Written evidence from the Department of Health and Social Care (DHSC), NHS England, the Home Office, Ministry of Justice (MoJ) and Her Majesty’s Prison and Probation Service.

Introduction

1. We welcome the Health and Social Care Select Committee’s inquiry on drugs policy. We are grateful for the opportunity to contribute to this process. Public Health England (PHE) are submitting separate evidence.

Executive Summary

- The cross-Government Drugs Strategy published in July 2017 sets out our approach to tackle the use and health harms of illicit drugs.
- The Strategy establishes clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.
- Drug use in England and Wales is lower now than it was a decade ago. In 2016/17, 8.5% of adults had used a drug in the last year, compared to 10.1% of adults in 2006/07.
- The harms associated with illicit drug taking are complex and wide ranging and include health harms including impacts on mental and physical health.
- Drug-related and drug-enabled activities are key drivers of both new and traditional crime.
- A treatment evidence review conducted by PHE in 2017 found that, for most comparators, the English treatment system achieved similar or better outcomes when contrasted to the results reported in research studies and internationally.
- Recovery is a vital element of the 2017 Drug Strategy and policy is now more focused on health and treatment than in the 2010 Strategy.
- The use of drugs in prison is one of the biggest challenges facing our criminal justice system today. The Prison Drugs Taskforce is working with law enforcement and health partners across government to restrict supply, reduce demand and build recovery.
- All prisons and Children and Young People estates have substances services in place commissioned by NHS England. There has been a major review of the substance use in prison service specification in 2017/18 in consultation with service users, providers and partners. The new and improved specification is now being rolled out in 2018/19 with an option for extracting resourcing information and integration with Mental Health requirements to support recovery and reduce risks and deaths in custody.
- The Government is not complacent and keeps its approach under review to ensure it reflects emerging trends and challenges. We are concerned by some of the recent trends in relation to drug misuse, including strong links...
between drugs and recent increases in serious violence, high levels of drug-related deaths, and an increase in drug misuse among young people (11-15s).

**Background and trends**

2. The latest figures published by the Office of National Statistics (ONS)\(^1\) show there were:

- 3,756 deaths relating to drug poisoning in England and Wales in 2017, a rate of 66.1 deaths per 1 million population, and similar to levels seen in 2016.
- Two-thirds of drug-related deaths were related to drug misuse, accounting for 43.7 deaths per 1 million in 2017.
- Deaths involving cocaine and fentanyl continued to rise while deaths related to new psychoactive substances halved in 2017.
- Male mortality through drug use has decreased slightly (91.4 deaths per 1 million population in 2016 to 89.6 in 2017) the female rate increased for the eighth consecutive year to 42.9 deaths per 1 million population.
- The North East had a significantly higher rate of deaths relating to drug-misuse than all other English regions; London had a significantly lower rate.
- Figures from NHS Digital\(^2\) show hospital admissions for drug-related mental and behavioural disorders in England dropped by 4% in a year - from 7,545 in 2016/17 to 7,258 in 2017/18.
- This is the second year in a row that the number of admissions for drug-related mental and behavioural disorders has dropped, falling 16% since 2015/16 when it reached 8,621. Admissions are still 9% higher than 10 years ago.

3. Progress has been made. Drug use in England and Wales is lower now than it was a decade ago. In 2016/17, 8.5% of adults had used a drug in the last year, compared to 10.1% of adults in 2006/07. More adults are leaving treatment successfully than in 2009/10, and the average waiting time to access treatment remains two days.

**Government approach**

4. The complexity and prevalence of drug misuse and the impact it has on the individual, family and wider society means that no one agency or Government Department could tackle this alone. The Home Office published a cross Government Drugs Strategy\(^3\) in July 2017 setting out our approach to tackle the use and health harms of illicit drugs. The Strategy establishes clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.

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\(^1\) Deaths related to drug poisoning in England and Wales: 2017 registrations – Office of National Statistics published 6 August 2018
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations

\(^2\) Statistics on Drug Misuse, England, 2018 (November Update) published 29 November 2018

5. The Strategy highlights action that is needed at a national level to support local areas in making sure everyone plays their role in:

- preventing people, in particular 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.

6. The Strategy was developed with key partners in the drugs field ranging from professionals in the health and justice arena, commissioners, academics and service users. The Advisory Council on the Misuse of Drugs (ACMD) provided valuable input into the development of the Strategy and continues to assist the Government with drug policy development including through carrying out in-depth inquiries into aspects of drug use that are causing particular concern in the UK. The Home Secretary has also commissioned the ACMD to provide advice on wider issues to inform policy development, for example drug misuse and homelessness and continuity of care between custody and community.

### Health and harms

#### Health harms

7. The 2017 Drugs Strategy highlighted the government commitment to understanding more about the factors that put vulnerable populations at greater risk of developing drug misuse problems. The ACMD also published an independent report investigating the risk factors and vulnerabilities to substance use-related problems and harms⁴.

8. The harms associated with illicit drug taking are complex and wide ranging and are not limited to the individual users, but to family, communities and wider society. This includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply. Areas of relatively high social deprivation have a higher prevalence of illicit oopiate and crack cocaine use and larger numbers of people in treatment.

9. Since 2012, we have seen sharp increases in drug misuse deaths. These deaths are linked to an ageing group of older heroin users with multiple and complex needs and underlines the human cost of drug addiction for these individuals and their families.

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⁴ Vulnerabilities and Substance Use: ACMD Report published 4 Dec 2018
10. In response to these challenges, local authorities need to ensure treatment services can respond to changing patterns of drugs use. England has a well-established network of locally commissioned and run public systems and services that provide drug treatment with extensive international research evidence on the interventions they offer. A treatment evidence review conducted by PHE in 2017 found that, for most comparators, the English treatment system achieved similar or better outcomes when contrasted to the results reported in research studies and internationally.

11. Good drug treatment is vital in helping to protect against the health and social harms of drugs. Treatment has been demonstrated to have a significant protective factor and without it the rise in drug-related deaths is likely to have been higher. Drug treatment can cut crime: recent analysis by MoJ and PHE showed that 44% of people in treatment hadn’t offended again two years after starting treatment. They also found that the number of recorded offences by people in treatment fell by a third in two years. This means that commissioning must follow the evidence; respond to the needs of individuals; and take active steps to reach out to those who are difficult to engage in treatment.

12. We know that there are significant health harms suffered by of people who misuse drugs. Particularly, co-occurring mental health and drug and alcohol use conditions. There are links between cannabis use and mental health problems and there is evidence that people who use cannabis have an increased risk of psychosis, linked to an increase in the concentration of THC (tetrahydrocannabinol) appearing in cannabis available in many countries. PHE published a guide for commissioners and service providers in 2017 on ‘Better care for people with co-occurring mental health and alcohol/drug use conditions’.

13. The National Drug Treatment Monitoring System reported that there were 53,446 people in treatment for cannabis problems in 2017-18. In total, of all people in treatment for substance misuse, there were 52,397 people (41%) reporting their mental health status who said they had a mental health treatment need. People in the non-opiate and alcohol group had the highest levels of a mental health treatment need (47%) and opiate users had the lowest (39%). Three-quarters of the people reporting a mental health treatment need (74% or 38,646) also said that they were currently receiving treatment for their mental health. Just under half of these (48% or 24,767) received treatment from their general practice and a further 22% (11,542) were engaged with community mental health services. However, we recognise that we need to do more to tackle this issue and ensure that those affected get treatment that meets their needs in relation to both mental health and drug dependency. As part of the NHS Long-Term Plan, NHS England has announced that new and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses. A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.
14. Mental illness and homelessness often go hand in hand with substance misuse. Based on the number of people accessing more than one treatment service there is a clear need to ensure that mental health services are well coordinated with other local services to provide the best quality care. We are delivering a number of health commitments in the Rough Sleeping Strategy at rapid pace with a focus on mental health and substance misuse services.

15. We are conducting a rapid audit among the 83 Rough Sleeping Initiative (RSI) areas of health services targeted at people who rough sleep. The audit is focusing on mental health, substance misuse and physical health services. The initial survey work has been completed and we will be undertaking further detailed follow-up work with some areas that have been identified.

16. As part of the Rough Sleeping Strategy we committed to provide up to £2 million in health funding to test models of community-based provision that enables better integration of services, particularly for people with both mental ill health and substance misuse issues. This work is being influenced by the audit and will help NHS England’s planning how the commitment to spent up to £30 million on mental health services, invested over the 5-year period of the funding settlement.

17. Prisoners have complex needs and tend to have higher rates of substance misuse issues, mental health problems and poor physical health than the general population. Comorbidity rates are high, with many offenders who misuse substances also suffering from mental health issues. The 2017-18 National Drug Treatment Monitoring System (NDTMS) data identified the proportion of people entering alcohol and drug treatment who had a mental health need for reasons other than substance misuse was 32%.

18. The emergence of psychoactive substances is a particular challenge for prisons and the National Probation Service (NPS), in relation the Approved Premises estate. The emergence of these substances was described by Her Majesty’s Inspectorate of Prisons for England and Wales as “the most serious threat to the safety and security of jails” in their 2015 thematic review. NPS and HMPPS have worked with PHE colleagues to create a Psychoactive Substances Toolkits to support staff in secure settings by providing information about PS use and advice on how to manage associated issues.

Wider harms

19. The estimated scale of the illicit drugs market was approximately £4.5 billion in England and Wales in 2015/16. The Modern Crime Prevention Strategy states that offenders who regularly use heroin, cocaine and crack cocaine commit an estimated 45% of acquisitive crime.

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5 Changing patterns of substance misuse in adult prisons and service responses, HMIP (2015)
6 Modern Crime Prevention Strategy, Home Office 23 March 2016
20. Drug-related and drug-enabled activities are key drivers of both new and traditional crime: including 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. Drugs can also play a part in facilitating child sexual exploitation and abuse and the illicit use of drugs in prisons is a driver of rising violence, self-harm and suicide.

21. The impact of substance misuse on employment outcomes and parental substance misuse on children’s outcomes are addressed in more detail in the Department of Work and Pension’s (DWP) report Improving Lives: Helping Workless Families,7 Dame Carol Black’s independent review8, and PHE guidance to local authorities on parental drug misuse, which was informed by an evidence review9

22. A randomised control trial is currently underway in seven local authority areas to improve the evidence base around the effectiveness and cost-effectiveness of the Individual Placement and Support (IPS) approach in helping people with drug or alcohol addictions to return to, and remain, in work.

Prevention and early intervention

What are the reasons behind initial and sustained drug use (from recreational to high risk drug use)?

23. There are a range of complex factors that can make people more susceptible to drug misuse and harm. The ACMD’s report on Vulnerability and Drug Use provides definitions of risk and protective factors, and models through which these can be explored.

24. The ACMD’s report on Prevention of drug and alcohol dependence10 also includes some of the prevention science around the causes of risky behaviours such as drug use.

How effective and evidence based are strategies for prevention/early intervention?

25. The Government published an evaluation of the 2010 Drug Strategy alongside the 2017 Drug Strategy. The evaluation provides an assessment of the effectiveness and, where possible, value for money of activity delivered under the

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2010 Strategy. The findings from the evaluation informed the approach to prevention and early intervention in the 2017 Strategy.

26. The evaluation outlines the available evidence on the effectiveness of a wide range of interventions which support the aim of reducing demand by helping to reduce risk factors, including family-based programmes (e.g. Troubled Families programme) and school-based programmes (e.g. health education).

27. Our approach includes targeted action for those most at risk or already misusing drugs as well as universal action. This includes supporting investment in evidence-based programmes, which have a positive impact on young people and adults, giving them the confidence, resilience and risk management skills to resist drug use.

28. Examples of this work include:
   o With funding from PHE and the Home Office, Mentor UK runs the Alcohol and Drug Education and Prevention Information Service (ADEPIS) which provides practical advice and tools based on the best international evidence, including briefing sheets for teachers;
   o an online resilience building resource, ‘Rise Above’, aimed at 11- to 16-year-olds, which provides resources to help develop skills to make positive choices for their health, including avoiding drug use;
   o FRANK, the Government’s drugs information and advice service, continues to be updated to reflect new and emerging patterns of drug use.

29. Additionally, the Department for Education is making compulsory Relationships Education in all primary schools, Relationships and Sex Education (RSE) in all secondary schools and Health Education in all state-funded schools. In Health Education, there is a focus on avoiding the damaging effects and risks of drugs.

30. Drug education is also a statutory subject in maintained schools as part of the national curriculum for science in key stage 2 and key stage 3.

31. Data shows that school exclusions for drug and alcohol use have increased in recent years. The Government recognises that good discipline in schools is essential to ensure that all pupils can benefit from the opportunities provided by education. The Government supports head teachers in using exclusion as a sanction where warranted. It is equally important that the obligations on schools are clear and well understood, to ensure that any exclusion is lawful, reasonable and fair. The review of exclusions, led by Edward Timpson, is underway. The review will consider why, when the powers schools have to exclude, and the framework in which they do so applies to all state funded schools across England, there are differences in the rates between areas, schools, and groups of pupils. The review is identifying effective practice, which will be shared across the system. The review will report shortly.

32. Schools and colleges have an important role to play in supporting the mental health and wellbeing of children and young people, by putting in place whole school approaches which are tailored to the needs of their pupils and students. This should include promoting the health and wellbeing of pupils and staff.
through leadership practice, the school’s policies, values and attitudes; using the curriculum to develop pupils’ knowledge about health and wellbeing; and proactive engagement with families, outside agencies, and the wider community to promote consistent support for children’s health and wellbeing.

Treatment and harm reduction

How effective and evidence based is treatment provision?

33. The evidence-base for the effectiveness of drug and alcohol treatment is robust, with UK and international evidence showing that treatment provides value for money, improves public health and reduces crime.

34. High quality treatment and rehabilitation for those who misuse drugs are the most effective way to address drug dependence, and we want to see individuals being able to access the full range of other services to help them rebuild their lives and sustain their recovery. The ACMD's 2016 report ‘Reducing opioid related deaths’ highlights the important role of the treatment system in preventing overdose deaths\textsuperscript{11}.

35. The introduction of widespread opiate substitute treatment (such as methadone) and harm reduction services in the 1980s and 1990s resulted in the UK having one of the lowest rates of HIV amongst injecting drug users in the western world.

Is policy sufficiently geared towards treatment? This includes the extent to which health is prioritised, in the context of the Government’s criminal justice-led approach.

36. Recovery is a vital element of the Drug Strategy and policy is now more focused on health and treatment than in the 2010 Strategy. As highlighted earlier, local authorities are responsible for commissioning effective drug and alcohol prevention and treatment services based on an assessment of local need.

37. The National Partnership Agreement (NPA) for Prison Healthcare 2018-2021\textsuperscript{12}, published in April 2018, marks the establishment of an even stronger level of cooperation between all of those who can impact on the policy, commissioning and delivery of health and social care services in both public and private sector prisons in England. Priority 2 of the associated NPA Workplan\textsuperscript{13} sets out activities

\textsuperscript{11} Reducing opioid related deaths in the UK- ACMD 12 December 2016
\url{www.gov.uk/government/publications/reducing-opioid-related-deaths-in-the-uk}

\textsuperscript{12} The National Partnership Agreement (NPA) for Prison Healthcare 2018- 2021

in place to reduce the impact of substance misuse to address the risks of misuse and resultant harms, and to ensure the right help is available at the right time.

38. PHE continues to support local authorities in this work, by providing bespoke data to assist the joint strategic needs assessment and to show the effectiveness of the local treatment system, as well as value for money tools, topical briefings, advice on good practice and on the benefits of investing in alcohol and drug treatment.

39. The Drug Strategy promotes closer collaboration between local health and policing partners to deliver better outcomes for people with substance misuse problems. Health and Wellbeing Boards are an example of an important mechanism or ensuring greater alignment of strategic priorities.

40. The use of drugs in prison is one of the biggest challenges facing our criminal justice system today. The Prison Drugs Taskforce is working with law enforcement and health partners across government to restrict supply, reduce demand and build recovery. The Taskforce is developing a national Drug Strategy, underpinned by advice and guidance that will support the whole of the estate. The Taskforce is investing £6 million in 10 of the most challenging prisons to tackle drug supply and reduce demand.

41. We are also piloting a £9 million joint MoJ/HMPPS and DHSC/NHSE Drug Recovery Prison (DRP) pilot at HMP Holme House. The DRP pilot creates a whole prison approach to tackle the supply of drugs into prison, together with creating an environment where prisoners have access to the full range of health services that meet individual needs and are given support to lead a drug free life while they are in custody and also following their release into the community.

42. The pilot will be subject to process, impact and economic evaluations to help to identify successful initiatives that will be shared with the rest of the prison estate. We are also exploring with health partners opportunities to potentially replicate the DRP concept elsewhere within the secure estate.

43. Early indications from the DRP pilot suggest that strong Health and Justice partnership working, at both a national and local level, significantly contributed towards the stability and safety of the prison environment at Holme House. Over the last year there has been a decline in positive random mandatory drug treatment rates and an increase in the take up of treatment services to support recovery at the DRP.

44. The police and the courts are allowed considerable discretion in the implementation of our drug laws so that an informed and proportionate approach can be taken. They have a range of options for use at their discretion to engage first-time young offenders with local services to assess his/her needs including the risk of harm.

45. Some police forces are exploring the use of out of court disposals as an opportunity to refer people, including young people, on to treatment services or
wider support. The Home Office is actively encouraging forces, via the National Police Chiefs Council and Association of Police and Crime Commissioners, to develop this approach and any guidance needed across policing.

46. We also 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.

47. In addition, NHS England is rolling out Liaison and Diversion services across the country. These services operate at police stations and courts to identify and assess people with vulnerabilities (including substance misuse and mental health problems) and refer them into appropriate services and, where appropriate, away from the justice system altogether. The schemes currently cover around 80% of the population of England, with a view to full coverage by 2021.

48. Alongside this, DHSC and MoJ have worked with NHS England and PHE to develop a Community Sentence Treatment Requirement Protocol, and a RECONNECT service to improve continuity of care for prisoners on release from custody. The Protocol aims to increase the use of community sentences with drug, alcohol and mental health treatment requirements as an alternative to custody, to improve health outcomes and reduce reoffending. It sets out what is expected from all involved agencies to ensure improved access to mental health and substance misuse treatment for offenders who need it. DHSC has led a process evaluation of the implementation of the protocol across five test bed sites to inform further development.

49. It is vital that the police and criminal justice system have a range of measures available to them. But law enforcement and the criminal justice system must also have the tools to deal robustly with serious and repeat offenders who cause the most harm in our communities.

Best practice

What would a high-quality, evidence-based response to drugs look like?

50. The Government remains committed to taking a balanced, evidence-based approach to tackling drugs and the harms they cause. In March 2015, DHSC commissioned (PHE) to review the evidence on what can be expected of the drug treatment and recovery system and to provide advice to inform future policy. Their report was published in January 2017.14

14 An evidence review of the outcomes that can be expected of drug misuse treatment in England; PHE January 2017
51. To inform the development of the 2017 Strategy extensive, targeted consultation was undertaken with a range of key partners including practitioners and commissioners, academics, service users, other Government Departments and the ACMD.

52. Key elements of the Strategy include:
   - The inclusion of a fourth strand on global action to reflect our leading role in shaping international action and enhance our balanced approach (in addition to continuing our work to reduce demand, restrict supply and build recovery).
   - Providing data on the frequency and type of drug use and using recovery data to segment the treatment population to better personalise support and recovery ambitions. This includes reporting on those sustaining freedom from their dependence at both six and 12 months.
   - A broader set of jointly-owned outcome measures to capture the wide range of social and health harms and costs that drugs cause, and to drive action across treatment providers, local authorities, health, employment, housing and criminal justice partners.
   - Stronger governance for delivering the Strategy, including a new Home Secretary Chaired Board. This Board oversees and drives delivery of the entire Strategy and hold partners to account.
   - The introduction of a national recovery champion acting as a ministerial envoy, visiting different communities and providers and supporting collaboration in key areas such as mental health, housing and employment.

Further Government action

53. The Government is not complacent and keeps its approach under review to ensure it reflects emerging trends and challenges. We are concerned by some of the recent trends in relation to drug misuse, including strong links between drugs and recent increases in serious violence, high levels of drug related deaths, and an increase in drug misuse among young people (11-15s). The Serious Violence Strategy, includes additional action to tackle drugs as a driver of violent crime.

54. In addition, DHSC has commissioned research through the National Institute for Health Research (NIHR) to improve the evidence base, particularly on the drivers of drug use. This includes research on prescribing patterns in dependency forming drugs, drug recovery pathways, new psychoactive substances, stimulant use, and drug use in nightclubs and prisons.

Review of Drugs

55. On 8 February 2019, the Home Secretary appointed Professor Dame Carol Black to lead a major review that will look into the ways in which drugs are fuelling serious violence. The initial stage of the wide-ranging review will look at who drug users are, what they are taking, and how often in order to build the most in-depth and comprehensive picture of this issue to date. The review – which will build on
existing Government strategies to combat drugs, serious violence and serious and organised crime – will examine the harms that drugs cause and the best ways to prevent drug-taking. It will also examine the drivers behind recent trends such as the increased recreational use of class A drugs by young adults. The review will not consider changes to the existing legislative framework.

What responses to drugs internationally stand out as particularly innovative and / or relevant, and what evidence is there of impact in these cases?

56. The United Nations Office on Drugs and Crime has produced a document which summarises the available international evidence regarding drug prevention policies\textsuperscript{15}. PHE summarised this report in The International Evidence on the prevention of drug and alcohol use: Summary of examples of Implementation in England and provided examples of current guidelines, programmes and interventions in England which follow this evidence\textsuperscript{16}. The Evaluation of the Drug Strategy also refers to international evidence.\textsuperscript{17}

\textsuperscript{15} International Standards of Drug Use Prevention, United Nations Office on Drugs and Crime

\textsuperscript{16} The International Evidence on the prevention of drug and alcohol use: Summary of examples of Implementation in England, PHE 2015