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# Evaluating the first year of the Hackney Harm Reduction Hub

A peer-based harm reduction initiative  
based in the London Borough of Hackney

MARCH 2024-2025

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# 1. Summary

The Hackney Harm Reduction Hub (HHRH) is a peer-based harm reduction initiative based in the London Borough of Hackney, funded in its first year of operation (March 2024-25) by Hackney Council and NHS England and delivered by the London Joint Working Group on Substance Use and Hepatitis C (LJWG) in partnership with The Hepatitis C Trust (HCT).

The Hub was developed with the main aim of reaching people who inject drugs and who do not engage with any drug services. The objective was two-pronged; firstly to provide sterile injecting equipment and hepatitis C testing and referral to treatment in order to reduce rates of transmission and reinfection of the virus; and also to engage with individuals in a judgement-free way, in order to provide harm reduction advice and signposting to other services where possible and necessary, enhancing community engagement with at-risk individuals who live or spend time in Hackney.

The service began with a van and trailer operating as a mobile unit, distributing sterile injecting equipment, drug testing kits, naloxone, and hepatitis C testing, and in its second year opened a permanent site. The service aims to develop sustained relationships with people who use drugs, offering peer support and referrals to healthcare, social support, and formal drug services where desired.

This evaluation will assess the first year of the Hub's service in order to provide learnings for the future of the project, as well as providing insights for organisations and councils looking to improve harm reduction advice and support in their area.

The service launched in March 2024, following an extended scoping project run by the LJWG in partnership with the HCT, focusing on the needs of people who used drugs<sup>1</sup>. Through workshops with people who have lived (past) and living (current) experience of injecting drug use, and interviews with public health professionals and other stakeholders, the scoping project recommended the development of a peer-based service that would be non-judgmental, welcoming, provide all the equipment that people need (both in terms of types and amounts), signpost people to other services as required, and be delivered by peers who understand the circumstances faced by those attending the service. The research highlighted gaps in traditional needle and syringe provision (NSP), with people who inject drugs describing stigma and judgement acting as a deterrent to engagement with these services, which are often run out of pharmacies.

For this reason, the peer-based aspect of the Hub, which comprises people with lived and living experience working in both the strategic leadership and day-to-day delivery of the service, has been an essential component of the service - it is managed and staffed by individuals with lived and living experience of drug use, both in paid and voluntary roles.

This first year of the Hub has been a success, with 64% of those engaged with not otherwise engaged in drug services, and increased awareness and engagement within the community quarter-on-quarter. Throughout its first year, the hub distributed nearly 8,000 pieces of harm reduction equipment at over 350 points of contact. The services was supported by 18 trained peer volunteers who delivered nearly 700 hours of outreach. 355 drug testing kits were distributed, as well as nearly 200 naloxone kits. The LJWG and HCT, alongside the council, conducts quarterly evaluations, allowing the team to assess and implement changes as they progress (see 4.4 for KPIs and outcomes).

These successes have led to the growth of the service, with the Hub undergoing a rebranding (now called SWERVE), and setting up a permanent base in central Hackney, as well as developing a women's service to target engagement with female drug users, particularly those engaged in sex work. With the permanent base set up, there will be an increased push for outreach engagement in hostels, and the service is exploring options for legal distribution of safer inhalation equipment, in response to requests from the community that use the service.

<sup>1</sup> <http://ljwg.org.uk/wp-content/uploads/2022/01/Scoping-project-A-peer-based-needle-exchange-service-in-London.pdf>

## 2. Objectives

The Hackney Harm Reduction Hub was developed with the intention of creating a judgement-free, peer-based space that provides safe drug use kit, unrestricted by type or number, and harm reduction advice or signposting to other services where necessary.

The Hub aims to reach people who inject drugs and who do not engage with any drug services. This has two key benefits: firstly to provide sterile injecting equipment and hepatitis C testing and referral to treatment, in order to reduce rates of transmission and reinfection of blood-borne viruses and other infections; and also to engage with individuals in a judgement-free way, in order to provide harm reduction advice and signposting to other services where possible and necessary, enhancing community engagement with at-risk individuals who live or spend time in Hackney.

A key element of the Hub's harm reduction service is increasing awareness of synthetic drugs in the local drug supply and the dangers they pose. The Hub offers drug testing to detect nitazenes, fentanyl, and xylazines, and distributes naloxone.

These aims align with both Hackney Council's public health strategy and the London Hepatitis C Elimination Routemap, produced in 2020 in partnership with the Mayor of London (see appendix A).

People who inject drugs are at a significantly increased risk of becoming infected with hepatitis C, due to the rates of needle sharing within the community. According to the UK Health Security Agency (UKHSA)'s Unlinked Anonymous Monitoring Survey, a key source of information on the lives of people who use drugs within the UK;

*"Sharing and re-use of injecting equipment reached its highest levels in a decade in 2023. Direct needle and syringe sharing rose to 25%, up from 17% in 2014, while sharing of needles, syringes, and other paraphernalia increased to 44% from 38% in 2014<sup>2</sup>".*

Hackney Council chose to scope and commission the Hub as the borough has high rates of drug-related harms, holding the 4th highest age-standardised mortality rate among all London boroughs, and a drug-related London Ambulance Service callout rate of 18.37 per 1,000 in City and Hackney (London's overall rate was 15.75 per 1,000 in 2003-24)<sup>3</sup>. The provision of a harm reduction hub within the borough supports the Council's commitments to:

- *Reduce the premature deaths of people who use drugs by providing harm reduction advice, needle and syringe provision (NSP), naloxone, synthetic opioid testing strips and blood-borne virus (BBV) testing services.*

- *Reduce the impact of drugs on our communities by providing a trusted source of information and support for people who might not otherwise engage with services.*
- *Improve the wellbeing of people exposed to the harms of drugs by offering non-judgmental harm reduction advice and support, developed and delivered by people who use the service.*
- *Reduce inequalities in substance use support by engaging with people with living and lived experience of substance use to develop and run the service.<sup>4</sup>*

The scoping study in Hackney run by the LJWG and HCT found that traditional NSP services have numerous barriers to access, including stigma faced in pharmacies, inconsistent access to equipment, and a lack of peer involvement. 43% of people surveyed as part of the study reported sharing injecting equipment, and many felt unwelcome collecting kit in pharmacies, reporting feeling degraded by the way they are treated and embarrassed by the public nature of the services. When presented with the prospects of being able to access peer-based NSP services, interviewees responded enthusiastically<sup>5</sup>. For this reason, the protocol for the Hub was created with the intention of integrating lived and living experience staff and volunteers (“peers”) to improve service uptake and reduce harm.

The 2022 scoping project was funded in part by Project ADDER, a Home Office-led initiative to “develop a whole-system response to combatting drug misuse in the 13 hardest hit areas across England and Wales”.

The LJWG and HCT also mapped current provision of NSP services within Hackney in 2023, in order to work out where there were gaps in provision across the borough, which fed into a Harm Reduction Outreach Project, which was then developed into the Hackney Harm Reduction Hub. The Hub was included in the UKHSA pilot study on NSP, in order to assess the feasibility of national monitoring on NSP to quantify provision<sup>6</sup>.

<sup>2</sup> <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring/unlinked-anonymous-monitoring-uam-survey-of-hiv-and-viral-hepatitis-among-people-who-inject-drugs-pwid-2024-report>

<sup>3</sup> Information provided to Hackney Council by the London Ambulance Service

<sup>4</sup> <https://democracy.cityoflondon.gov.uk/documents/s147746/DPH%20report%202019%20to%202020.pdf>

<sup>5</sup> <http://ljwg.org.uk/wp-content/uploads/2022/01/Scoping-project-A-peer-based-needle-exchange-service-in-London.pdf>

<sup>6</sup> <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk/hepatitis-c-in-england-2024#harm-reduction-in-people-who-inject-drugs>

# 3. Implementation

## 3.1. Launch

Project initiation began in January 2024, when staff and volunteers with lived and living experience of drug use were recruited, and a training programme was developed. A Strategy Group, and a Peer Strategy Group were set up, policies developed and risk assessments undertaken. Branding was created for flyers, posters and business cards, which can be seen in appendix B.

The HCT was commissioned to recruit and manage the peers, including the recruitment and training of a Hub Coordinator. The HCT is the only UK-wide charity led and delivered almost entirely by people with lived experience of drug and alcohol use and has extensive experience in recruiting, training and supporting people with lived experience of substance use and hepatitis C as both staff and volunteers. All staff and volunteers are trained in trauma-informed approaches, motivational interviewing and harm-reduction practice, enabling them to build trust and sustain engagement over time.

The service launched to the public in March 2024, with weekly Thursday sessions, before expanding to two days per week in June 2024. The service hired additional peers, and continued its training programme for both staff and volunteers. Hepatitis C testing began on-site, and a freephone number was created and publicised from January 2025, allowing people who use drugs to enquire about the location and opening times of the van and trailer, and also to order NSP kits to their location.

The service continued to develop throughout its first year, training more volunteer peers and expanding and developing its outreach methods. It saw significant growth throughout the year, building relationships with people who use drugs and do not find services easy to access, and encouraging repeat visits. Quarterly surveys of hub attendees found that 64% of engagements were with people who do not access the local drug services.

“That’s where the value is, I think, in our service. Obviously, giving out kit and stopping BBV transmission is so important, but also we’re in Hackney, they know where we are, they know us, and we’ve developed relationships with them. They’re very appreciative, to know that there’s someone there that’s keeping an eye on them, that’s got their back”

**- Grant Williams, peer support lead**



## 3.2. Location

In its first year, the service operated out of a mobile van and trailer, allowing it to move with footfall, with the most successful locations being Ridley Road Market and the Narrow Way. The van belonged to Hackney Council's Wellbeing Team, and the Hackney Harm Reduction Hub had use of it at given dates and times to run the service.

The service aimed to be in the same location regularly so that people needing the service could find it easily. In late 2024, between September and November, a scoping exercise of other areas such as Finsbury Park took place, following police and enforcement intel from monthly 'Hot Spot' meetings. As well as running the service out of the wellbeing van, the peers lead outreach to hostels and other satellites on foot. Since March 2025, the Hub has also been operating within the City.

## 3.3. Target demographics and improving engagement

One of the primary objectives of the service is to engage with those not already in traditional drug services, so the peers make an effort to engage with individuals experiencing homelessness, those at risk of overdose, and people involved in street-based sex work. As a result of the complex needs of the people the service aims to serve, progress was expected to be gradual, in order to build up trust with the community.

According to demographic data collected through an optional survey for people who accessed the service with 163 respondents, run from November 2024 to April 2025, 78% of people attending the service were male, with 21% female and 1% choosing not to disclose their gender. While the recorded number of people using drugs in the UK usually tends to show drug use numbers skewing towards men, the LJWG was aware that more could be done to engage with female members of the community who find services hard to access. As a result of this, the Hub started planning the launch of a women's service, and in year two of the service, hired two female peers to lead it. This service will host women-only sessions, and will develop a permanent discreet base in a location separate from the Hub's base. A primary aim of this new service is to reach women who use drugs and are engaged in the sex work industry, or are victims of violence and may not feel comfortable engaging with a service staffed and attended by men.

The ethnic breakdown of the community who accessed the Hub over the first year shows that 70% of attendees were White, while 16% were Black. Anecdotal evidence from peers and Black and ethnic minority support service Support When It Matters (SWIM) has highlighted that intravenous (IV) drug use is less common among Black people who use drugs, and that the possibility for engagement and harm reduction could be rapidly expanded if the provision of safer inhalation equipment was possible. The building that



will house the new permanent space for the Hub also hosts a space for SWIM, and the team intends to run occasional sessions in tandem with SWIM, to ensure there is knowledge of the Hub's services within Hackney, and to learn how best to engage with the specific cohort of Black people who use drugs.

## CASE STUDY - Jenny\*

When we do have wins, they come as a result of developing that relationship with the service users. When Jenny first reached out to us, she was in one of the worst hostels in Hackney, and she finally reached out via the freephone. She was incredibly isolated - she was brought up by her grandparents, who had passed away, leaving her on her own in a hostel that is 90% male and that she finds very scary as a young woman.

When we first visited, I had to squeeze the kit through a gap in the door - she wouldn't even open the door. And now, last week, she came to visit us for the first time. It took six months to get her out of the hostel and to the Hub. There are no quick fixes in this game. When she came to the Hub, she was able to get advice about moving to a different hostel, which we are going to help her with. She was so isolated, resistant to any services, and doing anything other than buying her drugs. So the fact that she now trusts us enough to come and ask us for help is major."

### Testimony from Grant Williams, peer support lead

\*name changed for anonymity

## 3.4. Peer Support

In the implementation of the Hub, the peer-based aspect was a key focus, due to the evidence found in the LJWG's scoping project.

National Voices, a peer support coalition for health and care charities in England, defines peer support as follows:

*"Peer support involves people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial. Peer support is different from other types of support because the source of support is a similar person with relevant experience."*<sup>7</sup>

At the Hub, the team has also supported living experience volunteers, who may still be using drugs. This allows the service to become further embedded into the community, and to evidence its approach of empowering people who use drugs in a supportive environment. In the first year of the Hub, 18 lived or living experience peer volunteers were engaged and trained, delivering nearly 700 hours of outreach.

“There’s no way these guys would be engaging with anybody who didn’t know where they’re at. With our past experience and insight to their daily struggles we gain credibility with them, and trust comes sooner than it might with other services. By developing these healthy relationships with our peers we are able to assist them with making positive changes.”

- Reg Straub, Hub coordinator

## 3.5. Hostel outreach

Throughout its initial year, the peers also developed a growing outreach strategy to target hostels within Hackney, door-knocking to provide NSP and harm reduction advice. By the end of its first year, the peers were attending the following hostels regularly: Ridley Villas, Cape House, 146 Mare Street, Lansdowne Drive, Nevil Road Assessment Centre, and Shuttleworth Hostel. These hostels provide varying numbers of beds and services, and with the creation of the women’s service in the Hub’s second year, outreach is also beginning at female-only hostels.

Some of these hostels, such as Lansdowne Drive and Nevil Road, have high levels of internal provision, whereas Ridley Villas and Cape House offer less internal support, and so Hub peers attend more regularly. The primary focus in the first year was 146 Mare Street, due to both size and need.

There have been challenges recorded with this programme of outreach, as there are restrictions in place that prevent peers from moving as freely as would be ideal around the hostels - these policies exist for the protection of the residents’ privacy. There can also be challenging situations arising from particular mental health needs of the individuals staying at the hostels, and for that reason it is Hub policy that the peers must attend in pairs. However, regular visits have allowed for the development of supportive relationships with several residents, and the value of the engagement remains clear.

Overall, peers report that the hostel engagement is one of the Hub’s most valuable strategies in reaching individuals who are deeply isolated and mistrustful of services. These engagements take time and consistency for relationships and trust to build, and the peers have been successful in repeatedly offering engagement opportunities.

“[The hostel engagements] offer a lifeline. We’ve seen some truly powerful and heartening moments of connection through this work, particularly with individuals who are otherwise disconnected from support networks.”

- Grant Williams, peer support lead

## 3.6. Partnership with other services

In August 2024 the LJWG team chaired the initial meeting of the Hackney Harm Reduction Forum. The forum was brought together by Hackney Council’s Drug and Alcohol Commissioner, as part of the council’s response to the Government’s Ten Year Drug Plan, in order to bring together all the organisations that provided harm reduction services within the borough. The aim was that in the forum, organisations would be able to share information and minimise overlap in service provision where necessary, and the LJWG was asked to chair. The initial goals of the forum were as follows:

- To share experiences and insights of the harm reduction needs across the borough
- To share information on how each service is meeting harm reduction needs and explore partnership approaches where helpful
- To work together to ensure harm reduction services are accessible to all community groups where there is need, and reduce any unnecessary overlap or duplication of services
- To work together to respond to emerging or changing needs

A key focus of the forum became the creation of a Harm Reduction Strategy, developed by consensus with all the community organisations involved, to agree the direction and approach for harm reduction and joint working in the borough.

A major workstream for the Hub was partnering with other services. Alongside Turning Point, City and Hackney’s recovery service, the Hub is the only other organisation within Hackney that is licensed to distribute naloxone and NSP to both individuals and organisations within the borough.

One such organisation is The Love Tank, with which the LJWG partnered to provide NSP packs for use by the communities they serve. Three focus groups were organised to understand the specific needs of the community, who may be engaging in sexualised / recreational drug use as well as dependency, and those injecting hormones. Following the focus groups, it was understood that those injecting hormones typically needed larger needles than those used for IV drug use, and as a result the LJWG put together specific NSP packs for use by The Love Tank’s attendees.

From early 2025, the Hub began to assist Positive East with the provision of HIV tests and is beginning the provision of hepatitis B tests as the service expands and grows.

Alongside Turning Point, the Hub also provides harm reduction equipment for SWIM, providing drug tests and naloxone while Turning Point provides clean needles. The Hub's relationship with Turning Point is very positive, with extensive communications and cross-working when possible. However, the peers at the Hub, as well as the management team and the LJWG and HCT, are careful to respect the boundary between the harm reduction service they provide, and the recovery-focussed service provided by Turning Point.

The LJWG also supports local primary care providers who may have patients that would benefit from engaging with the Hub. Dr Werner Leber, a member of the LJWG advisory group, liaised with the senior partner at The Greenhouse Surgery, Dr Padma Wignesvaran, as well as with one of the GPs, Dr Robbie Newman, to explore recruiting a nurse for wound care and hepatitis B vaccines within the surgery. However, there were no nurse hours available and the surgery was not able to accommodate hiring an additional nurse. The Hub continues to provide leaflets and business cards to the surgery and its doctors to aid with "referring" patients to the Hub.

<sup>7</sup> <https://www.nationalvoices.org.uk/publication/peer-support/>

# 4. Outcomes

## 4.1. Key implementation statistics

Throughout its initial year, the service has operated on a variety of days and locations, with regular sessions at Narrow Way (Hackney Central, opposite McDonalds, E8 1HR) and Ridley Road Market (by the toilets, E8 2NP), as well as outreach sessions to local hostels.

There was an awareness that building up trust within the community that were starting to access the service and who are not currently engaged in drug services would be a slow process, and so a significant focus has been on building positive relationships with those who use the Hub. However, there has been significant distribution of harm reduction equipment, achieving one of the primary goals of the service.

Kit	Number distributed
1ml Syringes	2,545
2ml Syringes	310
Clean Water	259
Spoons	699
Filters	762
Foil	207
Condoms	345
Citric / Vit C	2,782
<b>Total</b>	<b>7,909</b>

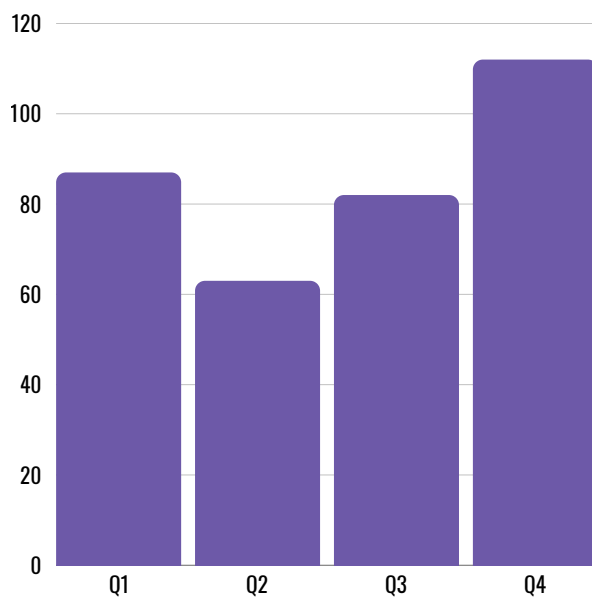
*fig. 1 safer injection equipment distributed March 2024 - March 2025*

Naloxone & test kits	Number distributed
Received naloxone	129
Received fentanyl test kit(s)	137
Received nitazene test kit(s)	115
Received xylazine test kit(s)	103
<b>Total</b>	<b>484</b>

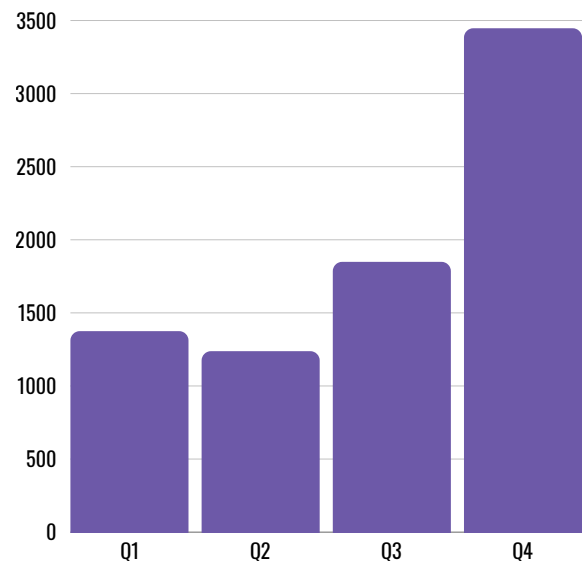
*fig. 2 test kits and naloxone distributed March 2024 - March 2025*

In its first year of operation, the service distributed harm reduction equipment and advice to 354 contacts (this may include repeat visits). Many more people engage with the service for advice and information but do not collect NSP, either at the van, or through street outreach work and hostels outreach. In total, 1,427 people were engaged with over the year. In this time, 64% of people receiving NSP from the Hub were not connected to a drug service (peaking at 83% in Q1) - an achievement of one of the core goals of the Hub, and a heartening fact for the staff, who know that these individuals may otherwise go unhelpt and are at a huge risk of injury or death as a result.

**NSP contacts by quarter**



**Equipment distributed by quarter  
(total number of units)**



## CASE STUDY - David\*

“David is currently sleeping on a mattress outside a hostel, and we have had several engagements with him. He recently let us know that as a result of us visiting him and engaging with him, he has felt motivated to begin attending his appointments, both with a recovery service and with Housing. He has also managed to reconnect with his family, and recently completed treatment for hepatitis C. He told us he was grateful for the interventions we provided, as they had a real impact.”

**- Testimony from Grant Williams, peer support lead**

## 4.2. Harm reduction advice

A key part of what the peers do in their role is administer harm reduction advice, something that is challenging to quantify and evaluate given the personalised and contextual nature. However, these interventions are a vital aspect of the 'Making Every Contact Count' public health approach, and an essential step in harm reduction and trust building. Some of the recorded instances of harm reduction advice and support administered by peers includes:

- Supporting a rough sleeper to get an appointment to get back onto their methadone prescription
- Setting up meetings with housing and wellbeing teams
- Helping people who use our service find sexual health clinics near them
- Informing attendees about the dangers of using DIY crack pipes and cheap or makeshift wire wool gauze
- Producing and distributing leaflets warning of the dangers of synthetic drugs and providing harm reduction advice, including what to do in case of suspected overdose
- Providing nourishment drinks for a hostel resident with cancer
- Providing wound care advice, including sending people to A+E, and recommending speaking with Tissue Viability Nurses
- Attending appointments with people who attend our service in a support role
- Running wellness checks with regular service attendees via mobile
- Purchasing phones and £10 SIM cards to enable engagement with institutions
- Supporting people who attend the Hub with paperwork, including job and passport applications
- Booking appointments with the local drug service or outreach provider where desired to begin opiate replacement treatment, and sometimes attending these appointments in a supportive capacity

"We have some amazing wins - last week we had someone who left hospital in his hospital pyjamas to come and see us, not just to get kit, but to liaise with us as people, and to get support. We've supported him moving from his hostel into his flat, we've supported him getting his white goods to his flat, we've supported him with food and stuff. He was really resistant, initially, to opening the door to me at all.

So the wins we've had are immeasurable. It is such an isolated group of people that it's just so difficult to put it into words, where the value lies, because it's these anecdotes, that's where the weight of the service is."

- Grant Williams, peer support lead



The service has been offering hepatitis C tests since March 2024. Data collection processes were changed in July 2024 and 126 tests have been carried out since then. All positive cases are referred to treatment at the Barts Operational Delivery Network (ODN).

Throughout the year, the amount of equipment dispensed increased quarter-on-quarter, as more people came to know about the service, and as outreach to hostels became more routine.

Training sessions for the volunteers have included topics such as: NSP provision, safeguarding, BBV testing, drug testing, naloxone, wound care, behaviour, confidentiality and communications, domestic violence, level 3 emergency first aid and oral health.

While these topics are necessary for the provision of the service, there is the added bonus of upskilling the lived and living experience volunteers, equipping them with skills that can be applied in future voluntary or work situations.

## CASE STUDY - Will\*

“Will came to the Hub as a 40 year old homeless man, who was opiate dependent and had tested positive for hepatitis C. He wasn’t in treatment and didn’t have a methadone prescription. He came to the hub to get some foil, for use in taking heroin, and while he was there, he informed the peers of his hepatitis C status.

With his consent, a member of the team contacted a hepatitis C nurse at a local drug service, and booked an appointment. The team member accompanied Will to the drug service for the appointment, where he had a confirmation test and other blood tests done. While there, he was also given information about a ‘drop-in’ session to be assessed for accessing a methadone programme. The Hepatitis C Trust bought Will a mobile phone to enable ongoing contact, and to remind him of future appointments.”

**Testimony from Cristina Farfan, The Hepatitis C Trust North East London peer programme manager**

## 4.3. Insight survey

Between November 2024 and April 2025, peers invited people who engaged with the Hub to take part in an anonymous Insight Survey, to understand more about the needs of people who use the service. A £10 voucher was offered for their time, and information was collected from 163 respondents. For a full breakdown of responses, please see appendix C.

Key insights include:

- 20% of respondents reported 'occasionally' or 'frequently' sharing drug equipment, with 6% reporting sharing in the last month
- 26% do not get enough clean injecting equipment to meet their needs, and 25% were unable/unwilling to say if they did
- 18% of respondents had accessed wound care services and 12% had required surgery due to injecting-related wounds
- 69% had a mental health condition and 47% had a physical health condition
- When asked about any history of being tested for BBVs, 79% had been tested for hepatitis C (and 10% reported testing positive), 55% had been tested for hepatitis B (and 1% tested positive), and 65% had been tested for HIV (1% positive)
- 21% of respondents are not registered with a GP practice, and 6% weren't sure or didn't respond
- 80% have insecure housing or would rather not say; 41% are living in a hostel and 26% are rough sleeping

## 4.4. KPIs

Once the service was up and running, there were a number of quarterly KPIs introduced alongside Hackney Council's Wellbeing Team, to allow the Hub's progress to be tracked. Given the isolated demographic that the Hub aims to engage with, the KPIs were intentionally reserved, as the team acknowledged that the work being undertaken was one that required long term engagement with the same individuals. The KPIs were all met consistently over the year. With the layout of the Hub's services changing as a result of the permanent base and women's service, these KPIs may be adjusted to reflect them.

KPI Definition	Target	Status
The service will provide a minimum of 100 kits per quarter	100	Achieved
The service will ensure that a minimum of 80% of non substance-use treatment connected individuals receive harm minimisation advice and support	80%	Achieved - all to the degree they want to engage
The service will provide NSP to a minimum of 3 other organisations	3	Achieved - NSP provided to Love Tank, Open Doors and SWIM
The service will ensure 50% of its engagement occurs in outreach settings	50%	Achieved

KPI Definition	Target	Status
The service will ensure 100% of individuals with immediately presenting healthcare needs receive support to engage in related health care	100%	Achieved
100% of people who have one-to-one engagement with our service at the wellbeing van or trailer will be offered hepatitis C testing.	100%	Achieved - 79% knew their status, 21% did not know
100% with a positive result for hepatitis C will be offered an appointment to confirm and progress treatment if required.	100%	Achieved
100% who start treatment for hepatitis C will be offered support to complete.	100%	Achieved

# 5. Challenges

As an innovative peer-led harm reduction service, there were challenges in the first year of service that enabled the project to learn, develop, grow and improve.

## Timetabling use of the van

One of the key challenges of the first year of operation was balancing use of the wellbeing van and trailer with Hackney Council, which owns the van. The ownership meant that timetabling when the Hub had access was out of the control of the Hub coordinator and management, and was subject to change, causing frustrations as the team worked to build visibility and routine for service provision. This was discussed with Hackney Council's Wellbeing Team, but is an unavoidable aspect of the reliance on a van. For this reason, it became a priority for the team to find a permanent base for the Hub, both to have a reliable space for the community to drop in to, and to allow increased independence, facilitating the service to grow. Finding a suitable permanent base posed its own challenges, as the team had to be aware of neighbouring businesses or residents and the potential attitudes they may have towards harm reduction practices. For example, one location was ruled out due to its proximity to a school.

## Increasing rates of drug testing

A yet-unresolved challenge is that the team is trying to encourage more people who attend the service to test their drugs. Understandably, many are not keen on using even a small portion of the drug they have purchased to be used for testing. A scheme was implemented to try and improve engagement with drug testing, wherein a £5 voucher is offered for returning test results, but this only produced a very small uptick in numbers (only 2 returned their results from November 2024 to March 2025).

Members of the team suggest testing 'at setting' would reap more insight into nitazene, fentanyl and xylazine availability in the local drug market. Providing the community with a result and the voucher immediately would have a much greater impact on the number of people testing their drugs, helping to prevent overdose and death. Currently people who use the service cannot test at setting due to legal boundaries surrounding drug testing. However, on site testing would have the benefit of ensuring the Hub staff can hear and record the results, in order to inform the Local Drug Information System (LDIS) which makes decisions about organisational and public warnings.

## Negative reactions to harm reduction principles

Incidents of negative reactions from the public have been rare, and are usually connected to individuals experiencing poor mental health.

## 6. Learnings and the future of the Hub

The team has continued to adapt and grow alongside the Hub, and have numerous ideas for future development. The service has received extensive positive feedback regarding the peer-based approach, as well as the positive impact of the hostel outreach programme. Where engagement or feedback has not been as positive, changes to delivery and service have been made.

### Used needle collection

While waste collection for used needles was originally offered, there was some overlap with Hackney Council, which offered similar services, and so that was removed from the Hub's offering due to a lack of interest.

### Direct delivery

The Hub supports the production of Hackney community pharmacy packs, which contain details of how NSP can be delivered to the door through NSPDirect. The Hub also developed its own freephone service, through which people can organise deliveries of NSP by the peers. The freephone service also enables callers to ask for service times, and the team can offer harm reduction advice over the phone where applicable.

### Finding a permanent base to improve visibility and reliability

The second year of the Harm Reduction Hub will see significant further developments in the service. Expanding the service to more days in the first year was helpful in building visibility of the Hub, and reliability for people accessing the service. The launch of a permanent base will improve this even further, providing the staff and volunteers with a reliable and private place to hold meetings and deliver training sessions.

### Need for tailored women's service

A women's service will be introduced, staffed by two new female peer support leads and a female service coordinator. The service is looking to find its own separate discreet base. It will also work with Open Doors, the Hackney NHS-run service for sex workers, to raise awareness of the service within that community.

### Expansion into the City

Expansion into the City began in March 2025, initially within a hostel to support its homeless community, but there was little activity during operational hours. The peers

began to operate an outreach service on foot to rough sleeping and drug use hotspots, and have found increased engagement.

## **Developing partnerships, sharing insights and responding to evolving needs**

There are also plans in the works for partnerships with other harm reduction organisations across Hackney, improving the provision of drug and BBV testing available, as well as engaging with the police force to train them on harm reduction principles, and working alongside the probation services where possible.

As the service continues to grow and develop, particularly in partnership with these other services, it is able to provide insight and information to people who use drugs about the prevalence of synthetic drugs in the local supply, and the dangers they pose as a major cause of overdose and death caused by drugs. Unfortunately, overdose and death through drug use has been reported to the LDIS a number of times over the last year in the Hackney locality. The team have, on a number of occasions, had to warn attendees to the Hub after a batch of heroin cut with synthetic drugs was detected. With such a large percentage of the Hub's attendees not being otherwise engaged with a drug service, providing this information can be lifesaving.

One example of the team's response to occurrences like this was outreach done by the peers' to clubs and pubs following two deaths from party drugs containing nitazenes, improving wider community awareness of drug adulteration beyond those who attend the service.

The service is also looking to expand and improve its work in partnership with other services in the future, exploring opportunities to work with a prescriber within Turning Point for methadone prescriptions where requested by those attending the Hub.

## **Safer inhalation pipe provision**

One of the big challenges the Hub is taking on is advocating for a change in the law to enable safer inhalation pipe provision (SIPP), alongside other inhalation kit such as gauze. While pipe provision is currently prohibited, the majority of Hub attendees engaged by the team (82%) have reported that this is equipment that they need.

The LJWG is liaising with Release and the London School of Hygiene and Tropical Medicine (LSHTM), who have developed a case for SIPP. The LJWG organised a meeting in December 2024 in conjunction with Release and Haringey Public Health, to share the need for this law change and to present data on SIPP for London commissioners and policy teams. The study, developed by Professor Magdalena Harris from LSHTM, highlights the need for change in legislation due to concerns about respiratory risks linked to homemade devices.

When community members who requested SIPP were asked what equipment they were currently using, the majority (51%) reported that they are currently using miniature spirit bottles with wire wool to smoke substances such as crack cocaine and heroin. Others use equipment such as metal stems, or plastic bottles with foil gauze. These items can have severe negative effects on the respiratory system. For a full breakdown of the safer inhalation data harvested by the Hub team, including on the drugs consumed in these homemade devices, please see Appendix D.

The LJWG and HCT support the case for the need for a 'letter of comfort' from the Metropolitan Police, allowing crack pipes and gauze to be distributed legally from harm reduction services. The Hub team continues to collect data at each contact about homemade inhalation devices, drugs inhaled, and desire for provision of safer inhalation devices.

### **Expanding harm reduction provision**

The LJWG plans to share this evaluation of the work in Hackney with other London Boroughs, to provide a blueprint for the creation and operation of harm reduction services across the capital.

## **More information and links**

*The LJWG website can be found [here](#).*

*The HCT website can be found [here](#).*

*The programme was developed following the results of the 2022 scoping project run by the LJWG in partnership with HCT, which is available [here](#).*

*The most comprehensive data set on hepatitis C in people who inject drugs in the UK is available [here](#), monitored by UKHSA.*



# Appendices

## Appendix A

### Opportunity area 2

#### Engaging people who are under-served by traditional health systems

Some disadvantaged and vulnerable groups are at risk of hepatitis C, such as people who are homeless, people who inject drugs but are not in touch with treatment services, undocumented migrants and sex workers. These groups are likely to have complex health needs and are unlikely to be diagnosed and treated in a hospital setting.

- Average life expectancy for those who are homeless is 44 years.
- The number of rough sleepers in London has more than doubled in the last 10 years.
- Only 10 local authorities in London reported there was any current collaborative work with Clinical Commissioning Groups (CCGs) to address hepatitis C in homeless populations (PHE survey 2019).

#### This workstream will:

- Work with partners, including the third sector, to explore the feasibility of introducing a health check process in homeless assessment centres / staging posts which would also conduct hepatitis C and HIV testing.
- Bring together the range of outreach and find-and-treat homeless initiatives in London to achieve better coordination and efficiencies to make sure resources are always deployed where they are most effective and needed.
- Link the work around the development of the hepatitis C pathway with the Mayor's wider Life off the Street's programme, both through his commissioned services such as NSNO, and CHAIN but also strategically through the work of the Life off the Streets taskforce.
- Consider messaging and information and support needs for vulnerable groups of people.
- Work closely with the roll out of the national NHS England and NHS Improvement-funded pharmacy testing programme across London to ensure the opportunity this presents is maximised for these groups.
- Consider further work to engage with under-served groups.

## Appendix B

# HACKNEY HARM REDUCTION HUB



A safe and welcoming space to access needle and syringe services & other harm reduction support, run by people with experience of substance use.



**The local heroin and crack supply has been found to contain Tranq (Xylazine), Fentanyl, and Nitazenes.**

These can hit harder than expected even when smoked, causing severe respiratory issues and high overdose risks.

**Pick up free drug testing kits and get a £5 voucher when you bring the results back.**

### FIND US:

**Tuesdays and Fridays, Ridley Road Market (near the toilets)**

From July 1, the Hackney Harm Reduction Hub can be found at:

**Hackney CVS  
The Adiaha Antigha Centre  
24-30 Dalston Lane  
London E8 3AZ**

**No time to stop by and need clean needle works?**

We deliver FREE needle and syringe kits and harm reduction support right to your door—no judgment, no hassle.

CALL US FOR FREE:  
**0800 061 4884**

OR VISIT:  
[exchangesupplies.org/nspdirect](http://exchangesupplies.org/nspdirect)



LONDON JOINT WORKING GROUP  
ON SUBSTANCE USE  
+ HEPATITIS C



THE HEPATITIS TRUST



Hackney Harm Reduction Hub



[reg.straub@hepctrust.org.uk](mailto:reg.straub@hepctrust.org.uk)

**Need clean works?**

We deliver FREE needle and syringe kits and harm reduction support right to your door

Call us for FREE on  
**0800 061 4884**

Tell us where you are, and we'll bring what you need.



@Hackney Harm Reduction Hub

LEAF65



## Appendix C - Insight Survey data in full, November 2024 - April 2025

Have you picked up equipment from the Hackney Harm Reduction Hub service before?		%
Yes, more than once	43	26%
Yes, once	19	12%
No	90	55%
Not sure	5	3%
Did not respond	6	4%

Are you engaged with a drug service?		%
Yes	81	50%
No	73	45%
Rather not say	9	5%

Do you get enough sterile injecting equipment to meet your needs?		%
Yes	81	49%
No	42	26%
Rather not say	40	25%

Do you ever share injecting equipment?		%
Frequently	5	3%
Occasionally	27	17%
Never	120	74%
Rather not say	11	7%

Have you shared injecting equipment in the past month?		%
Yes	9	6%
No	143	88%
Rather not say	11	6%

Do you have any physical health conditions or problems?		%
Yes	77	47%
No	75	46%
Rather not say	11	7%

Have you ever injected into the groin?		%
Frequently	12	7%
Occasionally	10	6%
Never	130	80%
Rather not say	11	7%

Have you accessed wound care services after injecting?		%
Yes	16	10%
No, but at times I have required wound care support	4	9%
No, I don't have wound care issues	114	70%
Rather not say	19	11%

Has a wound from drug use ever led you to seek medical treatment?		%
Yes - once	13	8%
Yes - twice	4	2%
Yes - more than twice	12	7%
No	122	75%
Rather not say	12	8%

Have you ever required surgery as a result of a wound from drug use?		%
Yes	19	12%
No	136	83%
Rather not say	8	5%

Do you have any mental health conditions or challenges?		%
Yes	112	69%
No	38	23%
Not sure	3	2%
Rather not say	10	6%

Do you have a secure home?		%
Yes	33	19%
No	121	74%
Not sure	3	2%
Rather not say	6	4%

Following from the above, if NO, what are your living conditions?		%
Have a home but are at risk of homelessness	1	1%
Insecure / sofa surfing	6	5%
Living in a hostel	67	55%
Living with a parent	1	1%
Rough sleeping	42	35%
Supported housing	1	1%
Rather not say	3	2%

Are you registered with a GP?		%
Yes	132	81%
No	21	13%
Not sure	3	2%
Rather not say	7	4%

## Appendix D - data collected from attendees at the Hub regarding appetite for safer inhalation pipe provision, September 2024 to March 2025

Crack pipe (safer inhalation device) desired?		%
Yes	172	88%
No	24	12%

What do you currently use as your crack pipe?		%
Miniature spirit bottle with wire wool gauze	100	51%
Metal/brass/copper stem/pipe	26	13%
Plastic bottle with foil gauze	11	6%
Car aerial	1	<1%
Glass pipe	5	3%
Perforated drinks can	1	<1%
Square pipe / square head	5	3%
Inhaler with wire gauze	1	<1%
Foil	2	1%
Anything / whatever / crack or hash pipe	17	9%
Didn't provide a response	27	14%

What do you smoke in your pipe?		%
Crack	45	22%
Heroin	5	2%
Crack + heroin	124	61%
Crystal	1	<1%
Ketamine	1	<1%
Other / didn't provide a response	26	13%