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Chair
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Dear Professor Iversen

Advisory Council on the Misuse of Drugs report and recommendations on Powder Cocaine

The Government are committed to protecting people from the dangers of all drug use, including cocaine. We are grateful to the ACMD for its extensive review on the use, harms and public health implications associated with powder cocaine and for its recommendations on how these can be reduced.

Our current approach, which builds on the commitments made under the 2010 Drug Strategy, balances co-ordinated action to restrict the supply of cocaine, activity to reduce the demand and treatment which allows anyone to recover and free themselves from dependency and minimise harm.

Reducing Demand

The Government's aim is to create an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so and to make it easier for those that do to stop. Our approach to demand reduction has been refreshed and is fully aligned with the recommendations made by the ACMD in their recent Prevention Briefing and international evidence. It mixes universal actions aimed at young people with targeted actions for those most at risk of using drugs, including those highlighted by the ACMD as being a population at risk of using powder cocaine. In addition, we are ensuring that we respond to new challenges and are maximising the role of Public Health England (PHE) to support and provide guidance and tool-kits to local authorities.

The Government is committed to providing good quality information so that young people, parents and others are provided with credible advice to actively resist substance misuse. In line with the ACMD recommendations, drug specific information surrounding cocaine powder is embedded within generic substance misuse education and prevention initiatives.

Drug education is part of national curriculum science at key stage 2 and key stage 3 and teaching in this area can be built on through Personal, Social, Health and Economic (PSHE) education. In the introduction to the national curriculum, we reaffirmed that PSHE education should be used to develop important life skills. In addition, to enable schools to demonstrate excellence in the quality of their PSHE education teaching, the Government has announced the development of a new, rigorous PSHE quality mark. This will give parents more information about the quality of a school's PSHE provision and will highlight schools which are already providing opportunities for wider

development for their pupils through PSHE. It will also make it easier for schools struggling in this area to work with the best.

In addition, schools can access expert advice to help design and deliver their PSHE curriculum. For example, ADEPIS, the Alcohol and Drug Education Prevention Information Service provides quality evidence based practical advice and tools for discussing drug issues, including briefing sheets for teachers.

The FRANK information service remains a core component of our current approach and provides timely and accurate information and advice to young people and parents about drugs, alcohol and smoking and includes a specific page on cocaine. FRANK is regularly updated to reflect emerging patterns of drug use and will continue to evolve to align with young people's media habits and strengthen situational advice and support.

Public Health England (PHE) has recently launched 'Rise Above', which is an online resource and social movement for young people designed to build their resilience and empower them to make positive choices for their health, including resisting drugs and alcohol. Rise Above builds resilience by encouraging 11-16 year olds to interact with digital resources which allow them to rehearse scenarios in a safe environment. This approach is fully in line with the evidence base and PHE is working with key academics to assess the effectiveness of the programme and ensure it is having maximum impact.

In addition, the Government recognises the evidence surrounding mass media campaigns including the unintended consequences and lack of efficacy and therefore, in line with the ACMD advice, will not be undertaking campaigns that specifically highlight cocaine powder.

Building Recovery

Recovery remains at the heart of the current approach and the Government recognises the need for high quality treatment as well as wider recovery support including stable employment and housing to enable people to free themselves from their drug dependency. We also recognise that high quality treatment has a protective effect, reducing the likelihood of dying due to drug use.

We take a holistic approach that incorporates non-medical interventions such as employment, housing and family support to help drug misusers overcome their dependency and maintain their abstinence.

As highlighted in the ACMD report, psychosocial interventions are the mainstay of treatment of powder cocaine problems. Treatment providers should ensure that there are appropriate pathways, and outreach where appropriate, which meet the needs of local populations of cocaine users and ensure services are accessible and relevant to them. Local Authorities, with their knowledge and understanding of local needs, are best placed to assess, plan and deliver drug and alcohol services in their areas. PHE continues to support Local Authorities in their assessments of local needs and the commissioning of local services, helping to establish inter-service protocols and agreements to ensure that the complex needs of this client group are managed effectively.

The Health and Social Care Act 2012 sets out statutory obligations for health and wellbeing boards to bring the relevant partners together to understand and address local need through the Joint Strategic Needs Assessment. Action to date includes providing local commissioners with annual data and advice for their Joint Strategic Needs Assessments. The advice is clear that needs assessment should cover all drugs relevant to a local area and that these will change with time and fashion. The 2015/16 Public Health Grant includes a new condition stating that Local Authorities should have regard to the need to improve the take up of, and outcomes from, their drug and alcohol misuse treatment services. Successful completion of drug treatment has also been

confirmed as the national indicator of the Health Premium Incentive Scheme (HPIS). The HPIS, supported by £5m, was piloted in 2014/15 where local authorities were incentivised to make agreed progress on one national and one local Public Health Outcomes Framework indicator. Results are expected at the end of 2015/16 with payment to local authorities following shortly afterwards.

Local areas are already paving the way in this area. For example, in response to its developing night time economy and its commitment to improving the health and wellbeing of residents, workers and visitors, the City of London has used a number of approaches to inform its understanding of cocaine and other drug use. This has supported more targeted public health interventions, engagement with licensed premises and ensuring appropriate treatment responses are in place. There has also been work undertaken with venue staff and City of London Police to reduce the use and availability of drugs within the City's night time economy. In addition the City's Substance Misuse Partnership has delivered awareness sessions to all uniformed City of London police officers and custody staff on the signs and potential consequences of cocaine use.

As highlighted in the ACMD report, key to providing more effective services is having a competent and confident workforce with access to core skills that enable them to address the needs of the people they come into contact with in terms of helping to identify any problematic drug use and provide brief advice where necessary. To address this need, by the end of this year PHE will develop its guidelines and resources to support identification and brief advice-type approaches for identifying and responding to any drug use, which can be used by staff in any non-drug specialist setting. PHE will also continue to work with the Substance Misuse Skills Consortium to understand and promote the competencies, including cultural competencies, needed to work with the various groups of people who use different drugs including cocaine.

The Government agrees that there is a need for synergy in how we tackle problematic alcohol use and drug use. We recognise that severe alcohol dependence raises similar issues to illicit drug dependence and that treatment providers are often one and the same. Many local areas already have integrated responses to drug and alcohol problems. In addition, PHE has published guidance documents to support strategic commissioning approaches to drug and alcohol treatment as identified through the Joint Strategic Needs Assessment process. The guidance focuses on drug prevention, treatment and recovery and details the commissioning principles for adult services to ensure that where possible and appropriate drug and alcohol strategies can be integrated.

Restricting Supply

Coordinated and effective enforcement activity at both an international and national level remains key to restricting the supply and trafficking of cocaine into the UK. As set out in its 2014 National Strategic Assessment of Organised Crime, cocaine supply to the UK is one of the National Crime Agency's five prioritised drug threats.

At an international level the general approach is to actively disrupt the cocaine trade overseas to prevent it reaching the UK. Since the publication of the cross-Government Serious and Organised Crime Strategy in October 2013 we have increased our direct engagement with priority countries in which cocaine is produced and trafficked, including Latin America and West Africa. In addition, the National Crime Agency's international focus supports increased close working with overseas law enforcement, to tackle the threat of illegal drugs.

At a national level, we are working closely with all law enforcement agencies to ensure they have the available resources and powers to make the UK a challenging environment for cocaine suppliers and organised crime. The National Crime Agency is now leading the UK's fight against

organised crime and has a clear mandate and the power to task and coordinate our national response. This approach is starting to have a large impact and notably, during 2014/15 drug seizures as a result of National Crime Agency activity equated to 70.8 tonnes of cocaine which is an increase from the 42.8 tonnes recorded during the same period in 2013/14.

We continue to encourage and support police forces to tackle drug-related crime and drug dealing and the police are currently running pilots alongside Local Licensing Authorities in a number of areas across the UK looking at the effectiveness of drug identification devices to help the police pick out those who have taken cocaine in the night time economy setting.

As the ACMD report highlights, the trade in drug-cutting agents, many of which are far from harmless, enables organised criminals to increase the volume of drugs on the streets. The new cutting agent provisions which were introduced through the Serious Crime Bill 2014 came into force on the 3 May. This will build on current legislation to ensure that the National Crime Agency, police and other law enforcement agencies have the powers they need to seize chemical substances that can be used as cutting agents for bulking illegal drugs in order to maximise profit margins. We are grateful to the ACMD for their contribution to the Government's consultation on these proposals, which have helped inform the development of the powers.

Research

The Government fully acknowledges the importance of research to better understanding drug problems, such as those identified in the ACMD's report, and how best to treat and prevent them. A number of research studies on aspects of cocaine use have been supported with government funding in recent years.

The National Institute for Health Research (NIHR) supports applied evaluative research with the aim of improving patient and user health and the care that they receive. Research funded by the NIHR generates evidence to support decision making by professionals, policy makers and patients. Researchers with an interest in investigating the nature, extent and context of cocaine use are all welcome to apply to the NIHR for research funding. All funding applications to the NIHR are rigorously assessed on the basis of competition and independent peer review.

Given the recently published Office for National Statistics (ONS) data on drug-related deaths, which show an increase in deaths involving all types of cocaine in recent years, PHE will be examining all of the ONS drug-related deaths data in detail, alongside their extensive treatment data, in order to provide further analysis and update their Trends in Drug Misuse Deaths in England briefing:

www.nta.nhs.uk/uploads/trendsindrugmisusedeaths1999-2013.pdf

Data Collection

It is essential to collect data on the extent and nature of the use of powder cocaine to inform activity around demand reduction. As you are aware, we currently measure this through the Crime Survey for England and Wales which is a large-scale, general population survey of households in England and Wales and provides robust data on the use of a variety of illicit drugs including powder cocaine. This data also provides us with information on cocaine users by a range of demographic and lifestyle factors.

We are encouraged by the recent trends in this data which has showed that cocaine use in the last year has fallen from a peak of 3.0% of adults aged 16-59 in 2008/9 to 2.3% in 2014/15. In addition, there have been consistent decreases in the frequent use of powder cocaine. Frequent

use of cocaine has fallen from a peak of 43.6% of users reported in the 2006/7 survey to 13.5% of users in the 2013/14 survey (the most recent year for which data are available).

In addition, via the National Drug Treatment Monitoring System, we collect data on treatment for all forms of cocaine. The data shows that the number of adults receiving treatment for cocaine use is relatively stable. In 2006/07, of the 194,173 adults in treatment 9,113 (or 5%) were in treatment due to powder cocaine use and in 2013/14, of the 193,198 adults in treatment 10,610 (or 5%) were in treatment due to powder cocaine use.

Powder cocaine users in treatment tend to be younger than the average: 23% of cocaine users in treatment in 2013/14 were aged 18-24, compared to 9% of all those in drug treatment. Treatment outcomes for powder cocaine users are especially good: 65% of powder cocaine users who had a six month review in 2013/14 were not using powder cocaine, which is the highest non-use rate of any drug.

The Government is grateful to the ACMD for its support for the National Crime Agency run initiative ENDORSE and supports the collection of current forensic data and assessments on powder cocaine seizures including information on any cutting agents they contain. The National Crime Agency together with support from law enforcement agencies and UK forensic providers will continue to collect data on cocaine samples that have been seized by the Police and Border Force in England and Wales. The data collected by the National Crime Agency will continue to be shared with the ACMD, Government, Public Health England, law enforcement agencies and other partners and, where appropriate, used to inform early warnings and alerts.

We are looking to refresh our current Drugs Strategy to continue to tackle drug misuse as a key driver of crime. The ACMD will be a major partner in developing a future strategy and we look forward to working with you on this.

We would like to thank the Advisory Council for its efforts in completing the review of the evidence of use, harms and public health implications of cocaine.

Yours sincerely,



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Parliamentary Under Secretary of State for
Public Health



Mike Penning
Minister for Policing, Crime and Criminal Justice
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