



HM Government

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By email only ACMD@homeoffice.gov.uk

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Dear Owen,

Re: Drug Misuse Prevention Review

In my capacity as cross-government Combating Drugs Minister and on behalf of all departments leading on delivery of the 10-year drugs strategy, I would like to thank you and the Prevention sub-committee for your rapid report on the prevention of drug use among vulnerable groups and for your continued work to progress a number of projects commissioned by the Home Office on matters relating to drug misuse.

As part of the strategy, we set a government-wide ambition to reduce the demand for illicit drugs. Delivering complex and meaningful change takes time and determination and guided by the evidence, we are committed to working with the ACMD to reduce the demand for drugs across society.

I have recently commissioned the Prevention sub-committee to develop advice on a whole-system response to preventing drug use in children and young people. This commission was in direct response to your letter on young people's drug use and forms a substantive part of the Government's delivery and response to the rapid review. Please see our full response below.

Recommendation 1

The ACMD endorses the selective prevention activities recommended by the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) 'International Standards' for drug use prevention (UNODC & WHO, 2018) and the indicated prevention activities recommended by the National Institute for Health and Care Excellence (NICE, 2017a). These should be the starting point for selective/indicated prevention activities delivered under the auspices of the government's drug strategy and their development, organisation and delivery should reflect the European Drug

Prevention Quality Standards (European Monitoring Centre for Drugs and Drug Addiction, 2011).

Government response

The Government accepts this recommendation. Recommendations 1 and 2 set out the need for evidence-based approaches to prevention. Since publication of your review, we have invested in the analysis of the specific challenges we face in preventing and reducing drug use amongst different cohorts to review where efforts can be best targeted to meet our population level ambition on drug misuse. This has included primary research commissioned as part of the strategy exploring the drivers of drug use in young people led by Liverpool John Moores University, secondary research on how best to reduce recreational drug use amongst adults and ongoing work led by The Department for Education on the evaluation of the Relationships, Sex and Health Education curriculum.

To demonstrate the government's commitment to drug prevention and ensuring local delivery partners are aware of 'what works', building on the guidance developed for Combating Drugs Partnerships (CDPs), the Joint Combating Drugs Unit (JCDU) have developed a guide for areas, which will soon be added to our Knowledge Hub website. This document sets out evidence-based approaches, interventions, and resources that can be employed to support the implementation of local prevention activity. The document endorses prevention activities and standards recommended by the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) and reinforces our support for them.

Recommendation 2

ACMD's strong advice is that drug prevention activities that have been ineffective, such as fear arousal approaches (including 'scared straight' approaches) or stand-alone mass media campaigns, should not be pursued or supported; funding for these would be better used elsewhere. Where the effectiveness of an intervention has not been demonstrated or is uncertain, its implementation should only be regarding properly resourced, methodologically robust, rigorous, peer-reviewed, evaluative research. National policy and guidance should reflect this advice, e.g., regarding drugs education, and in guidance to organisations tasked with implementing prevention at the local level.

Government response

The Government partially accepts this recommendation. We agree in principle however, there may be circumstances where the Government will want to take a broader view, taking into account other relevant factors, when seeking to test new initiatives and communicate the impacts of drug use.

Notwithstanding this, we are committed to using the prevention standards set out by the UNODC, NICE and WHO to inform future policy making, including by investing in approaches that give us scope to learn from and evaluate new approaches prior to implementation. In addition to assessing existing programmes under the reducing demand pillar of the strategy against the standards with a view to identifying any gaps and opportunities to shape, enhance and or expand our approach and delivery.

Recommendation 3

There is a dearth of evidence relating to prevention approaches for adult populations. There is a pressing need to improve understanding of adult vulnerability to drug use and to develop effective prevention approaches suitable to the circumstances of vulnerable adults. Resources for research to support this should be identified within the cross-government innovation fund announced within the drugs strategy.

Government response

The Government accepts this recommendation. We are committed to developing evidence across demand reduction as a whole and being guided by that evidence. To this end, I am grateful for your presentation at the What Works in Reducing Demand for Drugs conference held in September this year, where along with a range of healthcare and law enforcement experts and officials from across Government we discussed what we know and the opportunities to go further as part of our response to drug prevention.

As part of the drugs strategy, we are investing £5 million into an Innovation Fund that will allow us to test and learn from new prevention and deterrent approaches to deter people from drug use and prevent dependency, educate them about its damaging effects and help them to make the right choices. The fund has been designed to ensure that projects focussed on targeting adults, including those identified to be particularly vulnerable are in scope and eligible for funding, providing they meet the funds criteria and are successful in the competed process.

To continue building our approach, through our work on Drug Testing on Arrest, we are trialing innovative approaches to identify drug use among adults (and those aged over 14 once charged with an offence) who are suspected of committing crimes. In addition to any prosecutions that are undertaken, the identification of drug use associated with a crime enables referrals to treatment or other specialist support to address the suspect's drug use and break the cycle of drug dependence and criminality, thereby better protecting victims.

The drug treatment system is also undergoing significant change as it draws on the greater investment being made under the drugs strategy improving the quality of treatment including its capacity to target populations with the greatest or specific needs.

Recommendation 4

The UK should aim for a strategy in which universal, selective, and indicated prevention approaches are integrated across policy in a 'whole system' approach. There is a need to invest in workforce training to ensure that the professionals within the 'whole system' are equipped to respond appropriately to those who are vulnerable. This will require work to encourage the relevant professional bodies to embed prevention learning within their accredited training schemes, at qualifying and post-qualifying stages, including continuing professional development. This might be addressed by developing, for example, suitable central online training resources to supplement mandatory pre and post qualifying prevention training. This will need to be mandated and monitored given the failure of previous curriculum guidance for social and health care qualifying education.

Government response

The Government partially accepts this recommendation. The drugs strategy takes a whole system approach to addressing illicit drug use across society by driving down drug supply and demand and has invested over £3 billion over three years to support people through treatment and recovery.

NHS England have been commissioned to develop and deliver a 10-year workforce strategy and capability framework. This will identify the core capabilities for safer and more effective practice among those delivering specialist and targeted interventions in adult and children and young people's drug services.

We recognise we need to do more to develop our response to drug prevention, but until we are clearer on the detail of what the training should look like, how it should be implemented, resourced and delivered we cannot fully accept this recommendation. However, with the ACMDs support we are keen to explore what a prevention focused workforce plan would look like. I appreciate that this may also form part of your advice within the work I recently commissioned the ACMD to take forward looking at a whole system response to preventing drug use in children and young people.

Recommendation 5

A focus solely on 'vulnerable groups' will limit the reach of prevention activities and contribute to stigmatisation and discrimination, thus it is potentially counterproductive. Rather, government policy, advice and guidance should refer to vulnerable people, acknowledging the dynamic, complex and individual nature of vulnerability, reflecting the importance of characteristics, behaviours and contexts, including the significant influence of structural, environmental and social determinants of well-being.

Government response

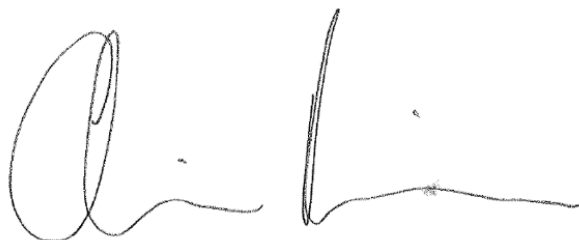
The Government accepts this recommendation. We know there are a range of risk and protective factors that can increase an individual's propensity to drug use and taking a whole system approach to prevention requires full consideration of elements that foster vulnerability. The drug strategy is clear on the complex nature and importance of the links between vulnerability and drug use. The prevention guide we have developed for our CDPs reinforces this message and encourages partners to carry out assessments of vulnerable people where they can, to support delivery of effective prevention support.

Whilst we are committed to ensuring that individuals in need of treatment and support receive it, we are aware that there are significant numbers of individuals who misuse drugs who do not have a treatment need, and in using these substances are contributing to the criminality and the violent gang related activity associated with drugs. Our current approach seeks to reach the balance between identifying, educating, and supporting vulnerable individuals as well as ensuring there are meaningful consequences, where suitable, for people who break the law.

We will continue to keep the complexities and dynamic nature of vulnerability at the forefront of our policy thinking so as not to limit the reach of future interventions and commit to sharing progress on our learning in this area in the next Drug Strategy Annual Report.

It is clear to me that the key thread running through these recommendations is our commitment to delivering the outcomes of the drugs strategy. We have already taken key steps to move forward on the main message of your report in developing the prevention system. I re-iterate my thanks to you and the members of the Council for their commitment to providing expert advice on this topic and working alongside government in our mission to reduce drug use and the associated harms.

Yours sincerely,



Rt Hon Chris Philp MP
Combating Drugs Minister