HM Government

DRUG STRATEGY 2010
REDUCING DEMAND, RESTRICTING SUPPLY, BUILDING RECOVERY:

SUPPORTING PEOPLE TO LIVE A DRUG FREE LIFE

FOREWORD FROM THE HOME SECRETARY

This strategy sets out the Government's approach to tackling drugs and addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown and poverty. Together, they cause misery and pain to individuals, destroy families and undermine communities. Such suffering cannot be allowed to go unchecked.

Our level of ambition is high, and includes stopping people taking drugs in the first place and bearing down relentlessly on those involved in the drugs trade. The introduction of Police and Crime Commissioners, in May 2012, will re-establish the link between the police and the communities they serve. They will be directly accountable to the public for reducing drug-related crime within their force area. The new National Crime Agency will lead the fight against organised crime and enhance the security of our borders. The patterns of drug use are also changing, particularly with the emergence of so called 'legal highs'. We will respond more quickly and flexibly to any new and emerging threats and harms and ensure that criminals manufacturing and trading in drugs feel the full force of the law.

A fundamental difference between this strategy and those that have gone before is that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency. Over the next 4 years, we are determined to break the cycle of dependence on drugs and alcohol and the wasted opportunities that result. Individuals do not take drugs in isolation from what is happening in the rest of their lives. The causes and drivers of drug and alcohol dependence are complex and personal. The solutions need to be holistic and centred around each individual, with the expectation that full recovery is possible and desirable.

This strategy also sets out a shift in power to local areas. Gone are the days when central Government tells communities and the public what to do. We are setting out a clear and ambitious vision for the future direction of travel, and it will be for local areas to respond to this and design and commission services which meet the needs of all in the community.

During the consultation process, which informed the development of this strategy, some respondents advocated liberalisation and decriminalisation as a way to deal with the problem of drugs. This Government does not believe that liberalisation and legalisation are the answer. Decriminalisation fails to recognise the complexity of the problem and gives insufficient regard to the harms that drugs pose to the individual. It neither addresses the risk factors which lead individuals to misuse drugs or alcohol, nor the misery, cost and lost opportunities that dependence causes individuals, their families and the wider community.

This strategy sets out our clear ambition to reduce demand, restrict supply and support and achieve recovery; they are stretching but I am convinced that they can be achieved. By enabling local communities to support more individuals to become free of their dependence and contribute to society, we will build a bigger and better society for all.

Rt. Hon Theresa May, MP
Home Secretary

INTRODUCTION

Our coalition programme sets out the Government's ambition to bear down on the supply of illicit drugs, introduce a system of temporary bans on so called 'legal highs' and to promote recovery of drug users within their communities. This strategy sets out how we will deliver these commitments and build momentum to tackle drugs and drug-driven crime, whilst helping people to become drug-free. While some of the detail of the reforms are being developed by specific Departments through Green and White Papers and legislation, this strategy establishes the framework for all of the activity to address drugs and deliver system-wide reform.

This strategy sets out a fundamentally different approach to tackling drugs and an entirely new ambition to reduce drug use and dependence. It will consider dependence on all drugs, including prescription and over-the-counter medicines. It recognises that severe alcohol dependence raises similar issues and that treatment providers are often one and the same. Therefore, where appropriate, this strategy will also consider severe alcohol dependency. It sets out that services provided in the community and in prison must be more integrated. Power and accountability must sit at the lowest possible level.

Drugs matter to the whole of society, as all of us feel the impact. From the crime in local neighbourhoods, through families forced apart by dependency, to the corrupting effect of international organised crime, drugs have a profound and negative effect on communities, families and individuals. This strategy sets out how the Government will target those criminals seeking to profit from others' misery, how it will protect young people by preventing drug use and how recovery reforms will offer the individual with a drug problem the best chance of recovery and enable them to make a full contribution to their local communities. It is only through a multi-faceted approach that the Government will successfully tackle the crime and damage that drugs and alcohol dependence cause to our society.

This Government is shifting power and accountability to the local level from top-down state intervention. Through the introduction of Police and Crime Commissioners (PCCs), the reform of the NHS and the creation of Public Health England (PHE), the power to direct action will move to the local level. At the national level, the National Crime Agency (NCA) will build on the work of the Serious Organised Crime Agency (SOCA) and work with the UK Border Agency (UKBA) to reduce the availability of drugs. We will combat the international flow of drugs to the UK, collaborating with international partners to disrupt drug trafficking upstream. The voluntary and community groups, charities and social enterprises sector will be encouraged and supported to get involved.

Most importantly, this Government will make clear that individuals are accountable for their actions. We will increase the responsibility of individuals to work with those who are there to support them to tackle and overcome their dependence. Amongst those ready to help are thousands of people who have overcome their own drug and alcohol dependence.

This work will be structured around three themes:

- **Reducing demand** – creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop. This is key to reducing the huge societal costs, particularly the lost ambition and potential of young drug users. The UK demand for illicit drugs is contributing directly to bloodshed, corruption and instability in source and transit countries, which we have a shared international responsibility to tackle;
- **Restricting supply** - drugs cost the UK £15.4 billion each year[1]. We must make the UK an

1 Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) 'Measuring different aspects of problem drug use: methodological developments.' Home Office Online Report 16/06

unattractive destination for drug traffickers by attacking their profits and driving up their risks; and

- **Building recovery in communities** - this Government will work with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, and will offer a route out of dependence by putting the goal of recovery at the heart of all that we do. We will build on the huge investment that has been made in treatment to ensure more people are tackling their dependency and recovering fully. Approximately 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year[2]. If these individuals are supported to recover and contribute to society, the change could be huge.

The scale of the reforms being brought forward is unprecedented. We need to be clear about how success will be measured. This strategy has two overarching aims to:

- **Reduce illicit and other harmful drug use;** and
- **Increase the numbers recovering from their dependence.**

Through these aims, we will be accountable to the public for a Drug Strategy that has strong and safe communities at its heart.

The UK is of course not unique in having to confront drug misuse. So, as we build upon this strategy, we are committed to continuing to review new evidence on what works in other countries and what we can learn from it.

2 Hay, G. and Bauld, L. (2008) Population estimates of problematic drug users in England who access DWP benefits: a feasibility study. DWP Working Paper No. 46. Department for Work and Pensions; and Hay, G. and Bauld, L. (forthcoming in 2010) Population estimates of alcohol misusers who access DWP benefits. DWP Working Paper. No. 94. Department for Work and Pensions

WHERE ARE WE NOW?

Previous drug strategies have focused on the harms caused by heroin and crack cocaine. Tackling these harms remains vitally important, however patterns of drug use and the illicit drugs market have not stood still. The world is increasingly globalised. While the increase in global trade has brought undoubted benefits, it has also brought new threats, including the trafficking of new psychoactive substances (so-called 'legal highs'), precursor chemicals (frequently used in or for the illicit production of drugs) and cutting agents (substances used to adulterate controlled drugs).

Although there has been some progress in tackling drug dependence, an integrated approach to support people to overcome their drug or alcohol dependence has not been the priority. Insufficient continuity of case management and support resulted in repeated assessment, particularly for individuals moving into and out of the criminal justice system (CJS), with disrupted treatment and expenditure focused on delivering process targets not outcomes. Treatment success has been eroded by the failure to gain stable accommodation or employment.

Drug use in the UK remains too high. According to the latest British Crime Survey, 8.6% of adults in 2009/10 had used an illicit drug in the last year[3]. Although the vast majority of adults do not take drugs, this means that almost three million people do.

Estimates of number of illicit drug users, 16-59 year olds

	Ever taken	**Last year**	**Last month**
Class A			
Cocaine (Powder cocaine, Crack cocaine)	**2,838,000**	**813,000**	**365,000**
Ecstasy	**2,692,000**	**517,000**	**203,000**
Hallucinogens (LSD, Magic mushrooms)	**2,969,000**	**161,000**	**42,000**
Opiates (Heroin, Methadone)	**283,000**	**50,000**	**38,000**
Class A/B			
Amphetamines (Amphetamines, Methamphetamine)	**3,777,000**	**319,000**	**110,000**
Class B			
Cannabis	**9,912,000**	**2,152,000**	**1,250,000**
Class B/C			
Tranquilisers	**948,000**	**145,000**	**73,000**
Class C			
Anabolic steroids	**226,000**	**50,000**	**19,000**
Ketamine	**656,000**	**159,000**	**79,000**
Not classified			
Amyl Nitrate	**3,091,000**	**351,000**	**115,000**
Glues	**739,000**	**57,000**	**17,000**

Source: Drug Misuse Declared: British Crime Survey 2009/10

3 Hoare, J. and Moon, D. (2010) Drug Misuse Declared: Findings from the 2009/10 British Crime Survey England and Wales. Home Office Statistical Bulletin 13/10

The UK has amongst the highest rates of young people's cannabis use and binge drinking in Europe[4]. There are some 13,000 hospital admissions linked to young people's drinking each year[5]. Early drug and alcohol use is related to a host of educational, health or social problems. A third of the adult treatment (drug or alcohol) population have parental responsibility for a child[6].

There are approximately 320,000 heroin and/or crack cocaine users in England[7] of which around 170,000 are in treatment in any one year[8]. Offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime[9].

There has been some success in the disruption of the importation of cocaine, which has contributed to a marked increase in the wholesale price to around £50,000 per kilogram (kg)[10]. This has been accompanied by a marked decrease in the street purity with an increasing use of cutting agents by traffickers and dealers, including cancer causing additives which are banned in the UK.

PATTERNS IN AGE AND USAGE

Patterns of drug misuse are changing. The latest estimate of the number of individuals using heroin in England shows a small reduction from 273,000 in 2006/07 to 262,000 in 2008/09[11]. Data from treatment providers shows that the heroin using population is ageing, with fewer young people becoming dependent upon the drug. Those aged 40 and above now make up the largest proportion of those newly presenting for treatment[12].

Presentations for problems with crack cocaine continue to be high. Also, groups of people who would not fit the stereotype of a dependent drug user are presenting for treatment in increasing numbers. These individuals are often younger and are more likely to be working and in stable housing. We need to ensure that provision for these individuals is tailored and responsive. Services also need to be responsive to the needs of specific groups such as black and ethnic minorities and Lesbian, Gay, Bisexual and Transgender users[13].

We know that drug treatment can be very effective in preventing wider damage to the community such as high volume acquisitive crime, and together with initiatives like needle exchange schemes, can reduce the harms caused by dependence such as the spread of blood-borne viruses like HIV.

Whilst drug dependence can affect anyone, we know that those in our society with a background of childhood abuse, neglect, trauma or poverty are disproportionately likely to be affected. In turn, the children of those dependent on drugs have to cope with the impact on their own lives and some may end up in state care.

4 Hibell, B., Guttormsson, U., Ahlstrom, S., Balakireva, O., Bjarnason, T., Kokkevi, A. and Kraus, L. (2009) The 2007 ESPAD Report. Substance Use Among Students in 35 European Countries

5 Substance Use among Students in 35 European Countries. The 2007 ESPAD Report (2009)

6 National Treatment Agency Media Release (2009) Moves to provide greater protection to children living with drug addicts

7 Hay, G., Gannon, M., Casey J., Millar, T., (2010) Estimates of the prevalence of Opiate Use and/or Crack Cocaine Use, 2008/09: Sweep 5 report

8 Department of Health and the National Treatment Agency (2010) Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2009 – 31 March 2010

9 MacDonald, Z. Tinsley, L., Collingwood, J., Jamieson, P. and Pudney, S. (2005) Measuring the harm from illegal drugs using the Drug Harm Index. Home Office Online Report 24/05

10 Serious Organised Crime Agency (SOCA) (http://www.soca.gov.uk/threats/drugs)

11 Hay, G., Gannon, M., Casey J., Millar, T. (2010) Estimates of the prevalence of Opiate Use and/or Crack Cocaine Use, 2008/09: Sweep 5 report. National Treatment Agency

12 Drug treatment in 2009/10, (2010). National Treatment Agency (NTA)

13 UK Drug Policy Commission (2010) The impact of Drugs on Different Minority Groups: A Review of the UK literature. London: UKDPC

ALCOHOL

Alcohol plays an important part in the cultural life of this country, with large numbers employed in production, retail and the hospitality industry. Pubs, bars and clubs contribute to community and family life and also generate valuable revenue to the economy. However, alcohol is a regulated product. Some individuals misuse it, contributing to crime and anti-social behaviour, preventable illness and early death.

The estimated £18-25 billion a year cost of alcohol misuse spans alcohol related disorders and diseases, crime, loss of productivity in the workplace and health and social problems experienced by those who misuse alcohol and the impact this has on their families[14]. For the NHS alone, the estimated financial burden of the harmful use of alcohol (regularly drinking at increasing or higher risk levels) is around £2.7 billion[15].

The evidence suggests that a dependent drinker costs the NHS twice as much as other alcohol misusers and that the largest and most immediate reduction in alcohol-related admissions can be delivered by intervening with this group through the provision of specialist treatment[16].

It is estimated that 1.6 million people have mild, moderate or severe alcohol dependence[17]. About a third of these will face some challenges that are similar to those dependent on drugs in needing support to help them recover. It is specialist alcohol treatment, for those in this group who would benefit from treatment, that this strategy aims to improve.

POLYSUBSTANCE (OR MULTIPLE SUBSTANCE) ABUSE

Polysubstance abuse is increasingly the norm amongst drug misusers. This dependence commonly involves alcohol as well as drugs, and is therefore one of the key reasons why it makes sense to bring together the response to severe alcohol dependence and drug misuse into one strategy.

MENTAL HEALTH

A clear association exists between mental illness and drug and alcohol dependence. Those experiencing mental ill-health have a higher risk of substance misuse. The majority of mental illness starts before adulthood[18]. Other behavioural problems, including substance misuse also start more often during this period. For young people, emotional and behavioural disorders are associated with an increased risk of experimentation, misuse and dependence[19]. The recent Public Health White Paper and the forthcoming Mental Health Strategy will set out actions not only to prevent mental illness in the first place, but to intervene early when it does arise. Such an approach will also reduce the increased risk of substance misuse in this group.

YOUNG PEOPLE'S SUBSTANCE MISUSE

Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Encouragingly, the

14 Prime Minister's Strategy Unit, (2004) Alcohol Harm Reduction Strategy for England

15 Department of Health (2008) The cost of alcohol related harm to the NHS in England

16 McKenna, M., Chick, J., Buxton, M., Howlett, H., Patience, D & Ritson, B. (1996). The SECCAT Survey 1. The costs and consequences of alcoholism. Alcohol and Alcoholism, 31, 565-576

17 McManus, S., Meltzer, H., Brugha, T., Bebbington, P., and Jenkins, R. (2009) Adult Psychiatric Morbidity in England, 2007. Results of a Household Survey. The NHS Information Centre for health and social care

18 Kessler RC, Berglund P, Demler O et al (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry, 62, 593-602 and also Kim-Cohen J et al (2003) Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective longitudinal cohort. Archives of General Psychiatry, 60, 709-717

19 Green H, McGinnity A, Meltzer H et al (2005). Mental Health of Children and Young People in Great Britain 2004. Office for National Statistics

rates of drug use have fallen amongst young people by around a third in the last decade[20]. Cannabis and alcohol are the most common substances used, though volatile substances (such as glues, gases or aerosols) also remain an issue, particularly at younger ages. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol[21]. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible.

NEW PSYCHOACTIVE SUBSTANCES ('LEGAL HIGHS')

Over the last few years, a new trend has emerged. There is emerging evidence that young people are taking new legal chemicals instead of or as well as other drugs[22]. Most of these substances have never been tested for use by humans. The immediate risks they pose or the long term damage they are doing, are often not immediately apparent as their harms are unknown.

20 Fuller, E. and Sanchez, M. (2010) Smoking, drinking and drug use among young people in England 2009. NHS Information Centre for Health and Social Care

21 National Treatment Agency (2010) Substance Misuse among Young People. The data for 2008/09

22 Advisory Council on the Misuse of Drugs (2010) Consideration of the cathinones

REDUCING DEMAND

The Government is clear that it is not sufficient to simply treat the symptoms of drug misuse. To tackle crime and reduce the harm and costs to society, we need to reduce the demand for drugs. People should not start taking drugs and those who do should stop. For those who are dependent, their continued drug use should be challenged and individuals and their families supported to recover fully. We will establish a whole-life approach to preventing and reducing the demand for drugs that will:

- break inter-generational paths to dependency by supporting vulnerable families;
- provide good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse;
- use the creation of Public Health England (PHE) to encourage individuals to take responsibility for their own health;
- intervene early with young people and young adults;
- consistently enforce effective criminal sanctions to deter drug use; and
- support people to recover, as set out below in the section 'Building recovery in communities'.

This Government is committed to an evidence-based approach. High quality scientific advice in this complex field is therefore of the utmost importance. This is why we value the work and independent advice of the Advisory Council on the Misuse of Drugs (ACMD), which has experts from fields that include science, medicine, law enforcement and social policy. We are committed to both maintaining this expertise and ensuring the ACMD's membership has the flexibility to respond to the accelerating pace of challenges. The proper consideration of that advice is at the heart of enabling us to deliver this strategy, including the reforms required to tackle the problem of emerging new psychoactive substances ('legal highs').

THE BEST POSSIBLE START

Prevention must start early. Extra support in the first years of life can reduce the risks from a range of problems. The NHS and PHE, when established, will have a key role to play. The Healthy Child Programme for example, is based on the evidence of what is needed to support children's health and development, beginning at the pregnancy stage. This will play a key role including providing regular reviews, parenting support and health promotion guidance. To make sure we are able to offer this programme to every family with a young child, as well as giving extra help for those who need it, we will recruit an additional 4,200 health visitors by 2015.

Families, particularly those with the most complex needs, will be supported to give their children the best possible start in life. From 2012-13, all disadvantaged two year olds will receive 15 hours per week of early years education and care and we will continue to make the same support available to all three and four year olds. Sure Start will be refocused on its original purpose of improving the life chances of disadvantaged children, with funding maintained in cash terms.

Family Nurse Partnerships will develop the parental capacity of mothers and fathers within potentially vulnerable families, through intensive and structured support from early on in the pregnancy until the child is two years old[23].

23 Barnes, J., Mog, B., Meadows, P., Belsky, J., and the FNP Implementation Research Team (2009), Nurse-Family Partnership Programme, Second Year Pilot Sites, The Infancy Period. Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London

A national programme will focus on helping to turn around the lives of families with multiple problems. We know that tailored and co-ordinated support packages around the needs of the whole family can be effective, with savings estimated at £49,000 per family per year[24]. Through the Spending Review, significant funds have been shifted from the centre to the local level enabling local partners to work together, aligning and pooling their resources to meet local needs. In addition, Community Budgets will be established for 16 local areas from April 2011. These will pool funding from a range of Departments, enabling local areas to deliver better outcomes for these families. The Government intends to roll out Community Budgets nationally from 2013/14.

EDUCATION AND INFORMATION FOR ALL

All young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol.

Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils. We will make sure school staff have the information, advice and the power to:

- Provide accurate information on drugs and alcohol through drug education and targeted information via the FRANK service;
- Tackle problem behaviour in schools, with wider powers of search and confiscation. We will make it easier for head teachers to take action against pupils who are found to be dealing drugs in school; and
- Work with local voluntary organisations, the police and others to prevent drug or alcohol misuse.

We will strengthen the quality of alternative provision, including drawing on the expertise of the voluntary and community groups and enabling schools to develop and fund their own local approaches to best meet the needs of excluded pupils. We will also share teaching materials and lesson plans from successful schools and organisations online and promote effective practice.

This will all be supported by revised, simplified guidance for schools on preventing drug and alcohol misuse.

The pupil premium will ensure that funding for schools is weighted to address inequalities. Schools will be free to innovate to narrow the gap in achievement affecting those from disadvantaged backgrounds. Initiatives such as Healthy Schools will also have a key contribution to make to improving the health and wellbeing of pupils.

All young people should be able to remain in education or training until the age of 18. As part of raising the participation age, we will ensure financial support is available to the most disadvantaged young people, giving them the best start to adulthood and preparing them for employment or higher education.

Colleges, universities and other education providers have a key role to play as they work with millions of young people and young adults at a critical time in their lives. Students should have ready access to the advice and support that they need as part of wider health and welfare services.

While the Government is challenging people to be responsible for their actions, we must also ensure that they are aware of the consequences of those actions. FRANK was one of the first Government campaigns to adopt a behavioural model, which has been successfully used, both to inform campaign development and as a framework for evaluation, over the life of this strategy we will continue to enhance this approach. Through the FRANK service, everyone, at any age, will have accurate and

24 Kendall, S., Rodger, J. and Palmer, H (2010) Redesigning provision for families with multiple problems: early impact and evidence of local approaches. Research Report DFE-RR046. Department for Education

reliable information on the effects and harms of drugs, including new substances. They will be able to access advice, information and support if they, their children, or someone they know is at risk of drug misuse. Around one third of calls to the FRANK helpline are from 'concerned others', many of them parents[25]. We will provide tailored information and advice to parents on how to protect their children from drug or alcohol misuse through both FRANK and mainstream support for parents.

EARLY INTERVENTION FOR YOUNG PEOPLE AND FAMILIES

Some young people face increased risks of developing problems with drugs or alcohol. Vulnerable groups - such as those who are truanting or excluded from school, looked after children, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, or those whose parents misuse drugs or alcohol - need targeted support to prevent drug or alcohol misuse or early intervention when problems first arise.

Developing responses to these needs is best done at the local level, supported by consistent national evidence and advice on effective approaches. We will simplify funding to local authorities, including the creation of a single Early Intervention Grant, worth around £2 billion by 2014–15. This will draw together a range of funding streams for prevention and early intervention services, allowing local government the flexibility to plan an approach to reach vulnerable groups most effectively. Sitting alongside the Public Health Grant, this will allow local areas to take a strategic approach to tackling drug and alcohol misuse as part of wider support to vulnerable young people and families.

Some family-focused interventions have the best evidence of preventing substance misuse amongst young people. Local areas are already using a range of family-based approaches. These have led to significant reductions in risks associated with substance misuse, mental ill health and child protection and have led to reductions in anti-social behaviour, crime, truanting and domestic violence[26].

Leaders in a number of local areas are redesigning their services so that they are better equipped to respond to the demands that families with multiple problems make on services, and to use evidence-based family support to prevent further problems from developing. Intensive family interventions are highly cost effective with every £1 million invested achieving £2.5 million in savings to local authorities and the state[27].

Young people's substance misuse and offending are often related and share some of the same causes, with 41% of the young people seeking support for drug or alcohol misuse also being within the youth justice system[28]. New funding arrangements for youth justice services will incentivise local government to find innovative ways to reduce the number of young people who commit crime, including tackling drug or alcohol misuse where this is part of the reason for their offending.

Directors of Public Health and Directors of Children's Services will be empowered to take an integrated and co-ordinated approach to determine how best to use their resources to prevent and tackle drug and alcohol misuse. They will be supported by evidence, advice and by sharing the most effective approaches from those areas that are already succeeding. They will also have access to simplified, flexible budgets both through the Early Intervention Grant and Public Health Grant.

INTENSIVE SUPPORT FOR YOUNG PEOPLE

For those young people whose drug or alcohol misuse has already started to cause harm, or who are at risk of becoming dependent, they will have rapid access to specialist support that tackles their

25 FRANK Helpline Annual Report 2009-10

26 Hamilton, S. (2010) Monitoring and Evaluation on Family Intervention Projects to March 2010. Statistical Release. Department for Education

27 Kendall, S., Rodger, J. and Palmer, H (2010) Redesigning provision for families with multiple problems: early impact and evidence of local approaches. Research Report DFE-RR046. Department for Education

28 National Treatment Agency internal data (from 2009)

drug and alcohol misuse alongside any wider issues that they face. Substance misuse services, youth offending, mental health and children's services must all work together to ensure this support is in place.

The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

For those very few young people who develop dependency, the aim is to become drug or alcohol free. This requires structured treatment with the objective of achieving abstinence, supported by specialist young people's services such as Child and Adolescent Mental Health Services (CAMHS). For the most vulnerable young people, a locally delivered multi-agency package of care - including treatment, supported housing, fostering and education support - is required. Attention will also be required to ensure that any transitional arrangements to adult services are effective at the local level.

LEGISLATION, SENTENCING AND DIVERSION

In relation to drug dependence and offending, the sentencing framework must support courts to identify options, other than prison, which will help an offender tackle their drug or alcohol dependence, whilst recognising that, for some offenders, custody is necessary. Drug Rehabilitation Requirements (DRR) offer the courts - through offender management, treatment and testing – a robust option in the community for tackling the drug misuse and offending of many of the most problematic adult offenders. We want to strengthen the use of community sentences for adults, combining drug and alcohol requirements with other sentencing options, such as Community Payback, to make sentences more robust and ensure that punishment is visible to the community.

OFFENDERS

Prison may not always be the best place for individuals to overcome their dependence and offending behaviour. We are continuing to support areas in delivering the Drug Interventions Programme (DIP), and want to ensure that offenders are encouraged to seek treatment and recovery at every opportunity in their contact with the criminal justice system (CJS). In addition, we will encourage those dependent on drugs or alcohol into recovery-focused services in the community by:

- Developing and evaluating options for providing alternative forms of treatment-based accommodation in the community;
- Making liaison and diversion services available in police custody suites and at courts by 2014; and
- Diverting vulnerable young people away from the youth justice system where appropriate. Point of Arrest diversion schemes are currently testing effective diversion for young people with complex needs. We will consider how we can expand these schemes. An evaluation of the Youth Justice Liaison and Diversion scheme will be completed in the autumn of 2011.

We will pilot wing-based, abstinence focused, drug recovery services in prisons for adults (drug recovery wings), as well as encouraging more offenders who have recovered from drug and alcohol problems to become mentors or 'Recovery Champions'. All of these proposals are set out in further detail in the Ministry of Justice's Green Paper "Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders"[29].

From April 2011, the Department of Health will assume responsibility for funding all drug treatment

29 Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders (2010). Ministry of Justice http://www.justice.gov.uk/consultations/breaking-cycle-071210.htm

in prison and the community and, with the Home Office, will contribute towards DIP. These changes in responsibility support the Government's ambition for a greater emphasis on shared outcomes and provide an opportunity to promote the co-commissioning of drug services in England. This will facilitate more coordinated support to help individuals recover from drug dependence, including those in contact with the CJS.

RESTRICTING SUPPLY

The international production and trade in illegal drugs is a global business controlled by organised criminals who do not respect international frontiers or international law. The illicit drug market in the UK is worth an estimated £4-6 billion per year[30]. We are determined to reduce drug supply further through a co-ordinated response across Government and law enforcement to make the country a more challenging environment for organised crime. We will therefore be publishing a new overarching and cross-Government Organised Crime Strategy in Spring 2011. Organised crime is now a priority risk in the new National Security Strategy which reflects the importance this Government places on tackling it. Action on restricting supply will also form part of our overall approach to cutting crime that will be set out in the Government's Crime Strategy that will be published in early 2011.

Nearly all of the illegal opiates in the UK originate from Afghanistan. All cocaine is supplied to the UK from the Andean Region of South America and is trafficked to the UK direct, or through Europe, the Caribbean and West Africa.

The United Kingdom Threat Assessment of Organised Crime (UKTA) assesses the threat posed to the UK by organised criminals. The UK's enforcement response to the drugs trade is set out within the UK Organised Crime Control Strategy with three specific programmes of activity to tackle drugs: the Eastern hemisphere drugs trade, primarily heroin; the Western hemisphere drugs trade, including cocaine and synthetic drugs; and the illicit drug trade within the UK. These programmes are designed to increase law enforcement pressure on the trade, increase the risks to those involved and thereby undermine availability and supply to the UK, from source to street. This is achieved by eradicating crops, disrupting production, increasing law enforcement interventions and focusing investigative resources on those who mastermind the trade.

LAW ENFORCEMENT REFORMS

We have already freed the police from the plethora of process targets, allowing them to focus on the crime and disorder that matters most in their local areas. Crime Maps will let local people know what is happening in their area. We will not classify drug problems at a local level as anti-social behaviour – drug dealing and drug possession is a crime.

Over the next 4 years, we will go further still. The introduction of Police and Crime Commissioners (PCCs) will bring local democratic accountability to the police who will be responsible to local people for reducing crime and disorder, including drug related crime.

The new National Crime Agency (NCA) will lead the fight against organised crime and together with the UK Border Agency (UKBA) will deliver on the Government's determination to enhance the security of our borders. It will also work closely with law enforcement agencies in source and transit countries. Law enforcement agencies will maximise efforts to tackle drugs, both overseas and at the borders, and will deter drug traffickers from importing drugs to the UK.

UKBA and the NCA will deploy their assets at both the UK border and overseas, working in partnership with the other law enforcement agencies, against the threats presented by the full range of drugs, chemical cutting agents and precursors in line with priorities. Driving up performance against heroin and cocaine will continue to be a key priority, coupled with a clear expectation that all agencies involved in tackling drugs will respond effectively to the changing drugs landscape including the emergence of new drugs.

30 Pudney, S., Badillo, C., Bryan, M., Burton, J., Conti, G. and Iacovu, M. (2006) Estimating the size of the UK illicit drug market In Singleton, N., Murray, R. and Tinsley, L. (eds.) Measuring different aspects of problem drug use: methodological developments. Home Office Online Report 16/06

INTEGRATED LOCAL ENFORCEMENT

The police sit at the heart of local enforcement. Good neighbourhood policing will gather intelligence on local dealers, provide reassurance and visibility to the public and deter those who would otherwise terrorise neighbourhoods.

We will strengthen coordination between police and local partners. Police will work with Community Safety Partnerships (CSPs), other criminal justice agencies, the public, drug services and drug users themselves to understand and disrupt the drug market. In some areas, drugs other than Class A drugs - such as amphetamines, cannabis, or anabolic steroids - are causing significant problems. We will support areas to adapt their response and test new ideas.

Integrated Offender Management (IOM) brings together the police, probation service, youth offending teams, local authorities and voluntary and community groups. Together they identify, support and manage priority offenders, including drug misusing offenders, and divert them away from drug use and crime. Increasingly, IOM will reach out beyond traditional partners to other voluntary and private sector providers and engage the public in creating and delivering solutions. We are determined to harness the energy and innovation of local partners and communities to tackle drug problems, by encouraging and supporting innovative approaches and sharing good practice around what works best.

REDUCING DRUG SUPPLY IN PRISONS

We are committed to creating drug-free environments in prison and we will increase the number of drug-free wings, where increased security measures prevent access to drugs.

We will disrupt those convicted of drug dealing from pursuing their criminality from inside by strengthening our intelligence capability in prisons. The National Offender Management Service (NOMS) has implemented a strategy to reduce the number of mobile phones entering prisons, to find phones that get in and to disrupt mobile phones that cannot be found. We will also continue to deploy a comprehensive range of security measures and explore the potential of new technologies to disrupt drugs from entering and being traded within prisons.

CRIMINAL BUSINESSES

The UK illegal drugs market remains attractive to organised criminals. The traditional distinction between international importers and the UK-based wholesale suppliers is becoming more blurred. Organised criminals, some based overseas, are active at all levels of the UK drugs trade, and gangs often diversify into other types of organised crime. We will share intelligence across police forces, NCA, UKBA and others to increase our understanding of who is involved and how they operate. We will take action at all levels of the distribution chain, working in collaboration at a regional level to identify and disrupt distribution points, and restrict supply to local dealers.

NEW PSYCHOACTIVE SUBSTANCES ('LEGAL HIGHS')

The Government is determined to address the issue of so called 'legal highs'. We know that these substances can pose a serious threat, especially to the health of young people. We need a swift and effective response and are therefore redesigning the legal framework through the development of temporary class drug orders so we can take immediate action. We will improve the forensic analytical capability for new psychoactive substances and will establish an effective forensic early warning system.

UKBA are undertaking enforcement action at the border to target and intercept consignments of these new substances. The Serious Organised Crime Agency (SOCA) is currently developing approaches to identify importers, distributors and sellers of 'legal highs' and disrupt their ventures,

including activity against websites. We are also introducing technology at the borders to identify these new types of drugs.

These enforcement activities will be combined with prevention, education and treatment. We will continue to emphasise that, just because a drug is legal to possess, it does not mean it is safe and it is likely that drugs sold as 'legal highs' may actually contain substances that are illegal to possess.

CRACKING DOWN ON INTERNET SALES

The internet has revolutionised the world and the way we live. However, as well as changing the way we shop, get information and keep in touch it has changed the way that people buy drugs. We are determined to tackle this head on.

Law enforcement agencies will continue to work against UK based internet providers to ensure that they comply with the letter and spirit of UK law. The Medicines and Healthcare products Regulatory Agency (MHRA) will make full use of legislative controls available under medicines legislation.

FOLLOW THE MONEY AND SEIZE THE ASSETS

Money is the driver for organised crime. In the last three years, over £90 million has been recovered from drug traffickers through confiscation orders, with a further £25 million of cash seized from drug traffickers[31]. But we want to do more. In order to reduce the profitability of the drugs trade further, we intend to increase action against the estimated £2 billion of recoverable proceeds of crime, a substantial proportion of which is generated annually by the illegal drugs trade in the UK, by increasing cash seizures and asset forfeitures[32]. We want to ramp up the use of money laundering prosecutions, and increasingly disrupt criminal finances, through criminal and civil recovery and asset denial.

We will also adopt a ruthless approach to enforcing confiscation orders by freeing up law enforcement agencies to revisit unpaid orders and by increasing our capability to hit criminal finances held overseas. We will seek to mainstream the use of financial investigation, tackle criminal finances more widely at a local level and refocus the work of Regional Asset Recovery Teams so they can use their specialist skills alongside the NCA to hit the serious and organised drug traffickers.

We will increase the costs and risks to drug traffickers. Law enforcement agencies and their partners will be creative, exploiting the use of cost-effective and innovative law enforcement methods to disrupt supply and reduce profit. Through our international efforts, we will deny traffickers and their money launderers the services of legitimate financial institutions and foster mutual assistance overseas to identify and confiscate the assets of criminals involved in the illegal drugs trade.

CUTTING AGENTS AND PRECURSOR CHEMICALS

As enforcement action bites, we know that organised criminals will increasingly look to expand the use of cutting agents to maintain their profits. Over the past ten years, the cocaine sold in the UK at wholesale level (i.e. around 1 kg) has doubled in price to around £50,000 per kg; whilst during the same period, the street dealer level purity has more than halved (from around 50% to 20%)[33]. The purity is further reduced as it reaches the consumer - in some cases to less than 5%[34]. We will develop a robust approach to stop criminals profiting from the trade in cutting agents and precursor

31 Home Office. Internal Provisional Management Information taken from the Joint Asset Recovery database (07/08-09/10)

32 Prichard, S. 'A suggested methodology for estimating the value of criminal assets available for seizure' In 'Organised crime: revenues, economics and social costs, and criminal assets. Home Office

33 Serious Organised Crime Agency Evidence to the session 2009-10 Home Affairs Select Committee Enquiry into the Cocaine Trade – HC74-II

34 Serious Organised Crime Agency Evidence to the session 2009-10 Home Affairs Select Committee Enquiry into the Cocaine Trade – HC74-II

chemicals, working with production countries, the legitimate trade and international partners.

STRENGTHENED INTERNATIONAL PARTNERSHIPS

As signatories to all three United Nations drug conventions[35], and through our membership of the UN Commission on Narcotic Drugs (the supervisory body for the Conventions), we will work together with our international partners, such as the European Union and the Group of Eight (G8), to encourage coordinated responses to the illicit drugs trade and unlock international resources to support our priorities. The UK values the work of the United Nations Office on Drugs and Crime (UNODC) which plays a unique role, providing technical co-operation projects which help member states counteract illicit drugs, crime and terrorism. We will continue to work closely with them to support this work.

We will continue to implement and regulate a national system of domestic control, through the operation of an effective licensing and compliance regime, as part of our responsibilities under the UN drug conventions.

Working with overseas partners, we will focus enforcement efforts to tackle the international drugs trade, in particular heroin from Afghanistan; cocaine from Latin America, via the Caribbean and Africa; and new psychoactive substances ('legal highs'), precursor chemicals and cutting agents from China and India. We will make more effective use of all of the Government's capabilities overseas, including our diplomatic and military assets, to strengthen co-operation and join up our capacity with international partners to disrupt traffickers at source or in transit countries. We will also work with partners to tackle corruption and strengthen governance.

35 Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

BUILDING RECOVERY IN COMMUNITIES

This Government will work with, and offer every opportunity to, those people who face up to the problems caused by their dependence on drugs or alcohol, and who wish to take steps to address them.

The investment made in the drug treatment system over the last decade has built capacity and enabled people to access treatment for a sufficient period of time to bring about substantial health gains. We now need to make the same progress in treating those with more severe alcohol dependence and to become much more ambitious for individuals to leave treatment free of their drug or alcohol dependence so they can recover fully.

We will create a recovery system that focuses not only on getting people into treatment and meeting process-driven targets, but getting them into full recovery and off drugs and alcohol for good. It is only through this permanent change that individuals will cease offending, stop harming themselves and their communities and successfully contribute to society.

RECOVERY IS AN INDIVIDUAL, PERSON-CENTRED JOURNEY

Recovery involves three overarching principles– wellbeing, citizenship, and freedom from dependence. It is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people. We must therefore, put the individual at the heart of any recovery system and commission a range of services at the local level to provide tailored packages of care and support. This means that local services must take account of the diverse needs of their community when commissioning services.

Our ultimate goal is to enable individuals to become free from their dependence; something we know is the aim of the vast majority of people entering drug treatment. Supporting people to live a drug-free life is at the heart of our recovery ambition.

Substitute prescribing continues to have a role to play in the treatment of heroin dependence, both in stabilising drug use and supporting detoxification. Medically-assisted recovery can, and does, happen. There are many thousands of people in receipt of such prescriptions in our communities today who have jobs, positive family lives and are no longer taking illegal drugs or committing crime. We will continue to examine the potential role of diamorphine prescribing for the small number who may benefit, and in the light of this consider what further steps could be taken, particularly to help reduce their re-offending.

However, for too many people currently on a substitute prescription, what should be the first step on the journey to recovery risks ending there. This must change. We will ensure that all those on a substitute prescription engage in recovery activities and build upon the 15,000 heroin and crack cocaine users who successfully leave treatment every year free of their drug(s) of dependence[36].

BUILT ON THE RECOVERY CAPITAL AVAILABLE TO INDIVIDUALS

One of the best predictors of recovery being sustained is an individual's 'recovery capital' – the resources necessary to start, and sustain recovery from drug and alcohol dependence. These are[37]:

- **Social capital** - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and obligations resulting from relationships;

36 National Audit Office (2010) Tackling Problem Drug Use.

37 Best, D. and Laudet, A.B. (2010) The Potential of Recovery Capital, RSA

- **Physical capital** - such as money and a safe place to live;
- **Human capital** – skills, mental and physical health, and a job; and
- **Cultural capital** –values, beliefs and attitudes held by the individual.

We will support services to work with individuals to draw on this capital in their recovery journey.

IN A SYSTEM THAT IS LOCALLY LED AND LOCALLY OWNED

We are currently developing the vision for Public Health England (PHE)[38]. We are aiming for strong, effective action at the local level, led by local Directors of Public Health, coupled with a streamlined, nationally led service focused on public health protection. Directors of Public Health, sitting in the local authority, will be responsible for health improvement at a local level and will be jointly appointed by PHE and local authorities. This will come into being in shadow form from April 2012 and will be fully operational with its own budget from April 2013.

It has already been announced that the National Treatment Agency for Substance Misuse (NTA) will cease to exist as a separate organisation and that its key functions will be transferred to PHE[39]. In the interim, the NTA will continue its work supporting the development of a recovery based drug treatment system and will begin to build a role in helping to improve the provision of services for severe alcohol dependence.

Directors of Public Health will see commissioning and oversight of drug and alcohol treatment services as a core part of their work. They will play a key local leadership role around delivering public health outcomes and will work with local partnerships – including Police and Crime Commissioners (PCCs), employment and housing services, and prison and probation services – to increase the ambition for recovery. Subject to the outcome of the recent consultation *'Equity and Excellence: Liberating the NHS'*[40], this could be through local Health and Wellbeing Boards.

As part of their new role we will also look to Directors of Public Health, along with local partners, to ensure that the drug treatment and recovery services, and those for the more severely alcohol dependent, are delivered in line with best practice. We would view this as:

- **Aligned and locally led** – local areas will be free to design and jointly commission services to ensure they meet local needs, including for those in the criminal justice system (CJS).
- **Competitively tendered and rewarded** – with transparency of performance and money following success. Local areas and providers that succeed will be rewarded.
- **Transparent about performance** – local accountability is key. We will not prescribe to local areas what they should deliver or how and we will move away from bureaucratic performance mechanisms focused on activity and outputs. We will instead focus on supporting local accountability for delivery of the key outcomes through the provision of consistent data, updated clinical protocols, allocation of funding and development of skills. This will enable variations in factors that affect recovery such as local housing and job markets to be taken into account.

38 Public Health White Paper consultation, December 2010. Department of Health

39 Healthy Lives, Healthy People: Our strategy for public health in England (2010).Department of Health

40 The NHS White Paper, July 2010. Department of Health
http://www.dh.gov.uk/en Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

WHERE ALL SERVICES ARE OUTCOME FOCUSED

Key to successful delivery in a recovery orientated system is that all services are commissioned with the following best practice outcomes in mind:

- Freedom from dependence on drugs or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending;
- Sustained employment;
- The ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends; and
- The capacity to be an effective and caring parent.

Central Government will not seek to prescribe the approaches that should be taken in delivering these outcomes but will instead take a central role in carrying out research to develop and publish an evidence base as to 'what works' and in promoting the sharing of best practice.

DELIVERED USING A 'WHOLE SYSTEMS' APPROACH

Recovery can only be delivered through working with education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services to address the needs of the whole person. This has been a continuing theme through the majority of the consultation responses.

When building a recovery focused system, we will encourage local areas not to commission services in isolation, but to jointly commission and deliver 'end to end' support. They need to build close links between community, in-patient and residential treatment and rehabilitation providers, who in turn need to forge close links with aftercare services.

A key challenge is to ensure a 'seamless transition', particularly for those adults who move between the CJS and community services. We will therefore encourage local areas to make the most of increasingly pooled funding to jointly commission recovery services. In particular, local areas may wish to consider implementing single assessment and referral processes that would provide a single integrated care plan. This approach is something that will be trialled as part of a series of Payment by Results pilots. Local arrangements will work best if they involve all relevant agencies, jointly commissioning drug rehabilitation services with other local, and where appropriate, national services.

BY AN INSPIRATIONAL RECOVERY ORIENTATED WORKFORCE

Embedding the principles of recovery in all the relevant services will be vital. We will work with providers and professional bodies involved in drug and alcohol treatment, mental health, employment, criminal justice, housing, and family services to promote a culture of ambition, and a belief in recovery.

We will work with the National Skills Consortium to develop a skills framework which supports the recovery agenda. We will consult upon the replacement of the current National Service Framework, 'Models of Care', to replace it with a more up to date evidence base and a holistic and recovery focused model. The consultation will also seek views on the integration of drug and alcohol treatment into a single revised 'Models of Care' document. We will develop patient placement criteria to deliver better clinical outcomes, increase value for money, and most importantly to help an individual find the right treatment.

We will continue to provide training for Jobcentre Plus advisers to give them the knowledge about

drug and alcohol dependence, and know where to refer people for assessment. Jobcentre Plus will also continue to work in close partnership with drug and alcohol services at a local level, and will offer face-to-face support, advice and guidance on benefits and employment, through outreach where practical and appropriate, to service users and the drug and alcohol professionals who support them.

SUPPORTED BY RECOVERY NETWORKS

Recovery can be contagious. People tell us they are most motivated to start on their individual recovery journey by seeing the progress made by their peers. Those already on the recovery journey are often best placed to help. Active promotion and support of local mutual aid networks such as Alcoholics and Narcotics Anonymous will be essential. We will also support communities to build networks of 'Recovery Champions' who will spread the message that recovery is worth aspiring to and help those starting their journey.

We envisage local areas establishing 'Recovery Champions' at three levels:

i) **Strategic recovery champions** – leaders such as Drug and Alcohol Commissioners and Directors of Public Health who promote the recovery orientated system;

ii) **Therapeutic recovery champions** – those delivering services who are successful early adopters of a recovery approach; and

iii) **Community recovery champions** – people who are already in recovery, who will be encouraged to mentor and support their peers and contribute to prevention in communities and schools.

Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved[41]. We will encourage local areas to promote a whole family approach to the delivery of recovery services, and to consider the provision of support services for families and carers in their own right.

KEEPING CHILDREN SAFE AND REBUILDING FAMILIES

A third of the treatment population has child care responsibilities[42]. For some parents, this will encourage them to enter treatment, stabilise their lives and seek support. For some children it may lead to harm, abuse or neglect[43] [44] and for others it will mean taking on inappropriate caring roles putting their health and/or education at risk.

Whilst some services do have effective practices and integrated approaches to safeguarding the welfare of children, it is still the case that children are sometimes 'invisible' to services that do not take action to identify and respond to the impact of the parents' behaviour on the child[45].

Where there are concerns about the safety and welfare of children, professionals from both adult and children's services, alongside the voluntary sector, should work together to protect children, in accordance with the statutory guidance *Working Together to Safeguard Children* (2010). This guidance makes it clear that, where a child is suffering or likely to suffer significant harm, professionals must act promptly to ensure the child is safe, including where necessary by taking court action. This may involve the local authority looking after a child and, where appropriate, placing them in an

41 Copello, A., Velleman, R. & Templeton, L. (2005) Family interventions in the treatment of alcohol and drug problems. Drug and Alcohol Review, 24, 369-385

42 National Treatment Agency Media Release (2009) Moves to provide greater protection to children living with drug addicts

43 Brandon M, Bailey S, and Belderson P (2010), Building on the learning from serious case reviews: A two-year analysis of child protection notifications 2007-2009. London: Department for Education

44 Cleaver H, Nicholson D, Tarr S and Cleaver D (2007) Child protection, domestic violence and parental substance misuse: Family Experiences and effective practice

45 Working Together to Safeguard Children (2010), Chapter 9, inter-agency working to safeguard and promote the welfare of children, Department for Children, Schools and Families.

alternative family or residential setting.

In London, the Family Drug and Alcohol Court provides specialist support to parents to help them overcome their drug and alcohol misuse and associated problems. In some cases, this has led to the level of assessed risk to the child being reduced and parents regaining care of their child.

Playing a more positive role in their child's upbringing is often a motivating factor for individuals in making a full recovery. Parents are the single most important factor in a child's wellbeing[46] and therefore it is critical that children and adult services are provided, which in some cases will enable the child to remain living safely within their family whilst their parent's substance misuse is being addressed. In pregnancy, midwives can play a key role in identifying those dependent on drugs or alcohol at a time when they are likely to be more willing to accept help and do the best for their unborn child.

An increasing number of substance misuse and children and family services have accessed training to help them better identify safeguarding concerns and respond to the needs of the whole family. This strategy encourages those working with children and families affected by substance misuse to undertake appropriate training so they can intervene early to protect children from harm. The impact of parental substance misuse will be considered as part of the consultation to develop the social work degree curriculum and will be taken into account through the Munro Review of social work practice.

The majority of adult and children drug and alcohol services either have or are developing protocols which aim to set out how they work more effectively together to respond to safeguarding concerns, support parents to stay in treatment and build parenting capacity. The NTA will shortly produce a model 'protocol' based on effective local practice. Locally, drug and alcohol services should be represented on Local Safeguarding Children Boards.

TO ENABLE REINTEGRATION INTO COMMUNITIES

Recovery is not just about tackling the symptoms and causes of dependence, but about enabling people to successfully reintegrate into their communities. It is also about ensuring that they have somewhere to live, something to do and the ability to form positive relationships.

TACKLING HOUSING NEEDS

Evidence suggests that housing, along with the appropriate support, can contribute to improved outcomes for drug users in a number of areas, such as increasing engagement and retention in drug treatment, improving health and social well being, improving employment outcomes and reducing re-offending.

There is a high incidence of drug use amongst rough sleepers, for example, 38% of people sleeping rough in London have drug support needs[47]. People who suffer from drug or alcohol dependence are at greater risk of cycling in and out of homelessness, rough sleeping or living in poor quality accommodation. Homeless people are also more likely to require assistance to access and sustain specialist drug treatment and to help them to live independently.

Overcoming these barriers requires the building of links between criminal justice agencies, treatment services and housing providers from the social, voluntary and private sectors at a local level in order to increase capacity.

Failure to provide housing for those with drug or alcohol dependence can have a range of negative consequences for local communities, including increases in drug-related crime, visible signs of drug

46 Lexmond, J. and Reeves, R. (2009) Building Character. Demos

47 Combined Homelessness and Information Network 2009/10.

use, street homelessness, drinking and begging. It is therefore vital that communities recognise the importance of providing accommodation for these people.

There are a number of innovative examples of work on homelessness prevention led by local authorities and the voluntary and community groups, charities and social enterprises sector. We want to continue to work with the homelessness sector and other local providers to facilitate better joint working with drug treatment organisations and promote good practice. We are building on this good work by providing £400 million over the Spending Review period to further support work to prevent and tackle homelessness.

We have also announced an innovative voluntary-sector led incentive scheme to improve the help available for single homeless people to access the private rented sector, thereby aiding their recovery. The Supporting People Programme, which provides housing support services to vulnerable people, will have £6.5 billion investment over the next 4 years.

The Government will also work with the sector and local authorities and communities to examine the development of a Payment by Results process to develop local accountability and transparency for housing-related support services, for people dependent on drugs and/or alcohol.

HELPING PEOPLE FIND SUSTAINED EMPLOYMENT

Drug and alcohol dependence is a key cause of inter-generational poverty and worklessness. For example, in England, an estimated 80% of heroin or crack cocaine users are on benefits, often for many years and their drug use presents a significant barrier to employment[48]. It is estimated that around 160,000 people dependent on alcohol are on benefits, which also presents a significant barrier to employment[49].

This must change. Our aim is to increase the number of drug and alcohol dependent benefit claimants who successfully engage with treatment and rehabilitation services and ultimately find employment, which is a key contributor to a sustained recovery. Whilst it is not possible to create large numbers of jobs specifically for people in recovery, we must equip them with the skills to enable them to compete for the jobs that are available.

The first step is to ensure that the benefit system supports engagement with recovery services. We will offer claimants who are dependent on drugs or alcohol a choice between rigorous enforcement of the normal conditions and sanctions where they are not engaged in structured recovery activity, or appropriately tailored conditionality for those that are. Over the longer term, we will explore building appropriate incentives into the universal credit system to encourage and reward treatment take-up.

In practice, this means that those not in treatment will neither be specifically targeted with, nor excused from sanctions by virtue of their dependence, but will be expected to comply with the full requirements of the benefits regime or face the consequences. Where people are taking steps to address their dependence, they will be supported, and the requirements placed upon them will be appropriate to their personal circumstances and will provide them with the necessary time and space to focus on their recovery.

We will also look at amending legislation to make it clear that where someone is attending residential rehabilitation and would be eligible for out-of-work benefits, they will be deemed to have a reduced capability for employment and will therefore be automatically entitled to Employment Support

48 Hay, G. and Bauld, L. (2008) Population estimates of problematic drug users in England who access DWP benefits: a feasibility study. DWP Working Paper No. 46. Department for Work and Pensions; and Bauld, L. Hay, G., McKell, J. and Carroll, C. (2010) Problem drug users' experiences of employment and the benefit system. DWP Research Report No. 640, Department for Work and Pensions.

49 Hay, G. and Bauld, L. (forthcoming in 2010?) Population estimates of alcohol misusers who access DWP benefits. DWP Working Paper No. 94. Department for Work and Pensions

Allowance.

Employment programmes need to be closely integrated with treatment and focus on building up skills and self esteem. Training, volunteering and work trials are key stepping stones to employment. Adult apprenticeships, self-employment and social enterprise are other important routes into work that we will encourage.

The public sector must play its part through both direct recruitment and procurement contracts. Research by the UK Drug Policy Commission has shown that feedback from some employers is that people in recovery are amongst their best and most reliable employees[50]. Working with partners and employers, we will promote positive case studies and provide guidance on working with this group (for example in relation to substitute prescribing for drug dependence and employment). We will also explore options to help claimants overcome the issues presented by having a criminal record.

TEST APPROACHES WHERE MONEY WILL FOLLOW SUCCESS

Building a recovery focused system in communities is the goal at the heart of this strategy and signals a major change in the local delivery of drug interventions. We are keen to explore how we can incentivise the system to deliver on recovery outcomes. We will therefore introduce six pilots to explore how Payment by Results (PBR) can work for drugs recovery for adults, which will also provide evidence on affordability and value for money as part of the evaluation of these pilots. We will work together with the pilot areas to co-design the approach. We intend to invite local partnerships to tender to take part in the pilots immediately and we will co-design with pilot areas early in 2011. We are also exploring how PBR might be extended to specialist alcohol treatment and we will look at how these two pieces of work might interact together.

Fundamental to this approach will be the reduction in bureaucracy, moving away from unnecessary repeated assessments towards enhanced continuity of support. All areas will be encouraged to set up a single assessment and referral system. This single, unified system would redirect available funding away from bureaucratic processing and into the recovery support that individuals need. This approach, which will be a mandatory element of the pilots, will ensure that local partners provide more cost effective services delivering greater efficiency.

The work to implement PBR for drugs recovery will provide lessons that will help set the future direction for all commissioning of drug services under PHE, including assessing the value for money evidence of the pilots. Whilst there will be elements of the approach that are specific to the pilots, we believe the underlying principles fit well with the increased levels of pooled funding, that will take place from April 2011, and that offer greater opportunities for local areas to take advantage of joint commissioning and reduced duplication of systems.

The voluntary and community groups, charities and social enterprises sector plays a key role in making communities stronger and safer. Such organisations are often uniquely placed to help make this change happen. The sector is also a key provider of prevention, family support and other services and we want to build capacity within the sector in order to become future service providers in the new models and systems of delivery. The Transitional Fund of £100 million recently announced by the Government will help support the sector and build capacity. The sector also has a key role to play in promoting social action and encouraging and enabling people to become more active in society. In the context of this strategy, this could include helping individuals in recovery take on structured and supported volunteering towards building their skills and employability.

50 UK Drug Policy Commission (2008) Working Towards Recovery: Getting problem drug users into jobs. London: UKDPC

NEXT STEPS

The next steps with this strategy will be:

- **To engage with local areas and key partners and explore what this strategy means for them;**
- **To enable local areas and key partners to work up their plans for implementation and delivery of the prevention, early intervention, enforcement and recovery approaches set out in the strategy;**
- **To encourage local areas to work together in the joint design and commissioning of services; and**
- **To continue to develop and publish the evidence base on what works.**

We are committed to using evidence to drive the very best outcomes for individuals and communities. The Government is currently developing an evaluation framework to assess the effectiveness and value for money of the Drug Strategy. Where the current evaluation evidence is considered too sparse or weak to provide a satisfactory assessment of value for money, we will identify the extent to which evidence gaps can be filled and the standard of evaluation improved.

We are also committed to reviewing this strategy on an annual basis in order to build in further initiatives and actions from the Government's reform programme. This also allows us to respond to new and emerging evidence, to respond flexibly to the changing nature of the drugs trade and the outcomes being achieved.

By reducing demand, restricting supply and supporting individuals to recover, we will enable individuals and their families to live their lives to the full, local areas will be safer places to live and raise our families, and public investment will deliver greater value for money.