HM Government

Drug Strategy Annual Review: Delivering within a New Landscape

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Geographical Scope

The UK devolved administrations have their own approaches towards substance misuse in the specific policy areas where responsibility is devolved. Some of the policy areas covered by this Annual Review, such as health and education, therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Wales and Scotland.

The Government continues to work with the devolved administrations where policy responsibility overlaps.

Audience

Those involved in the commissioning and delivery of substance misuse treatment and prevention services, law enforcement partners, parents, teachers and NGOs. Individuals, families and communities affected by substance misuse will also have an interest in this document.

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Introduction

Drugs can cause misery to individuals and communities and be a driver of crime, including violence linked to organised crime. In 2010, the coalition government announced a fundamental shift in drug policy through the launch of the Drug Strategy, which balanced three key themes – reducing the demand for drugs, restricting the supply of drugs and promoting the recovery of those misusing drugs. The Government believes everyone should have the opportunity to live their lives free of drugs.

Recovery is at the heart of the strategy. We remain vigilant towards the development of new psychoactive substances, or so-called 'legal highs', and are taking action where necessary to protect the public and keep these dangerous substances off our streets. We will continue to bring those who supply illicit substances and damage communities and the lives of individuals to justice through robust law enforcement activity.

We have delivered major health and policing structural reform programmes. The core principle is to devolve power to local people, for example, enabling local Police and Crime Commissioners (PCCs) to develop the services that are required to meet local needs. Accountability will be through local institutions and elected individuals rather than centrally-driven performance targets which can fail to address local priorities.

There are no quick fixes; a continued focus on all three strands of the Drug Strategy is required to continue making a difference. We have removed unnecessary layers of bureaucracy, introduced streamlined processes, and improved the accountability of decision makers across a number of key areas:

- local communities are now at the heart of the public health agenda, giving local government the freedom, responsibility and funding to develop their own ways of improving public health in the local population, including action to reduce drug and alcohol use and support those recovering from dependence. Public Health England will support this work with data, advice and practical support that shares best practice around the country;
- we have scrapped expensive Police Authorities and introduced a single accountable person to make decisions on local crime, disorder and policing. PCCs are responsible for local action to drive down drug related crime and anti-social behaviour in their communities;
- we have established the National Crime Agency (NCA) to lead the UK's fight to cut serious and organised crime and bring strong coordination to national and international efforts to reduce the supply of drugs;

- we have published plans to change the way we manage and rehabilitate offenders in the community. These include extending statutory supervision and rehabilitation to every offender released from custody and establishing a nationwide 'through the prison gate' resettlement service. A diverse range of rehabilitation providers will be paid by results to reduce reoffending, with a new national public sector probation service working to protect the public, building upon the expertise and professionalism already in place;
- new community budget areas will be able to combine resources from various different sources into a single pot with greater local control to improve services for local people; and
- education plays an important role in helping to ensure that young people are equipped with the information they need to make informed, healthy decisions and to keep themselves safe. Drug education is part of national curriculum science at key stage 2 and key stage 3.

These measures are supporting the strategy's two overarching aims: to reduce illicit and other harmful drug use; and to increase the number of people recovering from their dependence. There are promising signs that our approach is working with continuing positive trends in a number of key areas:

- drug use is at its lowest since measurement began in 1996 with the use of any drug in the last year among 16 to 59 year olds falling from 8.9% in 2011/12 to 8.2% in 2012/13. Among young people aged 11 to 15, 12% reported having taken any drug in the last year in 2012, the latest drop in a downward trend from 20% in 2001;
- the majority of adults think that drug-taking is unsafe: 98% of adults thought heroin was very unsafe; 97% view cocaine and ecstasy as unsafe (very or a bit unsafe); 79% of adults thought taking cannabis was unsafe compared with 3% who thought it was very safe; and 75% of adults viewed getting drunk as unsafe;
- in 2012/13, over 109 tonnes of Class A drugs were seized at home and abroad as a result of Serious Organised Crime Agency (SOCA) activity. The police and the UK Border Force made 193,980 drug seizures in England and Wales in 2012/13, an 8% decrease from 2011/12;
- record numbers of people in England are completing their treatment free of dependence. The overall number of people who have successfully completed their treatment for any drug has gone up from around 11,000 in 2005/06 to just under 30,000 in 2011/12; and nearly one third of users in this period successfully completed their treatment and did not return, which compares favourably to international recovery rates.
- the number of heroin and crack cocaine users in England has fallen below 300,000 for the first time. The latest estimates show the number of heroin and crack users fell to 298,752 in 2010/11, from a peak of 332,090 in 2005/06.

Alongside this document, we are also publishing the Drug Strategy Evaluation Framework, which provides an overview of the approach to evaluating the Strategy including the approach to assessing costs and benefits. The Framework does not contain any results or findings.

We are however not complacent. We are taking a range of actions. We are building on the commitment in the 2010 Drug Strategy to "*review new evidence on what works in other countries and what we can learn from it*" by conducting an International Comparative Study to see if there are examples of work in other countries that can inform our policy.

In response to new psychoactive substances, we have:

- set up a review that will build on the work of the International Comparative Study, looking at how the UK's legislative response can be enhanced beyond the Misuse of Drugs Act 1971 to tackle such substances.
- published guidance for local authorities setting out all available tools and powers to tackle the sale of these substances in headshops
- initiated a concerted programme of enforcement activity to tackle the supply of such substances.

Through the actions we commit to in this review we will continue with our existing approach. We will focus on:

Reducing demand

- continue with a universal approach aimed primarily at stopping people taking drugs in the first place and re-invigorate a targeted approach aimed at specific groups;

Restricting supply

- tackle drug dealing on our streets; strengthening the border; and combating the international flow of drugs to the UK to disrupt drug trafficking upstream; and

Building recovery

- support people to recover, which we believe means being free from dependence on drugs and alcohol. The drug strategy is ambitious. Our aim is for local areas to provide services that an individual may need in order to achieve and sustain recovery, which would encompass housing, employment, and appropriate support to maintain a stable family life and a life free from crime.

Norman Baker MP
Home Office Minister of State
Chair of the Inter Ministerial Group on Drugs

Reducing Demand

We continue to do all we can to prevent people from using drugs in the first place and intervene early with those who start to develop problems with a particular focus on enabling local commissioners to deliver local services. We are investing in a range of programmes, which have a positive impact on young people and adults, giving them the confidence, resilience and risk management skills to resist drug use.

Since May 2012, we have taken action to reduce demand further, and to explore effective prevention practice. We:

- set up the Early Intervention Foundation, which will support commissioners in implementing early intervention programmes and practice in their local areas. It will be a central point to help local commissioners make decisions based on robust evidence of cost, benefits, risks and project outcomes;
- through the Centre for Analysis of Youth Transitions, set up a database of validated programme evaluations which support those commissioning and delivering to choose evidence-based programmes known to have an impact;
- procured a new Alcohol and Drug Education and Prevention Information Service (ADEPIS) for practitioners who work with young people;
- continued to fund the Positive Futures programme which provided prevention and diversionary activities for vulnerable young people. The national programme ended on 1 April 2013 but we worked with the 91 projects across the country to help them manage the transition to local commissioning arrangements and supported them to develop investment cases for local commissioners;
- concluded the review of Physical, Social, Health and Economic (PSHE) education, giving schools more flexibility to choose what they teach. This will be supported by grant funding to the PSHE Association to work with schools to advise them in developing their own PSHE curricula and improve the quality of teaching;
- further reinforced FRANK's place as a well known and trusted resource for drugs information and advice through an awareness raising campaign;
- continued to respond to new psychoactive substances by using insights to inform a communications campaign to signpost FRANK as a resource on such substances.
- supported the development of a consensus statement by the medical Royal Colleges and other professional bodies about how to prevent and tackle addiction to prescription and over-the-counter medicines; and

- commissioned the ACMD to explore the potential for medical and social harms arising from the illicit supply of prescription medicines.

There are positive signs that this approach is working. The 'Drugs Misuse: Findings from the 2012/13 Crime Survey for England and Wales' published on 25 July shows that levels of drug use among adults (16-59 year olds) is the lowest since measurement began in 1996. Use of any drug in the last year among adults fell from 8.9% in 2011/12 to 8.2% in 2012/13 and Class A drug use also fell over this period from 3.0% to 2.6%. While cannabis remains the most commonly used type of drug in the last year (6.4% of adults reported using it in 2012/13), this proportion is also the lowest since measurement began in 1996. There were also decreases in the use of other drugs between 2011/12 and 2012/13, including mephedrone (down from 1.1% to 0.5%), which continues to fall since the ban in 2010.

The 'Smoking, drinking and drug use among young people in England – 2012' survey shows that last year drug use among young people (11-15 year olds) is also following a downward trend, falling from 20% in 2001 to 12% in 2012. Fewer than one in five (17%) young people had ever tried drugs in 2012 compared with 29% in 2001. As in previous years, 11 to 15 year olds were more likely to have taken cannabis in the last year than any other type of drug (7.5%) but this is also down from 13.4% in 2001.

In addition to these encouraging signs, the Smoking, Drinking and Drug use Survey also showed that in 2011, 75% of young people offered drugs have refused them at least once, suggesting that resilience in young people, an important factor in addressing all risky behaviour, may be increasing.

Priorities for the year ahead

Our expectation is that targeted support and early intervention for young people is planned and organised at local authority level, funded by both the Local Government Finance Settlement (from 2013/14) and the Public Health Grant.

It will be the responsibility of Directors of Public Health and Children's Services and other relevant local partners to develop services to meet local needs in their area. At a national level, we will support schools, practitioners and local commissioners though the Centre for Analysis of Youth Transitions (CAYT), and the Alcohol and Drug Education and Prevention Information Service (ADEPIS) by promoting evidence-based practice. Funding has been agreed to further develop the CAYT repository by adding more programmes, enhancing the website and offering support and advice to programmes to improve their strength of evidence.

Public Health England will provide funding for the FRANK service, which provides information for young people to access directly as well as a source of information that parents and teachers can draw upon. Public Health England will also be a source of expertise on how to encourage young people to make healthy choices. Public Health England and the Department of Health will continue to share evidence with the Department for Education to inform future work they undertake in this area.

The Government expects all schools to provide a broad and balanced education that will develop young people's resilience. PHE will support local authority based public health in

their responsibility to commission young people's specialist substance misuse through the provision of data, spreading of innovation and evidence of what works.

From 1 April 2013, the Drug Interventions Programme (DIP) ceased to operate as a nationally led, centrally funded programme. The Community Safety Fund for Police and Crime Commissioners (PCCs) can be used to invest in locally determined drugs, crime, and community safety activities, which might include activities for drug misusing offenders as part of wider local Integrated Offender Management arrangements.

We will:

- continue with a universal approach aimed primarily at stopping young people taking drugs in the first place (recognising that there are approaches which are not specific to drugs which can have an impact on demand);
- maintain a targeted approach aimed at specific groups of all ages identified as being particularly at risk of developing drug problems. For example, recreational use amongst "clubbers", those involved in the criminal justice system, including some people at risk of developing a drug habit in prison, mental health service users and young people not in education, employment or training (NEET), or inter-generational drug use; and
- continue to support local Integrated Offender Management approaches which are helping to manage those offenders who cause the most harm to local communities, including drug misusing offenders.

Case study 1

Mentor UK have been awarded a contract to deliver a new Alcohol and Drug Education Prevention Information Service (ADEPIS) which will promote the use of evidence-based practice to those working with young people.

Based on the Department for Education and Association of Chief Police Officers Drug Advice to Schools published in 2012, Mentor developed a toolkit to support schools in developing and reviewing drug policy. A number of local authorities have added the drug policy toolkit to their websites and schools are now successfully using the toolkit to review their drug policy.

Following the success of the toolkit, Mentor worked with school governors to ensure accountability and mainstreaming of drug policy in school planning. A presentation was developed for school governors and has been highly successful and blogged by the Clerk to the Governors website. Since it was published in February 2013, it has been viewed over 2,300 times.

Mentor have also produced and disseminated five 'Thinking Prevention' papers linking drug and alcohol education and prevention to young people's outcomes.

Resources and information are currently available from http://www.mentoruk.org.uk/resources/schools/

Case study 2

DrugAware is an aspirational, multi-component standard for schools to address drug, alcohol, tobacco and medicine misuse issues through early intervention.

It is available for all schools, supported by bespoke materials developed from young people's feedback and data. It provides a measurable, evidence-based model that ensures the education and support provided is a unique fit for the children and young people within each school. The training staff receive is always relevant, increasing their confidence to deliver the subject, whatever the age of the pupils.

Data from Nottingham, where the standard was introduced:

Universal Outcome Measures – all schools:

- 98% of children and young people assessed show increase in knowledge, skills and positive attitudes at follow up; and
- 71% considered the quality of drug education lessons/advice to be 'Good Enough', an increase from 34%.

Vulnerable Young People – Learning Centre for excluded pupils

- Number of young people assessed with the Ngage Assessment Toolkit risen from 5% to 98%;
- Referrals have risen initially by over 400% and remained active;
- Parental involvement in aspects of drugs programme rose from 10% to 55%;
- Skills and confidence to refuse drugs/alcohol rose from 45% to 75%; and
- Knowledge of drug services rose from 3% to 38%.

http://www.thedrugawareaward.co.uk/

Restricting Supply

The 2010 Drug Strategy sets out the Government's ambition to reduce the supply of illicit drugs including new psychoactive substances. We have worked closely with our international partners through the sharing of intelligence and expertise, as well as the provision of capacity building with a view to reducing the availability of illicit drugs in the UK and increase the costs and the risks to those involved in the trade. We are also tackling drug dealing on our street, strengthening the border and, as set out in the new Serious and Organised Crime Strategy, our immediate priority is to prosecute and relentlessly disrupt organised criminals, which will include attacking their criminal finances.

We remain committed to restricting the supply of:

- heroin from Afghanistan, and the trafficking routes through Pakistan, Turkey and the Western Balkans;
- cocaine from Latin America, and the trafficking routes through the Caribbean and West Africa; and
- new psychoactive substances, precursor chemicals and cutting agents from China and India.

We are making real progress in doing so at a local, national and international level:

- Effective enforcement activity has helped to restrict the supply of drugs to the UK. In 2012/13, over 109 tonnes of Class A drugs were seized at home and abroad as a result of Serious Organised Crime Agency (SOCA) activity. The police and the UK Border Force made 193,980 drug seizures in England and Wales in 2012/13, an 8% decrease from 2011/12.
- Low purity levels and high wholesale prices for both cocaine and heroin in the UK, as well as some very large seizures, are starting to show that we are having a real effect on drug flows into the country.
- The UK is leading the international response to tackle the threat from new psychoactive substances by encouraging the international community to work more collaboratively together in order to improve monitoring, research, analysis and forensic capability; and to improve the intelligence around the international trade and market in these substances. The UK's legislative approach, with the deployment of generic definitions whereby families of drugs are brought under the Misuse of Drugs Act 1971 has continued to place the UK in a strong position. As well as invoking two temporary bans on 11 new psychoactive substances this year, on the advice of the Advisory Council on the Misuse of Drugs the

next generation of synthetic cannabinoids and a family of drugs related to ketamine have also been made Class B drugs.

- through our Presidency of the G8, taken forward important work to coordinate the international response to drug trafficking in West Africa.

That success is the result of a wide range of activity, all of which helps improve our ability to restrict drug supply. To strengthen our approach, we have also established the National Crime Agency which will lead the UK's fight to cut serious and organised crime.

We continue to make real progress against our key priorities, including, by:

- building strong partnerships with international partners to ensure our approach to restricting the supply of drugs is comprehensive, strong and global. We utilise our diplomatic and enforcement assets (including NCA) to build capacity, share expertise, information and intelligence, raise policing, enforce criminal justice and law enforcement standards, and promote best practice in tackling the drugs trade. Such cooperation has led to the arrest of high profile drugs traffickers, the dismantling of organised crime networks, the seizure of many tonnes of drugs and the confiscation of assets of traffickers;
- pursuing our drugs objectives within multilateral bodies, including the UN and the EU. In particular, we have made real progress in bolstering the international response to new psychoactive substances:
  - At the UN Commission on Narcotic Drugs in March, we led a resolution that will lead to the development of a global early warning system, enabling monitoring of such substances at a global level for the first time. The resolution received comprehensive international support, with 41 co-sponsors from across every UN region.
  - As part of its Presidency of the G8, the Government hosted attendees from G8 countries and partners from Poland, Sweden, the United Nations Office on Drugs and Crime, the European Monitoring Centre for Drugs and Drug Addiction, and European Union Commission for two G8 Expert Group meetings on *"New Psychoactive Substances: Responding to the challenges"*. The outcome of the first meeting was the agreed Statement of Intent which articulates a shared will to cement international information sharing and cooperation; and an intention to identify concrete avenues for further collaboration in specific areas.
- strengthening our approach to tackling drug driving by introducing a new drug driving offence to improve drug driving enforcement and send the strongest message that you cannot take illegal drugs and drive. This also includes approving new drug screening equipment to assist police enforcement of both the new offence and the existing offence of driving whilst impaired by a drug. The intention is to approve devices for roadside use as close as possible to implementation of the new offence; and
- operating and monitoring five Drug Free Wings pilots, which includes trialling new technology such as trace detection equipment. Drug Free Wings are for prisoners abstinent from drugs who are not receiving substitute prescribing. This includes prisoners who have not been drug dependent, and those in the process of recovery who may move

from Drug Recovery Wings to Drug Free Wings so that they are among fellow prisoners at the same stage of their treatment journey.

Police and Crime Commissioners will have an important part to play in ensuring that regional activity supports national and international efforts to reduce the supply of drugs.

Looking ahead to the coming year, we are determined to build upon this success. We will:

- develop a robust approach to stop criminals profiting from the supply of drug cutting agents without penalising legitimate trade, working with production countries, the chemical industry and international partners;
- build on the success of the Crimestoppers 'commercial cultivation of cannabis' campaign to strengthen our efforts to identify and close down these cannabis factories and disrupt the organised crime groups behind them;
- assess the effectiveness of drug trace technology and the outcomes of Drug Free Wing pilots. Alongside efforts to reduce demand for drugs amongst prisoners, tackling the availability of drugs in prisons will help support safer prison environments and will support our efforts to rehabilitate offenders and reduce reoffending; and
- in relation to new psychoactive substances:
  - take forward work, progressed through our Presidency of the G8, to bolster the global response to NPS, particularly in relation to reinvigoration of the existing international control process;
  - continue to work with law enforcement partners to disrupt the sale of NPS in local head shops and online availability;
  - continue to monitor NPS as they appear on the market through UK and international early warning systems; work with the ACMD in assessing the risk posed by such substances; and where necessary, invoking temporary bans or permanent controls, including a regular review of generic definitions used in the Misuse of Drugs Act 1971; and
  - build on the work of the International Comparative Study, looking at how the UK's legislative response can be enhanced beyond the Misuse of Drugs Act 1971 to tackle such substances.

Case study 3

Intelligence led approach

Our international coverage is extensive and we continue to work collaboratively with international partners to tackle the drugs trade upstream, including by sharing intelligence and conducting multi-agency operations. That work has led to many arrests and has helped to restrict the supply of drugs to the UK.

A career criminal who was an international "fixer" for organised crime groups across the world, was sentenced to 28 years' imprisonment in September 2012 for his pivotal role in planning the importation of 1.5 tonnes of cocaine to the UK.

On the street this could produce up to 14 million street deals of cocaine at £20 to £40 per deal. He was responsible for assembling the crew to import the cocaine. He also travelled to Trinidad, using a false identity, to buy the vessel for the venture.

A SOCA led multi-agency operation with the Maritime Analysis and Operations Centre (Narcotics) and Ireland's Joint Task Force resulted in the interception of the boat off the South West coast of Ireland.

After completing this latest jail term, he faces extradition to France to serve the 13 year sentence he was given in his absence for a 4.2 tonne cannabis seizure in French waters in 1989.

Source: SOCA

Case study 4

Operation Hawk

The Metropolitan Police, London wide initiative to tackle drug-related crime at a neighbourhood level, with the assistance of London's communities was launched in November 2011, involving local policing teams tackling street drug dealing and associated crime using local community intelligence.

It was refocused to increase operational activity to target drug dealers and other criminals who impact on communities. Since that time, Operation Hawk activity has continued daily, with more than 6,000 warrants, including 4,700 drugs warrants, executed across London and more than 240 cannabis factories closed. The most recent Operation Hawk day of action saw 471 warrants executed and 39 cannabis factories closed.

These warrants and cannabis farm closures are the direct result of members of the public picking up the phone and reporting suspected drug activity in their neighbourhoods to police or Crimestoppers.

Source: Metropolitan Police

Building Recovery

The drug strategy raises the level of ambition to support people to recover fully, which we believe means being free from dependence on drugs and alcohol. Our aim is for local areas to provide services that an individual may need in order to achieve and sustain recovery, which would encompass housing, employment, and appropriate support to maintain a stable family life and a life free from crime. We are leading the way in taking recovery beyond the treatment system to make it sustainable.

High quality drug treatment helps drug misusers to tackle their dependence and contribute productively to society and results in improved health, stability, quality of life, higher social attainment, and crime reduction. We have taken action on a range of issues that include:

- working with the drug treatment sector to promote sustained recovery, including publishing and promoting the new guidelines in Recovery Oriented Drug Treatment, overseen by Professor John Strang;
- giving an above inflation increase to the overall Public Health Grant for two years to local authorities which includes funding to address drug and alcohol prevention, treatment and recovery initiatives in their area;
- co-designing an innovative, world-first payment-by-results approach to incentivise recovery outcomes, currently being piloted in eight areas;
- creating Public Health England to support local authorities in improving Public Health, by strengthening evidence, information and intelligence;
- launching a second tranche of six Drug Recovery Wing pilots which have been implemented in three women's prisons (New Hall, Askham Grange and Styal) and a Young Offenders Institution (Brinsford), as well as Chelmsford and Swansea;
- re-launched the 'Employment and Recovery: a Good Practice Guide', a tool that focuses on improved partnership working between Jobcentre Plus, the drug treatment sector and Work Programme providers and improving employment outcomes;
- made radical changes to the social housing system for greater flexibility in the way people access social housing and the types of tenancies which are provided. By making full use of these new freedoms, councils will be able to target social housing on those who genuinely need it the most for as long as they need it. At the same time we have preserved the statutory 'reasonable preference' categories, making it clear that the categories of people who should get clear priority include those who need to move on welfare grounds in order to provide a secure base from which someone moving on from a

drug or alcohol recovery programme can build a stable life. We have also developed case studies with the housing and drug sectors to support closer working relations;

- continuing to provide a high level of access to drug treatment services, backed by the NHS constitution, with average waiting times at five days; and
- providing a grant to, and working with the Recovery Partnership to support employment for recovering drug users, including through a Recovery Festival.

The number of heroin and crack cocaine users in England has fallen below 300,000 for the first time. The latest estimates show the number of heroin and crack users fell to 298,752 in 2010/11, from a peak of 332,090 in 2005/06. The number of people injecting drugs has also fallen significantly, from 129,977 in 2005/06 to 93,401 in 2010/11.

There are also record numbers of people recovering from dependence, with nearly 30,000 people (29,855) successfully completing their treatment in 2011-12, up from 27,969 the previous year and almost three times the level seven years ago (11,208).

We would also like to acknowledge the valuable work of the Advisory Council on the Misuse of Drug's Recovery Committee in particular '*Recovery from drug and alcohol dependence: an overview of the evidence*' published in December 2012 on drivers of recovery.

Priorities for the year ahead

In the coming year we will work to ensure existing public health and criminal justice reforms deliver envisaged benefits and that needs of drug users are embedded in transformational reforms of the probation and work landscapes.

The criminal justice system

- We will continue to develop and deliver Liaison and Diversion Services at police stations and at courts subject to HMT approval of the Outline Business Case. This forms part of the Government's commitment to divert young and adult offenders with health problems away from the criminal justice system or from custody at the earliest opportunity, where appropriate. These services will identify and assess mental health, substance misuse, learning difficulties and a wide range of vulnerabilities, and refer offenders to the treatment they need. The service will also provide health and social care information to inform key decisions along the criminal justice pathway, such as charging and sentencing;
- continue to emphasise that the continuity of care from custody to the community is vital and our aim is to see a far greater use of mentors meeting offenders at the prison gate on their release. The 'Transforming Rehabilitation – A Strategy for Reform' consultation response (published 9 May 2013) set out plans to change the way we manage and rehabilitate offenders in the community, opening up rehabilitative services to a wide range of new providers in the private and voluntary sectors who will bring their creativity and innovation and be paid by results to drive down reoffending. From Autumn 2014, subject to Parliamentary approval, changes to post-release licence arrangements for adults will mean that they can be tested for specified Class A and B drugs. These offenders can be required to attend drug treatment appointments – both measures that increase the 'grip'

on these prisoners. Crucially, this will be part of additional support that includes tackling offenders' broader life management issues, and connecting offenders to mental health, and drug and alcohol treatment programmes;

- working with a number of large banks and credit unions to increase the number of offenders (not limited to recovering drug users) who have bank accounts on release from prison;

Housing

- build on what has already been achieved and encourage Councils to use the new freedoms in the Localism Act 2011 to target social housing on those who genuinely need it the most for as long as they need it. We have also worked with the Chartered Institute of Housing to produce a guide to help landlords support tenants in recovery (published 22 May 2013). We have funded the Recovery Partnership to address housing issues at the 2014 Recovery Festival;

Public Health

- PHE will continue to support Local Authorities in delivering effective drug treatment services following the shift of funding into the Local Authority Public Health grant. The PHE Drugs Recovery Advisor, Professor Thomas McLellan, will conduct an independent, objective and evidence-based review of the progress the English drug treatment system has made in orientating itself to deliver better recovery outcomes;
- commission the expert group chaired by Professor John Strang to look at structured treatment for an individual and how and when it should be reviewed;

Recovery and rehabilitation

- support the existing recovery marches movement to highlight our ambitions and recognise and reward success in overcoming addiction;
- continue to facilitate an independent evaluation of the Drug Recovery Wing pilots, which aim to assess whether and how this approach can successfully support the sustained recovery of prisoners and their rehabilitation; and
- develop and test a comprehensive 'end-to-end' approach to tackling addiction from custody into the community. This will be rolled out alongside the Transforming Rehabilitation reforms.

In addition to this, we are particularly focused on enabling recovering drug and alcohol users to overcome barriers to employment, training and skills to sustain their recovery through a range of measures that include:

Employment, training and skills

- developing the help and support for claimants with a drug and/or alcohol dependency provided by Jobcentre Plus. Under Universal Credit, benefit claimants in structured drug or alcohol treatment will have their job search conditions relaxed for up to six months of their treatment. This will give them the time and space to focus on their recovery;

- continuing work to support people with drug and alcohol dependency to move towards full recovery and secure employment. This includes the delivery of two Work Programme pilots: the Recovery and Employment Pilot is testing whether closer working between the Work Programme providers and locally commissioned services can improve job outcomes for people with drug and/or alcohol dependency within existing funding; the Recovery Works Pilot is testing whether paying a higher Work Programme job outcome payment can improve employment results for people with drug and/or alcohol dependency;
- introducing some filtering of "old and minor" matters from Disclosure and Barring Service (DBS) certificates;
- working with the sector, trade bodies and employment organisations for example the Confederation of British Industry and Federation of Small Businesses and guilds, to drive changes in sector employment guidance;
- consulting vocational training providers, including colleges and explore skills consortium and apprenticeships; and
- tackling issues of employment across the offender population more widely. The Department for Work and Pensions has developed the policy of Day One mandation to the Work Programme for prisoners who claim Job Seekers Allowance in custody or the 13 weeks following release. Prisons are also increasing the work available in prisons to help with the normalisation of undertaking work. In addition, the Employers Forum for Reducing Reoffending is seeking to recruit and educate employers about the benefits of employing offenders and ex-offenders.

Case study 5

Increasing employment for people recovering from drug and or alcohol dependency through the Work Programme

Local commissioners from Coventry and Warwickshire councils have worked closely with Employment and Skills Group (ESG) (one of the local prime Work Programme providers) to design a local pilot to support Work Programme participants who are battling drug and/or alcohol dependency. From April 2013, ESG has sub contracted Work Programme provision in Coventry and Warwickshire to locally commissioned Independent Living Services. The pilot is testing whether this closer way of working can improve job outcomes for people with drug or alcohol dependency.

Source: Coventry and Warwickshire Councils

Case study 6

Safe stable accommodation

Calderdale Council work in partnership with Horton Housing to support single homeless clients with a range of issues including substance misuse and criminal justice into their own tenancies. The worker is based with the Housing Options Service to ensure effective links between the Council and its partners.

Source: http://www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/Role_of_housing_in_drugs_recovery

Case study 7

Improved drug recovery systems in prison

Nick had used heroin, cocaine and alcohol for many years and had been in and out of prison most of his life. He was serving a prison sentence once again. The prison health care team assessed Nick and noted that he had been prescribed methadone in the community.

Nick had had enough of drugs taking control of his life and wanted to get off drugs for good. Healthcare staff suggested he might benefit from intensive support on a Drug Recovery Wing with prisoners who also wanted help with their recovery. Nick decided to give the Drug Recovery Wing a chance and so a referral was made and he was accepted. Nick started to reduce his methadone prescription, engaged with Mutual Aid groups, became a peer supporter and received intensive support and services to help him achieve his goal.

When he felt able to stop taking methadone he was given the chance to move on to a Drug Free Wing to help sustain his journey to recovery and received additional support and encouragement. As his release date was approaching links were made with community drug services to maintain the good work done in prison. He was met at the gate, continues to engage with services. He remains free of drugs and not on methadone treatment, is rebuilding his links with his family and has started doing voluntary work.

Source: National Offender Management Service