

Havering Combatting Drugs Partnership (CDP) Annual Progress Report, October 2025

Executive Summary

The Havering Combating Drugs Partnership (CDP) is now in its fourth year of operation. Its main aim is to promote cooperation between partners to reduce harms caused by drugs and alcohol in the London borough of Havering. Quarterly CDP meetings provide an opportunity for CDP members to gain an understanding of the needs of residents, share best practice, review progress, improve collaboration and jointly resolve emerging issues.

In Havering, in terms of health impacts, alcohol continues to be a bigger cause of harm than drugs. Emerging issues are the increasing availability of high-potency synthetic opioids in London, online selling of drugs and changing drug use patterns, such as the rising use of Ketamine.

Our commissioners and our local service provider smoothly transitioned across from the end of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to a Drug and Alcohol Treatment, Recovery and Improvement Grant (DATRIG). Havering is not in receipt of Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) and Housing Support Grant (HSG). Havering is in receipt of the Individual Placement and Support (IPS) grant. We are awaiting confirmation of future grant funding beyond the end of March 2026. Despite the short-term nature of the current confirmed grant allocations, our commissioned services continue to work together with partners to deliver the best possible outcomes for our residents.

Between July 2024 and July 2025 notable achievements include:

- Adults in treatment with our drug and alcohol service provider has risen to 1,018 (May, 2025).
- Young people in treatment with our drug and alcohol service provider has more than doubled as of May 2025.
- The production of a synthetic opioids preparedness plan.
- Completion of the Children and Young People's (CYP) service improvement framework from ADPH London.
- The drug and alcohol indicator dashboard has been reviewed and updated to align with CDP priorities.
- Multi agency safeguarding training around substance use for adults and children provided by CGL

1. Contextual Information on Combatting Drugs Partnership (CDP) in Havering

1.1. CDP Footprint

London Borough of Havering

1.2. Governance (also see Appendix A):

- The Senior Responsible Officer (SRO) is a Director of the Council, currently the Director of Public Health.
- An Assistant Director of Public Health chairs the CDP partnership board.
- The SRO reports to central government via the Office for Health Improvement and Disparities (OHID).
- The partnership is accountable to the Havering Community Safety Partnership (HCSP) and Havering Health and Wellbeing Board (HHWB).
- In addition, progress updates are reported to the Havering Place-based Partnership Board, Havering Safeguarding Adult Board (SAB), Havering Safeguarding Children's Partnership and the Community Safety Partnership.
- Requests are made to existing partnership groups where actions are within their remit, with the aim of minimising the need for new working group establishment.
- Progress on the CDP action plan, derived from the Drugs and Alcohol needs assessment, is monitored by a CDP support group, comprised of relevant Council officers, substance misuse provider and mental health trust.

1.3. Membership:

See Appendix B

1.4. Senior Responsible Officer:

Mark Ansell, Director of Public Health

1.5. Scope:

The CDP covers a wide remit of all substances, which have the potential for addiction and abuse, except tobacco and caffeine.

Mandated responsibilities:

- To conduct a joint needs assessment to review local substance misuse data across sectors and evidence.
- To work closely with partners to *identify* local strategic priorities, lead the production of a local *substance misuse strategy* and implement *action plans* as appropriate within agreed timescales and scope.
- To develop a whole systems approach to *monitor and measure* the progress of the local substance misuse strategy, action plan and the outcomes outlined by the strategy.

Local responsibilities:

- To performance manage relevant government grants especially DATRIG and IPS.
- To respond to any published national and local strategies, guidance and directives as they relate to alcohol and drug misuse.
- To coordinate the delivery of the local strategy action plan to realise improvements in performance.
- To respond, develop and monitor solutions to interagency issues, as they arise, in order to deliver the drug strategy.
- To represent the Havering local system in communicating with national and regional bodies.
- To share best practice across the partnership to improve integration across the local system and outcomes for young people, adults and families most at risk of harm from substance misuse in Havering.
- To bring to life the principles of comprehensive treatment and recovery alongside other evidence-based approaches to reduce initiation in and continued use of drugs and alcohol.
- To oversee Drug and Alcohol Review of Deaths.

2. Summary of the drugs and alcohol landscape in Havering

2.1. Key Findings from Havering CDP's local needs assessment (Jan 2023) updated for 2024/25:

Reducing Supply

- Havering has more alcohol selling premises per square kilometre rate (5.2) in comparison to the England average (1.3) in 2021/22. The number of premises has remained largely unchanged in 24/25 and continues to be above the England average.
- Police knowledge of drug supply chains can be viewed at the end of this section

Drug and alcohol Misuse

- Alcohol-related deaths among males have increased over the past three years from 43.4 per 100,000 population in 2021 to 58 per 100,000 in 2023, a rate lower than the England average 62 per 100,000 (2023).
- In the past 12 months (April 2024 - April 2025), the rate of alcohol-specific deaths in Havering was 5.98 per 100,000, lower than both the London average of 10.1 and the England average of 13.5 per 100,000.
- Deaths from drug misuse in Havering increased slightly from 2.6 per 100,000 in 2020–2022 to 2.9 per 100,000 in 2021–2023. Both rates remain below the England averages of 5.2 and 5.5 per 100,000 respectively.

Increasing engagement in treatment

- The number of adults in treatment has risen from 995 in January 2023 to 1,018 as of May 2025, indicating a gradual increase over the two-year period.
- The proportion of opiate and/or crack cocaine users in Havering not currently engaged with treatment was 64.2% as of March 2025. This rate is lower than the London average of 70.9% but remains above the England average of 56.8%.
- The proportion of adults with alcohol dependency not currently engaged in treatment was 76.3% as of March 2025. This rate is lower than the London average of 77.6% but slightly higher than the England average of 75.9%.
- The number of young people in treatment has more than doubled from 2022/23 to 2023/24. 65% of the young people in treatment are male and 35% are female¹.
- CGL Wize UP, our young people's service for under 18's, have carried out group work and targeted interventions in 7 educational settings and staff training around substance misuse awareness at in educational settings.

Improving recovery outcomes

- Since 2020, the proportion of service user's successfully completing treatment has increased from 56% of all treatment exits to 62% in 2024.
- As of March 2025, 39% of adults in treatment were showing substantial progress, defined as being drug-free in treatment or having sustained reductions in drug use. This is higher than the London average of 36% but slightly below the England average of 39.9%.
- In Havering, 97% of non-opiate users and 99% of non-opiate and alcohol users, out of those in treatment, are in effective treatment. Both figures are above the corresponding averages for London and England as of May 2025.
- The proportion of service users in effective treatment for opiate use in Havering is 91%, slightly below the London and England averages of 92% and 93% respectively as of May 2025.

Reducing drug-related crime

- In the last 12 months (April 2024 - March 2025), Neighbourhood crimes reporting in Havering have slightly increased since last year to now 34.1/1,000, however still remains lower than the London average
- July 2024 – July 2025, there were 1,398 drug offences, 784 instances of these were possession of drugs, and 614 were instances of trafficking of drugs.
- Drug possession crime has been decreasing in Havering. For the last 12 months (July 2024 – June 2025) at 2.6 per 1000, lower than London average.
- However, drug trafficking crime has increased for last 12 months (July 2024 – June 2025) and is at 1.6 per 1,000, still lower than London average of 2 per 1,000. This is a result of the increased resources from Project ADDER.

Reducing drug and alcohol related deaths and harm

- Hospital admissions for drug related mental and behavioural disorders per 100,000 remains higher than the England average and will be investigated further.
- The rate of hospital admissions for episodes for mental and behavioural disorders due to use of alcohol has decreased in 2023/24 to 53.0 per 100,000, a decrease of 7.1 from the previous year. The Havering rate is now lower than England, which is at 62.8 per 100,000.
- Alcohol-related mortality has slightly decreased in 2023 with the latest data showing 35.7 deaths per 100,000 residents from 36.7 the previous year, alcohol

¹ This is the latest data available from NDTMS.

related mortality remains lower than the England average but remains above the London average of 33.7.

- Alcohol-related admissions to hospital for under 18s in Havering per 100,000 (0-17 year olds) at 13.9 remains lower than the England average of 22.6 per 100,000 in 2021/22-23/24 (fingertips).
- Safe Adventures was the October 2024 Half Term Reading Scheme. The Scheme targeted children aged 4-11 years and supported families in having difficult conversations around substance misuse, domestic violence, and consent. The pilot scheme featured reading stands in Harold Hill and Romford Library, with guest speakers from the London Fire Brigade and Schools Patrol officers reading and interacting with the children.

2.2 Police Insight and action

The Metropolitan Police's Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) is a network of specialist police teams working across all 32 London boroughs to better connect local policing teams with treatment services, health, and criminal justice partners and deliver a joined-up response to London's drug challenges.

The Project ADDER team in the East Area BCU (Havering, Barking & Dagenham, Redbridge) works with key partners to reduce harm to individuals and communities by directing users into treatment and onward to recovery from addiction and relentlessly and uncompromisingly pursuing those at every level of the drug supply chain.

For the 12 months until the end of August 2025, 1364 drug offences were recorded in Havering. This is an increase of 53.1% from the previous 12 months. This increase reflects a trend across London and is indicative of the ongoing work across London to target drug supply chains, as well as tackle anti-social behaviour and drug linked offending in our communities.

Project Adder has championed the use of the DTOA (Drug test on Arrest) scheme in the East Area BCU since June 2024. Project Adder officers have worked with custody teams to introduce DTOA as a performance indicator to increase its prioritisation, and have worked with East Area officers to raise the profile and benefits of the scheme across different strands from public protection to neighbourhood policing. The scheme tests for the presence of Class A drugs on arrest, for individuals aged 18 and over, and after charge, for individuals aged 14 and over following the committal of a trigger offence or non-trigger offence where there is a reasonable ground of contribution or causation by the drugs.

There were 45 drug tests on arrest in Havering custody in July 2025, with 57% being positive for drugs, and 37 in August 2025 with 65% positive for drugs such as heroin, crack and cocaine. The MPS average of positive readings for July and August were 47% and 43% respectively.

DTOA for domestic offences shows 44% (9 tests completed) of people being positive for drugs in July 2025 and 50% (4 tests completed) of people being positive for drugs in August 2025.

The Drug Intervention Programme (DIP) aims to engage substance-misusing offenders in drug treatment. It requires them to present for their appointment with a drug treatment worker.

Project ADDER works closely with government departments, and the National Crime Agency's "Project Housebuilder" to understand the threat nationally and locally from Synthetic Opioids. This approach ensure MPS and wider partnership preparedness to the threat posed by dangerous synthetic opioids – specifically Nitazenes, as well as improved review of drug- related deaths. East Area BCU also has a death oversight panel at which Project ADDER is represented

Project ADDER launched an internal 'substance misuse referral app' in August 2024 across the Metropolitan Police Area, enabling front line officers and staff to refer consenting adults to local commissioned treatment providers for support with alcohol and drug issues. Between April 2025 and end of June 2025, East Area Officers completed 40 referrals for Havering residents. The project is being extended in the near future to include young persons.

East Area BCU and Project ADDER officers continue to work closely with the partnership to utilise Criminal Behaviour Orders as an opportunity to divert offenders with entrenched substance addictions into support programmes, and to encourage the use of CBO's as a tool to increase engagement with drug and alcohol services.

2.3 How the CDP is addressing drug and alcohol harms:

Havering Council continues to invest and manage its two main contracts for the delivery of both young people and adult treatment and recovery services with Change, Grow, Live (CGL), our community drug and alcohol treatment provider. Both the Wize Up service for under 18's and the Aspire service for over 18's, play a vital role in helping address drug related harm in the local area, working in close partnership with a range of agencies to support young people and adults recover from substance misuse.

CGL have reported cost pressures relating to the cost of living crisis and the council have responded by granting uplifts to both contracts. Both contracts have been in place for 5 years, meaning that both services are well established locally.

Current figures show that as of July 2025, those in treatment showing substantial progress is at 39%, higher than the London average (36.5%), however slightly lower than the England average of 39.9%. Havering is outperforming London and England in the following indicators:

- Proportion in treatment who are in stable accommodation, reported at 87% as of March 2025, higher than the London average of 83% and England average of 86%.
- LBH's proportion in treatment who are in paid work (30%), voluntary work (2.5%) and in training or education (3.2%), is above London and England averages.

2.3.1 Grant funding

DATRIG and the Individual Placement and Support (IPS) grant have increased investment, capacity and specialist interventions to enhance the delivery of services during this reporting period.

In terms of the IPS grant which is for two years (2024-26) is funding the delivery of a service in partnership with Barking & Dagenham and Redbridge Councils, with Havering Council acting as the lead authority; Havering CGL as the lead provider. With a multi-agency, multi-borough steering group formed early in 2024 to coordinate and monitor the grant, the specialist employment service (IPS service) remains fully staffed (from June 2024) and embedded into the adult treatment and recovery services across the three boroughs. Local performance data shows that the service is on track to meet its local targets for referrals. In October 2025 the IPS service had 63 referrals since August 2024 30 which were engaged and 16 job starts.

2.3.2 Local Drug Information System (LDIS)

The LDIS alerts partners to changes in the supply and use of drugs locally, particularly where an immediate response is required to mitigate the risk of harm e.g. the circulation of potent synthetic opioids. Change Grow Live (CGL), our commissioned provider for drug treatment services, leads on LDIS provision in Havering. CGL can verify intelligence through the constant interactions between staff, other agencies and service users. This enables CGL to respond to an increased risk of harm by:

1. Directly warning clients through the provision of harm minimisation materials and increasing the provision of naloxone to people.
2. Informing all partners in the borough of emerging dangers when required, to contribute to control measures and further amplify information to people who may not currently be in contact with treatment services.

The chair of the LDIS and the holder of PIN list is the service manager at CGL, which is unusual in London. In Havering in 24/25, the number of LDIS alerts remained low, although an alert was issued in response to the incident in Ealing.

2.3.3 Drug and Alcohol Review of Death (DARD) panel

Havering has reviewed its processes for a DARD panel and is about to pilot a borough wide process in response to the government guidance released in 2024. The pilot will look at deaths in treatment over a 12 month period and then progress once mortality data is available, to a DARD process to look at all alcohol and drugs deaths. Our main barrier in this work has been the engagement of our east London coroners.

Havering is aligning its DARD process with Havering Safeguarding Adults board for governance and for procedures. Following each quarterly DARD panel, seven-minute summaries will be produced and disseminated across Havering to improve practice. The DARD panel consists of all major partners in the borough, with a core membership group and associate members who will attend when required.

2.4 Progress with delivery

During 24/25, Havering CDP continues to operate under a business-as-usual model, with a 5-year strategy in place, along with a rolling action plan. Strong links continue between participating agencies and other relevant local partnerships.

Progress is outlined below, against the themes of the CDP strategy, and in Appendix C, performance against the national and local outcomes frameworks is shown.

Theme	Priority	Action	Progress
Breaking Supply Chains	Community safety/vigilance, street policing, council enforcement assets	Better sharing of ASB data	JET meetings fortnightly where key ASB cases are discussed. ASB data now shared with CDP members.
	Establishment of joint analytic group and a set of baseline data sets	Establishment of joint analytic group and a set of baseline data sets	Established and now meet when needed.
Delivering a world-class treatment & recovery system	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 60%)	The current 12mth rolling figure stands at 48%
	Community pharmacy substance misuse service provision	Review how community pharmacies provide needle exchange services to include mechanisms of taking action where there is an observed problem with a patient.	11 pharmacies all providing supervised consumption and 4 of which provide needle exchange (previously 3).
	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.	PH and Medicines Management working together to work through data of prescription drug abuse. GP survey completed to find views of GPs. Actions identified moving forward.
Generational shift in demand	Links to World class treatment and recovery system	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	CGL Wize-Up have appointed a new Children's and Families worker who will be visible in CGL adults service for maximum family support

			across both services. There is also scope for the Childrens and Families worker to attend weekly to the MASH team to raise awareness to statutory services
Reducing risk and harm to individuals, families and communities	Reduction risk and harm to communities	Inspection of products in vape shops	Numerous underage sales operations completed. Seizures of non-compliant tobacco and vapes worth thousands of pounds completed. Public Health team are also starting a Vaping Needs Assessment.

2.5 How we involve the local community in the CDP

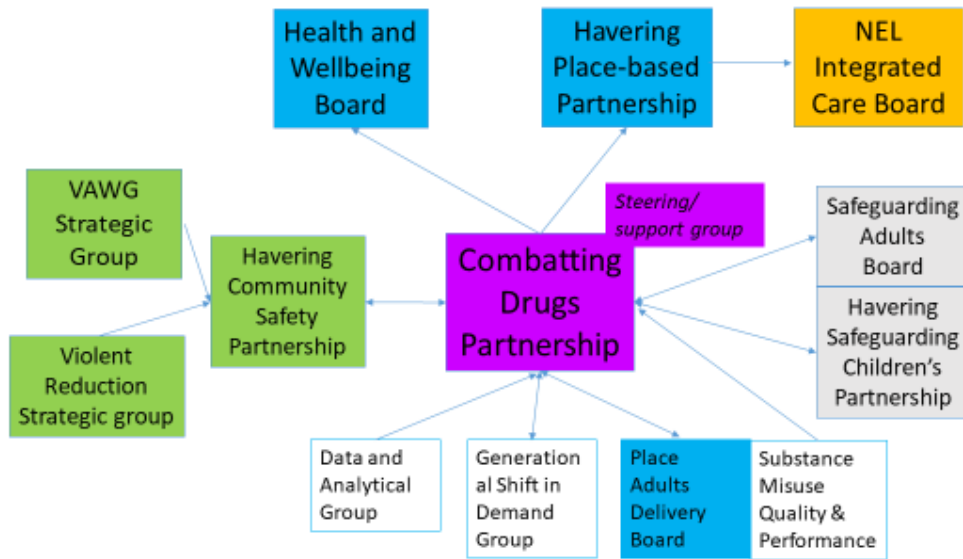
CGL actively involves service users and their families through service user forums, online and in-person feedback and discussion at the end of a service users' treatment journey during their discharge meeting. Healthwatch are active members of the CDP and the support group meetings, which provides some community views.

3. Priorities for the coming year

In 2025/26, we will be focusing on:

- Continuing to embed project ADDER.
- Completing a refresh of the substance misuse needs assessment.
- Implementing the CYP communications plan across Havering.
- Piloting and implementing the DARD process.
- Improving rates of drug recovery, especially in relation to opiate users.
- Working with our commissioned provider to improve the Continuity of Care performance.
- Embedding the synthetic opioid preparedness plan.
- Working with the ICB and local acute trusts on the abuse of prescription drugs.

Appendix A. Havering CDP Governance (Revised June 2024)



Appendix B. Havering CDP Membership

The membership consists of senior representatives, able to make decisions on behalf of the organisations / teams as listed below: -

- SRO and Chair – Director of Public Health
- Elected members – Lead members for Adults and Health and Children
- Public Involvement Lead and Communities – Head of Communities
- Data lead: DPO & Cyber Security Manager
- Community Safety Partnership and Crime Prevention– Community Safety and intelligence Manager
- Police and Crime Commissioner rep (MOPAC rep)
- Metropolitan Police rep: Detective Chief Inspector
- Probation Service representative
- CGL Lead Service Manager
- NELFT mental health services representative
- BHRUT A&E representative: Lead A&E nurse or manager
- Healthwatch representative
- Local Authority Housing representative
- Jobcentre Plus/ DWP representative
- Adult Social care representative
- Children Services representative
- Schools & Education: Assistant Director for Education
- Safeguarding Board representative
- NEL ICB - Lead Commissioner for Mental Health
- NHS medicine Management: Head of Medicine Management
- Local Pharmaceutical Committee: Chief Executive or deputy
- GP representative
- Voluntary Care Sector representative
- Interfaith Forum Representative
- Youth offending service: Group Manager Children services
- Representative for people affected by drug-related harm
- Licensing team representative
- Communications representative: Local Authority Head of Communications
- Partnership Lead and Public Health representative – Public Health Principal

Appendix C. DATRIG

Following the change from a Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to a Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG); Havering received an allocation of £377,801.00 from the Office of Health Improvement & Disparities (OHID) for 2025/26 (excluding the London Consortia grant portion).

DATRIG-Funded Roles – 2025/26 Local Plan

The February 2025 submission of the Local Plan outlines the following roles to be funded through the Drug and Alcohol Treatment Resilience Investment Grant (DATRIG) in 2025/26:

- Quality and Safeguarding Lead
- Children and Families Worker
- Recovery Coordinators (Mental Health Outreach, Opiate, Alcohol, Non-Opiate)
- Criminal Justice Lead and Practitioner
- Team Lead

These roles are critical to delivering integrated, person-centred support across treatment and recovery pathways.

With the focus on progress in treatment in the DATRIG grant, Havering has set ambitions in relation to this and concerning numbers in treatment, continuity of care and Tier 4 placements.

Numbers in Treatment	March 2022	Recent performance (September 2024)	Ambition 2025/26
All adults “in structured treatment”	937	1093	1129
Opiates	274	310	320
Non Opiates (non-opiate only)	343	365	375
Alcohol	320	418	434
Young people “in treatment”	45	78	85

Continuity of care	March 2022	Recent performance (September 2024)	Ambition 2025/26
Local planning (%)	39%	48%	60%

Continuity of care refers to resettling offenders leaving prison and engaging them into the local treatment service.

Residential rehabilitation (tier 4)	March 2022	Recent performance (September 2024)	Ambition 2025/26
Local planning (number)	6	4	6

Appendix D. National and local outcomes frameworks

