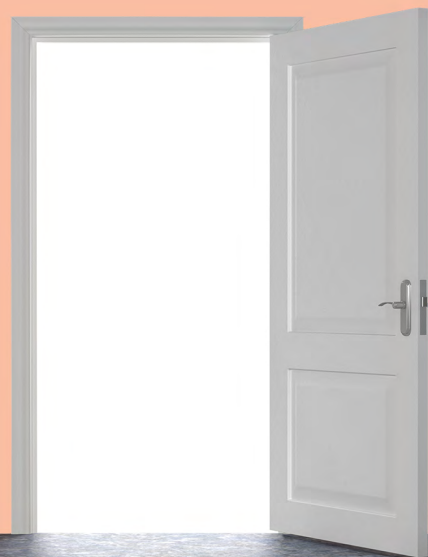




HM Government

From harm to hope: a 10-year drugs plan to cut crime and save lives

First Annual Report 2022-23



CP 906



From harm to hope: a 10-year drugs plan to cut crime and save lives

First Annual Report 2022-23

Presented to Parliament
by the Secretary of State for the Home Department
by Command of His Majesty

July 2023



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ISBN 978-1-5286-4373-3

E02949325 07/23

Printed on paper containing 40% recycled fibre content minimum

Printed in the UK by HH Global on behalf of the Controller of His Majesty's Stationery Office

CORRECTION SLIP

Title: From harm to hope: a 10-year drugs plan to cut crime and save lives
– First Annual Report 2022-23

Session: 2022-23

CP 906

ISBN: 978-1-5286-4373-3

Presented to Parliament on 20 July 2023

Correction:

Page 35, table for “Reduce drug-related crime” – Baseline figure for Neighbourhood crime.

Text currently reads:

2.96m incidents (Apr 19-Mar 20)

Text should read:

1.96m incidents (Apr 19-Mar 20)

Date of correction: 27 February 2024

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Ministerial foreword

From Harm to Hope was a landmark moment for our collective goal to combat illicit drugs. Over £3 billion of funding was provided for 2022 to 2025 to deliver a world-leading and ambitious vision to break drug supply chains, continue to build the treatment and recovery system, and reduce drug demand. This committed the whole of government and our public services to work together and share responsibility for creating a safer, healthier and more productive society.

This government remains determined to deliver this ambition. Delivering From Harm to Hope is one of our top priorities and we are proud, as ministers across departments delivering the strategy, to share that commitment to delivery with our local Combating Drugs Partnerships. This collective endeavour is at the forefront of cross-system working, and with the leadership of Matthew Rycroft in his role as lead Permanent Secretary, teams across government work together in this single mission.

This first annual report to Parliament shows the progress that we have made over the first year of the strategy and sets out where we will go further to address challenges.

In this past year, we have made huge strides breaking down the violent and exploitative supply chains that fuel the devastation of illicit drug use across the country. Over 1,300 county lines have been closed against a three-year ambition to close 2,000 almost double from the number of county lines close in the previous year. We have made over 2,600 arrests and 3,000 major or moderate disruptions of organised crime groups supplying drugs. Our trailblazing Project ADDER sites have supported nearly 26,000 arrests since January 2021, with over 12,000 arrests in the last year.

We have continued to detect and seize drugs both at the UK border and inland - our latest published data on drugs seizures shows that, in the year ending March 2022, the quantity of cocaine seized by the Police and Border Force rose by over two thirds from the previous year, to nearly 19 tonnes. This is the largest amount of cocaine seized in a single year on record.

We also want to draw attention to the success of Operation Mille in tackling the supply of cannabis. This alone resulted in the seizure of up to £130 million worth of cannabis, charging of more than 450 people and the seizures of 20kg of cocaine with a street value of £1 million, £636,000 cash and 20 firearms. We will maintain and build on the good progress made in tackling supply to date.

Alongside this, we have been delivering the recommendations of the Dame Carol Black review to build the foundations for a world-class drug treatment and recovery system, and to do this we have allocated additional funding of £96 million for 2022/23 and £155 million for 2023/24. We have increased the support to people with drug and alcohol dependency, and worked with the NHS and the third sector to expand and improve evidence-based treatments and interventions. This includes talking therapies, inpatient detoxification and residential rehabilitation, needle and syringe programmes, and a full range of medicines that can support recovery. We are building a recovery-based system, and in this first year have launched a housing support programme with 28 local authorities and expanded our specialist employment support for people in treatment to 26 new areas. Underpinning all of this, we have boosted the treatment and recovery sector's professional workforce with over 1,600 additional staff already recruited in the past year.

Increasing the rates of referrals and access into drug treatment for people involved in crime has been an immediate priority for this year. To support this, we have recruited nearly 500 new drug and alcohol workers focused on linking in with the criminal justice system as well as over 40 health and justice partnership co-ordinators in probation to improve links between prison and community treatment services. This work is based on dedicated workstreams at all points of the criminal justice system, from the police at initial arrest, via courts and probation, through prison, and back into the community.

In our goals to reduce the demand for drugs, we have set in train a zero-tolerance approach to drug misuse across law enforcement. We have expanded the use of drug testing on arrest across police forces to target recreational drug users, completed over 43,000 tests, and are launching our Out of Court Disposals project to increase enforcement against drug possession, and test diversion into drug awareness courses to ensure our sanctions are effective in reducing demand. We will build on this work in future to embed an escalatory regime for those who continue to misuse drugs, ensuring police are using the diversionary tools at their disposal.

Delivering complex and meaningful change takes time, determination and vision. We are in the early stages of an ambitious long-term journey and in the year ahead we must maintain the momentum to scale up our efforts. We recognise the scale and importance of the task in front of us and remain absolutely determined to turn the tide and deliver results for the communities that we serve.



Rt Hon Chris Philp MP
Minister of State for Crime, Policing
and Fire Combating Drugs Minister



Rt Hon Damian Hinds MP
Minister of State (Ministry of Justice)



Neil O'Brien MP
Parliamentary Under-Secretary of State
(Department of Health and Social Care)

Foreword – Dame Carol Black – Independent Adviser on Drugs

Outlined here, here, in this first annual report is the progress being made towards delivering the ambitions set out in the government's 10-year drugs strategy From Harm to Hope. Although encouraged by the progress made so far, I would like us to be more agile in the years ahead. We are on a unique and transformative journey, requiring considerable cultural and operational change.

Following publication of the strategy, I was delighted to be offered the opportunity to renew my role as Independent Adviser to the Government on drugs. In this first year my role has concentrated on treatment and recovery, our biggest investment across the strategy. In tandem with that, I am pleased that our efforts to tackle supply have been successfully increased, and this is vital to ease the pressure on our treatment services.

For these reforms to make a difference to those misusing drugs, and the communities affected by serious crime and social disruption, it is vital that at both local and national level we continue to work ever more closely in partnership, to ensure that people in treatment progress to a sustainable recovery pathway. It needs to be recognised that addiction is a chronic health condition and that recovery from drug misuse is a long-term process with phases of remission and relapse. Following relapse, people must be supported to return to a stable state as quickly as possible. The voice of service users must also be included in service design and operations, and the development of high-quality recovery services which embrace those who have experienced addiction, is crucial to success.

I have, without exception, seen examples everywhere I have been, of people doing their absolute best to help turn people's lives around. Those who work in addiction need to be given appropriate resources and tools, and leaders who can bring about whole-system change. I have seen some excellent practice but also practice that needs to improve, this requires integration into the recovery process of mental health and trauma support, housing support, and training and work opportunities.

We have come a very long way since December 2021. We have a new 10-year drugs strategy, a whole-system approach, a dedicated Joint Combating Drugs Unit and Minister, new local Senior Responsible Officers and Combating Drugs Partnerships, and record levels of investment. But there is more to do and we must be bold, determined and innovative, working around or through barriers, making our case for further support so that we realise our ambitions for the world-class system we can and should deliver. We must also think more about the next generation during the remainder of the strategy. I want us to increase our ambition around prevention, to look beyond drug-specific interventions at the wider factors affecting young people, such as school attendance, economic opportunity, and recreation.

Let me end by thanking everyone who during the past year has worked with me and welcomed me into their local service.



Dame Carol Black
Independent Adviser to the Government
on Drugs

A year into our 10-year plan

This report sets out the progress that has been made during the first year of delivery of From Harm to Hope following the end of the first year of funding in 2022/23.¹ Following the publication of Dame Carol Black's seminal Independent Review of Drugs in 2021, which set out the scale of the problem and practical recommendations to repair the system, the strategy broke new ground in setting out how the whole of government would work together to address these issues. This recognised that, to rise to this significant challenge, we needed to take a long-term approach. From Harm to Hope is an ambitious and action-focused 10-year strategy to enable real and sustained change.

Combating drugs is one of the government's top priorities and ministers across government are engaged and focused on delivering our strategy. The strategy represents a unique, whole-of-government approach to combat illicit drug use, reduce drug deaths and ensure people get into high-quality treatment and recover from their addiction. Six departments of state are jointly accountable for delivery and oversee delivery, alongside experts and delivery leads, at the newly convened Drugs Strategy Ministerial Forum.² The forum has been effective in galvanising action-focused plans and tracking progress since it was stood up at the beginning of 2023.

This annual report represents this collective endeavour. The Joint Combating Drugs Unit, the first of its kind, sits across all six departments to oversee and support delivery of the outcomes in the strategy, reporting into the Combating Drugs Minister. This represents the commitment across government to all parts of the system playing their part in breaking supply chains, getting people into treatment and recovery, reducing demand and preventing people taking drugs.

The progress contained in this report represents our 10-year commitment. Our first full year of delivery has built the systems, structures and standards for ramping up delivery and to ensure all key local stakeholders across the drug sector are working in partnership in a co-ordinated approach to deliver the strategy. A significant development is the rapid deployment of 106 Combating Drugs Partnerships across England, each led by a Senior Responsible Owner.

1 From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

2 Home Office, Ministry of Justice, Department of Health and Social Care, Department for Education, Department for Work and Pensions and Department for Levelling Up, Housing and Communities. The cross-government Joint Combating Drugs Unit has co-ordinated this report on behalf of these departments. Overall accountability for the strategy and overseeing the delivery of the ambitions and commitments within it sits with the Combating Drugs Minister. Accountability for the delivery of individual elements of the strategy remains the responsibility of the relevant departments and Secretaries of State.

Across our treatment and recovery system, a core focus has been scaling up the workforce to support the delivery of a system with greater capacity. This includes a focus on quality through the new national commissioning quality standards and embedding recovery support services. It has also included a sharp focus on the criminal justice system to tackle drug-related crime, including new work to improve continuity of treatment for prison leavers.

In our drug supply work, our plan to scale up in-flight programmes has shown success. We have expanded work to tackle transnational organised crime groups to tighten our grip of the border. Project ADDER has given us supercharged delivery and crucial evidence to learn from nationally.

These successes allow us to move into the next phase of our strategy. Over the next two years, as these foundational elements develop and embed, we expect the performance of the system against the baselined metrics to continue to improve. Our National Combating Drugs Outcomes Framework provides a common set of metrics for national and local areas to organise around.

Given the levels of change needed across the three strategic priorities – supply, treatment and recovery, and demand – we have mobilised and progressed our outcomes at differing rates. For example, we have been able to make great strides on our supply chain work which scaled up in-flight programmes, whereas the treatment and recovery ambitions have focused on system reform including building up the workforce and building in a recovery-orientated focus.

In setting out our progress and next steps, we also recognise the challenges across the first year of delivery, which we have been working to mitigate the effects of in future years. This includes:

- the impact of the increases in the cost of living on budgets for the various elements of the drugs strategy
- the challenges in recruiting a large number of people in the current competitive job market
- ensuring the money is distributed in a more timely manner in future years to minimise underspend and ensure mobilisation is on track

We have also taken the opportunity to outline our priorities for the years ahead, including scaling up delivery nationally and locally, and examining where we can go further to address drug prevention.

The strategy applies to matters reserved to the UK government. As set out in From Harm to Hope, we are committed to working closely with the devolved governments to build a stronger UK-wide approach to drugs, recognising that there are shared challenges and ambitions. To support this, the Combating Drugs Minister continues to hold UK Drugs Ministerial meetings with counterparts, officials and experts from across the UK, to share and learn from each other on a range of important topics. While many elements of drugs policy are devolved, we will continue to confront this issue right across the UK.

Key achievements in 2022/23

To break drug supply chains we have:

- ✓ closed over 1,300 county lines, against a three-year ambition to close 2,000 lines, with over 2,000 arrests and 3,200 safeguarding referrals³
- ✓ successfully completed 2,974 major or moderate disruptions on organised crime groups involved in drugs supply against a three-year ambition to deliver 8,800 disruptions⁴
- ✓ seen police and Border Force seize record levels of cocaine – with over 19 tonnes seized in the year ending March 2022, up by over two-thirds from the previous year⁵
- ✓ supported 25,953 arrests across the 13 Project ADDER sites since January 2021, with 12,114 arrests in the last year
- ✓ implemented new and upgraded trace detection equipment in 50 priority prisons alongside fully-operational counter-drone systems

To deliver a world-class treatment and recovery system we have:

Increased and improved the treatment workforce

- ✓ increased the drug and alcohol treatment workforce with 1,670 additional staff including 1,255 drug and alcohol workers, 479 of whom are focused on criminal justice⁶
- ✓ increased the number of people having an inpatient stay in a specialist unit to detox from drugs and alcohol by 26%
- ✓ increased the number of people going to residential rehab by 4.6%
- ✓ provided substance misuse treatment to 1,087 more children and young people

3 Type 1 line closures, which involve arrest and charge of the line holder, by the County Lines Programme exporter force taskforces (MPS, Merseyside, West Midlands, and Greater Manchester Police). Type 1 line closures are the primary focus of the programme and the basis for the drugs strategy ambition of 2,000 line closures. This does not include Type 2 line closures, which involve deactivation of the phone line/SIM, or any line closures conducted by other forces through the County Lines Programme Surge Fund. Programme data published at [County Lines Programme data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/county-lines-programme-data). Latest release on 19 July 2023

4 The ambition to deliver 6,400 disruptions against organised crime groups set out in the drugs strategy was increased to 8,800 following updated baseline data on disruptions and taking into account the totality of the investment made through the 2021 funding settlement. This allowed for a higher ambition to be agreed between the Home Office and law enforcement partners.

5 Seizures of drugs in England and Wales, financial year ending 2022 - (www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2022)

6 Based on complete information for 135 of 140 local authorities.

Key achievements in 2022/23

- ✓ new Individual Placement and Support teams in 26 additional local authorities.
- ✓ supported 12,500 people as part of the Rough Sleeping Drug and Alcohol Treatment Grant
- ✓ launched a 'test and learn' programme with 28 local authorities, to test the impact of targeted housing support interventions on recovery outcomes
- ✓ launched a groundbreaking addiction mission to enhance the development of new technologies to prevent deaths and combat addiction

implemented measures in the criminal justice system to tackle drugs

- ✓ doubled the number of Incentivised Substance Free Living units
- ✓ recruited 18 drugs strategy leads in prison and over 40 health and justice partnership co-ordinators in probation

increased pathways into treatment in the criminal justice system

- ✓ increased the number of referrals from the criminal justice system by 8%
- ✓ increased the number of prison leavers who continue their treatment post-release by 4.5%

To achieve a generational shift in the demand for drugs we:

- ✓ launched five test and learn projects as part of our cross-government innovation fund focused on reducing drug use
- ✓ held a National Drug Summit to understand the drivers of drug demand and to discuss challenges faced in tackling drug misuse
- ✓ expanded the use of drug testing on arrest across police forces to target recreational drug users and completed 43,333 tests
- ✓ published a consultative white paper setting out innovative proposals for an escalatory approach to tackle low-level drug possession offences

To drive progress on a local level we have:

- ✓ established 106 Combating Drugs Partnerships across every area in England, overseen by Senior Responsible Owners, to drive local multi-agency delivery

Progress on national delivery

This section sets out progress made following the first full year of funding associated with the strategy, including delivery against our commitments and goals, and the key issues and challenges that we have faced – including delivery of the recommendations made by our Independent Adviser Dame Carol Black in her Independent Review of Drugs.

Progress on delivering the aims of the strategy has been aided by close partnership working between the relevant government departments and delivery partners, both nationally and locally, and engagement and support from ministers across government.

Breaking drug supply chains

In this first year of strategy delivery, we have fully mobilised an end-to-end plan to tackle drug supply with a focus on the supply chains that cause the most harm. As part of our £300 million supply ‘attack’ plan to make the UK a significantly harder place for organised crime groups (OCGs) and lower-level criminals to operate, we have fully established and scaled up core programmes, including our flagship County Lines Programme and Project ADDER as well as work to tackle OCGs. We are on track to deliver our commitments by the end of the 2024/25 financial year. We expect to have reduced drug-related crime and homicide,

closed over 2,000 more county lines, and increased the denial of criminal assets. Working with law enforcement partners, we have revised our ambition to delivering a 20% increase in major and moderate disruptions upwards to 8,800, from 6,400, to reflect improved data collection and a refreshed baseline.⁷

Tackling OCGs

Transnational OCGs seek to circumvent our border controls. Through the strategy we have invested in the regions carrying the highest threat to the UK, to understand and dismantle their OCGs.

Law enforcement uses disruption as a means of assessing the impact of activity against organised crime, where a ‘major’ disruption is an activity which has a significant or long-term impact on the capability of an OCG and a ‘moderate’ disruption is an activity which has a noticeable or medium-term impact. We have successfully completed 2,974 major or moderate disruptions on OCGs involved in drugs supply between April 2022 to March 2023, exceeding the ambition of 2,934 disruptions.

⁷ The ambition to deliver 6,400 disruptions against OCGs set out in the drugs strategy was increased to 8,800 following updated baseline data on disruptions and taking into account the totality of the investment made through the final Spending Review ‘21 settlement. This allowed for a higher ambition to be agreed between the Home Office and law enforcement partners. Figures are based on unpublished management information from NCA and delivery partners captured in APMIS system.

Alongside this, our enforcement partners are working successfully to seize drugs before and during their journey to the UK. In the year ending March 2022, the quantity of cocaine

seized by police and Border Force rose by 68% from the previous year to 18.8 tonnes. This is the largest amount of cocaine seized in a single year on record.⁸

Case study – Operation Mille

Operation Mille: £130 million worth of cannabis, £636,000 in cash and 20 firearms seized in UK-wide crackdown aimed at disrupting OCGs across England and Wales.

Successfully executing over 1,000 warrants, police seized up to £130 million pounds worth of cannabis as part of a nationwide crackdown, described as the “most significant” operation of its kind in UK law enforcement history. Officers seized more than 180,000 cannabis plants during a series of intelligence-led, co-ordinated enforcement raids, aimed at unearthing and disrupting OCGs across England and Wales. Police also recovered 20 firearms, over 25kgs of cocaine and £636,000 in cash.

The National Police Chiefs’ Council highlighted that the operation had successfully disrupted a significant amount of criminal activity. The intelligence gathered will also help inform future law enforcement activity across the country. Alongside police forces and specialist capability within the Regional Organised Crime Unit network, the operation involved officers from the National Crime Agency and Immigration Enforcement. The aim of the operation was to disrupt OCGs by taking out a key source of their revenue, while also apprehending many of those involved, and a total of 967 people were arrested for offences including cannabis cultivation, money laundering and weapons offences, of which more than 460 people have since been charged.

⁸ This data does not include National Crime Agency seizures. National Crime Agency operational activity led to the seizure of 241 tonnes of Class A drugs in the year to March 2022.

County lines

County lines gangs exploit children and vulnerable adults, causing significant harm to individuals, families and communities. We have responded to this through the County Lines Programme, launched by the Home Office in 2019, to tackle this violent and exploitative drug distribution model.

We have made significant progress in delivering our County Lines Programme. Between 2019 and March 2023, the County Lines Programme resulted in the closure of over 4,300 lines, 14,200 arrests and 6,300 safeguarding referrals. In the first year of this strategy delivery alone (financial year 2022/23), policing activity funded through the programme delivered over 1,300 line closures, representing more than half of the drugs strategy commitment to

close over 2,000 lines by April 2025, as well as over 2,600 arrests and 3,200 safeguarding referrals.⁹

The programme supports a concentrated law enforcement response, focusing in the largest exporter areas of London, Merseyside, West Midlands and Greater Manchester. However, county lines affect all forces. We also fund the National County Lines Co-ordination Centre (NCLCC), a local force intensification surge fund, and British Transport Police's county lines taskforce to tackle the use of the rail network. Through the programme we have also invested up to £5 million to provide support to victims of county lines exploitation and their families through services provided by Catch22 and Missing People's SafeCall.

Case study – Operation Orochi

In November 2022, the Metropolitan Police's County Lines Programme Taskforce, Operation Orochi, investigated a county line running between London and Dundee, involving the exploitation of a missing child. Orochi officers deployed to Dundee, working with Police Scotland to rescue the child and arrest the offenders. The joint investigation identified three London-based males with a history of violent offending who were controlling the drug line and directly linked to the missing child, along with an address in Dundee that had been cuckooed by the offenders for the purpose of storing and supplying drugs.

Working in collaboration, officers from Orochi and Police Scotland intercepted one of the offenders in Dundee, who was found to be concealing Class A drugs, and searched the cuckooed address where the missing child was rescued and a further offender arrested. Officers then searched a second address in Dundee and arrested two further offenders, seizing a large amount of cash and weapons. All four adult males were charged with drug supply and modern slavery offences, and subsequently sentenced to over 14 years custody combined, while the child was safeguarded.

⁹ Full County Lines Programme data can be found at: [County Lines Programme data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/county-lines-programme-data)

Project ADDER

Project ADDER (Addiction, Disruption, Diversion, Enforcement and Recovery) was first mobilised in late 2020 as a pathfinder programme to the government's 10-year drugs strategy. Learning from the programme is informing national delivery through the Combating Drugs Partnerships.

The programme is being independently evaluated by Kantar Public who will make an assessment on the impact we have made against our overarching outcomes to reduce drug-related crime, deaths and use. However, our internal monitoring from January 2021 to March 2023 shows positive early signs. The **Project ADDER Programme data** reveals:¹⁰

- 2,749 organised crime disruptions (minor, moderate and major)
- £9.8 million in cash seized
- 25,953 arrests
- 7,034 drug trafficking offences
- 27,876 drug possession offences
- 6,556 possession of weapons offences
- 9,208 Out of Court Disposals: community resolutions for drug possession offences
- 7,672 Naloxone kits distributed outside of treatment services

Alongside the law enforcement activity, Project ADDER also includes diversionary programmes (such as Out of Court Disposals) and work to get people into treatment. As of December 2022, nearly 5,000 people have directly benefited from ADDER treatment funding and there have been 9,208 community resolutions for drug possession offences offered across Project ADDER sites.

Working in partnership with frontline partners, and with our independent evaluator, we are able to look at real time delivery of local ADDER projects to understand what lessons can be learnt from individual ADDER and Accelerator sites. This comparison across sites and over time enables us to identify how best we share ADDER learning nationally. Early themes that have arisen include challenges facing workforce recruitment and mobilisation, the impact of co-location of roles within partnerships and data-sharing barriers.

Work is underway to support the roll-out of the system to a national level through:

- development of tools to enable shared learning and strengthen links with Combating Drugs Partnerships
- delivery of evaluation and monitoring
- networking events for local partners and leaders
- consolidating lessons learnt to share best practice

¹⁰ **Project ADDER programme data - GOV.UK (www.gov.uk)**

Drugs in prisons

Serious and organised crime dominates the drug economy in prisons and is part of a web which includes drug supply outside of prisons. We have increased the number of staff working in our Serious and Organised Crime Unit, including new detection and capability officers. We are also setting up a crime in prisons taskforce to identify and expose systemic failings that allow continued criminality in prisons, and enhance our capabilities to disrupt crime. Alongside this we have invested in a pilot to explore focused intelligence development and co-ordination work on county lines.

We have invested in new and upgraded trace detection equipment for 50 priority prisons. These allow for the testing of prisoner mail which can be soaked in drugs such as psychoactive substances. Our counter-drone systems are now fully operational and helping to tackle the conveyance of contraband via drone. We are also working to improve our digital forensics capability to analyse seized drones and mobile phones.

To tackle the issue of contraband being conveyed by staff, we have enhanced our checking processes by introducing credit and social media checks of staff, to reduce corruption and smuggling of drugs into prison.

UK-wide collaboration

OCGs are misusing pill press machinery to manufacture harmful drugs such as 'street' benzodiazepines, which are being sold across the UK and causing significant harm, particularly in Scotland. The government recently consulted on legislative measures to strengthen the response to serious and organised crime in England and Wales, including cracking down on articles such as pill presses. We are continuing to engage with the devolved administrations as the legislative proposals are developed, including on the possibility of enabling these measures to be introduced in Scotland.

The County Lines Programme is developing the capability of police forces across England and Wales to tackle county lines. The programme forces (West Midlands, Merseyside, Greater Manchester and Metropolitan Police) have continued to support forces in Wales, including regular joint operations, over the last year. The majority of county lines in Scotland originate in Merseyside, London and the West Midlands, and the County Lines Programme forces have also provided guidance and support to Police Scotland, including regular engagement and joint operations.

Merseyside Police have provided additional resource, training and guidance through their County Lines Taskforce to Police Scotland and North Wales Police. This supports collection and development of intelligence and enhance county lines policing operations and collaboration between the forces. Merseyside Police also work closely with Police Scotland and forces in Wales on Merseyside lines impacting those areas, resulting in the closure of 14 lines in Scotland and 53 in Wales in the last year.

British Transport Police have embedded an officer in Police Scotland to act as a dedicated county lines co-ordinator, supporting recent deployments of the County Lines Taskforce in Aberdeen, Dundee, Edinburgh, and Glasgow. They

also regularly deploy to Wales, working particularly closely with North Wales Police in Colwyn Bay, supported by the recent recruitment of two Wales-based officers to the County Lines Taskforce.

Case study – County Lines collaboration between Merseyside Police and North Wales

In February 2023, following identification of a line operating between Merseyside and Rhyl, a joint covert policing operation between Merseyside Police's County Lines Taskforce and North Wales Police led to a vehicle being intercepted and a senior gang member and associate being arrested. The controlling deal phone was recovered from the car and subsequent searches of the offenders' home addresses recovered £40,000 worth of drugs. Both gang members pleaded guilty and were each sentenced to 4 years and 9 months in custody.

Delivering a world-class treatment and recovery system

Our ambition is to deliver a world-class treatment and recovery system across England, delivered via a highly trained and motivated workforce offering a full range of evidence-based interventions. We aim to put the individual at the centre of everything we do, to save lives, reduce harm and crime, and stop the 'revolving door' in and out of prison.

To begin resourcing this ambition, the Department of Health and Social Care has provided local authorities with £96 million in 2022/23 and allocated £155 million for 2023/24. This additional funding has been provided on the condition that it is additional to the mainstream funding for drug and alcohol treatment and recovery systems which comes through the Public Health Grant.

The funding has been a huge step-change for the treatment system, but delivery timescales in the first year of delivery have been compressed which has contributed to underspend and mobilisation delays.

We are working with local authorities to help manage their revised delivery plans and

identify opportunities to reallocate funding. We are also ensuring that we learn lessons from the delays in releasing grant funding to ensure this issue is avoided in future. We are committed to working with our partners and we are confident we will overcome these challenges to deliver a world-class system.

New treatment places

Our ambition is to support an additional 54,500 people into treatment by March 2025, focusing on the areas hardest hit by drug misuse first, with other areas following in years two and three. The overall number of adult treatment places have remained relatively stable between April 2022 and March 2023. Local authorities have initially focused on recruiting additional staff and building local partnerships and accountability structures to provide a strong foundation for achieving our ambition for increasing treatment places by 2025. This year, has also seen an investment in the services to deliver treatment places; an additional three inpatient detoxification units will be opening, including a women-only unit which will help provide 900 additional in-patient detoxification interventions per year.

This initial year of the strategy has seen efforts focus on seeking to rapidly increase the size of the frontline workforce and building skills in those new to the system so that they can provide safe and effective care to people in treatment. Local authorities have also needed to manage in-year inflationary pressures.

Local authorities have recently reviewed and updated their local annual treatment and recovery plans which must be in place before they can access the additional investment provided through the drugs strategy. They have been encouraged to develop their plans against a menu of evidence-based interventions including recovery services and to be clear about where investments are focused. No two areas are alike, and this includes setting local ambitions to increase treatment capacity, which would deliver our national ambitions. An early analysis of these updated plans suggests that these remain in line with our national ambitions.

To support these aspirations, we are providing both universal and targeted support to local authorities and are confident that the number of people in treatment will grow quickly, enabling us to achieve our ambition, once a solid foundation has been established.

Improving the quality of systems and services

Our ground-breaking English national alcohol and drug treatment and recovery Commissioning Quality Standard was published in August 2022 and is already being used by local authorities to review and develop partnership approaches to effective commissioning. We are supporting partnerships to achieve excellence in a number of ways, including via a series of national webinars, targeted support, and a community of practice, to share best practice, on a knowledge hub.

Only by improving the quality of interventions, and service users' experience of them, will we increase the number of people coming into and staying in treatment and improve their outcomes and chances of long-term recovery. A significant proportion of the new treatment funding has been used by local authorities to improve the quality, as well as the capacity, of drug treatment, investing in reducing the size of staff's caseloads and the quality of the interventions they then deliver.

Psychosocial (talking) treatments are a mainstay of drug and alcohol treatment, in combination with pharmacotherapy where appropriate. Too often in the past, treatment became overly reliant on pharmacotherapy. The Office for Health Improvement and Disparities' quality improvement programme aims to improve the quality of psychosocial interventions so they are more effective at reducing illicit drug and alcohol use and improving people's physical and mental health, relationships and employment opportunities.

A quality service delivered by a highly skilled and motivated workforce is key to success, so we are committed to expanding and upskilling the workforce by 2025. The local workforce has expanded following the drugs strategy funding. In 2022/23, local authorities reported that an additional 1,670 posts had been recruited, exceeding the

first-year expansion targets for drug and alcohol workers, nurses, pharmacists and social workers. Drug and alcohol worker recruitment has already exceeded the 2024/25 drugs strategy expansion target.

Bringing more psychological professionals and psychiatrists into the treatment workforce is now a priority, as is retaining and upskilling the newly recruited workforce. We have secured additional addiction psychiatry training places and are planning a targeted recruitment campaign to ensure these are filled. We are working to increase the number of drug and alcohol specialist placements as part of expanded clinical psychology training courses, to encourage more psychologists to choose a career in drug and alcohol treatment.

The findings of the first-ever **national drug and alcohol treatment and recovery workforce census** were published in March 2022. This annual census will track changes to the workforce size and composition, as well as metrics such as vacancy and sickness rates, and salaries. It will also inform local and national workforce planning.

The health and social care sectors are currently experiencing workforce shortages (especially for key professional roles such as doctors and psychologists), which is impacting our ability to expand high-quality treatment and recovery services at pace. To meet this challenge, we are developing a suite of products to aid workforce expansion. We have published a first of its kind national workforce census, the most comprehensive workforce data collection for drug and alcohol treatment and recovery services to date. We will be running it in 2024 and 2025 to inform local plans and support the development of a new workforce strategy and future workforce needs. Additionally, we are currently developing capability frameworks for core roles within the sector – such as drug and alcohol workers and peer support workers – and a workforce calculator

to support local workforce planning. Alongside this, we have provided guidance on workforce planning for the sector and worked with them closely to ensure their expansion plans meet the ambitions set out in the drugs strategy.

We will need to go further to address these workforce challenges, and work is currently underway to find longer-term solutions. This will be underpinned by a 10-year workforce strategic plan due for publication in autumn 2023.

Children and young people's treatment provision

We are on track to meet our target of 5,000 more young people in treatment by 2024/25, a 50% increase from 2021. Planning for 2023/24 shows a sustained increase in investment for children and young people's treatment provision, which is crucial in our goals to prevent and reduce drug addiction.

A new key performance indicator for youth offending teams on drug and alcohol use was introduced in April 2023. It aims to improve the identification of young people in contact with youth justice services who are experiencing problems with drug and alcohol use. We will also then monitor the rate of referral to further help and support, and how many then receive it.

Lived experience, recovery support services and lived experience initiatives

Those with lived experience of drug use have a vital role to play in harm reduction, treatment and recovery support services. Peer support can be very effective in helping to keep people safe from further harm. The drugs strategy funding includes money for these services, and planning for this year shows a welcome sustained increase in investment in these interventions nationally.

Nationally, we also recognise the need to include lived experience in what we

do. Examples of where lived experience contributions have made a real difference include the development of the Commissioning Quality Standard, capability frameworks for treatment roles and new guidance on recovery support services and lived experience initiatives. We are keen to do more as we move forward.

For example, the commissioning quality standard has seen local partnerships seeking ways to improve involvement of people with lived experience and lived experience recovery organisations.

Dr Ed Day, as the National Recovery Champion, has led work with the College of Lived Experience Recovery Organisations to promote and improve recovery support service provision and support the sustainable growth of lived experience initiatives. This has included engagement with lived experience recovery organisations, to help him to produce an information pack for commissioners and service providers to raise greater awareness and enthusiasm. Dr Day has also worked with the government to carry out a survey of local authority commissioners to better understand current provision in England, as well as a review of the international evidence. Dr Day's work has informed the co-development of new guidance to help alcohol and drug treatment and recovery partnerships to understand the evidence for, value of and ways to foster and support lived experience initiatives and recovery support services. This guidance is due for publication in summer 2023.

Co-occurring conditions

As highlighted within Dame Carol Black's independent review, many people with drug misuse conditions also experience co-occurring mental and physical health conditions. The review highlighted that that many people are unable to access adequate care for these conditions and, where they do, it is not usually integrated or designed around the person's needs.

In early 2023, 18 drug and alcohol treatment staff started fully-funded Mental Health Wellbeing Practitioner training. Introducing these practitioners to our services will improve the treatment of common co-occurring mental health difficulties and pathways into mental health treatment, as well as supporting staff retention through alternative career progression routes.

The Office for Health Improvement and Disparities is working with NHS England to develop a joint action plan to improve mental health treatment for people with co-occurring conditions. This will include plans to improve access to mental health services, explore opportunities within the new integrated care systems, and how to align services to deliver joined-up care across services. We are currently focusing on part one of the programme which focuses on adult mental health services and we are aiming to complete this by the end of 2023, with a second plan focused on children and young people to follow. Further work on physical health will commence at a later date. To support this, Dame Carol Black, the Government's Independent Advisor on drugs, held a series of engagement sessions with integrated care systems to explore integration with the Combating Drugs Partnerships. All areas engaged with responded positively and, although there is a way to go to improve a treatment of co-occurring conditions, this engagement set out the expectation and greatly increased awareness of collaborative working. We have also seen good local examples of this operating in practice that could offer a template for other local partnerships.

Case study – Collaboration between mental health and drugs/alcohol services

A new partnership was recently launched in Staffordshire that brings together drug, alcohol and mental health services into one joint team: the Integrated Co-occurring Needs team – ICoN.

ICoN is a collaboration between the specialist drug and alcohol charity Humankind and the Midlands Partnership University Foundation Trust – who deliver NHS mental health services in Staffordshire.

The service was established in an effort to address one of the key challenges facing the drug and alcohol treatment sector over the last 30 years, and one which was highlighted by Dame Carol Black's review: people with co-occurring needs often 'bounce' between services because of the way in which services have traditionally been organised. Historically, mental health services have struggled to address mental health difficulties if someone is intoxicated, while drug and alcohol services have found it an equal challenge to address drug and alcohol problems if someone is 'self-medicating' or has a mental illness or emotional challenges.

Furthermore, many people with co-occurring needs face issues relating to trauma, As well as care co-ordinators, the ICoN team comprises three clinical psychologists to provide timely and evidence-based specialist psychological interventions, training and supervision. The pathway is also currently in the process of recruiting a further two registered healthcare practitioners to enhance access to mental health interventions and facilitate a seamless experience for those accessing wider NHS mental health services within the Midlands Partnership University Foundation Trust.

The service delivers largely standard evidence-based interventions. However, the innovation stems from the single care plan that is jointly formulated by all professionals involved, in collaboration with the service user and their families and carers. Regular integrated multidisciplinary meetings provide a further platform to ensure that all individuals involved in a service user's care are informed and up to date so that the service user has the best experience. The goal of the service is to achieve a broad range of outcomes for clients, rather than addressing specific issues in isolation – which allows for a more flexible approach to the timing and sequencing of interventions, facilitated by close communication.

The service reduces duplication and fragmentation, which represents a more efficient use of resources. Funding for the service has been made possible by the Community Mental Health Transformation Programme and the Supplemental Substance Misuse Treatment and Recovery Grant. The fact that many of the posts have been jointly funded and recruited to have been further important factors in promoting genuine integration of services.

Discussions are underway to explore how social care and learning disability specialists could become part of the team and how joint working can be established with housing and other services to provide a genuinely multi-disciplinary approach.

The service has been operating for less than six months and so it is too early to draw firm conclusions about outcomes. However, feedback from clients and staff is extremely encouraging – particularly in relation to improving ease of access to services.

Housing and employment support

To achieve recovery from addiction, and break any cycle of addiction, quality treatment needs to be supported by housing and employment. This was a core part of the strategy, and we have made progress in stepping up these efforts.

We are funding 28 areas to deliver targeted housing support interventions to people in treatment as a test and learn approach. We will learn from the impact that housing support has on recovery outcomes in these local authorities and build the evidence for further investment in this policy area. The test and learn areas are currently mobilising, and examples of posts and interventions being funded include specialist substance misuse floating support workers, tenancy sustainment posts and housing caseworkers.

As part of a three-year phased national roll-out, we have also expanded access to Individual Placement and Support employment support to 26 new areas, bringing the total number of local authority areas with access to 72. This means more people will receive help getting into employment, with support carefully tailored to support their recovery. Individual Placement and Support offers intensive, individualised support to help individuals in drug or alcohol treatment find the right job and includes in-work support made available to both the employee and employer to ensure that work is sustained. Employment outcomes are identified via a data linkage process with His Majesty's Revenue and Customs employment records.

We have also rolled out our peer mentoring programme to four test areas in England. Peer mentors use their lived experience of addiction and recovery to help individuals disclose their dependency to Jobcentres and access the support they need to move closer to work.

Treatment in the criminal justice system

The criminal justice system is a key point of intervention for those with drug misuse issues, given the high prevalence of drug misuse among offenders across police custody, courts, prisons and probation. As part of the drugs strategy, we are working to ensure more offenders engage in high-quality treatment and to improve continuity of care for prison leavers.

Local authorities have used their drugs strategy funding to improve the availability and accessibility of treatment for people coming from criminal justice settings such as police custody, courts, probation, and prisons. They have recruited 476 additional criminal justice workers and as a result, criminal justice referrals have been increasing steadily since April 2021.

Drug Rehabilitation Requirements (DRRs) are a treatment and testing requirement as part of a court community sentence and can provide an alternative to custody. We are committed to making the best use of these community sentences to ensure that more offenders with drugs needs are diverted into treatment into the community rather than custody where appropriate. The latest published data shows that there have been recent increases in the number of DRRs sentenced. In 2021 there were 5,300 DRRs sentenced and this rose by 12.4% to 5,900 in 2022. However, their use as a proportion of all requirements commenced has fallen over the last decade, from 4.8% in 2012 to 3.8% in 2022.

To reverse this and for DRRs to be used and applied effectively, we are working to improve the use of the Effective Proposal Framework digital tool. The tool identifies potential sentencing options for probation staff, and ensures practitioners consider proposing a DRR to the court where a drug need is identified. The recruitment of new health and justice co-ordinators in every

probation region will also support the delivery of DRRs by working with health partners to improve access to treatment. We are also investing additional resource to increase drug testing of offenders to enable probation to more effectively monitor compliance with these requirements.

We have also launched Intensive Supervision Courts pilots, two with a focus on substance misuse (Teesside and Liverpool Crown Court) which will divert offenders from short custodial sentences into enhanced community-based sentences for those whose offending behaviour is driven by substance misuse and other complex needs. Based on successful international 'drug court' models, these pilots seek to address complex needs, including substance misuse, in a more dynamic way through random

and frequent testing, increased supervision and regular court reviews with a dedicated judge. The Intensive Supervision Courts place judges at the centre of sentencing, rehabilitation and compliance, alongside a multi-disciplinary team ranging from probation and health professionals to police and broader service providers providing wraparound support. The judge and their team will work together to use a new system of incentives and sanctions to encourage court participants to succeed. These pilots will run for an initial period of 18 months and will be accompanied by a robust evaluation to determine the impact of these problem-solving measures on offenders and justice partners, and measure the value for money of the pilots.

Case study – Kingston upon Hull grant funding

Kingston upon Hull received £1 million in additional grant funding to invest in their treatment and recovery system in 2022/23.

They used part of that funding to invest in a specialist member of staff to enhance work with the city's integrated offender management team. This has allowed the treatment and recovery service to start attending meetings to share information and help to manage risk. This led to the probation service providing access to their information system which has helped allocate those in need to treatment more effectively.

By December 2022 the worker had supported 64 people who are serving community sentences or leaving prison on licence. This included seeing people face-to-face in their homes and local cafes, as well as at police stations and probation offices. They offer one-to-one support to help people to stay engaged in treatment, reduce harm, help to find employment, appropriate accommodation and any mental or physical health support.

Between August and October 2022, the service recorded 74% of the people being worked with as being free from illicit opiates, and 75% had reduced or stopped their use of crack cocaine. There were also improvements in mental (45%) and physical (43%) health, and 92% reported that they had not drunk alcohol in the last 28 days.

This included Paul, who was costing the criminal justice system just under £12,000 a year before he started treatment. He had an offending history over last 5 years which includes offences related to violence, acquisitive crime, and drug possession and supply offences. Since coming into treatment in June 2021, Paul has worked hard to achieve his goals. He has stopped offending and his average yearly cost has reduced to £2,900.

As well as aiming for more offenders to get the treatment they need in the community, being in prison can provide the teachable moment that helps people to finally turn their lives around. Incentivised Substance Free Living units are a safe space away from drugs which support prisoners either to stop using drugs, or to remain drug free, while undertaking voluntary drug testing, engaging with treatment and working towards abstinence. Since summer 2022 we have doubled the number of these units in prisons, from 25 to over 50. We have recruited the first drugs strategy leads based in prisons, who will co-ordinate the strategy's whole system approach to tackling drugs, with 18 now in post.

The percentage of prison leavers with an identified substance misuse need who engage with community treatment within three weeks of release now stands at 40.7%, an increase from 36.1% since the drugs strategy funding was put in place. While this has risen from 30.3% in 2015/16, it remains much lower than it should be. We have reviewed practice in areas where significant performance improvements have been identified. The lessons learned in those areas (such as the Wirral) are being shared across the country by supporting regional events and running national webinars. We are also publishing a continuity of care self-assessment tool to support needs assessment and local planning.

We have been working with local authorities and treatment partners to promote effective partnership working across agencies and service providers, including with dedicated probation staff. We have introduced a national approach across England and Wales that means all probation officers will get information about the treatment referrals of all prison leavers under their supervision. The new Probation Notification and Actioning Project launched in its first region, South Wales, in April 2023, and we are working to roll this out nationally. This will support consistent information sharing on continuity of care, and enable probation to support prison leavers to attend appointments. We are also expanding the use of secure video calling in prison by providing 650 additional laptops, allowing prisoners the opportunity to engage with community treatment pre-release and build trusting relationships before the offender sets foot outside the prison, with roll-out planned by the end of March 2024.

Case study – Continuity of care for prison leavers

Wirral is a local authority area that has made significant improvements in their numbers of prisoners engaging in treatment after release. They have achieved this by:

- developing and maintaining a partnership approach to ensuring ongoing treatment support between prisons, community treatment providers and other local agencies such as probation
- being part of a sub-regional continuity of care meeting which brings together all partners, updates members on news, issues, and changes and works together to address any problems
- identifying issues and improving data accuracy and communications between prison and community teams at different points in the pathway
- providing in-reach workers to engage people in prison early, and ramping up the practical support available to people released from prison

Work with the devolved governments

Although Scotland, Wales and Northern Ireland each have their own substance misuse strategies, the UK government and the devolved administrations have agreed to work collaboratively to achieve shared goals in preventing drug-related deaths. This includes looking at information sharing between local partners about individuals who have experienced a near-fatal overdose or have died. This is to help ensure the former get the follow-up support they need and lessons are learned from both to prevent deaths.

Following the completion of a public consultation in 2021, we are continuing to explore updates to legislation that will enable greater access to take-home naloxone to people who are, or close to someone who is, at risk of overdose death. A summary of the consultation responses was published in March 2022 and can be found here:

Expanding access to naloxone: summary of feedback. This work is complex and is therefore taking time to get right. Changes to the legislation will take effect across the UK, and we are working closely with the devolved administrations to develop appropriate policy for all parts of the UK.

Achieving a generational shift in the demand for drugs

Around three million people in England and Wales report using drugs each year, putting themselves at risk and driving a violent and exploitative supply chain including through so-called ‘recreational’ drug use. Our vision is to bring about a generational shift in the use of drugs across society so that, within 10 years, fewer people take drugs or feel drawn toward taking drugs, and today’s children and young people grow up in a safer and healthier environment.

Meaningfully changing attitudes and behaviours is challenging, however it is key to our success. That is why we have continued to pursue a range of interventions, working with experts across the sector to build a world-class evidence base, reduce the demand for drugs among adults and prevent drug use among children and young people.

Understanding what works

We are committed to developing evidence across demand reduction as a whole and being guided by that evidence. In May 2022, we hosted a National Drugs Summit bringing together over 300 participants to help understand the drivers of drug demand, the impact drugs have on individuals and wider society, live interventions to respond to the challenge, including from other countries, and the difficulties faced in tackling drug misuse. This informed the development of in-train work to build the evidence base.

Last year we launched a £5 million cross-government innovation fund that will allow us to test and learn from new approaches to deter people from recreational drug use, educate them about its damaging effects and help them to make the right choices. The fund will run over three phases. In phase 1, following a robust competition process and external scrutiny from leading experts and academics on substance misuse, five projects have received funding (as of March 2023). These include:

- delivering education-based programmes
- skills development for young people
- community outreach and development of training programmes for night-time economy staff

Findings from phase 1 are expected by autumn 2023. The phase 2 process began in spring 2023 and successful projects are set to commence in spring 2024.

Working with Liverpool John Moores University, we have progressed primary research on how to respond effectively to the increased rates of drug use in younger age groups, which involved interviews with 135 people aged 12 to 25. The findings, which will be reported to government this summer, will inform national policy approaches to reducing demand and will help shape activity nationally and locally to improve service provision for younger age groups.

We have also worked internationally, including with the US and other partners, to tackle the threat from illicit synthetic drugs. This includes close working on tackling supply, improving data and information sharing and deliver treatment and recovery services. In April 2023, following an election, the UK secured their place to remain a member to the United Nations Commission on Narcotic Drugs, promoting the UK as a global leader and reliable partner for international cooperation. As such, the UK will continue to take a lead role at future events, including the 2024 mid-term review.

Reducing the demand for drugs among adults

We continue to work tirelessly to restrict access to harmful drugs as new threats emerge. In 2023, the government announced its intention to ban nitrous oxide and work across the system to raise awareness and reduce harm associated with misuse. This followed an updated harms assessment by the Advisory Council on the Misuse of Drugs (ACMD) and high misuse rates among young people, alongside reports of growing rates of neurological harms. The government has also accepted the ACMD's recommendation to ban 11 new potent synthetic opioids. The group are currently conducting a review of powder cocaine use among young people to inform the government's approach to this issue, responding to a rising trend in treatment being sought for powder cocaine misuse.

Tackling drug possession offences

We are committed to delivering meaningful and fair consequences for those who use illicit drugs and have progressed work to ensure that the anti-social behaviour that impacts on people's quality of life and neighbourhoods is dealt with robustly. We will ensure that there is a zero-tolerance approach to drug misuse embedded across policing, with escalating sanctions for those who continue to misuse to ensure that they face the consequences of their actions. We will also ensure that the police are diverting users into treatment, where appropriate.

In July 2022 we published a consultative white paper setting out innovative proposals for an escalatory approach to tackle low-level drug possession offences. The public consultation was live for 12 weeks and we received almost 5,000 responses, highlighting the importance of tackling the demand for drugs. Analysis of responses has been undertaken and we have committed to publicly responding to the consultation, which we will do, in due course. We are also taking action now, with a range of programmes aimed at tackling overall demand, including taking learning from the consultation.

As committed to in the strategy, we are continuing to promote and expand the use of drug testing on arrest across forces in England and Wales. The funding period from March 2022 to February 2023 saw an increase in the number of forces reporting conducting drug testing on arrest. During this period, 19 forces reported 43,333 completed tests to the Home Office. From the nine forces reporting additional data, 4,064 referrals to treatment were reported to the Home Office between June 2022 and February 2023, meaning more individuals had the chance to access treatment or support to address their drug misuse.

Over the next two years we plan to go further with a new national plan, led by the National Police Chiefs' Council lead on Drugs and supported by the Home Office and Department for Health and Social Care, to increase police-led referrals into treatment. The approach outlined below outlines how drug testing on arrest can facilitate access to support for people who might not otherwise access treatment; this is dependent on close partnership working at a local level, with local police and treatment services working closely together to identify who might benefit from this service and designing it collaboratively.

Case study – Partnership in Calderdale to support people using cocaine and offending

In Calderdale, since September 2022 there has been targeted support programme for people whose offending is linked to powder cocaine use. If you're arrested for certain offences you are tested for drug use, and if you test positive for cocaine specifically (not linked to other substances), then the police officer in custody books you onto a required assessment with the local drug treatment provider, Recovery Steps. The assessment determines what kind of support is most appropriate for you.

The specific programme for people whose offending is linked to their cocaine use is called Fine Lines and started in September 2022. It runs in the evenings so that most people can attend while still working during the day. There are individual check-ups with professional staff, and then a group session, facilitated jointly by the drug treatment service and The Basement Recovery Project, an award-winning, independent, community-based organisation that involves people who have used drugs themselves. The timing and the contribution of lived experience makes the sessions accessible and authentic.

We can already see the impact. Over 300 people have already been identified and referred for a required assessment, of whom 132 (43%) were deemed appropriate for Fine Lines. Over 100 (79%) of those identified as appropriate went on to attend – over one-third of all those originally identified. A random sample suggests that over three-quarters of those who have attended the programme have not gone on to re-offend over an average period of six months. The work has also helped identify potential links between cocaine use and domestic abuse – corroborated by similar findings in other areas.

This shows the importance of working together across criminal justice, health and community organisations to ensure people who could benefit from support are identified and have a coherent programme put in place for them. This helps them get their lives back on track and also keeps individuals and the community safer. This is the basis of the government's guidance for local delivery partners on how to work as part of Combating Drugs Partnerships, discussed later in this report. The strategy and guidance have underpinned this project in Calderdale, with the partnerships playing a key role in helping to drive this close collaboration and monitor progress.

Through our funding we have been encouraging innovation from forces operating drug testing on arrest, including an increase in testing for non-trigger offences. In particular, a number of forces have been increasing testing for domestic abuse related offences via Inspector's Authority and looking into links with cocaine use. Early indications are promising, and we will continue to work with forces and collect testing data to understand the results alongside evaluation. This is supporting our understanding of links between wider crime types and drug misuse, but also enabling the police to engage with, and refer appropriately, a wider range of individuals.

We will build on these successes in years 2 and 3 of expanding the use of drug testing on arrest. As set out in the recent Anti-Social Behaviour Action Plan, we have committed to increasing the drugs that can be tested for and expanding trigger offences to make it easier and faster for police forces to test for a wider range of offences.¹¹ This is alongside continued funding for forces to ensure they are maintaining this increase in testing, with an expectation that we will complete over 100,000 tests in total before the end of 2024/25.

We will also fund a number of forces to expand their use of Out of Court Disposals (OOCs). This work will build evidence on how drug awareness courses can be most effective in changing offender behaviour, as well as supporting the wider Anti-Social Behaviour Action Plan by building a greater understanding of how police forces can use targeted enforcement to tackle most visible drug use. Selected forces will also be encouraged to continue to set appropriate and meaningful conditions for offenders.

The expansion pilots will be appropriately evaluated, alongside case study research of best OOC practice for drug possession offences, which will support us in developing examples and evidence to inspire use of OOCs across England and Wales.

We are clear that drugs remain harmful to individuals and the communities in which we live. Through the delivery of the programmes of work under OOC expansion and drug testing on arrest, we will seek to build consistency in the response to tackling possession offences.

Delivery of OOCs and drug testing on arrest have been impacted by delays in release of funding which has contributed to underspend and mobilisation delays. We have remained in contact with the relevant police forces and will implement lessons learned to support delivery in future. We continue to reflect on the challenges and will continue to use this as an opportunity to develop our ways of working to ensure similar issues are avoided in future.

Preventing the onset of drug use among children and young people

Drug use among children and young people has increased at a faster rate than other age groups and we continue to progress work to address this challenge head-on.

¹¹ Offences that can trigger a drugs test, 'trigger offences' are outlined in legislation and are largely acquisitive crimes and drug possession offences. All other offences are considered 'non-trigger offences' and can be tested for where there are reasonable grounds to suspect Class A drug use has caused or contributed to the offence and an Inspector or higher grants approval. **Criminal Justice and Court Services Act 2000** (legislation.gov.uk)

School-based prevention and early interventions

Building the resilience of children and young people is imperative to reducing demand. Drugs education is now taught to every child as part of the compulsory health education curriculum for all state-funded schools. To assess impacts of delivery and to understand any potential barriers to quality roll-out, we are monitoring implementation of the Relationships, Sex and Health Education curriculum. The curriculum includes information about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking and the associated legal and psychological risks of taking drugs. We are also undertaking a national survey of school leaders and teachers, supported by qualitative research. We have published a teacher training module on drugs, alcohol and tobacco, as part of a wider suite of teacher training materials.

We continue work to educate young people on the harms and risks around drug taking via the FRANK website and continue to keep content up to date with emerging evidence and trends, such as increased harm associated with large cannisters of nitrous oxide. In May 2023 we launched an interactive function warning of the dangers of mixing drugs and continue to enhance its functionality to meet needs and to maintain and improve its reach.

The proposed expansion of messaging to students at university has been paused until multi-year funding can be identified to ensure the project can run to completion. We will revisit this as we learn more about reducing demand as a whole, including the success of drug awareness courses and other interventions.

Supporting families and young people most at risk of substance use

We announced our investment of £300 million to enable 75 upper-tier local authorities to create a network of family hubs, which make it easier for families to get the support they need. To support rollout of this work, we have published guidance for local authorities on the services we expect family hubs to offer. This includes providing information about substance misuse and its effects, identifying parental and young people's substance misuse, and helping them to access appropriate support. Family hubs are now starting to open across the funded Local Authorities.

We have also invested an additional £200 million in the Supporting Families Programme, taking the overall funding for the programme to £695 million. From April 2021 to March 2023, the programme has funded local areas to help 132,935 families make sustained improvements with the problems that led to them joining the programme. This year we published a **new eligibility and outcomes framework for the Supporting Families Programme**. Promoting recovery and reducing harm from substance misuse is now a specific outcome and eligibility criteria (previously included more generally under health). This will give local authorities and partners delivering the programme even more scope to include families where there is substance misuse and more clarity on the positive outcomes we are trying to achieve and how to measure those.

In February 2023, we published Stable Homes, Built on Love – our children's social care consultation and implementation strategy. This sets out family help reforms, including proposals to create a multi-disciplinary workforce, which could include domestic abuse workers, drug and alcohol specialists and child mental health workers, alongside social workers and family support workers to better support families. We are

also investing over £45 million to deliver our Families First for Children pathfinder over the next two years. We are launching the first wave in autumn, where we will be working with three local areas initially. Our pathfinder areas will co-design and deliver end-to-end service reform, implementing new family help services, child protection arrangements and support for kinship care. We will share learning from the pathfinder as it proceeds and will support all local areas to move in the direction of the reforms.

We know that ensuring that young people (especially those who are vulnerable) are socially engaged is a big step in protecting them from engaging in illicit drugs and other dangerous activities. In acknowledgement of this, the Youth Investment Fund will pave the way for 300 youth facilities to be built or refurbished over the next three years in disadvantaged areas where need is high and existing youth provision is low. This work aims to help 45,000 more young people access regular, positive activities every year, supporting their wellbeing, giving them opportunities to develop vital skills for life and empowering them to be active members of their local community.

Collaborative working with external partners is imperative to achieving success and reaching the largest audience. For this reason, we continue to work with experts across the sector and are supporting AdFam's work to develop guidance for Combating Drugs Partnerships and local drug treatment commissioners to ensure that families' unique perspectives and contributions are harnessed.

We are delivering a range of programmes that help us work towards our ambition to reduce overall drug use towards a historic low by 2031, however we must go further to understand the rising increase in drug use among children and young people. To address this challenge, we will be working across government and with the Advisory Council on the Misuse of Drugs, building on their robust and insightful prevention report to evaluate the rationale for this increase and seeking to build a holistic picture of what works.

Combating Drugs Partnerships

Successful delivery of the aims and ambitions of the drugs strategy will require prioritisation and co-ordination at a local level, bringing together a range of local partners including those in law enforcement, treatment, recovery and prevention.

This is why the drugs strategy committed to support multi-agency delivery through setting out our national expectation on local prioritisation, leadership and structures. In June 2022 we published guidance for local delivery partners, which set out our National Combating Drugs Outcomes Framework, and outlined a process for monitoring progress across both central government and in local areas.¹² This guidance outlines the structures and processes through which local partners in England should work together to reduce drug-related harm.

This was a big ask. Meaningful and successful partnership working is hard to do, so we have been delighted that local areas responded swiftly and positively, with every area of England forming a Combating Drugs Partnership and nominating a Senior Responsible Owner. The feedback from local areas and the partners involved indicated a real enthusiasm for making the partnerships a success. Partnerships have been set up on varying geographical footprints with leaders from different organisations taking on responsibility as Senior Responsible Owner, depending on specific local circumstances and need.

Around 70% of Senior Responsible Owners are Directors of Public Health, alongside other role holders, such as; Police and Crime Commissioners, police officers and community safety leads. The footprints of the CDPs are varied as a result, around half of police forces areas in England have a single partnership, including Greater Manchester, Northumbria, Cleveland and West Midlands. The variety in partnership arrangements is encouraging and means we can monitor, review and learn to help further develop practice and guidance.

Early in 2023 we asked local areas to complete a self-assessment to help us understand progress and challenges in local partnership working. We found strong representation at Combating Drugs Partnerships from public health, police, probation and community safety, and NHS Integrated Care Boards. While it could be improved, representation from children's services and housing is encouraging. However, in some areas partners from prisons and schools are not represented, and so there is work planned to build greater partnerships, including through health and justice partnership co-ordinators. Initial findings suggest that engagement from partners is improved in areas with larger Combating Drugs Partnership footprints – i.e. where the partnership operates across several local authorities. It remains early days for our partnerships who are building their foundations.

¹² [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/drugs-strategy-guidance-for-local-delivery-partners)

We know that the creation of Combating Drugs Partnerships has pushed forward data sharing and joint analysis in many areas, with new ways of working together and innovative solutions being developed to align with local circumstances. Areas have found this most

productive where they already had structures and relationships established to facilitate joint working, as shown by the following case study which emphasises the importance of a long-term commitment to develop close partnership working.

Case study – Combating Drugs Partnership in Northumbria

The Northumbria Combating Drugs Partnership includes six local councils. It has a Director of Public Health as Senior Responsible Owner, working in close partnership with the Police and Crime Commissioner as chair. The Senior Responsible Owner is connected to national drug and alcohol networks and the Police and Crime Commissioner to community safety networks. The breadth of these connections have helped give the partnership confidence and stability in its arrangement, and have fostered a genuinely joined-up approach across health and social care and criminal justice.

A key factor behind the success of these arrangements was the fact there were already strong partnership links and relationships between organisations. As well as the Director of Public Health's network, there were already arrangements to link at a regional level across the police force drugs leads, and the Combating Drugs Partnership could build on the work done by the Violence Reduction Unit.

The establishment of the Newcastle ADDER Accelerator site meant there was already an analyst hub operating across the local council and police. This has been expanded to include the other local council analysts who have co-produced the needs assessment working with other stakeholders

At the same time, the strength of these structures meant the Combating Drugs Partnership had to be careful not to duplicate tasks and arrangements already in place. Even without dedicated secretariat resources or allocated finance, great progress has been made with membership, needs assessment, and development of the delivery plan in line with the outcome framework. The partnership is continually looking to develop and improve these arrangements, and discussions are underway with local academics and regional Office for Health Improvement and Disparities leads to improve representation of service users and treatment providers on the group.

Stakeholders across police, probation, prisons and health have been supportive of the broader footprint spanning several local councils, and this is partly behind the positive engagement from the Integrated Care Partnership.

The National Combating Drugs Outcomes Framework

In June 2022 we published the National Combating Drugs Outcomes Framework as part of the guidance for local delivery partners,¹³ a single mechanism for monitoring progress across central government and for Combating Drugs Partnerships. This set out our three strategic outcomes of **reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm**, which we are aiming to deliver through our intermediate outcomes of **reducing drug supply, increasing engagement in treatment, and improving recovery outcomes**, alongside a set of 11 headline metrics which we will use to monitor progress.

We followed that with the publication of the supporting metrics and technical guidance which outlines a set of additional 19 supporting measures which allow us to monitor progress towards the outcomes, with two key aims:¹⁴

- more timely, interim, and /or proxy measures, which can tell us about direction of travel towards the strategic and intermediate outcomes
- a wider picture of the system allowing us to monitor the health of the whole system and to see unexpected trends or provide early warning

Using the framework


We will be reporting against this framework nationally through these annual reports using the published data in the metrics and would expect the Combating Drugs Partnerships to highlight their contribution and progress through their own annual reporting.

The following table sets out current progress against the headline metrics. The baselines have been selected as a point in time to compare changes in outcomes from the start of the strategy. The strategy was published during recovery from the pandemic, which disrupted not only data collection, but the environment and activity happening at that time. As a result, we have used a mixture of pre-pandemic baselines and the year before the strategy was implemented (2021/22) and will be taking the pandemic impacts into consideration as we monitor progress.

The framework offers a system-level view of progress based on our collective goals to deliver meaningful and real change for individuals and communities. Alongside monitoring the metrics, both national and local delivery oversight includes use of tracking, management information, delivery metrics, and evaluation (**Annex A**) to provide earlier indication on the direction of travel.

¹³ [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners)

¹⁴ [Drugs stracomnes framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners)


 Reduce drug use Strategy ambition: reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low				
Headline metric	Baseline	Last release	Next release	Commentary on progress
Proportion of individuals using drugs in the last year¹⁵	9.4% (Apr 19-Mar 20)	9.2% (Oct 21-Jun 22) ¹⁶	Autumn 2023 (Apr 22-Mar 23)	A long-term strategic aim where we are developing the evidence base. The first 5 projects funded by the innovation fund are in progress and the second round process is already in progress.
Prevalence of opiate and crack cocaine use¹⁷	Not Yet Published ¹⁸ (Apr 19-Mar 20)	313,971 users estimated (Apr 16-Mar 17)	Summer 2023 (Apr 19-Mar 20)	The drugs strategy tackles all illicit drug use, with a priority to the high harm, deaths and crime associated with opiate and crack cocaine use. Updated 'prevalence of use' estimates will be published later this year

15 16-59 year olds, Crime Survey of England and Wales, [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

16 Due to pandemic disruption a full year of data is not available at this point, and comparison to baseline is to be considered with care.

17 [Opiate and crack cocaine use: prevalence estimates by local area - GOV.UK \(www.gov.uk\)](#)

18 The baseline is due to be published summer 2023.

 Reduce drug-related harm Strategy ambition: prevent nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade				
Headline metric	Baseline	Last release	Next release	Commentary on progress
Deaths from drugs misuse¹⁹	2,846 Jan-Dec 21)	2,846²⁰ (Jan-Dec 21)	Autumn 2023 (Jan-Dec 22)	A key priority of the strategy is reduce drug deaths. Delivering quality treatment and harm reduction is core to that and sits alongside a longer-term drug deaths action plan.
Hospital admissions for drug misuse	A date for publication of data post 2019/20 has not be confirmed, baselines and tracking of progress will be set out post publication.			

¹⁹ [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

²⁰ We are also monitoring year of occurrence alongside the year of registration (official headline figures).



Reduce drug-related crime

Strategy ambition: prevent 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment

Headline metric	Baseline	Last release	Next release	Commentary on progress
Drug-related homicide²¹	336 homicides (Apr 19-Mar 20)	360 homicides (Apr 21-Mar 22)	Feb 24 (Apr 22-Mar 23)	Homicides have returned to pre-pandemic levels with the proportion that are drug-related remaining stable. We are continuing to implement the drug supply attack plan to disrupt drug-related crime and violence.
Neighbourhood crime²²	1.96m incidents (Apr 19-Mar 20)	1.45m incidents (Jan-Dec 22)	Jul 23 (Apr 22-Mar 23)	Neighbourhood crime remains below the pre-pandemic baseline. We have focused on the delivery of quality drug treatment to reduce neighbourhood crime. This measure reflects all neighbourhood crime and not the direct impact of the drugs strategy.

21 [Homicide in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/homicide-in-england-and-wales)

22 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesappendixtables>



Reduce drug supply

Strategy ambition: close over 2,000 more county lines, 6,400 major and moderate disruptions of activities of organised criminals

Headline metric	Baseline	Last release	Next release	Commentary on progress
Number of county lines closed (type 1 – charge of line holder)	703 (Apr 21-Mar 22)	1,364 (Apr 22-Mar 23)	Summer 2023 (Apr 22-Mar 23)	County lines closures are on track to meet or exceed the strategy commitments.
Organised crime group disruptions	2,450 per year Average of 3 years prior to strategy (2019/20 to 2021/22)	2,974 (Apr 22-Mar 23)	Aug 2023 (Jul 22-Jun 23)	Organised crime disruptions are on track to meet or exceed strategy commitments.



Increase engagement in treatment


Strategy Ambition: expansion of treatment capacity with at least 54,500 new high quality treatment places by March 2025 including: 21,000 new places for people who use opiates and/or crack cocaine)

Headline metric	Baseline	Last release	Next release	Commentary on progress
Prison continuity of care²³	36.1% (Q4 2021/22)	40.7% (Q4 2022/23)	Expected end 2023 (Q4 2023/24)	Continuity of care has shown a 4% improvement since the start of drugs strategy funding, reflecting the focus on the criminal justice system and engagement with treatment, with further focus and action plans in place to scale this up.
Numbers in treatment (community)²⁴	All Adults: 286,545 OCU adults: 147,115 Young People: 10,987 RSDATG: TBC (Apr 21-Mar 22)	All Adults: 287,164 OCU adults: 145,683 Young People: 12,074 RSDATG: ²⁵ 12,500 (Apr 22-Mar 23))	May 2024 (Apr 23-Mar 24)	The number of adult treatment places has remained relatively stable, with a focus from local areas on recruitment, reducing case loads and building the services. There have been increases in specialist services such as residential rehabilitation.

²³ Substance misuse treatment in secure settings: 2021 to 2022 - GOV.UK (www.gov.uk)

²⁴ <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics>

²⁵ Rough Sleeping Drug and Alcohol Treatment Grant

 Improve recovery outcomes Strategy ambition: 24,000 more people in long-term recovery from substance dependency				
Headline metric	Baseline	Last release	Next release	Commentary on progress
Successful Completions (adults)²⁶	61,186 (Apr 21-Mar22)	61,186 (Apr 21-Mar22)	Expected end 2023 (Apr 22-Mar23)	A clear focus has been on improving quality in treatment through improving the workforce and the services on offer, which will drive improved completion and then recovery outcomes.
Treatment progress measure²⁷	(Apr 21-Mar 22)	-	Expected end 2023 (Apr 22-Mar 23)	We have developed a new treatment progress measure to provide a more nuanced picture of progress within treatment, and will continue to develop an approach to monitor long-term recovery

26 Our ambition was modelled on successful completion of treatment and not returning within 12 months; this proxy measure does not include the no return within a year component, but work is underway to include this component.

27 As this is a new metric, the baseline will be provided at time of publication.

Looking forward

As we progress through the second year of delivering our 10-year drugs strategy, our priority is a sharp and determined focus on progressing with the commitments made in From Harm to Hope, in our mission to reduce drug-related crime, harms, deaths and use. The whole-of-government commitment to delivery now sits alongside a strong and determined set of local leaders through the Combating Drugs Partnerships who have developed joint needs assessments and delivery plans as the vital first step on the journey. Our focus going forward is on action, impact and high-quality system reform. Every partner around the Combating Drugs Partnerships table is crucial in this multi-agency delivery.

For the **Breaking Drugs Supply Chain** priority, our key aims are:

- to increase drug seizures at the border by working with our operational partners to create a 'Ring of Steel' around the UK border
- to invest in upstream supply disruptions through the National Crime Agency
- to continue to disrupt County Lines and deliver on our ambition to close over 2,000 lines by March 2025
- to focus on disrupting the key criminal groups involved in drug supply OCGs, delivering on our ambition to secure over 8,800 OCG disruptions by March 2025

On top of this, our focus will remain in delivering programmes focused on the end-to-end supply chain and building on the promising results of the first year. This includes being intelligence- and data-led in how we deliver – adjusting programmes to address the highest harms and safeguarding the individuals exploited by this violent trade. We will further develop our understanding of the impact and working across the whole-system in efforts to reduce drug-related crime, such as improving intelligence sharing across the prisons and police-led work.

For the **world-class treatment and recovery** priority, our focus is capitalising on the foundations built in year 1 and going further to identify and promote the most effective interventions to improve outcomes. This means a focus on delivering high-quality treatment places in a recovery-orientated system of care in every part of the country, including continuing to build a high-quality workforce, improving the quality of psychosocial interventions, and ensuring access to mental and physical healthcare and housing and employment support. We need to ensure that referral pathways from all parts of the health and social care system into drug and alcohol treatment are effective and proactive, particularly from primary care. This will include a focus on increasing the number of people in treatment services as well as increasing the number of referrals into treatment from the criminal justice system.

To do this we will develop an action-focused set of plans on improving treatment and recovery routes from the police, courts and for prison leavers, as well as improving treatment in prisons. We have produced an action plan setting out our priorities to prevent drug (and alcohol) related deaths in the coming years that goes even further than From Harm to Hope. We want to see safer and better drug and alcohol treatment practice, including a return to more face-to-face contact following pandemic recovery, and more attention to healthcare. We also need better local systems for drug intelligence and for learning from drug and alcohol deaths, which is something we are looking at with our colleagues right across the whole of the UK. We also need to improve our toxicology and surveillance, aiming to make testing more consistent, capable and shared. We need to do better at addressing poly-drug and alcohol use, especially benzodiazepine dependence.

Lastly, we need to make inroads into tackling the stigma experienced by people using drugs and alcohol, so that they are more likely to seek the help they need. This includes working to facilitate the input of people with living and lived experience into our programmes and to support lived experience recovery organisations to further build their capacity.

For the **reducing the generational demand for drugs** priority, our focus is two-fold. First, we will be rolling forward in-train work to increase drug testing on arrest and piloting Out of Court Disposals as part of the tools the police have to address and prevent drug misuse. We will build on this to embed an escalatory regime for those continuing to misuse drugs and work with partners to ensure there is a zero-tolerance approach embedded in policing.

This will include stepping up work to tackle visible drug use, such as cannabis. Given the prevalence of use within our communities

and its association with anti-social behaviour, we will work with enforcement partners to look at what more we can do to address its use, while ensuring that those who need treatment and support are diverted into the most appropriate services.

In building our evidence base on what works, we will work across government and with the Advisory Council on the Misuse of Drugs prevention sub-group, to build on their 2022 prevention review to take stock of the support available for children and young people across government and assess the opportunities where we can and should go further. We will continue to invest in new innovation projects and wider research, through bringing together leading academics, delivery partners and international partners in understanding the evidence and evaluation impacts. As we build our evidence base we will continue to promote consistency across enforcement and the importance of the right intervention for individuals, be that treatment or behaviour change opportunities.

A long-term system adaptable to change

The nature of the drug threat changes over time and our 10-year strategy reflects this. In delivering our commitments, all national and local partners need to continue to focus on how we can be adaptable through work to break supply, build world-class treatment and recovery systems, and prevent drug use. Learning and understand international patterns of use are important in this, as well as looking nationally and locally at data on emerging threats, harms, and changes in tactics used by criminal supply chains. This will involve working closely with the government departments involved in tackling drug misuse and with stakeholders (including the Advisory Council for the Misuse of Drugs and other experts and partners) to assess emerging threats, review the latest evidence, monitor trends, and identify new areas of focus and plans to address this.

Annex A - Overview of national drugs strategy evaluation

In the drugs strategy, we committed to strengthening our evidence base through evaluation of the programme. This will be key to informing our future strategic direction and continuing to be adaptable and evidence-led in our delivery.

Government departments are conducting evaluations of specific projects funded as part of the drugs strategy. Alongside this,

we have structured evaluation around the strategic priorities in the strategy and work is underway through the Joint Combating Drugs Unit to inform understanding of how the strategy is jointly delivering against outcomes. Local areas should be undertaking their own initiatives to assess progress, learn what works and be looking to continually improve.

Reducing supply

We are evaluating all of the work and programmes in the drug supply attack plan ensuring that learning and evaluation informs ongoing delivery. There are also performance frameworks in place to drive forward progress, monitor impact, and identify challenges. Additional oversight is provided to Project ADDER by the Joint Combating Drugs Unit and cross-system leaders to ensure lessons learned inform the roll-out of Combating Drugs Partnerships and the drugs strategy. The following performance and evaluation frameworks are in place across supply programmes:

Tackling drugs upstream, at the border and in the middle market: The National Crime Agency has developed a performance framework for monitoring the success of its drugs strategy interventions, which is aligned to the wider strategy performance framework.

Project ADDER evaluation: Kantar Public are currently undertaking an independent evaluation of Project ADDER, due to report in autumn 2023. Delivery is overseen through the Project ADDER programme board which monitors impact of funding and acts as a forum to share learning and challenges to delivery. Alongside the evaluation we collect a range of metrics to monitor delivery and this data is published on GOV.UK.

County Lines Programme: The Home Office has established the County Lines Task and Finish Group to oversee delivery of the County Lines Programme. The group meets regularly to drive forward progress, monitor the impact of the funding, and identify challenges. We will continue to closely monitor delivery of our investment – this includes, for example, monitoring the number of lines closed, arrests and safeguarding interventions which take place as a result. This data is published regularly on GOV.UK.

Treatment and recovery

The Office for Health Improvement and Disparities have launched an open competition for an evaluation of the delivery of the treatment and recovery strand of projects.

This work will be underpinned by some in-depth evaluations of specific programmes where significant evidence gaps have been identified or where programmes have been newly developed. These include the housing support grant, the workforce transformation programme, recovery support services and lived experience initiatives, the joint action plan for co-occurring mental and physical health conditions, and increased investment in long-acting opioid substitution treatments. These programme-specific evaluations will examine the implementation of these programmes and their contribution to improvements in service delivery and client outcomes. This work will be complemented by an evaluation of the overall impact and value for money of the whole portfolio.

Alongside this, the Office for Health Improvement and Disparities have commissioned a qualitative evaluation of expectations and experiences of inpatient detoxification and impacts on client outcomes. They will also undertake a quantitative analysis of the impact of Individual Placement and Support employment support on vocational outcomes and are commissioning an independent process evaluation.

Working with health partners, the Ministry of Justice will monitor and evaluate the department's contribution to the drug treatment and recovery strand of the drugs strategy. This will explore whether our programmes are successfully supporting recovery and reducing reoffending, and help us develop the evidence base on what works, for who, and why. This includes the Better Outcomes through Linked Data programme, which has recently published research on pathways between probation and addiction treatment. The department are also working closely with analysts in the Joint Combating Drugs Unit and Office for Health Improvement and Disparities to ensure this work contribute to wider evaluation of strategy. These individual project evaluations, alongside the overarching evaluation work for the treatment and recovery portfolio as a whole, will provide insight into the work across the portfolio and help inform future funding decisions. We do not anticipate any findings to be published from the overarching portfolio evaluation until 2025.

Reducing demand

The reducing demand portfolio is focusing on individual project evaluations rather than an evaluation of the portfolio as a whole.

There will be independent evaluations of key projects within the portfolio, including drug testing on arrest and Out of Court Disposals which will help us to understand the success of the projects and inform future policy making.

E02949325

ISBN 978-1-5286-4373-3