HM Government

2017 Drug Strategy

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Contents

Foreword by the Home Secretary

The harms caused by drug misuse are far-reaching and affect our lives at every level. It includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply; and the irreparable damage and loss to the families and individuals whose lives it destroys.

In 2010, we set out a clear and balanced approach to tackle drugs. We put local communities 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. We also shifted our focus to recovery, recognising the wider support needed to achieve and sustain a life free from drugs and crime. But there is an urgent need to go further to address these harms and the underlying factors that can lead to drug misuse. This must be done alongside action to tackle the evolving threats from new drugs markets and patterns of use that are ever changing and often targeted at the most vulnerable in society. We must continue to act, and we must act now to build a safer, healthier society: one that works for everyone.

The solutions to these challenges are grounded in a smarter, more coordinated approach which complements wider cross-government action. To develop this, we have engaged extensively with key partners in the drugs field, including health and justice practitioners, commissioners, academics and service users, as well as our independent experts, the Advisory Council on the Misuse of Drugs (ACMD). I am grateful for the invaluable input received.

This Strategy sets out clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.

It also outlines the action that we will take at a national level to support local areas to ensure everyone plays their role in:

- √ preventing people – particularly young people – from becoming drug users in the first place;
- √ targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- √ offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- √ leading and driving action on a global scale.

By working together, we can achieve a society that works for everyone and in which every individual is supported to live a life free from drugs, fulfil their potential and enjoy a brighter future for themselves and their families.

The Rt Hon Amber Rudd MP
Home Secretary

Introduction

The complexity and pervasiveness of drug misuse and the harms it causes means that no one can tackle it alone. Government at both national and local levels, international partners, the voluntary and community sector and the public all have a role to play. It is vital that we do this together using a coordinated, partnership-based approach that recognises the common goals we all share – to build a fairer and healthier society, to reduce crime, improve life chances and protect the most vulnerable.

The social and economic cost of drug supply in England and Wales is estimated to be £10.7 billion a year – just over half of which (£6 billion) is attributed to drug-related acquisitive crime (e.g. burglary, robbery, shoplifting).[1] As set out in our Modern Crime Prevention Strategy[2], drug-related and drug-enabled activities are key drivers of both new and traditional crime: the possession of illicit substances; the crimes committed to fund drug dependence; the production and supply of harmful substances perpetrated by serious and organised criminals alongside drug market violence associated with human trafficking and modern slavery[3]. Drugs can also play a part in facilitating child sexual exploitation and abuse[4] and the illicit use of drugs in prisons is a driver of rising violence, self-harm and suicide[5].

In 2015-16, around 2.7 million (8.4%) 16-59 year olds in England and Wales reported using a drug in the last year, a proportion which has reduced over the last decade but remained stable over the last seven years.[6] The trend is similar for younger people, but the proportion of them taking drugs is higher – 18% of 16-24 year olds in 2015-16.

The picture for use of individual drugs is more varied. Cannabis remains the drug most likely to be used by 16-59 year olds (6.5% of this age group report having used this drug in the past year) and use of cannabis is lower than a decade ago and stable since 2009-2010. However, estimates of ecstasy use among those aged between 16-24 years have increased and in 2015-2016 they were similar to the level 10 years ago (4.5% in 2015-2016 compared with 4.3% in 2005-2006).

The Government remains vigilant of new and emerging patterns of drug use. While use of new psychoactive substances among the general population is low (0.7% of 16-59 year olds reported having used a new psychoactive substance in 2015-2016), they continue to appear rapidly on the market, and use among certain groups is problematic, particularly among the homeless population and in prisons. In addition, there is emerging use of image and performance enhancing drugs (including intravenous use); and use of multiple drugs ('poly-substance misuse') at the same time poses an evolving challenge.

In 2015-16, 203,808 people received treatment for drug misuse. Fewer drug users are coming into treatment and in particular the number of people aged under 25 entering treatment for the first time who use opiates, mainly heroin, has fallen substantially over the course of the last 10 years.

While there are more adults leaving treatment successfully now compared to 2009-10[7], the rates of success vary by a factor of five between the best and poorest performing local authorities[8]. In recent years the national rates have also levelled off, with a decline in

the proportion of opiate users completing treatment. This decline and local variations in treatment outcomes are likely to be in part because many of those who now remain in treatment for opiate use are older, often have health and mental health problems and entrenched drug dependence. Within the context of these problems, effective partnership working between health and social care, the criminal justice system, housing and employment support is essential to deliver the Strategy's aims.

Linked to this ageing cohort, we have seen a dramatic and tragic increase in drug misuse deaths since 2012.[9] In England and Wales, the number of deaths from drug misuse registered in 2015 increased by 10.3% to 2,479. This follows an increase of 14.9% in the previous year and 19.6% the year before that. Deaths involving heroin, which is involved in around half the deaths, more than doubled from 2012 to 2015.

Drug misuse is common among people with mental health problems: research indicates that up to 70% of people in community substance misuse treatment also experience mental illness and there is a high prevalence of drug use among those with severe and enduring conditions such as schizophrenia and personality disorders. We are clear that reducing the harms caused by drugs needs to be part of a balanced approach. This means acting at the earliest opportunity to prevent people from starting to use drugs in the first place and prevent escalation to more harmful use, as well as providing evidence-based treatment options that can be tailored to individual need, to provide people with the best chance of recovery. We know that people with co-occurring substance misuse and mental health conditions are too often unable to access the care they need. We want everyone across the country to get the help, treatment and support they need to live a drug-free life and this Strategy sets out how we will seek to tackle this.

So there is much further to go. This Strategy sets out how we and our partners, at local, national and international levels, will take new action to respond to these challenges by:

- ✓ taking a smarter, coordinated partnership approach;
- ✓ enhancing our balanced response across the four core strands of the Strategy (reducing demand, restricting supply, building recovery and global action);
- ✓ expanding on the two overarching aims of the 2010 Strategy: to reduce illicit drug use and increase the rate of individuals recovering from their dependence by going further to measure both the frequency and type of drug used, and using recovery data to segment the treatment population, to better personalise support and recovery ambitions;
- ✓ developing a new set of measures to better capture the joint ownership required to drive action across local authorities, health, employment, housing and criminal justice partners; and
- ✓ providing stronger governance for delivering the Strategy, including a Home Secretary chaired Board and the introduction of a national Recovery Champion.

Our aims

Our ambition is for fewer people to use drugs in the first place, but for those that do - and who then experience problems - we want to help them to stop and to live a life free from dependence. Our overall aims therefore remain to reduce **all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence**. But we want to go further, and achieve our greater ambition both for progress against these aims as well as against a broader set of indicators which reflect the partnership approach that needs to be taken to tackle drug misuse and its harms.

1. **Reduce illicit and other harmful drug use**
    - In addition to overall prevalence, we will measure frequency (e.g. monthly) and type of drug use (e.g. opiates and crack) to provide an additional perspective on some of the most problematic drug use.
    - Where possible we will provide this data both at national and local levels in order to track progress and enhance local understanding and efforts to tackle drug use.

2. **Increase the rates recovering from their dependence**
    - This is currently measured by the proportion of clients leaving treatment free from dependence and not returning for six months. We will go further and expand the measure to also capture those sustaining freedom from dependency for twelve months.
    - We will segment this data to provide an enhanced picture of the treatment population and track progress for those that evidence tells us[10] we can expect higher recovery rates for (e.g. newer opiate users and non-opiate users).
    - We will provide a breakdown of what proportion of the most problematic drug users are accessing treatment and how long they have to wait in doing so, to ensure that we are reaching those who need support.

Drug misuse causes a wide range of social and health harms and costs. It is both a cause and consequence of wider factors including physical and mental ill-health, problems relating to employment, housing, family life and crime issues.[11] To reflect this we will track progress against a **broader set of new jointly owned measures**, which complement delivery of our two overarching aims. These will reflect the joint responsibilities of the range of partners needed including health, housing services, employment support providers and criminal justice partners.

Our approach

Our approach is balanced over four key themes:

■ Reducing Demand

We will take action to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on **building resilience and confidence** among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).

■ Restricting Supply

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; taking coordinated partnership action to tackle drugs alongside other criminal activity.

- **Building Recovery**

We will **raise our ambition for full recovery** by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs.

- **Global Action**

We will take a **leading role in 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.

Evidence

We are committed to grounding our approach in the latest available evidence. The Evaluation of the 2010 Drug Strategy[12] has contributed greatly to the evidence base for this Strategy and we will continue to monitor evidence from around the world to understand how we can best respond to the challenges that drugs present to the UK and our international partners. The advice of the Advisory Council on the Misuse of Drugs (ACMD) is fundamental to informing our approach and we will continue to seek their valuable input and advice.

Public Health England (PHE) also has an important role in developing and publishing the evidence base to galvanise progress on improving the public's health. It recently published an evidence review of the outcomes that can be expected of drug misuse treatment in England, which has informed the development of this strategy[13].

Alcohol

While the focus of this Strategy is on drugs, we recognise the importance of joined-up action on alcohol and drugs, and many areas of the Strategy apply to both, particularly our resilience-based approach to preventing misuse and facilitating recovery. Alcohol treatment services should be commissioned to meet the ambitions set out in the Building Recovery chapter that are relevant to them, and in line with the relevant NICE Alcohol Clinical Guidelines[14],[15]. Commissioning of alcohol and drug treatment services should take place in an integrated way, while ensuring an appropriate focus on alcohol or drug specific interventions, locations, referral pathways and need.

In addition, local authority public health teams should take an integrated approach to reducing a range of alcohol related harm, through a combination of universal population level interventions and interventions targeting at risk groups. The Modern Crime Prevention Strategy 2016 highlights alcohol – as with drugs – as a key driver of crime and sets out a range of actions to tackle alcohol-driven crime.

UK coverage of the Drug Strategy

The legal framework relating to the misuse of drugs, including the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016, is reserved to the UK Government. The UK devolved administrations have their own approaches to tackling drug and alcohol misuse and dependence in areas where responsibility is devolved.[16],[17],[18]. Some of the policy areas covered by this Strategy such as healthcare, education, housing and social care 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, Scotland and Wales.

1. Reducing Demand

This Government is clear that in order to protect society and individuals from the harms of drug misuse, we must act at the earliest opportunity to prevent people starting to use drugs in the first place, and prevent escalation to more harmful use. Building on the evidence set out in the ACMD report, Prevention of drug and alcohol dependence[19], we set out the action needed at national and local levels to ensure an effective universal approach to preventing drug use, combined with targeted action for those most at risk.

A universal approach across the life-course

We are committed to giving everyone the best start in life and ensuring each person can fulfil their full potential. This starts with universal action to promote health and wellbeing and to build resilience and confidence in young people, in partnership with them, which is complemented by drug and alcohol specific resources for use in universal settings.

PHE will support local areas to take action to improve health and wellbeing across the life-course, including:

- providing professional guidance for midwives, health visitors and school nurses under the Healthy Child Programme;
- providing support and guidance to local authorities, including systems to support integrated commissioning and service delivery, from conception to the age of five;
- providing support to school nurses, teachers and wider community services including youth workers to work together to promote health and wellbeing; and
- providing information and intelligence to improve decision-making, enabling high quality and cost effective services, through the National Child and Maternal Health Intelligence Network, including child health profiles.[20]

Building confidence and resilience

Schools have a key role to play in helping children and young people to develop the confidence and resilience needed to support academic attainment, to be valued by employers, and to make a positive contribution to British society. High quality Personal, Social, Health and Economic (PSHE) education is at the heart of supporting young people to leave school prepared for life in modern Britain. This means investing in a range of evidence-based programmes, which have a positive impact on young people and adults, giving them confidence, resilience and risk management skills to resist risky behaviours and recover from set-backs. The Children and Social Work Act provides powers for the Secretary of State for Education to make PSHE, or elements therein, mandatory in all schools, subject to careful consideration. The Department for Education will engage widely on the scope and content of the subject to further support the development of knowledge for all children and young people in this area.

- We will encourage schools and teachers and school nurses to develop their practice with the support of specialist organisations and expert professionals. For example, the PSHE Association has produced a suggested programme of study as guidance for teachers, and continues to provide wider support by highlighting other sources of expertise. It also provides a quality assurance service for other providers of resources, further strengthening the confidence of teachers when selecting appropriate materials.

We will encourage the use of prevention strategies at primary and secondary school, such as the 'Get Set for the Spirit of Sport' campaign, to provide teachers with resources to encourage young people to develop a core set of values that enables them to make the right decisions in and out of sport, including avoiding substance misuse.

Dedicated drug and alcohol resources

We are clear that programmes that are least effective in preventing substance misuse are those that focus solely on scare tactics, knowledge-only approaches, mass media campaigns or the use of ex-users and the police as drug educators in schools, where their input is not part of a wider evidence based prevention programme.[21]

In line with our broad approach to prevention and resilience building, we will support commissioners, schools, educators and prevention practitioners to take an evidence-based approach to preventing substance misuse. We will:

- develop our Talk to FRANK service so that it remains a trusted and credible source of information and advice for young people and (concerned) others;
- expand the Alcohol and Drugs Education and Prevention Information Service (ADEPIS) to reach wider prevention partners e.g. youth offending teams;
- continue to update our New Psychoactive Substances Resource Pack for educators;
- 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 (smoking, drinking alcohol, substance misuse and risky sexual practices). By tackling multiple behaviours, it aims to build and improve the all-round resilience of young people so they are able to avoid risky behaviours;
- monitor existing programmes, both here and overseas, to share the evidence and to identify future initiatives to help prevent substance misuse and crime, for example the two year trial of the Good Behaviour Game initiative, being run by Mentor UK; and
- promote the European Drug Prevention Quality Standards[22] (EDPQS) principles to help partners develop and assess the quality of drug prevention initiatives.

Colleges, universities and other education providers and settings also have a key role to play as they work with millions of young people and young adults at a critical transition period in their lives. Universities take their responsibilities seriously with most institutions offering support to students as part of wider health and welfare services. For example, programmes such as UK Anti-Doping's Clean Sport University Accreditation Scheme promote drug prevention by instilling a positive healthy living and drug-free culture for students, staff, and the public who utilise campus facilities. The UK National Healthy

Universities Network supports university approaches to health and wellbeing and aims to promote student wellbeing including concerning substance misuse.[23]

Parents, families and friends also play an integral role in preventing substance misuse and supporting those with a dependency towards recovery. We will ensure these resources are available to all those concerned, enabling them to access the advice and support they need.

Alcohol and Drug Education and Prevention Information Service

ADEPIS is a platform for sharing evidence-based information and resources aimed at schools, practitioners working in prevention, and a growing range of other settings for reaching young people. Since its launch in 2013, ADEPIS has become acknowledged as the leading source of evidence-based information and resources for alcohol and drug education and prevention. Mentor UK was recently awarded a new three year contract to continue to develop and deliver the programme for schools and community prevention services. Since April 2015, ADEPIS also includes the Centre for Analysis of Youth Transitions, a repository of preventative interventions.

A targeted approach for high priority groups

In addition to universal preventative action, a more targeted approach is needed for those most at risk of misusing drugs and to tackle the threats of new types of drug misuse. We have set out below our assessment of new trends and challenges and national action. Local areas are best placed to understand their local needs and the services required. We expect local partners and agencies to identify groups at risk in their communities and take appropriate action. We will further support this through provision of local needs assessment data, tools and guidance to help better target these populations.

Vulnerable young people

We know that young people's drug misuse overlaps with a range of other vulnerabilities, which can also exacerbate their risk of abuse and exploitation. In 2015-16, 17% of the young people accessing specialist substance misuse services were not in education, training or employment and 12% were 'looked after children'[24]. Local agencies including the police, youth offending teams, sexual health services, mental health services, looked after children teams and hospitals, should ensure that each interaction with vulnerable young people, regardless of the issue, is an opportunity for identification and interventions for substance misuse and wider problems.

Most young people who have developed substance misuse problems are not at the stage where they are dependent on drugs or alcohol and so require a different response, focused on preventing more problematic use. We also know that young people accessing specialist substance misuse services are usually experiencing other problems such as self-harm or other manifestations of poor mental health, truanting, offending and sexual exploitation which may be driving the young person's substance misuse.

It is critical therefore that specialist substance misuse services are linked with wider children's services. For example, child and adolescent mental health services have a vital role in working closely with specialist substance misuse services and, in some areas, providing specialist substance interventions, both in the community and in residential settings. Earlier this year we commissioned the Care Quality Commission to undertake a major thematic review of child and adolescent mental health services which is expected to report in March 2018. The review will make recommendations for system improvements and early findings will inform the evidence base for the Children and Young People's Green Paper to be published later this year.

Multi-agency working is crucial and should involve a range of local stakeholders including clinical commissioning groups, local safeguarding children boards and youth offending teams. We will support this at a national level through:

- support for Youth Offending Teams to work with individuals from the youth justice system with substance misuse problems and engage them in educational support, particularly those with special educational needs under the new special educational needs and disability reforms, ensuring that Education and Health Care Plans (drawn up by Local Authorities and Clinical Commissioning Groups following assessment) are made where assessed as appropriate to provide relevant and structured support and treatment interventions;
- building on the Care Leavers Strategy to ensure that vulnerable care leavers are supported to avoid a range of negative health outcomes, including substance misuse, in particular through the Children and Social Work Act 2017 which introduced a new duty on local authorities to extend support from a Personal Adviser to all care leavers to age 25;
- working with Ofsted to ensure those working in services inspected and regulated including children's homes, independent fostering agencies and residential schools have access to up-to-date resources and take appropriate action to tackle substance misuse in the children they care for;
- PHE's review of key components of young people's specialist substance misuse services which will assist local authorities to commission effective treatment services for young people; and
- PHE publishing a report collating the evidence and research on child sexual exploitation, to support local public health teams to engage in multi-agency responses.

Those not in education, employment or training

Young people who self-declare substance misuse are over-represented in the not in education, employment or training (NEETs) group. We are committed to reducing the number of young people NEET and we will:

- continue to encourage local authorities and schools to use tools such as 'risk of NEET indicators' so they can support pupils (particularly those from vulnerable groups) to make good decisions; and
- continue to provide funding for a wide range of voluntary and community sector organisations that support children, young people and families, some of whom may be at risk of becoming NEET.

Offenders

Around 45% of acquisitive offences are committed by regular heroin/crack cocaine users.[25] The criminal justice system provides a prime opportunity to tackle substance misuse and ensure the individual has access to the support they need to stop. Action to tackle drug misuse alongside offending is set out in the Restricting Supply chapter.

Families

We know there are families where substance misuse is just one of a number of other complex problems. Parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents.

Supporting vulnerable families to break inter-generational pathways to dependence is a part of our approach to prevent and reduce the demand for drugs and to help build recovery. At a national level we have expanded the Troubled Families Programme which supports local areas to ensure their services take an integrated and co-ordinated whole family approach. The current programme (2015 – 2020) now specifically supports families with younger children and those with a broader range of problems, such as substance misuse, domestic abuse or mental health issues.

- PHE will also work with Family Drug and Alcohol Courts and local public health teams to help them to work together to improve outcomes for families and children.
- PHE will review the evidence and provide advice on the estimated number of children likely to be affected by the drug and/or alcohol use of their parents, and provide advice to national and local government on where action could have the greatest impact on improving children's outcomes.

Intimate partner violence and abuse

Research indicates that women with experience of extensive physical and sexual violence are more likely to have an alcohol problem or be dependent on drugs, compared to women with little experience of violence and abuse[26].

A number of individuals in contact with drug and alcohol treatment may be perpetrators of such abuse[27]. Substance misuse treatment services can provide an opportunity to identify and refer victims to support and perpetrators to programmes to reduce their propensity to abuse.

- We will build on work looking at the relationship between intimate partner abuse and drug misuse to support innovative approaches to working with victims and perpetrators, and achieve sustainable reductions in repeat offending and misuse.

Sex workers

Those selling sex are at greater risk of drug misuse, which can be a way of coping with what they are having to do, or because they are being coerced (into both prostitution and drug use), or because they became involved in prostitution to fund an existing drug dependence.

As set out in the 2016 Violence Against Women and Girls Strategy[28], we will continue to tackle the harm and exploitation associated with prostitution, including substance misuse, while supporting those who want to leave prostitution[i].

i While this action is covered by the Violence Against Women and Girls Strategy, our approach covers all victims, regardless of gender.

- We will shortly be commissioning in-depth research to develop our understanding of the nature and prevalence of prostitution and sex work in England and Wales. This research will help support future policy development and ensure that our interventions are targeted to reduce harm.

Homeless

We know homelessness can be both a cause and consequence of drug misuse and that homelessness is often compounded by substance misuse, as well as poor physical and mental health.[29] The most disadvantaged and vulnerable people in society, including those who are homeless, may be at greater risk from the most dangerous NPS. The longer someone experiences homelessness or rough sleeping the bigger the impact on their wellbeing, which leads to increasingly complex needs, such as substance misuse. Just over a quarter of NPS users entering treatment in 2015-16 used them alongside opiates. Half of this group reported housing problems at the point of treatment entry - twice the level reported by drug users overall.[30]

- We have protected the homelessness prevention funding for local authorities, totalling £315m by 2019-20, and increased central investment for innovative programmes to tackle homelessness to £149m until the end of the spending review period.
- We will work with the homelessness sector to address the misuse of NPS among the homeless population, including those in hostels and supported accommodation.
- We have launched the £50 million Homelessness Prevention Programme, which will enable local areas to develop an end-to-end approach to reducing and preventing homelessness, through partnership working and a holistic approach to support all of an individual's needs. This includes:
  - √ £20 million for universal homelessness prevention through the Prevention Trailblazers funding;
  - √ £20 million for initiatives that provide targeted support for those at imminent risk of sleeping rough, or are new to the streets; and
  - √ £10 million of Social Impact Bond funding for rough sleepers and single homeless people with complex needs.

Veterans

As with civilian members of the community, veterans can be vulnerable to substance misuse.Veterans sometimes use alcohol and/or drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical and/or mental health reduces their ability to find and hold long term, fulfilling employment and secure accommodation. Local public health teams, with support from PHE, work to ensure that appropriate local support is available for veterans with substance misuse problems.

- NHS England, PHE, Clinical Commissioning Groups Commissioners and relevant health care providers will continue to work together with the veterans community to prevent and treat any alcohol and drug problems. They will also continue to provide tailored support to veterans in any part of the criminal justice pathway: in prisons, police custody, courts or in the community.

- The publication of the Defence People Mental Health and Wellbeing Strategy provides a focus on promoting positive mental wellbeing in all Defence People, preventing mental illness, reducing the need for medical services among Service Personnel, who are the veterans of the future. The aim is that those in need of mental healthcare receive timely, safe and effective treatment. A healthier Armed Forces will ensure a positive, long term impact on the lives of those that have served.

Older cohort

The proportion of older people reporting substance misuse issues is increasing [31]. This may be because people who started using drugs when they were younger either continue to misuse drugs and alcohol and experience more problems as they age or perhaps return to their misuse because of the challenges of ageing, including pain, loneliness, or depression. The average age of people in treatment is increasing, with increasing proportions in their 40s, 50s and 60s. They need the usual health screening and monitoring that a non-drug user might be offered appropriate to their age and general health status, but they may also have special health needs due to the complications of long-term drug (and alcohol) use and of treatment.

- The ACMD is currently looking at the evidence that exists around problems for ageing drug users (aged over 45 years). A Working Group has been established to map the numbers of older drug users in the UK and draw on UK and international evidence to establish the current and future needs of this cohort. We will give full consideration to the findings and recommendations from the ACMD once received.

A targeted approach for evolving and emerging threats

New psychoactive substances

The continued emergence of NPS (eg synthetic opioids) – the content and harms of which are not known due to their rapidly changing make up and/or novel patterns of use - has created additional dangers to some of our most vulnerable groups e.g. young people, the homeless and prisoners. We have already taken a range of action to reduce harms from the continuing evolution of these substances including implementation of the Psychoactive Substances Act 2016, development of local toolkits, a refreshed resource pack for educators, and world-leading NPS treatment guidelines.

In addition, PHE is developing a NPS intelligence system, which aims to reduce the length of time between drug-related health harms emerging and effective treatment responses to these harms. There are two key components of this work:

- piloting a new system (RIDR - Report Illicit Drug Reactions) to collect information about adverse reactions and harms caused by NPS and other drug use; and
- establishing a NPS clinical network of leading clinicians and experts to analyse the data coming from RIDR and other existing drugs intelligence systems, to identify patterns and harms, and agree appropriate clinical responses to NPS problems.

NHS England has carried out an extensive review of its specification for substance misuse treatment in prisons and consequently increased the focus of provision on NPS.

Chemsex

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). Chemsex carries serious physical and mental health risks including the spread of blood borne infections and viruses.

- PHE will support local areas to meet these needs by promoting and publishing guidance on effective practice, including targeted interventions and close collaboration between sexual health services and other relevant services including community groups.

Image and performance enhancing drugs

The use of image and performance enhancing drugs (IPEDs) continues to be of concern. Those that use these substances tend not to identify as drug users but put themselves at risk of a number of health harms including blood borne infections and significant cardiovascular problems, which are potentially life-threatening. In addition, the content of these substances is often unknown due to the increasing availability of mislabelled products that are being sold by a growing counterfeit market, leading to further health risks.[32]

We are taking coordinated action working with key partners (ACMD, UK Anti-Doping, law enforcement agencies) and independent experts to better understand the IPED-using population and raise awareness of the risks of IPED use, including the spread of blood borne infections; support local areas to respond effectively; and take action as necessary to disrupt the supply of IPEDs and any associated criminality.

Misuse of and dependence on medicines

Medicines such as benzodiazepines and opioids can lead to dependence in patients if used for an extended period of time. In addition, some people misuse or become dependent on over-the-counter medicines. Access to medicines on the internet has led to increases in online purchasing, some of which is legitimate, but with some internet sites unlicensed and supplying fake or counterfeit medicines.

We are working to better understand the problems and promote good prescribing practice. To protect the public, the Medicines and Healthcare products Regulatory Agency takes enforcement action against unlicensed websites selling medicines.

- The ACMD provided advice on the diversion and illicit supply of medicines in December 2016. The Government will respond to its recommendations shortly.
- We will continue to support local authorities and clinical commissioning groups so that people dependent on medicines can access suitable treatment.

2. Restricting Supply

The international production and trade in illegal drugs is a global business controlled by organised criminals. Our *National Security Strategy and Strategic Defence and Security Review 2015*[33] describes serious and organised crime, including drug trafficking, as a significant threat to our national security.

Ninety five percent of the heroin on UK streets originates from Afghanistan. Cocaine consumed in the UK comes from Peru, Colombia and Bolivia, and is trafficked to the UK direct, or through Europe, the Caribbean and West Africa.[34] NPS are primarily imported from China and India. Most cannabis in the UK is also imported. However, the number of cannabis farms detected in the UK has grown in recent years and the level of amphetamine processing within the UK is increasing[35].

Around a third of the organised crime groups (OCGs) operating against the UK are involved in drug trafficking[36]. A significant number of these groups are also involved in violent crime, including firearms offences and specialist money laundering. The darknet continues to evolve as a mechanism for the distribution and marketing of controlled substances. Foreign National Offenders (FNOs) continue to be engaged in serious and organised crime, including drug-related crimes[37]. A National Crime Agency (NCA) FNO threat desk was set up in September 2015. Its key aims are to drive up the use of immigration powers to disrupt individuals and to make intelligence on serious and organised crime activity more readily available to immigration decision makers.

As described in the *Serious and Organised Crime Strategy*, our aim remains to reduce substantially the levels of serious and organised crime affecting the UK and our interests.[38] In line with that Strategy, we will continue to tackle the organised criminals and the enablers of criminality associated with the trafficking and distribution of drugs.

We recognise the changing behaviour of criminals and the interconnectivity between the illegal drugs trade and other crime types and our efforts to respond to the threat will continue to evolve accordingly. We will continue to support the police and NCA through the sharing of intelligence on emerging markets and changing crime types and develop innovative technologies to support enforcement activity. We will continue to build on our partnerships at all levels, including with Police and Crime Commissioners and the College of Policing. The specific actions we are taking to achieve these objectives are set out below.

The legal framework

The Misuse of Drugs Act 1971 (MDA) continues to be the primary legislative framework for drug control in the UK. Following advice from our independent experts, the Advisory Council on the Misuse of Drugs (ACMD), the Government will continue to act swiftly to control substances under the MDA 1971 where new evidence of harms or potential harms emerges.

We have no intention of decriminalising drugs. Drugs are illegal because scientific and medical analysis has shown they are harmful to human health. Drug misuse is also associated with

much wider societal harms including family breakdown, poverty, crime and anti-social behaviour. We are aware of decriminalisation approaches being taken overseas, but it is overly simplistic to say that decriminalisation works. Historical patterns of drug use, cultural attitudes, and the policy and operational responses to drug misuse in a country will all affect levels of use and harm.

The landmark **Psychoactive Substances Act 2016**, which commenced on 26 May 2016, completes the legislative tool kit and fundamentally changes the way we tackle the supply of psychoactive substances not already covered by the MDA. It removes their availability from open sale on the UK's high streets and puts an end to the fast paced nature of the market. It also challenges the perception once and for all that so called 'legal highs' are safe. Law enforcement agencies now have a better range of powers to tackle this issue at every level in the community and are able to deal with the increased threat these substances continue to pose.

Since the Psychoactive Substances Act 2016 came into force, hundreds of retailers across the UK have either closed down or are no longer selling psychoactive substances; police have arrested suppliers; and action by the NCA has resulted in the removal of psychoactive substances being sold by UK based websites.

Section 58 of the Psychoactive Substances Act 2016 commits the Home Office to review the operation of the Act within 30 months of its implementation. The review will be based around four key themes: enforcement, sales and availability, prevalence, and health and social harms. Using, or developing, existing data sources, it will examine changes in activity before and after the implementation of the Act, and also consider unintended consequences. The review will report its findings in late 2018.

Tackling the production and distribution of drugs

Overseas transit routes

Our upstream activity to tackle overseas drug supply will disrupt the criminal networks seeking to traffic illegal drugs to the UK. Our approach is set out in the Serious and Organised Crime Strategy. We will:

- cooperate with international partners. The NCA's overseas liaison network shares intelligence and collaborates with law enforcement agencies in key countries along the main drugs routes; and
- build capacity in priority countries. We are working to strengthen responses to drug trafficking and to address the vulnerabilities that drive, enable and perpetuate it. The Conflict, Stability and Security Fund (CSSF) will be used to build capacity, particularly in Afghanistan, Pakistan, Nigeria, East Africa, the Caribbean, Peru and Colombia. Our capability building projects cover a wide range of issues related to the fight against narcotics, from anti-corruption work and improving border checks, through to enhanced investigation and prosecution practices.

Drugs at the border

The border represents a critical line of defence for identifying and disrupting illegal activity, including the importation and distribution of drugs, often with links to other serious and organised crime. The border is a complex operating environment where effective interventions rely on provision of data, intelligence sharing and ability to search people, vehicles and vessels. We will invest in detection capabilities through the use of targeting and technology. This will include:

- the Advanced Freight Targeting Capability (AFTC) to support 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;
- implementing new detection technology to maximise search opportunities in the port environment;
- continuing to support multi-agency intelligence sharing, which has generated significant operations and seizures of cocaine by Border Force's front line officers and maritime fleet; and
- looking to maintain and build on the sharing of intelligence and operational capabilities between UK law enforcement and European partners.

Domestic cannabis production

Cannabis continues to be the most widely used illegal drug in the UK[39] and the commercial cultivation of cannabis continues to pose a significant risk. A significant number of organised crime groups in the UK are engaged in commercial cultivation, using it as a means to fund other criminal activity, including money laundering, human trafficking, modern slavery and illegal immigration.[40] Coercion and increasing levels of violence have also been attributed to cannabis cultivation. Tackling cannabis cultivation therefore presents the opportunity for law enforcement agencies to tackle these other priorities at the same time. In consultation with Government, the National Police Chiefs' Council will:

- ensure that there is consistency and accuracy in the recording of data by police forces in respect of cannabis cultivation so that there is a clear picture of the scale of the problem; who is involved; and how they operate;
- refresh the guidance for the police on tackling cannabis cultivation;
- evaluate police training on this issue, ensuring that they safeguard those who are vulnerable and consider tackling cannabis as a tactic to target serious and organised crime; and
- seek to ensure better information sharing between agencies, such as the police, energy companies, the fire service and landlords.

Drugs, gangs and related exploitation

'County lines' is the term used by police to refer to urban gangs supplying Class A drugs to suburban areas, rural areas, market and coastal towns using dedicated mobile phone lines ("deal lines"). Gangs typically use children and young people as runners to move drugs and money to and from the urban area and this often involves them being exploited through deception, intimidation, violence, debt bondage, grooming and/or trafficking by the gang. In addition, gangs are known to target and exploit vulnerable adults by taking over their homes to use as a local bases for drug dealing.

The latest NCA assessment of county lines, published on 17 November 2016, provides an updated intelligence picture and confirms that the risk and threat from county lines remains live and growing.[41] Tackling county lines is one of six key priorities within our approach to Ending Gang Violence and Exploitation and action on this issue includes:

- establishing a new Home Office-led working group to develop and deliver a coherent set of actions across the police and key sectors to tackle county lines;
- enhancing police capability to respond to this issue, including the introduction of new legislation to close down mobile phone lines being used for drug dealing;

- measures to raise awareness of the county lines threat amongst frontline staff including in education, health, children's services, housing and jobcentre staff; and
- a further assessment of the threat from county lines by the NCA in 2017.

Managing information and intelligence

Role of the National Crime Agency

The NCA informs and monitors scientific research to enhance its capability to deliver innovative evidence-based disruptions to the trafficking of illegal drugs. The NCA monitors various intelligence sources and digital media in order to identify emerging drug trends and usage. Drug markets are monitored in the UK through drug price collections from a range of sources. Combined with national purity data collections on heroin and cocaine, this insight generates early warning indicators for new market trends, while providing important context for intelligence.

In addition, the pathways into the trafficking, distribution and sale of illegal substances have been examined in the NCA Pathways into Serious and Organised Crime intelligence assessment.[42] This found that pathways into the drug trade can be varied but noted how experience of drug use provides opportunities into wider supply; the importance of familial influence; and how links to source countries or countries of trafficking importance are exploited. This research can be used to plan interventions in line with the approach in the Serious and Organised Crime Strategy.

- The NCA will report on its findings to the new Drug Strategy Board.

DrugWise undertook a street drug survey to gather information through discussions with police and frontline drug workers across the UK. This was published in February 2017. It identified emerging trends on the ground and provided valuable additional information that complements our official statistics and research[43].

The Forensic Early Warning System

With the introduction of the Psychoactive Substances Act 2016, we will re- energise the UK's world leading Forensic Early Warning System (FEWS) to meet new challenges and address emerging threats.

FEWS III will continue to support the initial operation of the 2016 Act, running a programme of psychoactivity testing of substances to support law enforcement activity and prosecutions.

We will also build on the success FEWS has had over the last five years by continuing to develop the UK's ability to gather information on the availability of NPS. This will include enhancing our understanding of NPS in the UK, particularly at the border, and maximising the use of our existing network of forensic providers to share intelligence and rapidly identify emerging psychoactive substances as they appear in the UK.

Enablers of criminality

The internet

Like other crime types, the internet is being used to facilitate illegal drugs supply and evade law enforcement action.[44] Distribution and marketing of controlled substances via the darknet/hidden internet continues to develop, with anonymous hosting of content, and access to this, enabled through software such as The Onion Router (TOR) browser.[45] As set out in our National Security Strategy and Strategic Defence and Security Review 2015[46], we will take forward plans for a new intelligence unit dedicated to tackling the criminal use of the darknet, making it more difficult for darknet vendors to operate from both within and outside the UK.

Tackling drugs on the darknet

One of the darknet's most renowned British vendors and his business partner were sentenced to a total of ten years on 29 February 2016 after an NCA investigation uncovered the buying and selling of a catalogue of illegal drugs, including crack cocaine and methamphetamine. The pair claimed they were running a legitimate business selling legal highs.

Their site on the darknet specialised in supplying military-grade foil packaging that claimed to hide illegal materials from detection. One of the individuals was arrested by NCA officers in an international operation targeting prominent vendors on Silk Road 2.0, following the darknet market place's takedown in late 2014.

Officers searched the individual's home and found class A and B drugs and numerous computers. They also seized thousands of Post Office receipts with customer details. Forensics analysis of the machines revealed extensive online activity, with 5,235 sales over two years. He had also been sending packages of drugs hidden on blotter paper into prisons.

Bribery and corruption

Without the use of bribery and corruption as an enabler, serious and organised crime would not be able to operate to its present extent and scale. This includes the production, trafficking and distribution of illegal drugs. For example, organised crime groups use corruption to ensure the smooth movement of drugs through ports and borders. Over recent years, the UK has taken a number of steps to deal with corruption and there are good structures and legislation in place. The Bribery Act 2010 allows the prosecution of corporations or individuals who commit bribery offences. In

2016, the UK hosted a global Anti-Corruption Summit in London, agreeing a historic package of actions to tackle corruption in all its forms. Work is underway to develop and publish a new Anti-Corruption Strategy following a UK commitment made at the summit.

Money laundering

Money laundering is a critical enabler of almost all serious and organised crime, including the drugs trade. Profit is one of the six drivers of crime in the Modern Crime Prevention Strategy and is the principal motivation for much serious and organised crime, with criminal enterprises needing money to operate. The Serious Crime Act 2015 implemented the Serious and Organised Crime Strategy commitment to make it harder for criminals to move, hide and use the proceeds of crime by strengthening the Proceeds of Crime Act. This made it easier to freeze criminal assets, to lengthen sentences for those who refuse to pay off their confiscation order and to extend the financial investigation powers used to trace the proceeds of crime.

We will radically strengthen our response to all forms of money laundering having implemented the Anti-Money Laundering and Counter-Terrorist Financing Action Plan which was published in April 2016.[47] As part of that response, we have published the Criminal Finances Bill which contains measures that will significantly enhance our ability to seize illicit funds, to require those who have unexplained wealth to explain how they obtained it and to support better information sharing within the private sector.

Firearms

Of the organised crime groups engaged in the supply of illegal drugs, a significant proportion is involved in violent crime, including the criminal use of firearms[48]. Where firearms are discharged in the UK, it is usually by urban street gangs and organised crime groups enforcing their business, which is most often drugs supply. Illegal firearms are highlighted by the NCA's National Strategic Assessment as a priority threat. [49] In response, it has increased its focus on developing the intelligence picture on firearms supply and to investigating those criminals that seek to supply and/or use illegal firearms in the UK.

- We will continue our work to choke off the supply and availability of illegal firearms, including tackling the risks of diversion of firearms from the legitimate market, to prevent their use by criminal or terrorist groups in the UK. We will ensure that we have the right intelligence, detection, enforcement capabilities policies and legislation, both at the UK border and within the country.
- We will continue to work with international partners to tackle the illegal possession and trafficking of firearms, to strengthen controls for those firearms which pose the greatest threat and to encourage greater information sharing.

Tackling specific crime types

Drug driving

A new offence of driving with a specified drug in the body was introduced in March 2015 with zero tolerance limits for eight illicit drugs, as well as risk limits for nine medical drugs. The new offence is allowing police to deal with drug drivers more effectively since a positive blood test is sufficient to secure a conviction. As a result we have seen a significant increase in drug driving arrests compared to the period before the offence came in. Evidence suggests that many of those convicted of a drug driving offence have committed a number of prior offences, suggesting that drug driving enforcement may play a role in disrupting or uncovering other forms of crime. The THINK! campaign to support the new legislation is aimed at increasing the belief that drug drivers are likely to get caught and convicted and to highlight the consequences of a conviction to the main target audience of young males. This may also act as a deterrent from drug taking if the desire to drive outweighs any desire to take drugs. We will continue to work closely with the police to increase enforcement against drug-drivers.

- We will monitor the impact of the £1m of funding we have provided to police forces in England and Wales in 2015/16 to support enforcement and help them build their capability. This includes training more officers in drug recognition and impairment testing skills to enable more effective and targeted enforcement.
- We intend to explore options for further improvements to the drug driving regime in 2017/18, including considering developing remedial training for drivers who have been convicted of driving with drugs in the body and implementing a High Risk Offender scheme similar to the one for drink driving. A pilot remedial training course was launched in October 2016 and ran until the end of April 2017; this will help provide evidence for future policy developments.

Anti-social behaviour

The Anti-social Behaviour, Crime and Policing Act 2014 introduced new powers which give the police, local councils and other frontline agencies faster and more effective powers to deal with anti-social behaviour. These are being used by local areas where appropriate to support local action on tackling drug-related offending.

We will:

- work with local areas to encourage them to continue to think how best to deploy these powers to strengthen the protection to victims and communities; and
- develop and share effective practice in the use of the powers to support local action on tackling drug-related offending.

Taking a smarter approach to drug-related offending

As set out in the Modern Crime Prevention Strategy, there is a strong association between illegal drugs, particularly heroin and crack cocaine, and acquisitive crime. Although the numbers of heroin and crack users have fallen, there remains an existing cohort of very prolific offenders, responsible for around 45% of acquisitive offences which equates to more than two million Crime Survey offences.[50] There is strong evidence to link drug treatment to reductions in offending[51] and supporting people to address their dependence is therefore critical to tackling the risk of reoffending. Alongside punitive sanctions, the criminal justice system should consider use of health-based, rehabilitative interventions to address the drivers behind the crime and help prevent further substance misuse and offending.

Drug testing on arrest

We will continue to encourage wider use of drug testing on arrest to support police forces in monitoring new patterns around drugs and crime and provide an early opportunity to refer offenders into treatment.

In addition, we will push for drug testing to be more consistently available in the community so that it can be readily used as part of a community or suspended sentence, removing the incentive to impose a custodial sentence due to uncertainty of provision in the community.

Early intervention

Liaison and diversion services enable offenders with mental health, substance misuse and other complex needs to be directed towards appropriate health interventions from police stations or courts. The services also provide the police and sentencers with information to inform the most appropriate charging and sentencing options.

- Our ambition over the period of this Strategy is to build on and expand the existing service to ensure fuller integration with community mental health and substance misuse provision to provide interventions for those who are subject to a criminal justice sanction, particularly for out of court disposals, community orders and suspended sentences.

In November 2014, the coalition government announced plans for a streamlined framework for adult out of court disposals based around the community resolution and the conditional caution. The new framework would require offenders to comply with meaningful conditions as part of their disposals or face prosecution for the original offence. It would put a much greater focus on early intervention with offenders to tackle the underlying problems that contribute to their offending. For drug possession offences, the framework would enable individuals to be referred to drug treatment workers who would have a range of health interventions at their disposal, such as brief interventions. The framework could also help to refer on those who would benefit from more structured treatment.

These measures were piloted by three police forces (Staffordshire, West Yorkshire and Leicestershire) over a 12 month period. For cannabis and khat possession offences, this involved the pilot areas using community resolutions and conditional cautions instead of formal warnings and Penalty Notices for Disorder. The pilot finished at the end of October 2015 and has been independently evaluated. We are considering the findings of the evaluation before we announce next steps.

Increasing the use of treatment as part of a community sentence

Those who are going through the criminal justice system need adequate access to treatment which is proven to help reduce reoffending. The Drug Rehabilitation Requirement (alongside the Alcohol Treatment Requirement and Mental Health Treatment Requirement) is available for use by courts when imposing a community order and suspended sentence order and should be applied, where appropriate, and reinforced by frequent testing to ensure compliance.

- We are developing a protocol for drug rehabilitation and other treatment requirements. The Protocol will standardise and improve access to health services when treatment is called upon by the courts. This will include new maximum waiting times from the date of sentence.

Judicial oversight

Community sentences with treatment requirements can give courts an alternative to custody, taking the most vulnerable and chaotic people out of prison and directing them instead towards more effective community based interventions. In problem-solving courts, such as drug courts, judges oversee progress in treatment through court-based reviews. This means the judiciary taking a central role in supporting the offender to turn their lives around. The Ministry of Justice is considering existing initiatives already developed at a grass roots level in the UK.

Prisons

Drugs cause crime because of the enormous profits to be made and the addictions they create: this makes them a major challenge to the efforts to turn prisoners away from crime and the criminal lifestyle. Drugs also cause health risks, including a risk of self-harm. They cause unpredictable and violent behaviour, put pressure on families to supply them and form the basis of a trade which involves debt, intimidation and violence.

Some organised criminals continue to offend whilst in prison and present a continued risk outside the prison estate, particularly in regard to drug trafficking. Research by the NCA into organised crime groups involved in drugs trafficking facilitated by an individual in prison found illicit mobile phones are a common factor and a key enabler for serious and organised criminals to continue their involvement in crime.[52]

As set out in the Prison Safety and Reform White Paper[53] the use and trade of illegal drugs now has a foothold across the prison estate. In July 2016, in his first annual report, HM Chief Inspector of Prisons Peter Clarke described the ‘unpredictable and extreme … dramatic and destabilising’ effects of psychoactive substances in prisons, which in his view has contributed in ‘large part’ to the violence in our prisons.

We are embarking on the most far-reaching prison reforms for a generation. These reforms will transform how our prisons are run and will support prisoners towards rehabilitation and give them the skills they need to lead productive, law-abiding lives when they are released. Prison governors will have more powers and more responsibilities for running their prisons and will be able to make decisions that are best suited to the needs of offenders in their prison. As part of this, governors will work in partnership with health commissioners to co-commission health

services, including drug treatment programmes, that address the needs locally. Governors will work closely with local health commissioners and clinical experts to provide services and will be involved in the decision making process at each stage of the commissioning cycle. This will be based on principles of partnership working, evidence-based care, integrated services, clear and effective accountability and governance and patient-focussed services. We will be supporting governors to develop the capability they need to understand the commissioning decisions they make and ensure they receive the best outcomes. Governors will be held to account for these outcomes, and we will introduce measures of success for health outcomes, including substance misuse.

A range of measures is already in place to address the challenge of drugs in prison. For example, we have trained over 300 drug detection dogs to identify NPS concealed in parcels and on people, and introduced nationwide mandatory testing for specified NPS in prisons. We have made the possession of any psychoactive substances in any custodial institution a criminal offence under the Psychoactive Substances Act 2016. In 2016, PHE published the NPS in prisons toolkit[54] to support prison based staff in responding effectively to the increasing challenge presented by psychoactive substances. This was followed up with a national training programme consisting of 32 sessions attended by over 650 custodial and healthcare staff. We continue to support the development of the police-led, multi-partner, National Prisons Intelligence Coordination Centre and to increase the number of regional and local analysts and investigators. This enhanced intelligence network will improve the identification, management and disruption of organised crime threats, including prisoners involved in drug smuggling both within and outside the prisons estate.

However, the motivation and ability of prisoners and organised crime groups to use and traffic illegal drugs has outstripped our ability to prevent this trade. We need to redouble our efforts to tackle this challenge with the aim of eradicating illicit drug use in prisons.

In part this will involve making better use of existing measures. For example, new legislation which makes the possession of NPS a criminal offence mirrors that for existing drugs. Our focus needs to be on working across the criminal justice system to enforce these new laws. But, more fundamentally, we also need to think again about how we alter the behaviours and choices of those involved in the use or trade of illegal drugs in prisons to tackle current and emerging challenges. In his July 2016 annual report, Peter Clarke notes that ‘while various aspects of the problem are being addressed through, for example, criminalising possession of the products and the better use of testing and detection technologies, the simple fact remains that there is, as yet, no overall national strategy for dealing with the problem’. We share his concern and recognise the need for a more strategic approach.

To improve the response in the short term we will strengthen key existing measures to:

- enhance our drug testing regime, supporting governors to enable a more extensive drug testing programme, increasing the frequency and range of drugs tested for. This will better inform substance misuse treatment needs, making drug treatment more effective. It will reduce the health harms to prisoners and ensure better continuity of treatment on release into the community. It will also inform assessments of prisons’ performance;

- legislative change will also add psychoactive substances to the list of items that are a criminal offence to smuggle into prison, which could mean a prison sentence of up to 10 years for those found guilty;
- ensure that the perimeters of prisons are secure and maintained in a state that can help deter items from being thrown into the prison;
- improve our searching capability with dedicated search teams that can be deployed to target specific problem areas including staff searching at unpredictable times;
- reduce the opportunity and attractiveness for visitors to smuggle drugs to prisoners; and
- continue to pursue and evaluate technology that can detect drugs, including body scanners and drug trace detectors.

In the longer term, we will fundamentally reassess our existing measures for tackling the supply and demand for both existing and new controlled substances. This will build on the work we are already doing with NHS England and others to improve substance misuse services. For example, in January 2017, PHE published the first annual report on individuals receiving specialist interventions for drugs and alcohol misuse in secure settings in England. These statistics will help us understand how well treatment is working and provide a statistical baseline for future comparisons, as well as being a useful tool for policy makers, commissioners and service providers. Existing measures that we will reassess include:

- the substance misuse treatment pathway for prisoners; and how services, including peer support, meet the treatment and recovery needs of offenders;
- the relationship between substance misuse (including alcohol) and other issues, such as mental health;
- the role of prison officers. The introduction of a new approach to supporting offenders presents an opportunity for prison officers to play a bigger role in the provision of services, whilst building more constructive and relevant relationships with offenders;
- drug treatment services to and from the community;
- options to address the misuse of prescribed medicines more effectively;
- research to assess the relative effectiveness of our current methods to tackle the supply of drugs, to inform decisions about where to prioritise our resourcing; and
- implementation of our commitment to move to a smoke free environment across the whole prison estate in England and Wales.

Making better use of local profiles and partnerships

Since November 2014, our development of local partnership board arrangements, local profiles and action plans has promoted delivery of a wide range of multi-agency, partnership activity to disrupt and prevent Serious and Organised Crime (SOC). In local areas, this partnership approach responds to specific threats, such as drug trafficking. We also share good practice amongst local partners though innovative pilots and delivery focused products, employing frontline experts to build networks of local stakeholders. These experts provide mutual assistance to combine partners' powers to increase impact and tackle SOC at the local level. In addition, we deliver support and advice to partnerships through the provision of national best practice, the

dissemination of guidance and wider Home Office research.

Integrated offender management

Integrated Offender Management (IOM) brings a cross-agency response to the crime and reoffending threats faced by local communities by managing the most persistent and problematic offenders. Drug misusing offenders form part of the cohort prioritised under IOM. In a voluntary survey, 62% of arrangements reported prioritising this offender group.[55] We will work with local IOM arrangements to identify and share effective practice to tackle drug-related offending.

Heroin and Crack Action Areas

As set out in the Modern Crime Prevention Strategy, Home Office research found that heroin/crack cocaine use could account for at least 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, as the cohort who started using in the late 1980s and early 1990s aged, received treatment, ceased using drugs or died.[56] Given the changing patterns and trends in drug misuse, there is always the possibility that a new and younger cohort of heroin and crack users could emerge. This could lead to a new increase in crime, together with wider social and health harms and impact on local areas. Local partners need to be alert to any changes and aware of the potential implications for these user groups and work together to reduce the harms to individuals and their communities.

In 2015, the Home Office and PHE piloted the first heroin and crack action area (HACAA) in Middlesbrough which galvanised further collaborative working, including the development of a joint strategy to address local needs. Following the Bradford HACAA, the drugs testing criteria was reviewed and there was a 68% increase of referrals to treatment services in the first month. The area is now focused on those individuals who have been in treatment for over six years to better understand their complex needs and possible links with crime. We will continue to build on this approach by:

- monitoring warning indicators and intelligence (e.g. estimates of heroin and crack use, price and purity, acquisitive crime) to identify key areas which may be at risk of experiencing increased harms and/or increases in new and younger heroin and crack users; and
- bringing local partners in these areas together (e.g. local authority, health, policing and probation) to focus on heroin and crack use and offending in their area; ensure there are coordinated pathways available to provide appropriate support to users; and support and stimulate local action to tackle the problems posed.

3. Building Recovery

Progress has been made in supporting people to recover from their dependence on drugs, but we need to go further. We will raise our ambition for recovery by enhancing treatment quality and improving outcomes through tailored interventions for different user groups. We will support local areas to ensure the right interventions are given to people according to their needs. We will also support local areas to deliver an enhanced joined-up approach to commissioning and delivery of the wide range of services, in addition to treatment, that are essential to supporting every individual to live a life free from drugs and dependence.

We know recovery is only achievable through a partnership-based approach with action taken across a range of services, particularly housing, employment and mental health. There are clear expectations for partners at both a national and local level set out throughout this chapter.

Commissioning – structures and transparency

We are clear that no-one should be left behind on the road to recovery. Effectively funded and commissioned services, targeted at helping people fully recover from dependence, is crucial to delivering this.

We have 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'. Our consultation *"Self-sufficient local government: 100% business rates retention"* set out proposals to fund public health responsibilities beyond this period through retention of locally retained business rates.

As highlighted throughout this Strategy, we will also develop a range of measures which will deliver greater transparency on local performance, outcomes and spend. This will build on the Public Health Outcomes Framework enabling the public and partners to hold local areas to account.

Through the Life Chances Fund, up to £30m has been committed to support innovative solutions focused on tackling drug and alcohol dependence. The Fund will pay for outcomes successfully delivered through social impact bonds. Since it launched in July 2016, the Fund has supported the continued development of 12 drug and alcohol dependency projects. A final decision on which of the fully developed proposals will be funded will be taken by September 2017.

A further £10 million has been announced for outcomes payments, including those relating to substance misuse, for long-term rough sleepers or single homeless people, as part of the Homelessness Prevention Programme. This group represents some of the most vulnerable in society.

The ACMD has been looking at the commissioning of drug treatment and recovery services and the impact this can have on recovery outcomes for individuals and communities. We look forward to receiving this advice and will carefully consider any recommendations to inform future policy.

Close collaboration, partnerships and alignment

Locally led recovery systems require close collaboration and effective partnership working to deliver the full range of end-to-end support for those with drug and alcohol problems. Drug (and alcohol) treatment in the community is commissioned by local authorities which are ideally placed to coordinate drug treatment services with broader services provided, including the housing and homelessness sector, children's services, and social care. Treatment services also need to improve collaboration with mental and physical health care; employment services provided by Jobcentre Plus and contracted provision, including the new Work and Health Programme; the criminal justice system, and notably providing care "through the gate" to those patients leaving prison; and all relevant community services and groups e.g. domestic abuse services.

The Health and Social Care Act 2012 requires the full breadth of local partners to be represented in local priority decision-making. Health and wellbeing boards are an example of an important mechanism in this process. They are ideally placed within local communities to bring together key partners to deliver better outcomes for individuals, including the most vulnerable, and there is great potential for further joint working. Inclusion of representatives from the local police force or criminal justice agencies can enable boards to take a broader strategic view of their area beyond health and social care. Joint Strategic Needs Assessments provide boards with the opportunity to better understand the nature of public needs and demands on local services, which can in turn influence local commissioning strategies. We will work with the Department of Health to ensure that there is appropriate representation from both sectors on health and wellbeing boards so that we can fully realise the benefits of closer collaboration between policing and health partners.

There is a well-established evidence base and authoritative clinical guidance[57] on what constitutes effective drug treatment. The 2007 Clinical Guidelines have been updated and will be published alongside this strategy. Commissioning and contracting should be informed by robust service user involvement and local clinical expertise. To support this, we will:

- encourage more effective, joined up commissioning by enhancing the transparency of local action with a broader set of measures and indicators, setting out joint responsibility for outcomes where appropriate e.g. drugs and mental health, drugs and employment, drugs and the criminal justice system, drugs and housing;
- bring PHE support to local areas to ensure delivery is joined up, access to wider services is available, and the best possible outcomes are being achieved;
- share guidance and best practice of effective commissioning across multiple agencies; and
- make data on outcomes against the new, broader set of indicators publicly available and easily accessible and provide clear and accurate information on how much local areas spend on treatment for dependence (disaggregated by drugs and alcohol, treatment and prevention, and adults and children/young people).

Local regulation and quality assurance

We are clear that local drug (and alcohol) treatment commissioners should assure themselves that the services they commission are safe and effective at improving individuals' health and helping people recover from drug dependency.

Commissioners should support and develop quality governance structures for drug treatment. The governance structures must be clearly linked to local safeguarding procedures for children and vulnerable adults and give consideration to the specialist nursing and medical care that some service users require. Compliance with relevant clinical guidelines is also a vital component of quality governance.

It is especially important that commissioners seek these assurances for residential treatment, particularly detoxification, commissioned on a spot-purchase or block contact basis. Where supported housing is commissioned, they should assure themselves that the quality and type of support and accommodation provided is appropriate to client needs. Commissioners should also assure themselves that all substance misuse services are appropriately registered with the Care Quality Commission, if they provide a regulated activity.

In addition to contracting mechanisms and outcome monitoring, commissioners should refer to service user and local provider/clinician feedback, in addition to the Care Quality Commission's reports, to identify and address any concerns about service quality.

Re-tendering has frequently been an effective mechanism by which some commissioners have stimulated the market, promoted innovation and increased the accountability of services. However, the process can be complex and can generate unplanned consequences and instability with long-lasting effects e.g. high staff turnover, loss of trust and relationships. While local areas must remain compliant with relevant regulations, commissioners have a broad range of other mechanisms at their disposal to enhance quality and outcomes, such as performance management and collaborative approaches to improvement, that do not require re-tendering.

Workforce

Treatment service commissioners need to be sure that the services they commission have a workforce which is competent, motivated, well-led, appropriately supervised and responsive to new challenges. It is important that services have the resources and capacity to train and develop their workforce, including new and existing clinicians. We will support this by:

- working with Health Education England, commissioners and providers to ensure the development and retention of the workforce, ensuring quality and safety of services and the outcomes; and
- working with the Royal Colleges and other professional bodies to produce and promote guidance on the specific roles of clinicians and other frontline workers, as well as supporting the availability of relevant training.

Service user involvement

Service user involvement in the design and delivery of services and recovery systems can contribute significantly to the evolution of effective drug and alcohol treatment systems. It is important that service users have a full stake in the decision-making process about how their needs are met.

- Local areas, with PHE support where needed, should engage service users in the implementation of this Strategy at both system and service levels.

Recovery systems

Treatment

Our country has a world-leading drug and alcohol treatment system, with a solid body of international evidence and national clinical guidance to inform it. The update to *Drug Misuse and Dependence: UK Guidelines on Clinical Management* focuses on providing high quality advice on pharmacological and psychosocial interventions known to be effective.

The expert working group of clinicians that developed the guidance looked at aspects of practice known to enhance recovery from drug dependency, including:

- planning and reviewing integrated and coordinated pathways of care;
- a stronger emphasis on a holistic, recovery-oriented approach;
- tailoring interventions;
- the appropriate use of regular drug testing;
- the competencies needed by staff to tackle a broad range of new and existing drug misuse and dependence issues;
- wider healthcare issues, especially blood borne viruses and overdose;
- maintaining safety for drug service users and their children;
- ensuring equitable treatment in different settings across the country, including criminal justice settings; and
- addressing education, training, housing and employment as core aspects of the recovery journey.

There is also a range of clinical guidance to support more specific issues, including the evidence-based clinical guidelines produced by Project NEPTUNE, funded by the Health Foundation, to aid in the detection, assessment and management of NPS users.[58] This is aimed at clinicians working in a range of frontline settings, such as hospitals, sexual health services, primary care and drug treatment services.

- We will support and promote NEPTUNE II, a national on-line learning programme for frontline workers designed to improve the detection, assessment and management of the acute and chronic harms associated with the use of NPS and club drugs, and to increase delivery of evidence-based interventions. National rollout of NEPTUNE II is planned for later in 2017, alongside a formal evaluation.

It is also vital that support is available after people have completed structured treatment to help them continue their recovery journeys, building on the progress they have made. Local areas should ensure that recovery support interventions, as defined in the National Drug Treatment Monitoring System, are available from the start of structured treatment and after it is completed. Services should also provide for rapid re-entry to treatment should it be needed.

Effective data sharing

In 2016, the Ministry of Justice and PHE matched information on offenders to their participation in drug and alcohol treatment programmes.

- This new data share will enable us to better understand the links between dependent drug (and alcohol) use and offending careers, how treatment impacts on levels of reoffending for different cohorts of people who use drugs, and ensure that interventions for offenders are targeted where they will be most effective.

Treatment: from custody to community

As part of our work to reform prisons and enable governor leadership, we have committed to looking at how to move to a joint approach to commissioning of health services, including drug and alcohol treatment, in prisons. This aims to give governors more control and accountability over the services and treatments in their prison, and ensure continuity of treatment with services in the community.

To support commissioners' and governors' decisions about effective services, NHS England is introducing the Health and Justice Information System. This will provide robust measures against which to evaluate the effectiveness of drug treatment systems in custodial settings. The Integrated Drug Treatment System evaluation demonstrates the protective impact of opioid substitution therapy in preventing drug related deaths post release.

- We will use this data and learning to identify and disseminate good practice to contribute to improved outcomes in relation to prison-based drug treatment and the prevention of drug related deaths.

We are working with local commissioners to develop community-based health treatment pathways. These mean that offenders can access appropriate treatment at any point of their journey in the criminal justice system – from the police station through community sentences and after release from prison.

Physical and mental health

Drug misuse is often accompanied and complicated by physical and mental health problems. Local and custody-based treatment systems need interventions to help prevent these problems and, where they do occur, coordinated and integrated pathways of care are needed to treat them.

Specific advice is set out in the updated *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. Key to supporting improved health is action to prevent blood borne infections by vaccination (where available) and by maintaining the availability of injecting equipment through needle and syringe programmes, including through non-drug specialist outlets such as sexual health clinics. Infections like hepatitis C and TB should be identified via regular and repeated offers of testing, and infections like hepatitis C should be treated through coordinated services.

Drug overdoses can be prevented by ready access (and return) to drug treatment[60] and by overdose awareness and response training for people who use drugs and their families. Heroin-related deaths can also be prevented by the provision of naloxone[61] and all local areas should have appropriate naloxone provision in place.

Deaths from drug misuse have risen since 2014 to the highest levels ever recorded. PHE has a programme of analysis and other work to better understand these deaths and how future premature deaths might be prevented. After the reported rise in 2015, PHE and the Local Government Association convened an independent inquiry into the causes of these increases and their prevention. Although finding that the causes of the increases were multiple and complex, the inquiry's report concluded that the dramatic recent rise has been caused primarily by a rise in the availability of heroin after the shortage of late 2010-early 2011.[62] But it added that there is also a longer-term, underlying increase primarily caused by a cohort of heroin users getting older, more ill and who are more susceptible to overdose death. Other factors include increases in the number of deaths involving women, NPS, prescription medicines, and suicide. The inquiry predicted further rises from the primary factors and described the need for further action at all levels of the system.

The inquiry recommended actions for local commissioners and providers, as well as other services across social care, housing and criminal justice. These actions are all aligned with our core principles:

- to enable a coordinated, whole-system approach to meet the complex needs of people who use drugs including better access to physical and mental healthcare, particularly for older users;
- to maintain the personalised and balanced approach to drug treatment and recovery support recommended by national drug strategies and clinical guidance;
- to maintain the provision of evidence-based, high-quality drug treatment and other effective interventions;
- to reach out to those not currently in the treatment system; and
- to ensure that the risk of drug-related death is properly assessed and understood, and eliminate poor practice that could increase risk.

The ACMD has also reported on reducing opioid-related deaths[63]. We have reviewed this advice and its recommendations carefully, and will respond separately to the recommendations.

Smoking is also highly prevalent among alcohol and drug misusing populations, and is a significant contributor to illness and death. Drug treatment services should work with local stop smoking services to offer smoking cessation to all, and harm reduction for people unable or unwilling to stop smoking.

Drug misuse is common among people with mental health problems: research indicates that up to 70% of people in community substance misuse treatment also experience mental illness[64], and there is a high prevalence of drug use among those with severe and enduring conditions such as schizophrenia and personality disorders[65].

We know that people with co-occurring substance misuse and mental health conditions are too often unable to access the care they need. For example, substance misuse services may use mental health conditions as an exclusion criteria, and vice versa, and there is a lack of coordination between drugs and mental health, with services being too focused on one primary need. People with co-occurring mental health conditions are particularly at risk of dying by suicide. Between 2004 and 2014 one third (33%) of patients in mental health treatment who died by suicide had a history of drug misuse, but only 7% were in contact with drug treatment services[66]. Despite this heightened risk, it is common to hear reports of people experiencing mental health crisis being turned away from services due to intoxication, without plans to engage them. We are committed to improving the co-ordination of mental health services with other local services, including police forces and drug and alcohol rehabilitation services. To tackle this we will:

- work with PHE and NHS England to publish new national guidance which supports local areas to effectively collaborate across drug, alcohol and mental health services, preventing exclusion based on presenting need, to meet obligations in the Five Year Forward View for Mental Health[67] and the Crisis Care Concordat [68];

- improve the data to enable providers and commissioners to better understand the scale of unmet need, and to monitor impact; and
- work with Health Education England and other stakeholders, in line with the Five Year Forward View for Mental Health recommendation, to support development of an appropriately trained and competent workforce to meet the needs of people with co-occurring substance misuse and mental health conditions.

Peer-led recovery support

Peer support is an essential component of effective recovery and should be easily accessible before, during and after formal structured treatment.[69] Evidence for the efficacy of mutual aid is well-documented and peer support is highly valued; both can increase and sustain the gains achieved by formal treatment, in addition to challenging stigmatising views of people who use drugs.

- PHE will continue to develop, promote and support the implementation of its Mutual Aid Toolkit.
- PHE will explore the potential of online mutual aid groups, which can be a vital support mechanism particularly for those in sparsely populated rural areas, and support their development in line with evidence.

Other visible and innovative service-user led initiatives include peer mentoring for those engaged in treatment services, training for those working with drug users and community initiatives such as recovery cafés.

- Local areas should support community-based initiatives which promote and sustain recovery, including those that meet the needs of families themselves or include them in their family member's recovery process.

Employment and meaningful activity

Access to employment and meaningful activity is a critical element of recovering from substance misuse and dependence and sustaining recovery, and recovery is a key step in supporting individuals into employment.[70] Welfare reforms since 2010, (e.g. Universal Credit and the Work Programme) have provided opportunities for local innovation, new partnerships and tailoring of services for claimants dependent on drugs, but there is much more that can and should be done. Moving forward, we want individuals to engage in a range of meaningful activities, such as volunteering, education and training, to enhance skills, gain experience and confidence, and ultimately move into employment if they are able to. Building trust is critical to identifying dependency-related needs. It is particularly important for services (e.g. treatment and public employment services) to work together and learn from good practice so that people feel confident in disclosing their drug misuse without fear of judgement or benefit sanction, and so that public employment services can better identify substance misuse and remove the need for clients to broach a difficult subject.

The Government asked Dame Carol Black to conduct an evidence-based review into the labour market challenges faced by those with drug and/or alcohol misuse issues when they seek to enter, return to and/or remain in work. Dame Carol consulted widely and her report, *"An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity"*, was published on 5 December 2016[71]. We have responded to some of the recommendations in *Improving Lives: Helping Workless Families*, published on 4 April 2017[72]. In addition we will:

- continue the roll out of Universal Credit, coupled with changes to the work coach role to support claimants as they progress towards work, and once they start employment;
- continue transforming the role Jobcentres play at the heart of local communities and partnerships, learning from the Universal Support approach in Universal Credit to provide effective, joined-up support that tackles multiple and complex barriers to employment, including substance misuse – a key commitment within *Improving Lives: Helping Workless Families;*
- introduce the new Work and Health Programme in 2017 which will provide intensive and tailored support to people with a disability and the long term unemployed and will include early access for priority groups such as people with a drug dependency so they can get additional support at any point in their claim; and
- continue the *'See Potential'* campaign launched in 2015 to encourage employers to recruit more people from disadvantaged groups, including those recovering from drug and alcohol dependence, by highlighting the business benefits.

Housing and homelessness

Stable and appropriate housing is crucial to enabling sustained recovery from drug misuse; and sustained recovery is essential to an individual's ability to maintain stable accommodation.[73]

Lankelly Chase research into severe and multiple disadvantage estimated that at least 58,000 people a year have contact with homelessness services, substance misuse services and the criminal justice system, at an approximate cost of £21,180 per person per annum.[74] We are helping local councils and developers work with local communities to plan and build better places to live for everyone. This includes building affordable housing, improving the quality of rented housing, and helping people to buy a home. Our affordable homes programme also makes funding available for supported housing for vulnerable people, for example those with substance misuse problems. To address this we:

- have increased central investment for innovative programmes to tackle homelessness to £149m until the end of the spending review period.
- will explore how we can secure better outcomes for those with complex needs (such as substance misuse, mental health and homelessness), including consideration of innovative approaches such as the Housing First model, building on the existing projects[75] in a number of areas across the country and supporting new manifesto commitments to pilot a Housing First approach to tackle rough sleeping;
- will improve our national and local data on homelessness and rough sleeping, to help us better understand the current level of need, and evaluate what works in achieving positive outcomes for this group;
- will learn from the £50m homelessness prevention programme in which 84 projects will focus on new initiatives to prevent homelessness, act quickly to support people who are at risk of or new to rough sleeping, and help long-term rough sleepers with the most complex needs;

- will work with treatment providers, the homelessness sector and housing support services to identify and share best practice to support local authorities in identifying routes into appropriate accommodation for those recovering from a drug dependency; and
- will work across the whole supported housing sector, including drug and alcohol services, to develop the detail that underpins the new funding model for housing costs for supported housing. We announced a new funding model on 15 September 2016[76] and a formal consultation ran for 12 weeks, closing on 13 February 2017. We are taking stock of the responses to the consultation and the joint DCLG/DWP Select Committee report which was published over the election period and will set out further details on next steps shortly.[77]

Families

Parental drug misuse can have a significant impact on children's outcomes. Families and carers can also play a key role in supporting recovery, which is often unrecognised, and can enhance outcomes. Family members and carers also have their own support needs.

- PHE will develop a toolkit for local authorities to support local responses to parental substance misuse, which will include local prevalence data on parental/carer use, the associated harms and likely costs, guidance and information on effective interventions.
- Evidence-based psychological interventions which involve family members should be available locally and local areas should ensure that the support needs of families and carers affected by drug misuse are appropriately met.

Measuring outcomes

Measuring recovery is complex. The 2010 Strategy put recovery at its heart and measured success based on the numbers coming out of treatment and being free from dependence for six months. While this sent an important message to the sector, and more adults are leaving treatment successfully compared to 2009-10[78], there is further to go. The following measures clearly set out our expectations for local commissioners and delivery partners, and progress across all domains will be considered as part of the Home Secretary chaired Board. The Board will consider how to support commissioners and delivery services to integrate these measures.

To support our overall ambition to increase rates of recovery from dependence we will:

- expand the measure to capture those sustaining freedom from all dependency for twelve months (not just six);
- segment 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[79] (e.g. newer opiate users and non-opiate users); and
- provide 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.

Given the cross-cutting nature of recovery, we will develop a framework of joint measures, improving outcomes across key domains that are integral to achieving and sustaining recovery and promoting the integrated systems required to achieve this locally:

- homelessness and housing – a joint outcome measure between homelessness/housing support services

and drug and alcohol treatment providers to ensure that appropriate housing and housing-related support is given to those who need it;

- crime and offending – a joint outcome measure with relevant criminal justice partners to understand the support provided to drug-misusing offenders and its impact on reoffending;
- mental health – a joint outcome measure for individuals who have co-occurring mental health conditions; and
- employment – a joint outcome measure between public employment services and drug and alcohol treatment providers, and other associated measures which give more consideration to distance travelled towards the labour market e.g. volunteering, training and meaningful activity.

We will capture the impact of wider health and social care costs and harms associated with drug misuse, including:

- hospital admissions related to drug misuse;
- rates of blood borne viruses; and
- numbers of drug-related deaths, including on release from prison.

We will support local partners to measure outcomes from key processes which promote recovery, including:

- the proportion of clients facilitated to access mutual aid or peer support;
- other recovery support interventions, such as housing, employment or parenting support as defined in the National Drug Treatment Monitoring System, provided before, during and after treatment; and
- the rate of individuals either discharged successfully from treatment following release from prison or picked up in the community within three weeks of release.

Stronger governance and accountability

To oversee delivery of the entire Drug Strategy, drive action across Government and our partners and hold different elements of the system to account, we will establish a new Drug Strategy Board, chaired by the Home Secretary. This will include representation from all the key Government departments and wider partners, e.g. Public Health England and the National Policing Lead on Drugs.

The Board will use greater transparency and data on performance to support action by local services to deliver the best possible outcomes and monitor progress. PHE will also support local areas to implement evidence-based interventions and target its efforts toward those areas whose performance is furthest from what may be expected.

We will also appoint a national Recovery Champion. This individual will sit on the Board and report back on their role to:

- provide a national leadership role around key aspects of the recovery agenda that support sustained recovery, in partnership with PHE;
- support collaboration between local authorities, public employment services and the Health and Work Programme, housing, criminal justice agencies, and other partners;
- seek to address the stigma faced by people with drug or alcohol dependency issues; and
- act as a ministerial envoy visiting different communities, providers and local recovery champions.

To support our ambition for enhanced governance and accountability, the Care Quality Commission will play a vital role in assuring the quality of regulated services, supplementing local quality governance mechanisms. It continues to enhance its capacity in relation to substance misuse services: developing its expertise; providing more training and support to its inspectors; and improving intelligence on services. This includes greater engagement with, and access to data from, PHE to enable the development of indicators to inform the Care Quality Commission's monitoring and inspection of substance misuse services.

4. Global Action

The United Kingdom is a global leader in tackling drug harms. It is in the United Kingdom's interest to promote a balanced approach internationally; reducing the global supply and demand for drugs helps us to minimise drug harms at home.

We will strengthen international cooperation, and work with partners to deliver a balanced, evidence-based response. Alongside the upstream supply reduction work detailed in chapter two we will shape the international debate on drugs, respond to new threats and use our global networks to share the latest evidence.

While the United Kingdom is a member of the European Union we will remain fully engaged with European partners, including the European Monitoring Centre for Drugs and Drug Addiction. We will continue to work closely with European and other international partners once the United Kingdom leaves the European Union.

Shaping international policy and practice

United Nations General Assembly Special Session on Drugs

The United Kingdom used the United Nations General Assembly Special Session on Drugs in April 2016 to enhance cooperation and to share best practice on delivering an effective approach with the United Nations drug conventions. We will work with international partners to implement the commitments made in the 'Outcome Document' which was agreed by United Nations Member States at the Special Session. Our priorities in this area will be to:

- enhance international action on new psychoactive substances;
- champion a proportionate criminal justice response that includes smart targeted action at each stage of the criminal justice process;
- promote the integration of efforts to tackle drug harms with the Global Goals; and
- strengthen cooperation between United Nations agencies and international organisations while maintaining the central leadership, coordination and facilitation roles of the United Nations Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime.

Global leadership on new psychoactive substances

The United Kingdom is leading the global response to NPS. Steering international action, such as law enforcement cooperation against the supply of these substances, helps us to reduce their harms at home. We are implementing a long-term plan to meet the challenges these substances present, including securing the first ever control of a NPS, mephedrone, under the United Nations drug conventions. Significant progress has been made in recent years, but there is more to be done.

We will strengthen the international response to NPS through:

- Data collection: we will collect and share information from the UK Focal Point early warning system network with international partners to enrich our understanding of

NPS. This includes sharing data on the emergence, use and harms of these substances, and sharing analytical data to support forensic identification.

- International control: we will work with the World Health Organisation, the United Nations Office on Drugs and Crime and others to ensure international controls on the most harmful substances.
- Law enforcement cooperation: we will strengthen cross-border law enforcement action on the supply of NPS, including by stepping up engagement with the source countries of these substances.
- Policy exchange: we will use our international networks to share best practice from the United Kingdom. This will include our experience of tailored prevention and treatment responses, such as Project NEPTUNE[80].

A global research and analysis network

We will use our global networks to share the latest evidence with international partners. This will include:

- working with international organisations to tackle emerging issues, such as novel synthetic opioids, and evolving markets for NPS;
- promoting the work of the ACMD in international fora;
- supporting transnational research. For example, we are a partner in the European Research Area Network on Illicit Drugs (ERANID), funding the UK arm of three major transnational research projects; and
- monitoring the impact of policy developments overseas.

Wider cross-government objectives

We will also support a range of international cross-government objectives that overlap with this Strategy. Our priorities are to reduce the transmission of HIV/AIDS, increase access to controlled medicines, and promote human rights.

Reducing the transmission of HIV/AIDS

Significant progress has been made in the global response to HIV, but we cannot afford to be complacent. We are deeply concerned that HIV transmission among people who inject drugs in low and middle income countries remains alarmingly high. Between 2011 and 2015 new HIV infections among people who inject drugs increased by a third, accounting for more than 40% of new infections in some countries[81].

To address HIV infections in people who inject drugs in low and middle income countries, we will:

- advocate a public health approach that respects human rights and addresses stigma and discrimination;
- support the comprehensive package outlined in the World Health Organisation's 2014 Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations.[82] This includes needle and syringe programmes, opioid substitution therapy and access to anti-retro viral treatment for people who inject drugs. We will continue to urge all countries facing significant HIV infections amongst people who use drugs to adopt this package; and
- follow and support the clear guiding principles towards ending AIDS by 2030 as set out in the UNAIDS 2016-2021 strategy[83].

We are proud to be the second largest international funder of HIV prevention, care and treatment. We will continue to be a voice for this as the international community moves toward the implementation of the Global Goals.

Increasing access to controlled medicines

The United Nations drug conventions are founded on the dual goals of reducing the illicit use of dangerous substances and ensuring access to controlled substances for medical purposes. Despite this, up to 5.5 billion people live in countries with low or non-existent access to controlled medicines.[84] As a result, too many people live and die in avoidable pain. We will improve the access of the world's poorest to essential medicines by:

- working with the World Bank, the World Health Organisation, the Gates Foundation and the New Partnership for Africa's Development to strengthen health systems in the poorest countries;
- promoting a stronger, evidence-based approach to the prescribing and dispensing of medicines; and
- funding the Medicines Transparency Alliance, which promotes greater transparency of pharmaceutical systems in developing countries.

Supporting countries to strengthen their health systems will remain a top priority for the Department for International Development's health work.

Promoting human rights

The United Kingdom has a proud history of delivering our human rights obligations, including guaranteed access to treatment, measures to reduce the harms of drug use and proportionate criminal justice responses. We also have a strong record of championing human rights internationally, and will continue to use our networks to advocate for drug policies across the world to place human rights at their core. This will include:

- lobbying international partners to widen access to treatment and implement proportionate criminal justice responses;
- opposing the use of the death penalty in all circumstances as a matter of principle. We will urge all governments who use the death penalty for drug offences to abolish this unacceptable practice; and
- holding the international agencies we fund to account for compliance with their human rights obligations.

Conclusion and next steps

We will continue to take a balanced approach to tackling drug misuse to ensure that fewer people use drugs in the first place and to support those who do to stop and live a life free from drugs and dependence. This cross-cutting and ambitious Strategy sets out our expectations for action at all levels through a collaborative and partnership-based approach, which is essential to tackling the problem in all its dimensions.

We recognise the challenges ahead in relation to an ageing and harder to help cohort of heroin users, in addition to changes in the way funding and services will be provided. However this also represents new opportunities for local areas to embrace a coordinated response to drug misuse which will reduce crime, improve life chances, promote better health and protect the most vulnerable in our communities.

We will continue to consider the evidence and monitor emerging threats and patterns of use to ensure we are able to take an agile and evidence-based response to the problem.

We will undertake a series of events to promote the Strategy and our ambitions, engaging with the wide range of partners needed to deliver this cross-cutting approach. By working together, we can achieve a safer, healthier society, one that works for everyone and in which every individual is supported to live a life free from drugs and enjoy a brighter future for themselves and their families.

Endnotes

1. Mills, H., Skodbo, S. and Blyth, P. (2013). *Understanding the organised crime: estimating the scale and the social and economic costs.* Home Office Research Report 73. London: Home Office. Available at: *https://www.gov.uk/government/publications/understanding-organised-crime-estimating-the-scale-and-the-social-and-economic-costs* Accessed 6 July 2017.

2. Home Office (2016) *Modern Crime Prevention Strategy.* London: Home Office. Available at: *https://www.gov.uk/government/publications/modern-crime-prevention-strategy* Accessed 6 July 2017.

3. Brayley,H., Cockbain,E. & Laycock, G. (2011) 'The Value of Crime Scripting: Deconstructing Internal Child Sex Trafficking' *Policing,* 5 (2), pp. 132–143. Available at: *https://policing.oxfordjournals.org/content/5/2/132.short* Accessed 6 July 2017.

4. CEOP (2011*) Out of Mind, Out of Sight: Breaking down the barriers to understanding child sexual exploitation.* London: Child Exploitation and Online Protection Centre. Available at: *https://www.ceop.police.uk/Documents/ceopdocs/ceop_thematic_assessment.zip* Accessed 6 July 2017.

5. Ministry of Justice (2016) *Prison Safety and Reform.* London: Ministry of Justice. Available at: *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf* Accessed 6 July 2017.

6. Lader, D. (2016). *Drug Misuse: Findings from the 2015 to 2016 Crime Survey for England and Wales.* London: Home Office. Available at: https://www.gov.uk/government/collections/drug-misuse-declared Accessed 6 July 2017.

7. PHE (2016) *Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS). 1 April 2015 to 31 March 2016*. Public Health England. Available at: *http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf* Accessed 10 November 2016.

8. *https://www.ndtms.net/default.aspx* Accessed 6 July 2017.

9. ONS (2016) *Deaths related to drug poisoning, England and Wales – 2015 registrations.* Newport: Office for National Statistics. Available at: *https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations* Accessed 6 July 2017.

10. 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* Accessed 6 July 2017.

11. ACMD (2013) *Recovery from drug and alcohol dependence: an overview of the evidence (2012).* Advisory Council on the Misuse of Drugs. Available at: *https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012* Accessed 6 July 2017.

12. Home Office (2017) *An Evaluation of the Government's Drug Strategy 2010.* Available at: *https://www.gov.uk/government/policies/drug-misuse-and-dependency*

13. 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* Accessed 6 July 2017.

14. NICE (2011) *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Clinical guideline [CG115].* National Institute for Health and Care Excellence. Available at: *https://www.nice.org.uk/guidance/cg115* Accessed 6 July 2017.

15. NICE (2010) *Alcohol-use disorders: diagnosis and management of physical complications. Clinical guideline [CG100].* National Institute for Health and Care Excellence. Available at: *https://www.nice.org.uk/guidance/cg100* Accessed 6 July 2017.

16. The Scottish Government (2008) *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.* Available at: *http://www.gov.scot/Publications/2008/05/22161610/0* Accessed 6 July 2017.

17. Welsh Government (2008) *Working Together to Reduce Harm The Substance Misuse Strategy for Wales 2008–2018.* Available at: *http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/strategy0818/?skip=1&lang=en* Accessed 6 July 2017.

18. Department of Health, Social Services and Public Safety (2011). *New strategic direction for alcohol and drugs phase 2 (2011-16).* Available at: https://www.health-ni.gov.uk/publications/alcohol-and-drug-misuse-strategy-and-reports Accessed 6 July 2017.

19. ACMD (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* Accessed 6 July 2017.

20. Guidance on using child and maternal health statistics and other intelligence resources - *www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals.* Child and maternal health data on PHE's Fingertips tool - *fingertips.phe.org.uk*

21. ACMD (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* Accessed 6 July 2017.

22. *http://www.emcdda.europa.eu/publications/manuals/prevention-standards* Accessed 6 July 2017.

23. *http://www.healthyuniversities.ac.uk/*

24. PHE (2016) *Young people's statistics from the National Drug Treatment Monitoring System (NDTMS). 1 April 2015 to 31 March 2016.* Public Health England. Available at: *http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-ndtms-1-april-2015-to-31-march-2016.pdf* Accessed 6 July 2017.

25. Mills, H., Skodbo, S. and Blyth, P. (2013). *Understanding the organised crime: estimating the scale and the social and economic costs.* Home Office Research Report 73. London: Home Office. Available at: *https://www.gov.uk/government/publications/understanding-organised-crime-estimating-the-scale-and-the-social-and-economic-costs* Accessed 6 July 2017.

26. Scott, S and McManus, S. (2016) *Hidden Hurt violence, abuse and disadvantage in the lives of women.* DMSS research for Agenda. Available at: *http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf* Accessed 6 July 2017.

27. Gilchrist, G., Radcliffe, P., Noto, A. R., and d'Oliveira, A. F. P. L. (2016) 'The prevalence and factors associated with ever perpetrating intimate partner violence by men receiving substance use treatment in Brazil and England: A cross-cultural comparison.' *Drug and Alcohol Review,* Available at: doi: *10.1111/dar.12436* Accessed 6 July 2017.

28. Home Office (2016) *Strategy to end violence against women and girls: 2016 to 2020.* London: Home Office. Available at: *https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020* Accessed 6 July 2017.

29. Bramley, G,, Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watikins, D. (2015) *Hard Edges: Mapping severe and multiple disadvantages.* The Lankelly Chase Foundation. Available at: *http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf* Accessed 6 July 2017.

30. PHE (2016) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS). 1 April 2015 to 31 March 2016. Public Health England. Available at: *http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf* Accessed 6 July 2017.

31. Royal College of Psychiatrists (2011) *Our Invisible Addicts: First Report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists.* Available at: *http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf* Accessed 6 July 2017.

32. PHE (2015) *Providing effective services for people who use image and performance enhancing drugs.* Public Health England. Available at: *http://www.nta.nhs.uk/uploads/providing-effective-services-for-people-who-use-image-and-performance-enhancing-drugs2015.pdf* Accessed 6 July 2017.

33. HM Government (2015) *National Security Strategy and Strategic Defence and Security Review 2015. A Secure and Prosperous United Kingdom.* Available at: *https://www.gov.uk/government/publications/national-security-strategy-and-strategic-defence-and-security-review-2015* Accessed 6 July 2017.

34. HM Government (2013) *Serious and organised crime strategy.* Available at: *https://www.gov.uk/government/publications/serious-organised-crime-strategy* Accessed 6 July 2017.

35. *Ibid.*

36. Unpublished data: based on Q2 2016 data. Derived from a law-enforcement led process known as Organised Crime Group Mapping.

37. NCA (2015) *National Strategic Assessment of Serious and Organised Crime 2015.* London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/560-national-strategic-assessment-of-serious-and-organised-crime-2015/file* Accessed 6 July 2017.

38. HM Government (2013) *Serious and organised crime strategy.* Available at: *https://www.gov.uk/government/publications/serious-organised-crime-strategy* Accessed 6 July 2017.

39. UK Focal Point on Drugs (2016) *United Kingdom Drug Situation. 2015 Edition.* Available at: *http://www.nta.nhs.uk/focalpoint.aspx* Accessed 6 July 2017.

40. NPCC (2014) *UK National Problem Profile: Commercial Cultivation of Cannabis Report.* London: National Police Chiefs' Council. Available at: *http://www.npcc.police.uk/Publication/FINAL%20PRESS%20CULTIVATION%20OF%20CANNABIS%202.pdf* Accessed 6 July 2017.

41. NCA (2016) *County Lines Gang Violence, Exploitation & Drug Supply 2016.* London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/753-county-lines-gang-violence-exploitation-and-drug-supply-2016/file* Accessed 6 July 2017.

42. NCA (2016) *Intelligence Assessment. Pathways into Serious and Organised Crime.* London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/668-intelligence-assessment-pathways-into-serious-and-organised-crime-final/file* Accessed 6 July 2017.

43. DrugWise (2017) *Highways and buyways: A snapshot of UK drug scenes 2016. http://www.drugwise.org.uk/wp-content/uploads/Highwaysandbyways.pdf* Accessed 6 July 2017.

44. HM Government (2013) *Serious and organised crime strategy.* Available at: *https://www.gov.uk/government/publications/serious-organised-crime-strategy* Accessed 6 July 2017.

45. NCA (2015) *National Strategic Assessment of Serious and Organised Crime 2015*. London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/560-national-strategic-assessment-of-serious-and-organised-crime-2015/file* Accessed 6 July 2017.

46. HM Government (2015) *National Security Strategy and Strategic Defence and Security Review 2015. A Secure and Prosperous United Kingdom*. Available at: *https://www.gov.uk/government/publications/national-security-strategy-and-strategic-defence-and-security-review-2015* Accessed 6 July 2017.

47. Home Office and HM Treasury (2016) Action plan for anti-money laundering and counter-terrorist finance. Available at: *https://www.gov.uk/government/publications/action-plan-for-anti-money-laundering-and-counter-terrorist-finance* Accessed 6 July 2017.

48. *www.nationalcrimeagency.gov.uk/news/829-so-ca*

49. NCA (2015) *National Strategic Assessment of Serious and Organised Crime 2015*. London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/560-national-strategic-assessment-of-serious-and-organised-crime-2015/file* Accessed 6 July 2017.

50. 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. London: Home Office. Available at: *https://www.gov.uk/government/publications/understanding-organised-crime-estimating-the-scale-and-the-social-and-economic-costs* Accessed 6 July 2017.

51. Jones, A., Donmall, M., Millar, T., Moody, A., Weston, S., Anderson, T., Gittins, M., Abeywardana, V. and D'Souza, J. (2009) *The Drug Treatment Outcomes Research Study (DTORS): Final outcomes report.* London: Home Office. Available at: *http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs09/horr24c.pdf* Accessed 6 July 2017.

52. NCA (2016*) National Strategic Assessment of Serious and Organised Crime.* London: National Crime Agency. Available at: *http://www.nationalcrimeagency.gov.uk/publications/731-national-strategic-assessment-of-serious-and-organised-crime-2016/file* Accessed 6 July 2017.

53. Ministry of Justice (2016) *Prison Safety and Reform.* Available at: *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf* Accessed 6 July 2017.

54. *http://www.nta.nhs.uk/prison-based.aspx* Accessed 6 July 2017.

55. Home Office (2013) *Integrated Offender Management: Findings from the 2013 survey.* London: Home Office. Available at: *https://www.gov.uk/government/publications/integrated-offender-management-findings-from-the-2013-survey* Accessed 6 July 2017.

56. 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. Available at: *https://www.gov.uk/government/publications/the-heroin-epidemic-of-the-1980s-and-1990s-and-its-effect-on-crime-trends-then-and-now* Accessed 6 July 2017._

57. DH (England) and the devolved administrations (2007) *Drug Misuse and Dependence: UK Guidelines on Clinical Management.* London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive. Available at: *http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf* Accessed 6 July 2017.

58. *http://neptune-clinical-guidance.co.uk/* Accessed 6 July 2017.

59. Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J., and Hickman, M. (2017) Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. Addiction, doi: *10.1111/add.13779*. Accessed 6 July 2017.

60. Cornish et al (2010) *Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database.* BMJ 2010; 341

61. ACMD (2012) *Consideration of naloxone.* Available at: *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119120/consideration-of-naloxone.pdf* Accessed 6 July 2017.

62. PHE (2016) *Understanding drug related deaths. The report of a national expert working group to investigate drug-related deaths in England.* London: Public Health England. Available at: *http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf* Accessed 6 July 2017.

63. ACMD (2016) *Reducing Opioid-Related Deaths in the UK.* Advisory Council on the Misuse of Drugs. Available at: *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf* Accessed 31 March 2017

64. Weaver et al (2003) *Comorbidity of substance misuse and mental illness in community mental health and substance misuse services*. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313

65. *Ibid.*

66. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2016) *Making Mental Health Care Safer: Annual Report and 20-year Review 2016.* University of Manchester. Available at: *http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci Accessed 6 July 2017*.

67. Mental Health Taskforce (2016) *The five year forward view for mental health. A report from the independent mental health taskforce to the NHS in England.* Mental Health Taskforce. Available at: *https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf* Accessed 6 July 2017.

68. HM Government (2014) *Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis.* Available at: *https://www.gov.uk/government/publications/mental-health-crisis-care-agreement* Accessed 6 July 2017.

69. ACMD (2013) *What recovery outcomes does the evidence tell us we can expect?* Second report of the Recovery Committee. Advisory Council on the Misuse of Drugs. Available at: *https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013* Accessed 6 July 2017.

70. ACMD (2013) *Recovery from drug and alcohol dependence: an overview of the evidence (2012)*. Advisory Council on the Misuse of Drugs. Available at: *https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012* Accessed 6 July 2017.

71. DWP (2016) *An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity by Dame Carol Black.* Available at: *https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes* Accessed 6 July 2017.

72. DWP (2017) *Improving Lives: Helping Workless Families.* Available at: https://www.gov.uk/government/publications/improving-lives-helping-workless-families Accessed 4 April 2017.

73. UKPDC (2008) *Working towards recovery: getting problem drug users into jobs.* UK Drug Policy Commission. Available at: *http://www.ukdpc.org.uk/publication/working-towards-recovery-getting-problem-drug-users-into-jobs/* Accessed 6 July 2017.

74. Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watikins, D. (2015) *Hard Edges: Mapping severe and multiple disadvantages.* The LankellyChase Foundation. Available at: *http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf* Accessed 6 July 2017.

75. Bretherton, J. and Pleace, N. (2015) *Housing First in England. An Evaluation of Nine Services*. Centre for Housing Policy, University of York. Available at: *http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20-%20full%20report.pdf* Accessed 6 July 2017.

76. 15 September 2016 announcement of new funding model for housing costs for supported housing, *https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/*

77. 21 November 2016 announcement of funding for supported housing consultation *https://www.gov.uk/government/consultations/funding-for-supported-housing*

78. PHE (2016) *Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS). 1 April 2015 to 31 March 2016.* Public Health England. Available at: *http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf* Accessed 6 July 2017.

79. 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* Accessed 6 July 2017.

80. *http://neptune-clinical-guidance.co.uk/* Accessed 6 July 2017.

81. UNAIDS (2016) *Prevention Gap Report.* Available at: *http://www.unaids.org/en/resources/documents/2016/prevention-gap* Accessed 6 July 2017.

82. WHO (2014) *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. World Health Organization. Available at: *http://www.who.int/hiv/pub/guidelines/keypopulations/en/* Accessed 6 July 2017.

83. UNAIDS (2015) *UNAIDS Strategy 2016-2021.* Available at: *http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18* Accessed 6 July 2017.

84. WHO (2012) *Access to Controlled Medications Programme. World Health Organization Briefing Note*. World Health Organization. Available at: *http://www.who.int/medicines/areas/quality_safety/ACMP_BrNote_PainGLs_EN_Apr2012.pdf* Accessed 6 July 2017.

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