Havering Combating Substance Misuse Strategy 2024 - 2029

Final Draft for Cabinet Approval v1.1

March 2024

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V0.1	Draft 1	23/12/2022	Havering CDP Working Group
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Equality & Health Impact Assessment Record

1	**Title of activity**	Havering Combating Substance Misuse Strategy		
2	**Type of activity**	Multi-agency Strategy		
3	**Scope of activity**	This is a five year local strategy that aims at working with all partners to: • Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims • Deliver a world-class treatment and recovery system, including; improving access to support by tackling 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 the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)		
4a	**Are you changing, introducing a new, or removing a service, policy, strategy or function?**	Yes	If the answer to <u>any</u> of these questions is **'YES'**, Please continue to question **5**.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is **'NO'**, please go to question **6**.
4b	**Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**	Yes		

4c	**Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**	Yes		
5	**If you answered YES:**	**Please complete the EqHIA in Section 2 of this document.** Please see Appendix 1 for Guidance. The equality health impact assessment was completed and approved and is included in appendix 2 of this strategy document.		
6	**If you answered NO: (***Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)* *Please keep this checklist for your audit trail.*			

Date	Completed by	Review date
15/11/2023	**Anthony Wakhisi**	**April 2028**

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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. Alcohol-related mortality has also been rising in the last three years, with the latest data (2020) showing alcohol-related mortality among males in Havering (57 per 100,000 of the population) was higher than the London average (51/100,000). In 2020/21, 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
January 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

Abbreviation	Meaning
GP	General Practitioner
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
MPS	Metropolitan Police Service
NA	Needs Assessment
NCC	National Collaborating Centres

Abbreviation	Meaning
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 3000 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 1084. 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.

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.

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	• Metropolitan Police • Community safety teams • Trading standards and licensing committees • Residents • The NHS • Social care agencies

Priority	Why	How	Who
		• Community vigilance and street policing • Keeping an eye on emerging markets for example, vapes	
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
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	• Offering information, awareness and staff training • Putting school-based prevention and early intervention in place to reduce the chances of	• Schools and education providers • Children services • Public health services

Priority	Why	How	Who
	addiction and exposure to drug and alcohol use. • 21% of people using treatment services were living with their children.	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	• 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	• 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

Priority	Why	How	Who
		Autism, Attention deficit hyperactivity disorder (ADHD), Dyslexia)	• Community pharmacies working with CGL • Trading standards and public protection • London Fire Brigade

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.

1 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

[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)

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 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

[6] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

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:

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

[7] Guidance for local delivery partners (publishing.service.gov.uk)

Management team of the Havering CDP (Unpaid roles)

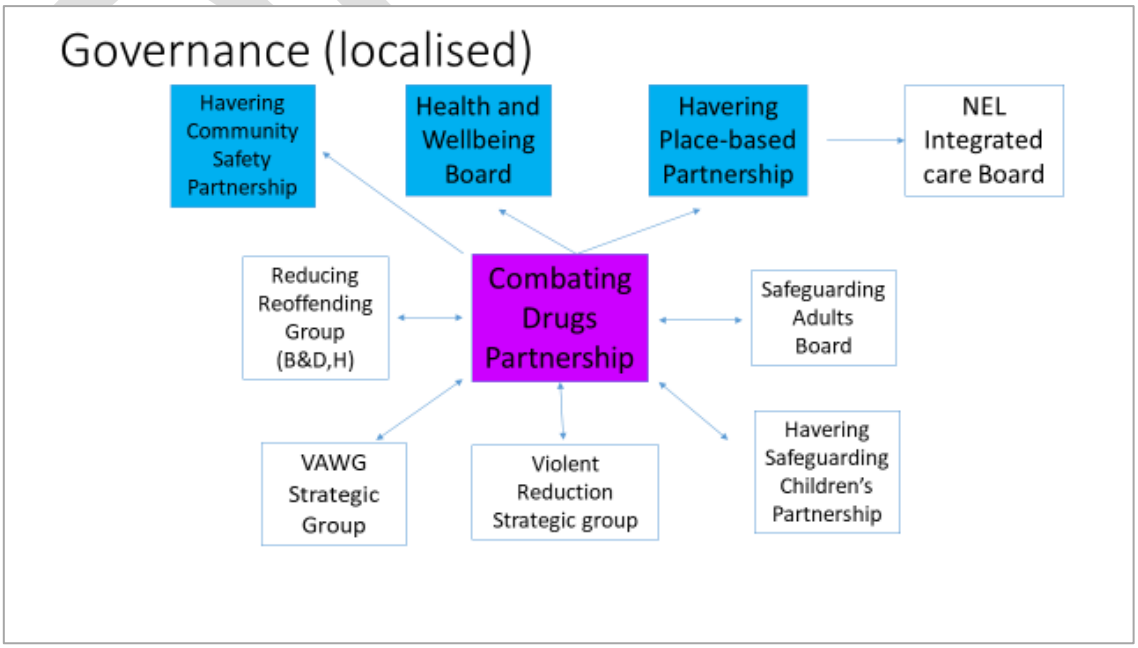
- SRO and Chair
- Partnership Lead
- Strategy Development Lead.
- Commissioner Lead
- Programme Manager
- Data Lead

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 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.

2.1.1 Key findings from needs assessment

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**.

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.

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

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

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

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

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

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

- 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.

2.2.1 Key findings from the needs assessment

Treatment 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.

Adult patients living with children

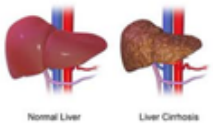
Havering had a total of **364 new adult presentations to treatment** for substance misuse during 2019/20. Of those, **77 (21%) were parents or adults living with children.**

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

Hospital Admissions

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

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



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

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

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

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).

2.3 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
- 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 a 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 linked to self-harm and cheating in sports. The exact size of the problem is largely unknown due to lack of reliable data.

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 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 of unmet treatment need **(75%).**

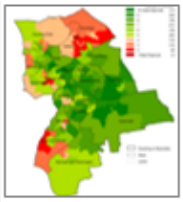
There are **189 adults** in Havering with **opiate dependence living with children. Only 59 are in treatment** indicating the **majority (69%) are unattended to** and therefore potentially **a threat to child safety.** This is lower than the national benchmark of unmet treatment need **(72%).**

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 LSOA's 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.

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)

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:

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

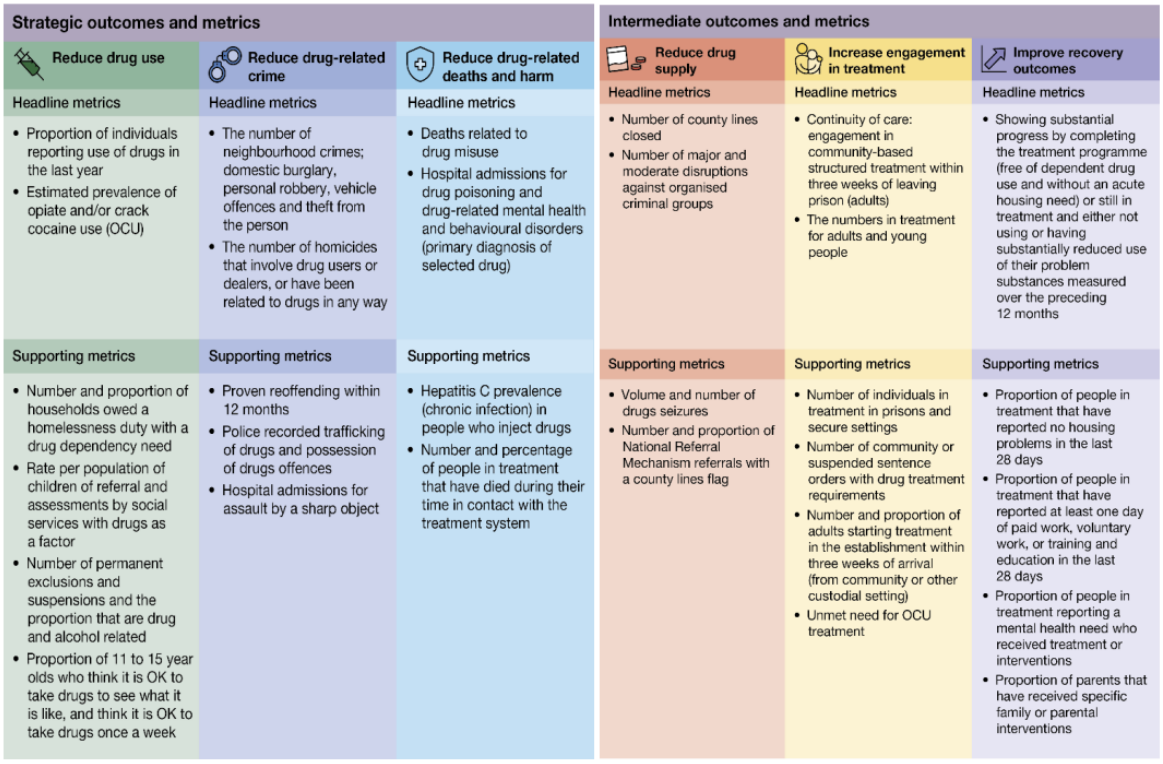
9 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1158290/National_Combating_Drugs_Outcomes_Framework_-_Supporting_metrics_and_technical_guidance_PDF__1_.pdf

- 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.

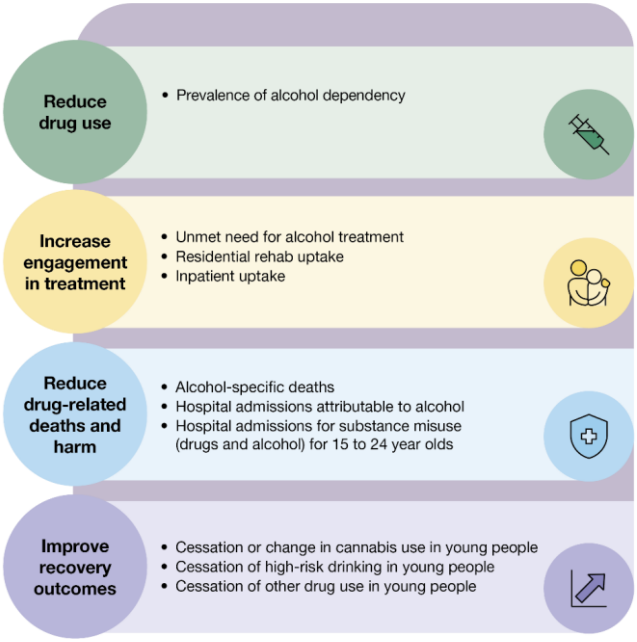
A new local outcomes framework dashboard is to be published by end of 2023 by OHID using data from NDTMS. This tool will provide local areas with key information to monitor local performance and activity against the aims of the local substance misuse. This will sit alongside a wider set of performance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

Figure 1: Full National Combating Drugs Outcomes Framework



In addition to the metrics in Figure 1 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 2. 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 2: OHID local outcomes framework: additional metrics



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**
- 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.
- 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

- **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.

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	276	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

5.2 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
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	To be considered for inclusion when available	Characteristics of children in need Department of Education

Measure	Metric	Baseline Statistics	Source
	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		
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. Department of Education

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

Measure	Metric	Baseline Statistics	Source
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

5.2.3 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

Measure	Metric	Baseline Statistics	Source
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

5.2.4 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).	No local data available, to included when available	Home Office

Measure	Metric	Baseline Statistics	Source
	England and Wales. National Crime Agency seizures to capture UK, at sea and international seizures.		
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

5.2.5 Intermediate outcome 2: Increasing engagement in drug treatment

Measure	Metric	Baseline Statistics	Source
Numbers in treatment	Numbers in treatment for adults and young people. Monitored by: protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol,	In 2020/21 there were a total of 528 adults in treatment services	Alcohol and drug treatment statistics: adults and young people. OHID
Prison continuity of care	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	In 2020/21, only 14 adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison.	Alcohol and drug treatment in secure settings. Ministry of Justice
Additional Supporting measure: Community sentence treatment requirements	Number of community or suspended sentence orders with drug treatment requirements	No local data available, to included when available	Offender management statistics Ministry of Justice

Measure	Metric	Baseline Statistics	Source
Additional Supporting measure: Unmet need for OCU treatment	Unmet need for OCU treatment, based on a comparison of the opiate and crack use prevalence and numbers in treatment measures	It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment.	OHID.
Additional Supporting measure: Unmet need for alcohol treatment	Unmet need for alcohol treatment, based on a comparison of the alcohol prevalence and numbers in treatment measures	It is estimated that there are 82% alcohol misusers in Havering who are not in treatment.	OHID
Additional Supporting measure: Number in prison treatment	Number of individuals in treatment in prisons and secure settings. Monitored by age (under 18, over 18).	To be considered for inclusion when available	Alcohol and drug treatment in secure settings. Ministry of Justice
Additional Supporting measure: Proportion starting treatment within three weeks of arrival	Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting).	To be considered for inclusion when available	Alcohol and drug treatment in secure settings. Ministry of Justice
Additional Supporting measure: Residential rehab uptake	The number and percentage of adults in treatment accessing residential rehab provision during the year.	To be considered for inclusion when available	OHID.
Additional Supporting measure: Inpatient uptake	The number and percentage of adults in treatment accessing inpatient provision during the year.	To be considered for inclusion when available	OHID.

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	To be considered for inclusion when available	OHID

Measure	Metric	Baseline Statistics	Source
	substantially reduced use of their problem substances, measured over the preceding 12 months.		
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
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

Measure	Metric	Baseline Statistics	Source
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 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 - GOV.UK (www.gov.uk)
- From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)
- Guidance for local delivery partners (accessible version) - GOV.UK (www.gov.uk)
- Havering Combating Drugs Needs Assessment 2022

9 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. The summary report is included in appendix 1.

10 Authorisation and Communication

The final strategy document was presented to the Combating Drugs Partnership, the Health and Wellbeing Board, Borough Place Based Partnership and will be submitted for signed off by the LB Havering Cabinet in February 2024. The approved strategy will be published on the council website and a copy circulated to all partners.

11 Implementation and Monitoring

11.1 Action Plan

A detailed delivery plan is included in appendix 3.

11.2 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.

[10] London Borough of Havering Council - Citizen Space

11.3 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.

11.4 Further Information

Partnership Lead for Havering Combating Drugs Partnership:
Tha.Han@havering.gov.uk

Appendix 1: Consultation and Engagement Report

Havering Combating Substance Misuse Strategy 2024 – 2029

Public Consultation Report

December 2023

Executive Summary

Citizen Space Survey

There were 38 respondents to the Citizen Space Survey. Respondents to the Citizen Space survey were from a range of backgrounds, with the majority representation from professionals with an interest in substance misuse (43%). 28% of respondents were Havering residents not using substances. 22% of respondents were Havering residents impacted by substance misuse personally, and 22% had been impacted by substance misuse through a family member.

A range of organisations and backgrounds of respondents were reported, and listed below:

- Havering council
- Mind in Havering, Barking & Dagenham
- CCC-FAITHVERSES
- NHS
- Myplace Harold Hill
- London South Bank University
- Nurse
- Former user of substance misuse in another borough, now living in Havering
- Ex-police officer

The majority of respondents were heterosexual/straight (84%), white British (68%). 39% were male, and 50% female. Ages of respondents varied from 18-84 years. The majority were of age bracket 55-64 (24%).

A range of Havering wards were represented, but some professional respondents lived outside of Havering, contributing to a high “Not Answered” rate (21%). 29% of respondents reported a long term health issue or disability status.

The majority of respondents have agreed with the strategy, it’s priorities and suggested actions. Substance misuse is recognised by all respondents as a serious issue in society and within Havering. Among those in agreement, is an appreciation for the strategy’s focus on the wider determinants of substance misuse and dependence/addiction; with priorities focused on harm reduction and having world leading treatment and recovery programmes. The systems approach and partnership working is recognised as effective by a majority of respondents, and an encouraging step to tackling substance misuse within Havering.

There is agreement across respondents that education of young people is vital in order to prevent starting to use substances in the first place, with an emphasis on exposure to the consequences of substance misuse and addiction.

Themes across the survey from a minority of respondents are that the strategy is ambiguous with unclear actions that need more detail for respondents to feel confident that they would be positive. A further concern is that there are too many organisations involved in the partnership for effective and efficient decision making to occur.

However, the majority of respondents agreed all organisations were included, but a similar number were unable to tell or didn't know. Suggested organisations to join were:

- Voluntary sector, for a non-statutory voice/perspective
- Alcohol industry
- Religious/spiritual institutions – due to the active support offered by them to those using substances
- A general public representative – particularly from the perspective of families
- Local Medical Council – recognition that NEL ICB was included as a partner, but unclear how Primary Care/GPs were represented
- Drinkware

There was concern of how we could ensure we are engaging effectively, including with those less able to engage. Respondents shared their uncertainty about how this could be monitored and evaluated within the strategy. A proportion of respondents (14%) expressed that we should take an individual focused and whole population approach, not prioritising any specific group within the cohort of those affected by substance misuse.

Financial concerns and a lack of resource across the partnership organisations were highlighted throughout the responses to the survey, and were a cause of concern for a large proportion of respondents as to whether the strategy was realistically achievable. A lack of faith was expressed that effective action is ever undertaken. Specifically highlighted were the:

- NHS, and concern of its capacity to deliver on effective care for those affected by substance misuse
- Police and trading standards, to be able to deliver on local enforcement and disrupting the supply chain
- Council's current financial situation, and whether it will be able to fund services and actions
- The education sector, and capacity to engage with young people

A minority of respondents (5%) expressed concern that council and public money should not be spent on substance misuse, as they perceived it as self-inflicted.

A lack of focus on spiritual/religious institutions in the strategy was highlighted within the survey, as well as these institutions current involvement and capacity to assist in the issues around substance misuse.

Focus Groups

Within the focus groups, the lived experiences of those who have misused substances were captured - highlighting the challenges that they face, where best practice exists, and what they think would lead to improvements. The focus groups were run in two sessions, with four former rough sleepers, and eight substance misuse service users.

In terms of challenges, there is a perceived lack of knowledge and awareness in staff, across services working with substance misusers, of the needs and available support. In line with this are experienced delays in early intervention services, stigma and Access to Recovery (ATR) and Drug Rehabilitation Requirements (DRR). Barriers to Housing, Primary Care and Mental Health services were also highlighted.

Feedback highlighted that the lack of awareness amongst staff led to truncated care, and a lack of a joined up approach. Mental Health services were highlighted as a specific issue, as a need to be sober was a barrier to access the service, penalising those having dual diagnosis.

Current good practice was highlighted at Farringdon House, in the form of multiple outreach services (with information on how to access), literacy/numeracy support, peer support and a positive social environment.

When asked what would be helpful, cross-sector training on addiction, stigma, the services available and how to refer were highlighted. Multiple points on how to improve services and enforcement included easier access, better integration and personal connections – as well as through training.

New forms of campaigning and communication through social media and by using less formal written communication were suggested. This would be alongside a better visibility of services available. Peer support and buddying were emphasized, alongside improvement in the available housing/hostel support (including segregation of those with a history of violence).

A community and person centered approach were valued, with youth centers highlighted as important in prevention.

Introduction

Havering is refreshing its substance misuse strategy (covering alcohol and drugs). This is 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 highlighted three overarching priorities:

- Breaking drug supple chains.
- Delivering a world-class treatment and recovery system.
- Achieving a generational shift in the demand for drugs (to make fewer people want to use drugs.)

The Combating Drugs Partnership (CDP) group was formed to create the strategy and organise the actions to be taken based on it. It has formed the substance misuse strategy and actions around these key priorities, whilst including a fourth priority of "reduce risk and harm to individuals, families and communities".

A public consultation has been done in line with statutory requirements, to ensure residents and service providers not directly involved with the creation of the strategy have input before it is published. This consultation was conducted through an online survey, with additional insights from focus groups with those with lived experience.

The results of the consultation are discussed below, and the themes highlighted are described. A response will be formed to the concerns raised, and the feedback from the focus groups, with the strategy being updated as needed.

Methodology

The public consultation was run through Citizen Space – an online survey platform used by the London Borough of Havering. It was run online from 18/09/2023 to 05/11/2023; with four additional hard copy answers being uploaded manually.

Questions were created by Havering's Substance Misuse Working Group, and approved by the Combating Drugs Partnership (see Appendix for full set of questions and answer options). A whitespace section was included for respondents to expand on why they made their choice, or to give further information, for all questions except those asking about demographics (questions 11-16).

Two focus groups were conducted to have direct engagement with those with lived experience to contribute their thoughts in more detail. One focus group was through Change Grow Live (CGL) (a service provider to substance misusers) and another through Havering's Housing service.

Citizen Space generated the quantitative results from the survey, creating charts and tables detailing the number of respondents. These were re-formatted to remove absolute counts and suppress values to prevent identification of respondents.

Themes from answers to the whitespace part of the questions were captured and written out for each question, and then overall themes were captured in the executive summary.

Two focus groups were conducted. Themes from the focus group were captured under the categories of “The Main Challenges”, “Current Good Practice”, and “What Would Be Helpful”.

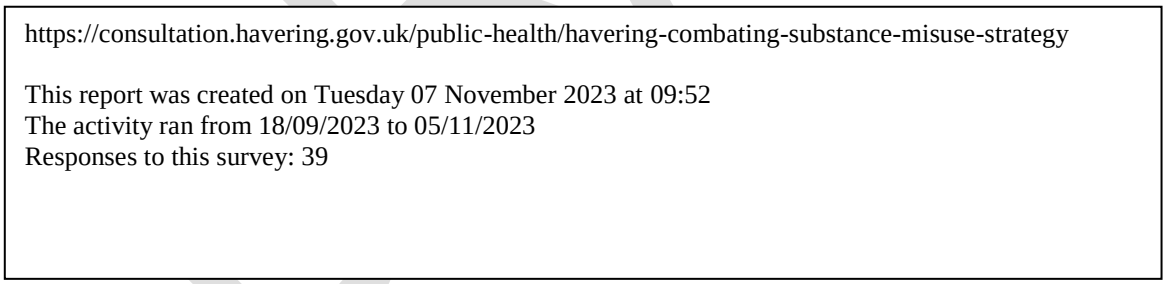
Results

Citizen Space Consultation

The Citizen Space software has auto-generated a quantitative summary of responses. This section of the report will demonstrate the response counts to each question and then share the themes highlighted in responses to the whitespace section, summarising themes for each question.

39 responses were received to the Citizen Space survey. On review of the whitespace answers, one response was judged to have been submitted twice. Exact free-typed responses were submitted within three minutes of each other, but with some answers being different in the multiple-choice part. The conclusion drawn was that one respondent had submitted twice, as they wished to change their responses, creating a duplicate response. To avoid bias and unfair weighting, the earlier response has been discarded, with the auto-generated charts and tables adjusted for this.

It is taken that the total number of respondents to this survey is 38.


https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy

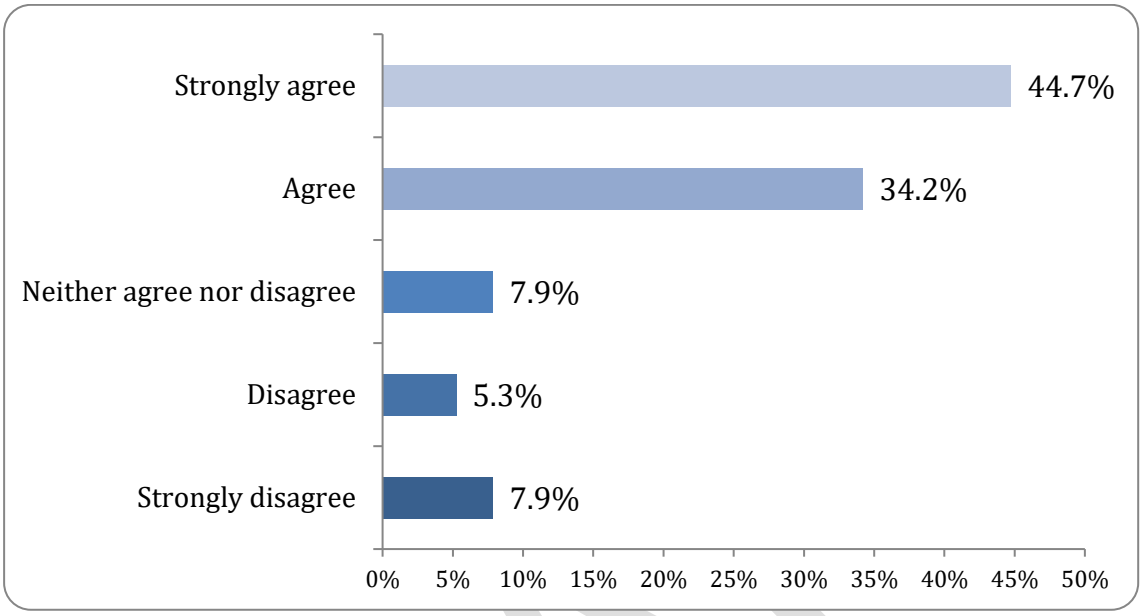
This report was created on Tuesday 07 November 2023 at 09:52
The activity ran from 18/09/2023 to 05/11/2023
Responses to this survey: 39

Figure 1 – Details of Combating Substance Misuse Consultation Auto-Report from Citizen Space

Questions

1: How far do you agree with the scope of the substance misuse strategy in Havering?

100% of respondents answered this part of the question.



Themes in those who strongly agree:

- Addiction is recognised as a serious problem in society
- Impacts not only on users but those around them, including children
- Encouraging to see it focus not only on substances, but on the behaviours/circumstances leading to it, the harm caused and need for treatment/support of those affected
- Legal and illegal substances are both an issue

Themes in those who agree:

- Continue themes from strongly agree, but adds:
- Crime is funded by addiction, and substance misuse is a factor in anti-social behaviour/healthcare costs
- More focus on transition to adulthood, particularly in dual diagnosis

Themes in those who are neither agree nor disagree:

- Strategy seems ambiguous and actions are unclear
- There should be more focus on spiritual interventions

Themes in those who disagree:

- Too much emphasis on enforcement, that it ts not effective in stopping addiction, and there is not enough detail on actions for recovery
- Addressing tobacco use should have been included in this strategy

Themes in those who strongly disagree:

- Concern that the council cannot afford the strategy actions.
- We should pay to treat self-inflicted problems

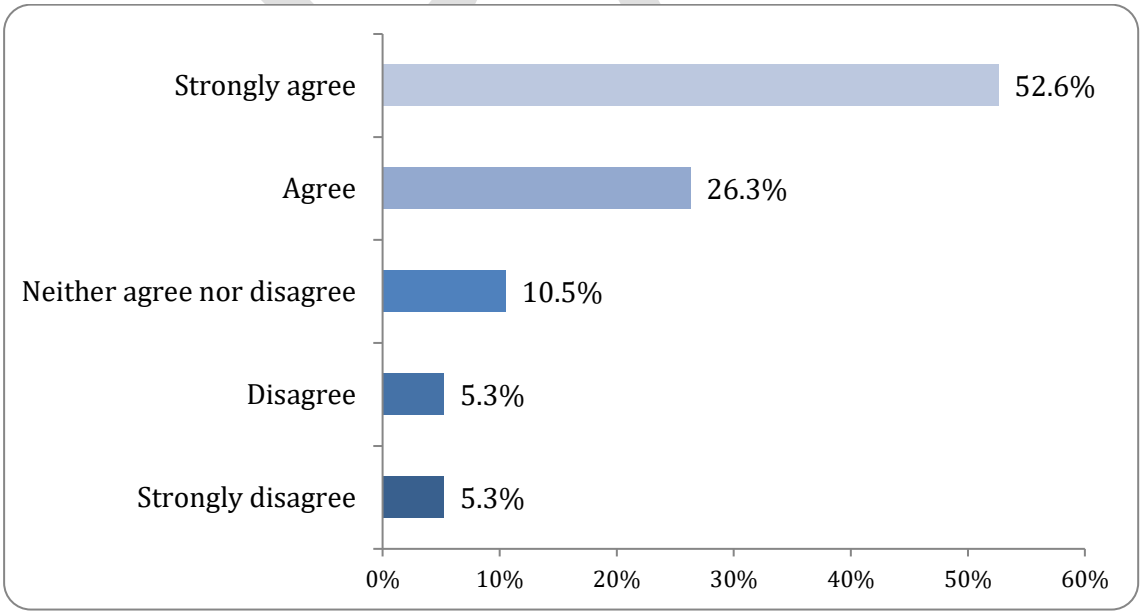
Summary

The majority of respondents agree with strategy and its priorities – particularly with the focus on harm reduction for all those affected by substance misuse, and on treating it as a complex health and social problem.

Concerns that the strategy is ambiguous with unclear actions, and that the council cannot afford the actions in its current financial situation.

2: How far do you agree with the four areas of priority aims of the substance misuse strategy?

100% of respondents answered this part of the question.



Themes in those who strongly agree:

- Tackling substance misuse should be a priority
- Substance misuse contributes greatly to criminal activity and make a Havering feel unsafe – this is changing over time, and making Havering more like inner London boroughs in terms of crime/substance use
- The approach is targeted correctly, particularly with focus on holistic treatment of substance misuse and systems approach

Themes in those who agree:

- Largely agree with priorities, but may be too ambitious
- More detail on actions is required to know if will be successful or not

Themes in those who are neither agree nor disagree:

- The priorities are implausible to be achieved
- The focus should be on preventing individuals starting substances in the first place
- There should be more emphasis on spiritual support

Themes in those who disagree:

- There is too much emphasis on enforcement
- Lack of understanding how the strategy addresses those unable to engage with services

Themes in those who strongly disagree:

- Concern about the council's financial situation, and question if it should pay for the services

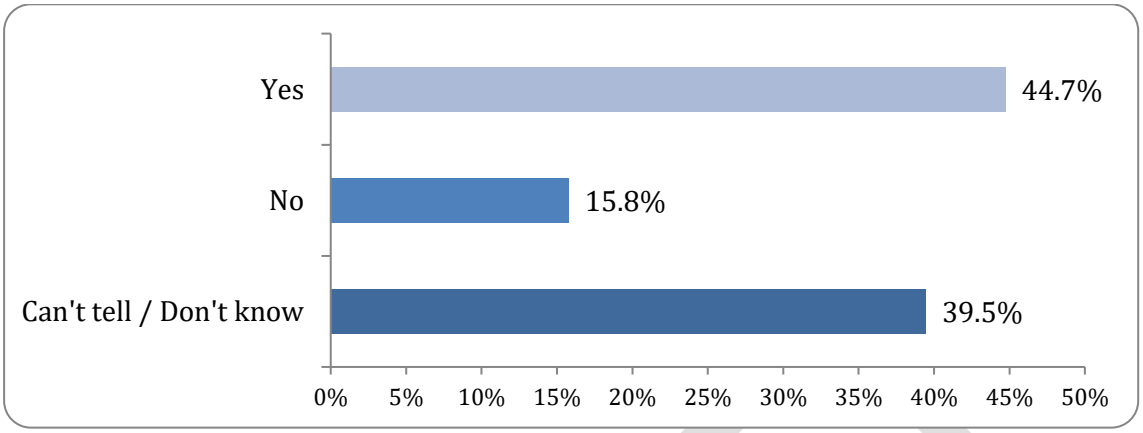
Summary

Agreement by the majority of respondents that the strategy addresses the needs of the individuals and takes a systems approach to address the multiple factors related to substance misuse.

Continued themes of concern from the remaining respondents about the ability of the council to fund these services, whether it should, and that the strategy should be more detailed about the actions that will be taken to achieve priorities.

3: Did we involve all relevant organisations and services in drafting the strategy?

100% of respondents answered this part of the question.



Free-typed answers from those who responded Yes:

- There should be a role for education and training providers
- There are too many organisations involved to reach consensus on topics

Free-typed answers from those who responded No:

Suggestions included:

- Voluntary sector for non-statutory voice/perspective
- Alcohol industry
- Religious/spiritual institutions
- General public and consultation with children/families
- Local Medical Council – recognition NEL ICB was included, but unclear how primary care/GPs were represented

Free-typed answers from those who responded Can't tell/Don't know:

- Drinkware

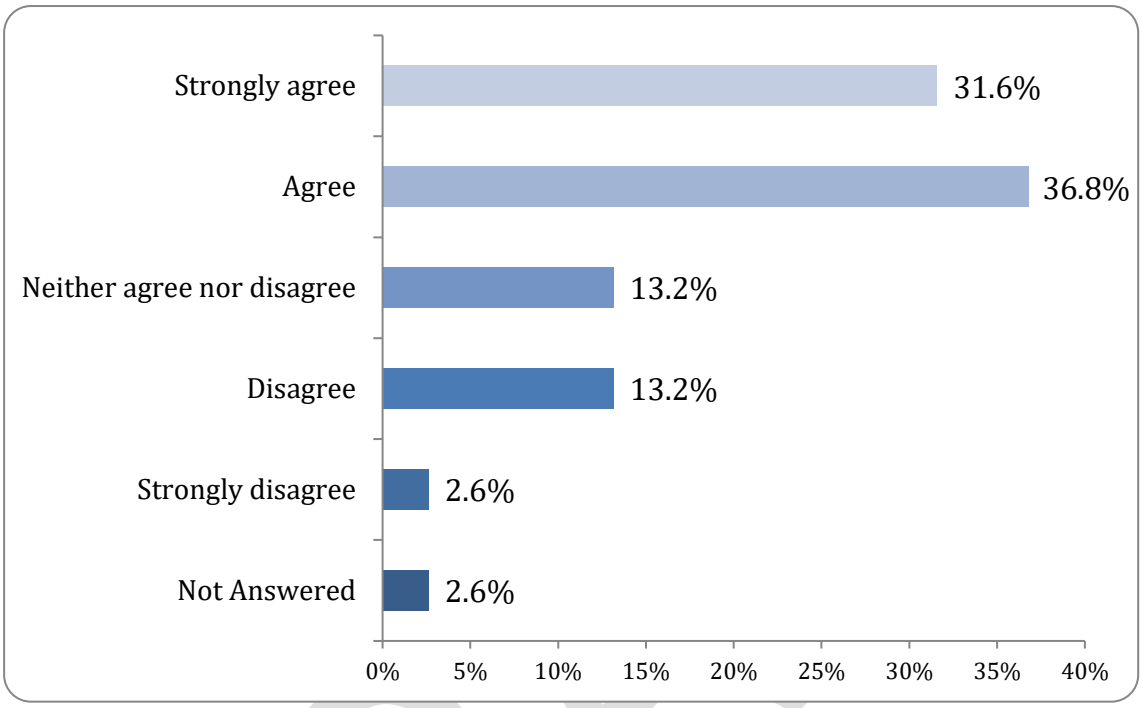
Summary:

45% of respondents think all organisations were included. 39% stated they were not able to tell or didn't know if enough had been included.

16% stated they did not think all relevant organisations were included. Suggestions from all respondents are listed above.

4: Havering Combating Drugs Partnership (Havering CDP) will be monitoring the progress of the delivery plan quarterly, sharing with other partnership boards listed below and publishing an annual report for the public. How far do you agree with this approach?

97% of respondents answered this part of the question.



Themes in those who strongly agree:

- Transparency and sharing information among organisations with a variety of experience is key to an effective response
- Concern that too many organisations can paralyse decision making

Themes in those who agree:

- Monitoring with key metrics and partners for accountability will be effective

Themes in those who are neither agree nor disagree:

- Concern of too many organisations involved for effective decision marking

Themes in those who disagree:

- Continued theme of too many organisations being involved

Themes in those who strongly disagree:

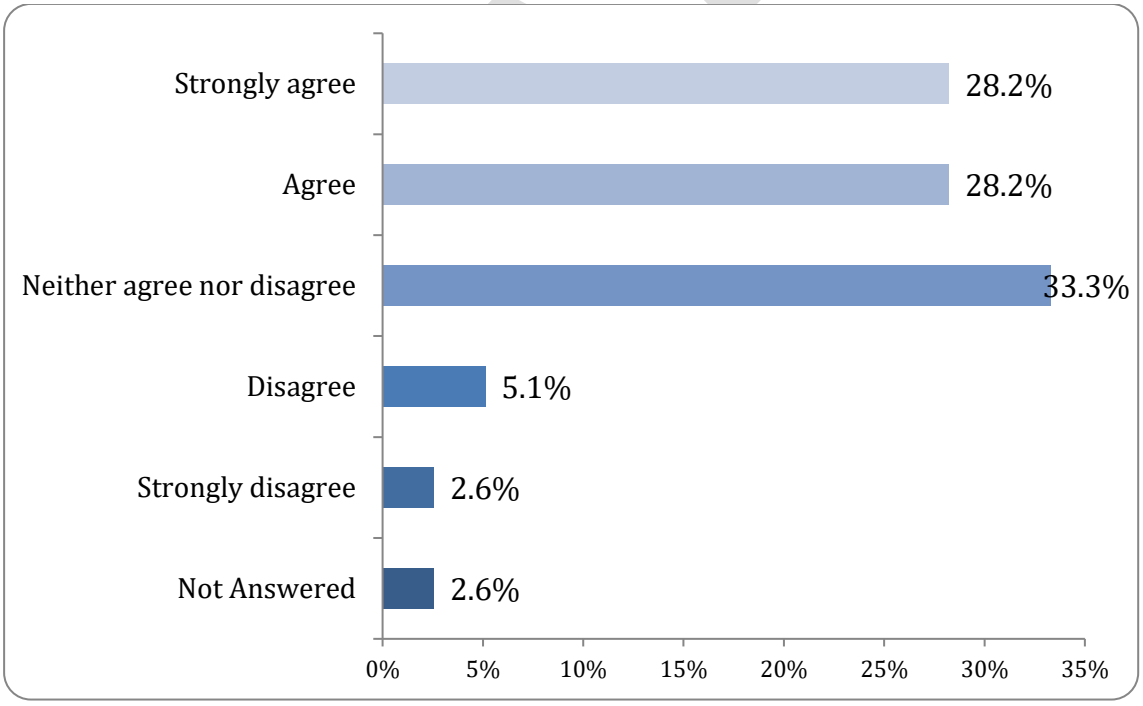
- The CDP should be terminated

Summary

Agreement between some respondents that a partnership group will lead to more effective working. However, multiple respondents are concerned that the partnership group is too large for decisions to made effectively.

5: Havering Substance Misuse 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. How far do you agree that this approach is reflected in the strategy?

97% of respondents answered this part of the question.



Themes in those who strongly agree:

- Anyone of any background can be affected by substance misuse
- Those who are most effected are often the ones not addressed by services, but this strategy does consider them

Themes in those who agree:

- Concern of missing those who are less able to engage, and need to have a robust evaluation to ensure we are actually including those less represented

Themes in those who are neither agree nor disagree:

- Concern of how will this be evaluated and actioned
- We should focus on each individual and the total population rather than prioritising any single group

Themes in those who disagree:

- Need for generational shift

Themes in those who strongly disagree:

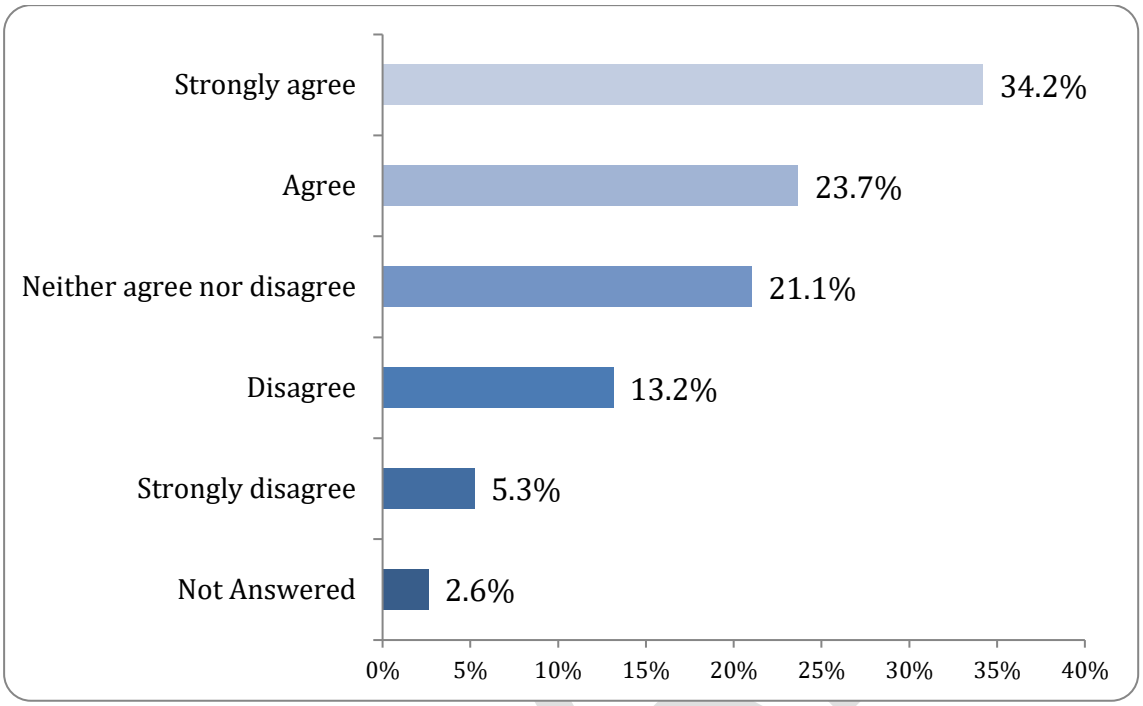
- Concern that strategy is waste of resources

Summary

Multiple responses indicate concern of how this could be monitored and evaluated within the strategy; while other respondents share their view that we need a whole population and individual focused approach rather the prioritising an individual group.

6: Considering the proposed delivery plan of local and regional organisations working together to tackle the drug supply chains and problematic drinking, how far do you agree that this would be effective?

97% of respondents answered this part of the question.



Themes in those who strongly agree:

- Cross agency working is vital to success
- Combining budgets or working between boroughs to ensure effective action
- Emphasis on importance of enforcement and adequate police presence to support local people/businesses

Themes in those who agree:

- Cross agency working is vital to success, but needs proper support

Themes in those who are neither agree nor disagree:

- Concern that enforcement will be impossible with current resources
- Appropriate funding and support needed to ensure effectiveness

Themes in those who disagree:

- Concern strategy will not effectively target supply chains
- Enforcement does not lead to reduction in substance misuse

Themes in those who strongly disagree:

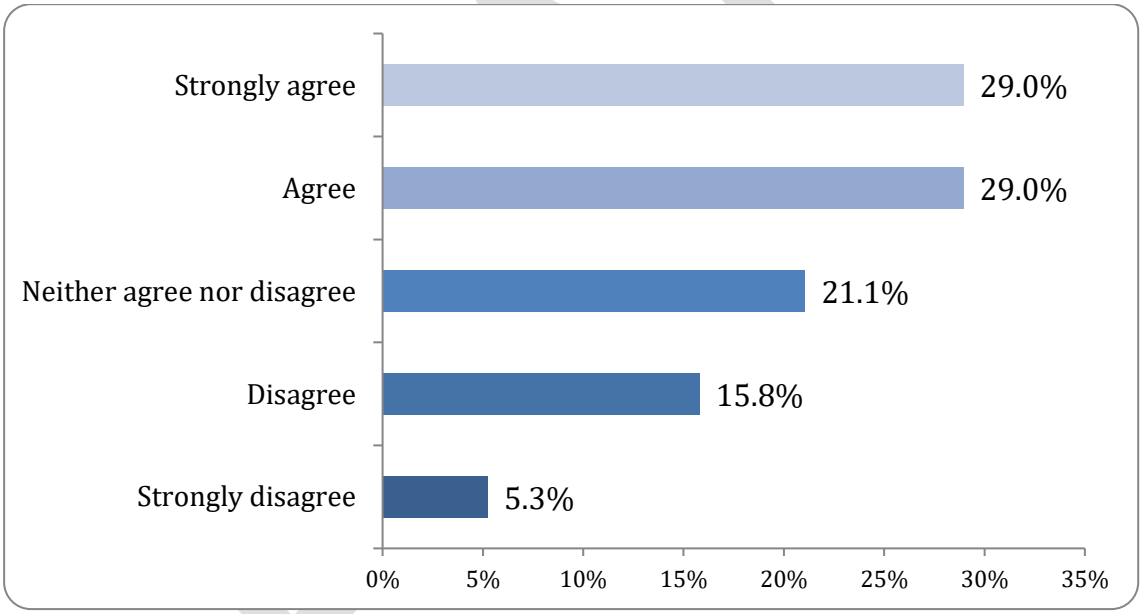
- Continued concern about funding capacity of council
- Concern that enforcement will not be effective

Summary

Those in agreement with the strategy state that cross agency working is vital, but there is concern from across multiple respondents that enforcement may be ineffective, mainly due to a lack of resource.

7: Considering the proposed delivery plan of partners working together to deliver a world class treatment and recovery system, how far do you agree that this would be effective?

100% of respondents answered this part of the question.



Themes in those who strongly agree:

- Cross agency and partnership working will be effective
- We need to ensure service are well advertised
- Concern that partnership model can be difficult in practice
- Concern that we need to be monitoring and receptive to underserved populations

Themes in those who agree:

- Cross agency and partnership working will be effective
- Concern that mental health needs specific focus

Themes in those who are neither agree nor disagree:

- Concern that strategy does not consider the true complexity of the problem
- Value prevention, and stopping young people from starting
- Need to put resource into direct working, rather than advertising what council is doing
- Continued theme that model may be ineffective

Themes in those who disagree:

- Over ambitious, lack of resource for enforcement and for delivering service
- Lack of detail on how the system will be achieved
- Need to address wider determinants in order to truly create a positive impact

Themes in those who strongly disagree:

- Disagreement that wider determinants contribute to engagement with substance misuse; that becoming addicted is a choice

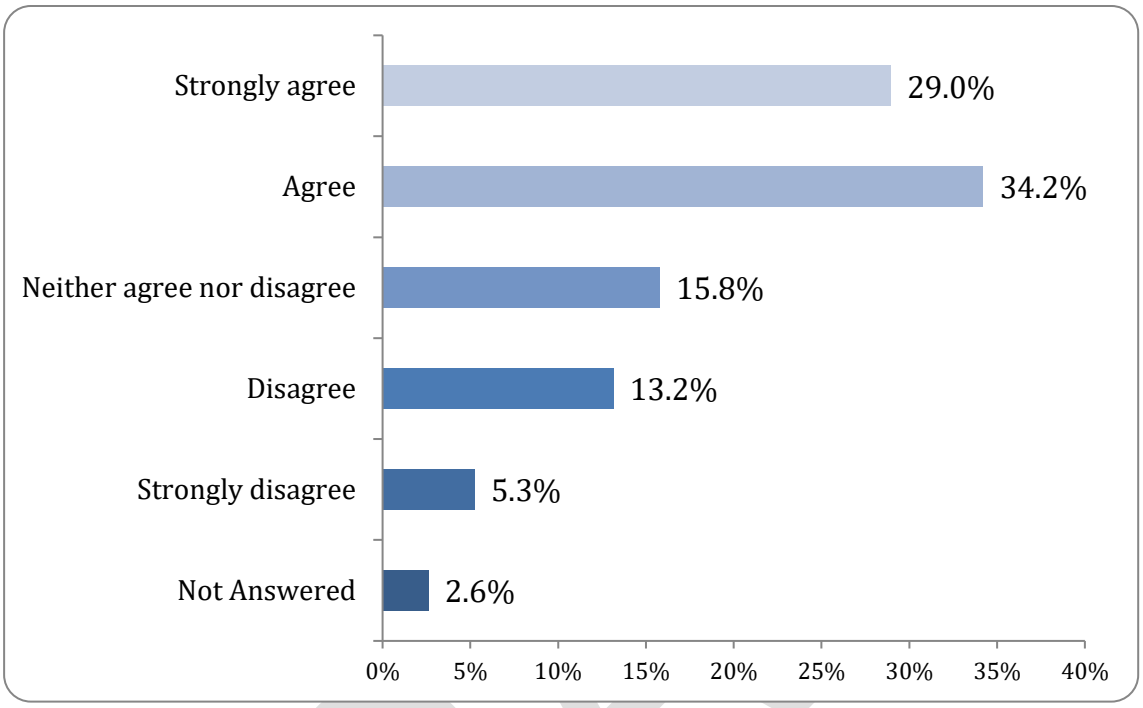
Summary

Continued theme that some believe partnership working is likely to be effective, but needs to be done appropriately with adequate resourcing and organisation.

Concern that accomplishing a world class treatment and recovery system is over ambitious, and that we do not have the appropriate resource to accomplish the strategy aims.

8: Considering the proposed delivery plan of local and regional organisations working together to achieve a generational shift in the demand for drugs and alcohol misuse, how far do you agree that this would be effective?

97% of respondents answered this part of the question.



Themes in those who strongly agree:

- Benefit in partnership working
- Education is vital on consequences of substance misuse and emotional regulation
- Resource needed for support needed to young people affected by crime and substance misuse in their family and environment

Themes in those who agree:

- Agreement that education and support for young people is vital

Themes in those who are neither agree nor disagree:

- Concern that actions defined in strategy are never carried forward

Themes in those who disagree:

- Unlikely to shift a generations view on substance misuse

Themes in those who strongly disagree:

- Need for inclusion of spiritual institutions/support

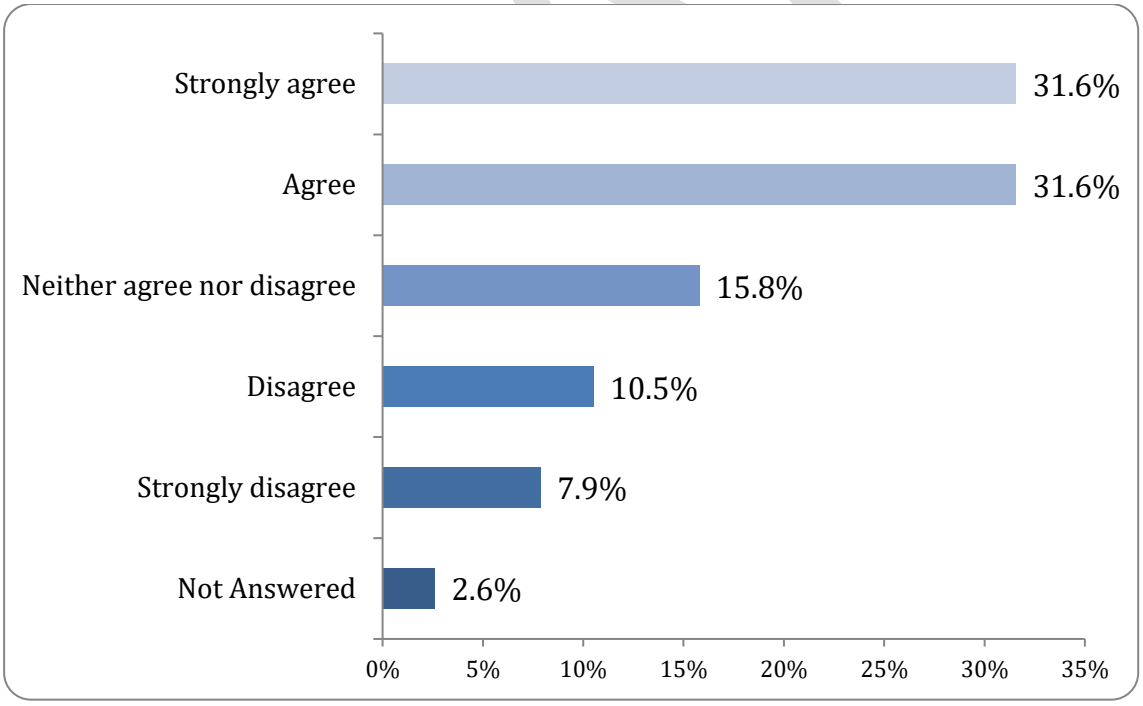
Summary

Agreement on benefit of partnership working from a majority of respondents. Importance of education and exposure to young people's development and perceptions.

Concern that lack of resource will make this impossible to deliver, and a lack of faith expressed by a few respondents that effective action is ever undertaken.

9: Considering the proposed delivery plan of partners working together to reduce substance misuse risk and harm to individuals, families and communities, how far do you agree that this would be effective?

92% of respondents answered this part of the question.



Themes in those who strongly agree:

- Partnership working and listed actions will be effective, but that we need to ensure the actions are actually taken with individual organisations taking ownership and action

Themes in those who agree:

- Need to ensure partnership working embeds all organisations, and that there is cross-working/joint posts

Themes in those who are neither agree nor disagree:

- Agree with strategy, but lack of confidence that this will actually lead to meaningful action

Themes in those who disagree:

- Too many organisations involved for meaningful decision making

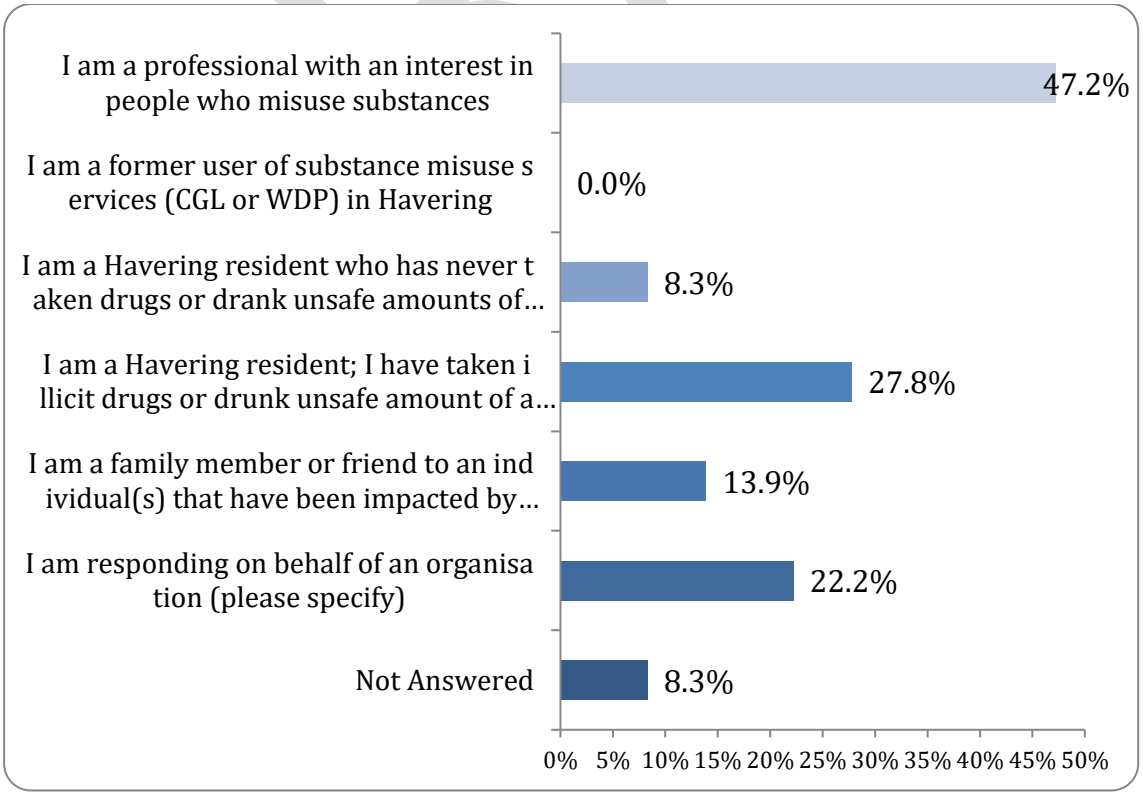
Themes in those who strongly disagree – No comments left with response

Summary

Themes from those who agree that partnership working is necessary, but needs appropriate resource and execution. Lack of confidence that strategy will be put into effective practice.

10: Which of the following applies to you? (please select all that apply)

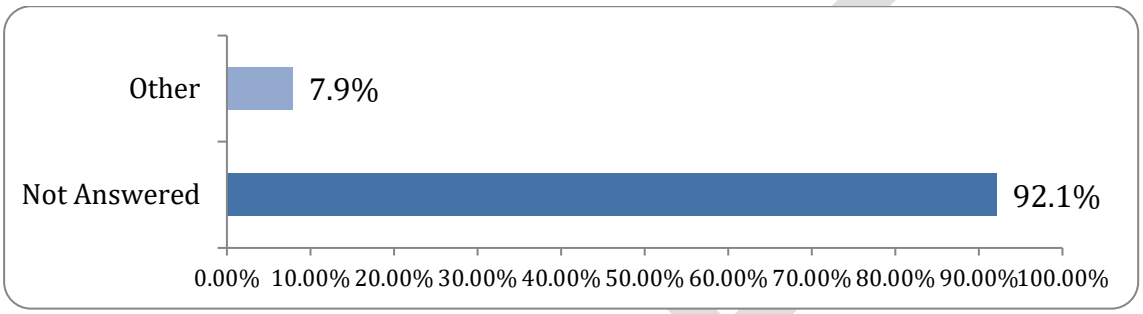
95% of respondents answered this part of the question.



Organisations listed were:

- Havering council
- Mind in Havering, Barking & Dagenham
- CCC-FAITHVERSES
- NHS
- Myplace Harold Hill
- London South Bank University

Other origin

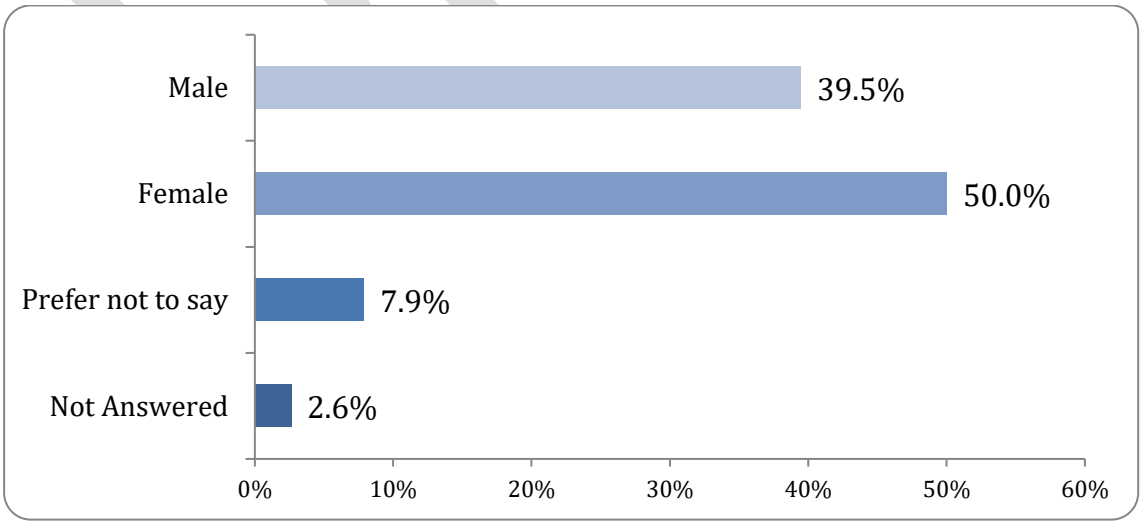


Other origins listed were:

- Nurse
- Former user of substance misuse in another borough, now living in Havering
- Ex-police officer

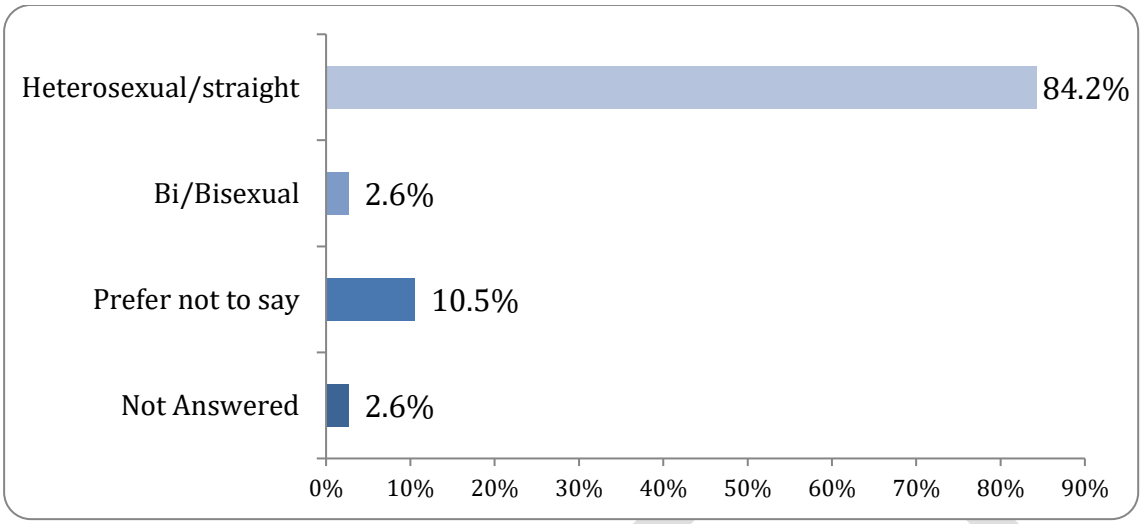
11: Are you / do you identify as

97% of respondents answered this part of the question.



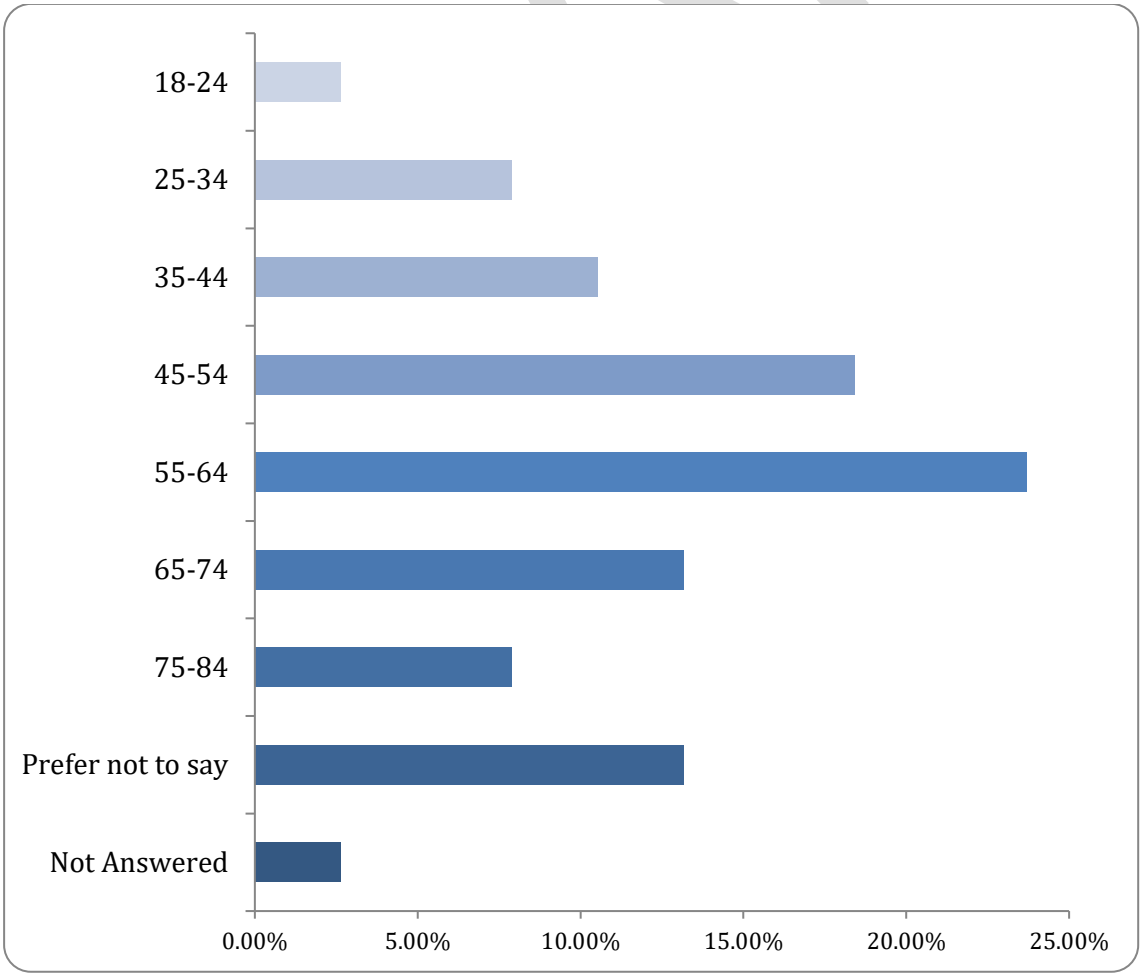
12: How would you describe your sexual orientation?

97% of respondents answered this part of the question.



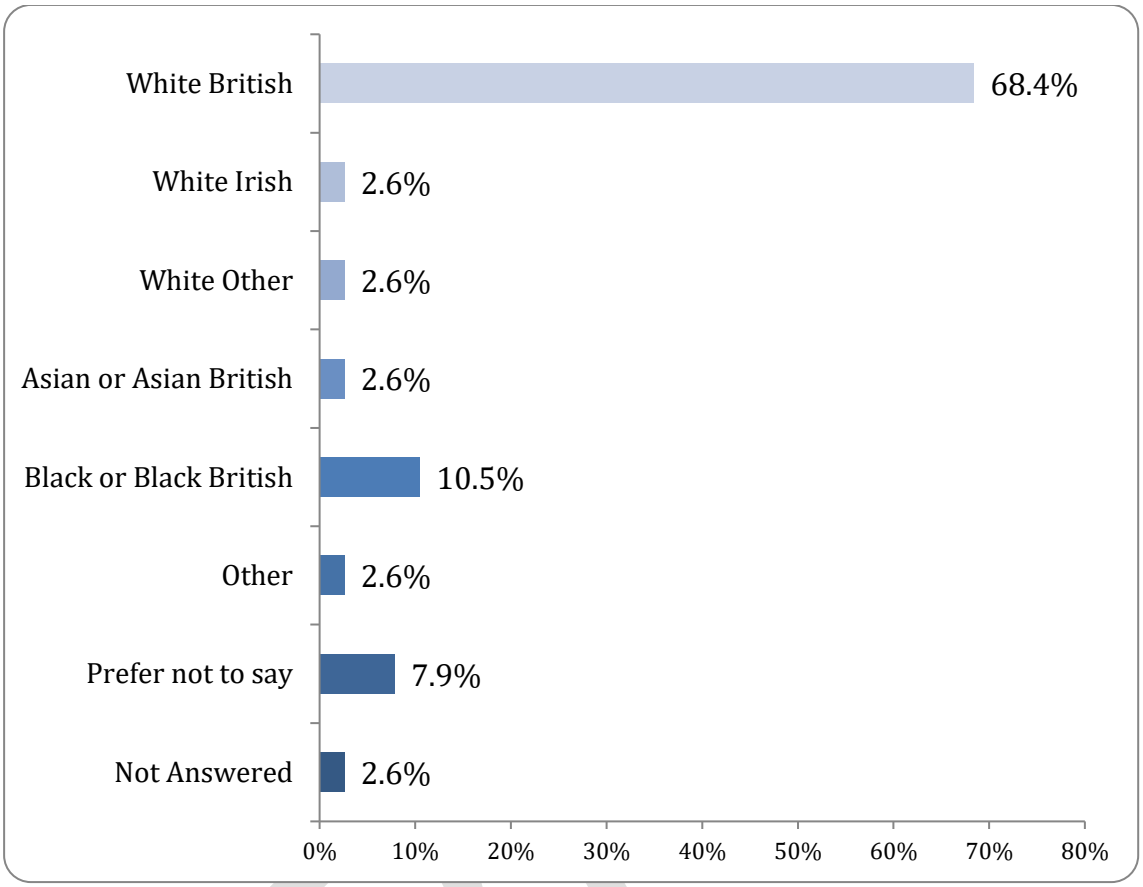
13: What is your age group?

97% of respondents answered this part of the question.



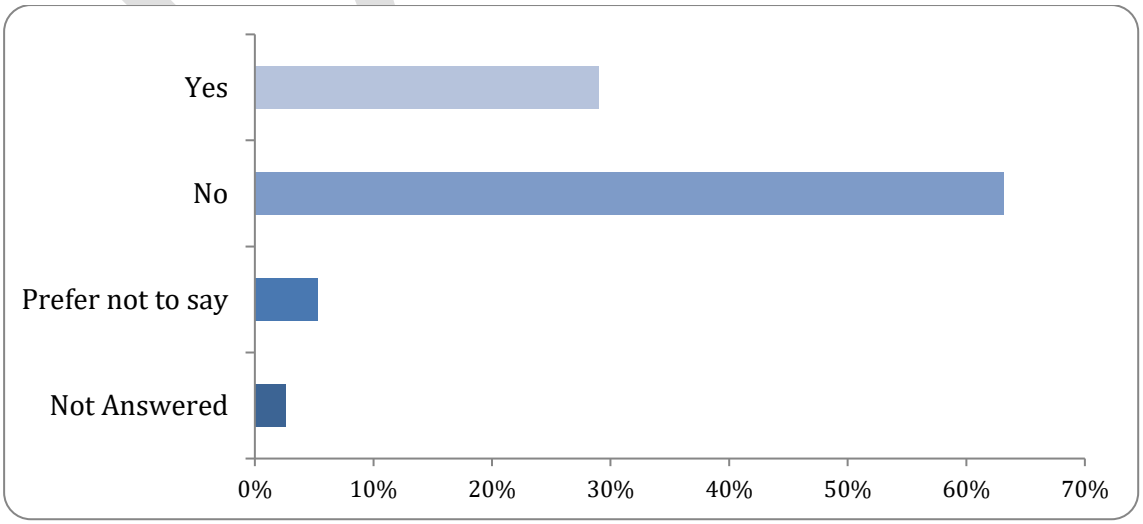
14: How would you describe your ethnic origin?

97% of respondents answered this part of the question.



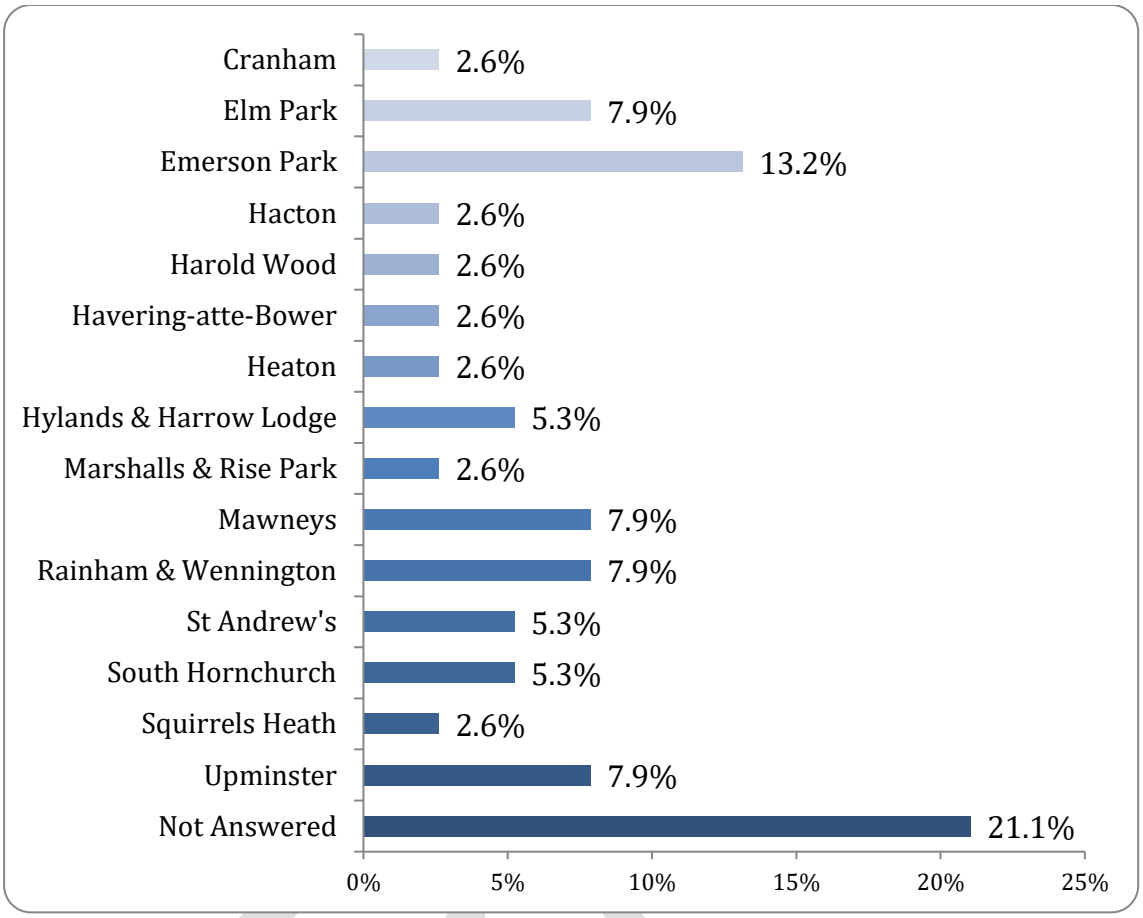
15: Do you consider yourself to have a long-term illness, disability or health problem?

100% of respondents answered this part of the question.



16: Where do you live?

79% of respondents answered this part of the question.



Focus Groups

Two focus groups were carried out; consisting of people with lived experience of substance misuse. Four former rough sleeps and eight current substance misuser service users were included over the two groups, for a total of 12 participants.

These were carried out to ensure those less able to engage with the online survey, and those who are currently using services, had their views captured for the consultation.

The following points were collated from both groups and headed under the themes of "The Main Challenges", "Current Good Practice", and "What Would Be Helpful", in order to give an overall view of the feedback:

The Main Challenges

- **Awareness** of support services by professionals, employers and agencies
    - Lack of knowledge across all sectors that engage with substance misusers about what services are available and how to signpost

- **Access to Mental Health** services
    - There is a requirement to be sober before accessing mental health services, which acts as a barrier when substance misuse and mental health are often interdependent
    - No coordinated support arrival at Farringdon House

- **Stigma**
    - Lack of empathy from officers and support workers
    - Stereotyping, labelling and stigma towards the users
    - Fear of having children taken away or getting into trouble with the police if seek help for substance misuse

- **Delay in early interventions**

- **Barriers to housing and Primary Care**
    - It is important to have a fixed abode for stability, security and motivation to make positive choices
    - Not having this makes GP registration a challenge
    - The complex needs accommodation panel takes a lot of time

- **Access to Recovery (ATR) and Drug Rehabilitation Requirements (DRR)**
    - Many referrals were made without true motivation or proper vetting, resulting in breaches

Current Good Practice

- **Farringdon house**
    - Multiple professional outreach
    - Social environment which allows peer support
    - Info and support on how to access useful services
    - Farringdon staff help with illiteracy or poor numeracy

What Would Be Helpful

- **Training** across the agencies on addiction, stigma, who needs urgent referral, what services are available and how to signpost/refer
    - Should be included in the induction of relevant services for all involved staff, suggested were
        - Social services
        - Housing
        - Staff managing benefits system
        - NHS Receptionists
        - A&E staff
        - Job Centre
    - Managers in large employers should have training to identify and support employees/colleagues with substance misuse issues

- **Improvement in services and enforcement:**
    - Better integration and coherency of services in their approach – across treating services, social services, and voluntary sector
    - Personal interaction at assessments to make it meaningful and useful
    - Effective use of criminal behaviour order
    - Effective assessment of mental competency
    - Easier GP access

    - Better working between police and rehabilitation services to reduce attrition
    - Improve dual diagnosis care and access to mental health support
    - Focus on early intervention services to reduce burden on already stretched services

- **Campaigning and communication**
    - Using social media messaging to highlight available support
    - Coloured envelopes instead of council logo to be friendlier
    - Improve visibility of services generally
    - Repeat “Just Say No” campaigns

- **Peer support and buddying**

- **Improvements in housing support:**
    - Segregation at homeless hostels to contain incidents early, with separate areas for ex-arsonists, ex-rapists and violent ex-convicts
    - Smaller housing units e.g. 4 beds at Farringdon house – 25 beds too large for effective care
    - Mental health service focused in Farringdon house

- **Taking community and person centered approaches**
    - There should be facilities to keep young people occupied, and help to prevent uptake of substances

Conclusion

Overall, there is broad agreement with the strategy, but there are several areas of concern which will be responded to by the CDP, and the strategy will be updated where needed.

There were a relatively small number of responses to the survey, so to consider the feedback as representative of all residents is not possible. Throughout development of the strategy and implementation of its actions, there is a need to continue to engage with key stakeholders and be transparent to residents in the CDP’s working. This should continue through the lifecycle of the strategy, to ensure the CDP continues to focus on the right initiatives.

Appendix – Consultation Questions

1: How far do you agree with the scope of the substance misuse strategy in Havering?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

2: How far do you agree with the four areas of priority aims of the substance misuse strategy?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

3: Did we involve all relevant organisations and services in drafting the strategy?

- Yes
- No
- Can't tell / Don't Know

If no, please name organisation(s) or group(s) missing and explain why you have chosen them.

4: Havering Combating Drugs Partnership (Havering CDP) will be monitoring the progress of the delivery plan quarterly, sharing with other partnership boards listed below and publishing an annual report for the public. How far do you agree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

Please tell us why you made this choice

5: Havering Substance Misuse 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. How far do you agree that this approach is reflected in the strategy?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

6: Considering the proposed delivery plan of local and regional organisations working together to tackle the drug supply chains and problematic drinking, how far do you agree that this would be effective?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

7: Considering the proposed delivery plan of partners working together to deliver a world class treatment and recovery system, how far do you agree that this would be effective?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

8: Considering the proposed delivery plan of local and regional organisations working together to achieve a generational shift in the demand for drugs and alcohol misuse, how far do you agree that this would be effective?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

9: Considering the proposed delivery plan of partners working together to reduce substance misuse risk and harm to individuals, families and communities, how far do you agree that this would be effective?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

10: Which of the following applies to you? (please select all that apply):

- I am a professional with an interest in people who misuse substances
- I am a former user of substance misuse services (CGL or WDP) in Havering
- I am a Havering resident who has never taken drugs or drank unsafe amounts of alcohol
- I am a Havering resident; I have taken illicit drugs or drunk unsafe amount of alcohol but did not need or use treatment services
- I am a family member or friend to an individual(s) that have been impacted by drugs and/or alcohol
- I am responding on behalf of an organisation (please specify)
- Other

Your organisation details

If other origin, please specify

11: Are you / do you identify as

- Male
- Female
- Other
- Prefer not to say

12: How would you describe your sexual orientation?

- Heterosexual/straight
- Bi-Bisexual
- Gay man
- Gay woman/Lesbian
- Other
- Prefer not to say

13: What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older
- Prefer not to say

14: How would you describe your ethnic origin?

- White British
- White Irish
- White Other
- Mixed
- Asian or Asian British

- Black or Black British
- Other
- Prefer not to say

15: Do you consider yourself to have a long-term illness, disability or health problem?

- Yes
- No
- Prefer not to say

16: Where do you live?

- Beam Park
- Cranham
- Elm Park
- Emerson Park
- Gooshays
- Hacton
- Harold Wood
- Havering-atte-Bower
- Heaton
- Hylands & Harrow Lodge
- Marshalls & Rise Park
- Mawneys
- Rainham & Wennignton
- Rush Green & Crowlands
- St Alban's
- St Andrew's
- St Edward's
- South Hornchurch
- Squirrels Heath
- Upminster

Appendix 2: Equality Analysis

Equality & Health Impact Assessment (EHIA)

Document control red ***text (including this note) is for guidance and should be deleted from the actual EqHIA report.***

Title of activity:	*Combating Substance Misuse Strategy*
Lead officer:	*Anthony Wakhisi, Principal Public Health Specialist*
Approved by:	*Mark Ansell, Director of Public Health*
Version Number	**V0.2**
Date and Key Changes Made	*06/12/2023, Transfer of content to this new template*
Scheduled date for next review:	*April 2028*

Did you seek advice from the Corporate Policy & Diversity team? Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.	Yes
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	No

Please note that EqHIAs are **public** documents and unless they contain confidential or sensitive commercial information must be made available on the Council's EqHIA webpage.

Please submit the completed form via e-mail to READI@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact READI@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to **this Guidance** on how to complete this form.

About your activity

<table>
<tr><td>1</td><td>Title of activity</td><td colspan="3">Havering Combating Substance Misuse Strategy</td></tr>
<tr><td>2</td><td>Type of activity</td><td colspan="3">Multi-agency Strategy</td></tr>
<tr><td>3</td><td>Scope of activity</td><td colspan="3">This is a five year local strategy that aims at working with all partners to:
Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims
Deliver a world-class treatment and recovery system, including; improving access to support by tackling 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 the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)</td></tr>
<tr><td>4a</td><td>Are you changing, introducing a new, or removing a service, policy, strategy or function?</td><td>Yes</td><td rowspan="2">If the answer to <u>either</u> of these questions is ‘YES’, please continue to question 5.</td><td rowspan="3">If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ‘NO’, please go to question 6.</td></tr>
<tr><td>4b</td><td>Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?</td><td>Yes</td></tr>
<tr><td>4c</td><td>Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people’s health and wellbeing?</td><td>Yes</td><td>Please use the Screening tool before you</td><td>If you answer ‘YES’, please continue to</td></tr>
</table>

			answer this question.	question **5**.	
5	**If you answered YES:**	**Please complete the EqHIA in Section 2 of this document.** Please see Appendix 1 for Guidance.			
6	**If you answered NO:**	*Please provide an explanation on why your activity does not require an EqHIA. This is essential, in case the activity is challenged under the Equality Act 2010.* *Please keep this checklist for your audit trail.*			

Completed by:	*Anthony Wakhisi, Principal Public Health Specialist, Public Health, London Borough of Havering*
Date:	*06/12/2023*

2. The EHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.

In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in 2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering.

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

It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment. Of concern also is that out of a total of 364 new adult presentations to treatment for substance misuse during 2019/20, 77 (21%) were parents or adults living with children.

The Havering Combating Substance Misuse Strategy has been drafted in response to the UK 10 year drugs strategy, 'From harm to hope: A 10-year drugs plan to cut crime and save lives' published in December 2021. It is based on best practice guidelines as outlined by the national strategy and includes specific performance indicators that will be monitored locally and reported to the central government. The strategy also utilises findings and recommendations from a comprehensive local drug and alcohol needs assessment carried out in 2022.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.

Vision

The five year strategy's vision is; *reduced drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.*

Aim

The aim is to work with all partners to:

- Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims

- Deliver a world-class treatment and recovery system, including; improving access to support by tackling 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 the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)
- Reduce drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.

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

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

Stakeholders

The implementation of the strategy will be overseen by representatives of key stakeholders who have been active participants in the development process. This is group is known as the Havering Combating Drugs Partnership (CDP) which was established in August 2022. Below is the list of member organisations and representatives:

Member organisations/representatives of the Havering Combating Drugs Partnership

• 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

Who will be affected by the activity?

All Havering residents including those directly or indirectly affected by substance misuse and service providers

**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The impacts of substance misuse and resultant addiction are multigenerational and multidimensional, cut across all age groups and go beyond the relatively small cohort with dependency problems.
Neutral		
Negative		Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence.

		Hence, the partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and age groups (children and young people, working age group and older adults). These broadly include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities **Expand box as required*

Evidence:

According to the latest census report (2021), Havering's resident population is estimated to be 262,000. This represents a growth by approximately 24,800 (10.4%) since the last census in 2011. Compared to the last census done a decade ago (2011), the 2021 Census shows the number of children aged under 18 in Havering has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively.

Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by 2031. This is a vulnerable group at high risk of engaging in substance misuse due to their increased interaction with social media some of which appear to promote substance misuse and facilitate easy access.

Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.

Evidence shows there is a growing trend of substance misuse especially alcohol among older people. Furthermore, chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

The Influence of Social Media on Teen Drug Use - Addiction Center

Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)

**Expand box as required*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available substance misuse services.
Neutral		
Negative		The strategy has prioritised improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including people living with disability. Through collaboration with partners, social, economic, and health factors associated with disability which are also risk factors for substance misuse and addiction will be addressed. Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans. **Expand box as required*

Evidence:

According to census 2021, there are an estimated 38,449 residents living with mental and physical disability. This is equivalent to 15.3%, of the total Havering population. This is slightly lower than London (15.6%) and England (17.7%) averages.

In 2021 and 2022, a total of 379 adults with dual diagnosis (mental illness and substance misuse) were referred to the Havering treatment service (CGL) from NELFT.

Disabilities and addiction can tragically be a common pair. People with disabilities are substantially more likely to suffer from substance use disorders (SUDs) than the general population, and they are also less likely to receive treatment for them. The inverse can also be true. People with an addiction are also more likely to become disabled, either through accidental injury or through long-term side effects of substance abuse.

A disability and lack of support can easily discourage someone's happiness and sense of purpose in life, creating depressing states. Co-occurring disorders, like depression, anxiety, and unhealed trauma, are especially common among disabled persons, leading many to seek a false sense of comfort with harmful substances.

Individuals with mental and physical disabilities battle unique stressors, such as social perspectives that see them as outsiders, an inability to qualify for certain careers, access to certain benefits, and an inability to participate in a number of activities to the extent that they would like.

Individuals with disabilities are more likely to be unemployed; disabled adults 25 and older are less likely to have completed high school and more likely to live in poverty. They are more likely to be victims of violent crimes and struggle with health conditions like obesity and smoking. All of these factors contribute to the high rates of substance use seen in the disabled community.

The complex interplay of social, economic, and health factors associated with disability are also risk factors for substance use, unhealthy use, and addiction. Disability stigma and stereotypes are common around substance use by disabled people and their ability to engage in treatment and recovery.

Attitudes, discriminatory policies or practices, communications, and physical constraints reflect ableism and affect the ability of people with disabilities to enter addiction treatment. Once treatment is initiated, success can be maximized by meeting specific disability-related needs. For people with physical and sensory disabilities, if physical accessibility and communications accommodations are met, success in addiction treatment presumably should parallel that of people without these disabilities. For people with intellectual, developmental, and cognitive disabilities, success may require additional adaptations.

Promising approaches exist but cross-systems training and collaboration is essential. By reducing ableism, misbeliefs, and stigma and offering flexible treatment approaches along with the required accommodations, people with disabilities who also have addiction should be supported in reducing unhealthy substance use and in their paths to recovery.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live

Health_inequalities_substance_misuse (2).pdf

Intersection of Disability With Substance Use and Addiction | Oxford Research Encyclopedia of Global Public Health

NDTMS, the national monitoring system: https://www.ndtms.net/

**Expand box as required*

Protected Characteristic - Sex/gender: Consider both men and women		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Evidence shows the prevalence of substance misuse is higher among males than females. However, the impacts of substance misuse cut across all genders and go beyond the relatively small cohort with dependency problems. Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence. Through partnership working agreed actions will be implemented that address gender specific risk factors and treatment needs. The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities **Expand box as required*
Neutral		
Negative		

Evidence:
According to the 2021 Census, there are approximately 262,052 people living in Havering. Of this, 52% (135,668) are females and 48% (126,384) are males.

Evidence shows the prevalence of substance misuse is higher among males than females. For example, CGL data shows in 2022 there were 277 adult males in treatment as compared to 172 women.

Latest data also shows in 2020/21 the Havering rate of male hospital admissions due alcohol related conditions (1931/100,000) was nearly four times that of females (562/100,000).

Evidence also shows men are more likely than women to use almost all types of illicit drugs and illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women. However, the impacts of substance misuse cut across all gender and go beyond the relatively small cohort with dependency problems.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live

Public health profiles - OHID (phe.org.uk)

Substance Use in Women Research Report: References | NIDA (nih.gov)

**Expand box as required*

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities		
Please tick (✓) the relevant box:		**Overall impact:** The strategy through its defined priority areas will work with other partners to ensure people of all ethnic backgrounds are aware of and can easily access available substance misuse services without feeling discriminated on racial basis. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any ethnic group which are also risk factors for substance misuse and addiction. The strategy as specified in action plans, will also identify and address substance misuse related stigma and stereotypes that may be prevalent in some ethnic groups to enhance their ability to engage in treatment and recovery. **Expand box as required*
Positive	✓	
Neutral		
Negative		

Evidence:
According to the 2021 Census, there are approximately 262,052 people living in Havering. White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group. The next most common ethnic group is Asian, accounting for 10.7% (28,150). Table below shows the ethnic breakdown in Havering according to 2021 census.

Ethnic Group	**Havering (Number)**	**Havering (%)**
Asian, Asian British or Asian Welsh	28150	10.7
Black, Black British, Black Welsh, Caribbean or African	21567	8.2
Mixed or Multiple ethnic groups	9747	3.7
White	197314	75.3
Other ethnic group	5274	2.0

As of September 2022 the majority of patients in CGL treatment were White (298) followed by Black (22) and Asian (15). This is consistent with the Havering ethnic demographic profile.

Evidence shows drug use is generally proportionally greater amongst white communities than minority ethnic groups in the UK but this may change as young people become more absorbed into predominant national culture with the potential for increasing drug problems in these communities. The extreme social stigma associated with drug use in some ethnic groups may also lead to under-estimation of problems and inhibit service provision.

Evidence shows that ethnicity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion as well as the fear of such negative incidents, can have a significant impact on mental and physical health.

Health-related practices, including healthcare-seeking behaviours, also vary between ethnic groups. Just as importantly, there are marked ethnic differences regarding the wider determinants of health. Taken together these factors result in a complex picture such that some minority ethnic groups appear to have better health status than the White British population and some much worse; with the pattern differing with life stage, disease and risk factor.

Hence, it is difficult and potentially misleading to make generalisations. Nonetheless some groups, notably individuals identifying as Gypsy or Irish Traveller, and to a lesser extent those identifying as Bangladeshi, Pakistani or Irish, stand out as having poor health across a range of indicators.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf

Policy report - Drugs and diversity_ ethnic minority groups (policy briefing).pdf (ukdpc.org.uk)

**Expand box as required*

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	

Overall impact:

The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems.

Through the combating substance misuse partnership, the strategy is committed to working with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons.

The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in any religious groups to enhance their ability to engage in treatment and recovery.

**Expand box as required*

Evidence:

According to Census 2021, the most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions Accounted for 11.7% of the total Havering population.

Religion and Faith's relationship with substance misuse largely point to the instrumental contribution of these groups to substance abuse prevention and recovery. A large majority of cases show that religious and spiritual beliefs and practices lead to lower levels of substance abuse, including reduced likelihood of using various drugs, in the course of a lifetime.

Among people recovering from substance abuse, some evidence shows that higher levels of religious faith and spirituality are associated with several positive mental health outcomes, including more optimism about life and higher resilience to stress, which may help contribute to the recovery process.

Addiction recovery doesn't have to include religious elements to be effective. However, spiritual practices can be beneficial to many people in recovery.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Belief, Behaviour, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse - PMC (nih.gov)

Religious faith and spirituality may help people recover from substance abuse (apa.org)
Is Religion A Necessary Part of Drug and Alcohol Addiction Recovery? (therecoveryvillage.com)

**Expand box as required*

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Evidence shows the prevalence of substance misuse is higher among lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems. Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LGBTQ+ community.
Neutral		
Negative		

		Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LBGTQ+ community as this are known risk factors for substance misuse and addiction. The strategy as specified in action plans, will also identify and address sexual orientation related stigma to enhance LGBTQ+ person's ability to engage in treatment and recovery. **Expand box as required*

Evidence:

There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual. This a significant number but proportionately less than the London and England averages.

Table: Estimated number and percentage of persons by sexual orientation, Havering, London and England

Sexual Orientation	Number	%	London	England
Heterosexual or straight	201,700	97.2%	88.9%	93.3%
Gay or lesbian	2,800	1.3%	2.6%	1.6%
Bisexual	1,100	0.5%	1.2%	1.1%
Other	-		0.7%	0.7%
Don't know or refuse	1,200	0.6%	6.5%	3.3%

According to the Havering CGL records 22 people in treatment identified themselves as LGBTQ+ in 2022. Evidence shows substance misuse is a significant problem among members of the LGBTQ+ community. From alcohol abuse and binge drinking to the use of harder drugs like methamphetamines, heroin, and opioids, many people in the sexual minority struggle with addiction.

Statistics show that LGBTQ+ adults are more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder. There are many contributing factors to the high prevalence. These include; discrimination and social stigma, bullying, harassment and being victims of hate crimes. They also lack support as many choose to keep their sexual identity secret to avoid discrimination. Living this type of double life can create feelings of loneliness and anxiety.

LGBTQ+ persons who do choose to come out often face rejection from family and friends, and as a result often turn to substance abuse to help dull the pain. For those suffering from internalized homophobia, alcohol and drugs serve as a mechanism for silencing negative thoughts.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Office for National Statistics: Annual Population Survey

Aspire - Havering | Change Grow Live

Medley, G., Lipari, R.N., Bose, J., Cribb, D.S., Kroutil, L.A., &McHenry, G.. (2016). Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	

Overall impact:
Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use.

To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented.

Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed.

Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as these are known risk factors for substance misuse and addiction.

The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.

**Expand box as required*

Evidence:

According to Census 2021 data there are over 1,000 residents aged over 16 in Havering who can be classified as transgender.

Detailed breakdown of gender identity in Havering for residents aged 16 and over is shown in table below.

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factor for substance use. Minority stress theories suggest that high rates of discrimination experienced by transgender people are precipitants of substance use. This risk is likely exacerbated by an inadequate provision of trans-inclusive substance misuse services.

**Expand box as required*

Sources used:

Census - Office for National Statistics (ons.gov.uk)

Prevalence and correlates of substance use among transgender adults: A systematic review - PubMed (nih.gov)

Substance use is higher and more excessive in transgender people: evidence, limitations and gaps (nationalelfservice.net)

**Expand box as required*

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present. Substance is a major driver of domestic violence among spouses / partners.
Neutral		
Negative		The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals regardless of marital status. The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage anyone and implement measures that will enhance their ability to engage in treatment and recovery. **Expand box as required*

Evidence:
According to the 2021 census, 1 in 5 homes (21%) have a couple with dependent children while the percentage of households including a couple without children is 13.2%.

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 approximately 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 of unmet treatment need (75%)

There are approximately 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 rate is higher than the national benchmark of unmet treatment need (72%)

Numerous studies have been done to find trends in drug dependence within single and married groups, and it has been found that an individual's marital status can indeed affect the likelihood of them falling victim to drug abuse. Many studies have shown that marriage actually accelerates a decrease in drug use when compared to those who remain single. But some studies have found adverse results.

It is concluded that marriage may be a protective factor against drug use, but dependent on several factors, such as qualitative spare time, a more mature relationship, a sense of commitment and intimacy. In the case of a partner who uses drugs or drinks too much, the effect is felt by his or her partner, children, relatives, friends, and co-workers. There is consistent evidence of an association between substance misuse and parental conflict. Most longitudinal studies support the view that substance misuse increases the incidence of parental conflict though there are other studies that highlight how parental conflict can lead to substance misuse.

Children affected by both parental substance misuse and conflict are more at risk of presenting with mental health issues. A number of other stressors (including housing, financial instability, crime, schooling or parental mental health) can act cumulatively to increase a child's risk of negative outcomes.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Census - Office for National Statistics (ons.gov.uk)

11043-A-2018.pdf (recentscientific.com)

Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes - GOV.UK (www.gov.uk)

How Substance Abuse Affects Spouses/Marriage - Addiction Resource

**Expand box as required*

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave		
Please tick (✓) the relevant box:		**Overall impact:** Substance use during pregnancy and motherhood is both a public health and criminal justice concern. Negative health consequences associated with substance use impact both the mother and the developing fetus. A substance misusing male spouse is also a potential risk to both the mother and developing fetus especially where there is physical and emotional abuse. Through partnership working pregnant mothers identified as misusing substance will be referred for timely and appropriate intervention. Risk factors and barriers to treatment and recovery associated with pregnant mothers and their spouses where applicable will also be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including pregnant mothers. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals including pregnant mothers. **Expand box as required*
Positive	✓	
Neutral		
Negative		

Evidence:
Data on pregnant women who misuse drugs and alcohol is not readily available and unreliable as many do not disclose this during their contact with health and social care services due to related stigma and fear of punishment. Havering CGL records show there was one pregnant mother in treatment in 2021 and 2022.

Illicit drugs, solvents or medicines should not be misused during pregnancy due to the risk of clinical and neonatal complications, including increased risk of mortality, and the risk of poor behavioural and developmental outcomes in drug-exposed children.

According to the NHS England Maternity records (2019), most women for whom substance misuse status was recorded (95.5%) reported at their booking appointment that they had never misused illicit drugs, solvents or medicines. Around 5,500 women (1.2%) reported that they were currently misusing illicit drugs, solvents or medicines; and over 15,000 women (3.3%) reported previously misusing these substances.

Substance misuse was most common in women aged under 25 with nearly 1,500 women (1.6%) reporting currently using and around 5,800 (6.4%) stating that they had misused illicit drugs, solvents or medicines in the past. For those living in the most deprived areas, 2.5% said they were currently misusing illicit drugs, solvents or medicines and 4.1% reported previously misusing these substances.

Medical experts are still undecided exactly how much – if any – alcohol is completely safe during pregnancy, so the safest approach is not to drink at all. Drinking in pregnancy can lead to long-term harm to the baby, and the more you drink, the greater the risk.

Drinking heavily throughout pregnancy can cause the baby to develop a serious condition called Fetal Alcohol Syndrome (FAS) and other difficulties.

Drinking with a new-born baby is particularly risky at night for both parents. Parents are often unable to be as attentive to their infant and they can also fall asleep holding the baby which leaves them at greater risk of suffocation.

Using illegal or street drugs during pregnancy, including cannabis, ecstasy, cocaine and heroin, can have a potentially serious effect on the unborn baby. Medical advice is clear that all drug use should be stopped during pregnancy.

**Expand box as required*

Sources used:
Havering Substance Misuse Needs Assessment 2022

Aspire - Havering | Change Grow Live

Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK (www.gov.uk)

Pregnant women and substance use: fear, stigma, and barriers to care | Health & Justice | Full Text (biomedcentral.com)

Alcohol and drug use – Homerton Health Visiting (hackneyandcityhealthvisiting.nhs.uk)
https://www.bmj.com/content/bmj/369/bmj.m1627.full.pdf

https://assets.publishing.service.gov.uk/media/5dc00b22e5274a4a9a465013/Health_of_women_before_and_during_pregnancy_2019.pdf

**Expand box as required*

Socio-economic status: Consider those who are from low income or financially excluded backgrounds		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation. Substance misuse and dealing tends to thrive more among deprived communities. Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of
Neutral		
Negative		

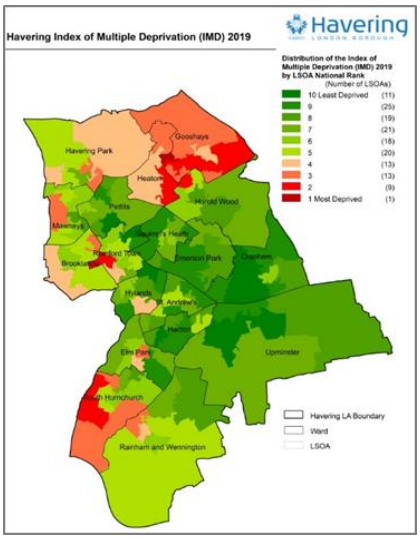
		gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims. Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities. *Expand box as required*

Evidence:

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation.

Being in education or employment and being in good physical health can increase the chances of successful substance misuse treatment, whilst substance misuse can also impact on education, employment and health. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment.

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas the proportion of LSOAs within the area that lie within each decile can be compared.



Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs. Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and south of the borough and along its western boundary are shown in map below. Overall, Havering is among the least deprived areas in London and nationally.

Gooshays and Heaton wards which are relatively more deprived in Havering also had the highest number of reported **substance misuse related incidents** in 2021 (307 and 275 incidents respectively).

Expand box as required

Sources used:
Havering Substance Misuse Needs Assessment 2022

Safestats (london.gov.uk)

English indices of deprivation 2019 - GOV.UK (www.gov.uk)

Advisory Council on the Misuse of Drugs (2018) What are the risk factors that make people susceptible to substance use problems and harm?

Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies

PHE, Health matters: preventing drug misuse deaths (2017)

**Expand box as required*

Health & Wellbeing Impact: Please use the Health and Wellbeing Impact Tool on the next page to help you answer this question.

Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity?

Please tick (✓) all the relevant boxes that apply:	
Positive	✓
Neutral	
Negative	

Overall impact:
The combating substance misuse strategy will have a positive impact on the health and wellbeing of all Havering residents. This impact is clearly outlined in the strategy document as local strategic outcomes. These 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

**Expand box as required*

		Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box **Yes** ☐ **No** ✓

Evidence:
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. 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 (2021).

Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.

In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in 2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering.

Alcohol-related mortality among males has also been rising in the last three years with the latest data (2020) showing alcohol-related mortality in Havering (57/100,000) was higher than the London average (51/100,000). 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 indicating there still many people who require treatment but are not accessing it.

To achieve this outcomes the strategy includes four priority areas that aim at addressing the physical and mental wellbeing of Havering residents affected by substance misuse directly or indirectly. The four priority areas to be implemented over a five year period include:

Breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims

Delivering a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.

Achieving a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.

Reducing risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach).

**Expand box as required*

Sources used:
Havering Substance Misuse Needs Assessment 2022

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

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

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

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

**Expand box as required*

3. Health & Wellbeing Screening Tool

Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below
The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES ☒ NO ☐	**Personal circumstances** YES ☒ NO ☐	**Access to services/facilities/amenities** YES ☒ NO ☐
☐ Diet	☒ Structure and cohesion of family unit	☒ to Employment opportunities
☐ Exercise and physical activity	☒ Parenting	☐ to Workplaces
☐ Smoking	☒ Childhood development	☒ to Housing
☐ Exposure to passive smoking	☒ Life skills	☐ to Shops (to supply basic needs)
☒ Alcohol intake	☒ Personal safety	☐ to Community facilities
☒ Dependency on prescription drugs	☒ Employment status	☐ to Public transport
☒ Illicit drug and substance use	☐ Working conditions	☐ to Education
☐ Risky Sexual behaviour	☐ Level of income, including benefits	☐ to Training and skills development
☐ Other health-related behaviours, such as tooth-brushing, bathing, and wound care	☐ Level of disposable income	☒ to Healthcare
	☐ Housing tenure	☒ to Social services
	☒ Housing conditions	☐ to Childcare
	☐ Educational attainment	☐ to Respite care
	☐ Skills levels including literacy and numeracy	☐ to Leisure and recreation services and facilities
Social Factors YES ☒ NO ☐	**Economic Factors** YES ☒ NO ☐	**Environmental Factors** YES ☐ NO ☒
☒ Social contact	☐ Creation of wealth	☐ Air quality
☒ Social support	☐ Distribution of wealth	☐ Water quality
☐ Neighbourliness	☐ Retention of wealth in local area/economy	☐ Soil quality/Level of contamination/Odour
☐ Participation in the community	☐ Distribution of income	☐ Noise levels
☐ Membership of community groups	☐ Business activity	☐ Vibration
☐ Reputation of community/area	☐ Job creation	☐ Hazards
☐ Participation in public affairs	☒ Availability of employment opportunities	☐ Land use
☒ Level of crime and disorder	☒ Quality of employment opportunities	☐ Natural habitats
☒ Fear of crime and disorder	☒ Availability of education opportunities	☐ Biodiversity
☒ Level of antisocial behaviour	☒ Quality of education opportunities	☐ Landscape, including green and open spaces
☒ Fear of antisocial behaviour	☒ Availability of training and skills development opportunities	☐ Townscape, including civic areas and public realm
☒ Discrimination	☒ Quality of training and skills development opportunities	☐ Use/consumption of natural resources
☒ Fear of discrimination	☐ Technological development	☐ Energy use: CO2/other greenhouse gas emissions
☐ Public safety measures		☐ Solid waste management

☐ Road safety measures	☐ Amount of traffic congestion	☐ Public transport infrastructure

4. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA. 2. The EqHIA identified no significant concerns OR the identified negative concerns have already been addressed	→	**Proceed with implementation** of your activity
	3. The EqHIA identified some negative impact which still needs to be addressed	→	**COMPLETE SECTION 5:** **Complete action plan** with measures to mitigate the and finalise the EqHIA
	4. The EqHIA identified some major concerns and showed that it is impossible to diminish negative impacts from the activity to an acceptable or even lawful level	→	**Stop and remove** the activity or **revise** the activity **thoroughly.** **Complete an EqHIA on the revised proposal.**

5. Action Plan

The real value of completing an EqHIA comes from identifying the actions that can be taken to eliminate/minimise **negative** impacts and enhance/optimise positive impacts. In this section you should list the specific actions that set out how you will mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Improved access to available substance misuse services for people of all ages. Holistic provision of care for mental and physical health needs alongside substance use. Safeguarding of children and the elderly from abuse and harm related to substance misuse Reduction in stigma and stereotypes that are common around substance use	The partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and among specific age groups. Details of specific activities are included in the strategy action plan	• Reduction in number of children and other vulnerable persons involved in drug supply. • Reduced drug use • Reduced drug-related deaths and harm • Increased engagement in treatment for people with substance misuse problems • Improved treatment and recovery outcomes for service users	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	among people of various age groups. Reduced demand for drugs.				
Disability	Improved access to available substance misuse services. Holistic provision of care for mental and physical health needs alongside substance use Safeguarding of the people with disabilities from abuse and harm related to substance misuse Reduction in stigma and stereotypes that are common around substance use by disabled people.	The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available services. The strategy has prioritized improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners, social, economic,	• Reduced drug use among people living with disabilities • Reduced drug-related deaths and harm among people living with disabilities • Increased engagement in treatment for people with disability and substance misuse problems • Improved treatment and recovery outcomes for service users with disabilities.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		and health factors associated with disability which are also risk factors for substance misuse and addiction will be addressed. Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans. Details of specific activities are included in the strategy action plan			
Sex/gender	Improved access to available substance misuse services by all genders. Holistic provision of care for mental and physical health needs alongside substance use Safeguarding of all vulnerable persons from abuse and harm related to substance misuse	Through partnership working agreed actions will be implemented that that address gender risk factors and treatment needs. The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to	• Reduced drug use among people of all genders • Reduced incidence of drug-related crime, deaths and harm • Increased engagement in treatment for people of all genders with substance misuse problems	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	Reduction in stigma and stereotypes that are common around substance use. Reduced demand for drugs.	individuals, families and communities Details of specific activities are included in the strategy action plan	• Improved treatment and recovery outcomes for all service users.		
Ethnicity/race	Improved access to available substance misuse services by all ethnic groups. Holistic provision of care for mental and physical health needs alongside substance use for all ethnic groups Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all ethnic groups. Reduction in ethnic based stigma and stereotypes around substance use. Reduced demand for drugs among all ethnic groups.	The strategy through its defined priority areas will work with other partners to ensure people of all ethnic backgrounds are aware of and can easily access available substance misuse services without feeling discriminated on racial basis. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any ethnic group which are also risk	• Reduced drug use among people of all ethnic groups • Reduced incidence of drug-related crime, deaths and harm among all ethnic groups • Increased engagement in treatment for people of all ethnic backgrounds with substance misuse problems • Improved treatment and recovery outcomes for all service users from various ethnic groups.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		factors for substance misuse and addiction. The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in some ethnic groups to enhance their ability to engage in treatment and recovery.			
Religion/faith	Improved access to available substance misuse services by members of all religion /faith groups. Holistic provision of care for mental and physical health needs alongside substance use for members of all religion /faith groups. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among members of all religion /faith groups. Reduction in religious / faith based stigma and stereotypes	The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems. Through the combating substance misuse partnership, there is a commitment to work with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons. The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be	• Reduced drug use among people of all religious / faith groups • Reduced incidence of drug-related crime, deaths and harm among all religious / faith groups • Increased engagement in treatment for people of all religious / faith backgrounds with substance misuse problems • Improved treatment and recovery outcomes for all service users from	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	around substance use. Reduced demand for drugs among all religious/ faith groups	prevalent in any community or religious groups to enhance their ability to engage in treatment and recovery.	various religious / faith groups.		
Sexual orientation	Improved access to available substance misuse services by all regardless of sexual orientation. Holistic provision of care for mental and physical health needs alongside substance use for all regardless of sexual orientation. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation especially among members of the LBGTQ+ community. Reduction in sexual orientation based stigma and stereotypes around substance use. Reduced demand for	Evidence shows the prevalence of substance misuse is higher among LGBTQ+ persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems. Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LBGTQ+ community. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LBGTQ+ community as this are known risk factors for substance misuse and addiction.	• Reduced drug use among LGBTQ+ persons. • Reduced incidence of drug-related crime, deaths and harm among LGBTQ+ persons. • Increased engagement in treatment LGBTQ+ persons with substance misuse problems • Improved treatment and recovery outcomes for LGBTQ+ service users.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	drugs among all regardless of sexual orientation but with more attention on members of the LBGTQ+ community.	The strategy as specified in action plans, will also identify and address sexual orientation stigma to enhance their ability to engage in treatment and recovery.			
Gender reassignment	Gender reassignment will be recorded in all treatment records Improved access to available substance misuse services by transgender persons. Holistic provision of care for mental and physical health needs alongside substance use for transgender persons. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation among members transgender persons. Reduction in sexual	Gender reassignment is currently not sufficiently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use. To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented. Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed. Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as	• Improvement in recording of transgender in treatment records • Reduced drug use among transgender persons. • Reduced incidence of drug-related crime, deaths and harm among transgender persons. • Increased engagement in treatment by transgender persons with substance misuse problems • Improved treatment and recovery outcomes for transgender service users.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	orientation based stigma and stereotypes around substance use. Reduced demand for drugs among all regardless of sexual orientation but with more attention on transgender persons.	these are known risk factors for substance misuse and addiction. The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.			
Marriage/civil partnership	Improved access to available substance misuse services by all persons regardless of marital status. Holistic provision of care for mental and physical health needs alongside substance use for people in marriage /civil partnership. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among people in marriage / civil partnerships. Reduction in stigma	Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present. Substance misuse is a major driver of domestic violence among spouses / partners. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those in marriage / civil partnership.	• Reduced drug use among people in marriage / civil partnerships. • Reduced incidence of drug-related crime, deaths and harm among people in marriage / civil partnerships. • Increased engagement in treatment by people in marriage / civil partnership with substance misuse problems • Improved treatment and recovery outcomes for people	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	and stereotypes directed towards persons in civil partnerships that may drive them to substance misuse. Reduced demand for drugs among all regardless of marital status.	Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals regardless of marital status. The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage individuals from sufficiently engaging in treatment and recovery.	in marriage / civil partnership.		
Pregnancy, maternity and paternity	Improved access to available substance misuse services by all persons during pregnancy/ maternity and paternity periods. Holistic provision of care for mental and physical health needs alongside substance use for all persons during pregnancy/ maternity and paternity periods.	Substance use during pregnancy and motherhood is both a public health and criminal justice concern. Negative health consequences associated with substance use impact both the mother and the developing fetus. A substance misusing male spouse is also a potential risk to both the mother and developing fetus especially where there is physical and emotional abuse. Through partnership	• Reduced drug use during pregnancy/ maternity and paternity periods. • Reduced incidence of drug-related crime, deaths and harm during pregnancy/ maternity and paternity periods. • Increased engagement in treatment by people in pregnancy/	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all persons during pregnancy/ maternity and paternity periods. Reduction in stigma and stereotypes directed towards persons during pregnancy/ maternity and paternity periods that may drive them to substance misuse. Reduced demand for drugs among all persons during pregnancy/ maternity and paternity periods.	working pregnant mothers identified as misusing substance will be referred for timely and appropriate intervention. Risk factors and barriers to treatment and recovery associated with pregnant mothers and their spouses where applicable will also be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including pregnant mothers. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals including pregnant mothers.	maternity and paternity periods and with substance misuse problems • Improved treatment and recovery outcomes among people affected by pregnancy/ maternity/ paternity and substance misuse problems.		
Socio-economic status	Reduced drug supply by disrupting supply chains. Improved access to	There is a strong association between socioeconomic position, social exclusion and substance-related harm in	• Reduced drug supply as evidenced by number of supply chains disrupted	5 years, annual reviews and quarterly monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	available substance misuse services by all persons especially those from deprived areas. Holistic provision of care for mental and physical health needs alongside substance use for all especially those from deprived areas. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all persons with more attention on those from deprived areas. Reduction in stigma and stereotypes directed towards persons from deprived areas that may drive them to substance misuse. Reduced demand for drugs among all persons with more attention on those from deprived areas.	relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation. Substance misuse and dealing tends to thrive more among deprived communities. Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims. Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed.	• Reduced drug use among people in deprived areas. • Reduced incidence of drug-related crime, deaths and harm in deprived areas. • Increased engagement in treatment by people in deprived areas • Improved treatment and recovery outcomes among people in deprived areas.		

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities.			

Add further rows as necessary

***** You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts.

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

6. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review: **Scheduled date of review:** April 2028 **Lead Officer conducting the review:** Public Health Consultant, Substance Misuse. **Expand box as required*

Please submit the completed form via e-mail to READI@havering.gov.uk thank you.

Appendix 3: Strategy delivery plan

1 Breaking drug supply chain:

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 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

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	Safeguarding training lead	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	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)	HJTF / CSP / Police	Enforcement Team	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	Police & LBH Insights Team	Police & LBH Insights Team	Number of cases investigated and completed

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***
	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 & Police	Police	Number of incidents and successful interventions
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	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	Police Council licensing	Number of successful licensing reviews

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***
	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
6 Community safety/vigilance, street policing, council enforcement assets	6.1 Better sharing of ASB data Identify 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 Number of theft incidents and arrests
7 Survey emerging markets e.g. vapes, freeports, 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

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***
8 A communications 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	Regular updates	CSP	Education Police- safer Schools Public Health, CGL	Public Health	Healthy schools London – number of schools meeting criteria (Drugs& Alcohol education part of HSL criteria).

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 will we 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

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 will we measure success?***
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
3 Culturally sensitive services	Commission an independent review of services to assess their cultural competency and equalities.	Funding, engagement	March 2024	Joint treatment and recovery group	Public Health	Public Health	Number of awareness sessions Prevalence of substance misuse Improved patient outcomes
4 Data sharing	Establish Power BI Dashboard	Funding, IT support, Information governance support, Analysts	March 2024	Joint Analytic Group	Public Health	Public Health	Improved patient outcomes Improved data access Functional data sharing platform

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 will we measure success?***
							Data sharing agreements
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
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

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 will we measure success?***
							treatment 3 weeks after leaving prison
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 Resource (Time) to invest in appropriate psychological interventions for those with emotionally unstable personality disorders compounded by substance misuse, high level of anti-social behaviour, regular contact with police and criminal justice systems	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

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 will we 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

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 & 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 will we 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 Communication	Number / proportion of people reporting drug misuse in the last 12 months Prevalence of opiate and non opiate use
	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

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							referrals to WiseUp
	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

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	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

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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; apprenticeships, 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

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	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

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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

4 Reducing risk and harm to individuals, families and communities

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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. Destigmatisation f. Confidence on social services and Improving the image of social services through training and communication work	Educating the community around acceptance and destigmatisation Stories from people with lived experience (e.g., very short video clips) Video clips codesigned 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 communications 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

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	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

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	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 2025	Prevention Group	DWP working with employers: Peabody (HA in Havering) Beam AA LA, schools NHS, Police Chamber of Commerce (BID)	CGL	Employment of individuals treated in substance misuse services Healthy workplace certification or alike
2 Multidisciplinary multiagency support to those at higher risk or those who suffered from harm of drugs and alcohol misuse.	2.1 Early intervention in multidisciplinary 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

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	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.
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

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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 neurodiversity	5.1 To understand more about neurodiversity 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
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

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	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 2026	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.