

c/o Haringey Council
48 Station Road
London N22 7TY
29 July 2026

From: [REDACTED], Co-Chairs, London
Association of Directors of Public Health (ADPH London)

To: HM Assistant Coroner Sarah Bourke, Inner North London
[REDACTED]

Re: Regulation 28 Report to Prevent Future Deaths – Eden Dante Henry [REDACTED]
[REDACTED]

Dear Assistant Coroner Bourke,

Thank you for your Report to Prevent Future Deaths (PFD) dated 6 July 2026. We were so saddened to hear of the death of Mr Henry, and our thoughts are with his family and friends. We are grateful for the careful consideration given during the inquest and for highlighting issues that may assist local systems to improve support for people at risk of substance-related harm and death. We have considered the matters of concern raised and set out our response below.

The [London Association of Directors of Public Health](#) (ADPH London) is the regional network of ADPH and a key part of the wider health and care system in London. It represents Directors of Public Health (DsPH) in London's 32 borough councils, City of London and the Greater London Authority, supporting them to improve and protect the health of their local populations. We achieve our aims through the following objectives:

- To provide DsPH and other stakeholders a dedicated forum for mutual support, information sharing and practice improvement.
- To work together to address public health issues that are best tackled on a pan-London basis, enhancing the ability of boroughs to meet their responsibilities.
- To raise the profile of public health, health inequalities and wider determinants in London, communicating through a shared voice and influencing regional policy.

ADPH London recognises the significant risks associated with methamphetamine use, particularly in the context of relapse following residential rehabilitation, and acknowledges the importance of ensuring that services are equipped to meet the needs of people affected by chemsex-related drug use.

As a network, we do not have a direct role in commissioning local services. We do however support DsPH and their commissioners through mutual support, information sharing and practice improvement activities. We propose holding a session with

members and strategic partners such as the GLA, OHID and the London Drugs Forum in the next 6 months, to take forward the actions outlined below.

MATTER OF CONCERN 1

Transitions from highly supportive residential rehabilitation settings to less supported accommodation can increase the risk of relapse.

ADPH London notes current clinical guidance - [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK](#) and [Clinical guidelines for alcohol treatment - Guidance - GOV.UK](#) - on continuity of care, discharge planning, accommodation planning, recovery support and communication between residential and community services. We recognise housing pressures across London and the importance of multidisciplinary, trauma-informed approaches.

Actions:

ADPH London will share learning from this PFD with DsPH and commissioners including:

- Promoting implementation of clinical guidance.
- Encouraging the review of transition arrangements between residential treatment, housing and community services.
- Highlighting the importance of local boroughs working with housing partners to better understand recovery-oriented housing needs.

MATTER OF CONCERN 2

The needs of people using crystal methamphetamine in chemsex contexts may not be adequately addressed through mainstream services.

ADPH London agrees that chemsex-related drug use may require tailored responses and recognises the potential impact of stigma, discrimination and inequalities experienced by LGBTQ+ communities. It also acknowledges the relevant related [Capability framework for the drug and alcohol treatment and recovery workforce](#) which was recently published to ensure that providers and commissioners are able to assess the quality of their workforce across a range of domains.

Actions:

ADPH London will facilitate a practice improvement activity relating to chemsex which includes:

- Applying the capability framework to those working on chemsex.
- Championing the work to reduce stigma and health inequalities highlighting existing campaigns / charters such as [Stigma Kills](#) and [HIV Confident](#).
- Working with existing OHID Commissioner Network and London Sexual Health Programme to promote sharing of good practice between drug and alcohol, sexual health, housing and voluntary-sector services.
- Ensuring that chemsex concerns are reflected in the drug alert system.

MATTER OF CONCERN 3

Specialist support may not always be available outside standard weekday working hours.

ADPH London recognises that commissioning arrangements vary according to local need and resources. We acknowledge the importance of considering patterns of methamphetamine use and strengthening partnership working across services.

Actions:

ADPH London will facilitate a practice improvement activity which includes:

- Encouraging local systems to consider whether service models reflect patterns of need.
- Promoting multidisciplinary information sharing and coordinated support.
- Encouraging stronger partnership working with voluntary and community sector organisations, and those promoting peer services.

Again, many thanks for raising these issues with us. We would be grateful if you could review our proposed actions and would be happy to discuss them further.

Yours sincerely,



Co-Chair, ADPH London
Director of Public Health
London Borough of Bexley

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