



Dr Owen Bowden Jones
Chair
Advisory Council on the Misuse of Drugs
2 Marsham Street
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Dear Owen,

Re: ACMD response to the development of a new Drug Strategy

I would like to thank the members of the Advisory Council on the Misuse of Drugs (ACMD) for their comments and suggestions concerning the development of a new Drug Strategy, dated 1 February 2016. I am grateful to the ACMD for its support and participation in the various workshops and special session hosted to inform and develop the Government's approach and I hope you will recognise contributions from this and your predecessor's advice in the Strategy.

The 2017 Drug Strategy builds on the approach of the 2010 Strategy, recognising that while progress has been made, we need to go further to respond to the evolving threats and challenges that continue to emerge from drug misuse, including changing drugs markets, changing patterns of use and an ageing and more ill group of people who need support to recover.

Our Approach

Getting our approach right is fundamental to achieving a range of priorities and commitments across Government. The 2017 Strategy takes a smarter, partnership-based approach to support wider cross-Government ambitions to build a safer and healthier society that works for everyone. This includes reducing crime, improving life chances, promoting better health, tackling homelessness and protecting the most vulnerable. The Strategy sets out key actions covering the wide range of partners critical to successfully tackling drug misuse, including those in education, health, safeguarding, criminal justice, housing and employment.

We are enhancing our approach across the three strands included in the 2010 Strategy - Reducing Demand, Restricting Supply and Building Recovery - and updating these to respond to new and evolving challenges.

We are also setting out a new fourth strand on Global Action, recognising the important role the UK plays in leading and driving international action, spearheading new initiatives e.g. on new psychoactive substances, sharing best practice and promoting an evidence-based approach to preventing drug harms. The advice we receive from the ACMD has been and will continue to be essential in helping to inform our approach and share best practice globally.

Our Aims

We will be expanding the two overarching aims of the 2010 Strategy - to reduce illicit drug use and increase the rates recovering from their dependence - by introducing a raft of new measures, including addressing both the frequency and type of drug used, and segmenting our recovery data to facilitate even greater ambition for particular user groups.

Segmentation of the treatment population was a key recommendation in the ACMD's Opioid Substitution Therapy report 2015¹ and this has been used to assist in developing a more detailed measure for treatment and recovery. This will include:

- measuring those sustaining freedom from dependency for twelve months (rather than just six months);
- segmenting this data to provide a better picture of the treatment population and track progress for those for whom evidence tells us we can expect even higher recovery rates (e.g. newer opiate users and non-opiate users); and
- providing a breakdown of local and national treatment penetration rates and time taken to access treatment to ensure that we are reaching those who need support.

In recognising the request from the ACMD for a wider range of recovery outcomes across services, the Strategy sets out new action to develop joint measures of recovery on employment, housing and offending, which will support greater transparency on local performance, outcomes and spend.

The Strategy also recognises that it is common for drug misuse and mental health issues to co-exist, but that often individuals are unable to access the care needed, with either lack of coordination between services or drug misuse or mental health issues used as exclusion criteria by both sets of services. This is further exacerbated by a lack of robust data on the prevalence of co-occurring issues in local services. We will therefore develop a joint measure for individuals who have co-occurring mental health problems. Also, Public Health England (PHE), supported by NHS England, will publish national guidance to support local areas to effectively collaborate across drug, alcohol and mental health services. PHE has also recently made changes to the National Drug Treatment Monitoring System to ensure it better captures data on co-existing mental health and drug misuse conditions.

¹ ACMD (2015) *How can opioid substitution therapy (and drug treatment and recovery systems) be optimised to maximise recovery outcomes for service users?* Advisory Council on the Misuse of Drugs. Available at: <https://www.gov.uk/government/publications/how-can-opioid-substitution-therapy-be-optimised-to-maximise-recovery-outcomes-for-service-users>

The Strategy will also capture the impact of wider health and social care costs and harms associated with drug misuse, including: hospital admission rates; blood borne viruses; and the number of drug-related deaths.

Reducing Demand

This Government is committed to giving everyone the best start in life and giving every child the skills and knowledge they need to succeed in the future. The 2017 Strategy makes clear that in order to prevent the onset of drug use and to protect society and individuals from the harms, action needs to be taken at the earliest opportunity.

The work of the ACMD in this area has been pivotal in informing our refreshed approach and the Reducing Demand chapter of the new Strategy is grounded in the findings of the ACMD report, *Prevention of drug and alcohol dependence*.² We will build on this evidence and set out new action at a national and local level to ensure an effective universal approach to preventing drug misuse. We will also monitor existing evidence-based programmes, both here and overseas, to share evidence and identify future initiatives to help prevent substance misuse and crime.

The Strategy recognises that schools and educators play a key role in developing the confidence and resilience needed to enable informed and healthy decisions that prevent young people using drugs. The Strategy sets out a range of actions to support this, encouraging schools and teachers to develop their practice with the support of specialist organisations and expert professionals, e.g. the PSHE Association, which has produced a suggested programme of study as guidance for teachers, and continues to provide wider support by highlighting other sources of expertise.

To further support our broad approach to prevention and resilience building, we will continue to invest in the Alcohol and Drugs Education and Prevention Information Service (ADEPIS) and expand its reach to wider prevention partners. We will also continue to develop and promote the 'Rise Above' digital hub, that uses interactive and engaging content to delay and prevent young people from engaging in exploratory behaviours (e.g. smoking, drinking alcohol, substance misuse and risky sexual practices).

Restricting Supply

As part of this Government's commitment to tackle serious and organised crime and the threat resulting from drug-related crime, we will take a smarter approach to restricting the supply of drugs: adapting our approach to reflect changes in criminal activity; using innovative data and technology; and taking coordinated partnership action to tackle drugs alongside other criminal activity.

The Strategy recognises that the behaviour of criminal gangs and the interconnectivity between the illegal drugs trade and other crime types is changing and that efforts to respond to these risks will need to evolve.

²ACMD (2015) *Prevention of drug and alcohol dependence*. Briefing by the Recovery Committee. Advisory Council on the Misuse of Drugs. Available at: <https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence>

As highlighted in your response, the work undertaken at the border plays a vital role in identifying and disrupting this illegal activity, including the distribution and importation of drugs, and often the links with other serious and organised criminality.

We will invest in detection capabilities through the use of targeting and technology, for example, the Advanced Freight Targeting Capability (AFTC), supporting better identification of consignments deemed to be high risk. It will integrate a number of data streams, such as from carriers, shipping companies and hauliers, more effectively to make our consignment targeting capability more effective.

You raised concerns about the challenges posed, particularly to young people, by the use of internet markets by suppliers. The Strategy recognises these challenges and the evolving use of the darknet as a mechanism for the distribution and marketing of controlled substances. Although drugs supply via the darknet makes up a small proportion of the overall drugs supply market, there is an increasing move to the darknet to evade law enforcement action. The Strategy sets out action to tackle this, including the creation of a new intelligence unit dedicated to tackling the criminal use of the darknet.

You also highlighted the need for effective early warning and intelligence gathering systems. The Strategy, following the introduction of the Psychoactive Substances Act 2016 (PSA), has committed to re-energising the Forensic Early Warning System to meet new challenges and emerging threats. We will build on the work over the last five years, developing the UK's ability to gather information on the availability of new psychoactive substances, which will include our ability to enhance detection, particularly at the border. We are also supporting the UN Office on Drugs and Crime Early Warning Advisory on New Psychoactive Substances, a global database of new psychoactive substances that monitors the emergence and trends of these substances. In March we passed a UN resolution that will further strengthen this database and wider international data collection efforts.

PHE is also piloting a new national system, RIDR (Reporting Illicit Drug Reactions), for reporting the effects of new psychoactive substances and other drugs, in a similar way to how adverse effects of pharmaceutical drugs are reported to the MHRA's Yellow Card Scheme. RIDR aims to gather better intelligence on the health harms associated with new patterns of drugs use in order to improve clinical responses.

I am grateful to the ACMD for undertaking new statutory responsibilities under the PSA and I appreciate the proactive role the Council has taken to establish how to best advise under this legislation and the Misuse of Drugs Act 1971 (MDA) in future. The Government's position on the role of the PSA and MDA is clear and as such this will not be a focus of the new Strategy. The purpose of the PSA is to prevent the supply of new psychoactive substances, the harms of which are unknown or un-assessed. Where evidence of harms does emerge I expect the ACMD to continue to assess substances for permanent control under the MDA.

We will continue to take a proportionate response to drug possession with a range of disposal options available to law enforcement and the courts. This includes disposals to divert those with complex needs towards appropriate health interventions and disposals to deal appropriately with serious and repeat offenders. We are considering the expansion of the use of out of court disposals and exploring greater use of health based interventions as part of criminal justice system disposals.

Building Recovery

Recovery remains a key priority for this Government and the role of the ACMD Recovery Committee has been essential in helping to shape Government policy around this strand of the Strategy. We recognise that we need to go further to drive progress in this challenging area and the new Strategy sets out clear expectations for partners at both a national and local level, to ensure that the right interventions are given to people according to their needs.

This includes improving treatment quality and outcomes for different user groups, building on findings from PHE's review of the evidence on treatment outcomes and how performance can be enhanced³, and the publication of new UK clinical guidelines.

We recognise quality treatment is just one aspect of recovery and it is right that services are aligned in responding to wider health needs and the wider recovery capital that is integral to achieving and sustaining recovery. The development of new jointly owned outcome measures will support enhanced joined-up commissioning and closer collaboration across employment, housing, criminal justice and mental health. This also includes building on recommendations from the Dame Carol Black Review into supporting individuals back into employment.

Financial resource:

In sessions attended by members of the ACMD and in your letter, it was noted that one of the biggest threats to recovery and the capacity of treatment systems is the loss of local financial resource and prioritisation. We recognise that effectively funded and commissioned services are crucial to delivering the help needed for individuals to fully recover from dependence. The Government has confirmed the continuation of the ring-fenced Public Health Grant to local authorities until April 2019 - which funds drug and alcohol services (treatment and prevention). During this period we will maintain the condition for local authorities to 'have regard to the need to improve the take up of, and outcomes from, drug and alcohol services'.

Also, the new measures we are developing will provide greater transparency on local performance, outcomes and spend. This will allow for greater oversight on what local areas are doing in regards to treatment and wider recovery support for those services to be held to account.

To further support this and to address your concerns raised regarding cohesiveness of drug services, we will provide stronger governance at a national and local level, through stronger inspection and regulation by the Care Quality Commission. We will also put in place stronger governance around delivery of the Strategy by establishing a new Board, chaired by the Home Secretary, with representation from all key Government departments. The Board will drive action across Government and its partners, monitor progress and support local areas in the challenge of aligning services to deliver the best possible outcomes.

³ PHE (2017) *Drug misuse treatment in England: evidence review of outcomes*. Public Health England. Available at: <https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

Re-tendering and workforce:

You raised concerns about the impact that frequent re-tendering and commissioning could have on the delivery of services. Whilst the new Strategy recognises that there can be benefits of re-tendering, there can also be unintended consequences, e.g. high staff turnover, loss of trust and relationships, and we therefore set out clear expectations for commissioners who must ensure that all services that they commission are safe and effective. We also want to ensure that the workforce delivering services are fully trained to respond to the complexities associated with drug misuse.

The Strategy will promote this through working with the Royal Colleges and other professional bodies to produce guidance to support those working in the field and work with Health Education England to ensure the development and retention of the workforce.

You welcomed the growth of 'experts by experience' in the treatment system. The Strategy recognises that the use of experts by experience in the design and the delivery of services and recovery systems can contribute significantly to the evolution of effective drug and alcohol treatment systems. In addition, peer support and mutual aid groups are an essential component of effective recovery and should be easily accessible before, during and after formal structured treatment. PHE will support this by enhancing, promoting and supporting the implementation of its Mutual Aid Tool Kit and exploring the potential of online mutual aid groups.

Global Action

The Strategy also includes a new chapter on global action which seeks to promote a balanced approach internationally; reducing the global supply and demand for drugs which will help us to minimise drug harms at home. We are committed to continuing to learn from others, and to use our global networks to share the latest evidence with international partners. This includes promoting the work of the ACMD in international fora, which began with your attendance at the 60th UN Commission on Narcotic Drugs in March.

Research

In your response, you highlighted the lack of evidenced-based interventions, urging that the Strategy finds levers to ensure these are available in all areas. Local areas and providers have the responsibility to implement evidence-based interventions for drug misuse. PHE supports this by promoting their use, providing briefings and data to help local areas monitor implementation and outcomes. These mechanisms are all emphasised in the 2017 Drug Strategy. The Strategy also places emphasis on the solid body of treatment evidence and national clinical guidance, and outlines the key areas covered by the update to Drug Misuse and Dependence: UK Guidelines on Clinical Management. Furthermore, the Strategy also places an emphasis on regulation and quality assurance. It outlines local responsibilities in relation to quality governance and the role of the Care Quality Commission and how it is enhancing its capacity in relation to substance misuse services.

You also refer to funding for more rigorous and independent evaluations. We will maximise key research opportunities, including those arising from the academic community and wider afield, for example, the European Research Area Network on Illicit Drugs. In addition, programmes such as the Department of Health's Policy Research Programme (PRP) play a vital role in funding research into relevant policy decisions.

The PRP has been the route for funding the evaluation of the local pilots of Payment by Results for Drug and Alcohol Recovery and the evaluation of Drug Recovery Wings. The evaluation of the 2010 Drug Strategy provides a more in-depth overview of the evidence that underpinned the activity in the 2010 Strategy. PHE's 2017 treatment evidence review also informed the development of the new Strategy.

You asked about the evidential basis for the estimates of drug-related acquisitive crime. The most recent estimates are based on a combination of two surveys of self-reported offending and drug use (the Offending Crime and Justice Survey and Arrestee Survey)⁴ to capture a broader range of drug users and crime types than previous estimates (not just those in treatment or those in contact with the criminal justice system). Other recent Home Office analysis estimated that heroin/crack use could account for at least one-half of the rise in acquisitive crime in England and Wales to 1995 and between one-quarter and one-third of the fall to 2012.⁵

We recognise the importance of understanding frequency of use and we will continue to prioritise this in the Crime Survey for England and Wales, the main source for understanding prevalence and patterns of use in the general population.⁶ The survey is able to respond to changing policy and analytical needs (within the constraints of other pressures on the survey); for example, new questions have been added on new psychoactive substances to contribute to the review of the PSA.

I recognise there are challenges ahead but this also represents new opportunities for local areas to embrace a coordinated response to drug misuse, which will enable us to tackle the far-reaching harms and protect the most vulnerable in our communities. I look forward to continuing to work with the ACMD in delivering the new Strategy and engaging with the Council to help us review progress.

Yours sincerely



Sarah Newton MP

⁴ Mills, H., Skodbo, S. and Blyth, P. (2013). *Understanding organised crime: estimating the scale and the social and economic costs*. Home Office Research Report 73. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/246390/horr73.pdf

⁵ Morgan, N (2014) *The heroin epidemic of the 1980s and 1990s and its effect on crime trends - then and now* Home Office Research Report 79 <https://www.gov.uk/government/publications/the-heroin-epidemic-of-the-1980s-and-1990s-and-its-effect-on-crime-trends-then-and-now>

⁶ Home Office. (2016). *Drug Misuse: Findings from the 2015 to 2016 Crime Survey for England and Wales*. Available at: <https://www.gov.uk/government/collections/drug-misuse-declared>