Department of Health & Social Care

[redacted]
*Minister of State for Social Care*

*39 Victoria Street*
*London*
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[redacted]

Sarah Bourke, HM Assistant Coroner, Inner London North

[redacted]

27 August 2026

Dear Ms. Bourke,

Thank you for the Regulation 28 report of 6th July 2026 sent to the Department of Health and Social Care about the death of Eden Henry. I am replying as the duty Minister.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Henry's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

I will address your first and third concerns together, on the transition of care between residential treatment and supported housing, and the provision of substance misuse services and hostel keywork support outside of Monday to Friday daytime working.

We know that too often people leaving residential drug and alcohol treatment have limited housing options and are placed in unsuitable housing that reduces the likelihood of sustaining the gains they have made in treatment, and we recognise the lack of suitable housing in London specifically. This can result in people being placed into supported housing with other people in active addiction, putting their recovery at risk, or as in the case of Mr Henry, into supported housing where support workers are not available 24/7. Local commissioning arrangements, and referral pathways will dictate available provision for someone leaving residential treatment.

The Department is working with stakeholders across community and residential drug and alcohol treatment and recovery systems to develop guidance for commissioning and delivery of care to people on this pathway. I will ask officials to consider how that guidance can address the concerns you raise from this case.

The Department has previously issued guidance to local authorities in the Drug misuse and dependence: UK guidelines on clinical management - GOV.UK and Clinical guidelines for alcohol treatment - Guidance - GOV.UK that includes planning for discharge from treatment settings including into supported housing, accommodation planning, recovery support and communication between residential and community services.

Officials are working with colleagues in the Ministry of Housing, Communities and Local Government (MHCLG) to produce clear guidance for local authorities completing local supported housing strategies so they plan for the housing needs of people in recovery from substance dependency; these should include people leaving residential treatment. Local supported housing strategies are a new duty enacted by the Supported Housing (Regulatory Oversight) Act 2023.

The Department also funds two programmes for people with substance dependency in partnership with MHCLG; the Rough Sleeping Drug and Alcohol Treatment programme in 91 local areas, including Camden and Haringey, and the Housing Support programme in 32 local areas (though not in Camden or Haringey). I will ask officials to consider how best practice from independent evaluations from each programme is shared across England.

You also raised concerns about the appropriate care and support to people using methamphetamine in housing and treatment services, and that gay men may experience homophobia in mainstream services. We recognise the concern that the needs of people who use crystal methamphetamine, particularly in the context of chemsex, may not always align with service models that have historically developed around the treatment of opioid and crack cocaine dependence. We also recognise concerns that some individuals, including gay, bisexual and other men who have sex with men (GBMSM), may face barriers to accessing support because of stigma, discrimination or a perception that services are not designed to meet their needs.

The Government is seeking to strengthen the evidence base in this area. At the end of last year, the Advisory Committee on the Misuse of Drugs (ACMD) conducted a call for evidence and is currently reviewing the evidence on drug use and drug-related harms among LGBT+ communities in the United Kingdom, including harms associated with chemsex. The review aims to identify measures that may help reduce drug-related harms and improve outcomes for affected communities. Further support is being provided through broader public health policy. The recently published Men's Health Strategy includes information on chemsex and its associated physical and mental health risks, helping to improve awareness and reduce stigma. Chemsex is also specifically referenced in the HIV Action Plan 2025-2030, which commits to improving joint working between locally commissioned public health services and other healthcare services to better meet the needs of people involved in chemsex.

We recognise that use of crystal methamphetamine by some gay men is not always in the context of chemsex. Drug treatment services should be able to identify and respond to the needs of people who use methamphetamine regardless of the circumstances of use. This includes ensuring that assessment, treatment planning and recovery support are responsive to the specific harms associated with methamphetamine use, while also taking account of the wider needs of LGBT+ people and ensuring services are free from stigma and discrimination.

Looking forward, DHSC is developing a new national service framework for drug and alcohol treatment services. The framework will set out expectations regarding the services and interventions that should be available across England, informed by clinical evidence and NICE guidance. It will include consideration of how services should identify and respond to the needs of people with specific vulnerabilities, protected characteristics, including LGBT+ people, and distinct patterns of substance use, including appropriate service adaptations and pathways for people involved in chemsex.

Thank you for bringing these concerns to my attention. I want to assure you my department are continuing to work on improving the quality of drug and alcohol treatment and recovery services to reduce the number of deaths caused by drugs and alcohol. I hope this response is helpful.

Yours sincerely,

**MINISTER OF STATE FOR SOCIAL CARE**