

Tower Hamlets Combating Drugs Partnership

Substance Misuse Strategy 2024-2027



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Foreword



Cllr Abu Chowdhury

Lead Member for Safer Communities & Co-Chair of the Community Safety Partnership Board



Lutfur Rahman

Executive Mayor of Tower Hamlets

As lifelong residents of this borough, we have both observed firsthand the devastating impact that drugs have had on our community. It cripples lives, destroys families, and plagues our community in so many ways. We have also seen the incredible dedication and perseverance demonstrated by residents combatting drugs locally. To effectively tackle the scourge of addiction in Tower Hamlets, we need to bring together partners from across the borough around a shared approach and commitment to change.

As the Co-Chair the Tower Hamlets Community Safety Partnership (CSP) and the Mayor of this magnificent and diverse borough, we are proud to be working with our community partners to ensure that tackling neighbourhood crime and anti-social behaviour (ASB) is a top priority. The Combatting Drugs Partnership Board, a sub-board of the CSP, is taking the lead in this vital area. Together we are combining the strengths and ambitions of our local authority, police, health services, and community partners to tackle drug-related crime, reduce demand through early intervention and education, and ensure we have effective treatment, rehabilitation and recovery programmes across the borough.

The following strategy will lay out our top priorities around substance misuse and how we plan to address them over the next three years. Even with so many dedicated staff across high-performing organisations we cannot do everything at once, so we have used the evidence in our Substance Misuse Needs Assessment and engagement with residents and partners to focus on local priority areas where we believe we can have the greatest impact. There are three local priorities against each of the three national pillars that we have committed to as a partnership. We will of course still work hard through our individual organisations to deliver support across the full range of services, but the priorities set out in this strategy are where we will focus our attention as a partnership.

For the two years that we've had the privilege of serving this community, a holistic and community focused approach to tackling substance misuse has been a top priority - and one that is shared by so many of our closest partners. This strategy is a major step towards ending the hold that drugs have on this borough and making Tower Hamlets safer for all.

Introduction

This Substance Misuse Strategy aims to build on the work being done by a range of organisations in the borough to reduce substance misuse and the harms that result, tackle drug-related crime, and reduce the supply of drugs. The strategy ultimately aims to achieve a generational shift in demand for drugs that will improve the lives of all residents affected by substance misuse within the borough.

The Combating Drugs Partnership (CDP) model was established following a review by Dame Carol Black and the Government subsequently setting out its 10-year From Harm to Hope drugs strategy¹.

The aim of the partnership is to bring key partners together to ensure clear strategic direction and delivery of the aims and objectives set out in the national combating drugs plan through a needs assessment,² producing a local outcomes framework and delivery of a local strategy and action plan.

It will also serve as the means of coordinating activity in the borough related to drugs; tackling substance misuse and drug-related crime in the borough is a priority for all of our partners, but we recognise that we will not be able to deliver meaningful change in this area without working in partnership with local organisations and communities.

As well as the entrenched issues residents may face, new issues and challenges are constantly emerging. These include novel drugs like synthetic cannabinoids being found in vapes, the change in classification of Nitrous Oxide and new synthetic opioids such as Nitazenes – which have higher risks for users – increasingly being seen on London's streets.

This strategy incorporates the ambitions of key partners, such as expanding the focus on Neighbourhood Policing as part of the Metropolitan Police's Plan for London, and the Mayor of Tower Hamlet's ambition for Tower Hamlets to ensure that its services are culturally-sensitive and provide appropriate support for a diverse range of needs. To ensure that it reflects the voice of the communities affected, we have conducted engagement and co-production activity throughout the needs assessment and strategy, which has included input from resident representatives, service users and service providers, health professionals and other stakeholders.

In order to meet the priorities set out below, it will be important to deliver on ambitions such as creating a culturally sensitive recovery service for problematic drug users - providing harm reduction, testing facilities, a crisis cafe and using a referral pathway model; establishing a Tower Hamlets Drugs Unit to disrupt drug supply and substance misuse in the community; introducing new tools and materials to better support young people, including promoting wider understanding of the risks of using Nitrous Oxide with school partners; managing the transition from our local ADDER initiative and funding through the London-wide expansion of Project ADDER; and partnering with local religious groups to run quarterly awareness events for particularly affected communities.

It is worth noting that, while the language of the CDP and 10-year drugs strategy focuses largely on the use and supply of (or demand for) illegal drugs, the strategy will also include our plans to address alcohol dependence, alcohol-related harms and substance misuse more widely.

1 From Harm to Hope – A 10 year drugs plan to cut crime and save lives https://assets.publishing.service.gov.uk/media/629078bad3bf7f036fc492d1/From_harm_to_hope_PDF.pdf

2 You can find a summary and links to the Tower Hamlets Substance Misuse Needs Assessment here www.link.co.uk

What do we know?

Highest number of people in treatment

in London 2020-21 (**1,945**) and one of the highest rates of treatment demand when weighted for resident population (**10.1 per 1,000** population)



Nearly 65% of the treatment population are opiate users

We have the highest absolute number of OCU (opiate and crack cocaine users) in London



An estimated 85% who may need support for alcohol dependency

are not accessing this support



The north of the borough has the highest levels of drug possession and trafficking offences

The highest rate of drug possession is in the Spitalfields and Banglatown ward, at **42.2 per 1,000** population



A growing proportion of the drug treatment population is aged 50+

(**23%** in 2020-21), with this cohort facing more complex health issues and worse outcomes



The second highest drug in terms of number of people in treatment was Cannabis

with **46%** of users using Cannabis



What has been done so far?

Despite challenges arising from the Covid 19 pandemic, between 2020-2023 there was a great deal of partnership activity in this areas.



We worked to improve numbers getting into treatment following release from prison. This resulted in:

- Increased numbers engaging in treatment from 15.3% (2021) to 53% (2023) utilising powers from Antisocial behaviour crime and policing Act 2014
- Developed pioneering work bringing together enforcement and support agencies to engage individuals involved in ASB and crime in mandatory treatment



The Council and MPS worked closely in partnership to deliver ADDER, Operation Continuum and tackle drug dealing in the borough. Between Apr 2021 and Dec 2023:

- 280 warrants were executed, 273 people arrested and 212 charged with drugs trafficking
- £835,000 cash was seized
- 628 weapons were recovered
- 169 drugs related arrests – of which 48 for PWITS
- 540 referrals to drug support services (Criminal Justice Substance Misuse Services)
- 43 drugs related arrests facilitated via use of CCTV



Use of Nitrous Oxide emerged as a significant issue, tackled via enforcement and prevention. Between Jan22 and Sep23:

- THEOs issued 244 Fixed Penalty Notices for NOX
- Delivered the 'N2O Know the Risks' programme highlighting the dangers of using N2O



Developed an enhanced process to tackle cannabis café, resulting in:

- 8 Cannabis cafes closed in 2023 alone



Launched the partnership project "Second Chance" with the Osmani Trust to support young people at risk of and caught up drug dealing.

What do we want to achieve?

There are three national pillars that all Combating Drugs Partnerships are tasked with delivering. These are set out below along with the high-level outcomes that they are designed to achieve.



What is needed?

In order to work out the approach to take and include community views, a needs assessment was undertaken to look at the levels of need in the borough in relation to substance misuse.

From this evidence base we worked with a wide range of professionals and community members to understand:

- What are we getting right?
- What are we not getting right?
- What do we need to do where we're not getting it right?

We used their responses to refine them into the local priorities set out below.

What are we going to do?

1. Break drug supply chains

Break the cycle of exploitation



Help people leave drugs behind



Reduce visible drug dealing and drug use



Support MPS Drugs Action Plan to tackle drug supply



2. Deliver a world-class treatment and recovery system

Streamline access and routes through services



Improve effectiveness of treatment



Settings that sustain recovery



Enhance Harm Reduction provision



3. Achieve a generational shift in the demand for drugs

Promote awareness and where to find help



Target specific substance-misuse harms



Stop problematic substance misuse before it begins



1. Break drug supply chains



Vision

We will make it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing the associated violence and exploitation.

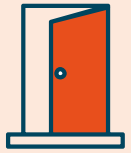
Break the cycle of exploitation



We will safeguard Tower Hamlets residents by intervening where adults and young people have been targeted by organised crime networks, providing them with the support they need to escape exploitation.

We will strengthen our intervention offer for victims of exploitation, including appropriate diversion away from the criminal justice system using out of court disposals and drug testing on arrest, and ensuring that holistic, culturally appropriate support is available. This includes supporting marginalised groups through provision of dedicated support workers, providing tailored support to women and men involved in prostitution, as well as expanding our training offer on recognising the signs that professionals encountering children at risk of harm should be aware of.

Help people leave drugs behind



Where people have encountered enforcement or the criminal justice system, we will ensure that the necessary support is in place to reduce reoffending, working with those concerned in prisons, preparing them for release, providing follow-up support once they've re-entered society, and helping them to access accommodation suitable to their needs.

Our partners will work with employers to expand the support available for recovery via training, lunch and learn sessions, provision of supported placements and City and Guilds digital assurance badge scheme. We will offer mentoring schemes in custody, improve engagement in follow-up support via our Through the Gate scheme and evaluate and improve our buvidal and naloxone treatment option schemes in custody and on release.

Reduce visible drug dealing and drug use



The visibility of drug use and dealing within Tower Hamlets is a serious concern for our residents and undermines trust. We recognise that this will require a holistic approach bringing together enforcement as well as the work we are doing separately to improve treatment pathways.

We will continue to roll out our new joint tasking model between council enforcement officers and police to tackle hotspots as they develop and launch a dedicated Drugs Unit to respond to local concerns. We will build closer links with community groups to improve collection and use of community intelligence, including through our women's safety walks, building closer links with hostels and making better use of all available partner forums.

Support MPS Drugs Action Plan to tackle drug supply



The police have primacy with respect to pursuing the organised crime networks involved in drug supply. As a partnership our role is to support this through information sharing, focussed deterrence approaches. Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) rollout and the Prevent, Prepare and Protect strands of the Metropolitan Police Drugs Action Plan.

We will provide this support via partner engagement in Operation Continuum, retasking our ADDER project group to address drug supply more widely and designing and implementing a cutting-edge pilot in Whitechapel to reclaim our streets from organised crime networks.

2. Deliver a world-class treatment and recovery system



Vision

We will treat addiction as a health matter, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives.

Streamline access and routes through services



We know that we need to do better in making routes through our treatment and recovery services clearer and improve access for residents, redesigning them to work more smoothly and reducing handoffs and duplication.

We have started a comprehensive redesign to ensure our treatment system will be peer-led, offering more integrated, specialised services for high-risk cohorts, upskilling staff and taking a wrap-around approach to treatment that is both trauma- and culturally- informed. This redesign will involve local partners as well as coproduction with those affected and be used to determine future commissioning arrangements. At an operational level we will seek to develop a common assessment tool, establish a service user involvement forum, set up roving services within hostel and mental health accommodation, and improve partnership working with primary care, including surgery visits and alcohol intervention training for GPs.

Improve effectiveness of treatment



We are committed to providing services that are community-based, culturally competent and offer new and innovative evidence-based treatment approaches.

We will seek to increase core treatment capacity and treatment options. We are in the process of addressing gaps in staffing capacity through our new recruitment and retention plan and additional short term resource. We aim to increase numbers of young people in treatment by refreshing our communications offer for young people and the services they are in contact with, with the aim of increasing visibility and engagement. We are also reviewing our treatment services to identify opportunities for innovation.

Settings that sustain recovery



Those who have been through treatment should receive the right support and environment to sustain their recovery and enable them to rebuild their lives.

This strategy will adopt a person-centred approach, including developing a culturally-specific recovery service, a suite of recovery groups targeted at Criminal Justice clients, and improve the range of information and resources available in other languages such as Somali and Bengali. We will deliver training to all staff on cultural competency and how to reach under-served groups. Our System Improvement Group will promote expanded aftercare opportunities to get people into stable accommodation that suits their needs, and implement additional weekend and evening groups as well as faith-based mutual aid groups to enhance our recovery offer.

Enhance harm reduction provision



We will reduce the physical and mental health harms faced by people who use illicit substances.

We will address the significant risks associated with dangerous substances through the introduction of a peer-to-peer naloxone programme, training for Tower Hamlets Enforcement Officers to carry and use intranasal naloxone, and testing strips for novel synthetic drugs. We will continue to improve existing services such as needle exchange, specialist midwife services, our Drink Coach offer and encouraging substance-using patients to take up physical health checks from their GP. We will strengthen system learning from drug related deaths and strengthen our partnership approach through initiatives such as the Release Harm Reduction Hub.

3. Achieve a generational shift in demands



Vision

We will focus work upstream to prevent demand before it begins, give residents the best possible start in life, and work with young people in the borough to change attitudes to drug-taking for the next generation.

Promote awareness and where to find help



It is vital to ensure that all concerned recognise the full extent of the harms caused to our communities by drug use and the violence and exploitation that are fuelled by illegal drug markets – while ensuring that routes into support are always clear.

Led by our Adolescents Partnership Working Group, we will provide a whole setting health promotion offer for children and young people aged 5-19, with support for 19-25 year olds provided through SEND, deliver awareness events and advice through youth centres and detached work via our Young Tower Hamlets service and co-produce our latest service offer for schools and community settings with children and young people in the borough. The CDP will oversee local campaigns through our central action plan to ensure they have the highest possible profile across Tower Hamlets, linking in with key partners such as RSLs and housing providers, as well as promote the use of consistent tools and approaches to improve professional referrals and knowledge of services across the system.

Target specific substance-misuse harms



Our needs assessment has identified several areas where there is unmet need or barriers for specific groups. We will focus preventative efforts and target areas such as dangerous drinking, 'new drugs' like spice, fentanyl or Nitrous Oxide use to help reduce the demand for these substances and address the harms that they cause.

This will include providing welfare and vulnerability training to venues serving alcohol in the borough and develop a new approach to alcohol interventions. We will keep the momentum up with our innovative Nitrous Oxide Prevention campaign and build our evidence base for its harms through our partnership with Queen Mary's University of London and their N2O ambulatory care pathway.

Stop problematic substance misuse before it begins

We want to prevent people from misusing substances in the first instance by ensuring our interventions in early years, throughout childhood and when people first encounter drugs or alcohol, are robust and effective.



Our services will work with high-risk cohorts to support the early identification of at-risk young people. We will embed a substance misuse worker within Family Hubs, provide specialist nurse roles within Youth Justice settings, and expand on our success implementing the THRIVE model (Theat, Harm, Risk, Investigation, Vulnerability and Engagement) within our Health Spot GP service for young people, seeking to apply this learning to our mental health settings as well as bringing in additional links to pathways for CAMHS, Nitrous Oxide and the Safe East drugs service.

How do we make this happen?






Who's responsible?

For each of the three national pillars above, there is a sub-group of the CDP that has responsibility for oversight and capturing the delivery of work in this area.

These groups maintain an action plan for their area, which report to the CDP quarterly. These action plans together form the CDP delivery plan, which will be published as an appendix of the CDP strategy available on our website. The action plans are live, dynamic documents that will be managed by the subgroups throughout the life of the strategy.

How we know what's been achieved?

The CDP has responsibility for overseeing the whole delivery plan in its entirety and looks at the impact that the work is having by tracking local outcomes indicators. The local outcomes framework is considered regularly at CDP meetings and will help guide discussion and provide positive challenge in terms of whether we're doing the right things to address our priorities.

PILLAR	NATIONAL OUTCOME	LOCAL MEASURES
Break Drug Supply Chains 	Reduce drug supply	<ul style="list-style-type: none"> ● No. major, moderate and minor disruptions against Organised Crime Networks ● No. of drug trafficking offences
	Reduce drug-related crime	<ul style="list-style-type: none"> ● No. of drug possession offences ● No. drug related deaths ● Total drug- and alcohol-related ASB calls to police and the council
World-class Treatment and Recovery System 	Increase engagement in drug treatment	<ul style="list-style-type: none"> ● No. of new presentations ● Percentage of early unplanned exits ● Percentage of referrals who started structured treatment ● No. in treatment ● Numbers of young people in treatment ● Percentage who engage with services following prison release
	Improve drug recovery outcomes	<ul style="list-style-type: none"> ● Percentage of individuals who have made substantial progress ● Percentage in effective treatment ● Residential Rehab uptake ● Inpatient Detox uptake
Achieve a Generational Shift in Demand 	Reduce drug use	<ul style="list-style-type: none"> ● No. of people leaving services successfully (substance-free/occasional user) ● Novel substance and specific campaign measures e.g. no. of workshops on Nitrous Oxide (NOx) use, young people's views on safety of taking NOx, how likely they are to take it
	Reduce drug-related deaths and harm	<ul style="list-style-type: none"> ● Average waiting times to first intervention ● Hospital admissions, drugs and alcohol-related ● Deaths while in structured treatment (both drugs and alcohol) ● Deaths related to drug misuse

What happens when the strategy ends?

Every CDP is required to update their needs assessment, strategy and delivery plan every 3 years. This means that when one strategy and delivery plan is due to end, the process of producing a new strategy begins. There should therefore always be a live Combating Drugs Partnership strategy.


Who's involved?





More information

If you know someone who is over 18 and in need of support in relation to substance misuse, please contact Tower Hamlets drug and alcohol support services using the information below:


 **020 3889 9510**

 **reset.towerhamlets@cgl.org.uk**

Any adult living in Tower Hamlets can make a referral online at:


 **www.changegrowlive.org/reset-treatment-recovery-support-service/referrals**

A specialist confidential service exists for young people aged 10-19 years who are misusing drugs and/or alcohol. All referrals must have the young person's consent. For more information please use the following contact details:


 **020 3954 0091**

 **compass.towerhamletsyphws@nhs.net**

For more information you can visit:

 **www.compass-uk.org/services/tower-hamlets-compass-safe-east**

If you are concerned about someone sleeping rough in Tower Hamlets, you can call:

 **020 7422 6752**

or contact:

 **www.streetlink.org.uk**

to connect you with Outreach services in your area.