

September 2017



Briefing on the 2017 Drugs Strategy

A briefing for Clinks members

Introduction

The Government's Drug Strategy¹ was published in July 2017. The strategy builds on the core principles of the drugs strategy 2010 and positively, highlights that "the solutions to these challenges are grounded in a smarter, more coordinated approach which compliments wider cross-department action." Although the strategy focuses on drug use, it recognises the importance of joined-up responses to alcohol and drug use and highlights the need for the commissioning of drug and alcohol treatment services to take place in an integrated way.

Alongside the strategy, the Government has also published:

- A letter to the Advisory Council on the Misuse of Drugs (ACMD)²
- An evaluation of the government's drug strategy 2010³
- And the Psychoactive Substances Act review framework⁴

The strategy is UK-wide, but recognises that devolved administrations have their own approaches to tackling drug and alcohol misuse and dependence in areas where responsibility is devolved.

Aims of the strategy

The Government's ambition is for fewer people to use drugs but to also ensure that those who are using drugs, including those who are experiencing additional challenges, receive the appropriate support to be able to live free of their dependence. The overall aims of the strategy remain consistent with those expressed in the drugs strategy 2010 and are to "reduce all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence."⁵ The strategy sets out the Government's approach to achieving its aims.

The Strategy is arranged into four main chapters: reducing demand, restricting supply, building recovery, and global action. This Clinks briefing focuses on the first three of these, as they are most relevant to our members working in England and Wales.

Overview

Clinks welcomes the Drugs Strategy and is supportive of its overall aims which focus on both reducing drug use and supporting people in their recovery. There is also crucial recognition of the importance of a multi-agency approach and partnership working to meet the often complex needs of people with substance misuse problems.

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Although the Government recognises that fully funded services are essential for ensuring the aims of the strategy are realised, it is unfortunate that the strategy does not recognise or seek to address the challenging funding environment drug and alcohol misuse services are operating within. Indeed, the budget for adult drug misuse treatment services in England fell from £550 million in 2015/16 to £408m in 2016/17.⁶ Planned local authority spending for prevention and treatment services will fall in 2017/18 compared to 2016/17.⁷ It is also important to note that this is taking place at a time when drug-related deaths are the highest on record.

Reducing demand

This section of the strategy focuses on prevention of the onset of drug use, and its escalation at all stages. The strategy highlights that this will take place through universal action (focused on building confidence and resilience of young people and developing dedicated resources to support evidence-based drug and alcohol prevention) combined with more targeted action for high priority groups (including those who are in contact with the criminal justice system, people who are homeless and people experiencing intimate partner violence or abuse). Due to the work of Clinks members, the following focuses on the targeted approach the government will be taking for specific groups.

Clinks welcomes the Government's recognition that local areas are best placed to understand their local needs and the services that are required. To support local areas to identify at risk groups and take appropriate action, the government will continue to provide local needs assessment data, tools and guidance to help better target these individuals. It is also important however that people with lived experience of drug challenges are also able to inform this work.

Young people

The strategy highlights that young people's drug misuse overlaps with a range of other vulnerabilities, which can also exacerbate their risk of abuse and exploitation. As such, the strategy says that, "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."

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. The Government will support this at a national level through:

- Supporting Youth Offending Teams to work with young people with substance misuse problems and engage them in educational support, particularly those with special educational needs
- Building on the Government's cross-departmental care leavers strategy to ensure that vulnerable care leavers are supported⁸
- Working with Ofsted to ensure those working in services inspected and regulated have access to up-to-date resources and take appropriate action to tackle substance misuse in the children they care for
- Public Health England (PHE) review of key components of young people's specialist substance misuse services, which will assist local authorities to commission effective treatment services for this group.⁹

To further support local public health teams to engage in multi-agency responses, PHE will also publish a report collating the evidence and research on child sexual exploitation.

Families

The strategy recognises that for some families, substance misuse is just one of a number of other complex problems they are experiencing. To support families where a parent or parents have drug or alcohol dependence, the Government 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.¹⁰

PHE will 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.¹¹

Intimate partner violence and abuse

Women with experience of extensive physical and sexual violence are more likely to have drug and alcohol misuse problems. If they are engaged in drug and alcohol services this can be an opportunity to provide women with the support that they need. Further to this, the strategy also recognises that perpetrators of this abuse may also have drug and alcohol misuse needs, again meaning that if they are engaged in services there is an opportunity to divert them into relevant programmes.

The Government will build on work looking at the relationship between intimate partner abuse and drug misuse in order to: support innovative approaches to working with victims and perpetrators; and achieve sustainable reductions in repeat offending and misuse.

People who are sex workers

Building on the Ending Violence Against Women and Girls Strategy, the drug strategy also recognises that people involved in sex work are at greater risk of drug misuse.¹² The government are due to commission in-depth research to develop their “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 interventions are targeted to reduce harm.

People who are homeless

As highlighted in the strategy, homelessness can be both a cause and consequence of drug misuse. To respond to this, the Government:

- Has 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
- Has 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.

Clinks is pleased to see that the Government commit to working with the homelessness sector to address the misuse of New Psychoactive Substances (NPS) among the homeless population, including those in hostels and supported accommodation. Indeed the Government’s letter setting the workplan for the Advisory Council on the Misuse of Drugs asks them to explore this issue.



Older people

The strategy highlights that deaths from drug misuse have risen since 2014 to the highest levels ever recorded. To understand why this has taken place and to determine how future premature deaths can be prevented PHE has developed a programme of work and analysis. PHE and the Local Government Association have also convened an independent inquiry into the causes of these increases and their prevention. The findings show that there were multiple causes but the two primary causes were a rise in the availability of heroin after the shortage of late 2010-early 2011 and a cohort of heroin users getting older, more ill and who are more susceptible to overdose death.

The proportion of older people reporting substance misuse issues is also increasing with the average age of people in treatment increasing. The strategy recognises that as well as requiring the same health screening and monitoring that a non-drug user might be offered appropriate to their age and general health status, they are also likely to have specific health needs due to the complications of long-term drug (and alcohol) use and of treatment.

The Association Council on the Misuse of Drugs (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. The Government will give full consideration to the findings and recommendations from the ACMD when they receive them.

Restricting supply

The Government aims to restrict the supply of drugs through adapting its approach to reflect changes in crime, using innovative data and technology, and through taking coordinated partnership action.

The strategy highlights the links between illegal drug use and acquisitive crime in particular. It recognises that supporting people with drug misuse problems is important for helping them on their journey to desistance from crime. It therefore recommends that alongside punitive sanctions, the criminal justice system should consider the use of health-based, rehabilitative interventions to address the drivers behind crime and help prevent further substance misuse and offending.

Early intervention

Liaison and diversion services enable people in contact with the criminal justice system with mental health, substance misuse and other complex needs to be directed towards appropriate health interventions from police stations or courts. The Government's ambition is to build on and expand the existing service to ensure fuller integration with community mental health and substance misuse provision to provide interventions for those who are subject to a criminal justice sanction, particularly for out of court disposals, community orders and suspended sentences.

The Government is also working with local commissioners to develop community-based health treatment pathways which will mean that people can access appropriate treatment at any point of their journey in the criminal justice system.

The strategy also highlights that the Government will continue to encourage wider use of drug testing on arrest to provide an early opportunity to refer people into



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treatment and push for drug testing to be more consistently available in the community so that it can be readily used as part of a community or suspended sentence.

Drug rehabilitation requirement

The Drug Rehabilitation Requirement (alongside the Alcohol Treatment Requirement and Mental Health Treatment Requirement) is available for use by courts when imposing a community order or suspended sentence order. The strategy highlights that this should be applied, where appropriate, and reinforced by frequent testing to ensure compliance. The Government is developing a protocol for drug rehabilitation and other treatment requirements which will: standardise and improve access to health services when treatment is called upon by the courts; and include new maximum waiting times from the date of sentence.

Prison

The Ministry of Justice plans for prison governors to work in partnership with health commissioners to co-commission health services, including drug treatment programmes.¹³ The government also expects prison governors to involve local health commissioners and clinical experts at each stage of the commissioning process. Prison governors will be supported to develop the capability they need to understand the commissioning decisions they make and ensure they receive the best outcomes. Please see page seven for more detail about outcome measurement.

The strategy details the measures that are currently in place to address the challenges of drugs in prison. These include:

- Training over 300 drug detection dogs to identify new psychoactive substances concealed in parcels and on people, and introduced nationwide mandatory testing for specified NPS in prisons.
- Making the possession of any psychoactive substances in any custodial institution a criminal offence under the Psychoactive Substances Act 2016.
- Publishing the NPS in prisons toolkit to support prison based staff in responding effectively to the increasing challenge presented by psychoactive substances. This was followed up with a national training programme consisting of 32 sessions attended by over 650 custodial and healthcare staff.

The strategy also says that the Government needs to “think again about how we alter the behaviours and choices of those involved in the use or trade of illegal drugs in prisons to tackle current and emerging challenges.” To improve its response in the short term it will strengthen key existing measures to:

- Support governors to enable a more extensive drug testing programme, increasing the frequency and range of drugs tested for
- Add psychoactive substances to the list of items that are a criminal offence to smuggle into prison, which could mean a prison sentence of up to 10 years for those found guilty
- Ensure that the perimeters of prisons are secure and maintained in a state that can help deter items from being thrown into the prison
- Deploy dedicated search teams to target specific problem areas, including staff searching at unpredictable times

- Pursue and evaluate technology that can detect drugs, including body scanners and drug trace detectors.

Existing measures that the Government will reassess include:

- The substance misuse treatment pathway for prisoners; and how services, including peer support, meet the treatment and recovery needs of offenders
- The relationship between substance misuse (including alcohol) and other issues, such as mental health
- The role of prison officers to play a bigger role in the provision of services
- Connections with drug treatment services to and from the community
- Options to address the misuse of prescribed medicines more effectively
- Research to assess the relative effectiveness of current methods to tackle the supply of drugs
- Implementation of the commitment to move to a smoke free environment across the whole prison estate in England and Wales.

The Government will use PHE's annual report on individuals receiving specialist interventions for drugs and alcohol misuse in secure settings in England to understand how well treatment is working and to provide a statistical baseline for future comparisons.¹⁴

Building recovery

This section of the strategy focuses on the Government's ambition for "full recovery" of people experiencing drug misuse problems, which it will achieve through "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."

Commissioning

The strategy recognises that fully funded services are crucial for providing support to people who are experiencing a drug misuse problem. However, resources for drug misuse services are reducing with planned local authority spending for both treatment and prevention services declining for the financial year 2017/18 compared to 2016/17. Unfortunately this is not recognised by within the strategy but it does highlight that the Government will take into account advice the Advisory Council on the Misuse of Drugs (ACMD) are due to provide it about the funding of services. The Government have currently committed to:

- Continue to fund the ring-fenced public health grant to local authorities until April 2019.
- Through the Life Chances Fund up to £30m has been committed to support solutions to drug and alcohol misuse. It will pay for outcomes delivered through social impact bonds.
- As part of the Homelessness Prevention Programme, £10m has been announced for outcome payments, including those relating to substance misuse, for long-term rough sleepers.

It is really positive to see the strategy highlight that "commissioning and contracting should be informed by robust service user involvement and local clinical expertise." To support this the government will:



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- Encourage more effective, joined up commissioning and setting out joint responsibility for outcomes where appropriate
- Bring PHE support to local areas to ensure delivery is joined up, access to wider services is available, and the best possible outcomes are being achieved
- Share guidance and best practice of effective commissioning across multiple agencies
- Make data on outcomes against the new, broader set of indicators publicly available and easily accessible.

The strategy identifies the importance of local regulation, and highlights that “local drug (and alcohol) treatment commissioners should assure themselves that the services they commission are safe and effective at improving people’s health and helping people recover from drug dependency.” To do this, the Government says that commissioners should support and develop quality governance structures for drug treatment, which must be clearly linked to local safeguarding procedures for children and vulnerable adults. They should also assure themselves that all substance misuse services are appropriately registered with the Care Quality Commission, if they provide a regulated activity.

Positively, the strategy also highlights that commissioners should refer to “service user and local provider/clinician feedback, in addition to the Care Quality Commission’s reports, to identify and address any concerns about service quality.” The strategy goes on to say that engaging service users in the design and delivery of services is essential, and it is important that they have a “full stake in the decision-making process about how their needs are met.” Service users need to be engaged in the implementation of the strategy, which local areas (with support from PHE where needed) should facilitate.

Many voluntary organisations have pioneered and implemented successful service user involvement with people with experience of drug or alcohol treatment. It is important that the Government engages with organisations at both a strategic and delivery level to ensure this ambition of the drug strategy is realised.

Measuring outcomes

To track progress, the Government is implementing a new approach to measuring drug use and recovery rates. These are:

- Reducing illicit and other harmful drug use: in addition to measuring overall prevalence, frequency and type of drug use will also be measured. Where possible, the data will be provided at both a national and local level.
- Increase rates of recovery from dependence: the number of people leaving treatment free from dependence and not returning for twelve months will be measured (currently 6 months is measured) and segmented to give a more detailed picture of the outcomes for those in treatment. A detailed breakdown of the proportion of the “most problematic” people using drugs will also be published, which will show how many are accessing treatment and how long they have had to wait in doing so.

The Government has also introduced a “broader set of new jointly owned measures” which will reflect the joint responsibility of a range of partners, including health, housing, employment support providers and criminal justice partners, to meet the overall aims of the strategy.

It will also measure the wider health and social care costs associated with drug misuse, including the number of drug related deaths in, and on release from, prison. It will support local partners to measure outcomes including the rate individuals are either discharged successfully from treatment following release from prison, or picked up in the community within three weeks of being released.

Ensuring through the gate provision

We are pleased to see that the Government recognises the importance of consistent support and treatment for people in contact with the criminal justice system, especially at key transition points such as from prison into the community and vice versa. As outlined on page four prison governors will be required to work in partnership with health commissioners to co-commission health services. To support commissioners' and governors' decisions about effective services, NHS England is introducing the Health and Justice Information System. This will provide measures against which to evaluate the effectiveness of drug treatment systems in custodial settings. As this work moves forward it is important that NHS England work to develop a strategy to support the implementation of the new information system, which Clinks would be happy to support through our work as part of the VCSE Health and Wellbeing Alliance.

The *integrated drug treatment system in prisons evaluation* demonstrates the impact of opioid substitution therapy in preventing drug related deaths post release.¹⁵ The Government will use the learning from the evaluation to identify and disseminate good practice to contribute to improved outcomes in relation to prison-based drug treatment and the prevention of drug related deaths.

Providing services for people with complex needs

It is welcome that the strategy recognises that people with drug misuse problems often experience other challenges with their physical and mental health and that people with co-occurring substance misuse and mental health problems are often unable to access the care and support they need. Clinks would like to have seen the strategy go further and explicitly highlight the other co-occurring challenges people with drug misuse problems routinely experience including contact with the criminal justice system, debt, relationship breakdown and homelessness and how the government will ensure these are addressed.

To meet the needs of people with co-occurring substance misuse and mental health problems the strategy highlights that the Government will:

- Improve the data available to enable providers and commissioners to understand the scale of unmet need
- Work with Health Education England to support the development of an appropriately trained workforce.

Public Health England has also published national guidance to support local areas to effectively collaborate across drug, alcohol and mental health services.¹⁶ It is important that this guidance builds on the learning from local areas experience and approach to working collaboratively to address these challenges. To address the complex and co-occurring challenges people with drug misuse problems often experience it is essential that other services, including those in the criminal justice system and in the housing sector are supported to work collaboratively together.

Accessing stable and appropriate housing is also highlighted in the strategy as crucial to enabling sustained recovery from drug misuse. As well as working to improve local and national data on homelessness and rough sleeping, Clinks is pleased to see the

Government will also work with treatment providers and organisations in the homelessness sector to identify and share best practice to support local authorities to identify routes into appropriate accommodation for those recovering from drug dependency.

Peer-led recovery and support

Clinks is pleased to see the strategy recognise the importance of peer support as being essential for many people on their recovery journey, and that it should be easily accessible before, during and after formal structured treatment. To support this:

- 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.

The strategy also highlights that 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.

Accountability and governance

To oversee the delivery of the drug strategy the Government will establish a new Drug Strategy Board chaired by the Home Secretary. It will have representation from all the key government departments as well as wider partners, including PHE, and the National Policing Lead on Drugs. It is not clear if the voluntary sector will also be represented on the board.

The Government will also appoint a Recovery Champion who will sit on the board. Their role will be to:

- Provide a national leadership role around key aspects of the recovery agenda that support sustained recovery
- Support collaboration between: local authorities; public employment services; the health and work programme; housing agencies; criminal justice agencies; and other partners
- Seek to address the stigma faced by people with drug or alcohol dependency issues
- Act as a ministerial envoy visiting different communities.

The organisations working to support people with drug and alcohol misuse problems are diverse, as are their service users. It is important that the Recovery Champion is able to represent the diversity of these stakeholders appropriately.

The strategy highlights that the Care Quality Commission will continue to play a vital role in ensuring the quality of regulated services.

Conclusion

Clinks welcomes the Government's drug strategy and its recognition that to address the often complex needs people with drug use problems are experiencing, a joined up collaborative approach is needed. It is important that this extends to other services not explicitly highlighted in the strategy including those working in criminal justice and housing. We also welcome seeing the Government advocate for and commit to support the development and availability of peer-led recovery and support.



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The work of the Drug Strategy Board will be essential to ensuring the Government achieves buy-in from key stakeholders, and is able to take a cross-departmental approach to enable the ambitions in the strategy to be realised. It is disappointing that the strategy does not explicitly highlight whether voluntary organisations are able to be a member of the Drug Strategy Board and we hope that the Government continue to engage with and utilise the expertise of voluntary organisations.

It is a challenging time for drug and alcohol treatment services due to a lack of sustainable funding and an increase in many of their client's needs, highlighted in part by the fact that we are seeing the highest drug related deaths on record. There is a very real risk that the Government is unable to achieve the aims highlighted in the strategy if strategic and long terms solutions are not quickly implemented to address these challenges.

Clinks will continue to inform our members about any developments in relation to the strategy both independently and through our work as a member of the Making Every Adult Matter Coalition.

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End notes

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