in Havering. Criminal Justice (Probation) and Youth Justice Services also ensure treatment and continuity of care.

2.3.1 Key findings from needs assessment

Drugs and alcohol misuse

Based on the Crime Survey for England, there are **14,032 people in Havering (7.6%)** aged 16-74 using illicit drugs. The **highest proportion of users is of those aged 16-24 (21%)** equivalent to **5,282 young people**

Criminal Justice System

In 2021, **a total of 2,287 people** in London entered the **Criminal Justice System (CJS) for drug offence**. This represents **16.9% of all First-Time Entrants (FTEs)** in 2021

It is estimated that **14.3% of adults in Havering** regularly **binge drink**. This equates to approximately **28,833 people. 1 in 5 (20.7%)** adults in Havering regularly drink excessively. This equates to approximately **41,738 people**

Prescription Drugs

The problematic use of prescription and over-the-counter medication is becoming more widely recognised. The issue is also liked to self-harm and cheating in sports. The exact size of the problem is largely unknown due to lack of reliable date

2 Where We Are Now

2.4 Reducing Risk and Harm to Individuals, Families and Communities

Both genetic predisposition and environment factors such as poverty, easy access to drugs and alcohol, social isolation, past trauma, family business and work demand increase the risk of taking drugs and alcohol or involvement in trafficking activities. On the other hand, substance use can lead to other adverse consequences, such as unemployment, homelessness and poverty, which create a cycle of dependency and loss. It is crucial that risk assessment tools are used to identify and support young people so that they are supported to resist addiction and to become less vulnerable for exploitation.

There are also other marginalised groups (NICE NG64) who may be at higher risk of taking drugs such as refugees; people with disability or those who have mental and chronic physical illness, veterans, the unemployed, the homeless, LGBTQ+ persons, young people under care or former looked-after children and other stigmatised groups (e.g., sex workers, people with severe mental illness). Bespoke solutions are required to reduce the risk, to improve access to services and to sustain remission.

Physical activity or social support behaviours produce epigenetic changes that prevent the development of addiction and can have a beneficial role in treatment when used in combination with other interventions, such as cognitive behavioural therapy and, for some people, medications. In the example of a stressful situation such as the death of a significant other or loss of a job, if a person engages in physical activity this can reduce their stress-induced epigenetic changes, which will decrease the risk of developing addiction or stress-induced relapse. Alcohol and other substances can cause vitamin deficiency and multiple organ damage. It is important that substance misuse services support the users to adopt positive health behaviours including physical activity, social integration and balanced diet, and to receive physical and mental health advice when required.

As a good practice, trading standards team is routinely carrying out checks to prevent the under-age sale of alcohol which is a NICE Quality Standard 83 (QS83) for local authorities. Other good practices include unannounced visits, mystery shopping, working with the businesses not selling alcohol to those who are already intoxicated, safety campaigns, Night Marshalls, Friday night briefings, street triage and joint patrol with police. Havering Housing demand is also piloting Housing First initiative to enable treatment and recovery of the eligible homeless people, while also investing in additional drug worker in the treatment system. Community Safety team applies

2 Where We Are Now

2.4 Reducing Risk and Harm to Individuals, Families and Communities

antisocial behaviour legislation to improve engagement with treatment services. All services including housing, social services and voluntary care services support service users with fire risk reduction. CGL has a safeguarding coordinator and all drug workers identify, assess and refer domestic abuse victims and perpetrators to relevant pathways.

2.4.1 Key findings from needs assessment

Substance misuse adults living with children

Havering had a total of **364 new adult presentations to treatment** for substance misuse during 2019/20. Of those, **77 (21%) were parents or adults living with children**

There are **399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment** indicating the majority **(80%) are unattended to** and therefore potentially **a threat to child safety**, This rate is higher than the national benchmark or unmet treatment need **(75%)**

There are **189 adults** in Havering with **opiate dependence living with children. Only 59 are in treatment** indicating the **majority (69%) are unattended to** and therefore potentially **a threat to child safety.** This is lower than the national benchmark of unmet treatment needed **(72%)**

Housing

The number of patients with housing problems starting treatment has been increasing in the last 4 years

In 2020/21 a total of **105 patients had housing problems.** This is equivalent to **2 in 10 patients (21%)**
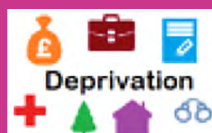
Deprivation
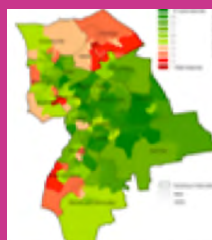
The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation. **Ten LSOAs (6.7%) in Havering are in decile 1 and 2** i.e. most and second most deprived LSOAs nationally. These deprived areas are in the **north and south of the borough and along its western boundary**

Smoking

More than half of patients admitted for substance misuse treatment in Havering in 2022 were smokers

50%

Antisocial behaviour

The majority of substance misuse persons are involved in antisocial behaviour, **Romford Town, Gooshays, Brooklands and Heaton among Havering wards** had the highest number of reported incidents in 2021

3 Where We Want To Be

3.1 Vision

Reduced drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.

3.2 Aim & Objectives

Aim

The Havering strategy aims at working with all partners to:
- Break drug supply chains
- Disrupting the ability of gangs to supply drugs and seizing their cash.
- Bringing perpetrators to justice, safeguarding and supporting victims
- Through collaboration with cross border operations and raising awareness around exploitation.
- Deliver a world-class treatment and recovery system, including
- Improving access to support by tackling the stigma
- Delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach
- Achieve a generational shift in the demand for drugs, including
- Preventing substance misuse and addiction
- Supporting research, service audit, and evaluation
- Reduce risk and harm to individuals, families and communities, including
- Reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm
- Ensuring care and support for other family members (a Think Family approach)

3 Where We Want To Be

Objectives

Specific objectives include:

- To support more young people to resist drug and alcohol misuse
- To reduce drug dealing activities
- To find county lines in North East London and ensure they are closed.
- Increase the number of people seeking advice, support and treatment
- Increase treatment and recovery capacity
- Ensure there is a treatment place for every offender with an addiction
- Ensure support for dual diagnoses- substance misuse, alcohol misuse, learning difficulty or mental health concerns
- Reduce number of substance misuse related hospital admissions
- Ensure physical and mental health conditions of individuals with substance misuse problems are managed by relevant services without waiting to complete substance misuse treatment
- Ensure more people achieve long-term recovery from substance dependency
- Ensure more people recovering from addiction are in sustained employment and in stable and secure housing
- Ensure more families are supported; fewer children taken into care
- Reduce mortality due to substance misuse

3.3 Local Strategic Outcomes

Expected outcomes from the implementation of the new strategy include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

3.4 National Outcomes

In order to achieve the ultimate strategic outcomes of reducing drug use, crime, harms and deaths, there is a need to be clear about where we are, where we are going and how to get there. To help local partnerships monitor achievement of these outcomes, the government recently (May 2023) published the National Combating Drugs Outcomes Framework.[9]

The framework sets our three strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm. Also included are intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes. The document further outlines a set of additional 22 supporting measures which allow partnerships to monitor progress towards the outcomes, with two key aims:

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9 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1158290/
   National_Combating_Drugs_Outcomes_Framework_-_Supporting_metrics_and_technical_guidance_PDF__1_.pdf

3 Where We Want To Be

- More timely, interim, and/or proxy measures, which can tell us about direction of travel towards the strategic and intermediate outcomes

- A wider picture of the system allowing us to monitor the health of the whole system and to see unexpected trends or provide early warning

The supporting measures are summarised in Figure 1 below. CDPs are expected to organise and monitor their work around progress towards these outcomes. All relevant local partners should contribute to all outcomes, and are accountable to central government, each other and local residents. For example, reduction of drug-related crime relies on increases in quality drug treatment and recovery, so it is crucial that local partners work together to increase referrals into treatment from the criminal justice system. We can only deliver this joined-up effort in reducing drug use and supply if each part of the system plays their role.

A new local outcomes framework dashboard is to be published by end of 2023 by OHID using data from NDTMS. This tool will provide local areas with key information to monitor local performance and activity against the aims of the local substance misuse. This will sit alongside a wider set of performance and data monitoring that emerged from our partner workshops held early in 2023.
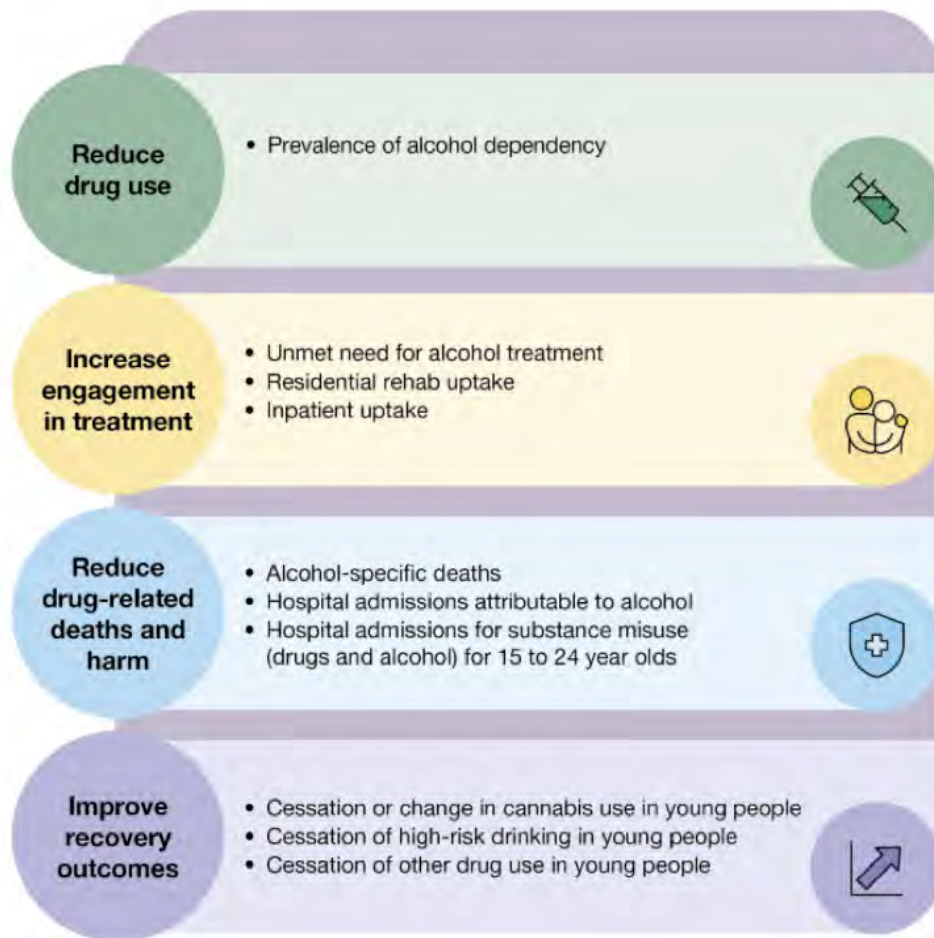
Figure 2: Full National Combating Drugs Outcomes Framework

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics	**Headline metrics**	**Headline metrics**	**Headline metrics**	**Headline metrics**	**Headline metrics**
• Proportion of individuals reporting use of drugs in the last year • Estimated prevalence of opiate and/or crack cocaine use (OCU)	• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person • The number of homicides that involve drug users or dealers, or have been related to drugs in any way	• Deaths related to drug misuse • Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis od selected drug)	• Number of county lines closed • Number of major and moderate disruptions against organised criminal groups	• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) • The numbers in treatment for adult and young people	• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**
• Number and proportion of households owned a homelessness duty with a drug dependency need • Rate per population of children of referral and assessments by social services with drugs as a factor • Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related • Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	• Proven reoffending within 12 months • Police recorded trafficking of drugs and posession of drugs offences • Hospital admissions for assault by a sharp object	• Hepatitis C prevalence (chronic infection) in people who inject drugs • Number and percentage of people in treatment that have died during their time in contact with the treatment system	• Volume and number of drugs seizures • Number and proportion of National Referral Mechanism referrals with a country fines flag	• Number of individuals in treatment in prisons and secure settings • Number of community or suspended sentence orders with drug treatment requirements • Number and proportion of adults starting treatment in the establishment withing three weeks of arrival (from community or other custodial setting) • Unmet need for OCU treatment	• Proportion of people in treatment that have reported no housing problems in the last 28 days • Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days • Proportion of people in treatment reporting a mental need who received treatment or interventions • Proportion of parents that have received specific family or parental interventions

3 Where We Want To Be

In addition to the metrics in Figure 2 that will be used for monitoring the overall performance of the strategy nationally and locally across-central Government, OHID will be monitoring the treatment and recovery system both nationally and locally in greater detail with the additional outcomes metrics outlined in Figure 3. These metrics are also important for use by CDPs to monitor local treatment and recovery systems and will be included in local-facing reports produced by OHID.

Figure 3: OHID local outcomes framework: additional metrics

Reduce drug use
- Prevalence of alcohol dependency

Increase engagement in treatment
- Unmet need for alcohol treatment
- Residential rehab uptake
- Inpatient uptake

Reduce drug-related deaths and harm
- Alcohol-specific deaths
- Hospital admissions attributable to alcohol
- Hospital admissions for substance misuse (drugs and alcohol) for 15 to 24 year olds

Improve recovery outcomes
- Cessation or change in cannabis use in young people
- Cessation of high-risk drinking in young people
- Cessation of other drug use in young people

4 How We Will Get There: Key Actions

Two major workshops were organised by the Havering CDP to develop a delivery plan with actions that will ensure identified needs from the needs assessment are addressed and also that indicators from the national and local outcomes frameworks are incorporated to facilitate monitoring of progress. This was followed by direct engagement with individual lead organisations and officers resulting in a detailed delivery plan for each theme that outlines priority areas, actions, resources, timescales, strategic delivery and planning groups, lead organisations and officers and metrics for monitoring progress. A high level summary of key actions that will enable us achieve the strategy objectives and outcomes are presented below by theme. For the detailed delivery plan see appendix 3.

4.1 Breaking Supply Chains

- There are no gangs in Havering but we recognise that modern gangs are closely tied with the local drug trade so we will collect and share intelligence.
- Working with regional tier policing to share intelligence and jointly tackle trafficking into and around the UK.
- A multi-agency approach to intelligence sharing and development of interventions which: disrupts the supply of drugs and eliminates the exploitation of children and vulnerable people in drug trafficking and money laundry
- Mapping offenders, emerging groups and gangs linked to drug supply and exploitation
- Cultivating VOLT intelligence for the partnership – victims, offenders, locations and trends.
- Targeting street dealing with council enforcement assets
- Denial of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply
- Reducing the opportunities for money laundering

4 How We Will Get There: Key Actions

- Identifying and taking action against middle-tier offenders and drug supply networks in our neighbourhoods – at every tier of policing.
- Protecting and redirecting young people through diversionary mentoring
- Surveillance of emerging markets e.g. vapes, xanax, lean
- Gathering intelligence and investigating substances of abuse in vapes by trading standards and community safety
- Street policing
- Detection and tackling of 'Cuckooing' which is a tactic where drug dealers use violence and coercion to occupy a property and use it as a base for dealing
- Licensing committee and trading standards work together with local intelligence to limit the number of alcohol retailers where alcohol related health and social burden is high.

4.2 Delivering a World-Class Treatment & Recovery System

- Tackling stigma to addiction and treatment of addiction as a chronic health condition, and providing long-term support where necessary.
- Delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
- Improving clinical pathways and joint care for co-existing mental health and physical health conditions
- Improving coordination and partnership working across sectors, especially between NHS mental health services, substance misuse services, GPs, community pharmacies, social services, education, and housing to ensure holistic care and a higher chance of treatment success
- Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
- Local services will be delivered via a highly trained and motivated workforce offering a full range of evidence-based interventions
- Ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
- Improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- Improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
- Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
- Keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community
- Putting the individual at the centre of everything we do, and by underpinning services with extensive and robust evidence to save lives, reduce harm and crime, and stop the 'revolving door' in and out of prison.
- Continuously improving information and advice to promote self-help when possible and to seek advice when required.

4 How We Will Get There: Key Actions

- Engaging with service users to understand factors that contribute to both treatment success and attrition

- Addressing existing inequalities in substance misuse prevalence, access of treatment, culturally sensitivity and treatment outcomes

- Holding regular local multi-agency panels to identify, agree and embed learning from drug-related deaths in order to improve local response and reduce deaths.

- Working with other services to provide testing, safe injecting equipment and vaccination against infections including Hepatitis B.

4.3 Achieving a Generational Shift in the Demand for Drugs and Excessive Alcohol

- Ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug- and alcohol- related harm

- Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

- Reinforcing knowledge and positive behaviour around healthy lifestyles during key transitions

- Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using and abusing alcohol, drugs and other substances

- Clear messaging to young people of the realities of drug use, county lines, and a life on the road (low wages, violent punishments, constant threat from rivals)

- Identifying siblings and children of substance users through IOM, SGV and DV MARAC for early support to break cycles

- Increased awareness among current and potential drug users:

- Public information that recreational drug use enables a slave trade

- Banning orders by pubs and clubs for users, in order to clean the night-time economy and reduce the local market

- Proactive police action against drug users (stop and search, test on arrest)

- Stricter action against those identified as buying drugs, and those buying drugs from individuals under 18

- Interagency working strategy is required to provide support to marginalised members of the community by addressing predisposing factors associated with social exclusion, rejection and severe mental health problems.

- Strengthen community pharmacies in their work on preventing prescription drug misuse.

- Review and limit the growth of number of alcohol retailers within legal powers.

4.4 Reducing Risk and Harm to Individuals, Families and Communities

- Tackling stigma and improving peer support and health-seeking behaviour

- Ensuring mental health access of young people, victims of abuse, veterans, vulnerable communities and those who misuse drugs and alcohol is assured when they need it.

- Partnership work to reduce the level of risk to the families exposed to substance misuse and to reduce the harm through proportionate health and care support

- Evaluating and researching the service needs and outcomes, the cost-effectiveness of the approaches, and partnership working success factors

4 How We Will Get There: Key Actions

- Collecting and analysing data regularly from community safety, safeguarding, coroners and death registry to monitor drug-related violence, abuse, neglect and homicides

- Cross-disciplinary training in identification, signposting and first response to those with substance misuse and other co-existing needs such as mental health, physical help, employment support, social care etc.

- Improving access to information and awareness among young people and risk reduction approach with the higher risk communities and families to reduce demand for drugs

- Raising awareness of foetal alcohol syndrome, sudden infant deaths etc.

- Needle exchange programme and supervised consumption at community pharmacies

- Community Safety and Development Team and the MPS both routinely carrying out unannounced swabbing of licensed premises and other locations such as colleges, leisure facilities and shopping centres, to detect the presence of drugs.

- Council Licensing Officers regularly checking outside of office hours if premises are complying with their licences and to gain compliance with the legislation.

- Using of orders to tackle problem premises and create safer communities

- Working with LFB to identify people at risk of causing fire in their home due to alcohol or drug misuse

- Effectively identifying and signposting those with substance misuse problems including alcohol to other important existing programmes and services such as NHS Health Check, stop smoking, antenatal care etc.

- Community Safety and Development Team and the MPS both routinely carrying out unannounced swabbing of licensed premises and other locations such as colleges, leisure facilities and shopping centres, to detect the presence of drugs.

- Council Licensing Officers regularly checking outside of office hours if premises are complying with their licences and to gain compliance with the legislation.

- Using of orders to tackle problem premises and create safer communities

- Working with LFB to identify people at risk of causing fire in their home due to alcohol or drug misuse

- Effectively identifying and signposting those with substance misuse problems including alcohol to other important existing programmes and services such as NHS Health Check, stop smoking, antenatal care etc.

5 Performance Measures

Measures will be based on the national and local outcomes framework as provided by the central government. The supplementary grant also has specific treatment priorities that need to be achieved in the next three years (See Table 3). These are summarised in section 5.1 by specific strategic and intermediate outcomes and where available includes the current status /baseline statistics for each indicator.

5.1 Supplementary Grant

Table 3: Supplementary Grant: Agreed increase in treatment and residential rehab capacity

Measure / Indicator	Baseline	Year 1: 2022-23	Year 2: 2023-24	Year 3: 2024-25
Treatment				
Total No of Adults in structured treatment	912	912	992	1075
Opiate Users	278	276	300	330
Non-opiate Users (combined non-opiate only and non-opiates and alcohol)	341	341	372	395
Alcohol Users	295	295	320	350
Young people in treatment	41	45	55	65
Adults with substance misuse problems who engage successfully in community based treatment following release from prison/ secure estate	35%	45%	55%	60%
Residential Rehab				
Proportion of adults in rehab as a proportion of all adults in treatment	1.2% (baseline average - 9)	11	13	15

5 Performance Measures

5.2 Performance Measures: The National and Local Outcomes Framework

5.2.1 Strategic Outcome: Reducing drug use

Measure	Metric	Baseline Statistics	Source
Proportion of individuals using drugs in the last year	Proportion of individuals reporting use of drugs in the last year: 16 to 24 years, 16 to 59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required)	Based on the Crime Survey for England, there are 14,032 people (7.6 %) aged 16-74 using illicit drugs. The highest proportion of users is of those aged 16-24 (21%) equivalent to 5,282 people in Havering (See NA for detailed breakdown)	Crime Survey for England and Wales, Office for National Statistics
Proportion of individuals using drugs in the last year	Proportion of pupils aged 11 to 15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity)	Example: Cannabis: Havering (4%) London (5%) England (4.6%)	Smoking, drinking and drug use among young people in England. Office for National Statistics
Prevalence of opiate and crack use	Estimated total number and prevalence rate of opiate and/ or crack cocaine use at local authority, regional and England only. Monitored by drug type and age	Havering 858 (5.4/1,000), London (9.3), England (8.9%)	Estimates of the prevalence of opiate use and/or crack cocaine use Office for National Statistics
Additional supporting measure: Prevalence of alcohol dependency	The estimated number of adults with an alcohol dependency.	Available only for England (1.4%) can model for Havering	Alcohol dependence prevalence in England Office for National Statistics
Additional Supporting Measure: Homeless with a drug dependency need	Number and proportion of households owed a Homelessness duty with a drug dependency need. Monitored by local authority	In 2020/21 a total of 105 patients had housing problems. This is equivalent to 1 in 5 patients (21%)	Official statutory homelessness statistics. The Department for Levelling Up, Housing and Communities

5 Performance Measures

Measure	Metric	Baseline Statistics	Source
Additional Supporting Measure: Children in need with drugs as an assessed factor	Rate per 1,000 population of children of referrals and assessments by social services with drugs as a factor. This is in respect of a case where the child is not previously known to the council, or where the case was previously open but is now closed. Monitored by parent, child, or other person, local authority.	To be considered for inclusion when available.	Characteristics of children in need Department of Education
Additional Supporting Measure: Permanent exclusions and suspensions –drug and alcohol related	Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related. Monitored by local authority and proportion of pupil enrolments	To be considered for inclusion when available	Permanent exclusions and suspensions in England. Department of Education
Additional Supporting measure: Acceptability of drug use in children	Proportion of 11 to 15 year olds who think it is OK to try drugs to see what it is like, and the proportion who think it is OK to take drugs once a week. Monitored by drug type (all, cannabis, cocaine), age, gender.	To be considered for inclusion when available	Smoking, drinking and drug use among young people in England. Office for National Statistics

5 Performance Measures

5.2.2 Strategic outcome: Reducing drug-related crime

Measure	Metric	Baseline Statistics	Source
Drug-related homicide	Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is 'drug related' if any of the following variables are positive: victim is an illegal drug user, victim is an illegal drug dealer, suspect is an illegal drug user, suspect is an illegal drug dealer, victim has taken a drug, suspect has taken a drug, suspect had motive to obtain drugs, suspect had motive to steal drug proceeds, or drug related.	Havering reported fewer homicides in the last 2 years (9 cases) compared to other London boroughs but nonetheless a significant number that appear to be on an upward trend	Homicide in England and Wales Office for National Statistics
Neighbourhood crime	Neighbourhood crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person.	In the last 12 months (ending October 2022) 1084 drug related crimes were reported in Havering.	Crime Survey for England and Wales Office for National Statistics
Additional Supporting measure: Proven reoffending	Proven reoffending within 12 months. Monitored by Adult/juvenile, all, index offences – drug and theft, local authority.	Havering (22.5%) England (25.4%)	Proven reoffending statistics Office for National Statistics
Additional Supporting measure: Trafficking and possession	Police recorded trafficking of drugs and possession of drugs offences. Monitored by adult/juvenile national and police force area.	In 2022, 146 drug trafficking crimes were reported in Havering, an increase by 63% compared to the previous year.	Crime Survey in England and Wales Office for National Statistics
Additional Supporting measure: Hospital admissions for assault by sharp object	Hospital admissions for assault by a sharp object. Monitored by age: 16 to 24, over 25, local authority.	Local data not available, to be included.	Monthly hospital admissions for assault by sharp object. NHS Digital

5 Performance Measures

5.2.3 Strategic outcome: Reducing drug-related deaths and harm

Measure	Metric	Baseline Statistics	Source
Deaths from drug misuse	Deaths related to drug misuse. Monitored by English region, LA, date of death and date of registration	Local data not available, to be included.	Deaths related to drug poisoning, England and Wales. Office for National Statistics
Hospital admissions for drug misuse	Hospital admissions for drug poisoning and drug related mental health and behavioural disorders (primary diagnosis of selected drugs). Monitored by national, local authority, and age group (16 to 24, over 25).	The latest data (2020), shows alcohol-related mortality in Havering (57/100,000) is higher than the London average (51/100,000).	NHS Digital
Additional Supporting measure: Deaths in treatment	The number and percentage of people in treatment who have died during their time in contact with the treatment system. Monitored by local authority.	An average of 5 deaths in treatment annually have occurred in Havering in the last 3 years	OHID.
Additional Supporting measure: Alcohol-specific deaths	The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority.	The latest data (2017-19) shows Havering has a lower rate (5/100,000) than both London and England.	Local alcohol profiles for England, OHID
Additional Supporting measure: Hospital admissions attributable to alcohol	Admissions to hospital where the primary reason for admission was attributable to alcohol, and admissions to hospital where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol. Monitored by local authority.	In 2020/21, 2862 people in Havering were admitted in hospital with alcohol related conditions.	Alcohol-related hospital admissions OHID
Additional Supporting measure: Hospital admissions for substance misuse (young people)	Admissions to hospital where the primary or secondary reason was due to substance misuse in those aged 15 to 24). Monitored by local authority	To be considered for inclusion when available	Public health profiles, OHID.
Additional Supporting measure: Hepatitis C prevalence in people who inject drugs	Hepatitis C prevalence (chronic infection) in people who inject drugs	In 2021, 36 patients in Havering attending treatment were diagnosed with Hepatitis C while 3 had HIV.	Unlinked anonymous monitoring survey of HIV and viral hepatitis among people who inject drugs

5 Performance Measures

5.2.4 Intermediate outcome 1: Reducing drug supply

Measure	Metric	Baseline Statistics	Source
Number of county lines closed.	Number of county lines closed through the County Lines Programme.	No local data available, to included when available.	Home Office.
Organised crime group disruptions.	Number of moderate and major drug disruptions against organised criminals. Major: Significant disruptive impact on an organised crime group, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat.	No local data available, to included when available.	National Crime Agency.
Number and volume of drug seizures.	Number and volume of drugs seizures. Monitored by source of seizures (National Crime Agency, police forces, Regional Organised Crime Units, Border Force) and drug types (all, class A, other). England and Wales. National Crime Agency seizures to capture UK, at sea and international seizures.	No local data available, to included when available.	Home Office.
Number and volume of drug seizures	Number of incidents of drug finds in prisons. Monitored by drug types (all, class A, other).	No local data available, to included when available	HMPPS annual digest
Additional Supporting measure: National Referral Mechanism referrals.	National Referral Mechanism referrals (county lines flagged).	No local data available, to included when available.	Modern slavery National Referral Mechanism. Home office.

5 Performance Measures

5.2.6 Intermediate outcome 3: Improving drug recovery outcomes

Measure	Metric	Baseline Statistics	Source
Treatment progress	Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances, measured over the preceding 12 months.	To be considered for inclusion when available	OHID
Supporting measure: Proportion in treatment in stable accommodation	The percentage of people in treatment who have reported no housing problems or issues in the last 28 days.	To be considered for inclusion when available	OHID
Supporting measure: Proportion in treatment in paid work	The percentage of people in treatment who have reported at least one day of paid work in the last 28 days.	To be considered for inclusion when available	OHID
Supporting measure: Proportion in treatment in voluntary work	The percentage of people in treatment who have reported at least one day of voluntary work in the last 28 days	To be considered for inclusion when available	OHID
Supporting measure: Proportion in treatment in training or education	The percentage of people in treatment who have reported at least one day in training or education in the last 28 days.	To be considered for inclusion when available	OHID
Supporting measure: Mental health interventions and treatment provided (adults and young people)	Adults: the percentage of adults in treatment who reported a mental health need and received mental health treatment or interventions. Young people: the percentage of young people who had an unmet mental health need at treatment start who still have an unmet mental health need at treatment exit.	To be considered for inclusion when available	OHID

5 Performance Measures

Measure	Metric	Baseline Statistics	Source
Supporting measure: Parental and family interventions delivered	The percentage of parents who have received specific family or parental interventions.	To be considered for inclusion when available	OHID
Additional supporting measure: Cessation or change in cannabis use in young people	Cessation: the percentage of young people who were using cannabis at treatment start who have stopped using at treatment exit. Change: the reduction in days of cannabis use of young people who were using cannabis at treatment start and are still using at treatment exit.	To be considered for inclusion when available	OHID
Additional supporting measure: Cessation of high-risk drinking in young people	The percentage of young people who were drinking alcohol at a high-risk level at treatment start who have stopped drinking at a high-risk level at treatment exit. High-risk level drinking is defined as more than 140 units over 28 days.	To be considered for inclusion when available	OHID
Supporting measure: Cessation of other drug use in young people	The percentage of young people who were using other drugs at treatment start and have stopped using other drugs at treatment exit. Other drugs refers to all drugs except cannabis, and does not include alcohol or nicotine.	To be considered for inclusion when available	OHID

6 Whole-System Accountability

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different organisations. The successful implementation of this 5-year strategy is dependent on the whole local partnership working together and sharing the responsibility for creating a safer, healthier and more productive society.

The single set of outcomes and metrics outlined in this strategy are aimed at all partners getting involved in delivering the 5-year drugs strategy. It emphasises shared accountability for all outcomes to avoid the problem of individual organisations being pulled in different directions by competing outcomes and targets.

The Havering CDP will organise and monitor its work around progress towards the outlined outcomes, ensuring local partners are accountable to central government, each other and local residents. The outcomes will run through all the CDP outputs, from needs assessment to action plans and regular progress reports. Further performance monitoring outcomes may be incorporated in future to address specific local needs.

Monitoring and consideration of different demographics and protected characteristics will be a key part of this work. The drugs strategy commits to promoting equality and meeting the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women.

The Havering SRO represents the whole CDP through holding overarching responsibility for local delivery of the strategy. Reporting and accountability into national government central government will monitor local delivery against the metrics outlined above. The measures will be monitored in the context of the whole system, with an awareness that the direction of travel may change over the course of the strategy. In the short term, we could expect initial increases in some metrics, due to more planned activity and services better meeting demand, but in the longer term these might decrease due to effective activity and reduction in the underlying problematic issues.

7 Timescales

This strategy will be implemented over a five-year period from the date of publication (April 2024 – March 2029 and will be reviewed at least annually and amendments made as necessary.

8 Related Documents

In drafting this strategy the following government reports and guidance have been key references. This was to ensure this local strategy is consistent with the national strategy and related policies. Our local needs assessment report has also been a key resource providing required baseline intelligence that has informed the development of the performance and monitoring system for the strategy.

- Review of drugs part two: prevention, treatment, and recovery - **www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery**
- From harm to hope: A 10-year drugs plan to cut crime and save lives - **www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives**
- Guidance for local delivery partners (accessible version) - **www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners/guidance-for-local-delivery-partners-accessible-version#:~:text=Combating%20Drugs%20Partnerships%20should%20have,homicide%20problem%20profiles%20-and%20strategies**
- Havering Substance Misuse Needs Assessment 2023 - **www.haveringdata.net/wp-content/uploads/2024/06/Havering-SubMisuse-NA-2023-Final.pdf**

9 Equality & Health Impact Assessment

A comprehensive Equality and Health Impact Assessment (EHIA) including an action plan was completed and approved alongside the strategy. The full report can be accessed at **www.haveringdata.net/wp-content/uploads/2024/06/Havering-CSM-Strategy-EqHIA-Final.pdf.**

10 Consultation

As per the council regulations, this strategy was subjected to a public consultation for 6 weeks commencing October to November 2023. This involved uploading the draft strategy on the Havering Council's Consultation and Engagement Hub (Citizen Space) and a structured survey.[10] The consultation was promoted via the council social media platforms and newsletters. Direct engagement with key stakeholders and service users was carried out over the same period in form of focus group discussions and arranged plenary sessions. Findings from the consultation were utilised in compiling the final strategy. The full report of the consultation can be accessed at **www.haveringdata.net/wp-content/uploads/2024/06/Havering-CSM-Strategy-Public-Consultation-Report.pdf.**

10 London Borough of Havering Council - Citizen Space

11 Authorisation and Communication

The final strategy was presented to the Combating Drugs Partnership, the Health and Wellbeing Board, Borough Place Based Partnership, LB Havering Cabinet and approved on 13 March 2024. The approved strategy will be published on the council website and a copy circulated to all partners.

12 Implementation and Monitoring

12.1 Action Plan

A detailed delivery plan is included in appendix 1.

12.2 Monitoring Actions and Performance

The Combating Drugs Partnership will be responsible for monitoring actions and performance using the delivery plan and list of outcomes derived from the national and local outcomes frameworks. Lead organisations and named officers have been identified for each performance area. They will update the partnership board on a quarterly basis on progress and receive appropriate feedback and support. An analytics working group will be created to develop a performance dashboard to facilitate monitoring and reporting of progress over time.

12.3 Evaluation and Review

The strategy and related action plans will be reviewed annually by the Combating Drugs Partnership. Any changes or adjustments will require approval by the board.

12.4 Further Information

Partnership Lead for Havering Combating Drugs Partnership: **publichealth@havering.gov.uk**

13 Authors

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14 Acknowledgements

We wish to express our profound gratitude to the following partners and stakeholders whose representatives helped shape this strategy through their active participation in workshops, engagement events and meetings.

- Havering Community Safety Partnership and Crime Prevention

- Havering CGL

- Havering Healthwatch

- Havering GP Representative

- Havering Schools and Education

- Havering Safeguarding Board

- Integrated Offender Management and Serious Group Violence

- Independent Domestic Violence Advocate

- LB Havering Public Health

- LB Havering elected member representatives for adults and children services

- LB Havering Public Involvement Lead & Communities

- LB Havering Licensing Team

- LB Havering Communications

- LB Havering Children Services

- LB Havering Early Help

- London Metropolitan Police

- Local Pharmaceutical Committee

- North East London NHS Foundation Trust (NELFT)

- NHS Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

- NHS North East London ICB

- Probation Service Representative

- Service User with Lived Experience

- Voluntary Care Sector

- Youth Justice Board

- Former Rough Sleepers Group

Appendix 1: Strategy Delivery Plan

Identified Need / Priority	Action What we will do to improve our local system and meet national and local priorities	Resources What we need to be able to achieve it	Timescale When will this be completed?	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation Who will lead and report on this?	Metric How we will measure success
1 Collect and share intelligence	1.1 Serious Violence Duty needs assessment and develop serious violence duty strategy	Support from partners with in the Serious Violence duty working group	Jan-24	CSP - Serious Violence Group	Community Safety Partnership	Community Safety	Needs assessment and serious violence strategy published on council webpage by 31 January 24
	1.2 Improved analysis of Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR); Test on arrest data / Drug Intervention Programme (DIP) breeches; Follow up of breaches	No additional resources required	Ongoing with quarterly updates	CSP - Reducing Reoffending Group	Police Probation services CGL	Police CGL	Successful completions of Alcohol Treatment Requirement (ATR) / Drug rehabilitation requirement (DTR) Test on arrest data
	1.3 Establishment of joint analytic group and a set of baseline data sets	Establishment of joint analytic group and a set of baseline data sets	Mar-24	Joint Analytic Group	Joint Analytic Group, CSP, CGL , NELFT	Public Health	Joint analytic group in place and established set of indicators and baseline datasets.
	1.4 Review and Strengthening of the National Referral Mechanism (NRM) process	Training - Safeguarding	Ongoing with quarterly updates	CSP - Safeguarding Boards	CSP/ Youth Justice Board (YJB)	Safeguarding adults and children	Number of NRM assessments and referrals completed

Appendix 1: Strategy Delivery Plan

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
2 Monitor and help disrupt county lines – collaborate across borders/ modern day slavery	2.1 Awareness raising and training for staff on Modern day slavery	Training - Safeguarding and capturing data i.e. number of referrals	Ongoing with biannual updates	CSP - Safeguarding Boards	Safeguarding Boards	Community Safety	Number of training sessions delivered
	2.2 National data on county lines and disruption updates for CDP	Drugs Focus to talk to CST	Ongoing with quarterly updates	TTCG	Police

Probation services

CGL | Police | Number of county lines closed and disruptions |
	2.3 Cross border police operations between East Area BCU and Essex to target individuals.	Operation Gambler	Ongoing with quarterly updates	Havering Joint Taskforce (HJTF)	Joint Analytic Group, CSP, CGL , NELFT	HJTF / CSP / Police	Number of incidents and arrests.
3 Investigate the transfer of money from drug businesses	3.1 Money laundry, child exploitation for money laundry and data sharing	This is business as usual and covered by existing ISA and terms of reference for groups	Ongoing with quarterly updates	CSP	sex to target indiv	Police & LBH Insights Team	Number of cases investigated and completed
	3.2 Tackling drug debt and use of drugs in the criminal justice system	This will be done on a case by case basis by offender managers	Ongoing with quarterly updates	CSP	CSP/ Youth Justice Board (YJB)	CSP & Police	Number of incidents and successful interventions

Appendix 1: Strategy Delivery Plan

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
4 Target retail and middle market	3.3 Identify and investigate cannabis factories, laughing gas market and cuckooing; issue closure orders and drugs warrants	Business as usual taking a proactive approach	Ongoing with quarterly updates	CSP	CSP & Police	Police	Number of drugs warrants served and number of cannabis factories identified and closed
	3.4 Data/ Intelligence sharing on cannabis factories, cuckooing, drug warrants	Business as usual taking a proactive approach	Ongoing with quarterly updates	CSP	Police & Joint analytic group	Police	Number of cannabis factory closures and related incidents
5 Limit the density of alcohol outlets and hours of retail sale near local hot spots – (alcohol related crime/ nuisance reports)	5.1 Clamp down on existing licensees who sell over the limits Alcohol or do not adhere to the regulations; Proactive and increase licence reviews	Police and Council Licensing teams	Ongoing with quarterly updates	Licensing Committee	Licensing team, Police	PPolice Council licensing	Number of successful licensing reviews
	5.2 Work with planners to influence the Local Plan refresh to limit the proliferation of Licensed premises and alcohol sale hours at retail outlets	CSP resources ASB/crime data Density of outlets with alcohol licence	Ongoing with quarterly updates	CSP	Planning Licensing Community Safety Public Health	Planning	LOCAL PLAN REFRESH featuring the limits of retail outlet density

Appendix 1: Strategy Delivery Plan

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
6 Community safety/ vigilance, street policing, council enforcement assets	6.1 Better sharing of ASB data\n\nIdentify lead for data collation within the police	No extra resources required	Ongoing with quarterly updates	Tasking group, monthly ASB meeting	Community Safety and police	Police	Number of ASB cases identified
	6.2 Data from Housing re thefts etc.	Data not currently shared	Ongoing with quarterly updates	CSP	Housing	Housing	Availability of data\n\nNumber of theft incidents and arrests
7 Survey emerging markets e.g. vapes, free ports, online sales, underage sales, mixing cannabis or THC with vapes	7.1 Selling of vapes to be added to licensing. Licences restricted near schools and colleges	Intelligence to be shared by partners	Ongoing with quarterly updates	CSP	Trading standards	Trading standards	Number of successful seizures

Appendix 1: Strategy Delivery Plan

Identified Need / Priority	Action What we will do to improve our local system and meet national and local priorities	Resources What we need to be able to achieve it	Timescale When will this be completed?	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation Who will lead and report on this?	Metric How we will measure success
8 A communi-cations strategy	8.1 Co-badged with Health, Police and Local Authority 'Did you know Facts' e.g. cost and consequences of drugs Early identification and sign posting communicate what we've achieved	Lead officer time Cost for effective use of social media platforms, newsletters, Apps	Ongoing with quarterly updates	CSP	CSP, Public Health, Police, CGL	Public Health	Communication strategy in place Number of information drops
	8.2 Inform, advise and highlight the risks for YP to schools, colleges, Alternative Providers and Pupil Referral Units	Help accessing academies SPOCs for schools School nurses School councillors	Establishment of join	CSP	Education Police- safer Schools Public Health, CGL	Establishment of join	Healthy schools London – number of schools meeting criteria (Drugs& Alcohol education part of HSL criteria).

Appendix 2: Delivering a world-class treatment & recovery system

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
1. The impact of substance misuse on individuals and community	Produce and review local needs assessment to identify needs, trends, priorities and inequalities including de-stigmatisation of addiction and engagement with affected individuals and communities	Information and data sharing, stakeholder involvement, analytic data group to lead on needs assessment. Including qualitative data from service users.	Consistent with local and national timelines	Analytic Data Group	Havering Council, YP and Adult Treatment Service, NELFT, BHRUT, ICB, Police and other criminal justice agencies.	Public Health	Number of people accessing services including demographic details Correct data on status of substance misuse and treatment outcomes in the borough Improved patient outcomes Number of drug related deaths Number of drug related hospital admissions
2 Education and awareness and Information and advice for the public on treatment access and self-care	2.2 Promote awareness of services with Health and Social Care Workforce and wider public including the use of appropriate materials for education and awareness	Videos, posters, social media, events	Ongoing with quarterly updates	Joint treatment and recovery group	CGL, Havering Council	Havering Council	Number of engagement training sessions Number of trained GPs Post campaign / awareness sessions participant knowledge levels Prevalence of substance misuse

Appendix 2: Delivering a world-class treatment & recovery system

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
3 Culturally sensitive services	Produce and review local needs assessment to identify needs, trends, priorities and inequalities including de-stigmatisation of addiction and engagement with affected individuals and communities	Commission an independent review of services to assess their cultural competency and equalities.	Funding, engagement	March 2024	Public Health	Public Health	Number of awareness sessions

Prevalence of substance misuse

Improved patient outcomes |
| 4 Data sharing | 2.2 Promote awareness of services with Health and Social Care Workforce and wider public including the use of appropriate materials for education and awareness | Establish Power BI Dashboard | Funding, IT support, Information governance support, Analysts | March 2024 | Public Health | Public Health | Improved patient outcomes

Improved data access

Functional data sharing platform |
| 5 GP/ Primary Care Involvement | Introduce targeted shared care arrangements to improve GP involvement in recovery plans of alcohol dependent service users including provision of clinical satellites in GP practices. | GPs, Adult Treatment & Recovery Provider, Public Health | TBC | Joint treatment and recovery group | Adult Treatment & Recovery Provider, NEL Shared Care Group, PCNs, LMC | CGL | Adult service performance report |

Appendix 2: Delivering a world-class treatment & recovery system

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
6 Adults dependent on prescribed drugs	Review the needs of adults dependent on prescribed drugs and agree recommendations to improve prevention, training and awareness, treatment and/ or guidance, support to reduce dependency.	NEL ICB, GP, BHRUT, Medicines Safety, Nursing, Pain Consultant, Clinical Psychologist, Pharmacists, LTC Commissioner. Councils, Adult Treatment Provider	December 2024	Joint treatment and recovery group	NEL Dependence of Medicines Stewardship Group	NEL ICB	Hospital admissions from prescription drug misuse and toxicity
7 Engagement of adult offenders released from prison	Improve joint working between prisons and community services by increasing the proportion of referrals and engagement of adult offenders released from prison (from 30% to 75%)	Adult Treatment & Recovery Provider, Prisons, Probation and engagement with resettlement panels	March 2025	Joint treatment and recovery group	Adult Treatment & Recovery Provider	CGL	Combatting Drugs Outcomes Framework - Number / proportion engaging in treatment 3 weeks after leaving prison

Appendix 2: Delivering a world-class treatment & recovery system

Identified Need / Priority	Action What we will do to improve our local system and meet national and local priorities	Resources What we need to be able to achieve it	Timescale When will this be completed?	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation Who will lead and report on this?	Metric How we will measure success
8 Dual Diagnosis	8.1 The ICB will work in partnership with key stakeholders to support the joint care for individuals with substance misuse and mental health problems 8.2 Evaluate current service provision and gaps, engage with service users, explore peer support for these group of patients 8.3 Review complex cases with multiple diagnosis i.e. substance misuse, EUPD, combined with mental health problems and anti-social personality disorder, criminal justice systems via a Complex and Dual Diagnosis group between NELFT and CGL	Relevant providers and commissioners working together reviewing the joint care of individuals with substance misuse and mental health problems NEL ICB, GP, BHRUT, Medicines Safety, Nursing, Pain Consultant, Clinical Psychologist, Pharmacists, LTC Commissioner. Councils, Adult Treatment Provider	Update on progress by Jan 2024.	Joint treatment and recovery group	Havering PbP Mental health oversight group, ICB, NELFT, LBH, Substance Misuse Service and Third Sector	NELFT	6- monthly progress report and review after 18 months

Appendix 2: Delivering a world-class treatment & recovery system

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
9 Community pharmacy substance misuse service provision	9.1 Review how community pharmacies provide needle exchange services to include mechanisms of taking action where there is an observed problem with a patient. 9.2 Explore possibility of increasing funding for commissioning more pharmacies to provide substance misuse interventions	Commissioning policy review and funding	Ongoing with annual updates	Joint treatment and recovery group	CGL , LPC	CGL	TBC

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
1 Information, awareness and staff training	1.1 Being present in the places that children use to communicate e.g. social media, snapchat, tiktok and local busy bodies for awareness and support pathways.	Social media, colleges, consider Geolocation based campaigns e.g. in snapchat, Instagram and twitter, schools. Targeting parents, carers and adults in children's lives; promote through our social media channels and partners/ service providers social media; taking advantage of issues/ locations when they occur; fund specific campaigns that tackle this issues; Input to PSHE curriculum; CPOMS (online server that records all child protection items)	Ongoing with quarterly updates	Prevention Group	Comms, youth centres/ workers, member of the core working group, co-produce with young people (Youth Council) Parents/ Carers. Partners, faith and religious orgs, youth organisations - third party promotion. Use schools social media; The Bridge (Frances Bardsley School); DSLs; Local celebrities; local sports teams/ heroes etc.	Public Health and Comm-unication	Number / proportion of people reporting drug misuse in the last 12 months

Prevalence of opiate and non-opiate use |

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
	1.2 Work closely with schools: Find out what schools are doing and see if there are any good practice that can be promoted and built on. e.g., junior citizen programme	Annual Safeguarding audit could have an additional question regarding quality of PSHE on addiction/ substance use/ misuse examples to possibly track some good practice - to be disseminated;	annually	Education Strategic Partnership	Comms, youth centres/ workers, member of the core working group, co-produce with young people; WiseUp CGL; Education Services; BAP (behaviour and attendance partnership)	Education Strategic partnership. Havering School improvement Service	completion of Audit Question; gathering schools good practice, organisations offering support; and the sharing of this/these interventions; take up of referrals to WiseUp
1 Information, awareness and staff training	1.3 online reporting for children when they are concerned/ worried about substance misuse - (To be included in the needs assessment)	Utilise existing systems in schools to enable children to report; (internal concerns reporting systems) - CPOMS/ MyConcern; National / Central database to report and share anonymised concerns; i.e. 'the student voice'; Further development of the HaRVA tool to enable better information sharing and risk assessment by schools and other partners on contextual risk; Promotion of the OWL app to report crime and ASB; DSL team	annually	Education Strategic Partnership	schools; School Improvement; Specialist Safeguarding Team (Havering CS) Joni Blyth Community Safety; Colleges; Leaving Care; Designated safeguarding leads	Havering School improvement Service	# of reports; link to #referrals; and prevalence of drug and alcohol use by children

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organ-isations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be complet-ed?			Who will lead and report on this?	How we will measure success
1 Information, awareness and staff training	1.4 Interventions to target young people in colleges to teach or coach them on how to manage their new independence and make informed decisions. How to manage money, recreation to reduce the demand for drugs and alcohol.	Using voluntary services to develop programme; Also Start at Year 10 or Year 11 through PSHE lessons or drop down days	year two	Adolescent Safeguarding Strategy Board	Colleges/ Youth Groups; Prospects; WiseUp; Faith and Religious orgs; (other 16+ organisations?); Schools	Youth service/YJS	# sessions delivered plus feedback on these sessions
	1.5 Training Themes: Improve the understanding of push and pull factors for professionals to enable a more emphatic workforce; Consider language for cultural sensitivity; Tackling stigma goes hand in hand with information and advice but consider engagement.	Training for professionals	year one onwards	HSCB and wider strategic safeguarding partnership forums	Havering Safeguarding Partnership - Training offer	Havering Social Care Academy	# training delivered; feedback from training; quality and # of referrals to WiseUp

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?		Key Organisations	Who will lead and report on this?	How we will measure success
2 Links to World class treatment and recovery system	2.1 Interventions targeted at older adults 40s, 50s and above who have now picked up drugs because they can afford it.	publicity campaigns; establish the extent of this problem; potential for age specific services	first year and ongoing BAU	Joint treatment and recovery group	Comms; CGL;	CGL	minimum of one campaign per year, based on learning from audits and intelligence
	2.2 First time users with children <5yrs- CGL to do a home visit with awareness of what's a risk vs what's a safeguarding concern	hidden harm worker in CGL; along with targeted partner: i.e. police, social worker	establish model and roll out in year two	Havering Safeguarding Children's Partnership (HSCP)	CGL; Social Care Academy; Children's Social Care	CGL	# of visits completed
3 Supporting young people and families most at risk of substance misuse	3.1 Develop more services focused on young adults rather than children as a lot has been done in schools for children	Ask colleges; apprentice-ships, employers (NHS) what their issues are around substance misuse; link to national campaigns; youth charities; Leaving Care team; Detached youth workers; Night-time economy partnership/ collaboration; Hub office in Romford; Host an Havering event for 6th forms	year two starting with a campaign to raise awareness and respond to issues as partners see them	Prevention Group	Prevention Group; Dean Gordon; Youth Service; NCC DSLs; Night-time Economy partners including traders; emergency services; HSCB and HASP	Youth Service	age of referrals to WiseUp and Aspire reflects focus on this age group = 16 - 25 years

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organ-isations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be complet-ed?			Who will lead and report on this?	How we will measure success
3 Supporting young people and families most at risk of substance misuse	3.2 Check and support high risk families to reduce the impact cost of living	Budgeting skills. Debt management offer from DWP;	year one and ongoing	Social Care Early Help	LBH Early Help service; DWP; HSSWs (Home school support workers)	DWP: HSSWs	#of support effective interventions where debt has been reduced/ managed
	3.3 Consider debt bondage: children get drawn in through debt bondage manufactured by those leading the county lines (Training)	Training for professionals lead by the social care academy in partnership with Catch22/ Rescue and Response	Ongoing with quarterly updates	HSCP	Havering Safeguarding Partnership - Training offer	Rescue and Response Team	#training delivered; case studies of impact of debt bondage work
4 Links to breaking the supply chain	4.1 actions to reduce high strength alcohol use and support to street drinkers	licence variation/ conditions to reduce high strength sales where street drinking has been identified; CGL led outreach work;	Ongoing with quarterly updates	Havering Community Safety Partnership	Public Protection and CGL	Public Protection	# of reductions

Appendix 3: Achieving a generational shift in the demand for drugs and excessive alcohol

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organ-isations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be complet-ed?			Who will lead and report on this?	How we will measure success
5 Collect and share intelligence	5.1 Data-Collect trends regarding all forms of drugs usage-prescribing data, slang terms, location data etc.	Locations of concern MACE and HARM panels; a forum/method for identifying and sharing information on prescribing and wider substance misuse; Health/Public Health resources; Adult Safeguarding Board; Community Safety Partnership	year two and ongoing BAU	Joint Analytic Group	Children and Adult Safeguarding: social services; police; probation services; relevant charities; CGL (drug and alcohol service) Health and Public Health	Public Health	confidence in data picture of substance misuse in Havering and by whom
	5.2 Define clearly how impact will be measured	Develop the data set for 5.1 above: # arrest; #users of services, # incidents in licenced premises; # alcohol related crime and hospital admissions - overtime; reduction of hotspot street drinking;	year one	Joint Analytic Group	Children and Adult Safeguarding: social services; police; probation services; relevant charities; CGL (drug and alcohol service) Health and Public Health	Public Health	completion of first draft of data set

Appendix 4: Reducing risk and harm to individuals, families and communities

Identified Need / Priority	Action What we will do to improve our local system and meet national and local priorities	Resources What we need to be able to achieve it	Timescale When will this be completed?	Strategic Delivery & Planning Group	Key Organi-sations	Lead Organi-sation Who will lead and report on this?	Metric How we will measure success
1 Information, advice and staff training	1.1 For the public around a. Exploitation of the vulnerable by drug trade b. Early recognition of addiction c. consequences and how to avoid peer pressure d. Seeking support e. Destigmat-isation f. Confidence on social services and Improving the image of social services through training and communication work	Educating the community around acceptance and destigmat-isation Stories from people with lived experience (e.g., very short video clips) Video clips co-designed with service users, young people and people from communities that do not seek support Exercising corporate social responsibility Funding required to implement the above Utilising existing resources from transitional safeguarding -MyPlace.	Ongoing with quarterly updates	Prevention Group	CDP and LA communica-tions Schools Shared resources with the GLA and other boroughs in the ICS Voluntary care sector Faith & Religious orgs ICB	Public Health	minimum 1 video clip per borough to be shared with London, esp. lived experience Toolkit for young people, schools and social services Public engagement events informing about substance misuse Increased number in the treatment for alcohol and drugs Comms material to improve confidence on social services

Appendix 4: Reducing risk and harm to individuals, families and communities

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
1 Information, advice and staff training	1.2 For professionals (D&A services, social services, NHS, Housing, statutory organisations) dealing with substance misuse clients around cultural competence in working with individuals at risk Incorporating into training then audit	Health inequality funding from ICB	March 2024	Prevention Group	PbP, ICB	Public Health	Cultural competence report Numbers in treatment Recovery rate Completion of Alcohol Qs in NHS HC
	1.3 Advise employers on awareness and employment of substance misuse and mental health; Clarity around employment law and rehabilitated individuals	Expertise in producing the toolkit Time for engagement Communication material Working with employment team when clients are ready Linking with Beam to use their support and tools. Increasing opportunity for volunteering and training	March 2024	Joint treatment and recovery group	Local area co-ordinators (Harold Hill - Connectors) Faith & Religious orgs Street pastors The AA	CGL	Engagement in treatment School exclusion and suspension that are drug and alcohol related

Appendix 4: Reducing risk and harm to individuals, families and communities

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
2 Multi-disciplinary multiagency support to those at higher risk or those who suffered from harm of drugs and alcohol misuse.	2.1 Early intervention in multi-disciplinary support	Police to signpost to CGL Better Living CGL working with partners	March 2024	Joint treatment and recovery group	Local area coordinators (Harold Hill - Connectors) Faith & Religious orgs Street pastors The AA	CGL	Engagement in treatment School exclusion and suspension that are drug and alcohol related
	2.3 Family group and family support pathway	CDP Working group on family support with GPs, CAMHS, social services, NELFT therapists, VAWG	March 2025	Joint treatment and recovery group	Havering CDP (subgroup), PbP, Safeguarding Adults and Children	CGL	Children in need with drug as a factor Reduction in safeguarding case reviews related to parental substance (D&A) misuse
	2.4 Substance misuse and mental health outreach to high risk communities	CDP Working group on family support with GPs, CAMHS, social services, NELFT therapists, VAWG	March 2025	Joint treatment and recovery group	CGL, NELFT	CGL	Reduction in safeguarding case reviews related to wrong door policy
	2.5 Cross-regional cooperation for housing settlement where there is supportive family roots	Changing perception of the community	March 2025	Joint treatment and recovery group	Housing demand CGL ESOL classes Community groups	Housing	Number of successful settlements where accommodation has been sustained for minimum 2 years.

Appendix 4: Reducing risk and harm to individuals, families and communities

Identified Need / Priority	Action What we will do to improve our local system and meet national and local priorities	Resources What we need to be able to achieve it	Timescale When will this be completed?	Strategic Delivery & Planning Group	Key Organi-sations	Lead Or-ganisation Who will lead and report on this?	Metric How we will measure success
3 Needle exchange, supervised consumption	Prevention and management of Blood Borne Viruses	TBC	Ongoing with quarterly updates	Joint treatment and recovery group	CGL, LPC	CGL	Maintenance of micro elimination status
4 Research, audit and surveillance	Joint research, audit and surveillance system	TBC		Joint Analytic Group	CDP	Public Health	Surveillance reports, Participation in national/ regional studies
5 Awareness and training around neuro-diversity	5.1 To understand more about neuro-diversity and personality disorders and the interlink with substance misuse; Agencies ensure staff attend	Expertise and participation from NELFT, Social services, CGL and GPs Training (coordinated by CGL and NELFT)	March 2025	Joint treatment and recovery group	NELFT CEPN CLDT (Community Learning Disability Team) Havering adult and children services and LBH comms co-designing with individuals with lived experience	CGL	Number of practitioners/ professionals trained across disciplines

Appendix 4: Reducing risk and harm to individuals, families and communities

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	What we will do to improve our local system and meet national and local priorities	What we need to be able to achieve it	When will this be completed?			Who will lead and report on this?	How we will measure success
6 Reduction risk and harm to communities	6.1 Inspection of products in vape shops	Trading standards conducting visits	December 2024	Community Safety Partnership	Trading standards	Trading standards	Reduction in complaints around vapes
	6.2 Refine harm and risk reduction activities (e.g. drink driving course) with feedback from individuals and families with lived experience	More a comment, such course already exist why co design another one, rise mutual for example already deliver what was an accredited programme; not commissioned locally	March 2025	Community Safety Partnership	CDP	Community Safety Partnership	suggestion made to involve service user feedback
	6.3 The risk of alcohol and substance misuse on health are reduced in designing Local Plan	TBC	March 2025	Prevention Group	Planning and Regen Public Protection	Planning	Local Plan identifying evidence to support locational policies with scope and specification on retail density of alcohol outlets. With joint work with licensing of such outlets.