

Hammersmith and Fulham

Drug and alcohol strategy

2025-2028

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Forewordⁱ

People who use drugs are amongst the most stigmatised members of society, as their drug use is often set against a backdrop of drifting in the margins of society. Addiction does not occur in a vacuum, it thrives in circumstances of poverty, desperation, homelessness, trauma, and in people affected by mental and physical illness.

Taking a public health approach to drug use is the best way to address such a complicated issue, encompassing prevention and early intervention, as well as partner agencies like housing and criminal justice, high quality and welcoming treatment and recovery services, and strong peer support networks.

Working with the criminal justice system (police, prisons and probation) is an inevitable part of taking a public health approach, as a high proportion of criminal justice clients have addiction issues. This helps us maximise our opportunities as a public health system to find highly vulnerable residents.

This strategy describes the work taking place in Hammersmith and Fulham, the way we identify drug users and support them into treatment, and our new plans to tackle the roots of addiction and trauma. This is complicated and painstaking work, and we are grateful to all the agencies working in the borough to prevent drug use, find vulnerable users and deliver good and safe services to save lives and enable recovery.

Councillor Alex Sanderson

Deputy Leader, Hammersmith & Fulham Council

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Introduction

This Drug Strategy builds on the work of the Hammersmith and Fulham Combatting Drug Partnership, which was set up locally in 2022. All local areas were asked to set up such partnerships in 2022 following the Dame Carol Black Review 'From Harm to Hope'¹, a ten-year plan to cut crime and reduce drug deaths (2021).

We know that tackling drug and alcohol addiction and its causes is inherently difficult and complicated. This is a difficult problem, involving all stages of life, with some risk factors present before children are even born, i.e. *in utero*.

Tackling substance misuse harms and drug-related crime in the borough is very important for all our partners and residents. This strategy aims to reduce the supply of drugs, tackle drug-related crime and reduce substance misuse-related harms in the borough. Although we refer to this as a drugs strategy, we include alcohol implicitly.

This strategy also aims to tackle emerging threats such as new synthetic opioids (like Nitazenes), chemsex ('intentional sex under the influence of psychoactive drugs'²) and novel (new) psychoactive substances like cannabis-like substances and more.

Nationally, the use of illegal drugs has a grave impact on society, costing up to £20 billion each year³. These issues can include deterioration to physical and mental health, unemployment and housing problems, anti-social behaviour, exploitation and organised crime. Evaluating social return on investment (SROI) helps commissioners make evidence-based decisions about how to allocate resources effectively to improve health and wellbeing outcomes.

People using substances may struggle with multiple problems and it is often the case that residents and at-risk groups including young people are most affected. The drugs 'trade' unfortunately exploits vulnerable children into dealing and selling, destroying their lives and those of their families as a consequence. We recognise the effects that drugs can have on the families of those using substances, and the impact on the wider community being affected by anti-social behaviour and crime connected to drug use.

Behind the numbers, the complexities associated with the use and sale of illegal substances can be difficult to address, with a need for all agencies to work together. Considerable investment has already been made to the drug treatment and recovery sector nationally and locally in recent years, resulting in an increase in the number of people accessing services for support, better workforce capability and value to local communities, with a significant return on the government's investment of £4 for each £1 invested (2023-24)⁴. This has been combined with actions taken by the Council, Police and the Crown Prosecution Service to tackle the supply of drugs in the borough.

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#) last accessed 11.5.25

² [What is chemsex and why does it matter? | The BMJ](#) 11.5.25

³ [Reducing the harm from illegal drugs - Committee of Public Accounts](#) 11.5.25

⁴ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK](#) 11.5.25

Roles of different agencies (who does what)



Understanding the impact of drug and alcohol use in Hammersmith and Fulham

<p>Numbers in treatment (drugs and alcohol) In 2024-5 there were 1,489 residents in treatment for substance misuse, of whom 900 used opiate and crack.</p> <p>However, 78% of opiate users and 71% of opiate and crack users are not in treatment.</p> <p>If only 25% of users are in treatment, we estimate there might be 6000 people with substance misuse problems in the borough</p>	<p>Type of drug use The most used substances in LBHF are alcohol, cannabis, opiates, crack cocaine and cocaine</p>	<p>Alcohol related admissions In 2023-4 LBHF had an alcohol related hospital admission rate of 497 per 100,000 people, higher than London (at 403 admissions per 100,000 people) and similar to England (504 admissions per 100,000 people)</p>
<p>Continuity of care from prison (people identified with a drug need in prison who are successfully picked up in the community in LBHF, regardless of prison)</p> <p>One of the highest pick-up rates in London, at 48% (higher than the London average of 43%)</p>	<p>Dual diagnosis (people with both a substance misuse and mental health need) 59% of our homeless hostel residents have a coexisting substance misuse and mental health need⁵ Of the 269 people in drug treatment who reported a mental health need, only 192 (71%) were receiving treatment for both mental health and substance misuse</p>	<p>Drug related deaths LBHF has the highest drug related death rate in London, at 11.3 per 100,000 persons for 2021-23⁶</p>
<p>School suspensions 5% of school suspensions in LBHF were related to drugs and alcohol, which is higher than the London average of 3% and England average of 2%.</p>	<p>Wards with the highest levels of drug related crime These wards are concentrated in the North including College Park and Old Oak, Shepherds Bush Green, Coningham as well as Hammersmith Broadway</p>	<p>Cuckooing - where a vulnerable person's home is taken over by someone who exploits them⁷ Locally, 90% of all cuckooing is related to drug related crime</p>

⁵ [H&F Homeless health factsheet](#)

⁶ [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics](#) accessed 8.5.25

⁷ [Cuckooing - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#) A tactic where a drug dealer (or network) takes over a vulnerable person's home to prepare, store or deal drugs. It is commonly associated with exploitation and violence.

<p>The local enforcement team</p> <p>During 2024/25 the LET was called out 729 times to deal with drug problems and disperse people either dealing or using drugs in public.</p>	<p>CCTV</p> <p>£4.5 million has been invested over the last 4 years</p>	<p>Hidden Harm</p> <p>Only 7% of new substance misuse clients report they live with children, which is lower than the England average of 15%. This suggests that women with children are less likely to come forward for treatment, which we need to address.</p>
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Drugs and crime

From January 2024 to December 2024 there were 1,035 drug-related offences in LBHF, which represents an increase of 11% since 2023, although numbers remain below pre-pandemic levels. Theft increased by 9% between 2023 and 2024 and is the highest offence type in the borough.

LBHF has the **6th highest rate per population** of drug offences in London. with a number of clients cycling between custody and community, using significant quantities of substances and very likely to be shoplifting or committing acquisitive crime to gain sufficient funding to support their drug and alcohol use.

Victimisation and crime

There were **121 'cuckooed' addresses** from April 2023 to March 2025. This means 121 addresses locally where someone was being exploited by someone taking over their home for drug dealing.

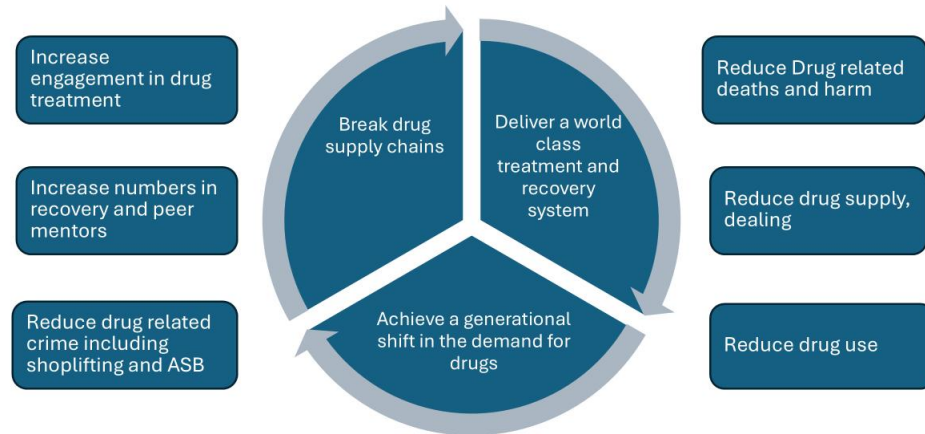
There were **49 complaints** about drug use in the borough in that time, as well as 100 complaints about **anti-social behaviour** due to drugs.

What has been done so far?

We have increased the number of people in drug and alcohol treatment	We have increased the number of people in drug treatment by 22% since 2021. In 2021-22 we had 1,218 people in treatment, and in 2024-25 (three years later) we have 1,489 in treatment, an increase of 22%. However, treatment completions have reduced in that time from 29% to 20%.
We're offering more specialist women-only treatment	We have set up a women's drug and alcohol treatment pathway, and created two hubs just for women to be treated in the borough, to improve their chances of recovery
People with complex needs	<p>We have improved pathways for residents in our homeless hostels, with a specialist team for people with co-existing drug and alcohol and mental health needs. This has reduced the use of mental health crisis services.</p> <p>We have simplified the routes to get into detox and rehab, so this is now managed by our specialist drug and alcohol services (Turning Point), reducing the time people have to wait for such treatment.</p>
Children and young people	<p>We have developed a new school inclusion pathway for young people excluded from school for drug and alcohol use.</p> <p>We have developed a cannabis only service aimed at young people, which has increased the number of young people using our services by 89%.</p> <p>Our youth services - including children in care - have access to a specialist young people's service called Resilience</p>
Hospital drug and alcohol workers	We have increased the size of our specialist drug and alcohol teams working in Accident and Emergency and hospital wards so that more people get into specialist treatment.
Working with the police	<p>We have worked closely in partnership to tackle drug related crimes including</p> <ul style="list-style-type: none"> • Premises closures • Tenancy enforcement • Criminal Behaviour Orders and/or injunctions • Disruption/reassurance patrols • Ensuring people who are arrested are offered drug treatment after being in custody
Law Enforcement Team	The Hammersmith & Fulham Law Enforcement Team (LET) seeks to address crime, ASB, provide viable reassurance patrols and deterrence, undertake weapons sweeps and community engagement. The LET undertakes circa 4000 weapons sweeps a year both intelligence lead and proactive. These sweeps, in areas most likely to be used to store and/or hide weapons, or drugs, results in items being found and removed which – when drug focused – disrupts markets etc. The LET ensures that vulnerable individuals are signposted to support, for example to Turning Point and other services.
CCTV sweeps and taskings	With the largest CCTV network in the Country and with circa 500 arrests a year, directly attributable to the service, our operators are highly skilled, trained, and knowledgeable. Where they identify known drug dealers, they will monitor behaviour and, as needed, call the Police to respond.

Drug related deaths	<p>We review all drug and alcohol deaths and have provided Naloxone (an antidote for opiates) across the borough in homeless hostels and our LET team have been trained to administer naloxone.</p> <p>We have a Pilot Project: Issue of Take-Home Naloxone in police custody: In total we have increased our distribution of naloxone from 367 to 515 packs</p>
Working with prisons and probation	<p>We work to ensure everyone leaving prison is picked up promptly by our local drug services</p> <p>Our drug and alcohol specialist services work in the probation office every day to see clients and get them into the right treatment</p>
Developing the workforce	<p>We have increased our workforce by 20%, as a result we have increased numbers into treatment.</p> <p>We plan to develop a workforce strategy and re-launch a training programme for professionals across the borough about drug and alcohol use.</p>
Cuckooing Risk panel	<p>The Cuckooing Risk Panel aims to overcome these obstacles by having a more detailed understanding of the situation and the associated risks by using intelligence from multiple agencies. 180 referrals have been made to the cuckooing safeguarding panel since 2021. 83% of cases reviewed at the cuckooing risk panel saw a reduction in their risk markers.</p>

What do we want to achieve?



What are we going to do?

Break drug supply chains (enforcement)

Break the cycle of exploitation	Reduce visible drug dealing and use	Support the police to tackle drug supply	Reduce antisocial behaviour and victimisation due to drug use
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World class treatment services

Streamline access to treatment including detoxification and rehabilitation	Improve the effectiveness of treatment	Recovery borough led by peer workers (people who have come through treatment themselves)	Harm reduction and death reduction
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Achieving a generational shift in demand for drugs

Promote awareness of how to get help	Stop the problem before it starts	Target specific substance misuse harms
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1 Break drug supply chains (enforcement)

Our Vision

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

<p>Break the cycle of exploitation</p> <p>We will act immediately to help adults and young people who are victims of organised crime networks, so that they can escape exploitation</p> <p>Our Gangs violence and exploitation team (GVEU) is unique in comprising council staff, youth workers and police</p> <p>The GVEU provides meaningful diversion from crime, as well as mental health support</p> <p>We will increase early identification of parents using drugs and alcohol, and their affected families, to reduce 'hidden harm' and the risk of normalising drug use behind closed doors to children and young people</p> <p>We will expand our training offer to all social workers about drugs and alcohol, as well as all housing officers</p>	<p>Reduce visible drug dealing and use</p> <p>Open drug use and dealing within Hammersmith and Fulham is a serious concern for our residents</p> <p>We will improve intelligence gathering, information sharing and activity mapping for more targeted enforcement activities to tackle public drug use, drug-related litter and street dealing</p> <p>We will continue to work with Project ADDER to increase diversionary schemes as an alternative to criminal justice services</p> <p>We will continue to roll out our new joint tasking model between council enforcement officers and police to tackle hotspots</p> <p>Our new shoplifting pilot with ADDER, Turning Point and one of our Business improvement districts (BIDs) will identify problem shoplifters and get them into the right treatment to cut crime</p>
<p>Support the police to tackle drug supply</p> <p>The police are the lead agency with respect to organised crime networks involved in drug supply. Our role is to support this through information sharing, focussed deterrence approaches, the Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) rollout and the Prevent, Prepare and Protect strands of the Metropolitan Police Drugs Action Plan</p>	<p>Reduce antisocial behaviour and victimisation due to drug use</p> <p>We will continue to strengthen our criminal justice pathway for victims of exploitation, using testing on arrest and court orders to support access to treatment services. This includes supporting marginalised groups through provision of dedicated specialist outreach services e.g. for people involved in sex work.</p> <p>We are increasing our housing support for people on probation, in order to reduce crime.</p> <p>We will strengthen our cuckooing team with a specialist drug and alcohol worker, so that victims are identified and helped into treatment, to reduce their chances of being exploited</p>

2 World class treatment services

Our Vision

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

<p>Streamline access to treatment including detoxification and rehabilitation</p> <p>We have our drug services co-located five days a week in the probation office, to make sure that everyone with a drug or alcohol issue is offered treatment immediately.</p> <p>We already have a treatment system for both drugs and alcohol since 2022. We will ensure better support to marginalised groups including women and sex workers, reviewing our offer for psychological and trauma-informed support, joining up interventions between our drug and alcohol service and mental health services, and reviewing the pathway to ensure better care for all</p>	<p>Improve the effectiveness of treatment</p> <p>We will further target underserved treatment populations including young people, women, LGBTQ+ cohorts (to increase the accessibility of our services to these groups)</p> <p>We will tackle emerging threats such as chemsex, lung damage due to crack cocaine use, crystal methamphetamine use, Nitrous Oxide and novel (new) opiates such as Nitazenes.</p>
<p>Creating a recovery borough</p> <p>We will build up our peer user forum, so that people with lived experience can support people who have yet to enter treatment or need support during and after treatment</p> <p>We will work to better understand the interactions between neurodiverse conditions and substance use, SEND groups and ways of providing tailored support to meet individual needs</p> <p>We are investing in an additional criminal justice housing officer and employment training and education officer in probation to ensure that probation clients have access the key factors that reduce reoffending (a place to stay and a job)</p> <p>We will continue our 'Get Connected' programme, a free offer for drug users to access adult education to get the skills they need to get off drugs and into work</p>	<p>Harm reduction and death reduction</p> <p>We will review our Drug and Alcohol-related deaths system for better identification of learning for services. As part of our review of treatment quality, we will ensure increased access to needle exchange provision, particularly in the South of the borough</p> <p>to reduce the risk of blood-borne viruses including Hepatitis C and HIV, providing faster access to treatment for those who test positive</p> <p>We will continue to distribute Naloxone (an antidote to opiate overdose) in all high-risk settings, and give Naloxone to the LET team and police in order to save lives</p> <p>We continue to respond quickly in real time to any reported incidents such as overdoses or deaths or findings where new or different drugs have been used, alerting users about how to avoid overdose and death</p>

3 Achieving a generational shift in the demand for drugs

Our Vision

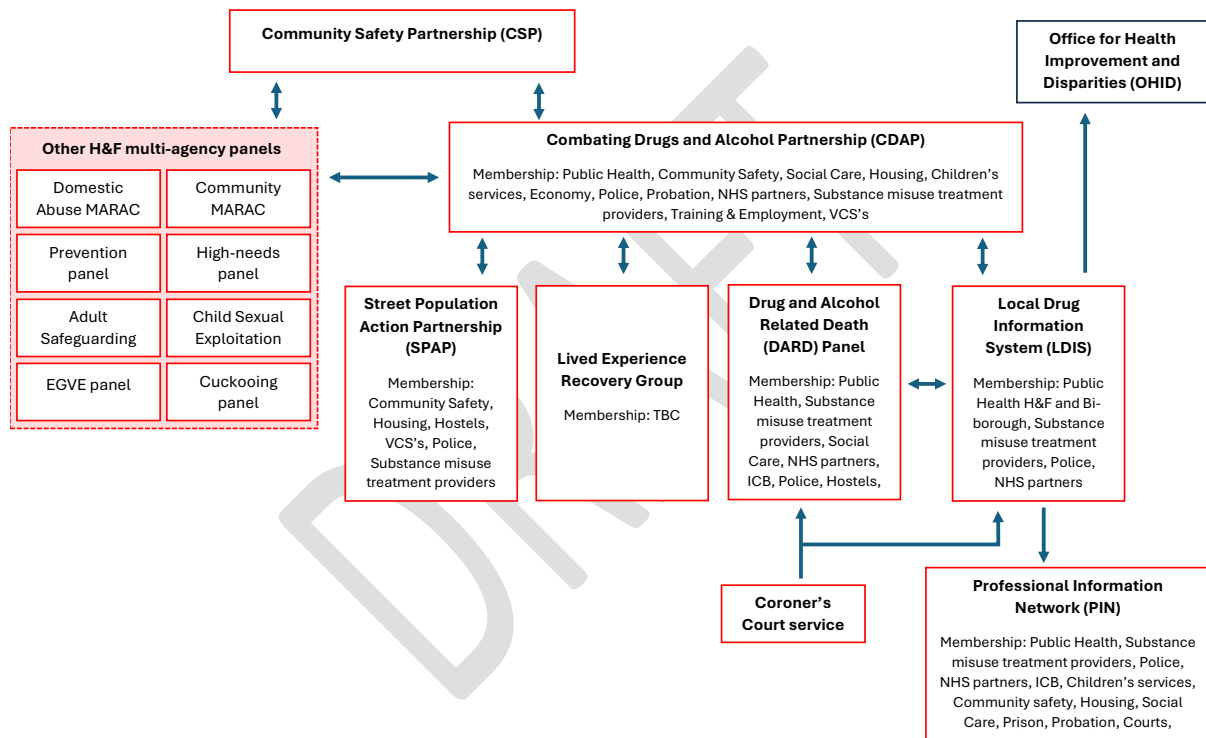
We will focus to prevent demand before it begins, give residents the best possible start in life, and work with young people in the borough to change attitudes to drug-taking

<p>Promote awareness of how to get help We will work to improve our marketing, health promotion and outreach approach to better reach more people and ensure those in need of treatment can access services, both through professional pathways and self-referral</p> <p>We will review our GP shared care services, so that patients are identified with a problem and referred quickly into services, and patients ready to step down into GP care can do so safely from specialist drug and alcohol services.</p>	<p>Stop the problem before it starts We want to prevent people from misusing substances in the first place by ensuring our interventions in early years, throughout childhood and when people first encounter drugs or alcohol, are effective. Our services will work with high-risk cohorts to support the early identification of at-risk young people.</p> <p>We already have substance misuse workers in family hubs, and our Enhanced Family support offer includes joint working between our treatment providers, maternity and health visiting teams and children and young people's services to better identify families affected by substance use and provide the right joined up treatment. We will ensure use of key partners including the Gangs Violence and Exploitation team to support how we reach more young people at risk</p>
<p>Target specific substance misuse harms We will run local campaigns, with key partners such as registered social landlords and housing providers, as well as promoting the use of consistent tools and approaches to improve professional referrals and knowledge of services across the system.</p> <p>We will focus preventative efforts and target areas such as dangerous drinking, 'new drugs' like synthetic cannabinoids, synthetic opioids like Nitazenes and Fentanyl, and Nitrous Oxide.</p> <p>Promote the use of national resources like 'Talk to Frank' so that young people understand more about drugs and their harms</p>	<p>Harm reduction We will continue to build on our harm reduction offer this includes increasing pharmacies participating in the Needle exchange programme. We will provide more sharp bins across the borough including in hostels and sexual health clinics. Initiate prescribing in first appointment and at hostels, askew road and other community sites</p> <p>Work to understand patient views on harm reduction and investing in technology to reduce the overall harms drugs cause to individuals and communities.</p> <p>Continue to invest in Nitazene testing strips so that high risk users can check what they are consuming, as a way to get into treatment</p>

How do we make this happen?

For each of the three priorities identified, we have subgroups to deliver the programmes and areas identified. The Combating Drugs and Alcohol Partnership will have oversight of these subgroups in capturing and reporting to the community safety partnership on progress to date.

Each subgroup will have an action plan that will feed into the wider CDAP delivery plan. These plans are live documents and will be published on our website enabling residents to track progress.



How do we know what we have achieved

Success relies on a wide range of local partners working together toward the ambitions of this strategy. We will focus on efforts to combat the supply of heroin and crack cocaine, enabling residents to access treatment and support they need. However, we recognise a growing need in the use of other drugs such as cannabis, powder cocaine, alcohol and synthetic drugs, including GHB and similar substances often involved in 'chemsex'. Our treatment system will be designed to provide long term recovery from these substances, we are aiming to become one of the first recovery boroughs in London. At the same time, we will work with our Police colleagues on pursuing the illegal supply of all drugs

We will monitor impact of this strategy across the whole system and to track progress towards better outcomes and avoid any unintended consequences, such as widening inequalities. We are doing three main things to support communities to flourish and succeed:

- continuing investment into services, to increase the numbers in treatment and reduce drug related deaths and drug related crime
- improving partnership working – we will build on our good partnership with project ADDER and other locally based partnership to ensure we maintain best practice
- monitoring of our local framework via the CDAP and reacting to intelligence in a timely manner.

Plan and measurements

Pillar	Outcome	Local measures
Breaking drug supply chains	Reduce drug supply	<p>Reducing the number of drug trafficking offences</p> <p>Reducing the number of acquisitive crime offences</p> <p>Reducing the number of repeat offenders for drug related offences</p> <p>Increasing the number of court orders such as DRR issued</p>
	Reduce drug related crime	<p>Reducing the number drug possession offences</p> <p>Reducing the number drug related deaths</p> <p>Total drug- and alcohol-related ASB calls to police and the council</p> <p>Total number of cuckooing cases</p> <p>Increasing the distribution of naloxone from custody and LET teams</p>
Delivering a world class treatment system	Increase engagement in drug treatment	<p>No. of new presentations</p> <p>Percentage of early unplanned exits</p> <p>Percentage of referrals who started structured treatment</p> <p>No. in treatment</p> <p>Numbers of young people in treatment</p> <p>Percentage of prisoners who engage with services following prison release</p>
	Improve drug recovery outcomes	<p>Percentage of individuals who have made substantial progress</p> <p>Percentage in effective treatment Residential Rehab uptake</p> <p>Inpatient Detox uptake</p> <p>No. in stable accommodation</p> <p>No. engaged in mental health services</p> <p>No. entering employment following treatment</p>
Achieving a generational shift in the demand for drugs	Reduce drug use	<p>No. of people leaving services successfully (substance-free/occasional user)</p>

		No. of young people in treatment No. young people in YJS
	Reduce drug related deaths and harms	Hospital admissions, drugs and alcohol-related Deaths while in structured treatment (both drugs and alcohol) Deaths related to drug misuse Fast prescribing for methadone Improved / increased needle exchange programme

What happens when the strategy ends?

Every Combating Drugs Partnership (CDP) is required to update its needs assessment, strategy and delivery plan every three 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
