HM Government

DRUG STRATEGY 2010: SUMMARY OF THE CONSULTATION RESPONSES

A report of the drug strategy consultation December 2010

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INTRODUCTION

BACKGROUND

The Drug Strategy consultation was launched on 20th August 2010 and closed on 30th September 2010 and was communicated to partners through the Home Office website www.drugs.homeoffice.gov.uk.

The consultation document (link in Appendix 1) was designed to elicit views, primarily from the drugs sector and other stakeholders, to influence the development of the new strategy. It contained a total of 43 questions with free-response text boxes.

The questions were based on the government's strategic vision and proposed broad themes for the strategy. Responses were invited by using the online form, emailing the form or sending hard copy for consideration.

There was a mix of single and group responses and respondents were free to decide how fully they contributed to the consultation by answering just some, or all of the questions posed. Responses were shared across the relevant Government Departments involved in the development of the strategy.

THE NEW DRUG STRATEGY: REDUCING DEMAND, RESTRICTING SUPPLY, BUILDING RECOVERY: SUPPORTING PEOPLE TO LIVE A DRUG FREE LIFE

The overall focus and scope of the new drug strategy is all illicit and other harmful drugs. However, for those activities where a joint drugs and alcohol approach is appropriate, this is recognised, particularly in the areas of treatment and recovery. The new drug strategy takes a broad approach to preventing and reducing substance misuse of whatever type.

The new drug strategy is structured around three themes:

- Reducing demand – creating an environment where people who have never taken drugs continue not to and making it easier for those that do to stop.
- Restricting supply - drugs cost the UK £15.4 billion each year. We must make the UK an unattractive destination for drug traffickers by attacking their profits and driving up their risks.
- Building recovery in communities - this Government will work with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, and will offer a route out of dependence by putting the goal of recovery at the heart of all we do.

The overarching aims of the strategy are to

- Reduce illicit and other harmful drug use; and
- Increase the numbers recovering from their dependence on drugs or alcohol.

Whilst some have advocated that liberalisation or decriminalisation as a way to deal with drugs, the Government does not believe that this is appropriate, taking account of the likely increase in drug misuse, and consequent harms, that would result and the complexity of the problems involved.

This report is a high level summary of the key messages from the 1850 responses we received and their influence on the development of the above.

1: VISION FOR THE NEW DRUG STRATEGY

This section asked respondents if there were key aspects of reducing drug use not covered in the vision that should be addressed. It also asked respondents to consider what approaches had or had not worked well previously.

SUMMARY OF RESPONSES

The over-reliance of current approaches on substitute prescribing was a concern for some respondents, and they felt that this needed to be addressed in the new drug strategy.

User led and holistic services were considered to have worked well previously but a more holistic approach, with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing was considered to be the most important area for priority.

'Our members support the overarching aims set out in the drug strategy consultation document. They welcome the focus on recovery and social (re) integration and applaud the recognition that delivering on this recovery vision requires a holistic approach, continuing to break down silos and bringing together a range of professionals and agencies, both nationally and locally.

Some respondents felt that the new strategy should have a health focus including harm reduction and mental health which links with the holistic approach outlined above. A large number of targeted stakeholders highlighted that an abstinence approach should not ignore harm reduction.

'Any response which emphasises drug free outcomes for individuals must also acknowledge and reduce the harms faced by those who are unable or unwilling to stop using drugs.'

Other respondents felt that some Criminal Justice Interventions had not worked well previously and needed improvement. Previous interventions were seen to have lead to criminalisation, without the appropriate treatment services in place designed to fit short sentences.

There were differing perspectives on what had worked and not worked well previously, particularly between respondents from members of the public and those involved in the drug sector. This highlights that more needs to be done to engage and empower the wider community in the ambition to promote the recovery of drug users.

GOVERNMENT RESPONSE

The new strategy recognises that the sentencing framework must support courts to identify options, other than prison, which will help an offender tackle their drug or alcohol dependence, whilst recognising that, for some offenders, custody is necessary.

The new strategy does not ignore harm reduction. It recognises that harm reduction continues to have a role to play in treatment. Interventions such as substitute prescribing will continue to have a role in treatment. However, it should be the first step on the journey to recovery and not where the journey ends.

2: PREVENTION OF DRUG USE

This section sought respondents' views on what approaches best supported the prevention of substance use, particularly by young people, and how and when such activity might be delivered.

SUMMARY OF RESPONSES

In responding to the prevention of drug use theme, it was highlighted that education should be a central part of prevention within the strategy, with almost half of all respondents identifying it as one of the most effective ways of preventing drug or alcohol misuse. Schools were felt to have a clear responsibility for preventing misuse, though families (particularly parents) were also seen as important.

"Educating children and young people on the real risks involved in alcohol and drug use so they can make informed choices about what they put in their bodies"

"Ensuring that schools and staff have training and resources. . . to deliver high quality drug education"

"People must fully understand the dangers associated with drugs from a younger age"

There was a particular emphasis by respondents on education reflecting the evidence of the effects of drug use, and being honest about the effects of all drugs. A significant number of respondents felt that alcohol education needed to be given greater emphasis.

"Nonbiased factual education, presenting the actual risks of drugs, and clearly showing alcohol as a potentially very harmful one"

There was strong support for early intervention with both individuals and families where problems started to develop.

"Education from an early age and intervention when the pattern emerges. Abuse cannot be eradicated, but early intervention will have an impact"

It was also felt this should be targeted at particular groups at risk.

"As well as working with all young people, education programmes should be specifically targeted at young people who have been identified as vulnerable. . .or those who have been out of mainstream schooling"

"Targeted intervention by informed workers at appropriate age Focus on higher risk young people"

Overall, there was a recognition that many different agencies and individuals would need to work together to prevent drug or alcohol misuse. There was particular support for the voluntary and community sector in prevention and for joining up different services that worked with vulnerable young people, including volunteers supporting education or acting as mentors.

11 – 16 was the most common age which respondents felt should be targeted by prevention activity, though many also felt that activity with primary schools or early years providers should also be a priority.

"Focus on prevention much earlier than adolescence. A lot of damage is done in a child's early years and contributes to addictive behaviours later in their childhood/early adulthood".

Groups felt to be a particular priority included 'at risk young people', young offenders, looked after children and children whose parents had drug or alcohol problems. There was also an emphasis placed on geographical areas of disadvantage.

"There should be increased investment in today's children from the earliest years throughout their school lives as the most important preventative measure at population and Big Society level, with long term commitment from the government. Through this there should be an emphasis on reducing inequalities which would provide the basis of a major preventative measure"

The majority of respondents, 55%, felt that prevention should focus on all drugs (including alcohol), with 38% stating that the focus should be on those that caused the most harm. Respondents highlighted the fact that young people tend to use a range of drugs, and that all substances could be harmful at younger ages..

GOVERNMENT RESPONSE

The strategy sets out an approach to prevention that starts in the first years of life as part of a broader approach to support, particularly for disadvantaged families.

It makes it clear that the focus of all activity with young drug and alcohol misusers should be preventing the escalation of use and harm, including stopping young people becoming dependent users in adulthood.

The strategy also sets out a clear role for schools in educating pupils and taking wider action to prevent drug or alcohol misuse, whilst recognising the importance of wider access to information for those outside school and parents.

Targeted support and early intervention is a central part of the new strategy. Supported by a new Early Intervention Grant and the Public Health Grant local authorities will be able to develop a clear approach to early intervention with young people and families.

3: STRENGTHENING ENFORCEMENT, CRIMINAL JUSTICE AND LEGAL FRAMEWORK

Respondents were asked to comment on a number of areas for this theme including sentencing policy, temporary bans, accommodation provision, law enforcement and drug supply in prisons.

Whilst a number of respondents advocated liberalisation or decriminalisation as a way to deal with drugs, the aim of this targeted consultation was not to review the current legislative framework. Views on the current legislation of drugs in the U.K were not explicitly sought through this consultation.

SUMMARY OF RESPONSES

Gathering and sharing research, evidence and intelligence were identified as key themes when asked how the Government could keep ahead of drug markets and what to consider when deciding to invoke a temporary ban. Communication with the public was also an important feature, so that the public had a better understanding of how and why the Government reached decisions in this regard.

[The Government should consider] "Clear evidence of harm as deduced by the drugs advisory committee, rather than political reasons/public outcry"

"The Government should look into the results of research [and] listen to experts."

The two dominant indicators that it was felt show when drug use becomes problematic were when it began to have a negative impact on the community and family, and when it had a negative impact on the individual themselves in relation to their work, health and wellbeing. Resorting to crime and criminalisation were also considered to show when drug use becomes problematic.

In relation to the Criminal Justice System (CJS), over 50% of all respondents thought that the CJS should do something differently. Respondents felt that there should be a change to sentencing and that community treatment and improved access to treatment were required when dealing with drug-misusing offenders. This was echoed in relation to drugs in prison where some respondents suggested that drug offences should not result in a prison sentence but an alternative punishment.

"Either give longer term custodial sentences or much tougher community orders. Short term prison sentences only mean a lot of paperwork for services which impacts on cost and do not act as a deterrent for drug misusing offenders."

Criminal justice agencies, police and healthcare came after the community and voluntary services when respondents were asked who should work in partnership to reduce drug related reoffending in local areas.

"Probation, Prison, Local Authority, Courts, Police and Health need to work together to develop a joint local response to reducing re-offending which includes solutions around targeting and early intervention as well as a more co-ordinated approach to the rehabilitation of offenders rather than simply sentencing them."

Where accommodation is concerned, it was felt that any accommodation provided, irrespective of type, should be decent, safe and clean and any supported accommodation should be provided by fully trained professionals. Support should be tailored, based upon individual need and linked in to reintegration and rehabilitation with a phased approach.

"Intensive therapeutic community support…Rehabilitation should be the focus. Providing new skills and opportunities… helping people see themselves as part of a bigger society and what they can contribute"

Over half of respondents thought that drug enforcement should be targeted at drug dealing, both at street level and organised crime groups. Targeting drug supply at point of entry to the UK and UK borders was also considered to be high priority in reducing the supply of drugs.

Where payment and funding was concerned, it was the view of the majority that a range of outcomes should be used if results were to be paid or funded. The outcomes that could be used ranged from reduction in drug use to getting children back from care to maintaining employment. Some respondents were concerned that imposing a payment by results culture would objectify users and could lead to agencies cherry picking clients and becoming creative with measuring and reporting.

"basing funding purely on results may be flawed here, as the issue of personal responsibility for actions is not ultimately determined or controlled by others"

When asked about what measures should be taken to reduce drug supply in prison, over a quarter of respondents who answered this question thought that drug treatment within prisons should be readdressed and policy re-appraised resulting in reduced supply. Continued treatment for people already in treatment (already in place)with the option to increase opiate substitute medication in line with any opiate withdrawal, as offenders may have been using heroin on top of their substitute medication prior to their sentence.

This was closely followed by the view that more searches should be undertaken within prisons to reduce supply.

GOVERNMENT RESPONSE

One of the three key themes of the new strategy is "Restricting Supply" which is underpinned by a range of enforcement activity from the local to the international.

The Government is committed to an evidence based approach to drive the very best outcomes for individuals and communities.

The Drug Strategy outlines the ambition to strengthen the use of community sentences for adults, combining drug and alcohol requirements with other sentencing options.

The strategy outlines plans to pilot the use of payment by results to incentivise providers to support individuals to recover but we will work together with those pilot areas to co-design the approach; to ensure that issues such as the danger of cherry-picking and 'playing the system' are effectively guarded against.

4: REBALANCING TREATMENT TO SUPPORT DRUG FREE OUTCOMES

This section sought to elicit views on the role of treatment agencies and others, particularly in supporting recovery.

SUMMARY OF RESPONSES

Many of the responses to the consultation acknowledged that progress had been made in drug treatment in the past decade with respondents identifying increased access to treatment, low waiting times and robust evidence of effectiveness (such as NICE appraisals) as features of the current treatment system that were effective.

"DrugScope would highlight the successful expansion of the drug treatment system, with over 200,000 adults and around 25,000 under 18s accessing treatment services in 2008-09; average waiting times down to under a week; around 195,000 adults in 'effective treatment' (which recognising the limits of 12 weeks retention as a reliable measure of effectiveness); and nearly 25,000 adults completing drug treatment free of dependency. We also welcome the increased commitment to recovery and treatment outcomes (for example, in the NTA's 'Commissioning for Recovery')and to workforce development (notably, with the emergence of the Substance Misuse Skills Consortium)."

However, respondents also pointed out the burden of bureaucracy that had built up over the years, the lack of availability of services for stimulant users due to the focus on Problem Drug Users (PDUs) (those dependent on crack and/or heroin) and lack of availability of tier 4 treatment.

"Less target driven, less form filling, more support for emotional health, more choice so that people can have tailored treatment."

Respondents felt that the treatment system should be configured to treat clients' needs rather than focus on the substance they use, with many supporting a shift of focus away from PDUs to allow a renewed focus on stimulants as well as other substances such as so called 'legal highs', prescribed and over-the-counter drugs and alcohol. Many people suggested that, in a time where funding will be tight, the sharing of facilities by drug and alcohol services may be an efficient use of resources and with a rise in poly-substance use it was felt that bringing drug and alcohol services together, as well as widening the focus of drug treatment, may also have clinical benefits.

"Much of the emphasis has been on opiate users and crack cocaine, with little access to services for those with amphetamine or other stimulant use. Many are simply not accepted even for assessment. Drug services should be available for those with misuse and dependence, this regardless of any specific drug or alcohol. This would also be for those with dependence on prescription drugs."

Many saw a role for Public Health England (PHE) in assisting prevention though there were many different ideas about how this could be done effectively. Some felt that PHE could coordinate local prevention efforts with local partners such as schools and police forces, others felt that its role should be focused on national campaigns. Most respondents felt that any advice the PHE gave should be impartial and evidence based.

"DrugScope would support the public health service having a preventative, health promotion role with respect to drug and alcohol use. This should be informed by evidence of what works. There is potential to better integrate messages about the harms of drug misuse into wider public health messages."

Respondents, in general, felt that a motivated and skilled workforce was needed to successfully deliver drug treatment and there was support for increased training and accreditation to be made available for drug workers. It was also widely felt that a reduction in the bureaucratic work load would benefit drug workers and the treatment system more widely.

"Support organisations such as FDAP and bodies such as the newly created Skills Consortium to continue to develop the skills framework for drug and alcohol workers. Provide training for the workforce in the latest treatment interventions and assist the workforce in building their ambitions for the client."

Many people were concerned with the wider recovery agenda and how treatment could fit into this. The bringing together of treatment, employment and housing services into a 'one stop shop' was suggested as was having key workers and joint protocols between services locally.

"Some established working practices have tended to create silos, with each group of professionals not always linking up with others. Adfam believes than an increase in communication and joined-up working between agencies would benefit both the system and its outcomes.'

When asked about holding commissioners to account there was broad agreement that this should be done based on evidence of delivery set against agreed outcomes, with many suggesting these outcomes should be recovery based. There was also support for payment by results or other links between performance and funding. Respondents also suggested that commissioners be held to account locally by partners with an interest in drug treatment such as local health boards and police forces.

"Ensuring joint funding is available so that gains from one intervention area that yield results in several others can be properly rewarded, and so that it is in commissioners interests to commission joined up services."

GOVERNMENT RESPONSE

The strategy sets out how the treatment system will be rebalanced to focus on recovery and enable people to become drug free and rebuild their lives.

The treatment system will allow all the services involved in recovery to be joined in a whole systems approach. This work will be locally led with local directors of public health being key in delivering effective, flexible person centred care.

The system will move away from the previous approach to focus on the recovery outcomes that really matter.

CHAPTER 5: SUPPORTING RECOVERY TO BREAK THE CYCLE OF DRUG ADDICTION

Respondents were asked to comment on recovery and reintegration, issues faced by those with mental health conditions and employment and housing options for those dependent on drugs and alcohol. They were also asked to comment on family interventions, parenting requirements and the wider benefit system.

SUMMARY OF RESPONSES

Respondents highlighted the need for more joined up holistic working between organisations in relation to releases from prison, dealing with mental health conditions, finding employment for drug or alcohol dependent service users and in ensuring family interventions are successful.

'Services should be configured to ensure that clients with drug/alcohol issues and mental health issues receive a holistic service that addresses their complex needs. Client centred care with expert prescribing can improve quality of life and reduce alcohol and drug use. Housing related support, safe social activities and physical health care improve outcomes for this client group.'

'Dual trained staff and co-located services. Improved case conferencing.'

Issues repeatedly mentioned as commonly facing people dependent on drugs or alcohol included previous criminal records and the stigma of criminalisation and/or drug misuse. These, alongside the `gap in the c.v,' were seen as barriers to reintegration from prison, finding appropriate housing and gaining employment.

'In the first instance the stigma of criminalisation and a criminal record utterly destroys future job prospects'

The proposed ways to address these issues were support and information sharing with both landlords and employers, linked in with wider support services. It was felt that interventions and solutions should be developed across agencies highlighting the importance of joint working, to make the best of the local help.

In particular, respondents were keen to see a focus on `soft' skills, debt management, relapse prevention and confidence building. The transition points in a customer's journey were seen as offering strong opportunities for successful intervention, notably release from prison, particularly when well planned. Some respondents felt that officials' attitudes were judgmental.

'Developing relationships with businesses to take people for work placements - with support from criminal justice and drug services'

There was a mixed response in relation to the role of conditions for people facing drug or alcohol dependency. Those not in favour of any sanctions proposed that this course of action would lead to an increase in criminality. Those who thought that sanctions could be used highlighted the need for them to be realistically time limited.

'I do believe that removing the need to seek employment providing someone is in treatment is a more realistic and positive way forward, provided that time element is a substantial and realistic time frame of at least one year in the majority of cases. Entrenched substance misuse cannot be treated in a few weeks or months.'

Families and family interventions were seen as very important and a vital resource for recovery, with drug and alcohol services needing to do more to link in with other family member's and provide child friendly facilities. Some respondents pointed out that the individual in recovery has to want to engage with the wider family. There are potentially many reasons why this was might be felt to be inappropriate, such as where there has been a history of conflict

Respondents suggested that misusing couples are often only as strong as the weakest partner. Confidentiality and the consequences of the disclosure of drug misuse are important issues where children are involved: women in particular might be reluctant to seek or participate in treatment if they perceive a risk of their children being subject to care proceedings. A lesian, gay, bisexual and transgender (LGBT) support organisation pointed out the need to be cognisant of LGBT customers, given that family relationships for these customers can sometimes be characterised by prejudice.

Respondents felt that families have much potential to impact positively on recovery, but noted that this can only be successful when handled with great sensitivity.

GOVERNMENT RESPONSE

There is a commitment in the strategy to encourage a 'whole family' approach to the delivery of recovery services, and to consider the provision of support services for families and carers in their own right.

The Drug Strategy puts individuals at the heart of recovery by recognising the respondents' view that recovery is a holistic process: it should encompass the range of a person's needs including, for example, housing, employment, debt management and the tackling of family breakdown.

For this reason the strategy advocates a `whole system' approach, and challenges all agencies to work together locally to help those in recovery to return to making a constructive contribution to their communities. It recognises respondents' concerns about enforcement of benefit rules but also their appreciation of the opportunities offered by tailored conditions for those who opt to tackle their problems.

The strategy seeks to ensure that the benefit system supports engagement with recovery services.

CHAPTER 6: CONCLUSION

We wish to thank everyone who took the time to contribute to the 2010 drug strategy consultation. We will continue to engage with you in relation to the drug strategy and its implementation.

We are committed to reviewing the drug strategy on an ongoing basis. Doing this will enable us to respond to new and emerging evidence and conduct an ongoing assessment of the outcomes being achieved. This is essential if the drug strategy is to be a dynamic and evolving document.

APPENDIX 1

CONSULTATION QUESTIONNAIRE

www.homeoffice.gov.uk/publications/consultations/cons-drug-strategy-2010/

APPENDIX 2

RESPONDENT ORGANISATIONS

Overall 1850 responses to the drug strategy consultation were received from a wide range of interested parties. These included:

- **Health Professionals** e.g. Primary Care Trusts
- **Individuals** e.g. people with an interest in this area for personal / family reasons
- **Local Partnerships** e.g. Drug (and Alcohol) Action Teams (DATs/DAATs), Community Safety Partnerships (CSPs), Local Strategic Partnerships
- **Policing Agencies** e.g. Police Forces, Constabularies, ACPO
- **Local Authorities** e.g. County/District Councils, Borough Councils, Social Services, education services and professionals, Young people's and families services
- **Drug Treatment/Service Providers** e.g. rehabilitation and treatment centres, drop-in centres and outreach workers
- **Charity and Voluntary Groups** e.g. Drugscope, NACRO, Phoenix
- **Lobby/Activist/Pressure Groups** e.g. Transform, Legalise Cannabis Alliance
- **ACMD, and its members**
- **UK Embassies and Commissions overseas**

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