



HM Government

2017 Drug Strategy

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Foreword by the Home Secretary



The harms caused by drug misuse are far-reaching and affect our lives at every level. It includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply; and the irreparable damage and loss to the families and individuals whose lives it destroys.

In 2010, we set out a clear and balanced approach to tackle drugs. We put local communities at the heart of the public health agenda, giving local government the freedom, responsibility and funding to develop their own ways of improving public health in the local population. We also shifted our focus to recovery, recognising the wider support needed to achieve and sustain a life free from drugs and crime. But there is an urgent need to go further to address these harms and the underlying factors that can lead to drug misuse. This must be done alongside action to tackle the evolving threats from new

drugs markets and patterns of use that are ever changing and often targeted at the most vulnerable in society. We must continue to act, and we must act now to build a safer, healthier society: one that works for everyone.

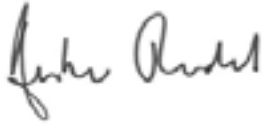
The solutions to these challenges are grounded in a smarter, more coordinated approach which complements wider cross-government action. To develop this, we have engaged extensively with key partners in the drugs field, including health and justice practitioners, commissioners, academics and service users, as well as our independent experts, the Advisory Council on the Misuse of Drugs (ACMD). I am grateful for the invaluable input received.

This Strategy sets out clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.

It also outlines the action that we will take at a national level to support local areas to ensure everyone plays their role in:

- ✓ preventing people – particularly young people – from becoming drug users in the first place;
- ✓ targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- ✓ offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- ✓ leading and driving action on a global scale.

By working together, we can achieve a society that works for everyone and in which every individual is supported to live a life free from drugs, fulfil their potential and enjoy a brighter future for themselves and their families.

A handwritten signature in black ink, appearing to read 'Amber Rudd'.

The Rt Hon Amber Rudd MP
Home Secretary

Introduction

The complexity and pervasiveness of drug misuse and the harms it causes means that no one can tackle it alone. Government at both national and local levels, international partners, the voluntary and community sector and the public all have a role to play. It is vital that we do this together using a coordinated, partnership-based approach that recognises the common goals we all share – to build a fairer and healthier society, to reduce crime, improve life chances and protect the most vulnerable.

The social and economic cost of drug supply in England and Wales is estimated to be £10.7 billion a year – just over half of which (£6 billion) is attributed to drug-related acquisitive crime (e.g. burglary, robbery, shoplifting).¹ As set out in our Modern Crime Prevention Strategy², drug-related and drug-enabled activities are key drivers of both new and traditional crime: the possession of illicit substances; the crimes committed to fund drug dependence; the production and supply of harmful substances perpetrated by serious and organised criminals alongside drug market violence associated with human trafficking and modern slavery³. Drugs can also play a part in facilitating child sexual exploitation and abuse⁴ and the illicit use of drugs in prisons is a driver of rising violence, self-harm and suicide⁵.

In 2015-16, around 2.7 million (8.4%) 16-59 year olds in England and Wales reported using a drug in the last year, a proportion which has reduced over the last decade but remained stable over the last seven years.⁶ The trend is similar for younger people, but the proportion of them taking drugs is higher – 18% of 16-24 year olds in 2015-16.

The picture for use of individual drugs is more varied. Cannabis remains the drug most likely to be used by 16-59 year olds (6.5% of this age group report having used this drug in the past year) and use of cannabis is lower than a decade ago and stable since 2009-2010. However, estimates of ecstasy use among those aged between 16-24 years have increased and in 2015-2016 they were similar to the level 10 years ago (4.5% in 2015-2016 compared with 4.3% in 2005-2006).

The Government remains vigilant of new and emerging patterns of drug use. While use of new psychoactive substances among the general population is low (0.7% of 16-59 year olds reported having used a new psychoactive substance in 2015-2016), they continue to appear rapidly on the market, and use among certain groups is problematic, particularly among the homeless population and in prisons. In addition, there is emerging use of image and performance enhancing drugs (including intravenous use); and use of multiple drugs ('poly-substance misuse') at the same time poses an evolving challenge.

In 2015-16, 203,808 people received treatment for drug misuse. Fewer drug users are coming into treatment and in particular the number of people aged under 25 entering treatment for the first time who use opiates, mainly heroin, has fallen substantially over the course of the last 10 years.

While there are more adults leaving treatment successfully now compared to 2009-10⁷, the rates of success vary by a factor of five between the best and poorest performing local authorities⁸. In recent years the national rates have also levelled off, with a decline in

the proportion of opiate users completing treatment. This decline and local variations in treatment outcomes are likely to be in part because many of those who now remain in treatment for opiate use are older, often have health and mental health problems and entrenched drug dependence. Within the context of these problems, effective partnership working between health and social care, the criminal justice system, housing and employment support is essential to deliver the Strategy's aims.

Linked to this ageing cohort, we have seen a dramatic and tragic increase in drug misuse deaths since 2012.⁹ In England and Wales, the number of deaths from drug misuse registered in 2015 increased by 10.3% to 2,479. This follows an increase of 14.9% in the previous year and 19.6% the year before that. Deaths involving heroin, which is involved in around half the deaths, more than doubled from 2012 to 2015.

Drug misuse is common among people with mental health problems: research indicates that up to 70% of people in community substance misuse treatment also experience mental illness and there is a high prevalence of drug use among those with severe and enduring conditions such as schizophrenia and personality disorders. We are clear that reducing the harms caused by drugs needs to be part of a balanced approach. This means acting at the earliest opportunity to prevent people from starting to use drugs in the first place and prevent escalation to more harmful use, as well as providing evidence-based treatment options that can be tailored to individual need, to provide people with the best chance of recovery. We know that people with co-occurring substance misuse and mental health conditions are too often unable to access the care they need. We want everyone across the country to get the help, treatment and support they need to live a drug-free life

and this Strategy sets out how we will seek to tackle this.

So there is much further to go. This Strategy sets out how we and our partners, at local, national and international levels, will take new action to respond to these challenges by:

- ✓ taking a smarter, coordinated partnership approach;
- ✓ enhancing our balanced response across the four core strands of the Strategy (reducing demand, restricting supply, building recovery and global action);
- ✓ expanding on the two overarching aims of the 2010 Strategy: to reduce illicit drug use and increase the rate of individuals recovering from their dependence by going further to measure both the frequency and type of drug used, and using recovery data to segment the treatment population, to better personalise support and recovery ambitions;
- ✓ developing a new set of measures to better capture the joint ownership required to drive action across local authorities, health, employment, housing and criminal justice partners; and
- ✓ providing stronger governance for delivering the Strategy, including a Home Secretary chaired Board and the introduction of a national Recovery Champion.

Our aims

Our ambition is for fewer people to use drugs in the first place, but for those that do - and who then experience problems - we want to help them to stop and to live a life free from dependence. Our overall aims therefore remain to reduce **all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence**. But we want to go further, and achieve our greater ambition both for progress against these aims as well as against a broader set of indicators which reflect the partnership approach that needs to be taken to tackle drug misuse and its harms.

1. Reduce illicit and other harmful drug use

- In addition to overall prevalence, we will measure frequency (e.g. monthly) and type of drug use (e.g. opiates and crack) to provide an additional perspective on some of the most problematic drug use.
- Where possible we will provide this data both at national and local levels in order to track progress and enhance local understanding and efforts to tackle drug use.

2. Increase the rates recovering from their dependence

- This is currently measured by the proportion of clients leaving treatment free from dependence and not returning for six months. We will go further and expand the measure to also capture those sustaining freedom from dependency for twelve months.
- We will segment this data to provide an enhanced picture of the treatment population and track progress for those that evidence tells us¹⁰ we can expect higher recovery rates for (e.g. newer opiate users and non-opiate users).

- We will provide a breakdown of what proportion of the most problematic drug users are accessing treatment and how long they have to wait in doing so, to ensure that we are reaching those who need support.

Drug misuse causes a wide range of social and health harms and costs. It is both a cause and consequence of wider factors including physical and mental ill-health, problems relating to employment, housing, family life and crime issues.¹¹ To reflect this we will track progress against a **broader set of new jointly owned measures**, which complement delivery of our two overarching aims. These will reflect the joint responsibilities of the range of partners needed including health, housing services, employment support providers and criminal justice partners.

Our approach

Our approach is balanced over four key themes:

■ Reducing Demand

We will take action to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on **building resilience and confidence** among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).

■ Restricting Supply

We will take a **smarter approach to restricting the supply of drugs**: adapting our approach to reflect changes in criminal activity; using innovative data and technology; taking coordinated partnership action to tackle drugs alongside other criminal activity.

■ Building Recovery

We will **raise our ambition for full recovery** by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs.

■ Global Action

We will take a **leading role in driving international action**, spearheading new initiatives e.g. on new psychoactive substances, sharing best practice and promoting an evidence-based approach to preventing drug harms.

Evidence

We are committed to grounding our approach in the latest available evidence. The Evaluation of the 2010 Drug Strategy¹² has contributed greatly to the evidence base for this Strategy and we will continue to monitor evidence from around the world to understand how we can best respond to the challenges that drugs present to the UK and our international partners. The advice of the Advisory Council on the Misuse of Drugs (ACMD) is fundamental to informing our approach and we will continue to seek their valuable input and advice.

Public Health England (PHE) also has an important role in developing and publishing the evidence base to galvanise progress on improving the public's health. It recently published an evidence review of the outcomes that can be expected of drug misuse treatment in England, which has informed the development of this strategy¹³.

Alcohol

While the focus of this Strategy is on drugs, we recognise the importance of joined-up

action on alcohol and drugs, and many areas of the Strategy apply to both, particularly our resilience-based approach to preventing misuse and facilitating recovery. Alcohol treatment services should be commissioned to meet the ambitions set out in the Building Recovery chapter that are relevant to them, and in line with the relevant NICE Alcohol Clinical Guidelines^{14,15}. Commissioning of alcohol and drug treatment services should take place in an integrated way, while ensuring an appropriate focus on alcohol or drug specific interventions, locations, referral pathways and need.

In addition, local authority public health teams should take an integrated approach to reducing a range of alcohol related harm, through a combination of universal population level interventions and interventions targeting at risk groups. The Modern Crime Prevention Strategy 2016 highlights alcohol – as with drugs – as a key driver of crime and sets out a range of actions to tackle alcohol-driven crime.

UK coverage of the Drug Strategy

The legal framework relating to the misuse of drugs, including the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016, is reserved to the UK Government. The UK devolved administrations have their own approaches to tackling drug and alcohol misuse and dependence in areas where responsibility is devolved.^{16,17,18} Some of the policy areas covered by this Strategy such as healthcare, education, housing and social care therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Scotland and Wales.

1. Reducing Demand

This Government is clear that in order to protect society and individuals from the harms of drug misuse, we must act at the earliest opportunity to prevent people starting to use drugs in the first place, and prevent escalation to more harmful use. Building on the evidence set out in the ACMD report, Prevention of drug and alcohol dependence¹⁹, we set out the action needed at national and local levels to ensure an effective universal approach to preventing drug use, combined with targeted action for those most at risk.

A universal approach across the life-course

We are committed to giving everyone the best start in life and ensuring each person can fulfil their full potential. This starts with universal action to promote health and wellbeing and to build resilience and confidence in young people, in partnership with them, which is complemented by drug and alcohol specific resources for use in universal settings.

PHE will support local areas to take action to improve health and wellbeing across the life-course, including:

- providing professional guidance for midwives, health visitors and school nurses under the Healthy Child Programme;
- providing support and guidance to local authorities, including systems to support integrated commissioning and service delivery, from conception to the age of five;
- providing support to school nurses, teachers and wider community services including youth workers to work together to promote health and wellbeing; and
- providing information and intelligence to improve decision-making, enabling high quality and cost effective services, through the National Child and Maternal Health Intelligence Network, including child health profiles.²⁰

Building confidence and resilience

Schools have a key role to play in helping children and young people to develop the confidence and resilience needed to support academic attainment, to be valued by employers, and to make a positive contribution to British society. High quality Personal, Social, Health and Economic (PSHE) education is at the heart of supporting young people to leave school prepared for life in modern Britain. This means investing in a range of evidence-based programmes, which have a positive impact on young people and adults, giving them confidence, resilience and risk management skills to resist risky behaviours and recover from set-backs. The Children and Social Work Act provides powers for the Secretary of State for Education to make PSHE, or elements therein, mandatory in all schools, subject to careful consideration. The Department for Education will engage widely on the scope and content of the subject to further support the development of knowledge for all children and young people in this area.

- We will encourage schools and teachers and school nurses to develop their practice with the support of specialist organisations and expert professionals. For example, the PSHE Association has produced a suggested programme of study as guidance for teachers, and continues to provide wider support by highlighting other sources of expertise. It also provides a quality assurance service for other providers of resources, further strengthening the confidence of teachers when selecting appropriate materials.
- expand the Alcohol and Drugs Education and Prevention Information Service (ADEPIS) to reach wider prevention partners e.g. youth offending teams;
- continue to update our New Psychoactive Substances Resource Pack for educators;
- continue to develop and promote the 'Rise Above' digital hub, that uses interactive and engaging content to delay and prevent young people from engaging in exploratory behaviours (smoking, drinking alcohol, substance misuse and risky sexual practices). By tackling multiple behaviours, it aims to build and improve the all-round resilience of young people so they are able to avoid risky behaviours;
- monitor existing programmes, both here and overseas, to share the evidence and to identify future initiatives to help prevent substance misuse and crime, for example the two year trial of the Good Behaviour Game initiative, being run by Mentor UK; and
- promote the European Drug Prevention Quality Standards²² (EDPQS) principles to help partners develop and assess the quality of drug prevention initiatives.

We will encourage the use of prevention strategies at primary and secondary school, such as the 'Get Set for the Spirit of Sport' campaign, to provide teachers with resources to encourage young people to develop a core set of values that enables them to make the right decisions in and out of sport, including avoiding substance misuse.

Dedicated drug and alcohol resources

We are clear that programmes that are least effective in preventing substance misuse are those that focus solely on scare tactics, knowledge-only approaches, mass media campaigns or the use of ex-users and the police as drug educators in schools, where their input is not part of a wider evidence based prevention programme.²¹

In line with our broad approach to prevention and resilience building, we will support commissioners, schools, educators and prevention practitioners to take an evidence-based approach to preventing substance misuse. We will:

- develop our Talk to FRANK service so that it remains a trusted and credible source of information and advice for young people and (concerned) others;

Colleges, universities and other education providers and settings also have a key role to play as they work with millions of young people and young adults at a critical transition period in their lives. Universities take their responsibilities seriously with most institutions offering support to students as part of wider health and welfare services. For example, programmes such as UK Anti-Doping's Clean Sport University Accreditation Scheme promote drug prevention by instilling a positive healthy living and drug-free culture for students, staff, and the public who utilise campus facilities. The UK National Healthy

Universities Network supports university approaches to health and wellbeing and aims to promote student wellbeing including concerning substance misuse.²³

Parents, families and friends also play an integral role in preventing substance misuse and supporting those with a dependency towards recovery. We will ensure these resources are available to all those concerned, enabling them to access the advice and support they need.

Alcohol and Drug Education and Prevention Information Service

ADEPIS is a platform for sharing evidence-based information and resources aimed at schools, practitioners working in prevention, and a growing range of other settings for reaching young people. Since its launch in 2013, ADEPIS has become acknowledged as the leading source of evidence-based information and resources for alcohol and drug education and prevention. Mentor UK was recently awarded a new three year contract to continue to develop and deliver the programme for schools and community prevention services. Since April 2015, ADEPIS also includes the **Centre for Analysis of Youth Transitions**, a repository of preventative interventions.

A targeted approach for high priority groups

In addition to universal preventative action, a more targeted approach is needed for those most at risk of misusing drugs and to tackle the threats of new types of drug misuse. We have set out below our assessment of new trends and challenges and national action. Local areas are best placed to understand their local needs and the services required. We expect local partners and agencies to identify groups at risk in their communities and take appropriate action. We will further support this through provision of local needs assessment data, tools and guidance to help better target these populations.

Vulnerable young people

We know that young people's drug misuse overlaps with a range of other vulnerabilities, which can also exacerbate their risk of abuse and exploitation. In 2015-16, 17% of the young people accessing specialist substance misuse services were not in education, training or employment and 12% were 'looked after children'²⁴. Local agencies including the police, youth offending teams, sexual health services, mental health services, looked after children teams and hospitals, should ensure that each interaction with vulnerable young people, regardless of the issue, is an opportunity for identification and interventions for substance misuse and wider problems.

Most young people who have developed substance misuse problems are not at the stage where they are dependent on drugs or alcohol and so require a different response, focused on preventing more problematic use. We also know that young people accessing specialist substance misuse services are usually experiencing other problems such as self-harm or other manifestations of poor mental health, truanting, offending and sexual exploitation which may be driving the young person's substance misuse.

It is critical therefore that specialist substance misuse services are linked with wider children's services. For example, child and adolescent mental health services have a vital role in working closely with specialist substance misuse services and, in some areas, providing specialist substance interventions, both in the community and in residential settings. Earlier this year we commissioned the Care Quality Commission to undertake a major thematic review of child and adolescent mental health services which is expected to report in March 2018. The review will make recommendations for system improvements and early findings will inform the evidence base for the Children and Young People's Green Paper to be published later this year.

Multi-agency working is crucial and should involve a range of local stakeholders including clinical commissioning groups, local safeguarding children boards and youth offending teams. We will support this at a national level through:

- support for Youth Offending Teams to work with individuals from the youth justice system with substance misuse problems and engage them in educational support, particularly those with special educational needs under the new special educational needs and disability reforms, ensuring that Education and Health Care Plans (drawn up by Local Authorities and Clinical Commissioning Groups following assessment) are made where assessed as appropriate to provide relevant and structured support and treatment interventions;
- building on the Care Leavers Strategy to ensure that vulnerable care leavers are supported to avoid a range of negative health outcomes, including substance misuse, in particular through the Children and Social Work Act 2017 which

introduced a new duty on local authorities to extend support from a Personal Adviser to all care leavers to age 25;

- working with Ofsted to ensure those working in services inspected and regulated including children's homes, independent fostering agencies and residential schools have access to up-to-date resources and take appropriate action to tackle substance misuse in the children they care for;
- PHE's review of key components of young people's specialist substance misuse services which will assist local authorities to commission effective treatment services for young people; and
- PHE publishing a report collating the evidence and research on child sexual exploitation, to support local public health teams to engage in multi-agency responses.

Those not in education, employment or training

Young people who self-declare substance misuse are over-represented in the not in education, employment or training (NEETs) group. We are committed to reducing the number of young people NEET and we will:

- continue to encourage local authorities and schools to use tools such as 'risk of NEET indicators' so they can support pupils (particularly those from vulnerable groups) to make good decisions; and
- continue to provide funding for a wide range of voluntary and community sector organisations that support children, young people and families, some of whom may be at risk of becoming NEET.

Offenders

Around 45% of acquisitive offences are committed by regular heroin/crack cocaine users.²⁵ The criminal justice system provides a prime opportunity to tackle substance misuse and ensure the individual has access to the support they need to stop. Action to tackle drug misuse alongside offending is set out in the Restricting Supply chapter.

Families

We know there are families where substance misuse is just one of a number of other complex problems. Parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents.

Supporting vulnerable families to break inter-generational pathways to dependence is a part of our approach to prevent and reduce the demand for drugs and to help build recovery. At a national level we have expanded the Troubled Families Programme which supports local areas to ensure their services take an integrated and co-ordinated whole family approach. The current programme (2015 – 2020) now specifically supports families with younger children and those with a broader range of problems, such as substance misuse, domestic abuse or mental health issues.

- PHE will also work with Family Drug and Alcohol Courts and local public health teams to help them to work together to improve outcomes for families and children.

- PHE will review the evidence and provide advice on the estimated number of children likely to be affected by the drug and/or alcohol use of their parents, and provide advice to national and local government on where action could have the greatest impact on improving children's outcomes.

Intimate partner violence and abuse

Research indicates that women with experience of extensive physical and sexual violence are more likely to have an alcohol problem or be dependent on drugs, compared to women with little experience of violence and abuse²⁶.

A number of individuals in contact with drug and alcohol treatment may be perpetrators of such abuse²⁷. Substance misuse treatment services can provide an opportunity to identify and refer victims to support and perpetrators to programmes to reduce their propensity to abuse.

- We will build on work looking at the relationship between intimate partner abuse and drug misuse to support innovative approaches to working with victims and perpetrators, and achieve sustainable reductions in repeat offending and misuse.

Sex workers

Those selling sex are at greater risk of drug misuse, which can be a way of coping with what they are having to do, or because they are being coerced (into both prostitution and drug use), or because they became involved in prostitution to fund an existing drug dependence.

As set out in the 2016 Violence Against Women and Girls Strategy²⁸, we will continue to tackle the harm and exploitation associated with prostitution, including substance misuse, while supporting those who want to leave prostitutionⁱ.

ⁱ While this action is covered by the Violence Against Women and Girls Strategy, our approach covers all victims, regardless of gender.

- We will shortly be commissioning in-depth research to develop our understanding of the nature and prevalence of prostitution and sex work in England and Wales. This research will help support future policy development and ensure that our interventions are targeted to reduce harm.

Homeless

We know homelessness can be both a cause and consequence of drug misuse and that homelessness is often compounded by substance misuse, as well as poor physical and mental health.²⁹ The most disadvantaged and vulnerable people in society, including those who are homeless, may be at greater risk from the most dangerous NPS. The longer someone experiences homelessness or rough sleeping the bigger the impact on their wellbeing, which leads to increasingly complex needs, such as substance misuse. Just over a quarter of NPS users entering treatment in 2015-16 used them alongside opiates. Half of this group reported housing problems at the point of treatment entry - twice the level reported by drug users overall.³⁰

- We have protected the homelessness prevention funding for local authorities, totalling £315m by 2019-20, and increased central investment for innovative programmes to tackle homelessness to £149m until the end of the spending review period.
- We will work with the homelessness sector to address the misuse of NPS among the homeless population, including those in hostels and supported accommodation.

- We have launched the £50 million Homelessness Prevention Programme, which will enable local areas to develop an end-to-end approach to reducing and preventing homelessness, through partnership working and a holistic approach to support all of an individual's needs. This includes:
 - ✓ £20 million for universal homelessness prevention through the Prevention Trailblazers funding;
 - ✓ £20 million for initiatives that provide targeted support for those at imminent risk of sleeping rough, or are new to the streets; and
 - ✓ £10 million of Social Impact Bond funding for rough sleepers and single homeless people with complex needs.

Veterans

As with civilian members of the community, veterans can be vulnerable to substance misuse. Veterans sometimes use alcohol and/or drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical and/or mental health reduces their ability to find and hold long term, fulfilling employment and secure accommodation. Local public health teams, with support from PHE, work to ensure that appropriate local support is available for veterans with substance misuse problems.

- NHS England, PHE, Clinical Commissioning Groups Commissioners and relevant health care providers will continue to work together with the veterans community to prevent and treat any alcohol and drug problems. They will also continue to provide tailored support to veterans in any part of the criminal justice pathway: in prisons, police custody, courts or in the community.

- The publication of the Defence People Mental Health and Wellbeing Strategy provides a focus on promoting positive mental wellbeing in all Defence People, preventing mental illness, reducing the need for medical services among Service Personnel, who are the veterans of the future. The aim is that those in need of mental healthcare receive timely, safe and effective treatment. A healthier Armed Forces will ensure a positive, long term impact on the lives of those that have served.

Older cohort

The proportion of older people reporting substance misuse issues is increasing³¹. This may be because people who started using drugs when they were younger either continue to misuse drugs and alcohol and experience more problems as they age or perhaps return to their misuse because of the challenges of ageing, including pain, loneliness, or depression. The average age of people in treatment is increasing, with increasing proportions in their 40s, 50s and 60s. They need the usual health screening and monitoring that a non-drug user might be offered appropriate to their age and general health status, but they may also have special health needs due to the complications of long-term drug (and alcohol) use and of treatment.

- The ACMD is currently looking at the evidence that exists around problems for ageing drug users (aged over 45 years). A Working Group has been established to map the numbers of older drug users in the UK and draw on UK and international evidence to establish the current and future needs of this cohort. We will give full consideration to the findings and recommendations from the ACMD once received.

A targeted approach for evolving and emerging threats

New psychoactive substances

The continued emergence of NPS (eg synthetic opioids) – the content and harms of which are not known due to their rapidly changing make up and/or novel patterns of use - has created additional dangers to some of our most vulnerable groups e.g. young people, the homeless and prisoners. We have already taken a range of action to reduce harms from the continuing evolution of these substances including implementation of the Psychoactive Substances Act 2016, development of local toolkits, a refreshed resource pack for educators, and world-leading NPS treatment guidelines.

In addition, PHE is developing a NPS intelligence system, which aims to reduce the length of time between drug-related health harms emerging and effective treatment responses to these harms. There are two key components of this work:

- piloting a new system (RIDR - Report Illicit Drug Reactions) to collect information about adverse reactions and harms caused by NPS and other drug use; and
- establishing a NPS clinical network of leading clinicians and experts to analyse the data coming from RIDR and other existing drugs intelligence systems, to identify patterns and harms, and agree appropriate clinical responses to NPS problems.

NHS England has carried out an extensive review of its specification for substance misuse treatment in prisons and consequently increased the focus of provision on NPS.

Chemsex

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). Chemsex carries serious physical and mental health risks including the spread of blood borne infections and viruses.

- PHE will support local areas to meet these needs by promoting and publishing guidance on effective practice, including targeted interventions and close collaboration between sexual health services and other relevant services including community groups.

Image and performance enhancing drugs

The use of image and performance enhancing drugs (IPEDs) continues to be of concern. Those that use these substances tend not to identify as drug users but put themselves at risk of a number of health harms including blood borne infections and significant cardiovascular problems, which are potentially life-threatening. In addition, the content of these substances is often unknown due to the increasing availability of mislabelled products that are being sold by a growing counterfeit market, leading to further health risks.³²

We are taking coordinated action working with key partners (ACMD, UK Anti-Doping, law enforcement agencies) and independent experts to better understand the IPED-using population and raise awareness of the risks of IPED use, including the spread of blood borne infections; support local areas to respond effectively; and take action as necessary to disrupt the supply of IPEDs and any associated criminality.

Misuse of and dependence on medicines

Medicines such as benzodiazepines and opioids can lead to dependence in patients if used for an extended period of time. In addition, some people misuse or become dependent on over-the-counter medicines. Access to medicines on the internet has led to increases in online purchasing, some of which is legitimate, but with some internet sites unlicensed and supplying fake or counterfeit medicines.

We are working to better understand the problems and promote good prescribing practice. To protect the public, the Medicines and Healthcare products Regulatory Agency takes enforcement action against unlicensed websites selling medicines.

- The ACMD provided advice on the diversion and illicit supply of medicines in December 2016. The Government will respond to its recommendations shortly.
- We will continue to support local authorities and clinical commissioning groups so that people dependent on medicines can access suitable treatment.

2. Restricting Supply

The international production and trade in illegal drugs is a global business controlled by organised criminals. Our *National Security Strategy and Strategic Defence and Security Review 2015*³³ describes serious and organised crime, including drug trafficking, as a significant threat to our national security.

Ninety five percent of the heroin on UK streets originates from Afghanistan. Cocaine consumed in the UK comes from Peru, Colombia and Bolivia, and is trafficked to the UK direct, or through Europe, the Caribbean and West Africa.³⁴ NPS are primarily imported from China and India. Most cannabis in the UK is also imported. However, the number of cannabis farms detected in the UK has grown in recent years and the level of amphetamine processing within the UK is increasing³⁵.

Around a third of the organised crime groups (OCGs) operating against the UK are involved in drug trafficking³⁶. A significant number of these groups are also involved in violent crime, including firearms offences and specialist money laundering. The darknet continues to evolve as a mechanism for the distribution and marketing of controlled substances. Foreign National Offenders (FNOs) continue to be engaged in serious and organised crime, including drug-related crimes³⁷. A National Crime Agency (NCA) FNO threat desk was set up in September 2015. Its key aims are to drive up the use of immigration powers to disrupt individuals and to make intelligence on serious and organised crime activity more readily available to immigration decision makers.

As described in the *Serious and Organised Crime Strategy*, our aim remains to reduce substantially the levels of serious and organised crime affecting the UK and our interests.³⁸ In line with that Strategy, we will continue to tackle the organised criminals and the enablers of criminality associated with the trafficking and distribution of drugs.

We recognise the changing behaviour of criminals and the interconnectivity between the illegal drugs trade and other crime types and our efforts to respond to the threat will continue to evolve accordingly. We will continue to support the police and NCA through the sharing of intelligence on emerging markets and changing crime types and develop innovative technologies to support enforcement activity. We will continue to build on our partnerships at all levels, including with Police and Crime Commissioners and the College of Policing. The specific actions we are taking to achieve these objectives are set out below.

The legal framework

The Misuse of Drugs Act 1971 (MDA)

continues to be the primary legislative framework for drug control in the UK. Following advice from our independent experts, the Advisory Council on the Misuse of Drugs (ACMD), the Government will continue to act swiftly to control substances under the MDA 1971 where new evidence of harms or potential harms emerges.

We have no intention of decriminalising drugs. Drugs are illegal because scientific and medical analysis has shown they are harmful to human health. Drug misuse is also associated with

much wider societal harms including family breakdown, poverty, crime and anti-social behaviour. We are aware of decriminalisation approaches being taken overseas, but it is overly simplistic to say that decriminalisation works. Historical patterns of drug use, cultural attitudes, and the policy and operational responses to drug misuse in a country will all affect levels of use and harm.

The landmark **Psychoactive Substances Act 2016**, which commenced on 26 May 2016, completes the legislative tool kit and fundamentally changes the way we tackle the supply of psychoactive substances not already covered by the MDA. It removes their availability from open sale on the UK's high streets and puts an end to the fast paced nature of the market. It also challenges the perception once and for all that so called 'legal highs' are safe. Law enforcement agencies now have a better range of powers to tackle this issue at every level in the community and are able to deal with the increased threat these substances continue to pose.

Since the Psychoactive Substances Act 2016 came into force, hundreds of retailers across the UK have either closed down or are no longer selling psychoactive substances; police have arrested suppliers; and action by the NCA has resulted in the removal of psychoactive substances being sold by UK based websites.

Section 58 of the Psychoactive Substances Act 2016 commits the Home Office to review the operation of the Act within 30 months of its implementation. The review will be based around four key themes: enforcement, sales and availability, prevalence, and health and social harms. Using, or developing, existing data sources, it will examine changes in activity before and after the implementation of the Act, and also consider unintended consequences. The review will report its findings in late 2018.

Tackling the production and distribution of drugs

Overseas transit routes

Our upstream activity to tackle overseas drug supply will disrupt the criminal networks seeking to traffic illegal drugs to the UK. Our approach is set out in the Serious and Organised Crime Strategy. We will:

- cooperate with international partners. The NCA's overseas liaison network shares intelligence and collaborates with law enforcement agencies in key countries along the main drugs routes; and
- build capacity in priority countries. We are working to strengthen responses to drug trafficking and to address the vulnerabilities that drive, enable and perpetuate it. The Conflict, Stability and Security Fund (CSSF) will be used to build capacity, particularly in Afghanistan, Pakistan, Nigeria, East Africa, the Caribbean, Peru and Colombia. Our capability building projects cover a wide range of issues related to the fight against narcotics, from anti-corruption work and improving border checks, through to enhanced investigation and prosecution practices.

Drugs at the border

The border represents a critical line of defence for identifying and disrupting illegal activity, including the importation and distribution of drugs, often with links to other serious and organised crime. The border is a complex operating environment where effective interventions rely on provision of data, intelligence sharing and ability to search people, vehicles and vessels. We will invest in detection capabilities through the use of targeting and technology. This will include:

- the Advanced Freight Targeting Capability (AFTC) to support better identification of consignments deemed to be high risk. It will integrate a number of data streams, such as from carriers, shipping companies and hauliers, more effectively to make our consignment targeting capability more effective;
 - implementing new detection technology to maximise search opportunities in the port environment;
 - continuing to support multi-agency intelligence sharing, which has generated significant operations and seizures of cocaine by Border Force's front line officers and maritime fleet; and
 - looking to maintain and build on the sharing of intelligence and operational capabilities between UK law enforcement and European partners.
- refresh the guidance for the police on tackling cannabis cultivation;
 - evaluate police training on this issue, ensuring that they safeguard those who are vulnerable and consider tackling cannabis as a tactic to target serious and organised crime; and
 - seek to ensure better information sharing between agencies, such as the police, energy companies, the fire service and landlords.

Drugs, gangs and related exploitation

'County lines' is the term used by police to refer to urban gangs supplying Class A drugs to suburban areas, rural areas, market and coastal towns using dedicated mobile phone lines ("deal lines"). Gangs typically use children and young people as runners to move drugs and money to and from the urban area and this often involves them being exploited through deception, intimidation, violence, debt bondage, grooming and/or trafficking by the gang. In addition, gangs are known to target and exploit vulnerable adults by taking over their homes to use as a local bases for drug dealing.

The latest NCA assessment of county lines, published on 17 November 2016, provides an updated intelligence picture and confirms that the risk and threat from county lines remains live and growing.⁴¹ Tackling county lines is one of six key priorities within our approach to Ending Gang Violence and Exploitation and action on this issue includes:

- ensure that there is consistency and accuracy in the recording of data by police forces in respect of cannabis cultivation so that there is a clear picture of the scale of the problem; who is involved; and how they operate;
- establishing a new Home Office-led working group to develop and deliver a coherent set of actions across the police and key sectors to tackle county lines;
- enhancing police capability to respond to this issue, including the introduction of new legislation to close down mobile phone lines being used for drug dealing;

Domestic cannabis production

Cannabis continues to be the most widely used illegal drug in the UK³⁹ and the commercial cultivation of cannabis continues to pose a significant risk. A significant number of organised crime groups in the UK are engaged in commercial cultivation, using it as a means to fund other criminal activity, including money laundering, human trafficking, modern slavery and illegal immigration.⁴⁰ Coercion and increasing levels of violence have also been attributed to cannabis cultivation. Tackling cannabis cultivation therefore presents the opportunity for law enforcement agencies to tackle these other priorities at the same time. In consultation with Government, the National Police Chiefs' Council will:

- measures to raise awareness of the county lines threat amongst frontline staff including in education, health, children's services, housing and jobcentre staff; and
- a further assessment of the threat from county lines by the NCA in 2017.

Managing information and intelligence

Role of the National Crime Agency

The NCA informs and monitors scientific research to enhance its capability to deliver innovative evidence-based disruptions to the trafficking of illegal drugs. The NCA monitors various intelligence sources and digital media in order to identify emerging drug trends and usage. Drug markets are monitored in the UK through drug price collections from a range of sources. Combined with national purity data collections on heroin and cocaine, this insight generates early warning indicators for new market trends, while providing important context for intelligence.

In addition, the pathways into the trafficking, distribution and sale of illegal substances have been examined in the NCA Pathways into Serious and Organised Crime intelligence assessment.⁴² This found that pathways into the drug trade can be varied but noted how experience of drug use provides opportunities into wider supply; the importance of familial influence; and how links to source countries or countries of trafficking importance are exploited. This research can be used to plan interventions in line with the approach in the Serious and Organised Crime Strategy.

- The NCA will report on its findings to the new Drug Strategy Board.

DrugWise undertook a street drug survey to gather information through discussions with police and frontline drug workers across the UK. This was published in February 2017. It identified emerging trends on the ground and provided valuable additional information that complements our official statistics and research⁴³.

The Forensic Early Warning System

With the introduction of the Psychoactive Substances Act 2016, we will re-energise the UK's world leading Forensic Early Warning System (FEWS) to meet new challenges and address emerging threats.

FEWS III will continue to support the initial operation of the 2016 Act, running a programme of psychoactivity testing of substances to support law enforcement activity and prosecutions.

We will also build on the success FEWS has had over the last five years by continuing to develop the UK's ability to gather information on the availability of NPS. This will include enhancing our understanding of NPS in the UK, particularly at the border, and maximising the use of our existing network of forensic providers to share intelligence and rapidly identify emerging psychoactive substances as they appear in the UK.

Enablers of criminality

The internet

Like other crime types, the internet is being used to facilitate illegal drugs supply and evade law enforcement action.⁴⁴ Distribution and marketing of controlled substances via the darknet/hidden internet continues to develop, with anonymous hosting of content, and access to this, enabled through software such as The Onion Router (TOR) browser.⁴⁵ As set out in our National Security Strategy and Strategic Defence and Security Review 2015⁴⁶, we will take forward plans for a new intelligence unit dedicated to tackling the criminal use of the darknet, making it more difficult for darknet vendors to operate from both within and outside the UK.

Tackling drugs on the darknet

One of the darknet's most renowned British vendors and his business partner were sentenced to a total of ten years on 29 February 2016 after an NCA investigation uncovered the buying and selling of a catalogue of illegal drugs, including crack cocaine and methamphetamine. The pair claimed they were running a legitimate business selling legal highs.

Their site on the darknet specialised in supplying military-grade foil packaging that claimed to hide illegal materials from detection. One of the individuals was arrested by NCA officers in an international operation targeting prominent vendors on Silk Road 2.0, following the darknet market place's takedown in late 2014.

Officers searched the individual's home and found class A and B drugs and numerous computers. They also seized thousands of Post Office receipts with customer details. Forensics analysis of the machines revealed extensive online activity, with 5,235 sales over two years. He had also been sending packages of drugs hidden on blotter paper into prisons.

Bribery and corruption

Without the use of bribery and corruption as an enabler, serious and organised crime would not be able to operate to its present extent and scale. This includes the production, trafficking and distribution of illegal drugs. For example, organised crime groups use corruption to ensure the smooth movement of drugs through ports and borders. Over recent years, the UK has taken a number of steps to deal with corruption and there are good structures and legislation in place. The Bribery Act 2010 allows the prosecution of corporations or individuals who commit bribery offences. In

2016, the UK hosted a global Anti-Corruption Summit in London, agreeing a historic package of actions to tackle corruption in all its forms. Work is underway to develop and publish a new Anti-Corruption Strategy following a UK commitment made at the summit.

Money laundering

Money laundering is a critical enabler of almost all serious and organised crime, including the drugs trade. Profit is one of the six drivers of crime in the Modern Crime Prevention Strategy and is the principal motivation for much serious and organised crime, with criminal enterprises needing money to operate. The Serious Crime Act 2015 implemented the Serious and Organised Crime Strategy commitment to make it harder for criminals to move, hide and use the proceeds of crime by strengthening the Proceeds of Crime Act. This made it easier to freeze criminal assets, to lengthen sentences for those who refuse to pay off their confiscation order and to extend the financial investigation powers used to trace the proceeds of crime.

We will radically strengthen our response to all forms of money laundering having implemented the Anti-Money Laundering and Counter-Terrorist Financing Action Plan which was published in April 2016.⁴⁷ As part of that response, we have published the Criminal Finances Bill which contains measures that will significantly enhance our ability to seize illicit funds, to require those who have unexplained wealth to explain how they obtained it and to support better information sharing within the private sector.

Firearms

Of the organised crime groups engaged in the supply of illegal drugs, a significant proportion is involved in violent crime, including the criminal use of firearms⁴⁸. Where firearms are discharged in the UK, it is usually by urban street gangs and organised crime groups enforcing their business, which is most often drugs supply. Illegal firearms are highlighted by the NCA's National Strategic Assessment as a priority threat.⁴⁹ In response, it has increased its focus on developing the intelligence picture on firearms supply and to investigating those criminals that seek to supply and/or use illegal firearms in the UK.

- We will continue our work to choke off the supply and availability of illegal firearms, including tackling the risks of diversion of firearms from the legitimate market, to prevent their use by criminal or terrorist groups in the UK. We will ensure that we have the right intelligence, detection, enforcement capabilities policies and legislation, both at the UK border and within the country.
- We will continue to work with international partners to tackle the illegal possession and trafficking of firearms, to strengthen controls for those firearms which pose the greatest threat and to encourage greater information sharing.

Tackling specific crime types

Drug driving

A new offence of driving with a specified drug in the body was introduced in March 2015 with zero tolerance limits for eight illicit drugs, as well as risk limits for nine medical drugs. The new offence is allowing police to deal with drug drivers more effectively since a positive blood test is sufficient to secure a conviction. As a result we have seen a significant increase in drug driving arrests compared to the period before the offence came in. Evidence suggests that many of those convicted of a drug driving offence have committed a number of prior offences, suggesting that drug driving enforcement may play a role in disrupting or uncovering other forms of crime. The THINK! campaign to support the new legislation is aimed at increasing the belief that drug drivers are likely to get caught and convicted and to highlight the consequences of a conviction to the main target audience of young males. This may also act as a deterrent from drug taking if the desire to drive outweighs any desire to take drugs. We will continue to work closely with the police to increase enforcement against drug-drivers.

- We will monitor the impact of the £1m of funding we have provided to police forces in England and Wales in 2015/16 to support enforcement and help them build their capability. This includes training more officers in drug recognition and impairment testing skills to enable more effective and targeted enforcement.
- We intend to explore options for further improvements to the drug driving regime in 2017/18, including considering developing remedial training for drivers who have been convicted of driving with drugs in the body and implementing a High Risk Offender scheme similar to the one for drink driving. A pilot remedial training course was launched in October 2016 and ran until the end of April 2017; this will help provide evidence for future policy developments.

Anti-social behaviour

The Anti-social Behaviour, Crime and Policing Act 2014 introduced new powers which give the police, local councils and other frontline agencies faster and more effective powers to deal with anti-social behaviour. These are being used by local areas where appropriate to support local action on tackling drug-related offending.

We will:

- work with local areas to encourage them to continue to think how best to deploy these powers to strengthen the protection to victims and communities; and
- develop and share effective practice in the use of the powers to support local action on tackling drug-related offending.

The inquiry recommended actions for local commissioners and providers, as well as other services across social care, housing and criminal justice. These actions are all aligned with our core principles:

- to enable a coordinated, whole-system approach to meet the complex needs of people who use drugs including better access to physical and mental healthcare, particularly for older users;
- to maintain the personalised and balanced approach to drug treatment and recovery support recommended by national drug strategies and clinical guidance;
- to maintain the provision of evidence-based, high-quality drug treatment and other effective interventions;
- to reach out to those not currently in the treatment system; and
- to ensure that the risk of drug-related death is properly assessed and understood, and eliminate poor practice that could increase risk.

The ACMD has also reported on reducing opioid-related deaths⁶³. We have reviewed this advice and its recommendations carefully, and will respond separately to the recommendations.

Smoking is also highly prevalent among alcohol and drug misusing populations, and is a significant contributor to illness and death. Drug treatment services should work with local stop smoking services to offer smoking cessation to all, and harm reduction for people unable or unwilling to stop smoking.

Drug misuse is common among people with mental health problems: research indicates that up to 70% of people in community substance misuse treatment also experience mental illness⁶⁴, and there is a high prevalence of drug use among those with severe and enduring conditions such as schizophrenia and personality disorders⁶⁵.

We know that people with co-occurring substance misuse and mental health conditions are too often unable to access the care they need. For example, substance misuse services may use mental health conditions as an exclusion criteria, and vice versa, and there is a lack of coordination between drugs and mental health, with services being too focused on one primary need. People with co-occurring mental health conditions are particularly at risk of dying by suicide. Between 2004 and 2014 one third (33%) of patients in mental health treatment who died by suicide had a history of drug misuse, but only 7% were in contact with drug treatment services⁶⁶. Despite this heightened risk, it is common to hear reports of people experiencing mental health crisis being turned away from services due to intoxication, without plans to engage them. We are committed to improving the co-ordination of mental health services with other local services, including police forces and drug and alcohol rehabilitation services. To tackle this we will:

- work with PHE and NHS England to publish new national guidance which supports local areas to effectively collaborate across drug, alcohol and mental health services, preventing exclusion based on presenting need, to meet obligations in the Five Year Forward View for Mental Health⁶⁷ and the Crisis Care Concordat⁶⁸;

- improve the data to enable providers and commissioners to better understand the scale of unmet need, and to monitor impact; and
- work with Health Education England and other stakeholders, in line with the Five Year Forward View for Mental Health recommendation, to support development of an appropriately trained and competent workforce to meet the needs of people with co-occurring substance misuse and mental health conditions.

Peer-led recovery support

Peer support is an essential component of effective recovery and should be easily accessible before, during and after formal structured treatment.⁶⁹ Evidence for the efficacy of mutual aid is well-documented and peer support is highly valued; both can increase and sustain the gains achieved by formal treatment, in addition to challenging stigmatising views of people who use drugs.

- PHE will continue to develop, promote and support the implementation of its Mutual Aid Toolkit.
- PHE will explore the potential of online mutual aid groups, which can be a vital support mechanism particularly for those in sparsely populated rural areas, and support their development in line with evidence.

Other visible and innovative service-user led initiatives include peer mentoring for those engaged in treatment services, training for those working with drug users and community initiatives such as recovery cafés.

- Local areas should support community-based initiatives which promote and sustain recovery, including those that meet the needs of families themselves or include them in their family member's recovery process.

Employment and meaningful activity

Access to employment and meaningful activity is a critical element of recovering from substance misuse and dependence and sustaining recovery, and recovery is a key step in supporting individuals into employment.⁷⁰ Welfare reforms since 2010, (e.g. Universal Credit and the Work Programme) have provided opportunities for local innovation, new partnerships and tailoring of services for claimants dependent on drugs, but there is much more that can and should be done. Moving forward, we want individuals to engage in a range of meaningful activities, such as volunteering, education and training, to enhance skills, gain experience and confidence, and ultimately move into employment if they are able to. Building trust is critical to identifying dependency-related needs. It is particularly important for services (e.g. treatment and public employment services) to work together and learn from good practice so that people feel confident in disclosing their drug misuse without fear of judgement or benefit sanction, and so that public employment services can better identify substance misuse and remove the need for clients to broach a difficult subject.

The Government asked Dame Carol Black to conduct an evidence-based review into the labour market challenges faced by those with drug and/or alcohol misuse issues when they seek to enter, return to and/or remain in work. Dame Carol consulted widely and her report, *“An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity”*, was published on 5 December 2016⁷¹. We have responded to some of the recommendations in *Improving Lives: Helping Workless Families*, published on 4 April 2017⁷². In addition we will:

- continue the roll out of Universal Credit, coupled with changes to the work coach role to support claimants as they progress towards work, and once they start employment;
- continue transforming the role Jobcentres play at the heart of local communities and partnerships, learning from the Universal Support approach in Universal Credit to provide effective, joined-up support that tackles multiple and complex barriers to employment, including substance misuse – a key commitment within *Improving Lives: Helping Workless Families*;
- introduce the new Work and Health Programme in 2017 which will provide intensive and tailored support to people with a disability and the long term unemployed and will include early access for priority groups such as people with a drug dependency so they can get additional support at any point in their claim; and
- continue the ‘*See Potential*’ campaign launched in 2015 to encourage employers to recruit more people from disadvantaged groups, including those recovering from drug and alcohol dependence, by highlighting the business benefits.

Housing and homelessness

Stable and appropriate housing is crucial to enabling sustained recovery from drug misuse; and sustained recovery is essential to an individual’s ability to maintain stable accommodation.⁷³

Lankelly Chase research into severe and multiple disadvantage estimated that at least 58,000 people a year have contact with homelessness services, substance misuse services and the criminal justice system, at an

approximate cost of £21,180 per person per annum.⁷⁴ We are helping local councils and developers work with local communities to plan and build better places to live for everyone. This includes building affordable housing, improving the quality of rented housing, and helping people to buy a home. Our affordable homes programme also makes funding available for supported housing for vulnerable people, for example those with substance misuse problems. To address this we:

- have increased central investment for innovative programmes to tackle homelessness to £149m until the end of the spending review period.
- will explore how we can secure better outcomes for those with complex needs (such as substance misuse, mental health and homelessness), including consideration of innovative approaches such as the Housing First model, building on the existing projects⁷⁵ in a number of areas across the country and supporting new manifesto commitments to pilot a Housing First approach to tackle rough sleeping;
- will improve our national and local data on homelessness and rough sleeping, to help us better understand the current level of need, and evaluate what works in achieving positive outcomes for this group;
- will learn from the £50m homelessness prevention programme in which 84 projects will focus on new initiatives to prevent homelessness, act quickly to support people who are at risk of or new to rough sleeping, and help long-term rough sleepers with the most complex needs;

- will work with treatment providers, the homelessness sector and housing support services to identify and share best practice to support local authorities in identifying routes into appropriate accommodation for those recovering from a drug dependency; and
- will work across the whole supported housing sector, including drug and alcohol services, to develop the detail that underpins the new funding model for housing costs for supported housing. We announced a new funding model on 15 September 2016⁷⁶ and a formal consultation ran for 12 weeks, closing on 13 February 2017. We are taking stock of the responses to the consultation and the joint DCLG/DWP Select Committee report which was published over the election period and will set out further details on next steps shortly.⁷⁷

Families

Parental drug misuse can have a significant impact on children's outcomes. Families and carers can also play a key role in supporting recovery, which is often unrecognised, and can enhance outcomes. Family members and carers also have their own support needs.

- PHE will develop a toolkit for local authorities to support local responses to parental substance misuse, which will include local prevalence data on parental/carer use, the associated harms and likely costs, guidance and information on effective interventions.
- Evidence-based psychological interventions which involve family members should be available locally and local areas should ensure that the support needs of families and carers affected by drug misuse are appropriately met.

Measuring outcomes

Measuring recovery is complex. The 2010 Strategy put recovery at its heart and measured success based on the numbers coming out of treatment and being free from dependence for six months. While this sent an important message to the sector, and more adults are leaving treatment successfully compared to 2009-10⁷⁸, there is further to go. The following measures clearly set out our expectations for local commissioners and delivery partners, and progress across all domains will be considered as part of the Home Secretary chaired Board. The Board will consider how to support commissioners and delivery services to integrate these measures.

To support our overall ambition to increase rates of recovery from dependence we will:

- expand the measure to capture those sustaining freedom from all dependency for twelve months (not just six);
- segment this data to provide a better picture of the treatment population and track progress for those for whom evidence tells us we can expect even higher recovery rates⁷⁹ (e.g. newer opiate users and non-opiate users); and
- provide a breakdown of local and national treatment penetration rates and time taken to access treatment to ensure that we are reaching those who need support.

Given the cross-cutting nature of recovery, we will develop a framework of joint measures, improving outcomes across key domains that are integral to achieving and sustaining recovery and promoting the integrated systems required to achieve this locally:

- **homelessness and housing** – a joint outcome measure between homelessness/housing support services

and drug and alcohol treatment providers to ensure that appropriate housing and housing-related support is given to those who need it;

- **crime and offending** – a joint outcome measure with relevant criminal justice partners to understand the support provided to drug-misusing offenders and its impact on reoffending;
- **mental health** – a joint outcome measure for individuals who have co-occurring mental health conditions; and
- **employment** – a joint outcome measure between public employment services and drug and alcohol treatment providers, and other associated measures which give more consideration to distance travelled towards the labour market e.g. volunteering, training and meaningful activity.

We will capture the impact of wider health and social care costs and harms associated with drug misuse, including:

- hospital admissions related to drug misuse;
- rates of blood borne viruses; and
- numbers of drug-related deaths, including on release from prison.

We will support local partners to measure outcomes from key processes which promote recovery, including:

- the proportion of clients facilitated to access mutual aid or peer support;
- other recovery support interventions, such as housing, employment or parenting support as defined in the National Drug Treatment Monitoring System, provided before, during and after treatment; and

- the rate of individuals either discharged successfully from treatment following release from prison or picked up in the community within three weeks of release.

Stronger governance and accountability

To oversee delivery of the entire Drug Strategy, drive action across Government and our partners and hold different elements of the system to account, we will establish a new Drug Strategy Board, chaired by the Home Secretary. This will include representation from all the key Government departments and wider partners, e.g. Public Health England and the National Policing Lead on Drugs.

The Board will use greater transparency and data on performance to support action by local services to deliver the best possible outcomes and monitor progress. PHE will also support local areas to implement evidence-based interventions and target its efforts toward those areas whose performance is furthest from what may be expected.

We will also appoint a national Recovery Champion. This individual will sit on the Board and report back on their role to:

- provide a national leadership role around key aspects of the recovery agenda that support sustained recovery, in partnership with PHE;
- support collaboration between local authorities, public employment services and the Health and Work Programme, housing, criminal justice agencies, and other partners;
- seek to address the stigma faced by people with drug or alcohol dependency issues; and
- act as a ministerial envoy visiting different communities, providers and local recovery champions.

To support our ambition for enhanced governance and accountability, the Care Quality Commission will play a vital role in assuring the quality of regulated services, supplementing local quality governance mechanisms. It continues to enhance its capacity in relation to substance misuse services: developing its expertise; providing more training and support to its inspectors; and improving intelligence on services. This includes greater engagement with, and access to data from, PHE to enable the development of indicators to inform the Care Quality Commission's monitoring and inspection of substance misuse services.

4. Global Action

The United Kingdom is a global leader in tackling drug harms. It is in the United Kingdom's interest to promote a balanced approach internationally; reducing the global supply and demand for drugs helps us to minimise drug harms at home.

We will strengthen international cooperation, and work with partners to deliver a balanced, evidence-based response. Alongside the upstream supply reduction work detailed in chapter two we will shape the international debate on drugs, respond to new threats and use our global networks to share the latest evidence.

While the United Kingdom is a member of the European Union we will remain fully engaged with European partners, including the European Monitoring Centre for Drugs and Drug Addiction. We will continue to work closely with European and other international partners once the United Kingdom leaves the European Union.

Shaping international policy and practice

United Nations General Assembly Special Session on Drugs

The United Kingdom used the United Nations General Assembly Special Session on Drugs in April 2016 to enhance cooperation and to share best practice on delivering an effective approach with the United Nations drug conventions. We will work with international partners to implement the commitments made in the 'Outcome Document' which was agreed by United Nations Member States at the Special Session. Our priorities in this area will be to:

- enhance international action on new psychoactive substances;
- champion a proportionate criminal justice response that includes smart targeted action at each stage of the criminal justice process;
- promote the integration of efforts to tackle drug harms with the Global Goals; and
- strengthen cooperation between United Nations agencies and international organisations while maintaining the central leadership, coordination and facilitation roles of the United Nations Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime.

Global leadership on new psychoactive substances

The United Kingdom is leading the global response to NPS. Steering international action, such as law enforcement cooperation against the supply of these substances, helps us to reduce their harms at home. We are implementing a long-term plan to meet the challenges these substances present, including securing the first ever control of a NPS, mephedrone, under the United Nations drug conventions. Significant progress has been made in recent years, but there is more to be done.

We will strengthen the international response to NPS through:

- Data collection: we will collect and share information from the UK Focal Point early warning system network with international partners to enrich our understanding of

NPS. This includes sharing data on the emergence, use and harms of these substances, and sharing analytical data to support forensic identification.

- **International control:** we will work with the World Health Organisation, the United Nations Office on Drugs and Crime and others to ensure international controls on the most harmful substances.
- **Law enforcement cooperation:** we will strengthen cross-border law enforcement action on the supply of NPS, including by stepping up engagement with the source countries of these substances.
- **Policy exchange:** we will use our international networks to share best practice from the United Kingdom. This will include our experience of tailored prevention and treatment responses, such as Project NEPTUNE⁸⁰.

A global research and analysis network

We will use our global networks to share the latest evidence with international partners. This will include:

- working with international organisations to tackle emerging issues, such as novel synthetic opioids, and evolving markets for NPS;
- promoting the work of the ACMD in international fora;
- supporting transnational research. For example, we are a partner in the European Research Area Network on Illicit Drugs (ERANID), funding the UK arm of three major transnational research projects; and
- monitoring the impact of policy developments overseas.

Wider cross-government objectives

We will also support a range of international cross-government objectives that overlap with this Strategy. Our priorities are to reduce the transmission of HIV/AIDS, increase access to controlled medicines, and promote human rights.

Reducing the transmission of HIV/AIDS

Significant progress has been made in the global response to HIV, but we cannot afford to be complacent. We are deeply concerned that HIV transmission among people who inject drugs in low and middle income countries remains alarmingly high. Between 2011 and 2015 new HIV infections among people who inject drugs increased by a third, accounting for more than 40% of new infections in some countries⁸¹.

To address HIV infections in people who inject drugs in low and middle income countries, we will:

- advocate a public health approach that respects human rights and addresses stigma and discrimination;
- support the comprehensive package outlined in the World Health Organisation's 2014 Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations.⁸² This includes needle and syringe programmes, opioid substitution therapy and access to anti-retroviral treatment for people who inject drugs. We will continue to urge all countries facing significant HIV infections amongst people who use drugs to adopt this package; and
- follow and support the clear guiding principles towards ending AIDS by 2030 as set out in the UNAIDS 2016-2021 strategy⁸³.

We are proud to be the second largest international funder of HIV prevention, care and treatment. We will continue to be a voice for this as the international community moves toward the implementation of the Global Goals.

Increasing access to controlled medicines

The United Nations drug conventions are founded on the dual goals of reducing the illicit use of dangerous substances and ensuring access to controlled substances for medical purposes. Despite this, up to 5.5 billion people live in countries with low or non-existent access to controlled medicines.⁸⁴ As a result, too many people live and die in avoidable pain. We will improve the access of the world's poorest to essential medicines by:

- working with the World Bank, the World Health Organisation, the Gates Foundation and the New Partnership for Africa's Development to strengthen health systems in the poorest countries;
- promoting a stronger, evidence-based approach to the prescribing and dispensing of medicines; and
- funding the Medicines Transparency Alliance, which promotes greater transparency of pharmaceutical systems in developing countries.

Supporting countries to strengthen their health systems will remain a top priority for the Department for International Development's health work.

Promoting human rights

The United Kingdom has a proud history of delivering our human rights obligations, including guaranteed access to treatment, measures to reduce the harms of drug use and proportionate criminal justice responses. We also have a strong record of championing human rights internationally, and will continue to use our networks to advocate for drug policies across the world to place human rights at their core. This will include:

- lobbying international partners to widen access to treatment and implement proportionate criminal justice responses;
- opposing the use of the death penalty in all circumstances as a matter of principle. We will urge all governments who use the death penalty for drug offences to abolish this unacceptable practice; and
- holding the international agencies we fund to account for compliance with their human rights obligations.

Conclusion and next steps

We will continue to take a balanced approach to tackling drug misuse to ensure that fewer people use drugs in the first place and to support those who do to stop and live a life free from drugs and dependence. This cross-cutting and ambitious Strategy sets out our expectations for action at all levels through a collaborative and partnership-based approach, which is essential to tackling the problem in all its dimensions.

We recognise the challenges ahead in relation to an ageing and harder to help cohort of heroin users, in addition to changes in the way funding and services will be provided. However this also represents new opportunities for local areas to embrace a coordinated response to drug misuse which will reduce crime, improve life chances, promote better health and protect the most vulnerable in our communities.

We will continue to consider the evidence and monitor emerging threats and patterns of use to ensure we are able to take an agile and evidence-based response to the problem.

We will undertake a series of events to promote the Strategy and our ambitions, engaging with the wide range of partners needed to deliver this cross-cutting approach. By working together, we can achieve a safer, healthier society, one that works for everyone and in which every individual is supported to live a life free from drugs and enjoy a brighter future for themselves and their families.

Endnotes

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