Havering Combating Substance Misuse Strategy 2023 - 2028

Executive Summary

Consultation Draft v1

September 2023

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

Priority	Why	How	Who
		 Limiting alcohol outlets where there is a high level of alcohol misuse problems Community vigilance and street policing Keeping an eye on emerging markets for example, vapes 	
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 children using and abusing 	 Schools and education providers Children services Public health services Metropolitan Police

Priority	Why	How	Who
	addiction and exposure to drug and alcohol use. • 21% of people using treatment services were living with their children.	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	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 atrisk of getting a blood-borne virus.	 Providing information and advice for the public about ways to reduce harm and risk and where to find help Making sure agencies work together to support those at higher risk or those who have suffered harm because of substance misuse Training staff from different services together on the same issues Improving opportunities to those in treatment i.e. volunteering, employment and fixed accommodation Introducing needle exchange services and facilities for supervised consumption Carrying out research, service audits and surveillance Increasing awareness and training around neurodiversity (for example Autism, Attention deficit hyperactivity disorder (ADHD), Dyslexia) 	CGL NELFT Safeguarding boards (Havering Safeguarding Adults Board and Havering Safeguarding Children's Partnership) Social services Community safety groups for example, domestic violence support group DWP Public health services London Borough of Havering communication team Community pharmacies working with CGL Trading standards and public protection London Fire Brigade

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.

