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Meeting: EAP Active Communities

Date: Friday 28th April

Time: 10.00 am

Venue: Council Chamber, Corby Cube, George St, Corby, NN17 1QG

Councillors Harrison (Chair), Howell (Chair), Harrington, Lawal, McGhee, Roberts, Shacklock and Smith-Haynes

Substitutes: Councillors Marks and Z McGhee

Agenda

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05	Drug and Alcohol Services in Northamptonshire (papers to follow)		
06	Service Showcase		
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09	Close of Meeting		

Adele Wylie, Monitoring Officer
North Northamptonshire Council

Proper Officer
20th April 2023

This agenda has been published by Democratic Services.
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EAP Health & Wellbeing and Vulnerable People
At 10:00 am on Friday 3rd February 2022,
Council Chamber, The Cube, Corby

Present:

Members – Councillor H Harrison (Chair), Councillor Helen Howell, Councillor King Lawal, Councillor Paul Marks.

Officers - David Watts (Executive Director of Adults, Health Partnerships and Housing), John Ashton (Interim Director of Public Health), Shirley Plenderleith (Assistant Director Public Health) Pauline Brennan (Democratic Services).

1. Chair's Announcements

None on this occasion.

2. Apologies

Apologies for absence were received from Councillors Russell Roberts, Chris Smith-Haynes, John McGhee, Geoff Shacklock and Ken Harrington.

3. Members Declarations of Interest

None on this occasion.

4. Minutes from the meeting held on 9th December 2022

The minutes of the EAP meeting held on 9th December 2022 had been circulated.

RESOLVED that: -

The minutes of the 9th December 2022 be brought back for approval at the meeting of the Panel on 17th March 2023.

Chair updated on Actions proposed at the meeting on 9th December 2022:

- Ward Members had been made aware of future dates/venues for Forum meetings with respect to their areas.
- LAP Insight profiles for all areas had been shared with all EAP members.
- Development of a strategy to interact with young people via formal and informal settings would be progressed.
- Future meetings of the EAP to receive updates on performance monitoring indicators and outcomes would form part of the Development Work.

Councillor Marks advised that Kettering Urban ha set it's priorities and they are Mental Health and Drug Addiction as it was believed there was a link between the two.

5. Terms of Reference

Terms of Reference had been provided for the Panel to discuss, comments and feedback were requested by Chair. The Executive Director of Adults, Health Partnerships and Housing advised that it did set out the approaches to be used for policy areas however, it does not refer to National Policy and reference to this should be included, it should not be limited to Service and Corporate Plans locally. Chair advised that there were changes coming to the Health and Social Care Act which would have to be taken into consideration.

Councillor Howell agreed the Forward Plan needed to be included as the EAP was more a look at Policy and moving forward, rather than look at reports that were going forward the EAP should be guiding what goes into those papers.

Executive Director of Adults, Health Partnerships and Housing provided some prompts to be considered and were the Members clear on the scope of the EAP and were there any areas of cross over with EAP's which required more clarity.

It was clear that the EAP would provide policy advice but what would happen to that advice, where would it go and how would it be responded to. It was suggested bringing the Terms of Reference back to the first two meetings.

It was suggested that additional substitutes would be a useful addition, to be discussed with the Leader.

ACTION: T o R to be brought back to next two meetings and put on the end of the Agenda to review.

ACTION: If something is discussed that could be relevant to other EAP's they should be informed and maybe get feedback as required.

6. EAP Active Communities

Executive Director of Adults, Health Partnerships and Housing had produced slides for the Panel explaining the evolution of the advisory panels and Scrutiny with a review being undertaken resulting in some additional Scrutiny Committees being created, this had resulted in a change to the cycle of EAP's, reducing them down to 6 per year. EAP's would now concentrate on policy/strategy allowing members who were non-executive to have input.

It was felt that the Panel should be an open discussion panel but would need some suggestions to start the conversation, inform a starting point, officers would take this forward and append to reports for Executive.

Perhaps it should be background, context and discussion points, it could be much more wide ranging and provide factual context. Councillor Howell explained that in her area there were already strategies being worked through and online consultations, there was a large group of people to consult with including stakeholders and the public.

The Interim Director of Public Health suggested there should be cross referencing, phasing and an Options Appraisal. It was important to frame the Leisure Strategy which had been mentioned to get people more active more often, walking and cycling

to work for instance. Chair advised that Phasing could slow the process down, she was keen to produce recommendations. Once work complete report back and allow people to see the value of their input, before going to Executive, it was important to know the value of input.

Councillor Howell suggested that what came out of consultations was invaluable and should be promoted as widely as possible, it was necessary to be aware of Government policy and the scope that had been set.

If there are external consultants, we could invite them to the EAP to present what our strategy might look like and engage with local people about both the well known and less well-known attractions.

We want to be involved from the start of a strategy and be a fundamental part of that process which would then be consulted on. We should then receive feedback on the strategy before it goes any further. Chair asked that an Annual Review be carried out to measure the impact of feedback from non-executive members and others.

Shirley – Perhaps rather than item 14 saying Agenda and Reports perhaps it should say Agenda and papers, Officers suggested this should not be a talking shop and rather than minutes probably have notes of the conversation and what is required of officers to take things forward. Field trips to sites would probably on occasion be useful.

7. Executive Forward Plan

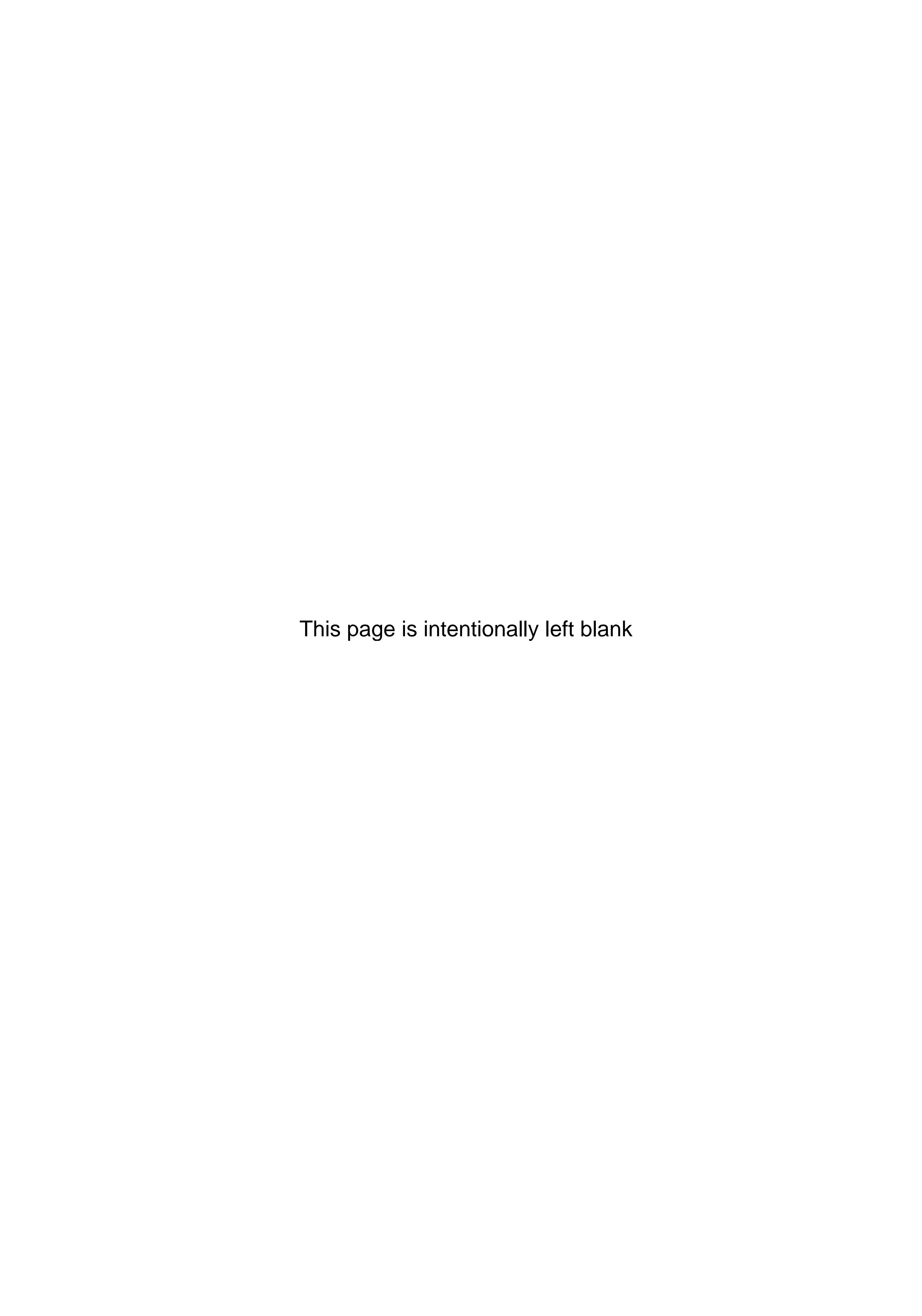
Budget papers.

8. Forward Plan and future EAP Business

Forward Plan for future business of Active Communities is not yet populated.

9. Close of Meeting

Meeting closed at 11:21am.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Northamptonshire Drugs and Alcohol Services

Executive Advisory Panel
Drugs and Alcohol Information Pack

Content

National Drug Strategy 'From Harm to Hope'

- Strategic priorities
- Overarching outcomes

Combating Drug Partnership (CDP)

- Structure
- Timeline
- Joint Needs Assessment (HNA) - (Attachment)
- High Level Strategy 2023/24 - (Attachment)
- CDP Next Steps

Northamptonshire Drug and Alcohol Commissioned Services

- Current drug and alcohol treatment and recovery services
- Proportion of spend
- Service delivery

Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)

- SSMTRG
- Housing Support Grant

Further Information

A new national strategy for drugs ‘From Harm to Hope’ was launched in December (2021)

- A new national strategy for drugs ‘From Harm to Hope’ was launched in December 2021.
- The strategy seeks to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.
- The aim is to reduce drug related crime, death, harm and overall drug use.
- The strategy recognises the importance of a system wide approach and strong partnerships in tackling substance misuse at national and local levels.
- Guidance requires agencies to work across the system to identify local priorities, based on the findings of a local needs assessment.

Strategic priorities

The strategy has a key focus on the delivery against 3 strategic priorities, these are:

- Break drug supply chains
  - Make the UK a significantly harder place for organised crime groups to operate, addressing all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons.
- Deliver a world class treatment and recovery system
  - The focus is to treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive.
- Achieve a generational shift in demand in drugs
  - Changing attitudes in society around the perceived acceptability of illegal drug use.

Six overarching outcomes

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	**Measured by:**
Reducing drug use	• the proportion of the population reporting drug use in the last year (reported by age) • prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	• the number of drug-related homicides • the number of neighbourhood crimes
Reducing drug-related deaths and harm	• deaths related to drug misuse • hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	**Measured by:**
Reducing drug supply	• the number of county lines closed • the number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	• the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) • continuity of care – engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	• the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use **Key additional components integral to recovery include housing, mental health, and employment**

Northamptonshire Combating Drugs Partnership

In July 2022, the Joint Combating Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework (six overarching outcomes).

Successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention.
The guidance sits alongside the Drugs Strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

The guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality that span the whole of the strategy; breaking supply, treatment and recovery, and reducing the demand for drugs (Please see attached CDP guidance document).

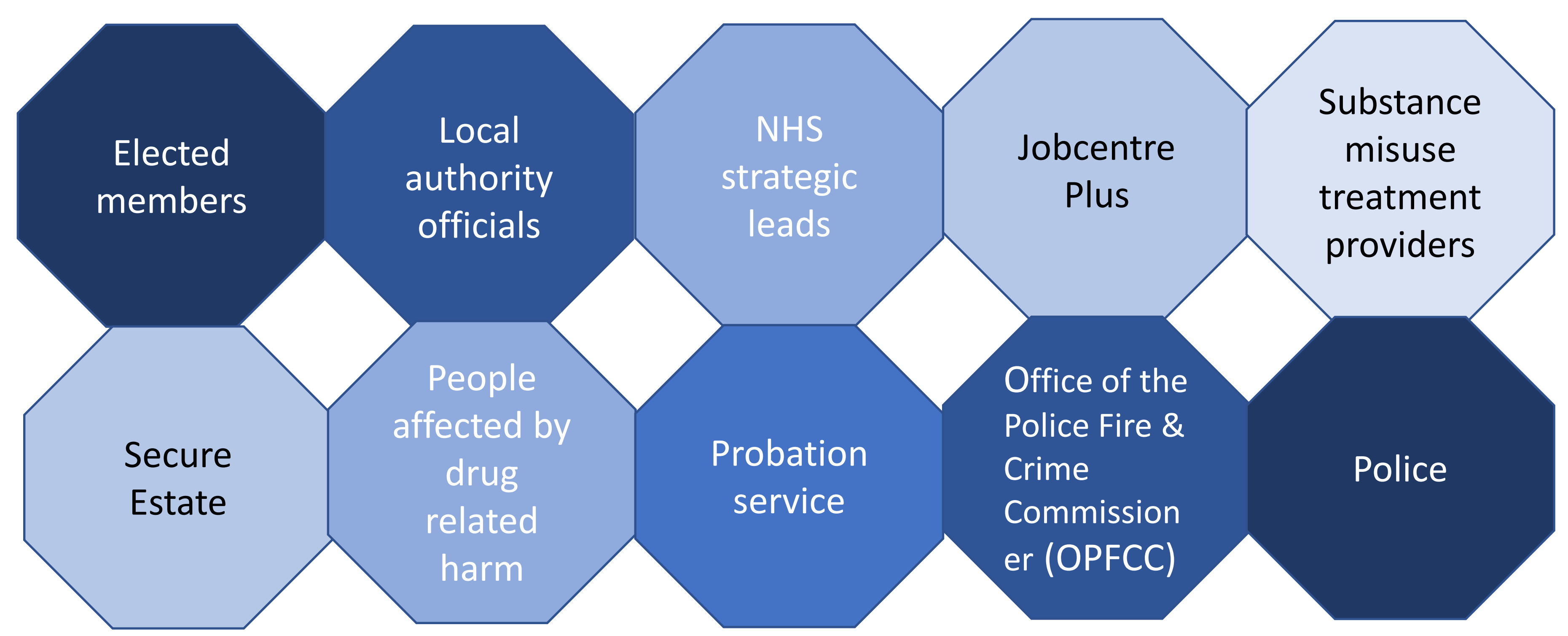
Northamptonshire CDP Structure and Governance

The Combating Drugs Partnership Board (CDP) is led by Public Health and is organised to provide good governance and co-ordinated delivery.

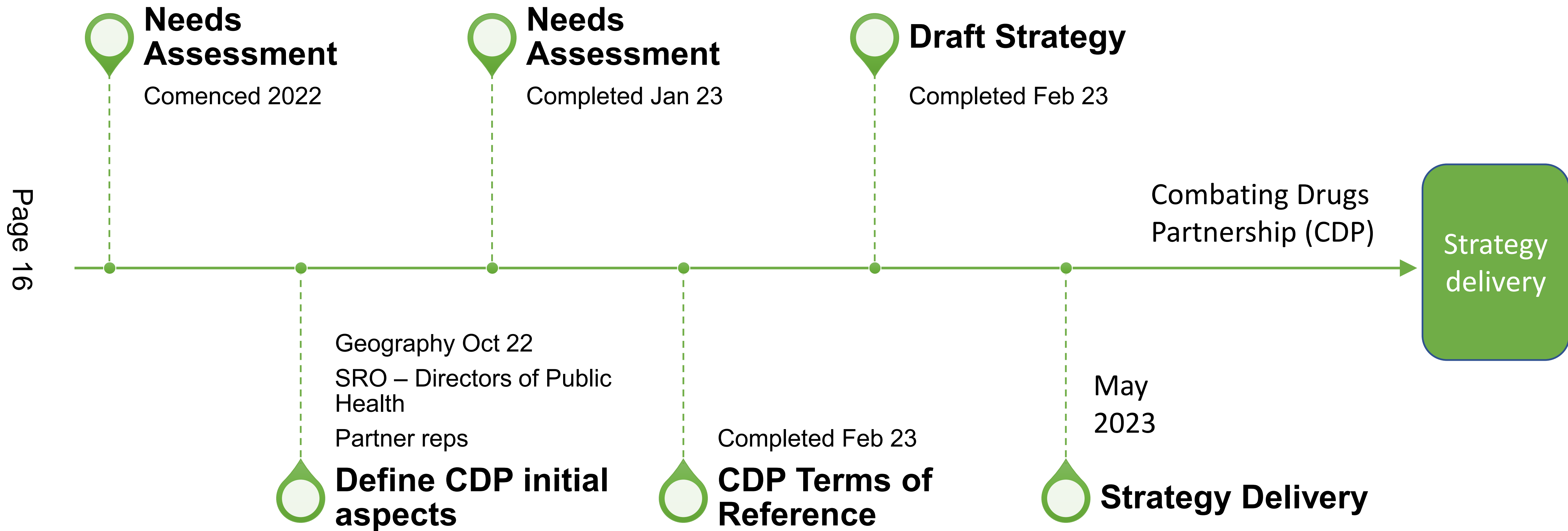
The Partnership is responsible for delivery of the national strategy and is accountable to central government. Members of the Partnership will provide the link with other local Boards and Partnerships, informing and co-ordinating work programmes as required.

- Health and Wellbeing Boards (North and West)
- Integrated Care Partnerships (North and West)
- Community Safety Partnerships (North and West)
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Reducing Reoffending Board
- Community Sentencing Treatment Requirement Board

Core membership of Northamptonshire CPD



CDP Timeline



Joint Local Needs Assessment (Refresh every three years)

A Joint Health Needs Assessment (HNA) has been completed. This included:

- A review of local drug data and involving all relevant partners
- Establishing a baseline on local need
- Activity and performance highlighting any trends
- Drawing on other existing work

Please see attached HNA and recommendations.

Northamptonshire Combating Drug Partnership Strategy 2023/24

The strategic plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire. It seeks to deliver the six overarching strategic outcomes set out in the national drug strategy.

The structure of the plan reflects the priorities of the national strategy with four strategic themes:

1. Breaking drug supply chains
2. Delivering a world class treatment and recovery system
3. Achieving a generational shift in demand in drugs
4. Cross-cutting enablers

Please attached Northamptonshire CDP draft strategy 2023/24

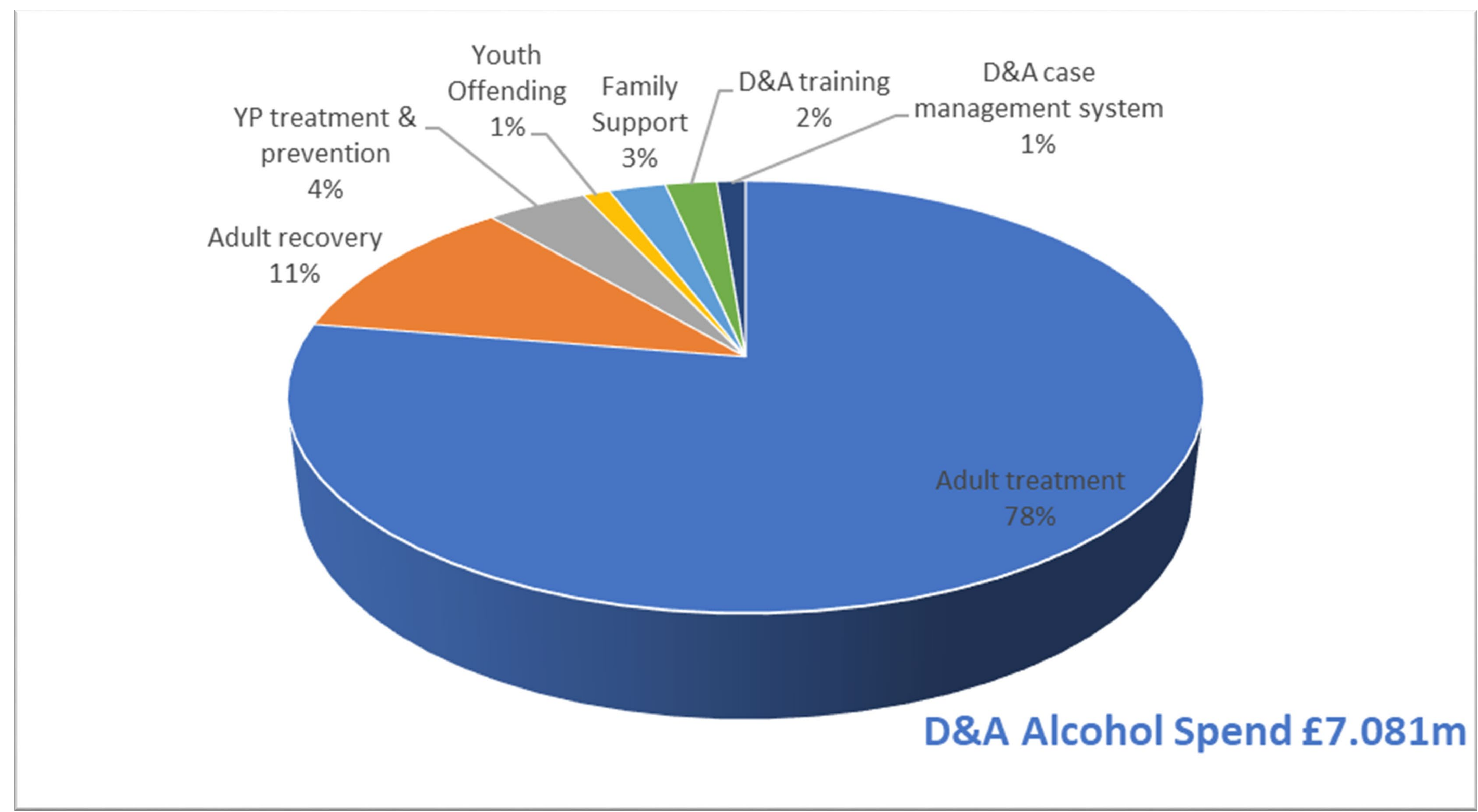
Next Steps for the Combating Drugs Partnership

Finalise CDP Governance	Operationalise strategy delivery subgroups	Ensure appropriate accountable executive, leader roles and delivery structure in place	Terms of Reference prepared for each subgroup and interdependancies
Assess maturity and effectiveness of each subgroup	Review strategy delivery plan against the CDP goals and objectives	Assess delivery approach	Baseline data in place to monitor benefits of activity and interventions

Northamptonshire Drugs and Alcohol Commissioned Services

North and West Northamptonshire Councils commission the following drug and alcohol services. These services are currently hosted by WNC on behalf of NNC.

Service	Supplier	Expiry	Annual Costs £	Procurement Comments
Adult structured treatment	CGL	To March 2024 (with option to extend 2026)	5,492,000	Executive approval will be required to extend the contract. A waiver will be required for the additional spend for 2 years
Adult recovery & Phase housing programme	Bridge	To March 2026	800,000	Executive approval will be required to extend the contract. A waiver will be required for the additional spend for 2 years
Young person's treatment and prevention service	Aquarius	To March 2024 (with option to extend 2026)	300,000	Executive approval will be required to extend the contract. A waiver will be required for the additional spend for 2 years
D&A support to YP who have offended	Northants Children's Trust	SLA Annual Review	80,000	Service Level Agreement (SLA) updated annually.
D&A Family Support	Family Support Link	To March 2024	169,000	This was recommissioned for one year to align with other contracts – no extension option so will need to be re-commissioned. The need to re-procure: Family Support Services, Training and Data Management System via an Invitation to Tender (ITT)
D&A training (workforce)	Aquarius	To March 2024	155,000	This was recommissioned for one year to align with other contracts – no extension option so will need to be re-commissioned. The need to re-procure: Family Support Services, Training and Data Management System via an Invitation to Tender (ITT)
D&A case management and NDTMS package	Illy Systems	March 2024	85,000	A waiver was agreed to align with other contracts March 2023, so no option to extend will need to be re-commissioned. The need to re-procure: Family Support Services, Training and Data Management System via an Invitation to Tender (ITT)


Youth Offending 1%
Family Support 3%
D&A training 2%
D&A case management system 1%
YP treatment & prevention 4%
Adult recovery 11%
Adult treatment 78%
D&A Alcohol Spend £7.081m

Treatment and Recovery Service Model

Contract	Provider	Service Delivery
Adult Treatment Service	Substance 2 Solution by Change Grow Live (CGL)	• Single point of access to all drug and alcohol support and triage assessment • Structured psychosocial intervention (including CBT, counselling and therapy) • Specialist Community Prescribing service (including for opioid substitution therapy) • Inpatient detoxification and residential rehabilitation • Close collaboration with criminal justice system: courts, prisons and probation • Harm reduction (including needle exchange and naloxone provision)
Young People's Treatment Service	NGAGE (Aquarius)	• Structured Treatment Service - offering psychosocial interventions • Comprehensive range of engagement, diversion and education activities • Co-ordination with partners, importantly - transitions to the adult services and co-ordination with Family Link service
Recovery Service	The Bridge	• Peer-led recovery support service based in Northampton, Wellingborough and Corby. • PHASE Housing (delivered in partnership with a housing association) to provide suitable accommodation for recovery

Contract	Provider	Service Delivery
Family Support Service	Family Support Link	• Support, counselling, education and early intervention for families affected by a member's drug or alcohol use • Development of peer mentors as well as volunteer-led support groups
Drugs and Alcohol Training	Aquarius Healthy Futures	• Free training for front line staff, carers or professionals to cover alcohol and drug use awareness as well as specific training on brief interventions for key target staff groups
Case management system	Illy Systems	• Case Management delivery and maintenance
Drug and Alcohol treatment in the Youth Offending Service (YOS)	Children's Trust - Youth Offending Service	• Free training for front line staff, carers or professionals to cover alcohol and drug use awareness as well as specific training on brief interventions for key target staff groups

Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)

NNC and WNC, combined, have received a Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to provide enhanced delivery of treatment and recovery systems for the three years, 2022-2025.

The purpose of this grant is to encourage more people to enter treatment, also to improve continuity and quality of care in order that more people remain in treatment, and successfully complete treatment, with good outcomes. As well as an improvement in health outcomes and reduction in deaths, this grant also seeks to reduce crime harms and lower costs to the criminal justice system.

Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)

OHID Grant (NNC Portion)	22/23 £	23/24 £	24/25 £
Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)	363,181	663,700	1,089,920
SSMTRG Housing Support Grant	99,876	290,026	290,026

The Office for Health Inequalities and Disparities (OHID) has set out the priorities that the SSMTRG grant is to be used to support:

- Improved system coordination and commissioning
- Enhanced harm reduction provision
- Increased treatment capacity
- Increased integration and improved care pathways between the criminal justice settings, and drug treatment
- Enhancing treatment quality
- Residential rehabilitation and inpatient detoxification
- Better and more integrated responses to physical and mental health issues
- Enhanced recovery support
- Other interventions which meet the aims and targets set in the drug strategy
- Expanding the competency and size of the workforce

Resources for further information:

Independent review of drugs by Professor Dame Carol Black – part 1 focuses on the ways in which drugs are fuelling serious violence and part 2 covers treatment, recovery and prevention

Helping to support and transform the lives of people affected by drug and alcohol problems – LGA (2018) – case studies showing how local authorities are supporting people with drug and alcohol problems

Alcohol and drug misuse and treatment statistics – PHE – statistics to support improvements in decision making when planning alcohol and drug misuse treatment services

Statistics on alcohol – NHS Digital – an annual report on a range of information relating to alcohol use and misuse drawn from a variety of sources for England

Statistics on drug misuse – NHS Digital – information on hospital admissions attributable to drugs

Findings from the needs assessment & recommendations

Susan Hamilton
Deputy Director of
Public Health

Components of the needs assessment

A substance misuse needs assessment was undertaken in 2022 and consisted of 4 workstreams:

Quantitative

1. Analysis of local and national routine datasets and reports
2. Northamptonshire Police Drugs Supply Report

Qualitative

3. Harm reduction - system mapping

4. Service users focus groups and 1:1 interviews

Key findings from workstreams 1, 3 and 4 are contained below.

Workstream 1:
Analysis of routine data – key findings

Overall trends – children & young people

Alcohol

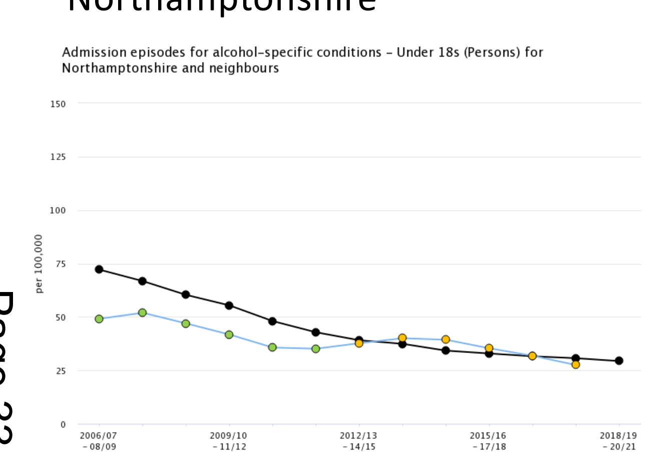
- Nationally, alcohol consumption in children and young people has been declining
  - Young people age 16-24 have the lowest level of consumption of any age group
  - However, this age group is the most likely to binge drink

- Northamptonshire schools survey of Year 8 and 10 pupils in 2022 reported
  - 40% of children said they drink alcohol (more than just a sip)
  - **This has declined, the proportion in 2019 was 45%**

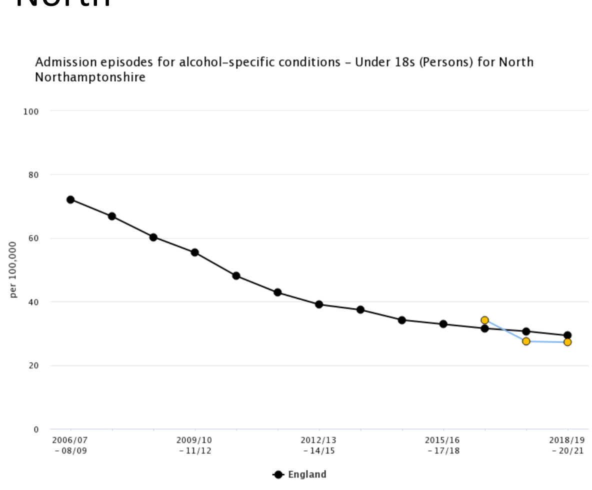
- Locally, **hospital admissions in <18's specific to alcohol have declined** over the last decade.
  - Admission rates in both North and West are similar to the national average
  - ¾ of hospital admissions are girls

Hospital admissions for alcohol-specific conditions – age <18

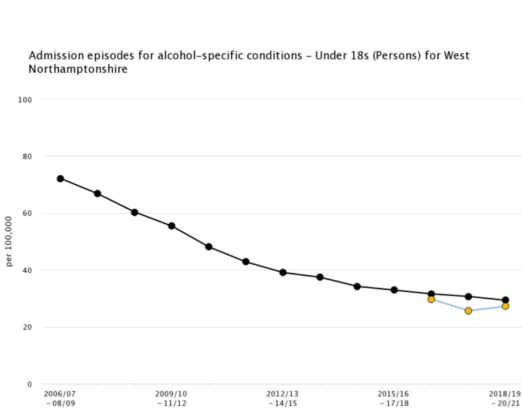
Northamptonshire



North



West



Source OHID Fingertips

Overall trends – children & young people

Drugs

- Nationally, **young adults have the highest rates of drug consumption of any age group**
    - 1 in 5 adults aged 16-24 reported drug use in the last year (till June 2022)
    - Since 2013, **overall drug use has been increasing in young people aged 16-24**

- Locally, Northamptonshire schools survey of Year 8 and 10 children in 2022 reported
    - 7% of Year 10 pupils said that they have used cannabis
    - 2% of boys and 1% of girls in Year 10 have used solvents as drugs.

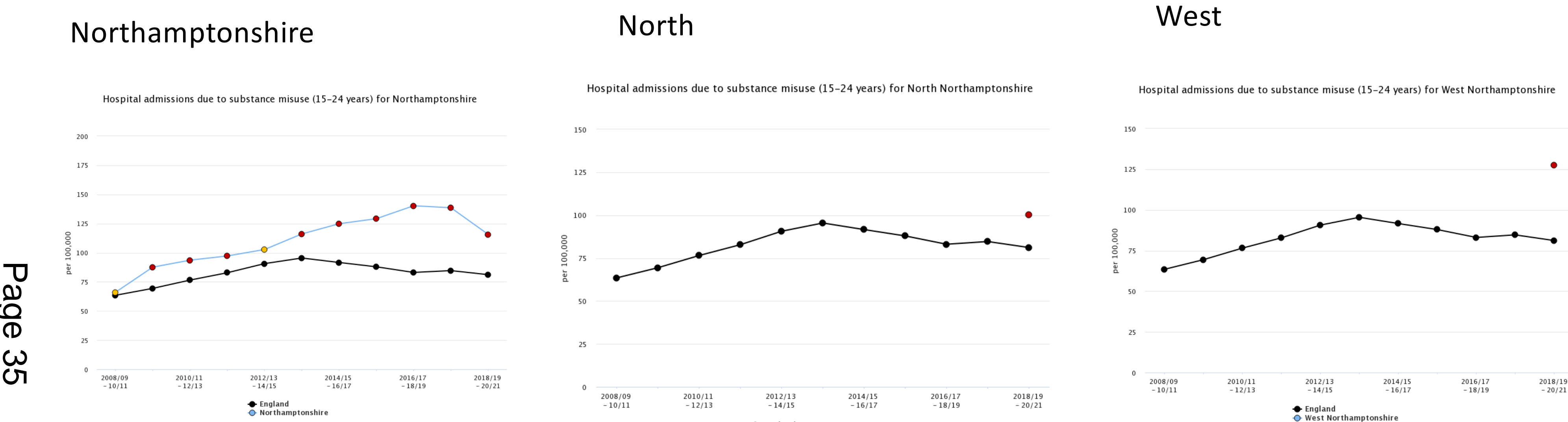
- Hospital admissions due to substance misuse **in Northamptonshire are significantly higher than England in 15-24 year old** - both North and West significantly have high rates

Hospital admission rate due to substance misuse – age 15-24 in Northamptonshire

Northamptonshire

North

West



Source: OHID Fingertips

Children and young people's vulnerabilities

- In 2020-21, the main vulnerabilities in young people entering substance misuse treatment in Northamptonshire are detailed below. These were mostly similar to England.

  - anti-social behaviour (13%)
  - self-harm (14%),
  - domestic abuse (15%),
  - impact of other's substance misuse (26%).
  - NEETs (8%)

- **Mental health treatment needs at the time of entering young people's treatment services are high –** 43% in Northamptonshire similar to England 42%.

Impact of substance misuse on children and young people

Maternity

Studies indicate 3.2% babies are estimated to be impacted by Foetal Alcohol Spectrum Disorders.

Education

3% fixed term suspensions and 14% permanent locally are related to substance misuse.

Rates have risen over time.

Social care

20% of parental assessment and 8% child assessment flag substance misuse in Northants.

Rates are higher than other areas.

Hospital admissions & ED

Rates of alcohol admissions for <18's locally are similar to England.

Young people highest rate of attendance at ED

Young offenders

8% of people in youth justice locally have drug related offences, in line with England rates.

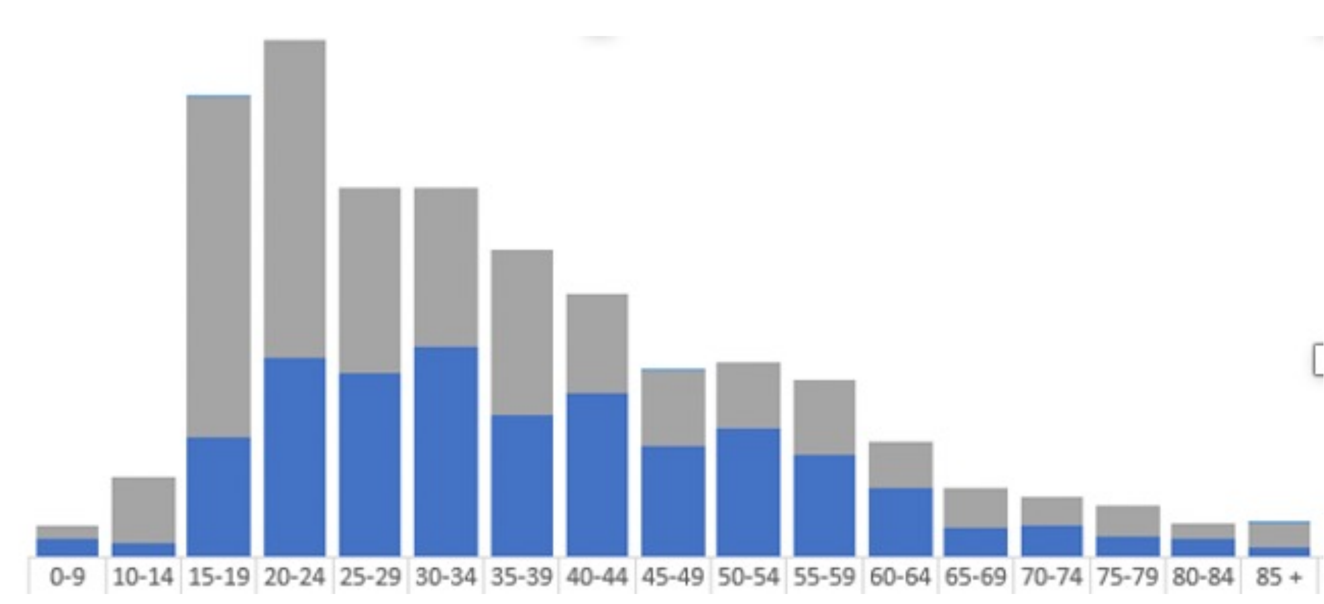
Little change in this rate over time

Young carers

10 young carers recorded where substance misuse the primary factors

Numbers likely to be higher

Age profile of emergency department attendances in Northamptonshire (Aug 21 – Jul 22)



Source: Northamptonshire ICB

Groups at high risk of problematic substance misuse

Adults

- Experiencing mental ill health
- Being sexually exploited or sexually assaulted
- Commercial sex workers
- Homeless
- Not in employment, education and training
- Lesbian, gay, bisexual and transgender
- In the Criminal Justice System
- Experienced trauma during childhood (**adverse childhood experiences – ACEs**)
- Involved in smoking, gambling and risky sexual behaviour
- White British ethnicity.

Children

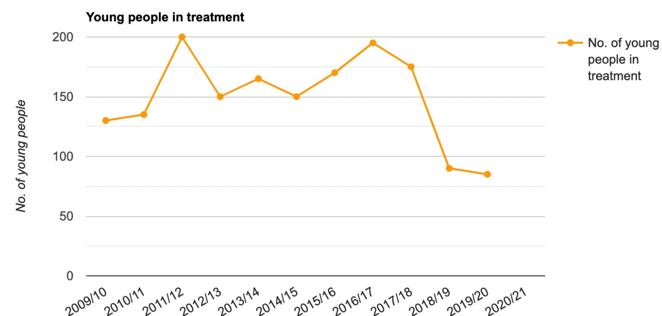
- Children in care / care leavers
- Young offenders
- Those experiencing mental ill health
- Gang members or involved in county lines
- In families who don't discourage substance misuse
- Children in families who are using alcohol or drugs
- **Those experiencing ACEs.**
- White British ethnicity
- Children who truant
- Those involved in other risky behaviours.

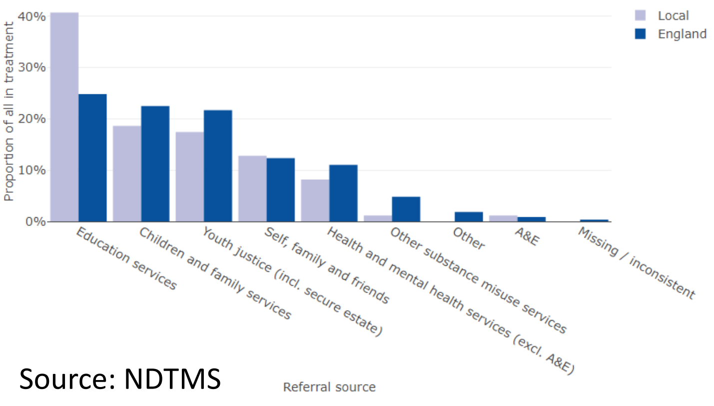
Treatment services – young people's services

In 2020-21, 89 young people were in treatment. Compared to England, **referrals in Northamptonshire are much more likely to come from education that other sources**. In 2020-21,

- Most common substances - cannabis (94%), alcohol (41%) or cocaine (17%), in line with national pattern
- 2/3rd of those in treatment were male.
- 84% were white British.
- Peak age is 14-15 (46%)

Numbers accessing services have fallen in recent years: largest fall has been in older teens.





Source: NDTMS

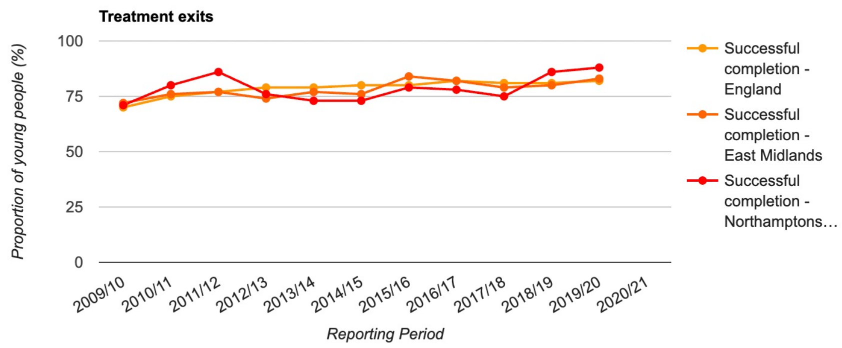
Treatment services – young people's services

Outcomes in 2020-21 were similar to England rate
81% of exits recorded as successful completion. No representations within 6 months.

- Rates have been similar for a decade.
- Low levels of harm reduction and smoking cessation recorded in service.
- Time in treatment slightly longer than the England average.

More recently and particularly in 2022, there has been a large increase in complex cases and the profile of substance misuse has changed.

Trends in successful completions in young people's services



Source: NDTMS

Overall trends – adults

Alcohol

- Nationally, there has been a downward trend in the proportion of adults who drink
  - Rates were highest in more affluent households, men and those aged 55 to 64
- Locally, an estimated **7,000 adults** in Northamptonshire are dependent on alcohol and potentially in need of specialist treatment.
  - Around **21% of adults** in Northamptonshire drink more than the recommended 14 units per week, **similar to the England average of 22.8%.** Fewer people abstain from drinking – 12.9% in Northamptonshire and 16.2% in England.
- **Little change in recent years in rates of hospital admissions or deaths from alcohol locally**
  - Hospital admission rates are generally similar or better than England in North and West.

Deaths from alcohol

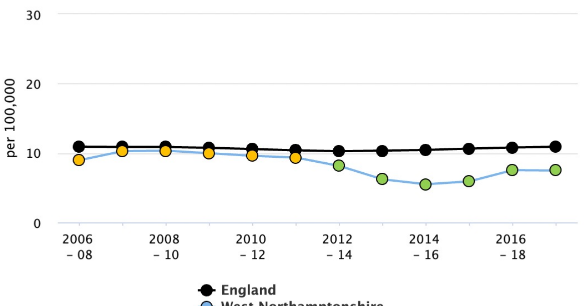
Different ways of measuring deaths from alcohol, deaths can either be related or specific.

- **Little change in the death rate from alcohol in either the North or West in recent years**

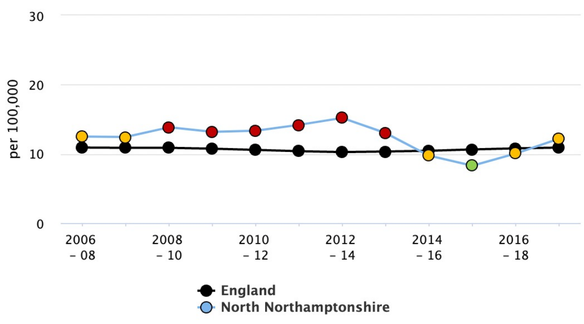
- Nationally, deaths from alcohol increased during the pandemic – those drinking high levels before increased their consumption.

- Similar to drugs, deaths are mainly occurring in men (65%).

Alcohol specific deaths – West Northamptonshire



Alcohol specific deaths – North Northamptonshire



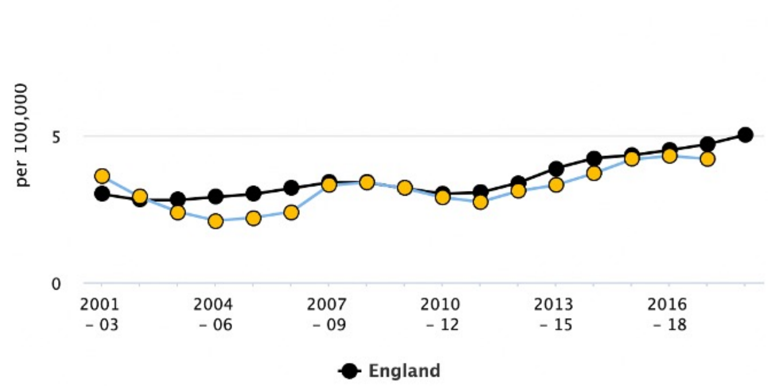
Deaths from drug misuse

In line with national trends, **the death rate from drug misuse has risen in Northamptonshire over the last decade**. Rate is similar to England.

In the 3 years (2019-22), there were 134 deaths from drug misuse

- Most deaths are in men (71%)
- Average age: 44.3 years in men and 41.3 women
- Concentrated in Northampton, Kettering and Corby
- Deaths are concentrated in the most deprived areas.

Trends in deaths from substance misuse in Northamptonshire and England



Source: OHID Fingertips.

Impact on NHS services

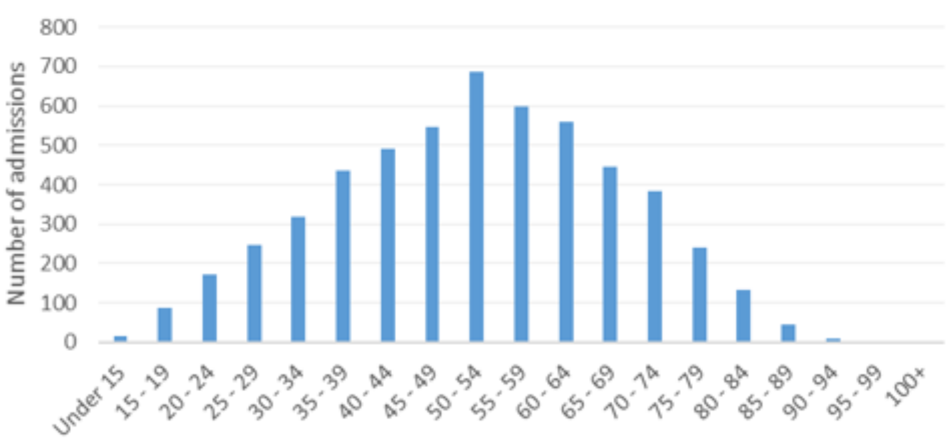
Substance misuse has a considerable impact on the use of NHS services. In the last year in Northamptonshire (Aug 21 – Jul 22) substance misuse was involved in

- 20k attendances at urgent care
- This involved around 6.4k individuals
- 3.5k hospital admissions
- Cost of urgent care was £3million

Many urgent care attendances related to injuries – 56% are accidental, 1 in 4 involve self harm and a further 15% are assaults.

Admissions peak in in those aged 50-54.

Age profile of admissions with a history of drug and/or alcohol use in Northamptonshire, August 2021- July 2022



Source: Northamptonshire ICB

Wider societal impact

Crime

2,057 drug related offences in Northamptonshire in year till June 22

Drug offences have risen in the last year.

Carers

53 registered carers in Northamptonshire primarily related to substance misuse

This is likely to be an underestimate

Employment

32% of those entering substance misuse treatment were in regular employment in 2020-21

Local employment rates of those in treatment have been better than England

Housing

10% of those entering substance misuse treatment had an urgent need in Northamptonshire in 2020-21

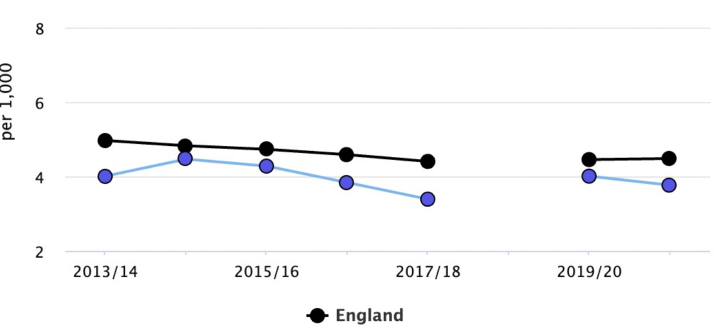
Urgent housing needs at the time of entering services have been consistently higher than in England

Treatment services – adult services

In 2020-21, 3,165 adults were in treatment for substance misuse and 1,590 were new presentations in Northamptonshire.

- **The adult drug treatment rate is lower than England but higher to similar areas (CIPFA). Little change over time.**
- Age, sex, LGBT and religious profile mirror the national average.
- Cohort of service users is ageing, fewer young people are entering the service and more over 50's.
- Low rate access for disabilities - 18% locally compared to 28% in England and few ethnic minorities

Adults in specialist drug misuse services



Rates of unmet need – treatment services

Most adults who require specialist substance misuse treatment are not currently accessing services. A similar pattern of unmet need is seen nationally.

	England	Northamptonshire
Opiate and/or Crack Use (OCU)	53%	51%
Opiates	47%	43%
Crack	58%	48%
Alcohol	82%	82%

Source: NDTMS

Treatment services – adult services

Local profile of substances used is similar to England and has followed the same trends.

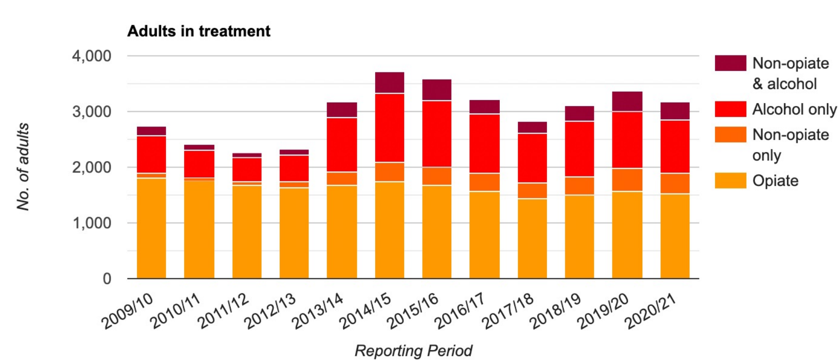
More reliance on self referral to substance misuse treatment services and referrals from the CJS

- Comparatively few referrals are from health and social care - 4% locally vs and 15% in England in 2020-21
- Rates of adults engaging in treatment following prison release are significantly higher than England.

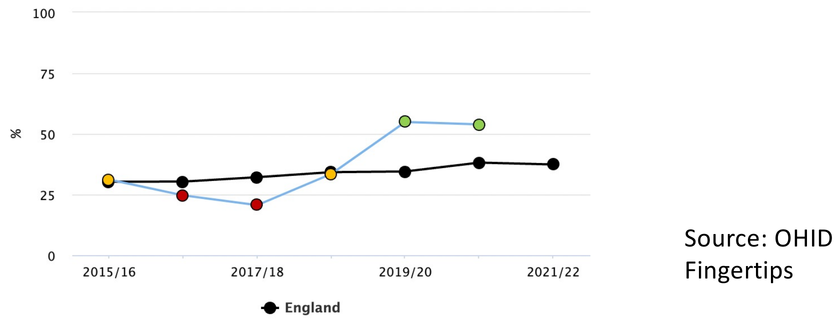
Most adult treatment outcome are comparable or better than England

- Including housing and employment
- Harm reduction outcomes (hep B & C) and naxolone provision

Profile of substance misuse in Northamptonshire



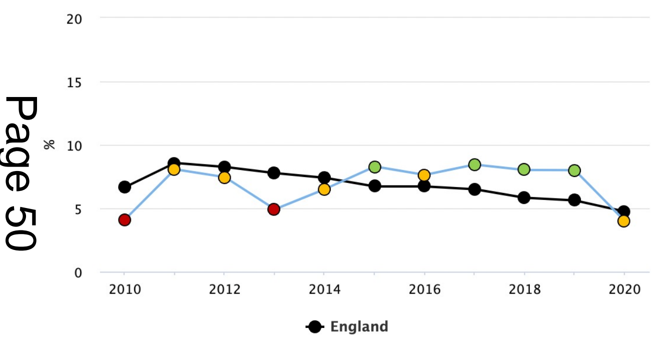
Adults successfully engaging in treatment following release from prison



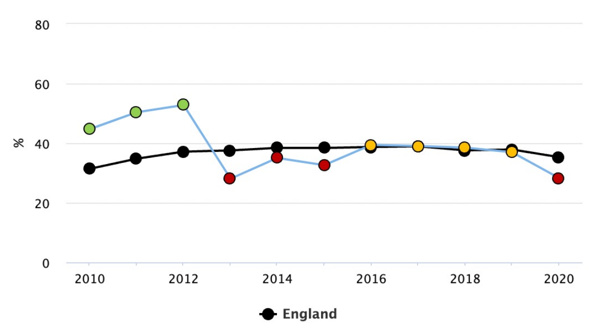
Source: OHID Fingertips

Treatment services – adult services

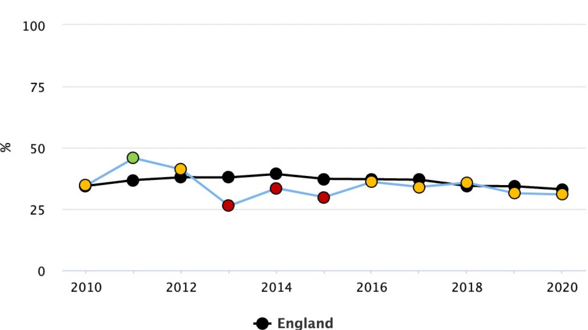
Successful completion of treatment – opiates in Northamptonshire



Successful completion of treatment – alcohol in Northamptonshire



Successful completion of treatment – non-opiates in Northamptonshire



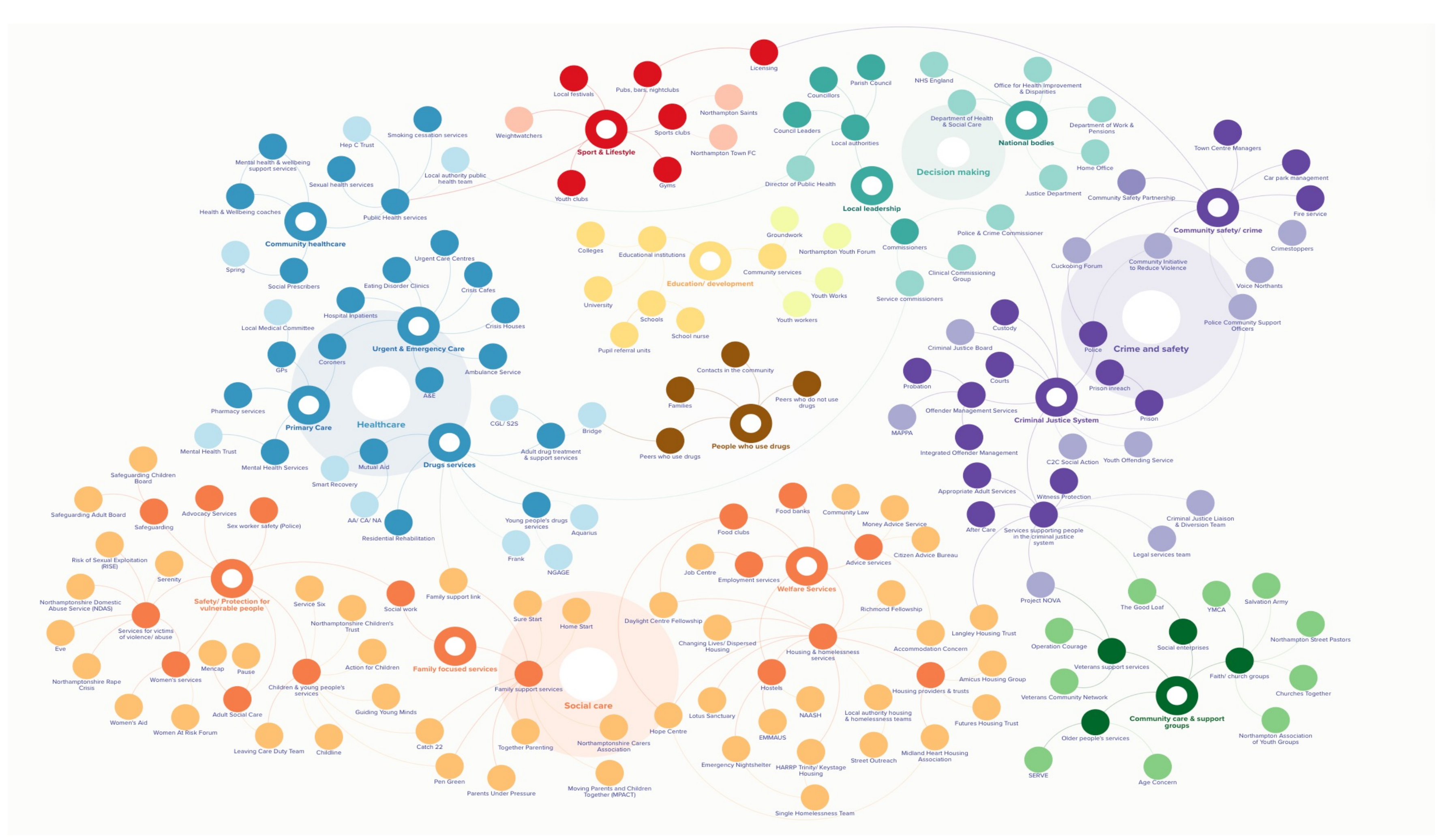
Source: OHID Fingertips

Workstream 3:
Harm reduction system mapping – key findings

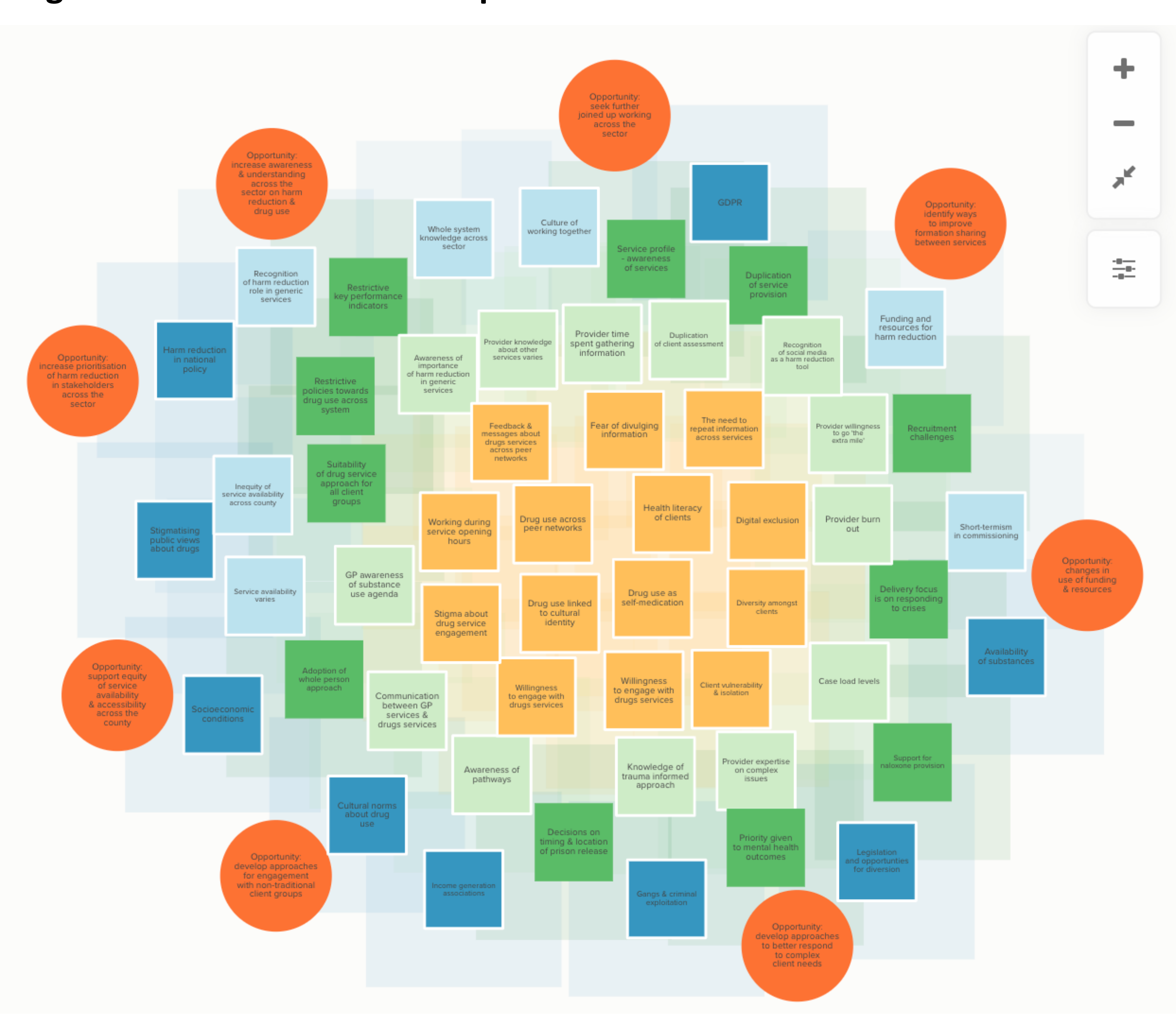
Overview

- System mapping was the University of Bath and Manchester Metropolitan University.
- Over two days of workshops with around 70 local stakeholders, the researchers facilitated sessions based on methods to understand complex systems
- The stakeholders were from a wide range of organisations in Northamptonshire including the
  - criminal justice system,
  - NHS providers,
  - local authority,
  - drug treatment and recovery services,
  - social care, the community and voluntary sector and people with lived experience.
- The output of the workshops were stakeholder map and factors affecting harm reduction.

Reducing drug-related harm in Northamptonshire: Stakeholder Map



Reducing drug-related harm in Northamptonshire: Factors that affect harm reduction delivery



Opportunities for improvement: key themes identified by stakeholders

1. Improving service delivery for clients with complex needs/ trauma

- Including more support a client focused approach and Trauma Informed Care; partnership working and multiagency work on complex needs

2. More funding and resources

- Support for more collaborative funding approaches and service provision; lower caseloads; bid writing support; and longer contracts

3. **Improve equitability of harm reduction provision across the county**

- Improved geographical access; mobility access for some buildings; staff training for stigma and unconscious bias; more harm reduction in generic services.

4. Increasing prioritisation & awareness of harm reduction

- Leadership and partnership working in prioritising harm reduction services; training and education for generic services; consider harm reduction in the same way as safeguarding.

5. Engaging with client groups who are less engaged currently

- Suggested approaches includes making more use of social media informed by those with lived experience; more outreach; co-production of literature in other languages.

6. Improving information & data sharing

- Prevent repetition of traumatic questions; patient passports; GDPR training; key contacts in each service and more partnership working.

7. Supporting joined up working

- Regular leadership meetings; establish shared vision; shared expectations around harm reduction

Workstream 4:

Qualitative study - Focus group and 1:1 interview – key findings

Overview

- Qualitative study commissioned to understand the views of adult services users, those in recovery, and family and unpaid carers

- A total of 86 people took part in study, attending either focus groups or 1-2-1 semi-structured interviews conducted over 4 days.

- The interviews and focus groups were held in different geographical areas – Corby, Kettering, Northamptonshire and Wellingborough.

- The themes explored:
  - Harm reduction
  - Structured treatment
  - Key workers and staff
  - Treatment and care planning
  - Joining up treatment with other services
  - Gaps in services and suggestions.

Key themes

1. Harm reduction

- Limited harm reduction advice in non-specialist agencies (inc. NHS); perception that specialist services are not well known or advertised; issues with access to pharmacies.

2. Structured treatment

- Incentive to enter treatment often following a crisis –e.g. fear of prison, child protection, domestic violence; experience of specialist services mostly positive; friendly, welcoming staff important.

3. Key workers and staff

- Relationship with key workers important, some concerns over the impact of staff turnover.

Key themes

4. Treatment and planning

- Little understanding about the overall treatment pathway and how the parts joined up; limited knowledge of employment opportunities beyond working in treatment services.

5. Joining up drug treatment and other services

- Join-up between the criminal justice system was viewed as good.; most concern over the join up of substance misuse and mental health services for adults and CYP
- Perception that knowledge of substance misuse among social workers is low

6. Gaps in treatment

- Transport from smaller towns and villages; physical access an issue for for some services; lack of services tailored for young adults and transition; gap for those with multiple, complex needs.

Recommendations

Breaking drug supply chains

1. Targeted community intervention to better understand the workings of gangs, drug lines and County Lines operating within the County and prevent further recruitment of young and/or vulnerable nominals.
2. Continued engagement with Partners, providing support and training to encourage community intelligence submissions.
3. Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs/Violent groups.
4. Reassess the intelligence sharing within the Partnership to gain a better understanding of nominals and locations involved in drug supply and production as well as early intervention and prevention.
5. Targeted intervention in the Town Centres to disrupt nominals using recreational drugs in the night time economy.
6. The Government's 10 year Drugs Plan identifies reducing recreational drug use as a priority, with future sanctions to be introduced as consequences. Proactivity during high risk times in Town Centre locations would allow for disruption opportunities to remove supply of recreational drugs from circulation, while also providing the opportunity to protect vulnerable persons from harm caused by drug usage combined with alcohol.
7. Work collaboratively as a Partnership to tackle County and Local Drug Lines and protect vulnerable youths/adults from exploitation, cuckooing and harm. Utilise the knowledge and expertise of internal and partner contacts to determine suitable early intervention techniques to reduce drug use and supply in young people.

Delivering world class treatment and recovery services

1. Improve the treatment of those with both mental ill health and substance misuse.
2. Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases.
3. Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals.
4. Earlier identification, support and treatment of those with problematic substance misuse.
5. Improve provision for young adults, including the transition for young people moving to adult substance misuse services.
6. Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear.
7. Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations.

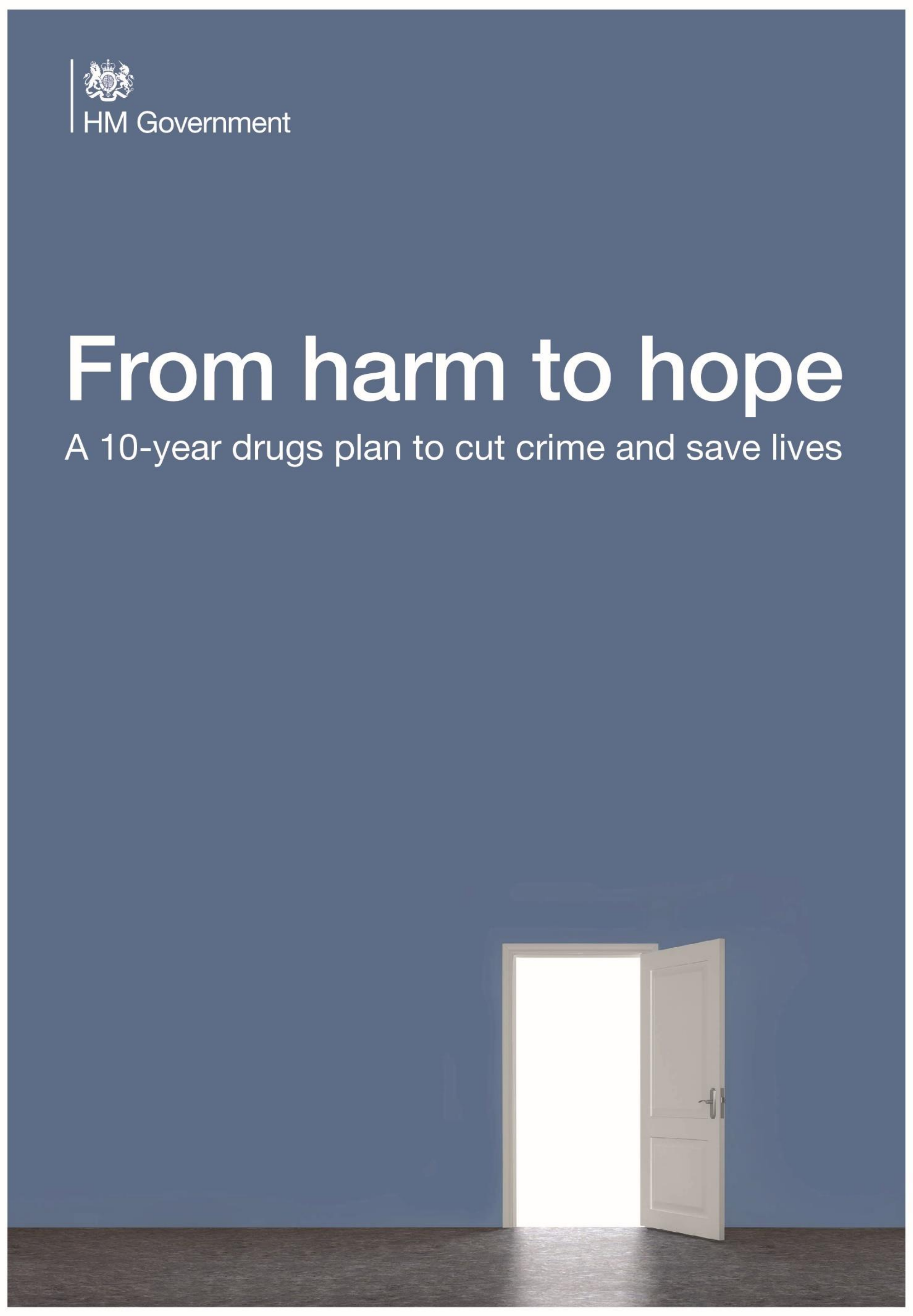
Achieving the shift in generational demand for drugs

1. Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences.
2. Starting before birth and focusing on the early years, support the most vulnerable parents.
3. Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse.

Cross cutting recommendations

1. Strengthening stakeholder relationships and collaboration between services
2. Pooling intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients.
3. Strengthening workforce planning across the system.

Appendix



From harm to hope:

a 10-year drugs plan to cut crime and save lives

December 2021

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Forewords

The Prime Minister

It's that much harder to level up a community while criminals are dragging it down. After all, to thrive and succeed in life we need to feel safe on our streets and secure in our homes. And if we're going to make that the daily reality for most people in this country then we're going to have to do more to tackle illegal drugs.

That's what this strategy is all about, a new approach to the problem that will reduce crime and improve people's lives.

The financial cost of drug misuse is absolutely staggering. It currently costs society almost £20 billion a year, something like £350 for every man, woman and child in England.

But the human toll is incalculably larger, measured not in pounds lost but in lives shattered.

The vulnerable victims of the vile county lines gangs, dragged into the world of organised crime from as young as seven. The innocent families whose homes are broken into by addicts seeking to feed their habits, and whose neighbourhoods are blighted by the criminals who supply them. The small business owner who endures repeated shoplifting and anti-social behaviour on their high street. The almost 3,000 people who lose their lives to illicit drugs each year, and the grieving loved ones they leave behind.

It's clear that the old way of doing things isn't working. So this plan is different. It's not a short-term fix but a long-term, 10-year strategy, one that treats drug abuse not just as a law enforcement issue but as a problem for all of society that all of government must deal with.

There are more than 300,000 heroin and crack addicts in England who, between them, are responsible for nearly half of all burglaries, robberies and other acquisitive crime. These serial offenders should be properly punished for the crimes they commit, crimes which cause misery in communities across the country. But they should also be given the chance to get off drugs and turn their lives around. Because if we can turn around the lives of addicts, the communities in which they live will experience lower crime, lower disorder and less violence. That is our goal.

We will also crack down on the supply chains that deliver misery to so many neighbourhoods. Children will receive a comprehensive education about the dangers of drugs. Interventions will happen earlier to stop young people getting dragged into a life of drugs and crime.

And there will be no implicit tolerance of so-called recreational drug users. We cannot allow the impression to be given that occasional drug use is acceptable. It isn't. So there will be new penalties for drug users.

Because drugs cause crime and crime ruins innocent lives. If we're going to succeed in levelling up this country then we have to break the cycle of violence and abuse that blights so many communities, bring hope to those who have long since lost it and help rebuild the lives shattered by the illegal drug trade.

With this strategy, that's exactly what this government will do.

Rt Hon Boris Johnson, MP

Prime Minister

The Secretary of State for Health and Social Care, the Secretary of State for the Home Department and the Combating Drugs Minister

This ten-year plan, the most ambitious for a generation, sets out how this Government will combat illegal drug use – reducing crime, saving lives, and challenging the very notion of 'recreational drug use', which fuels a violent and exploitative market.

This is the first ever Drugs Strategy that commits the whole of government and our public services to work together and share responsibility for creating a safer, healthier and more productive society. Illegal drug use is a complex issue that has evolved over many years, so we must harness all of our energy and expertise as we respond.

The worrying trends of recent years, exposed by the excellent reviews led by Dame Carol Black, mean that failing to act is not an option.

Drugs have a ruinous effect on our society, leaving a trail of misery in their wake. They drive half of all homicides and nearly 3,000 people tragically lost their lives through drug misuse deaths in England and Wales last year. Not only that, the most deprived areas face the most drug-driven crime and health harms.

Drugs destroy lives, they shatter families and they plague neighbourhoods around the country, fuelling violence and acquisitive crime. Enough is enough. We must turn the tide.

This Government will reverse these problems within the next decade. We will make our neighbourhoods safer for decades to come through an uncompromising confrontation of the illegal drug market, reducing harm to individuals and communities, through treatment and recovery from addiction, and by reducing demand for drugs.

We will make crime an unattractive option that doesn't pay. Justice will be served to drug dealers thanks to tough enforcement and world-class intelligence. We are committed to bring the full force of government to bear in a relentless and uncompromising attack on every phase of the drugs supply chain.

We're also giving the prison service the capability and technology to disrupt the supply and use of drugs in prison protecting prisons from being academies of crime. All prisons must have a zero-tolerance approach to drugs, making sure that treatment is available so prisoners can make lasting change towards drug-free life to prevent them reoffending.

We will ensure that there is early intervention for young people and families at the greatest risk and make sure all children are provided with high quality education on health and relationships to help prevent the use of drugs.

We will offer more support to people with drug addiction. Addiction is a chronic condition that requires earlier and better treatment, and sustained support. That will be combined with more funding to give more people better quality treatment, support for those who are in need of housing, and employment support to help people find a job that's right for them.

Drug dependence often co-exists with other health disparities, like poor mental health and homelessness, so we're making sure the physical and mental health needs of people with drug addictions are addressed, to reduce harm and support recovery.

We're also boosting the sector's health professional workforce, so they're well equipped to deliver the treatments needed to succeed. As well as this, we'll work with the NHS and the third sector to expand and improve evidence-based treatments and interventions, for example talking therapies, inpatient detoxification and residential rehabilitation, needle and syringe programmes, and a full range of medicines that can support recovery.

The strategy shows how we'll keep expanding the provision of the life-saving heroin antidote naloxone to drive down drug-related deaths and explore the rollout of the potentially revolutionary buprenorphine, to drive down drug deaths.

And for adults taking recreational drugs, who are too often sheltered from the serious violence, human exploitation, severe addiction and crime of the drugs trade, there will be tougher consequences which will be felt more strongly than today. A White Paper next year will consider a series of escalating sanctions such as curfews or the temporary removal of a passport or driving licence, and increased fines.

To deliver this ambitious strategy, we are investing almost £900 million of additional funding over the next three years and developing a new framework of national and local accountability. This will deliver 54,500 more treatment places, prevent nearly 1,000 deaths, and close over 2,000 more county lines. We will reverse the rising trend in drug use within a decade, with an ambition to reduce overall use towards a historic 30-year low.

The Government will be relentless in our tenacity, to utilise every tool at our disposal to drive drugs out from our cities, towns, and villages. Our strategy is designed to save lives and reduce crime, in turn helping to level up our country. The stakes could not be higher, and we are utterly determined to deliver the change that is so badly needed.

The Rt Hon
Priti Patel MP
Home Secretary

The Rt Hon
Sajid Javid MP
Health Secretary

The Rt Hon
Kit Malthouse MP
Combating Drugs Minister

Executive summary

Our 10-year UK Government plan to combat illegal drugs sets out how we are doing more than ever to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.[1] Underpinned by record investment of over £3 billion in the next three years, we will reduce drug-related crime, death, harm and overall drug use. National and local partners will focus on delivering three strategic priorities.

Break drug supply chains – *Home Office and Ministry of Justice*

Within a decade the UK will be a significantly harder place for organised crime groups (OCGs) to operate. We will step up our response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime. We will achieve this by:

1. **restricting upstream flow** – preventing drugs from reaching the country
2. **securing the border** – a ring of steel to stop drugs entering the UK
3. **targeting the 'middle market'** – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
4. **going after the money** – disrupting drug gang operations and seizing their cash
5. **rolling up county lines** – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
6. **tackling the retail market** – so that the police are better able to target local drug gangs and street dealing
7. **restricting the supply of drugs into prisons** – technology and skills to improve security and detection

[1] Further detail on the geographical scope of the strategy is provided in chapter 1

Deliver a world-class treatment and recovery system – *Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and Department for Work and Pensions.*

Within a decade, we will deliver a world-class treatment and recovery system in England. An additional £780 million over three years will be committed to begin to take this forward, implementing Dame Carol Black's key recommendations.[2] We will treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive by:

1. **delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
2. **rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy
3. **ensuring better integration of services** – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement[3]
4. **improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
5. **improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
6. **increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
7. **keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community

Achieve a generational shift in demand for drugs – *Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Departmental for Culture, Media and Sport, Department for Levelling Up Housing and Communities.*

We will take bold steps to change attitudes in society around the perceived acceptability of illegal drug use. We will achieve this by:

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[2] Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)

[3] Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) is a comprehensive approach to tackling drug misuse and offending, bringing together local agencies, police, councils and health services in some of the areas most affected by drug misuse. This programme tackles drugs misuse through a coordinated action combining targeted and tougher policing with enhanced treatment and recovery services.

1. **building a world-leading evidence base** – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
2. **applying tougher and more meaningful consequences** – decisive action to do more than ever to target more people in possession of illegal drugs, and a White Paper next year with proposals to go further
3. **delivering school-based prevention and early intervention** – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
4. **supporting young people and families most at risk of substance misuse** – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme

By the end of 2024/25 we expect this whole-of-government mission to have:

- **prevented nearly 1,000 deaths**, reversing the upward trend in drug deaths for the first time in a decade
- **delivered a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places** – an increase of 20% – including:
  - 21,000 new places for opiate and crack users, delivering 53% of opiate and crack users in treatment
  - at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
  - a treatment place for every offender with an addiction
- **contributed to the prevention of three-quarters of a million crimes** including 140,000 neighbourhood crimes through the increases in drug treatment
- **closed over 2,000 more county lines** through our relentless and robust action to break the model and bring down the gangs running these illegal lines
- **delivered 6,400 major and moderate disruptions – a 20% increase – against activities of organised criminals,** including arresting influential suppliers, targeting their finances and dismantling supply chains
- **significantly increase our denial of criminal assets,** taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Over the course of the 10-year strategy, we will **reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low**. This will support the government's levelling up mission with people living longer, healthier lives in safe and productive neighbourhoods.

Accountability and delivery

As Combating Drugs Minister, Kit Malthouse MP, has overarching accountability for the strategy and delivery of the ambitions and commitments, and will present an annual report to Parliament to monitor progress. Each relevant Secretary of State has accountability for

delivery of the elements within their Department's remit, with a relentless focus on better outcomes for citizens and neighbourhoods, set out through a new national outcomes framework.

Local delivery partners will be held to account through a local outcomes framework and wider measures set out in chapter 5. We will engage with delivery partners to develop and publish both frameworks in April 2022, identifying accountable owners within local areas. Success relies on a wide range of local partners working together toward the long-term ambitions of the strategy. To support delivery across England we are:

- requiring each local area to have a strong partnership that brings together all the relevant organisations and key individuals, and developing guidance to support the new Integrated Care Systems (ICS)
- developing and implementing a commissioning quality standard to support transparency and accountability between all partners and layers of government

Delivering a safe, healthy and more productive country

Addressing the complex relationship between drugs, crime, health outcomes and deprivation means we will make a substantial contribution to the government's defining mission of levelling up. In some areas people experience greater harm because of where they live: the impact of higher levels of drug addiction and drug-related crime disproportionately blight their neighbourhoods. We will level up our response to drugs through increasing our support, targeting first those neighbourhoods which suffer the most, and ensuring we reach every local authority over the next three years. To help us do this, we will take learning from our flagship Project ADDER, with a sharp focus on delivery for citizens.

Chapter 1 – Overview and approach

The chronic and entrenched nature of drug use in this country and around the world means we need to take a long-term approach if we are to be successful in turning this around. This 10-year plan is an evidence-based and modern approach to addressing the demand for, and supply of, drugs. This is essential to prevent problems from resurfacing or worsening. Over the next decade we will turn the tide on drug crime, reduce the harm drugs cause to individuals and society, and save lives for this generation and the next. This will be underpinned by nearly £900 million of additional investment over the next three years, taking the total cross-government funding to more than £3 billion. National and local system reform, and a set of ambitious outcomes and goals to which government and local partners will be held accountable for delivery, will further underpin this.

The challenge of illegal drug use

Drugs are a global problem, causing considerable harm around the world. Drug use and harms have been rising, blighting neighbourhoods and holding them back from levelling up to their full potential. Since the last drugs strategy was published in 2017, it has become clear that we need to step back and understand why things have continued to head in the wrong direction. Dame Carol Black was commissioned to carry out a two-part review of drugs policy. Part one was a broad assessment of the evidence on illegal drug supply into the UK and how criminals meet the demand of users, and part two made specific recommendations for improving prevention, treatment and recovery.[4]

These reviews set out the stark reality. An estimated 1,716 OCGs are involved in supplying drugs in the UK, including within the prison estate.[5] County lines are driving increased violence in the drugs market, as well as exploitation of young people and vulnerable drug users. In 2020 alone referrals of children suspected to be victims of county lines increased by 31%.[6] The UK is among the countries in Europe most affected by drugs

[4] Review of drugs part one – GOV.UK (www.gov.uk)
Review of drugs: part two – GOV.UK (www.gov.uk)
[5] National Strategic Assessment of Serious and Organised Crime 2020 (National Crime Agency)
[6] 2020 NRM Referrals of under 17s, change on 2019 figures. There have been improvements in awareness and recording which have contributed to this increase in addition to increased prevalence.

and demand for them across the population is too high: over three million adults reported using drugs in England and Wales in the last year and one in three 15-year-olds said they took drugs in 2018.[7]

The capacity of the treatment system is insufficient to meet the need for support and half of people with an addiction to the most harmful drugs – opiate and crack cocaine – are not engaged in treatment. The level of unmet need for other drugs is even higher. A number of countries have been experiencing their highest levels of drug-related deaths over recent years, and in the UK there has been an 80% increase since 2012, with the number of heroin-related deaths doubling in that time.[8]

Some people experience multiple and complex needs, with drug addiction co-occurring with a range of health inequalities such as mental ill health, homelessness and rough sleeping, and contact with the criminal justice system. In England, over a quarter of a million people each year experience at least two out of three across homelessness, substance misuse and involvement in the criminal justice system, and at least 58,000 people have contact with all three.[9] The likelihood of suffering from these disadvantages varies widely depending on where a person lives, with high numbers concentrated in northern cities and some seaside towns. Reduced drug use will mean that people live longer, healthier lives and suffer less crime in their neighbourhoods.

Our 10-year strategic approach

This strategy is underpinned by a clear recognition that illegal drugs damage society. Our collective ambition is to achieve a generational shift in the country's relationship with drugs and to reduce overall drug use towards a historic 30-year low. We will also reduce the harms that drug addiction and supply cause to individuals and neighbourhoods.

Over 300,000 people are addicted to heroin and crack cocaine in England. This is the biggest section of the illegal drugs market with an estimated value of £5.1 billion a year. The addiction, harms and deaths that these drugs cause, and the violence associated with their supply, result in the vast majority of the cost to individuals, neighbourhoods and society.[10] Addiction to these drugs is thought to be linked to around half of all theft, burglary and robbery with, on average, people with an addiction using drugs on 251 days of the year at a cost of £12,538.[11]

For these reasons, we will focus in the immediate term on efforts to combat the supply of heroin and crack cocaine, and on getting those suffering from addiction the treatment and support they need. At the same time, we will retain a sharp focus on pursuing the illegal supply of all drugs and on delivering high-quality treatment for addiction to other drugs. The addiction they cause can and does ruin lives. Over half of the additional people receiving drug treatment over the next three years will be supported into long-term

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[7] Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics). Includes all drug types, including glue, aerosols and solvents. Cannabis is the most common.
Smoking, drinking and drug use among young people in England 2018 - NHS Digital

[8] Deaths related to drug poisoning in England and Wales: 2019 registrations (Office for National Statistics).

[9] 'Hard Edges: mapping severe and multiple disadvantage' (Lankelly Chase Foundation, 2015)

[10] Review of drugs: evidence pack - GOV.UK (www.gov.uk)

[11] Review of drugs: evidence pack - GOV.UK (www.gov.uk)

recovery from a range of substances including cannabis, powder cocaine, alcohol and synthetic drugs, including GHB and similar substances often involved in 'chemsex'.

We will also do more to reduce non-dependent, so-called recreational drug use. For example, users of cocaine, who on average take drugs 30 days of a year, may think their use is harmless, but it feeds a criminal market worth around £2 billion that is reliant on an exploitative and violent supply chain, both at home and abroad.[12] Legal consequences for this use have not been sufficiently applied across all levels of society, with the Commission on Race and Ethnic Disparities highlighting the disproportionate effect of possession laws, particularly for Class B drugs, on young black people.[13] We will improve our methods for identifying recreational drug users and roll out a system of tougher penalties aimed at this.

Decriminalisation is often suggested as a simple solution to many of the problems caused by illegal drugs. This is not the case. It would leave organised criminals in control while risking an increase in drug use. What is required is the whole system approach recommended by Dame Carol Black and, in implementing all of the key recommendations of her review, that is what this strategy seeks to do: cutting off the supply of drugs, preventing and reducing drug use, and world-class treatment and recovery support for those battling addiction over the next decade.

Addressing the increase in overall drug use requires a generational and attitudinal shift so that in 10 years fewer people take drugs or feel drawn towards taking them. Investing in the education and resilience of children and young people will help us to level up the whole country, particularly for those families at higher risk of drug use or harm, so that no matter where someone is born or lives, they can excel and prosper in those places.

Our strategic priorities require different approaches and will have differing impacts across demographics and local areas. We will monitor impacts across the strategy's whole system approach to track progress towards better outcomes and avoid any unintended consequences, such as widening inequalities. The following image summarises our three strategic priorities and our plan against each.

[12] Review of drugs: evidence pack - GOV.UK (www.gov.uk)
[13] The report of the Commission on Race and Ethnic Disparities - GOV.UK (www.gov.uk)

Image 1: Our plan on a page

Priority	Break drug supply chains	Deliver a world-class treatment and recovery system	Achieve a shift in the demand for recreational drugs
Why?	Drug supply chains are violent and exploitative, degrading neighbourhoods across the country and internationally	Drug addiction harms individuals and society: deaths have risen to record levels and almost half of acquisitive crime is linked to addiction	Use of recreational drugs has grown over a decade, particularly among young people, risking individual harm and fuelling dangerous markets
How?	We will continue to roll up county lines and strengthen our response across the drug supply chain, making the UK a significantly harder place for organised crime groups to operate	We will invest a further £780 million to rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency	We will strengthen the evidence for how best to deter use of recreational drugs, ensuring that adults change their behaviour or face tough con-sequences, and with universal and targeted activity to prevent young people from starting to take drugs
Who?	Home Office and MoJ, working with international and intelligence partners, NCA, Border Force, police, courts, prison and probation	DHSC, DLUHC, DWP and MoJ working with NHSE, local authorities, treatment providers and people with lived experience	DfE, DHSC, Home Office and MoJ, working with local authorities, police, education providers, secure facilities and youth services
What?	Within three years: close 2,000 more county lines, disrupt 6,400 OCG activities and deny more criminal assets	Within three years: prevent nearly 1,000 deaths, deliver 54,500 new high-quality treatment places and prevent a quarter of a million crimes	Reduce overall drug use to a new historic 30-year low over the next decade

Putting evidence at the heart of this approach

These priorities are underpinned by Dame Carol Black's landmark review. This recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of government. The review set out the compelling evidence based on the benefits to society of investment in high-quality drug treatment and recovery. Through this strategy, we will deliver all the key recommendations from part two of the review.

The record national investment that this government committed to this year gives a solid foundation for our ambitious strategic approach. The drug treatment, recovery and criminal justice workforces have responded with drive and innovation to deliver new treatment places and recruit and train a new generation. Across enforcement, we have built a powerful set of policies in co-operation with police and operational partners with encouraging results. Through Project ADDER, local partners are demonstrating the success we can have by bringing enforcement, treatment and recovery efforts together in areas of the greatest need.

We will become world-leading in our approach, with evidence-led and data-driven interventions, and a commitment to build the evidence-base where necessary. We will work across government, with delivery partners, experts and advisers, those with lived experience, and those who work in our public services to get this right.

Our mission is to be at the forefront of international co-operation, working with our international partners to shape the global debate on drugs, respond to new threats and share evidence and best practice through our global networks. These networks include the Five Eyes, the United Nations Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime. Combating illegal drugs is a global challenge and, as such, we look to our partners across the world in evolving our approach.

Levelling up our neighbourhoods

Combating drugs use and harm is a priority for all of government. This strategy sets out commitments across the Home Office,[14] the Department of Health and Social Care (DHSC),[15] the Ministry of Justice (MoJ),[16] the Department for Work and Pensions (DWP),[17] the Department for Levelling Up, Housing and Communities (DLUHC),[18] and the Department for Education (DfE).[19] This will mean police officers, drug treatment and recovery staff, housing officers, prison and probation officers, mental health service staff,

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[14] Responsible for UK drug legislation, UK borders and organised crime, policing and crime reduction in England and Wales

[15] Responsible for drug treatment services in England, as well as wider health and social care services. This includes treatment in prisons

[16] Responsible for courts, prisons and probation, and for reducing reoffending in England and Wales

[17] Responsible for policies on employment support and social security in England and Wales and shares that responsibility in Scotland with the Scottish Government. In Northern Ireland, these areas are the responsibility of the Northern Ireland Executive. The Department for Communities in Northern Ireland and the Department for Work and Pensions in Great Britain seek to maintain similar social security systems.

[18] Responsible for levelling up, local authorities, housing and rough sleeping in England

[19] Responsible for the welfare and safeguarding of all children in England, children's mental health and wellbeing in education

youth offending staff, family key workers, employment support workers and teachers joining forces in a way that has never been done before.

Confronting the drug threat is at the heart of this government's ambition to level up the country. This strategy takes us further and helps us to deliver the commitments to protect victims and make streets safer, as set out in the Beating Crime Plan. The Beating Crime Plan demonstrated that neighbourhoods blighted by the presence of highly damaging Class A drugs cannot prosper and provide the happy, healthy environment that their citizens deserve. The most deprived areas face the highest prevalence of drug-driven crime and health harms associated with drug use. They also experience more of the harms caused by illegal drug markets.

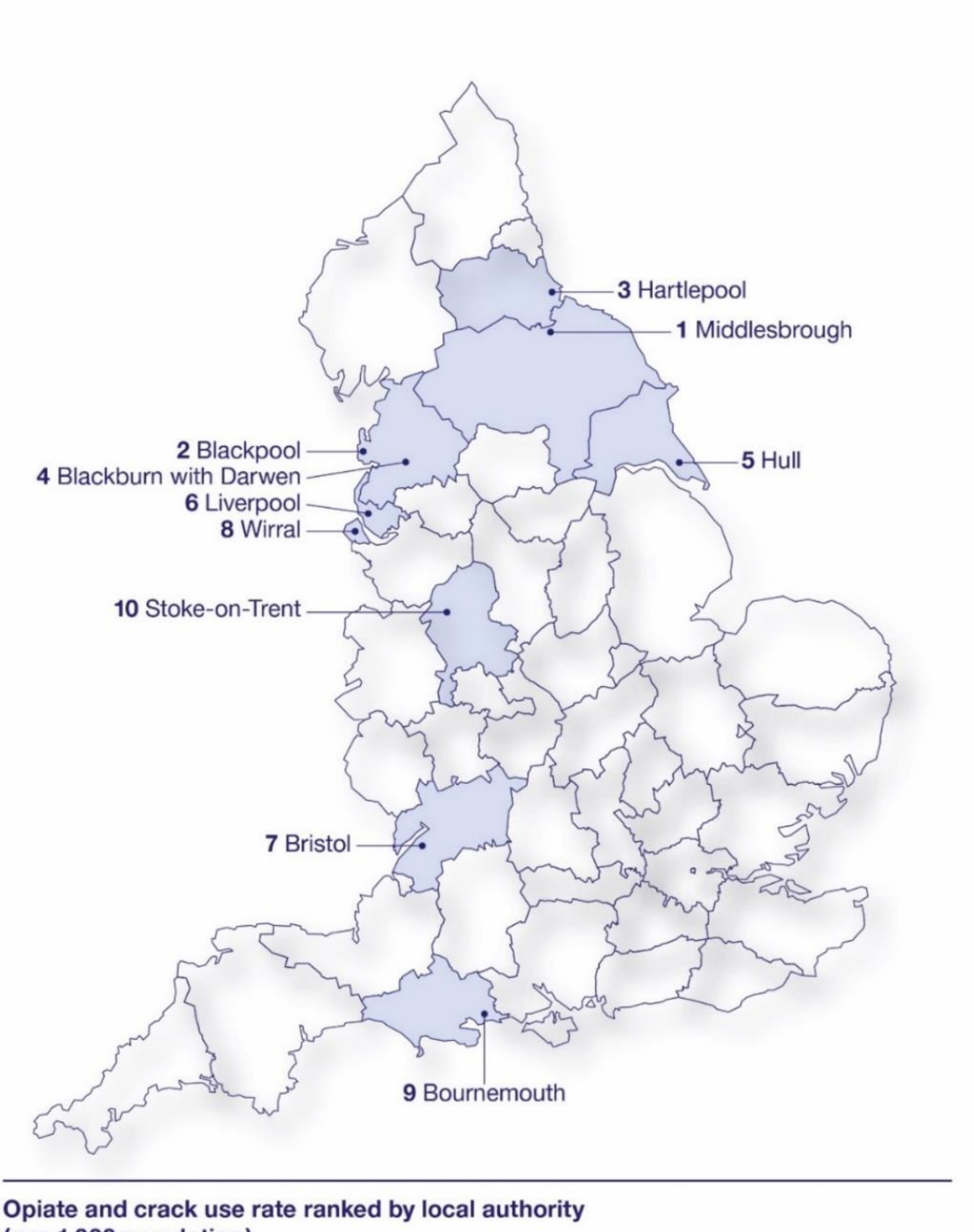
People face multiple disadvantage in every local authority – drug addiction, homelessness and contact with the criminal justice system are often experienced in combination. But in some places, particularly some northern cities and seaside towns, there is a higher prevalence of this multiple disadvantage, as shown in the maps of England below. This strategy will deliver for the whole nation, investing first in these areas of greatest need. Our approach will empower local leaders and communities to help address these challenges, giving people more opportunities to develop skills and increase the prosperity of the areas they live in.

Application across the United Kingdom

Combating illegal drug use and harm is a priority for the whole of the UK. Many elements of drugs policy are devolved but this does not mean that we, together with our colleagues in the devolved administrations, are any less determined in our effort to confront this issue right across the UK. While this strategy applies to matters reserved to the UK Government, we are fully committed to building a UK-wide approach so that we further embed collaboration, share practice with each other and collectively develop the evidence base on a wide range of drugs issues.[20]

[20] 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. Further, the NCA and Border Force conduct drug supply reduction activity across the UK. Other policy areas covered in the strategy such as healthcare, education, housing and social care only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales. DWP's Individual Placement and Support Programme covers England and the peer mentoring programme covers England, Scotland and Wales.

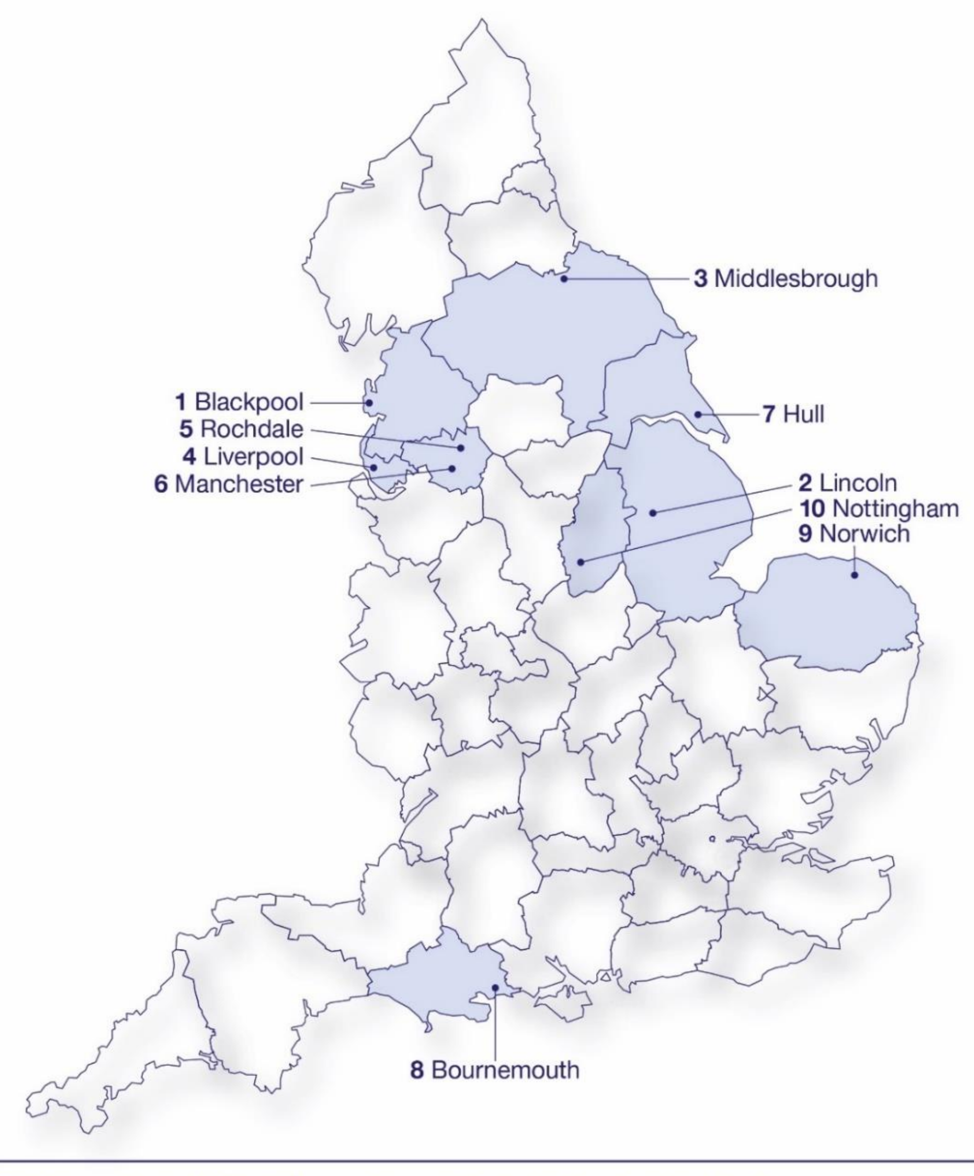
Image 2: Map of England showing local authorities ranked by opiate and crack cocaine use



Opiate and crack use rate ranked by local authority (per 1,000 population)

Rank	Local authority	Rate
1	Middlesbrough	25.51
2	Blackpool	23.45
3	Hartlepool	20.63
4	Blackburn with Darwen	18.84
5	Hull	18.15
6	Liverpool	17.06
7	Bristol	15.66
8	Wirral	15.63
9	Bournemouth	15.05
10	Stoke-on-Trent	14.67

Image 3: Map of England showing local authorities ranked by multiple and complex needs



Number with multiple and complex needs ranked by local authority (per 1,000 of working-age adults)

Rank	Local authority	Number
1	Blackpool	17.3
2	Lincoln	16.2
3	Middlesbrough	15.9
4	Liverpool	13.4
5	Rochdale	12.7
6	Manchester	12.7
7	Hull	12.7
8	Bournemouth	12.4
9	Norwich	12.3
10	Nottingham	12.0

UK-wide sharing programme

In this strategy we have set out where we share objectives, as well as areas in which we are working together or learning from one another. We are committed to implementing a strong UK-wide sharing programme which will enable us to work closely with counterparts in the devolved administrations.

In October 2021, the UK Government Sponsor Minister for Combating Drugs chaired a summit in Belfast with ministers from across the UK and experts in the field to discuss a range of drugs issues. This was our third UK-wide drugs summit and there was a strong recognition that we all benefit from working together to address shared challenges. The Scottish Government, Welsh Government and Northern Ireland Executive have set out their own strategies – described below – to tackle the harms from drug use in areas where responsibility is devolved.

Scotland: Following further record rises in the number of drug-related deaths, in January 2021 the Scottish Government set out a national mission to improve and save lives. While it has an immediate focus on reducing drug deaths, the purpose of the mission is also to get more people into the form of treatment right for them, to reduce harms and to enhance recovery. Additional funding of £250 million over five years (from 2021) was announced to support this mission.

Since the announcement in January additional funding has been made available to alcohol and drug partnerships, national organisations as well as community and grass-roots organisations to support service improvement, support children and families affected by problem substance use, and increase capacity for residential rehabilitation.

The Scottish Drug Deaths Taskforce continues to lead work to address the unique challenges in Scotland by identifying evidence-based strategies that will make a difference to those most at risk. Through the taskforce the Scottish Government have: published a set of Medication Assisted Treatment standards to improve the delivery of drug treatment across Scotland; funded a wide range of projects, initiatives and research to further reduce the levels of drug deaths; worked with partners, including Police Scotland and the Scottish Ambulance Service, to massively increase the distribution of naloxone; and investigated the role of the criminal justice system in a public health response to problem substance use.

Wales: The Welsh Government published a revised Substance Misuse Delivery Plan (2019-22) in January 2021 in response to COVID-19.[21]

[21] Substance misuse delivery plan: 2019 to 2022 | GOV.WALES

Harm reduction continues to be a key part of the Welsh Government's approach and has been for 10 years. The Welsh Government sees substance misuse as a health issue and funding to substance misuse services, which are predominantly provided by local Area Planning Boards, has been increased over recent years and maintained, highlighting the support for the sector.

A range of prevention and treatment work is undertaken and a key part of the Welsh Government's harm reduction approach has been the distribution of naloxone to prevent overdose deaths. A recently completed peer-to-peer naloxone pilot was very successful in increasing access to the medicine and this is currently being rolled out across Wales.

Northern Ireland: Following two years of extensive consultation and production, the Northern Ireland Executive's new Substance Use Strategy 'Preventing harm & empowering recovery: a strategic framework to tackle substance use' was launched in September 2021.[22] Their 10 year strategy has five key outcomes covering: prevention, early intervention, and alternative approaches; harm reduction; treatment and support; recovery; and joined up implementation. Enforcement is one element of the overall response, to ensure that illegal drugs or illicit prescription drugs cannot find their way into circulation.

Problem solving justice is an international model being developed in Northern Ireland aimed at tackling the root causes of offending behaviour and reducing harmful behaviour within families and the community. A Problem-Solving Justice Five-Year Strategic Plan was developed during 2020 to enable evidence-based decisions about the future of pilot projects and to facilitate a strategic and structured roll-out. Building on this work a new Adult Restorative Justice Strategy is being developed by the Department of Justice.

[22] Preventing Harm, Empowering Recovery - Substance Use Strategy | Department of Health (health-ni.gov.uk)

Chapter 2 – Breaking drug supply chains

Our vision is to level up our neighbourhoods by ridding them of drugs, making them safe and secure places and enabling all areas to prosper and grow. To achieve this, we will prioritise cutting off the drug supply that is causing the most harm. Given the scale of the threat and the rise of the violent county lines distribution model, breaking drug supply chains and 'rolling up' county lines is a priority for the whole of government, the police and all law enforcement partners.

We are committed to bring the full force of government to bear in a relentless and uncompromising attack on every phase of the drugs supply chain. This means using all of our law enforcement capability, diplomatic, programmatic and intelligence community levers. Our innovative supply attack plan will target the most violent and exploitative elements of the drugs trade, boost the police and law enforcement response and provide a shared, end-to-end strategic approach to drugs across the system.

Over the next 10 years, we will make all parts of the UK significantly harder places for organised crime groups (OCG) to operate in. We will deliver the Prime Minister's goal of 'rolling up' the county lines model, protecting the most vulnerable from exploitation and trafficking by criminal gangs and reducing associated levels of violence and homicide. We will also focus on security to disrupt the supply of drugs into the prison estate. Our prisons provide tough punishment for organised criminals. They must be a place where prisoners can never participate in drug-related crime.

What is the problem?

The global availability of drugs is higher than ever before, fuelling rises in the purity of heroin and crack cocaine.[23] The UK is now Europe's largest heroin market and a target for international drug trafficking gangs. Concerted action to combat this abhorrent trade is more critical than ever.

As the threat from drugs has continued to evolve, so has the diversification and adaptability of OCGs, with the emergence of synthetic substances and a rise in the prevalence of online markets. OCGs seek to take advantage of our border and operate a wholesale 'middle market' distributing drugs across the country. The organised criminality

[23] The production of opium and cocaine doubled between 1998 and 2017. From 2013 to 2018 there was an increase from 36% to 76% in crack cocaine purity and an increase from 29% to 46% in heroin purity. Review of drugs: Part One - GOV.UK (www.gov.uk)

behind the drugs trade makes our neighbourhoods less safe: heroin and crack cocaine addiction is linked to almost half of all acquisitive crime, including burglary, robbery and theft,[24] and drugs contribute to almost half of all homicides.[25]

Growth in drug supply has also driven an increase in county lines, the most violent and exploitative distribution model yet seen. Gangs criminally exploit and traffic children and vulnerable young people, coercing them into becoming 'runners' to transport Class A drugs and money around the country. These children and young people often struggle to get out as a result of drug debt and threats against themselves and their families. 'Cuckooing' is a tactic where drug dealers use violence and coercion to occupy a property and use it as a base for dealing. Dealers often target those who are the most vulnerable, including those experiencing drug addiction, mental ill health or learning disabilities.

The scourge of the drugs market continues into our prison system, where illicit drugs are far too readily available. Serious and organised crime dominates the drug economy in prisons and is part of a web which includes drug supply outside. There are several enablers of this, including the illicit use of mobile phones within prisons to co-ordinate crime and fuel high levels of violence as offenders vie for control of the internal market and enforce drug debts.

How this strategy will change things for the better

We are already delivering real impact. In the past two years our County Lines Programme has closed down more than 1,500 deal lines, made over 7,400 arrests, seized over £4 million in cash as well as significant quantities of drugs, and safeguarded more than 4,000 vulnerable people. The latest National County Lines Co-ordination Centre (NCLCC) assessment shows a reduction in the total number of potentially active lines per month, with numbers across England and Wales reported to have fallen from between 800 and 1,100 in 2019-20 to 600 in 2020-21.[26]

But we know that OCGs are reactive and resilient and will continue to adapt how they supply drugs. That is why, supported by £300 million of investment over three years, we will mobilise robust and innovative supply interventions through an 'end-to-end' plan which includes sustained investment across the supply chain. Across all pillars we will continue to build our evidence base to determine what works best in disrupting the drug supply chain and trial innovative interventions, as set out below.

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[24] Measuring the costs of drug-related crime in Understanding organised crime: estimating the scale and the social and economic costs (publishing.service.gov.uk)

[25] Homicide in England and Wales - Office for National Statistics (ons.gov.uk)

[26] NCLCC County Lines Strategic Assessment 20/21. The reduction in potentially active lines is believed to be linked to a change in reporting and enhanced operational activity.

Image 4: Break the supply chain summary plan

Restricting upstream flow		• extending the NCA's Near Europe Taskforce which focuses on the response upstream • supporting the NCA's International Liaison Officer network and Border Force international work to stop drugs from coming to the UK in the first place • responding to the changed situation in Afghanistan by pivoting operational capabilities along this drug supply route and continuing to disrupt key actors
Securing the border		• trialling innovative approaches, led by the NCA and Border Force, to secure the border and tackle drug supply
Targeting the 'middle market'		• making sure our dedicated organised crime partnerships continue to receive support and investment, targeting the disruptive 'middle market' • leveraging the recruitment of 20,000 more police officers to grow Regional Organised Crime Units and London equivalents, allowing them to bear down on the enablers of drug supply, including illicit firearms and money laundering
Rolling up county lines		• strengthening our flagship County Lines Programme to tackle the most violent and exploitative distribution model yet seen
Tackling the retail market		• continuing Project ADDER for a further two years up until March 2025, trailblazing a whole system approach
Going after the money		• recruiting more financial investigators, strengthening the NCA's National Economic Crime Centre and bolstering our engagement with international partners
Prison security		• utilising technology and skills to improve security and detection and rid our prisons of drugs

By bearing down across the supply chain in this way, we will deliver significant progress, including:

- a reduction in drug-related crime and homicide
- over 2,000 more county lines closed and an increase in both drug trafficking convictions and the number of vulnerable children and adults safeguarded[27]
- 6,400 major and moderate disruptions against activities of organised criminals (an increase of 20%)[28]
- significantly increase our denial of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply
- enhanced testing in prisons, to drive towards drug-free prisons

Rolling up the county lines model

We will dismantle the county line distribution model that is exploiting children and vulnerable adults and devastating our neighbourhoods. Building on the success of our recent investment we will move county lines from a low-risk, high-reward to a high-risk, high-consequence criminal activity, with continued disruption and arrests of the criminal gangs responsible, increased seizures of cash and drugs, and less harm done to children and vulnerable adults.

We will make up to £145 million of funding available for our ambitious County Lines Programme in the first three years alone, which will build on over £65m invested since 2019. This will include funding the NCLCC to provide strategic oversight for all county lines disruption activity, promote best practice among police forces, target the illicit finances associated with county lines and support innovative use of civil and criminal orders.

The programme will support a concentrated law enforcement response, focusing on key exporting forces and targeting the most harmful gangs and lines, including those running in and out of Scotland and Wales. We have established dedicated County Lines Taskforces in the three largest exporter areas – London, Merseyside and the West Midlands – piloting a range of operational tactics to establish the best methods for long term disruption. We are also funding specific operations with local forces to identify and tackle county lines from importing areas, focusing on those causing the most harm to their local area.

We will grip the transport network through the extension of a dedicated British Transport Police (BTP) County Lines Taskforce. This will make the rail network a high risk for county lines distribution and we are also targeting the road network through investment in crucial

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[27] Figure is based on line closures over the next three years and assumes investment at levels set out within this document.

[28] The NCA assesses the impact of interventions against drugs supply in terms of organised crime group disruptions. Over the last three years, law enforcement has delivered around 5,300 major and moderate disruptions against drugs OCGs, where a 'major' disruption reflects a significant or long-term impact on an OCGs ability to operate (such as the dismantling of an organised crime group through the conviction of key individuals or a series of large seizures), and 'moderate' represents a noticeable or medium term impact (such as a single large seizure). With this investment we will deliver 6,400 major and moderate disruptions of drugs OCGs over the next three years – a 20% increase. This represents a significant and sustained attack on criminals' ability to bring drug-related harm to our communities.

automatic number plate recognition (ANPR) technology to maximise the use of analytical capability and enable better identification of vehicles involved.

County lines activity online will be disrupted, focusing on investigation, disruption and enforcement work against specific gang targets. Funding for specialist support for criminally exploited and trafficked young people and their families will help them to exit their involvement from county lines activity and break their association with criminal gangs.

Case study: Co-ordinated national law enforcement protects the most vulnerable in society from county lines

BTP assisted the Metropolitan Police Service with a missing person inquiry involving a child, who was thought to have left London and forced to work for a county lines gang to clear their debt. The young person was already the subject of a modern slavery investigation in ‘County A’ having previously been located at a ‘cuckooed address’.[29]

As the young person was believed to be travelling by train, BTP’s County Lines Taskforce conducted enquiries and identified that the young person had travelled to ‘County B’ and was being held at a local Class A drug user’s address. A search of the address by BTP found not only the child, but also a significant quantity of Class A drugs and a mobile phone deemed to be operating a county line.

BTP’s investigation resulted in three people being arrested for human trafficking and drug supply, supported by a statement from the young person about their experience and exploitation. The child has since been actively engaged with social services and is no longer involved in county lines. The registered occupier of the ‘cuckooed’ address in ‘County B’ was also safeguarded as a vulnerable adult.

Restricting upstream flow

Addressing international drug trafficking requires a comprehensive approach. Alongside a strong law enforcement response, we must also leverage our diplomatic and overseas policy networks to unlock political support from other governments and build our partners’ capacity to address the critical enablers of drug supply such as corruption and illicit finance. A concerted focus on prevention overseas is key to managing potential risks emanating from law enforcement responses.

We are working with international partners to leave no safe spaces for criminals and their associates. The National Crime Agency (NCA)’s International Liaison Officer network directly targets the highest harm offenders overseas to prevent drugs from coming to the UK. They work with Border Force to build and strengthen enforcement capacity in countries that export drugs and those through which drugs travel in transit. This upstream operational work by the NCA has so far this year resulted in the seizure of over 123 tonnes of cocaine. In addition to at-source and transit activity, Europe is a critical nexus point for

[29] Case study anonymised to protect the identities of those involved

drugs bound for the UK. In 2021, we established the Near Europe Taskforce, a team of NCA and Border Force officers focusing on upstream supply, port security, corruption, and intelligence and information sharing to identify and disrupt offenders, making it more difficult for OCGs to transport drugs to the UK. This collaborative effort has led to the seizure of almost five tonnes of Class A drugs so far this year.

We will strengthen our upstream response and reinforce the work of our overseas networks. We will deploy more International Liaison Officers in significant source and transit countries, enabling us to work more widely with key partners to disrupt and prosecute those who supply illegal drugs. The changing situation in Afghanistan – the source of 95% of heroin in the UK – has highlighted the importance of remaining agile against emerging threats upstream.[30] We have pivoted our focus to prioritise sustained investment in multi-disciplinary capabilities along key narcotics supply routes from the region to the UK.

We will address the underlying drivers and enablers of drug production and trafficking upstream including strengthening our prevention work and increasing the resilience of people to avoid a life of crime by improving socio-economic conditions and local service delivery.

Securing the border

Strengthening the UK border is key to intervening against drug supply. Over time, we have experienced increasingly sophisticated criminal methodologies that seek to exploit border vulnerabilities and bring social and economic disruption to the UK. We have pivoted quickly to meet these new threats and challenges.

Law enforcement agencies including the NCA and Border Force are working closely together to share intelligence and increase our ability to detect and disrupt OCGs trafficking illegal drugs through the border. This includes the corruption of those in trusted positions in ports who facilitate drug trafficking. This work is already seeing results. Last year, Border Force seized approximately four tonnes of cocaine and two tonnes of heroin.[31]

We know that drugs can enter the country in a variety of ways such as being hidden in freight containers, carried by individuals on passenger transportation, or via post and parcels. We are working to develop a more comprehensive understanding of the risks that these modes present, including investing in systematic risk testing and analysis to direct workforce and assets to the right threats. Investment in data analytics and intelligence capabilities will enhance our enforcement activity to counter threats to the UK border more effectively. We are developing Cerberus, a new multi-mode data gathering, analysis and targeting system, which will contain all relevant border data by 2026, allowing us to use sophisticated analytics to build a rich intelligence picture of the traffic crossing the border.

Our ambition is to implement further targeted activity, continuing to trial innovative approaches which use the full range of law enforcement tactics. We will continue to bring

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[30] What Is the Future of UK Drugs Policy for Afghanistan? | Royal United Services Institute (rusi.org)
[31] Seizures of drugs, in England and Wales, financial year ending 2020 - GOV.UK (www.gov.uk)

agencies together to pool intelligence on drugs crossing our border, addressing vulnerabilities and creating a 'ring of steel' around key ports.

Case study: One UK Government approach leads to the largest-ever cocaine seizure in Montenegro

In June 2021, Border Force signed a memorandum of understanding with Montenegro to prevent drugs and other illicit goods at the border and in transit to Europe and the UK. This led to the provision of drug detection technology and training of Montenegrin customs and police funded by our Official Development Assistance and Conflict Stability and Security Fund Programmes.

The NCA built the capacity of the investigative team by providing vehicles, IT surveillance equipment and training and developed intelligence sharing methods. In parallel, diplomatic lobbying resulted in Montenegro's commitment to amend legislation to allow increased surveillance measures against international OCGs.

Using UK intelligence, Montenegro's authorities made their largest cocaine seizure of 1.4 tonnes in 2021. This seizure is significantly attributed to the Border Force-led capacity building support and the joined-up approach from partners across government.

Targeting the 'middle market'

OCGs operate a wholesale 'middle market' between the large-scale importation of drugs through the border and dealing that takes place in our neighbourhoods. Criminals operate across multiple local areas and may be connected to regional, national and international networks involved in trafficking, money laundering and wider organised crime. We are targeting drug supply and distribution – from highly sophisticated OCGs involved in large-scale importation, through to middle tier offenders and drug supply networks in our neighbourhoods – at every tier of policing.

Regional Organised Crime Units (ROCUs) play a pivotal role in tackling the 'middle market' threat as the principal interface between the NCA and policing in England and Wales, providing expertise, specialist technology and investigative capability. They are key in countering the harm from the 'middle market' in respect of enforcement, intelligence development and confiscating or denying access to assets. In the last 12 months, we estimate that this joint working has removed three tonnes of Class A and B drugs.

The NCA also targets those criminals who operate at the highest levels of offending and present the highest risk. The NCA and police forces work closely, sharing intelligence and pooling resources to target the highest harm organisations through ROCUs and organised crime partnerships (OCPs). OCPs have been established in London, Merseyside and Scotland to stop the flow of firearms and drugs into criminal markets and county lines networks. In April 2021, Class A drugs with a street-value of more than £10 million were seized in a single joint operation led by the London OCP. At a local level, some forces such as the Metropolitan Police Service deploy specialist crime proactive teams, economic

crime teams and reactive teams daily, successfully disrupting OCG activity and seizing significant quantities of drugs.

We will build on these successful partnerships and encourage further collaboration across all law enforcement partners to investigate and disrupt high value targets. It is also critical that we support the improvement and development of cutting-edge tools and techniques to allow law enforcement and national security partners to keep pace with the rapidly changing ways that criminals can communicate with each other.

We will prioritise an allocation from the recruitment of 20,000 more police officers to grow capacity and capability in all ROCUs and London equivalents to confront 'middle market' drug supply. Investment in officers will support regional-tier policing to bear down on the enablers of drug supply, including illicit firearms and money laundering.

Going after the money

We want to make the UK the hardest place to launder cash and remove the profitability of the drugs market. To do this, we must improve our understanding of how best to restrict OCGs' ability to launder their proceeds of crime and increase seizures of cash and assets.

In every tier of policing, reducing the profitability of the drugs trade remains a priority and we are seeing success across the system. New pilot programmes are being trialled, in collaboration with the NCA and other law enforcement agencies, to better understand the methodologies undertaken by OCGs to launder illicit finances in relation to drugs.

The proceeds of the drugs trade represent a significant proportion of criminal cash circulating within the UK. The National Economic Crime Centre (NECC)'s Project PLUTUS aims to make it harder for criminals in the UK to launder the proceeds of their crime by adding friction and cost to the laundering process. The NECC brings together a cross-government, law enforcement and financial sector response with objectives including making the UK a harder place for criminals to launder cash and deterring the use of criminal proceeds, such as those from the supply of illicit drugs. We are also strengthening the capability and capacity of the NCA and policing, making sure that they have the data, technology, and investigative tools they need to target these criminals, both domestic and international.

ROCUs and the NCA played a leading role in co-ordinating the policing response to Operation Venetic, removing harmful criminals from our streets and seizing drugs, firearms, criminal assets and cash. Between April 2020 and July 2021, the ROCUs alone were responsible for seizures of £33.6 million of cash and over 1.5 tonnes of cocaine and heroin. We will also invest in cutting-edge technical capability to support regional tier policing to confront drug supply and seize the profits from drugs. To make sure that there is no easy money in crime, we are growing regional policing's response to high-harm fraud, including the laundering of drug profits, by establishing a dedicated network of 30 regional fraud investigators this year.

Additionally, we have published our three-year Economic Crime Plan to strengthen the UK's resilience to illicit finance and cement its position as a world leader in the global fight against economic crime.[32]

UK criminals involved in drug trafficking are often incentivised to engage in criminality through the ease of money laundering to overseas jurisdictions where they can enjoy their profits, further fuelling harm to UK citizens. That is why, as well as going after the money at home, we will also adopt a broader international approach. We will enhance progress to date and bolster our engagement with international partners, increase the number of trained financial investigators, and strengthen the NECC.

Tackling the retail market

The impact of drugs is felt in our neighbourhoods and it is critical that we continue to disrupt supply chains at a local and regional level. Street-level retail supply is the point where drugs are mostly sold for personal use and the online supply of drugs to individual users has become increasingly prominent. It is the responsibility of local police forces to address this and we must make sure that this is a top priority for our police forces.

Individual police forces in England and Wales are operationally independent, with the National Police Chiefs Council providing co-ordination to ensure the consistent enforcement of drugs policy and supporting forces to work together, and with other law enforcement partners, to confront the drugs threat.

We have already invested £59 million in Project ADDER, a programme that demonstrates the benefit of a whole system approach to addressing drug addiction in some of the hardest-hit local authorities across England and Wales. Over the next three years, we will continue our investment and strengthen our evidence base through evaluation of the programme. This learning will be vital in informing our future strategic direction.

To enhance this response, we will look at opportunities to incentivise the whole policing system to focus on drugs, including the national policing framework, the strategic policing requirement, engagement with Police and Crime Commissioners, the inspection framework, and training and professional practice.

The government has also published its draft Online Safety Bill – a world-leading and much-needed law which will make the UK the safest place to be online, with the sale of illegal drugs being a priority harm that it aims to address.[33]

Prison security

We have already invested significantly in the security of our prisons in England and Wales. The government's £100 million investment into the Security Investment Programme funded innovative, multi-agency approaches to better tackle high-harm crime, along with new equipment and technologies in parts of the prison estate. This will better disrupt the supply of illicit items, including drugs, into prison and prevent serious organised criminals

[32] Economic crime plan 2019 to 2022 - GOV.UK (www.gov.uk)

[33] Draft Online Safety Bill - GOV.UK (www.gov.uk).

from running their networks while in custody. This investment saw 74 X-ray body scanners rolled out across the entire male closed estate, enhanced gate security, mimicking airport screening with metal-detecting portals, increased use of drug-detection dogs and other technology installed at our highest priority sites. All new build prisons will be equipped with this enhanced security and X-ray body scanners as standard. To build on these gains, police forces, prisons, probation and partners will strengthen collaboration to better identify and stop organised crime and career criminals from continuing to offend and running their drug networks in prisons. These criminals disrupt the delivery of safe, decent and secure regimes and causes harm in the community.

UK-wide collaboration

- Border Force and the NCA work to combat drug supply across the UK. For example, the NCA have established an organised crime partnership with Police Scotland. The partnership aims to confront a range of serious and organised crime threats, including drugs and firearms supply into Scotland. In Northern Ireland the NCA is also a key partner in the Organised Crime Task Force, Paramilitary Crime Task Force and Joint Agency Task Force structures.

- OCGs are misusing pill press machinery to manufacture harmful drugs such as 'street' benzodiazepines. These are being sold across the UK and causing significant harm, particularly in Scotland where they were implicated in 66% of drug-related deaths in 2020.[34] The government is working with the NCA and partners in Scotland to increase our understanding of the scale of the threat and explore ways to address the supply of these pills.

- Thanks to engagement with the NCLCC and the County Lines Programme pilot forces (West Midlands, Merseyside and Metropolitan Police), we are aware of county lines running to and from Scotland and have conducted a number of joint operations with Police Scotland. Forces will continue to work together to remove this threat.

- North Wales is one of the key importing areas for Merseyside county lines networks, with Class A drugs imported via road and rail. Merseyside Police is working closely with North Wales Police as part of our County Lines Programme to close down the lines and prevent the gangs responsible from causing further harm.

[34] National Records of Scotland: Drug-related deaths in Scotland in 2020].[34]

Chapter 3 – Delivering a world-class treatment and recovery system

The foundations of this chapter are based on Dame Carol Black's landmark independent review of drugs. Our vision is for an ambitious 10-year transformation programme which shows our commitment to delivering the key recommendations made in her review and going further. Tough enforcement action must be coupled with a high-quality treatment and recovery system to break the cycle of addiction.

Within a decade, we will have a world-class drug and alcohol treatment and recovery system across England, delivered via a highly trained and motivated workforce offering a full range of evidence-based interventions. This will be available to anyone experiencing substance addiction, from entrenched heroin users and people struggling with cocaine, cannabis, and alcohol, to young people using psychoactive substances.

We will create a system where no one falls through the gaps, where there is no stigma attached to addiction and it is treated as a chronic health condition, and where people who need it are provided with long-term support. It will be a system where individuals and families experience the full positive impact of this transformation programme, and where those local areas with the highest need receive the most support. This system will promote equality and meet the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women.

By putting the individual at the centre of everything we do, and by underpinning services with extensive and robust evidence, we can save lives, reduce harm and crime, and stop the 'revolving door' in and out of prison. While many aspects of treatment and recovery are devolved, we are committed to working with the devolved administrations to learn from each other on shared challenges.

What is the problem?

Dame Carol Black's independent review of drugs set out the scale of the challenge for the treatment and recovery system. In summary, the review found that:

- an estimated 300,000 people in England use opiates and or crack cocaine
- disinvestment in adult treatment with an even greater reduction in funding for young people's specialist substance misuse services and a growing level of unmet need

- there is a lack of oversight and accountability at a local and national level with the re-introduction of incentives and levers, alongside locally-held joint responsibility and accountability, needed to regenerate and revitalise the system
- prolonged shortage of funding has depleted the workforce, resulting in a loss of skills, expertise and capacity from this sector
- caseloads have grown too high reducing the quality of treatment
- there is a lack of specialist services, including inpatient detoxification and residential rehabilitation
- recovery support has been underfunded, including housing and employment support, and recovery communities
- there are high levels of physical and mental health need, without sufficient focus on drugs and alcohol within NHS and mental health services or within the workforce, and links with drug treatment are far too weak
- more than a third of people in prison are there due to crimes relating to drug use
- too few offenders are in treatment to make lasting change to their behaviour

This is a stark set of findings and since the review was published deaths related to drug misuse in England and Wales have increased to 2,966 in 2020, the highest number since records began in 1993.[35]

How this strategy will change things for the better

The government is committed to transforming the lives of those affected by drug addiction. An additional £780 million will fund the first three years of an ambitious, decade-long transformation of drug treatment and wider recovery support in England.[36] This marks the largest ever increase in treatment and recovery funding, taking the total treatment and recovery spend to more than £2.8 billion over three years. The new investment will be ringfenced so that the money is spent only on this agenda.

We will deliver the key recommendations in part two of Dame Carol Black's review, using a whole system approach, and going further with a 10-year commitment. We will invest in expanding treatment capacity, re-building the workforce, strengthening skills and increasing our mix of professionals. We will empower local leaders to deliver on this commitment, while ensuring that they are held accountable for this spend and for putting in place strong partnerships at the local level between education providers, local authorities, the NHS and criminal justice agencies.

By investing across a range of joined-up services, we can deliver life-saving support and improve the safety and productivity of local areas by reducing the harms that drug addiction can cause and maximising long-term recovery. This will provide local areas with effective substance misuse treatment, mental and physical healthcare, housing and employment. This includes clear referral pathways for offenders into treatment, reducing the risk of reoffending, and we will see a steep reduction in acquisitive crime (such as burglary, robbery and theft) and drug-related violence.

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[35] Deaths related to drug poisoning in England and Wales: 2020 registrations (Office for National Statistics)

[36] The spilt of funding is set out in this chapter. This sum includes £8m of funding for a peer mentoring programme – which will cover England, Scotland and Wales – described in more detail later in this chapter.

We will address mental and physical health system gaps by working with the NHS to introduce effective pathways and better integration, including improving the skills of the workforce in relation to drugs and alcohol. We will also extend effective joint commissioning arrangements to serve populations in and out of drug and alcohol treatment services for those who suffer from both mental health conditions and drug and alcohol use.

We will start this transformation by prioritising the local areas that have the highest need for drug treatment and recovery, with full national coverage across England by the end of 2024/25. This will significantly contribute towards the government's commitment to levelling up. We will carefully monitor progress to make sure that this investment delivers significant and tangible improvements. Success will be measured against national and local outcomes frameworks to achieve the following by the end of 2024/25:

- nearly 1,000 deaths prevented, and lives saved
- a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places, a 19% increase on current numbers
- treatment contributing to around 740,000 crimes prevented, of which 140,000 are neighbourhood crimes such as burglary, robbery and theft
- 21,000 new treatment places for opiate and crack users, 53% of opiate and crack users in treatment
- 30,000 new treatment places for non-opiate users, including a further 5,000 more young people in treatment
- at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
- a treatment place for every offender with an addiction
- 24,000 more people in long-term recovery from substance dependency
- increased referrals from police, courts and probation into drug treatment
- more people recovering from addiction in sustained employment
- more people recovering from addiction in stable and secure housing

Achieving all that means our NHS will reduce unnecessary burden and be able to redirect resources into other areas of need. Our prisons will not be a revolving door for those whose offending is linked to addiction. Our neighbourhoods will benefit from reduced crime and rough sleeping and more children will be protected from the harms of drugs in their families or neighbourhoods. Our economy will benefit from substantial savings to policing, health and justice and an increased workforce.

Increased accountability and transparency

We will improve consistency and transparency of service delivery in England, so that people everywhere can expect the same quality of service, and local areas can be held to account at a national level. By March 2022 we will have developed a new national commissioning quality standard to increase transparency, ensure consistency, promote effective joint-working, and enhance improvement support and accountability. The national commissioning quality standard will be developed with local areas, including the Local Government Association (LGA) and the Association of Directors of Public Health (ADPH). It will set out the full range of treatment and recovery interventions that local areas should provide for their population based on an assessment of need, including having due regard

to the public sector equality duty and meeting the needs of different demographics. We will share learning from the development and implementation of the commissioning quality standard with colleagues across the UK.

Starting this year, DHSC has made it a condition of grant funding that a local authority must *"have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners"*. We will ensure that local areas maintain their existing investment in drug and alcohol treatment in 2022/23 and beyond. The Office for Health Improvement and Disparities (OHID) will lead on monitoring local areas and, from 2022/23, this will include an annual publication of key national and local indicators to show progress.

Treatment

We will invest £533 million over three years to rebuild local authority commissioned substance misuse treatment services in England. This is additional to the current annual public health grant spend (£670 million in 2019/20), which we expect local authorities will continue to invest in drug and alcohol services going forward.

The £533 million will be broken down into the following:

	2022/23	2023/24	2024/25	Three-year total
Current additional funding	£80 million	£80 million	£80 million	£240 million
Place-based additional funding	£20 million	£81 million	£192 million	£293 million
Total above existing spend	£100 million	£161 million	£272 million	£533 million

Continuation of additional funding made available in 2021/22

In 2021/22, £80 million (in addition to the existing public health grant) was made available to enhance drug treatment in England. This has delivered a wide range of successful interventions that reduce drug-related death and improve access to treatment for offenders. All local authorities will continue to get at least this level of investment over the next three years. This will enable them to invest in a wide range of evidence-based interventions to meet the needs of their local population, focusing on reducing drug-related death rates and bringing more offenders into treatment. This will also support the commissioning of inpatient detoxification services and increase treatment capacity for those with entrenched use and complex needs.

Place-based additional funding

Over the next three years, £293 million of additional funding will be made available to reduce harm and improve recovery rates significantly. This will implement all of the key recommendations made by Dame Carol Black, including an increase in treatment quality

and capacity, strengthening the skills and professional mix of the workforce, making sure that a full range of treatment and harm reduction interventions are available and investing in recovery communities.

All local authorities in England will receive enhanced treatment funding over the course of the next three years. We will use a targeted approach, prioritising those places experiencing the highest harm (rate of drug deaths, deprivation, opiate and crack cocaine prevalence, and crime), learning and evaluating as we go. In 2022/23, we will invest in the 50 local areas with the highest needs, followed by the next 50 in 2023/24, and the final 50 in 2024/25, leading to England-wide coverage.

Levelling up is at the core of this approach. The level of deprivation in the local authorities with higher need is twice that of those in those with lower levels of need, and there is a strong correlation with local authorities in the North East and Yorkshire. Using this approach, just under half of opiate and crack cocaine users and half of offenders whose crimes are drug-related will be offered support in 2022/23.

We will construct grant agreements and reporting mechanisms to set the areas of spend for which the money is being allocated and safeguard existing spend on substance misuse services through the public health grant. We will support local areas to ensure that the additional funding means a full range of evidence-based interventions are available in every area and that the system is responding to new and promising innovations, such as forms of long-acting buprenorphine. We will also consider how incentives can be used to support the delivery of the government's priorities, to monitor and evaluate performance and to include a claw back mechanism should money not be spent for the purposes for which it has been provided.

The following measures will ensure that this additional funding is used effectively.

- We will support local areas to expand and improve the quality of a full range of evidence-based harm reduction and treatment interventions. Both the NHS and third sector providers will have vital roles in this. It will include interventions to reduce harm and save lives, such as the overdose antidote naloxone, and needle and syringe programmes; effective talking therapies or psychosocial interventions to support people to understand their addiction, make changes and develop coping strategies; and the full range of medicines to reduce harm and support detoxification including new medicines, such as long-acting buprenorphine.
- We will work with Local Authorities and stakeholders, including the LGA and ADPH, to develop and implement a commissioning quality standard to support transparency and accountability between partners and government. We will offer improvement support including sector-led improvement.
- We will develop and implement mechanisms to make sure that there is adequate provision of inpatient detoxification and residential rehabilitation in all areas of the country.
- We will offer improvement support to local authorities, working with the LGA, focussing on areas with poorer outcomes, to make sure that there is the capacity and capability to deliver the transformation needed.
- We will provide data, guidance, and support to local areas to fully understand and meet the needs of underserved groups and people with protected characteristics, including women and people from ethnic minority backgrounds.

- Support substance misuse commissioners and sexual health commissioners to work together to improve pathways between services for those who use drugs in a 'chemsex' context. This will include a review of the current model sexual health service specification as well as consideration for the needs of this group in the substance misuse commissioning quality standards and the workforce strategy.

Young people's treatment and support for families

Young people who have drug problems often have complex needs. This often involves poor mental health and self-harm, and sometimes experience of criminal or sexual exploitation. These young people need a combination of specialist treatment and wider health and social care services. Services need to be trauma-informed and treatment should be family-based if necessary, particularly for those whose parents are themselves dependent on drugs or alcohol.

Addiction also has a devastating impact on families. Families can support and aid recovery, but they also have their own support needs. Specific support is required for families with parental substance misuse treatment needs, which must be co-ordinated at a local level. Over the next three years, we will make sure that 50% more young people receive specialist substance misuse interventions, preventing longer term use into adulthood, and that outcomes frameworks, commissioning quality standards, and workforce development initiatives consider the needs of families and young people and support local areas to assess and meet their needs effectively.

Strengthening the skills and the professional mix of the workforce

A strategy focused on retention and recruitment of a high-quality drug treatment workforce will be key to attracting the best people into the sector to make it their career. We need to rebuild the sector's health professional workforce (including psychiatrists, doctors, nurses and psychologists) and improve the level of skill and training among drug workers and peer recovery workers, so that they are all well equipped to deliver the psychosocial and health interventions that drug users in treatment require to succeed. This workforce will also be better able to address the trauma and mental health problems which can underpin a lot of drug addiction, and will be agile in responding to the needs of different populations, including women, people who are LGBT, and people from ethnic minority backgrounds.

Staff will have lower caseloads and the skill to deliver more evidence-based psychological interventions. This will improve recovery rates for all people in drug treatment but will be particularly valuable for non-opiate users and recently initiated heroin users.

By the end of 2024/25, we will make funding available for:

- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- adequate commissioning and co-ordinator capacity in every local authority

Further funding and support will be provided by DHSC to:

- work with Health Education England to implement a comprehensive strategy to expand the workforce through effective recruitment and retention

- work with Health Education England to define and improve the training and skills of all sections of the drug treatment workforce, including registered health professionals, drug and alcohol workers, and peer supporters
- engage collaboratively with the wider Mental Health Workforce Strategy which includes specialist training for, and accreditation of, frontline staff working with people with co-occurring mental health and substance misuse issues
- work with the Royal Colleges and groups of professionals, peer workers, service providers and service users to create a Centre for Addiction for everyone working within substance misuse services
- develop guidance and relevant standards to support a reduction in case load sizes to enable staff to deliver high-quality interventions and pursue career and professional development

Better integrated services

People with drug addiction often have physical and mental health needs which must be met to enable a successful outcome from treatment. Mental health problems and trauma are often central to an individual's dependency on drugs and alcohol, and all too often people fall through the gap between services. We will transform the system so that providing trauma informed care becomes the norm, and complex needs (such as homelessness) are recognised and responded to. We will:

- work with NHS England to explore opportunities for better commissioning to make sure that there is locally joined-up service provision between specialist mental health services and substance misuse services for people with co-occurring issues including those experiencing rough sleeping
- make sure the next phase of the Integrated Care System development includes leadership on drugs and alcohol to integrate physical and mental health care with substance misuse services
- build on learning from the Changing Futures Programme to improve access to treatment and support for adults experiencing multiple disadvantage – including combinations of homelessness, addiction, mental ill health, domestic abuse and contact with the criminal justice system[37]

Recovery

Promoting recovery from drug addiction is a key aspect of our approach. There is significant investment underpinning the strategy, including funding for accommodation and employment support, which will be rolled out with the investment in treatment. Recovery is a process that often takes time to achieve, and effort to maintain. People need something meaningful to do, somewhere safe to live and a support system in the community.

Improved access to accommodation

Homelessness and rough sleeping can be both a cause and a consequence of substance use. A rough sleeping questionnaire carried out in 2020 found that at least 43% of respondents who had a drug need developed their dependency prior to first sleeping

[37] Changing Futures is working with 15 local cross-sector partnerships to test innovative approaches to more effective and co-ordinated support.

rough, and 17% afterwards.[38] Alongside our ambitious commitment to end rough sleeping, we will work to break the cycle of homelessness and addiction across England. We know that having a secure home is key to recovery and that treatment is less likely to be effective without this, with a much higher chance of relapse. We will extend our work to provide specialist treatment and recovery services to people sleeping rough and offer help to people whose ability to engage in treatment is hampered by their need for support with their housing.

To do this we will continue investment in the rough sleeping drug and alcohol treatment grant (RSDATG) to improve services for people who sleep rough or are at risk of sleeping rough, building on substantial funding invested in 2020/21 and 2021/22, including a further investment of at least £15 million to expand this over the next three years. RSDATG will provide at least 7,500 more people who are either rough sleeping or at immediate risk of rough sleeping with treatment, a 33% increase on the current numbers who are experiencing housing problems in treatment.[39]

We will invest £53 million over the next three years to fund a menu of housing support options which will improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping – including funding housing support workers to work within treatment services. Alongside this investment, we will build the evidence base on the housing related need for people dependent on drugs and alcohol and the most effective interventions.

Improved employment opportunities

Dame Carol Black's review highlighted that, alongside treatment, meaningful activity makes an important contribution to sustaining recovery from drug use. There is considerable evidence that employment can improve treatment outcomes, reduce the frequency and severity of relapse, and reduce re-presentations to services.[40]

To support recovery and the movement from treatment into work, we will invest a further £21 million to roll out Individual Placement and Support (IPS) for those in treatment for drug or alcohol use across England by the end of 2024/25. This brings the total funding for this new programme to over £39 million across the next three years. Commissioned by DWP and managed by OHID, IPS offers intensive, individually tailored support to help individuals in treatment find the right job, with in-work support for the employee and employer to ensure that work is sustained. Previously trialled in seven local authority areas, IPS is already being expanded to cover 46 local authority areas in 2021/22. This additional investment will secure full coverage across England by the end of 2024/25.

We will also provide support which enables individuals to disclose their substance use safely, move into recovery and move closer to work. This includes investing over £8 million in support including a peer mentoring programme in England, Wales and Scotland, where mentors will work in partnership with Jobcentre Plus and treatment staff.[41] They will use

[38] Rough sleeping questionnaire: initial findings – GOV.UK (www.gov.uk)
[39] 7,500 places is included in the headline 54,500 total figure.
[40] Black, C.M., 2016. An Independent Review into the Impact on Employment Outcomes of Drug or Alcohol Addiction and Obesity. Department for Work and Pensions.
Henkel D. Unemployment and substance use: a review of the literature (1990-2010). Current drug abuse reviews. 2011 Mar 1;4(1):4-27.
[41] DWP is responsible for policies on employment support and social security in England and Wales and shares this responsibility in Scotland with the Scottish Government

their lived experience of substance use, treatment and recovery to act as advocates and visible symbols of recovery to support people into employment.

Case study: Individual Placement and Support for people with a drug addiction

OC accessed IPS alongside community drug and alcohol treatment. Her use of cocaine had brought her into contact with criminal gangs, and she was coerced into prostitution, becoming dependent on a gang for access to drugs.

She moved away from the area where the gang operated but she had little confidence and had regarded paid employment as unrealistic. Her IPS specialist worked with her to build her up and allow her to see her strengths. They made sure she understood how part-time work alongside Universal Credit would be a viable option.

The IPS specialist brokered an interview with a local business. OC took the lead throughout the interview, with the IPS specialist assisting by suggesting areas where it would be helpful to say more. OC was offered the job, with a role being ‘carved’ that fitted the employer’s needs and her circumstances.

On starting work, the IPS specialist provided OC with the most practical support. Despite living in the area for several years, she had never been to the neighbouring town where her new job was based. The IPS specialist accompanied her to work while OC became more confident in making the journey.

Having started working only a few hours per week, OC is successful in this job and has gradually increased her hours to full time and has remained substance-free.

Communities of recovery

Social support and networks help people to recover. Local authorities in England will be expected to use this additional investment to make sure that that peer-based recovery support services and communities of recovery are linked to and embedded in every drug treatment system.

Mutual aid organisations such Al-Anon, Alcoholics Anonymous, Cocaine Anonymous, Families Anonymous, Narcotics Anonymous and SMART Recovery also have a vital role to play and can support the drug and alcohol treatment system, helping people to achieve and maintain recovery. We will make sure that treatment services support people to use mutual aid wherever possible.

Recovery networks are highly valued by people who use them and can significantly enhance the work of treatment services, harnessing the commitment and energy of people with lived experience. However, peer supporters should not be left to do the work of professionals without appropriate training, pay or support. To support this, we will develop standards and guidance for the recovery sector and local areas, working with the

government's Recovery Champion Dr Ed Day.[42] We will support local areas to involve people with lived experience of drug dependence as peer supporters and recovery coaches and, at a national level, encourage the development of a flexible and innovative network of recovery organisations.

Research

Despite the huge societal damage and cost of £19 billion a year caused by addiction to illegal drugs there is limited clinical or public health innovation. Our Life Sciences Vision seeks to take a Vaccine Taskforce-type approach to complex health problems, bringing together the right partners with the right leadership to make rapid progress. There needs to be a sharp focus on what government, the NHS, local authorities, regulators, companies, medical research charities, academia and philanthropy must do to create the environment in which we can accelerate research breakthroughs in the UK, so patients and society receive a real benefit.

This new mission will be focused on addiction, one of the biggest health problems of our generation, and it will be delivered alongside the other missions on obesity, cancer, dementia and mental health that were announced in the Life Science Vision. This mission will help to create capacity to test and trial innovative new approaches in this area. Currently there is not a rich evidence base to underpin the development of new psychopharmaceuticals or novel digital therapeutics and technologies, nor is there much existing capability to draw on within academia and private companies. This mission, with a call for proposals, will seek to stimulate the creation of such evidence and collaboration, and understand the efficacy of technological interventions when paired with public health and clinical approaches. We will also explore funding mechanisms which will reward those who create innovations that address the problem.

Improving the criminal justice system response

Reducing crime and reoffending is a fundamental part of this strategy and the government's levelling up agenda. There are high rates of drug addiction among offenders, and our ambition is to support them to become drug free. Treatment works to reduce reoffending so addressing drug dependency is crucial to preventing further crime.[43] From the moment that an offender comes into contact with the criminal justice system, we will be focused on their rehabilitation and recovery from drug misuse.

In addition to the investment in treatment and recovery outlined above, an additional £120 million for the MoJ over the next three years will be invested to make sure that offenders fully engage with recovery-focused treatment services, to complement the DHSC investment in England outlined earlier in this chapter, including increased provision of treatment for offenders in the community via HMPPS in Wales. This includes mandatory and voluntary testing regimes in prison, support for prisoners to engage with community treatment ahead of their release and increasing the use of intensive drug rehabilitation requirements for those on community sentences. We will be learning from existing good practice, both in the UK and internationally. Our goal is to ensure that appropriate and

[42] Dr Ed Day - GOV.UK (www.gov.uk)
[43] PHE/MOJ 2017 Study

high-quality treatment is available to all offenders with an addiction so that they can work towards drug-free living, and also to ensure that drug treatment, housing and employment support is available for every prisoner subject to probation supervision upon release.

Community sentences

We must focus on treatment while offenders are in the community, which is a genuine opportunity to support recovery from dependency while monitoring their compliance. Taking forward commitments made in the Beating Crime Plan, we will expand and improve the use of drug testing on arrest so that we are taking every chance to identify offenders who use drugs. This will enable us to make sure that they get directed to treatment and can turn away from a life of crime – for example, as a requirement of a community sentence. Police will pass on information from a positive drug test to NHS Liaison and Diversion services who work at police stations and courts to identify offenders with drug treatment and other needs, such as poor mental health, and refer them onwards to treatment. We are completely clear that crimes that meet the threshold for prison will be punished using custodial sentences; this is not an alternative but is a clear and effective plan for making sure treatment is required where needed for those who would be sentenced in the community as a proportionate sentence.

We want to see greater use of tough and effective community sentences with drug rehabilitation requirements, which require offenders to commit to treatment and regular drug testing, this includes the use of combined community sentences for those with a dual diagnosis of poor mental health. We are investing in additional specialist drug workers to work with police, courts and probation to assess offenders, and give sentencers confidence that they can make greater use of these kinds of sentences, because they will know that treatment will be available.

We are also piloting new problem-solving 'substance misuse courts' where the offender is seen regularly by the same judge who oversees their progress with treatment and other interventions, tailored to their needs.[44] The judge will be able to use a system of incentives and sanctions to encourage compliance and – following legislative changes in the Police, Crime, Sentencing and Courts Bill – to impose new brief temporary custodial penalties for non-compliance.[45]

Treatment in prison

We will focus on rehabilitation and recovery for all prisoners with a substance misuse problem from the day they arrive in custody. We must ensure that all prisoners make best use of their custodial sentence to make meaningful progress towards recovery.

To do this, all prisons must have a zero-tolerance approach to drugs, investing in security and intelligence to prevent their supply, and making sure that treatment is available to ensure prisoners can make lasting change to prevent them reoffending. All prisoners receive a comprehensive health screening within their first week to identify drug misuse and related health needs and agree a plan for recovery-focused treatment, tailored to the length of their sentence. Regular drug testing also enables us to respond quickly, punish and disrupt supply and identify drug misuse so that prisoners can be referred to treatment.

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[44] A Smarter Approach to Sentencing - GOV.UK (www.gov.uk)

[45] A similar approach in Hawaii has seen successful outcomes. Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE | National Institute of Justice (ojp.gov)

From 2023, a new drug testing contract will facilitate testing for more and different types of drugs, including emerging and psychoactive substances, as well as testing for the abuse of prescribed medication.

Based on these personalised treatment plans, we will make sure that all prisoners can access high-quality treatment, which includes integrated mental health services where there is a dual diagnosis, that enables them to recover from their addiction as quickly as possible, in a meaningful and lasting way. The full range of evidence-based treatment interventions will be available to address the variety of drug needs presented by people in custody, including abstinence-based interventions to support recovery from drug dependency. We are exploring the benefit of making long-acting buprenorphine available to prisoners, to assess the impact on engagement with treatment, protection from overdose and relapse after release. We will also supply life-saving naloxone medication to staff in prisons and approved premises to administer to those who have suffered from an opiate overdose, preventing unnecessary deaths.

Tackling drug misuse in prison is wider than healthcare alone. Our aim is for all prisons to be recovery focused and training for prison officers as well as Drug Strategy Leads in key prisons will support this. We will establish a key performance indicator to monitor all prisons' progress in ensuring that recovery is the focus and share local good practice around the estate. HMP Holme House, the drug recovery prison, provides an innovative whole prison approach, with investment in security, a wide range of health services and support for prisoners to live drug free. Peer support and the wider environment is crucial, and we are expanding the use of recovery-focused areas in prisons, including incentivised substance free living units. These are a 'safe space' away from drugs which support prisoners either to stop using drugs, or remain drug free, while undertaking voluntary drug testing and engaging with treatment. Early outcomes have identified a reduction in violence and substance misuse, and a link to increased employment opportunities on release.

Case study: Her Majesty's Prison Holme House

The following is the testimony of an anonymous prisoner sentenced to custody at HMP Holme House following offending linked to their use of drugs: "It is only since coming to this establishment I have been able to fully understand my actions and the reasons why I was once acting in the manor [sic] I did. When I have arrived at other prisons there has always been set people coming asking if I want to buy drugs or other items of contraband. This was just becoming a normality for me and for a very long time I was not straight headed and constantly in trouble for numerous different things. When I arrived here due to what security have done on the battle of drugs in prison, I have not only been able to focus on what's really important but also it has helped me conquer a demon myself…The drug scene at HH is very minimum. I personally think this is how prisons should be, as it has benefited me in more ways than you can imagine. I have been able to mend two broken down relationships as a result of me realising that drugs was my downfall. I have learnt to accept, acknowledge and deal with my issues… Since my arrival here I have reached enhanced status, gained employment … and also had numerous positive 'incentives and earned privileges'."

Ensuring prisoners stay engaged in treatment after release

Preparation for release must begin as soon as a prisoner arrives in custody, with treatment plans focused on long-term recovery and continuity in the community. We plan to introduce a resettlement passport in England and Wales, which will bring together the key information and services to support prison leavers to address their drivers of repeat offending and ensure a smooth transition into the community. Drug misuse treatment services will form a key part of this, alongside wider resettlement services such as support to secure accommodation and employment.

We will also ensure continuity in the treatment provided in prison and in the community, so that the transition is as seamless as possible. The additional funding provided in this year – £80 million for local authorities in England to invest in treatment – has delivered more specialist drug treatment staff to work with prisoners as they leave prison and help them to re-enter the community and start treatment. This includes people with lived experience, who are often more able to secure engagement in those vital first few days. As set out earlier in this chapter, this funding will continue for at least the next three years, with further investment and support to maximise recovery and prevent reoffending.

Making sure that offenders engage with treatment in the community is crucial to reducing the likelihood of them reoffending. The NHS RECONNECT service provides prisoners, including people with drug addiction and who also have other health needs, with a dedicated point of contact to make referrals and supports them to prepare for, and turn up to, appointments.[46] We are also investing to expand the use of video call technology, which is already in place in 86 prisons, enabling prisoners to have virtual initial meetings with community-based treatment providers before they are released, to build relationships and make it more likely that the prisoner will want to keep their appointments.

It is vital that the Probation Service works closely with healthcare services to make sure that offenders continue to access treatment. To support closer partnership working, OHID will publish an interactive single point of contact resource to facilitate communication between probation and treatment services in custody and the community. We have piloted the role of Health and Justice Partnership Co-ordinators who liaise between prisons, probation and treatment providers, to co-ordinate services more effectively. We will be expanding this role to cover all regions and share best practice more widely. This role will support new Integrated Care Systems giving, for the first time, prisons and probation a seat at the table when commissioning discussions are taking place. Regional teams will support in sharing data on offenders needs to ensure that services meet their specific needs. This will make sure that treatment in prison and the community is joined up, so that offenders' treatment plans are consistent.

Accommodation, education and employment are vital to both support recovery from drug misuse and reduce reoffending. Lack of somewhere to live when leaving prison is a major barrier to engaging in treatment. Without stable accommodation, prison leavers are almost 50% more likely to reoffend.[47] We need to make sure that prisoners receive the education and employment support they need to move out of prison into gainful employment,

[46] NHS England » RECONNECT – Care After Custody
[47] Community Performance Annual, update to March 2021 - GOV.uk (www.gov.uk)

reducing the risk of reoffending. The interventions below will improve support across these vital areas.

- Building on the investment in prison leaver rehabilitation announced earlier this year, £200 million a year will be invested by the end of 2024/25 to improve prison leavers' access to accommodation, employment support and substance misuse treatment, and to introduce further measures for early intervention to tackle youth offending.
- As announced in the government's Beating Crime Plan, a new Community Accommodation Service was launched in five probation areas in July 2021 to provide temporary housing and support, as announced in the Beating Crime Plan.
- Housing specialists in prisons will be recruited to help strengthen the partnership working between prisons, probation and local authorities to increase the likelihood of prison leavers securing accommodation in the community before they leave.
- The government has increased the number of prison work coaches offering employment support. The new dedicated Universal Credit telephone line provides quick access for prison leavers to the benefit system, ensuring the financial stability needed to look for and stay in work. DWP is working with prisons to develop local agreements to enhance co-ordination and ensure continuity of support on release, building on the published National Partnership Agreement with MoJ.

UK-wide collaboration

- The latest national clinical guidelines on treating drug misuse and dependence are UK-wide and were co-produced by clinical and other experts from across the UK.

- The UK Government and the devolved administrations agreed that we need to review legislation to make naloxone (a drug that reverses the effects of an opioid overdose) more easily available to people who use drugs and are at-risk. A joint consultation on widening access to naloxone closed on 28 September 2021. The consultation was launched and developed with the with the UK Government and devolved administrations and future legislative changes would apply across the United Kingdom.

- DHSC and OHID work with the devolved administrations in collating UK data on drug-related deaths, drug-related infectious diseases, and drug treatment, among other indicators for sharing with international agencies such as the United Nations Office on Drugs and Crime.

- MoJ's pilot problem-solving courts will align with the model currently operating in Scotland, with a primary focus on treatment, regular drug testing and court reviews of progress.

Chapter 4 – Achieving a generational shift in the demand for drugs

Our vision is to bring about a generational shift in the use of drugs across society so that, within 10 years, fewer people take drugs or feel drawn toward taking drugs, and today's children and young people grow up in a safer and healthier environment. We will work with experts to encourage people to change their attitudes and behaviour by making sure that drug users are fully aware of the significant risks they are running, including the harms that their use is causing to themselves and others. For those who nevertheless choose to continue with their drug use, there will be swift, certain and meaningful consequences which will be felt more strongly than today and will escalate for those who continue to offend. Drugs are harmful to society and no one is above the law. We will also step up activity aimed at protecting vulnerable children and young people so that they are less likely to start taking drugs.

What is the problem?

Around three million people in England and Wales report using drugs each year, putting themselves at risk and driving a violent and exploitative supply chain, including through so-called recreational drug use. Prevalence of cocaine use among adults in the UK is second only to the USA.[48] Cannabis is even more widely used than cocaine, with 7.8% of 16- to 59-year-olds (2.6 million people) and 18.7% of 16- to 24-year-olds (1.2 million people) reporting use in 2019/20.[49]

Most recreational users are sheltered from the social consequences of the drugs trade – the serious violence, human exploitation, severe addiction and crime – which are often felt by those living in more deprived parts of our country or overseas. This is part of a harmful cycle where drug use is normalised. Adults using drugs socially often live relatively typical and otherwise healthy lives and may not recognise their role in fuelling the drugs trade or influencing and damaging the behaviour of others, including children. They may also feel

[48] UN World Drug Report 2019 (United Nations)
[49] Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics)

that they are not at risk of experiencing any consequences themselves from their drug use. This should not be the case.

Drug use among children and young adults is particularly concerning. Following fifteen years of sustained decline in the use of drugs, since 2012 there has been an increase in the proportion of 16- to 24-year-olds reporting use of both cannabis and Class A drugs.[50] Drug use by young people risks worse immediate and long-term outcomes, including health, educational attainment and involvement in criminal activity.

How this strategy will change things for the better

Reduced demand for drugs will have positive impacts on degrading violent supply chains and will have wider benefits on quality of life. To get there, we need a whole-of-society effort, and we must pursue a range of activities focused on building a world-class evidence base, reducing the demand for drugs among adults, and preventing and reducing use among children and young people.

Building a world-leading evidence base

We will develop a world-leading evidence base on how to tackle drug use among adults. This will address the insufficient international knowledge for how to change drug-related attitudes and behaviours at a population level.

As a first step, we are commissioning a comprehensive domestic and international research project on reducing drug use across society, the first component of which will make initial policy recommendations in spring 2022 with an ongoing programme of work.

The evidence base for how to prevent drug use among children and young people is more developed. We know that a focus on risk and resilience factors is important. Good outcomes can be achieved by building resilience through skills-based education, as well as through multi-component programmes involving parenting interventions and support for individuals and families.[51] We will keep implementing this and improving our understanding further to respond to concerning trends in drug use. The Advisory Council on the Misuse of Drugs will also use their significant expertise to commence further work with a review on prevention of vulnerable groups falling into drug use. Liverpool John Moores University have been commissioned to conduct primary research to understand the causes of the recent increased prevalence of drug use among young people. This will report in early 2023, with emerging findings during 2022, and will inform a further programme of work.

The people who influence and effect change and behaviours are varied – peers, families, teachers, social media influencers and the wider media are just a few. We will therefore convene a drugs summit in spring 2022 to bring together independent experts, employers and representatives of relevant sectors, including education, law enforcement and the night-time economy, with partners from across government to help us better understand the challenges and potential solutions.

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[50] Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics).

[51] The international evidence on the prevention of drug and alcohol use: Summary and examples of implementation in England - GOV.UK (www.gov.uk)

We will draw upon the insights and recommendations from the summit and research projects as we work towards our long-term ambition. A new £5 million three-year cross-government innovation fund will allow us to test and learn, realise our ambition to reverse the rising trend in drug use, and reduce overall use towards a historic 30-year low within a decade.

Reducing the demand for drugs among adults

The strategy is unashamedly clear on our position: illegal drug use is wrong and unlawful possession of controlled drugs is a crime. We must take quick and decisive action to reduce the use of drugs recreationally. A new and bold approach – supported by an additional investment of £25 million – will be rolled out within three years to set the framework for the next decade and drive down rates of illegal drug use.

The bold new approach will deliver more meaningful, fairer and tougher consequences for those who use drugs recreationally and will make sure that anti-social behaviour impacting on the quality of life of people and neighbourhoods is a priority and dealt with robustly. It has two phases of action: taking decisive action now, and then a White Paper to be even bolder in achieving tougher and more meaningful consequences for illegal drug use. This framework will target those who currently feel, perhaps because of where they live or socialise, that they are not at risk of facing legal consequences from their use. We will make it clear to such people that they must change their behaviour, or they will face a range of escalating sanctions that will drive impositions on their lifestyles far greater than are felt today. Insights and evidence from our evaluation and research alongside this will inform future investment.

A framework for change

This programme of work is targeted at interventions that, in combination, address different aspects of the same problem. The police already come into contact with drug users in a range of contexts, but by rapidly expanding the use of drug testing on arrest, we are enabling the identification of a greater number of drug users. At the same time by bringing a tough consequences scheme to a number of police force areas and adding to existing pioneering schemes, we are ensuring that the model for assessment, referral and applying sanctions to those caught in possession of drugs is rolled out at scale. While doing this, we are supporting forces to take a consistent national approach to sending clear and impactful messages to those who buy drugs from dealers and whose contact details are found in vast numbers when dealers' phones are seized up and down the country. Further work will test the kinds of messages and support which are most likely to result in sustained changes in attitudes and behaviours and will provide evidence for future communications campaigns. As a result of all of these initiatives, drug users will increasingly become known to law enforcement, forced to face up to their behaviour, and the set of flexible but escalating interventions will begin to shift the dial on drug use.

Taking decisive action now

We are aware of seven police forces currently operating out-of-court disposal schemes and at least double this number will be operating such schemes by the end of 2024/25. With an additional £3 million per year allocated in the Spending Review, a total of £9 million, we will support forces to introduce, or expand, a tough consequences out-of-court

disposals scheme from summer 2022 which will make sure that more people using illegal drugs receive a relevant and proportionate consequence. Criminal charges will remain the final step for those who continue to offend.

The new investment will deliver an expansion in the capacity of forces to deal with drug possession offenders, ensuring that more people face the consequences of their use through a consistent, swift and certain approach to drug possession. Sanctions will be proportionate and relevant to the circumstances. For example, those who are caught in possession of drugs for the first time may be required to attend a drugs awareness course, so they have the opportunity to understand the harms of drugs and change their behaviour. In some cases, an individual may need more than one opportunity to make this change in their lifestyle, and police forces will have discretion to support this. For those who don’t engage or who continue to offend, the police will be able to impose further requirements, including levying a fine or, requiring them to do work in their community or agree to undertake drug treatment for this pattern of drug use. Ultimately, they could receive a caution or face prosecution.

This will mean that so-called recreational drug use doesn’t go without punishment, but it also allows the police to focus their attention on the ruthless pursuit of the criminal gangs supplying drugs and driving the highest harm. We believe that police officers will welcome the opportunity to direct adults who use drugs into a range of tough and meaningful interventions which will cause them to think about their drug use and the choices they are making, and in many cases will help people to decide to stop using drugs. The projects will be designed with police forces and will aim both to address the disproportionate way in which certain groups, such as young black men, are sanctioned by the criminal justice system for drug possession (as highlighted in the March 2021 Commission on Race and Ethnic Disparities report) and, at the same time, deliver a set of tougher consequences for everyone who breaks the law.

A £15 million expansion of drug testing on arrest through police forces across England and Wales will be rolled out from April 2022. All forces will have the technology to test people arrested for trigger offences, such as acquisitive crimes (such as burglary, robbery and theft), for cocaine and for certain opiates. We are also funding a number of forces to expand drug testing on arrest outside of trigger offences, as part of efforts to explore new approaches for targeting wider cohorts of users. When people test positive, they may be subject to an assessment of their drug use and referral to drug awareness, drug treatment or other interventions aimed at changing their behaviour.

Separately, we are legislating within the Police, Crime, Sentencing and Courts Bill to expand powers initially within problem solving ‘substance misuse’ courts pilots to enable drug testing of offenders serving community sentences which meet a certain criterion. At the moment, we can only test those who agree to undergo drug treatment. This new power will give judges the ability to order drug testing of anyone whose offending is related to their use of drugs, whether they agree to it or not. If they test positive, they could be in breach of their order and liable to be resentenced to a custodial sentence. This will form part of a package of incentives and sanctions available to the judge to incentivise compliance.

In addition, when we seize drug dealers’ phones, we will use the information held on them to contact their customers with a range of messages to discourage their drug use and direct them to support. This will help to make sure that no one is, or feels, anonymous

when they buy drugs. We want to learn from this, and so will support an expansion under a project called Operation Mercury, working closely with the National Police Chiefs Council and police forces.

We want to drive behaviour change to reduce the demand for drugs before it gets to this stage. Our next step is further research and testing messaging through an evidence-based, targeted behaviour change initiative, initially aimed at students in further and higher education, to be rolled out in autumn 2022.

Existing evidence tells us that communications campaigns work best when they are tailored and targeted to the audience and are integrated with support interventions, such as brief sessions on the harms of drugs, information and advice. The trial of messaging in universities will be delivered alongside increased capacity to deliver these interventions and ensure access to treatment services for those with an appropriate level of need. In choosing locations we will consider where there is need in terms of the level of drug use and where there are existing well-established local drug treatment services or young people services that, if funded, could partner with universities to expand and enhance their services.

We will robustly test and evaluate the impact of different messages including whether people act on being exposed to the campaign, namely by seeking information or support as directed by the campaign message, and then whether they make different choices about drug use.

A White Paper to be even bolder in achieving tougher and more meaningful consequences for illicit drug use

The government will publish a White Paper in due course which will look at new measures to reduce demand and deter people from illegal drug use through a set of tougher sanctions. We will not hesitate to ensure repeat offenders face consequence. At this stage nothing is off the table; for repeat offenders we will explore options to change their behaviour via civil sanctions and court orders. This could include, where relevant and proportionate, curfews or the temporary removal of a passport or driving licence, measures that would escalate depending on the severity and frequency of the offences. We will also consider going further than before in fining people who break the law, including consulting on options to increase the level of fines to maximise the deterrent and dissuasion of financial penalties.

The White Paper will also set out options to expand the use of Drug Testing on Arrest, in particular to allow this tool to be targeted towards so-called recreational users, which may involve looking at which offences are 'trigger offences', and also the drugs for which police can test. Our evaluation of the projects outlined in this section of the strategy will inform the White Paper and our long-term future ambition.

Preventing the onset of drug use among children and young people

As stated in part two of Dame Carol Black's review, preventing drug use is more cost-effective and socially desirable than dealing with its consequences. To sustainably reduce both recreational and problematic drug use among adults in the long term, we must take a whole-of-government approach to preventing use among children and young people now.

In line with the evidence, this will involve a broad range of activities, most of which are not specific to addressing drug use but have many other benefits as well. While the prevention interventions that the UK Government is responsible for are predominantly only in England, we will continue to work with the devolved administrations to share practice and learning.

School-based prevention and early interventions

The most effective and sustainable approach to reducing demand is building the resilience of young people through giving them a good start in life, the best education possible and keeping them safe, well and happy.

Drugs education is part of the compulsory health education curriculum for all state funded schools, following the introduction of statutory relationships, sex and health education in England in September 2020. In health education, there is a strong focus on mental wellbeing, including a recognition that mental wellbeing and physical health are linked. This includes teaching about the dangers of drugs and alcohol which teachers are supported to deliver with a package of teacher training modules. DfE is developing long-term monitoring of delivery across the whole of the new relationships, sex and health education requirement. This includes new quantitative and qualitative research, to understand the quality of implementation, including teacher confidence in teaching the statutory requirements, and identifying any further training and support needs.

As well as universal education, there are a range of programmes in schools to identify and support children with vulnerabilities including individual risk factors which also apply to drug use such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control. For example, multi-disciplinary specialist teams are working in alternative provision schools to provide wraparound support for those most at risk of involvement in serious violence and county lines.

Supporting young people and families most at risk of substance use

Young people at higher risk of using and experiencing harm from drugs include those taken into care, those with untreated mental health issues, those involved with gangs and those whose parents use drugs among other factors. We are stepping up investment over the next three years in a range of programmes across government that provide early support to children and families, including families where the use of drugs is a risk to the child.

Supporting families and children across the country is a crucial part of the government's ambition to level up. In addition to the £39 million already committed to champion family hubs, £300 million will be invested to transform 'Start for Life' services and create a network of family hubs in half of the council areas across England. This investment will provide thousands of families access to support, ensuring babies have the best start in life – supporting them to thrive and realise their potential. Family hubs are a way of joining up locally to improve access to services, the connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs bring together services for children of all ages, with a great Start for Life offer at their core.

An additional £200 million is being invested over the next three years in the cross-government Supporting Families Programme, taking total planned investment in England

to £695 million. This funding will help up to 300,000 more families facing multiple, interconnected issues to access effective whole-family support and to improve their life outcomes. The most recent national evaluation of the Troubled Families Programme (which preceded Supporting Families) found that, in the year before starting on the programme, 15.6% of families had an individual dependent on drugs or alcohol.[52] By supporting these parents, we can help to reduce the incidence of substance use in the next generation.

For those children who cannot remain with their families and must be taken into care, making sure that care placements provide safe and secure homes that meet their needs is a priority. Over the next three years we will provide £259m to maintain capacity and expand provision in secure and open residential children's homes. This will provide high-quality, safe homes for some of our most vulnerable children and young people.

We know that children suffering from poor mental health are at higher risk of being drawn towards drug use or the exploitation linked to it. Making sure that children have access to mental health treatment is a key component of preventing those most at risk of experiencing harm from illicit drugs. As part of an additional £2.3 billion per year by 2023/24, an additional 345,000 children and young people in England will have access to mental health services each year by 2023/24. Additional NHS targeted interventions for the most vulnerable children and young people will strengthen provision around the child and intervene earlier to enable better outcomes.

Getting young people, particularly those who are more vulnerable, socially engaged and able to form strong relationships with their peers and trusted adults is vital in avoiding them being drawn in and damaged by illicit drugs and other dangerous activities. Grounded in the findings from the Youth Review, the Department for Culture, Media and Sport will invest £560 million of funding over three years to build a new and improved youth offer across England. The Youth Investment Fund will be targeted at areas most in need and will provide investment in new safe spaces for young people, so they can access support from youth workers, and enjoy beneficial activities including sports and culture.

NHS England and Improvement are rolling out a framework for integrated care (SECURE STAIRS) across the children and young people secure estate in England. Children held in secure settings are among the most vulnerable in society. They are more likely than others to have additional healthcare needs, such as neurodevelopmental disorders, substance addiction and mental health disorders. Working collaboratively with co-commissioners and partners across the whole system (education, children's services, public health, voluntary sector and youth justice) we will make sure that integrated, trauma-informed services are delivered to those who need them.

We also know that children have distinct needs from adults as a result of their age, and it is right that this is reflected in the way that the justice system treats children who have, or may have, offended. We must recognise the unique needs of children compared with adults and the vulnerabilities of those involved in drug crime. To be effective, we must address the underlying reasons for a child or young person's offending and take a flexible and proportionate approach to addressing the criminal behaviour. This is ultimately how we see young offenders going on to lead crime-free lives. This is achieved by striking the

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[52] National evaluation of the Troubled Families Programme 2015-2020: family outcomes - national and local datasets part 4 (www.gov.uk)

right balance between prevention, support and sanction, addressing the causes of criminal behaviour, intervening early to provide support, and diverting children away from the formal justice system where possible.

Chapter 5 – Setting up for success: partnerships and accountability

Local government and delivery partners are the foundation of this strategy. They are best able to establish priorities and devise ways of working to address challenges quickly and effectively. Our vision is for this strategy to provide both the strategic objectives and the investment needed to make sure that local partners across England are empowered and resourced to deliver results. New nationally set standards and outcomes will provide structure and oversight that will ensure consistently high-quality services, and that funding is prioritised around the commitments in this strategy. At the heart of our objectives will be effective multi-agency partnerships that bring to life the principles of comprehensive treatment and recovery alongside tough and effective enforcement and ambitious prevention to reduce drug use for the long term.

What is the problem?

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different government departments and other organisations. The systems map below highlights the range of support that could be needed by an individual or a family, and potential pathways into the types of support they might need. This needs to be co-ordinated to be effective but too often it is not, or the services are not in place to provide a journey to recovery. This undermines efforts to combat drugs and level up the country.

How this strategy will change things for the better?

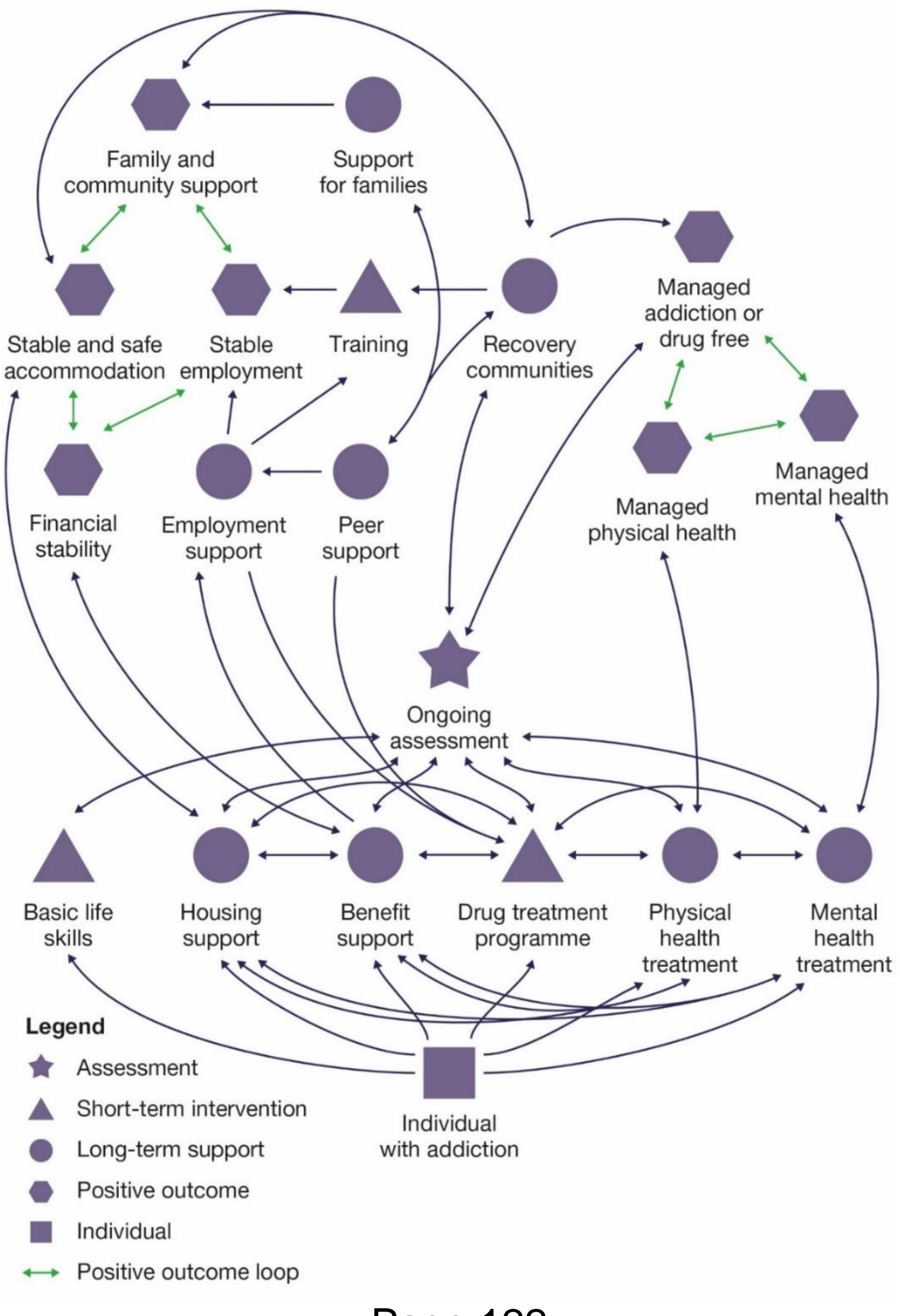
We are doing three main things to support communities to flourish and succeed:

1. **providing focused investment, targeted at the places with the greatest need** – this will mean that areas with high levels of drug use, drug-related deaths and crime will be prioritised for aligned additional funding across treatment, justice, employment and accommodation support

2. **improving partnership working** – we will set out what good partnership working looks like and who should be involved, using lessons from Project ADDER and other locally-based partnership initiatives such as Changing Futures to develop best practice and a learning network

3. **developing a system of national and local outcomes, frameworks and accountability** that will drive a consistent and clear set of expectations across the next decade, and ensure measurement of government against its promises

Image 5: Systems map on the range of support that an individual with addiction might need to access



Focused investment, targeted at the areas of greatest need

The funding announced in this strategy will deliver ring-fenced additional support across treatment and recovery services, housing support, employment support, and support for offenders. This will be rolled out across the country over the course of this Parliament, starting with the areas of greatest need, supported by focused and uncompromising enforcement on supply chains and prevention of drug use.[53]

Our existing flagship initiative, Project ADDER, has taken a local partnership approach to addressing drug use in some of the hardest-hit local authorities across England and Wales. These principles and learning will now be applied to a wider range of activity in more places. In addition, funding for Project ADDER is committed to for the next three years, to enable us to maximise progress on combating drugs and feed learning to the national roll-out.

Case study: Learning from Project ADDER

In Project ADDER, partners designed delivery plans shaped around local needs and circumstances, taking into account the views of those with lived experience at every stage. Both the police and local authority are accountable to the shared ADDER outcomes, which include reducing drug use and drug-related deaths, as well as reducing reoffending by better supporting individuals in leading fulfilling lives away from a life of crime. This has motivated each organisation to play their part in order to gain help from others to deliver on their own individual objectives.

Although the local authority and police force are at the heart of each project, their approach is based on closer working across a broad range of organisations including probation, housing, employment, mental health services and social services. This enables the police to cut off supply while working in tandem with treatment providers to divert people away from offending and into enhanced treatment and recovery interventions, including housing and employment services, having a greater collective impact on levels of demand.

The Project ADDER Partnership Network allows us to share learning and good practice across the projects with the wider sector and the devolved administrations across the UK. We will use this learning, alongside other initiatives, to build frameworks into our long-term strategy that support and enable local leaders to work in partnership, and make sure that money is spent effectively across local services. This will drive clearer alignment between national outcome expectations and local delivery outcomes.

[53] Funding for peer mentoring covers England, Wales and Scotland. Funding to support offenders will include provision of treatment via HMPPS in Wales.

Improve partnership working

Multi-agency leadership

Senior leadership buy-in and support is essential to appropriate resource and priority being placed on combating drugs within a local area. This means supporting frontline practitioners including police or probation officers, doctors, nurses, drug workers, teachers, social workers or youth workers, to work together effectively.

We are requiring local areas in England to have a strong partnership that brings together all the relevant organisations and key individuals, and to provide a single point of contact for central government. This partnership could cover one local authority or several, but it must have proactive oversight of the implementation of all three strategic priorities of the strategy and make sure that local organisations work together and jointly agree provision and where they can improve. At a minimum, we would expect all the following organisations to be represented in a strategic partnership in England, with a nominated chair as the responsible owner:

- elected members
- local authority officials (including expertise in relevant areas to include substance misuse, housing, employment, education, social care and safeguarding)
- local NHS strategic leads (e.g. clinical commissioning groups, primary care networks and Integrated Care Partnerships)
- NHS England and Improvement
- the Office for Health Improvement and Disparities region
- substance misuse treatment providers
- voluntary, community and social enterprise sector
- people affected by drug-related harm
- primary care representatives
- mental health treatment providers
- local schools and further education representatives
- Jobcentre Plus
- police representatives
- Police and Crime Commissioners
- Probation Service
- the Youth offending service
- prisons and young offender institutions

Understanding the local situation and defining priorities

It is only by sharing data and conducting joint analysis that local areas can properly understand what their priorities are, and how to address them together. A key task of the local partnership will be to conduct a joint needs assessment through the review of local drug data and evidence and use this to agree a local drugs strategy and action plan, including developing data recording and sharing. We will provide guidance and templates to help partners plan co-ordinated, efficient activity to drive down all forms of harm related to drug use. The partnership should be informed by any existing evidence already collated by the local area on system performance and maturity.

We will engage on the detail of the structures and processes to be included in the guidance early in 2022, to be agreed and operational for the 2022/23 financial year. This will happen in tandem with the development of the new quality standards for commissioning substance misuse treatment and recovery services by OHID that was mentioned in chapter 4. This will make sure that action is integrated between all three of our strategic priorities.

Working across existing structures and partnerships

There are strong existing partnerships in many local areas. Multi-agency leadership of combating drug use could operate through an existing structure (such as a Community Safety Partnership, Health and Wellbeing Board, or Integrated Care Partnership) where the membership and principles of joined-up, outcome-focused working are in place.

Prevention of substance use is a key element of the government's ambition to reduce the demand for drugs. We know that the factors placing young people at risk of substance use are complex and often inter-related. In 2017, significant reforms were introduced, requiring local authorities, clinical commissioning groups and chief officers of police to form multi-agency safeguarding partnerships. Multi-agency safeguarding arrangements were fully established in 2019, and we continue to work across government and with local partners to ensure that they are as effective as possible. With strategic oversight from health, policing and local authority leaders, multi-agency safeguarding arrangements can co-ordinate identification, protection and intervention for those at risk of harm in a way which best responds to local circumstances. Our draft guidance for a new Serious Violence Duty requires police, probation, and the NHS to work together with local authorities to prevent and reduce serious violence.

Our proposals for partnership working to address drug harms, with local flexibility alongside central guidance and support, are modelled on learning from this and other initiatives including Changing Futures and Project ADDER.

Developing a system of national and local outcomes, frameworks and accountability

National outcomes framework

To provide a clear and consistent focus on the long-term outcomes this strategy commits to, and to effectively track and measure progress, we are developing a new national outcomes framework. This will measure progress against our aims across England, enabling citizens to assess our performance.

The draft national outcomes framework is set out below and states our long term and intermediate outcomes and proposes a range of metrics that will allow us to assess progress towards these. We have built these around data that is readily available. The limitations of this approach are understood, and we will review and strengthen these

counting mechanisms in the coming months. Once finalised, we will use these headline metrics as a continuous thread through the lifetime of the strategy.

We will engage and work with experts and stakeholders, including sharing expertise and best practice with colleagues across the devolved administrations, to identify further supporting measures to monitor:

- progress from delivery to outcomes, including measures to describe the impact we are having in protecting the public from organised crime groups
- the health of the whole system and look for unintended consequences and behaviours, including differential impacts across protected groups

We will be looking at measures we can already assess, as well as:

- what can be enhanced and developed through improving data quality, data matching, and new data collection
- developing new measures focused specifically on drug use, alongside cross-cutting measures
- enhancing and developing surveys to measure qualitative outcomes, such as societal attitudes to drugs or ease of availability of drugs

In April 2022 we will publish these measures and the progress made against them in annual reports, providing updates to metrics and reporting against our commitment to expand and improve the evidence base on what works to combat drug use.

As part of our approach to developing new data, we will work with the cross-departmental Better Outcomes through Linked Data (BOLD) Programme to enhance the availability of information with the aim of improving services and outcomes for the most vulnerable adults in society. The programme will deliver better evidenced, joined-up and more effective cross-government interventions to support people at specific touchpoints in their interactions with government services, utilising timely linked anonymous data and evidence.

As Combating Drugs Minister, Kit Malthouse MP has overarching accountability for delivery of the ambitions and outcomes and will present an annual report to Parliament to monitor progress. Each relevant Secretary of State has accountability for delivering the outcomes and commitments within their Department’s remit, with a relentless focus on better outcomes for citizens and neighbourhoods. Government departments will be accountable for progress against these outcomes and metrics to the Joint Combating Drugs Unit, and through existing departmental and government-wide accountability. We will also continue to evaluate and report on programmes within this strategy, and on the success and challenges of the whole-of-government approach, to make sure that these continue to deliver value for money, and to identify and propagate good practice and track their progress against the national outcomes.

Image 6: Draft high-level national outcomes framework

Long-term strategic outcomes and headline metrics

Reduce overall drugs use	Reduce drug-related crime	Reduce drug-related deaths and harms
Measured by: Drugs use for 16-59 year olds[1] Drugs use for 16-24 year olds[1] Drugs use for 11-15 year olds[2]	**Measured by:** Drug-related reoffending rates[3] Neighbourhood crime offences[4] Number of drug-related homicides[5]	**Measured by:** Deaths from drug misuse[6] Volume of hospital admissions related to drug misuse (primary diagnosis)[7]

Intermediate outcomes

Reduce the levels of drug supply	Improve recovery outcomes	Increase engagement in treatment
Measured by: Volume of Class A drugs seizures[8] Drug purity levels - heroin/cocaine[9] Number of moderate/ major disruptions[9]	In consultation with stakeholders, we will develop a set of measures to assess wider recovery outcomes [in the community and prisons] – this is likely to include measures around achieving long-term recovery, moving into stable accommodation, meaningful activity and mental health	**Measured by:** New quality and outcome treatment measure (April 2022)[10] Numbers in treatment (opiate/non-opiate)[11]

These national metrics are currently collected and available to provide trend data to measure the strategic outcomes of the strategy. All have limitations and risks, but further work will be conducted to develop an improved set of supporting metrics, and develop the data sources further.

Sources:

[1] ONS Crime Survey England and Wales
[2] NHS Digital Statistics on Drug Misuse
[3] MOJ Proven Reoffending Data
[4] ONS Crime Survey England and Wales
[5] ONS Homicide in England and Wales
[6] ONS Deaths related to drug poisoning E&W
[7] NHS Digital Statistics on Drugs Misuse
[8] Home Office
[9] NCA
[10] OHID (in development)
[11] OHID Substance Misuse Treatment for adults

Local outcomes frameworks

For this to succeed, there needs to be alignment between national outcome expectations and local delivery. We will therefore be introducing a local outcomes framework to sit alongside the national outcomes framework. Like its national equivalent, the local outcomes framework will cover all three strategic priorities.

As with the proposed local partnership structures, we will engage on potential metrics early in 2022, to ensure that they are agreed and operational for the 2022/23 financial year. As recommended by Dame Carol Black, the local outcomes framework will enable comparison with other similar areas and, in some cases, funding may be dependent on showing progress on these outcomes. The new national commissioning quality standards will support local areas to align services with the outcomes required.

Measurement in itself will not reduce the harm associated with illegal drugs without action. We will therefore expect local areas in England to produce their own annual report, analysing local performance and identifying appropriate next steps. Organisations must jointly identify how they will address their agreed priorities, allocate their respective resources to meet the joint objectives and identify where they need more support or where government can better enable action or remove barriers.

Appropriate support will be offered to local areas based on their performance and the steps identified in their reports. Where considerable improvement in partnership structures or service delivery is required, we will support local areas to analyse their local need, draw on best practice from elsewhere, and develop and monitor improvement plans.

Chapter 6 – A 10-year journey

This strategy demonstrates clear ambition to address the substantial harm that is currently experienced across our country due to the supply and use of illegal drugs. Record levels of investment and a clear whole-of-government commitment are solid foundations for success.

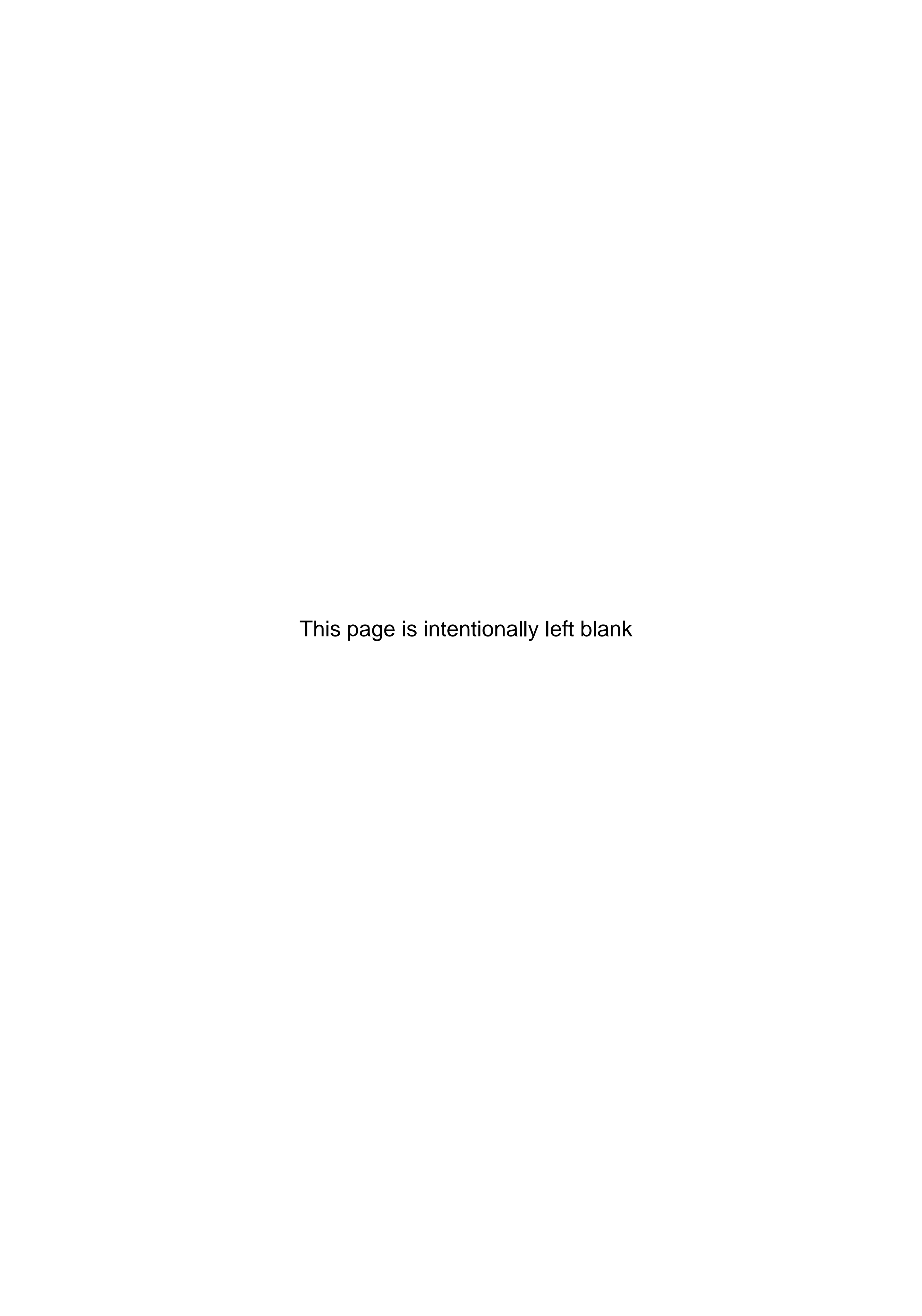
The commitment of the government cannot be judged only through words, but by action to deliver real change for citizens and neighbourhoods. Outcome frameworks and accountability are essential for this. We must also commit to transparency, openness and continuous improvement.

There are many areas that this strategy has not covered in detail. The full breadth of the government's priorities on combating drugs spans a wide portfolio. This publication is just the first iteration of what will be a living document, and we will publish annual reports, which allows us to move our thinking forward year on year. We will use the reports, which will be laid before Parliament, to track progress against the national outcomes framework. We will work with experts, including the Advisory Council for the Misuse of Drugs and experts through experience, to assess emerging threats, review the latest evidence, monitor trends and identify new areas of focus.

Central oversight will be the responsibility of the new Joint Combating Drugs Unit, headed by the cross-government Combating Drugs Minister Kit Malthouse MP. The Unit was created in July 2021, and is charged with monitoring implementation and success of the strategy and will lead on annual reporting.

Our ambition will be supported by our commitment to investing in research relating to supply, prevention, treatment, and recovery. Several components of this strategy contain commitments to innovate and improve by developing the evidence base, trialling new ideas, evaluating promising initiatives and embedding research into service delivery. We will promote greater innovation in research by offering incentives or rewards to companies or organisations whose developments prove beneficial in practice in the addiction field. We will also introduce an innovation fund, led by Chief Scientific Advisors in UK Government departments. These commitments will allow us to test and learn against our goal to drive down overall drug use – striving to level up neighbourhoods and save lives.

This strategy is the start of a 10-year journey. Over the next decade, the government and its partners must continue to listen, learn and adapt as the context around us changes. In the next three years, and in the decade ahead, we will reduce drug-related crimes, deaths, harms and overall drug use, and level up the country.



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Guidance

Guidance for local delivery partners (accessible version)

Published 15 June 2022

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From harm to hope: A 10-year drugs plan to cut crime and save lives

Ministerial Foreword

Those working locally to address the harm caused by illegal drugs know the stark reality of the damage they drive. Illicit drugs cause violent and acquisitive crime, tear apart families and degrade neighbourhoods, with a cost to society of close to £20 billion.

In December 2021 I was proud to oversee publication of the government's 10-year plan to cut drug crime and save lives, 'From harm to hope' (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives). Combating illicit drugs is a central plank of this government's mission to level up the country.

Local partners – whether in treatment, recovery, enforcement, prevention or education – are the engine room for delivery of the strategy. I want to extend my thanks for the work underway to implement the strategy at a local level.

Underpinning the drugs strategy, this Government's comprehensive response to Dame Carol's review, was the principle that combating drug use and harm is a priority for all of government working as a single team. This guidance sets out how new Combating Drugs Partnerships should apply this approach at a local level.

While it is partnership working that is key to success locally, our experience of standing up whole-system responses to illegal drugs in some of the worst-affected areas of the country through Project ADDER showed the need for a single local integrator who can bring partners together, intervene to broker solutions and unblock issues, and represent the partnership externally.

At the national level, as the Combating Drugs Minister, I am working across the whole of government to oversee the strategy, which recognises combating illicit drugs as a single government mission.

Mirroring this national approach, this guidance asks all partnerships to nominate a single local Senior Responsible Owner (SRO) who will represent and account for local delivery and performance to central government. These SROs will be the key local point of contact for central government and the National Combating Drugs Outcomes Framework provides a route to track progress on a local and national level. I look forward to working with the new SROs, our local 'team captains', in the months ahead.

The Rt Hon Kit Malthouse MP

Combating Drugs Minister

Executive summary

Successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the drugs strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm. It will also have broader relevance to policing and criminal justice partners in Wales given that criminal justice is reserved to the UK Government.[footnote 1]

Dame Carol Black's independent review of drugs set out the importance of developing and improving local collaboration, with joint assessments of local need and planning for delivery. This guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality that span the whole of the strategy; breaking supply, treatment and recovery, and reducing the demand for drugs.

It sets out our National Combating Drugs Outcomes Framework, which will provide a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the 10-year drugs strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families and neighbourhoods across the country and in local areas.

To support the delivery of these outcomes, the Government will look to all local areas in England to deliver the key actions outlined in the checklist on the following page.

Action	Timeframe	Further guidance
Nominate your local senior responsible owner (SRO)	By 1 August 2022	See Leadership roles section
Form your Combating Drugs Partnership: bring together the different individuals and organisations who represent and deliver the drugs strategy goals, and co-ordinate activity to reduce drug harm in a local area	By 1 August 2022	See Representation on the partnership section
Confirm the footprint for your partnership: every upper-tier local authority should be covered, and where local areas can work together to create a shared arrangement across a wider footprint, such as a combined authority, they should do so	By 1 August 2022	See Geography section

Action	Timeframe	Further guidance
Agree the terms of reference for your local partnership and your governance structure	By end September 2022	See Governance section
Conduct a joint needs assessment, reviewing local drug data and evidence	By end November 2022	See Analyse section
Agree a local drugs strategy delivery plan, including developing data recording and sharing	By end December 2022	See Plan section
Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	By end December 2022	See Local data sources and data sharing section
Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	First progress report by end of April 2023 and every 12 months thereafter	See Review and update section

Chapter 1 – Introduction

What is the challenge?

Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year.[footnote 2] Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden.

The organised criminality behind the drugs trade makes our neighbourhoods less safe, and drugs contribute to almost half of all homicides.[footnote 3] Heroin and crack cocaine addiction are linked to almost half of all acquisitive crime, including burglary, robbery and theft.[footnote 4] In the UK, there has been an 80% increase in drug-related deaths since 2012, with the number of heroin-related deaths doubling in that time.[footnote 5]

What is our collective response?

Neighbourhoods blighted by the presence of illegal drugs cannot prosper and provide the happy, healthy environment that people deserve. In December 2021, this government published a new 10-year drugs strategy, 'From Harm to Hope (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-

cut-crime-and-save-lives)', backed by record levels of funding of over £3 billion from 2022 to 2025. This provides the foundations for work at both a local and national level to deliver the following strategic priorities:

1. break drug supply chains
2. deliver a world-class treatment and recovery system
3. achieve a shift in the demand for drugs

These priorities are underpinned by Dame Carol Black's landmark independent review, which recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of Government. The review set out the compelling evidence of the benefits to society of investment in high-quality drug treatment and recovery. Our 10-year commitment set out how the whole of Government and public services will work together and share responsibility for creating a safer, healthier and more productive society.

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different government departments and other non-governmental organisations. Co-ordinating supply and demand reduction efforts increases the benefits of each and ensures that progress in one is not undermined by the other.

Successfully addressing drug use and supply in a local area requires a range of organisations to work together to tackle this issue based on local needs. Organising service delivery around the people using them produces better experiences for those affected by drug-related harm. Half of the acquisitive crime that blights our neighbourhoods is committed by people using opioids or crack cocaine, who often have multiple and complex needs, so local partnerships will need a specific focus on providing them with person-centred support.

The benefits of combating illicit drugs can be significant and wide-ranging, improving people's safety, productivity, health and wellbeing. People in recovery from substance misuse are 'better than well', meaning they become active citizens, and give back to their community at a higher rate than the general population, helping the vulnerable and making the community a safer place for all.[footnote 6]

What is the contribution of this guidance?

This guidance outlines how local areas in England should deliver the transformative ambition set out in the 10-year drugs strategy and provides clarity on the mechanisms that central government will draw upon to track and support delivery.

The first step of this journey is for local areas to provide central government, through the Joint Combating Drugs Unit (JCDU), the agreed geographical extent of their Combating Drugs Partnership and details of the named local SRO by 1 August 2022.[footnote 7]

Combating Drugs Partnerships should have needs assessment work and a delivery plan in place by the end of 2022. This work should build on, and work alongside, existing programmes and structures, including local integrated care strategies, serious violence and homicide problem profiles and strategies.[footnote 8]

Local partners should use this guidance to review and develop their own partnerships over time. For some areas, the partnership will be an evolving structure as areas respond to the scaling up of ambition and funding over the coming years.

The guidance itself will be iterative, with further updates and communication as central government and local partners develop learning and evidence of what works, and as findings and recommendations emerge from other relevant work, such as the review of Community Safety Partnerships (CSPs).

This document should be read alongside other relevant guidance, notably the forthcoming Commissioning Quality Standard published by the Office for Health Improvement and Disparities (OHID), and guidance and standards provided by organisations including the Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE).

While the partnerships set out in this guidance apply to England only, policing and criminal justice partners in Wales should refer to the outcomes in Chapter 2 that apply to them when developing their priorities.

Chapter 2 – National Combating Drugs Outcomes Framework

The 10-year drugs strategy is organised around delivering progress on the key outcomes of reducing overall drug use, reducing drug- related crime, and reducing drug-related deaths and other harms.

The National Combating Drugs Outcomes Framework set out in this chapter outlines these goals with metrics that will be used to measure progress.

It is the single overarching framework for central and local government to monitor progress towards our commitments. Local SROs should be able to account for progress against this framework and the future supporting metrics, allowing central government and others to identify where best practice can be shared and where areas require further support or action.

Therefore, this chapter:

- outlines the metrics and data sources for the National Combating Drugs Outcomes Framework
- emphasises how these outcomes should guide local activity and measure its impact
- outlines the cross-cutting nature of these outcomes, and therefore the need for a range of different organisations to work together to achieve the ambition for

change outlined in the 10-year drugs strategy

A whole system approach to monitoring and measuring progress

There are six overarching outcomes that successful delivery of the 10-year drugs strategy will achieve: to reduce drug-related crime, harm, overall use, supply, and to increase engagement in treatment and improve long-term recovery.

These outcomes have been shaped around improving the lives of citizens and neighbourhoods in the mission to level up the country. This framework brings together a wide range of government departments and local organisations. By providing a single set of outcomes that everyone involved in the drugs strategy works towards, we aim to set a clear direction of travel and avoid the problem of organisations being pulled in different directions by competing outcomes and targets.

The National Combating Drugs Outcomes Framework outlines how we will measure delivery of the outcomes in the strategy in two parts:

1. Headline metrics: published, reliable measures that we will use to monitor progress towards our outcomes (see table 1 below)
2. Supporting metrics: to be published alongside a technical guide later in 2022. These will be a set of additional supporting measures which will be monitored and provide two key areas of information:

   2.1 more timely, interim, and/or proxy measures, which when used with care can tell us about direction of travel towards the strategic outcomes – options being explored include drug deaths in treatment and the acceptability of drug use.

   2.2 a clearer picture of how the system interacts with the outcomes, to monitor the health of the whole system and to see any unexpected impacts or early warnings – options being explored include measures of ‘meaningful activity’ in treatment and children in need with drugs as a factor [footnote 9]

Further technical details, including where criminal justice outcomes cover Wales, are provided in Appendix 2.

Table 1: National Combating Drugs Outcomes Framework

Our ambition: a safer, healthier and more productive society by combating illicit drugs

What we will deliver for citizens (strategic outcomes)	Measured by:
Reducing drug use	The proportion of the population reporting drug use in the last year (reported by age) Prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	The number of drug-related homicides The number of neighbourhood crimes
Reducing drug-related deaths and harm	Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)

What will help us deliver this (intermediate outcomes)	Measured by:
Reducing drug supply	The number of county lines closed The number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	The numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) Continuity of care - engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	The proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use Key additional components integral to recovery include housing, mental health, and employment

‘From harm to hope’ set out a series of national commitments, supported by the record levels of investment, that will be monitored as part of this framework:

Outcome commitments in the strategy

By the end of 2024/25 we expect this whole-of-government mission to have:

- prevented nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- delivered a phased expansion of treatment capacity with at least 54,500 new high- quality treatment places – an increase of 20% – including:
  - 21,000 new places for people who use opiates and/or crack cocaine, meaning that 53% of opiate and crack users will be in treatment
  - at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
  - a treatment place for every offender with an addiction
- contributed to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closed over 2,000 more county lines through relentless and robust action to break the model and bring down the gangs running these illegal lines
- delivered 6,400 major and moderate disruptions – a 20% increase – of activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains
- significantly increased removal of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Over the course of the 10-year strategy, we will reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low.

Monitoring and tracking at a local level

Local areas should use the outcomes framework to guide their work and measure improvements for people and neighbourhoods. It is these outcomes that should guide planning and progress reporting by local partnerships, and against which SROs should be able to explain progress.

As Combating Drugs Partnerships are established and develop, they should ensure that their work on local needs assessments, delivery plans and the reporting and management of data and intelligence is all be structured around these outcomes and commitments. Chapter 4 sets out the process for assessing need and delivery planning in more detail, including how local partnerships might build out from these national measures with local 'real-time' metrics.

There are many good sources and summaries of data already available, and we will collate and develop nationally-held datasets and dashboards to enable comparisons between different local areas, to understand better any challenges or questions.

- The new Digital Crime and Performance Pack (DCPP) is available to all police forces in England and Wales, and PCCs[footnote 10][footnote 11]
- The National Drug Treatment Monitoring System (NDTMS) for specialist substance misuse treatment data.[footnote 12] OHID is working on a suite of local indicators to cover the full range of ambitions set out in the strategy for those who are engaged in specialist substance misuse treatment. These metrics, based on NDTMS data, will help local areas understand the health of the wider local system, and will be incorporated into regular reports that all relevant partners will be able to access.

While the outcomes framework in its entirety applies in England only, the UK Government will work with the Welsh Government and wider partners to identify the policing and criminal justice outcomes that apply in Wales and agree the accountability structures.

Wales is currently developing its own Substance Misuse Outcomes Framework and will consider areas of alignment.

Future development

The metrics in this framework are built around data that is readily available at a national level. Our commitment to improving the quality of data and measurement of outcomes through the course of this strategy means that we will continue to assess and refine the framework. The government will support this effort at a national level to consider:

- improving the data we already collect: improving data quality and frequency of updates and reports, adding additional flags and metrics, and developing new measures focused specifically on drug use
- exploring opportunities for data matching: working with existing government programmes to ensure that data relevant to drug-related harm are considered and improved, notably via the Better Outcomes through Linked Data (BOLD) programme, which is focused on those with multiple and complex needs, connecting data to understand how our services are working for individuals and how we can join up services better
- enhancing and developing surveys: measuring qualitative outcomes where sources are currently lacking, such as societal attitudes to drugs or ease of availability of drugs
- reviewing and improving metrics: any metric we use will have limitations and the risk of unintended consequences, so we will be reviewing the implementation of metrics with a view to mitigating any issues that arise – including the new treatment effectiveness measure

Further detail will be included in the technical guide.

Chapter 3 – Combating Drugs Partnerships

Working in partnership is essential if we are to effectively deliver the three strategic priorities set out in the 10-year drugs strategy: breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a shift in the demand for drugs. All three priorities form the scope of a local partnership approach to delivering the strategy.

This chapter outlines key principles and structures to support the formation of effective partnerships and asks local areas to:

- form a clearly defined partnership structure based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements
- select an SRO who can represent the partnership nationally, reporting to central government regarding its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues when necessary
- involve all those people and organisations affected by drugs in developing joint solutions to these issues

The role of a dedicated Combating Drugs Partnership

Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them. The structures outlined in this guidance aim to empower people and organisations to deliver real change at a local level.

Combating Drugs Partnerships should be multi-agency forums that are accountable for delivering the outcomes described in Chapter 2 within local areas. They will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships should have a named SRO who should report to central government and hold delivery partners to account.

There are already strong multi-agency partnerships in place or being established in many areas, operating through structures such as Community Safety Partnerships (CSPs), Violence Reduction Units (VRUs), Local Criminal Justice Boards (LCJBs), Safeguarding Partnerships, Health and Wellbeing Boards (HWBs), and Integrated Care Partnerships (ICPs). While all these (and more) may contribute to addressing drug use and promoting recovery, a dedicated Combating Drugs Partnership brings together action and oversight across the three priorities of the 10-year drugs strategy with accountability for delivery against the National Combating Drugs Outcomes Framework as outlined in Chapter 2.

Geography

Scope of partnerships

When determining the geographic footprint of a partnership, local areas should ensure that:

- the partnership is no smaller than a single upper-tier local authority area
- an upper tier local authority is not covered by more than one partnership
- agencies work together across a wider footprint to create a shared arrangement which improves integration, where they can do so

Collaboration across multiple local authorities was recommended by Dame Carol Black for the commissioning of specialist residential and inpatient substance misuse support, which is being facilitated through the inpatient detoxification grant. Similarly, working across several local authority areas may improve work involving police and criminal justice partners, who would otherwise need to participate in multiple partnerships. Consideration should also be given to health organisations, notably Integrated Care Systems.

Joining together local authorities would be particularly relevant in areas where combined authorities or metro mayors are in place. Greater Manchester, for example, has formed a dedicated drug and alcohol transformation board that operates across the combined authority area and includes a wide range of stakeholders. Given the existing structures and context in the area, this is an encouraging approach.

Where partnership arrangements span more than one local authority area, thought should be given to how variations in need and provision will be reviewed at a more local level – for example, through individual local authority scrutiny committees.

This specific partnership approach is applicable to England only. However, the government is committed to working with the devolved administrations to embed collaboration and share good practice on these issues. For example, in Wales a local partnership approach has already been embedded for a number of years, with Area Planning Boards (APBs) taking the lead for commissioning substance misuse services based on evidence of need. The APBs are based on the Local Health Board footprint. Representatives from HMPPS in Wales, the appropriate Police and Crime Commissioner and the relevant force will be members of the local APB partnership, which is the structure for both commissioning and monitoring substance misuse treatment services.[footnote 13] Strategic national oversight in Wales is provided by the Substance Misuse National Partnership Board.

Existing partnerships

We recommend that when choosing the geographical coverage of a partnership, areas harmonise arrangements with relevant structures that are already operating across several local authority areas, such as Project ADDER, the Changing Futures programme[footnote 14], or VRUs.

Developing partnerships

The administrative geography of partnerships can be changed over time. Where changes are proposed, these should be agreed by the relevant partners, communicated clearly to relevant agencies, practitioners and the wider public, and agreed with central government.

While these partnerships are proposed in England only, they should consider any cross- border issues where co-ordination with partners in Wales, Scotland and Northern Ireland is needed. Examples of this include joint working by police forces to remove county lines running across borders, or prisons and probation services working with wider partners to ensure continuity of care for people with drug misuse problems who leave prison and cross the border (to or from England) to return home.

Leadership roles

Combating Drugs Partnerships should have a clearly named Senior Responsible Owner (SRO). We would expect them also to chair the partnership and occupy one of the following roles[footnote 15]:

- PCC
- local authority elected leader
- elected mayor
- local authority chief executive
- director of relevant local authority department (e.g. public health, children's services, housing)
- regional probation director
- Integrated Care Board (ICB) chief executive
- senior police officer

Local areas should identify their SRO to the JCDU, along with the agreed geographical extent and the wider representation on the partnership, via https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/ (https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/) by 1 August 2022. Appendix 1 lists the questions included in this form.

This process is in place to confirm the formation of the partnership and for central government to be aware of the membership, geography and SRO. Local areas do not need to wait for confirmation from central government and should start to operate these structures as soon as possible to agree Terms of Reference by 30 September 2022.

In addition, based on learning from programmes such as Changing Futures, we recommend the following roles are in place to support the SRO and partnerships:

- partnership lead – named lead for overseeing delivery of local programmes and co- ordinating partnership, e.g. the joint commissioning manager for substance misuse treatment and recovery services

- public involvement lead – named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways
- data and digital lead – named lead on data, data protection, information governance and outcomes measurement

What is the role of the local SRO?

The local drugs strategy SRO should be the key local 'system integrator' responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework. To do this effectively, the SRO should be someone who can hold key partners to account, offering constructive challenge and support to unblock issues and drive system improvement. For most partnerships, this function would be carried out by one of the role holders listed above.

The Combating Drugs Partnership SROs and their teams would be responsible for:

- convening and chairing partnership meetings
- encouraging full involvement of local leaders and putting in place the governance structure and culture to drive joint, system-wide decision-making
- overseeing development and delivery of a shared local plan with a whole-system approach addressing the three strategic priorities set out in the drugs strategy
- unblocking issues across the system
- reporting on the partnership's performance and delivery into central government

SROs would oversee development of the following products and information:

- terms of reference
- joint needs assessment
- local strategy and delivery plans
- progress reports

Representation on the partnership

Representation

When agreeing the membership of the partnership, organisations should ensure there is appropriate representation of a range of perspectives. As the partnership is to be accountable for delivery of the outcomes in the locality, the SRO should be confident that the membership provides representation from key stakeholders, with appropriate individuals involved who are able to make decisions and hold each other to account. It is recommended that partnerships regularly review their own functions – and modify their structures and approaches accordingly.

The following are the minimum key organisations and individuals that should be represented in a Combating Drugs Partnership in England:

- elected members (in two-tier authority areas it would be appropriate to have multiple representatives to ensure that different tiers and responsibilities are adequately represented, notably housing)
- local authority officials (including expertise in relevant areas such as substance misuse, housing, employment, education, social care and safeguarding)
- NHS (including strategic and mental health provider representation)
- Jobcentre Plus
- substance misuse treatment providers
- police
- PCC
- National Probation Service
- people affected by drug-related harm
- the secure estate, such as prisons, young offender institutions (YOIs)

In addition to these organisations, partnerships are also expected to engage and work with:

- local schools and other education providers
- higher education
- further education
- housing associations and providers of supported housing and homelessness services
- youth offending teams
- voluntary, community and social enterprise (VCSE) and other community organisations
- coroner's offices
- fire and rescue authorities
- Office for Health Improvement and Disparities regional team

Appendix 3 has more detail on potential members of the Combating Drugs Partnership and explains how they should be involved.

Lived experience

The voices and full involvement of people who have experience of drug-related harm are an essential part of this partnership, including people who use (or have used) drugs, their family members, family members of those who have died or been killed as a result of involvement in drugs and, more broadly, local residents or businesses affected by drug- related harm.

Partnerships should be aware that representation and involvement of people with lived experience takes time and effort, and appropriate resource should be dedicated to ensuring that there are the right structures in place to support people

to get involved in these processes, including financial assistance. There should also be specific attention paid to ensuring people with a wide range of backgrounds and experiences are involved with the partnership.

Lived experience recovery organisations (LEROs) are invaluable for involving those with lived experience of substance use and recovery and, where these do not already exist in a local area, partnerships should work to facilitate the development of these organisations. As mentioned in Dame Carol Black's review, the College of Lived Experience Recovery Organisations (CLERO) works with LEROs across the UK and should be a key support in this process.

LEROs themselves, as well as the wider partnership, should consider representation, diversity and inclusion, to help ensure that support and representation structures are culturally responsive, acknowledging the variety of social, cultural, faith-based and spiritual perspectives people will have in a given area.

Governance

Each local area will have a unique mix of circumstances, and so the exact form and processes of an individual Combating Drugs Partnership should be determined by discussion among local leaders and residents themselves.

This should include collectively agreeing how the Combating Drugs Partnership relates to other relevant groups, organisations, strategies and wider stakeholders, and developing a governance map to explain this.

The list below demonstrates some of the other operational and strategic bodies that the Combating Drugs Partnership will need to define its relationship with. Where the partnership sits across multiple local authorities, including lower tier authorities, the model should relate to relevant structures for all local authorities.

Examples of other relevant local structures

- Health and Wellbeing Board
- Community Safety Partnership
- Local Criminal Justice Board
- Integrated Care Partnership
- Safeguarding Children Partnership
- Adult Safeguarding Partnership
- Domestic abuse strategic group
- Violence Reduction Unit

Local areas should develop and agree terms of reference to specify:

- the scope of activity to be overseen by the partnership, including clarity on the decision-making powers and responsibilities

- the roles of different partner organisations
- the links to other relevant groups and partnerships (e.g. Community Safety Partnerships)
- the frequency of meetings – note that virtual discussions may be helpful
- how activity will deliver the key outcomes outlined in the national strategy
- any outcomes to be pursued locally in addition to those set nationally
- clear, practical arrangements for managing risk and resolving disagreements between partners
- how activity and outcomes will be regularly reviewed to see if the partnership is delivering effectively, including feedback from people who use – or feel excluded from – services
- how any planning and review processes will include consideration of impact, including equality impact assessments
- how all partners contribute appropriately to sustaining the partnership itself (e.g. secretariat, analysis, etc.)

If an area is considering using an existing partnership structure, it should ensure that it modifies membership and terms of reference of this and other relevant groups appropriately.

Partnerships should also consider the use of sub-groups to focus on the detail of specific issues, and link to existing structures where they are already in place. The role of sub- groups will partly depend on the geographical extent as areas that bring more than one local authority together are likely to have more of a strategic oversight role. These sub- groups might include a joint substance misuse treatment and recovery group, a workforce development group, a drug-related homicide prevention board or task and finish groups as appropriate. The partnership should retain oversight of the work of these groups, setting priorities and tasks and reviewing delivery.

The principles that should be adopted by a Combating Drugs Partnership

The following principles have been identified as central to effective working to reduce drug-related harm. They should form the foundation of any partnership established to deliver on the strategy.

Shared responsibility

All relevant organisations and professionals see reducing drug harm in a local area as an essential part of their role.

Person-centred support

All plans and services are designed around the needs and preferences of local residents, rather than systems or processes. There is ‘no wrong door’ for someone seeking support for a drug-related issue.

Genuine co-production

People who access treatment and recovery services and those who have been personally affected by drug harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.

Equality of access and quality

Everyone is able to access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.

Joint planning

Members share data and analysis and co-ordinate resource allocation, to ensure service delivery is more effective and efficient.

Coordinated delivery

The wider context of people's lives – as part of relationships, families and neighbourhoods – is reflected in the way that services operate. People should not need to 'tell their story' multiple times, and there should be good communication, data sharing and co-ordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan and consider the role of the 'lead practitioner' – someone who acts as a single, consistent and trusted point of contact for different organisations and services.

Local visibility

The partnership is recognised by local residents as a key forum and decision-making body, and works to increase public confidence related to drug issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products and publications.

Flexibility

The local partnership responds to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.

Long-term strategic view

There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery, and a generational shift in patterns of drug use.

Alcohol

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs.

Therefore, while the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address

alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs. Drug-related harm should not be driven down at the expense of increasing alcohol-related harm.

Areas may find that this requirement is best met by having a dedicated partnership meeting that covers issues related to both alcohol and other drugs, as Greater Manchester has done (see Appendix 4).

Chapter 4 – The responsibilities of Combating Drugs Partnerships

Combating Drugs Partnerships have huge potential to level up neighbourhoods and make significant progress in combating illicit drugs and the harms they drive.

This chapter outlines the cycle of joint activity that the partnerships should lead:

- a joint local needs assessment, reviewing local drug data and involving all relevant partners
- agreement of a local drugs strategy delivery plan that reflects the national strategic priorities, including developing data recording and sharing at a local level
- regularly reviewing progress, reflecting on local delivery of the strategy and current issues and priorities

Needs assessments, delivery plans and progress reviews should be seen as linked elements of a continuous process to analyse the situation, plan actions to improve it, take these actions, and reflect on what has been learnt – as part of a cycle to better understand the situation and how to improve it. The sections below offer more detailed advice on the content and structure of these pieces of work.

Key tasks and timeline for Combating Drugs Partnerships as they are established

1. Partnership, geography, membership and local SRO agreed by partners by 1 August 2022.
2. New local multi-agency partnership terms of reference and governance agreed by end of September 2022.
3. Partners carry out joint assessment of local evidence, data and need by end of November 2022.
4. Delivery plan and performance framework developed across supply, demand, treatment and recovery by end of December 2022.
5. Review progress against plan and local outcomes by end of April 2023.
6. Work with central government support to update and improve.

Analyse

Partnerships should jointly conduct an initial assessment of evidence and data to understand better the local issues and patterns of drug-related harm. This process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. As noted below, there should be continual use of data by the partnership to assess and review need and impact.

This assessment should be an attempt to understand the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

Partnerships should focus on bringing the three priorities in the strategy together to understand potential interactions, synergies and dependencies. An integrated local strategy should be a unique and new contribution of Combating Drugs Partnerships.

This analysis should draw on other relevant partnerships and pieces of work, such as local drugs market profiles, community safety strategic assessments and Joint Strategic Needs Assessments (JSNAs). PCCs, police forces, Regional Organised Crime Units and Violence Reduction Units (where they exist) are likely to hold much of this information, for example, and OHID produces an annual data pack for each local authority, drawing together treatment data and other relevant data on prevalence and harm to form a basis for local needs assessments in relation to drug and alcohol treatment and recovery.

Local partnerships should also use relevant service reviews from inspectorates, feedback from people using services and the wider community, as well as specific case reviews in areas such as domestic homicide, offensive weapons homicide, mental health, and child and adult safeguarding.

The approach required is much more than a presentation of data or trends. There should be a clear structure and analytical framework that allows the partnership to fully understand the issues and plan joint activity to address them.

Part of the assessment of data, intelligence and other evidence should be to outline how progress will be measured, with key data sources identified where possible and appropriate. The National Combating Drugs Outcomes Framework, at Chapter 2 and Appendix 2, provides the overarching measures, and local areas will be held to account on progress against them.

What to ask as part of a needs assessment

Questions to consider for the needs assessment might include:

- How can we measure if our residents' lives are improved?
- How can we measure if specific services are being delivered well?
- How are we doing at the moment on the most important of these metrics?
- Which partners have a key role to play in doing better? Note that partnerships should think carefully about organisations, groups and individuals who might not

already be involved in this work – for example community groups not directly related to drug harm, or people who are not currently engaging with services
- What initiatives do we know work to improve things? There should also be a commitment to try new things and develop the evidence base where there aren't already effective, clearly evidenced approaches.

In conducting analysis, the partnership should make reference to:

- the full range of drug use, whatever substance, and whether use is recreational or dependent
- the presence of drug supply within the local area and exported to other areas
- the impact of both drug supply and use on crime, including serious violence, homicide and acquisitive crime
- a wide range of issues, to include housing, employment, mental and physical health and wellbeing, and education
- all demographics, with reference to all protected characteristics, to ensure any disparities in need or impact are identified and addressed, noting the specific potential challenges in relation to stigma and substance use
- geographical disparities
- the accessibility of services, noting routes into services (e.g. referral sources)

These suggestions are not exhaustive, and partners should draw on the full range of resources provided by sector-led organisations, including the Local Government Association (LGA), National Police Chiefs Council (NPCC), the Association of Police and Crime Commissioners (APCC), the National Crime Agency (NCA) and the College of Policing.

Local data sources and data sharing

While central government will provide tools to help local partnerships in their planning and review work, as described in Chapter 2, it is essential that partners unlock the power of data across different organisations at a local level to help understand and tackle the problems facing their areas.

By looking at real-time, local data, potentially matched at the individual level, it is possible to gain a much quicker and more detailed insight into the local situation than only using national data, where there can be time lags and a loss of detail in order to generate the consistency and comparability required. An example of how this can work well is using data on drug-related deaths and 'near misses', to be able to provide up-to-date harm reduction advice to people who use drugs and frontline practitioners across a range of organisations (see case study in Appendix 4).

Partnerships should therefore set out and agree how they will record and monitor local data to understand challenges and opportunities, and drive service improvement and better outcomes. This work on data monitoring should make specific reference to the context and issues described above.

As part of this process, Combating Drugs Partnerships should identify what relevant data individual organisations already hold, what data sharing agreements they have in place locally, and how they intend to develop the collection, sharing and use of data to drive service improvement and achieve better outcomes.

To deliver this and to make the most of interpreting the data, investing in shared analytic capacity across the local system can be invaluable to ensure the maximum benefit is gained from data collection. Combating Drugs Partnerships should help organisations to share not only data, but also resources through staffing, training and technology.

The basis for local data sharing

There is already a strong regulatory framework to support sharing data. The recent health and social care white paper, 'Joining up care for people, places and populations (https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)', recommends the development of a shared care record. There are examples of local arrangements already in place that can be used as a basis for new agreements. SAVVI in Greater Manchester has published a template of an information governance framework (https://docs.google.com/document/d/e/2PACX-1vSSifSPxF0m0OIGE845GMNGtJITPse1EBezLd3AeeEm6ccWP7k_wnSZSqI151aYG6wIpP9SIv77mXqq/pub). We strongly encourage partnerships and practitioners to build on work underway, including through existing partnerships, and share best practice through networks to ensure that local areas can build on the experiences and work done already in this space, rather than reinventing the wheel.

Local plans

The next stage of work for partnerships should be to develop a local plan of action to reduce drug-related harm, based on the evidence and discussions undertaken in the 'analyse' stage. With the local context and needs in mind, the plan should outline specific actions to demonstrate how the partnership will address the core issues outlined in the strategy, and explained in the numbered points in Box 6, all of which should be covered in the plan.

The plan must be consistent with existing legislation and, where relevant, should build on existing plans already agreed, such as joint health and wellbeing strategies and Community Safety Partnership plans. It should draw on insights from a range of analyses and assessments that are already carried out in relevant fields, and engage different types of professionals to ensure it resonates with frontline staff and local residents.

The Combating Drugs Partnership should play a role in overseeing and co-ordinating relevant funding streams relevant to this agenda to provide the necessary link between funding and delivery. It is recommended that partnerships merge funding streams where appropriate and engage in joint commissioning and service delivery – for example, as recommended by the Advisory Council on the

Misuse of Drugs in relation to sexual health and substance misuse treatment services.[footnote 16]

Drugs strategy commitments for local areas to cover in their plans
Break drug supply chains

1. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
2. going after the money – disrupting drug gang operations and seizing their cash
3. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
4. tackling the retail market – improving targeting of local drug gangs and street dealing
5. restricting the supply of drugs into prisons – applying technology and skills to improve security and detection

Deliver a world-class treatment and recovery system

1. delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
2. strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
3. ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
4. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
5. improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
6. increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
7. keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

Achieve a generational shift in the demand for drugs

1. applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm
2. delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs

3. supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

Review and update

The partnership should have regular monitoring in place to check the progress of actions. This should specifically consider effects across the three key priorities in the strategy, focusing on interactions and unintended consequences.

At least once a year, the partnership should take stock of its progress in reducing drug- related harm, reporting against the National Combating Drugs Outcomes Framework and additional local metrics. This stocktake should draw on any relevant inspection reports provided by organisations including the CQC, Office for Standards in Education, Children's Services and Skills (Ofsted), HM Inspectorate of Probation, HM Inspectorate of Prisons, and HM Inspectorate of Constabulary Fire and Rescue Services (HMICFRS). It should also make use of self-audit tools as provided by government departments and sector organisations or developed by local areas themselves. Delivery of drug treatment, for example, should be reviewed with reference to the upcoming Commissioning Quality Standard.

While plans should provide stability in partnership aims and activity, we would expect the plan to be assessed and updated as necessary at least every three years, in conjunction with the needs assessment.

Chapter 5 – Reporting and oversight

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government, and regularly seek to learn and improve practice.

This chapter outlines how partnerships should link with regional and national structures of support with guidance on:

- how central government will track progress across the partnerships and support the sharing of best practice
- working with regional and national colleagues when conducting analysis, formulating delivery plans and developing progress reports

Overview

Accountability was a key theme of the Dame Carol Black's independent review. The Combating Drugs Minister has overarching accountability for the strategy and delivery of the outcomes, with each relevant Secretary of State having accountability for delivery of the elements within their department's remit. The drugs strategy committed to presenting an annual report to Parliament to monitor progress in line with Dame Carol's recommendation.

Local accountability will have parallels to this approach. Each Combating Drugs Partnership should oversee progress towards the outcomes, with the local SRO having overarching responsibility for local delivery of the strategy. Other members of the Partnership will be responsible for their elements of delivery in line with the reporting frameworks and outcomes associated with the funding they oversee.

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government. Publication of local needs assessments, plans and high-level reporting is recommended to demonstrate this.

Figure 5 below sets this overall structure out in more detail.

Figure 5: Reporting and support structures for Combating Drugs Partnerships

Diagram showing recommended members of a Combating Drugs Partnership reporting through a Senior Responsible Owner to central government, comprising the Drugs Strategy departments and the Joint Combating Drugs Unit, which report in turn to the Secretaries of State and Combating Drugs Minister and finally the Prime Minister. The National Combating Drugs Outcomes Framework is shown as running alongside all stages of this.

The recommended core members of a Combating Drugs Partnership are listed here as follows, in colours corresponding to a relevant government department, or as external:

- People affected by drug harm (external)
- Elected members (e.g. councillors, mayors) (external)
- PCCs (external)
- National Probation Service (Ministry of Justice)
- Secure estate (prisons, YOIs) (Ministry of Justice)
- Police (Home Office)
- Local authority officials (Department of Health and Social Care)
- Substance misuse treatment providers (Department of Health and Social Care)
- NHS (Department of Health and Social Care)
- Jobcentre Plus (Department for Work and Pensions)

The six drugs strategy departments are:

- Department of Health and Social Care
- Home Office
- Department for Levelling Up, Housing and Communities
- Ministry of Justice
- Department for Work and Pensions
- Department for Education

Regional oversight and support

Combating Drugs Partnerships should work closely with the relevant regional staff representing the six key departments and the Joint Combating Drugs Unit. Relevant regional staff could include HM Prison and Probation Service (HMPPS) drug strategy leads, HMPPS health and justice co-ordinators, Regional Organised Crime Units within the police and OHID regional substance misuse leads.

Regional staff should also be invited to attend partnership meetings as appropriate to support analysis, planning and co-ordination across departments and organisations. This will also facilitate the sharing of best practice and a culture of continuous improvement across central and local government. Partnerships are also encouraged to connect with each other to spread best practice and allow for peer review to ensure they work as effectively as possible. The intensity of support offered by regional teams will depend on the needs and performance of the local partnership.

In addition, options are being explored for how we can share best practice and support connections being made between local areas through national forums. We expect to build on and expand the existing Project ADDER partnership network to understand the learning from Project ADDER areas and discuss delivery through a multi-agency approach. We plan to use this forum, and the network of Project ADDER areas, to share lessons learnt and effective solutions to shared problems that could be of use to SROs. Further guidance and support will be made available through the Joint Combating Drugs Unit.

Links with central government

The named local SRO and partnership lead will act as the main points of contacts for central government to provide communications regarding the overarching drugs strategy. As set out above, progress will be monitored against the National Combating Drugs Outcomes Framework and through departments' performance management functions with delivery partners. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

Central government will monitor local delivery against the metrics outlined in the National Combating Drugs Outcomes Framework and through government departments' performance management functions. The Combating Drugs Minister oversees a cross- government forum where the progress is monitored. Where areas are performing less well against the headline metrics, we expect to have an open dialogue with the local SRO and partnership to understand the circumstances and support improvement. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

There are already structures in place to ensure delivery of high-quality services in local areas, with assurance offered through the CQC, OHID, Ofsted, HMI Prisons and HMI Probation, HMICFRS and others. These organisations and structures are

part of how delivery partners will be held to account on national quality standards across the different areas. The specific focus of support structures for the drugs strategy will be, as with Combating Drugs Partnerships themselves, to consider how there may be efficiencies and value added by working across different organisations and all three priorities of the national plan.

Appendix 1 – Information for local areas to return to central government

The following information is requested to notify the Joint Combating Drugs Unit of the decisions taken locally in creating your Combating Drugs Partnership.

Local areas are asked to return this information by 1 August 2022 via the online form at the following link: https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/ (https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/).

The form asks for the information listed below. If you have any queries whilst collecting and returning this information, please contact JCDU-enquiries@combatingdrugs.gov.uk

- upper-tier Local Authorities (UTLAs) covered by the partnership
- rationale for selection of the UTLAs covered by the partnership
- name, job title, organisation and email address of your nominated senior responsible owner
- names, job titles, organisations and email addresses of individuals selected to carry out other suggested lead roles within the partnership (where these decisions have been made)
- names, organisations and email addresses of the core partners that have agreed the proposal

Appendix 2 – National Combating Drugs Outcomes Framework

June 2022

This appendix supports the National Combating Drugs Outcomes Framework in the drugs strategy local guidance, at Chapter 2. It provides the definitions of the headline measures, why we chose them, their limitations, and the source of the data. This is aimed at providing detail on the how we are measuring the headline outcomes, so that partnerships can assess and monitor how they can contribute to delivering them.

The current data collections have not all been developed specifically for this agenda, and there are potential gaps in monitoring change at the preferred frequency and geography. To tackle this, a full outcomes framework will be published in summer 2022, and will include details on:

- a full set of supporting metrics to show both progress towards outcomes, and to monitor the wider related system
- a data development plan to look at how to fill gaps in the data
- how the government will explore data intelligence approaches where it is difficult to get timely data

Reducing Drug Use

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug use in prisons
- Drug use in the homelessness population
- Impact of drugs on children and families
- Acceptability of drug use

Proportion of individuals using drugs in the last year

Definition: Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required), England and Wales.

Inclusion Basis: The currently accepted measure of drug use in England and Wales, produced by the Office for National Statistics (ONS), and provides a continuous time series since December 1995.

Limitations: Annual Survey with time delay to publish, household-based survey, so excludes some groups. Last comparable data point is currently 2019/20.

Data Source: Crime Survey for England and Wales, ONS[footnote 17]

Definition: Proportion of pupils aged 11-15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity), England only

Inclusion Basis: The currently accepted measure of drug use in children in England, produced by NHS Digital, and provides a continuous time series since 2001.

Limitations: The survey is undertaken every 2 years, and only includes those in school. Last comparable data point is currently 2018.

Data Source: Smoking, Drinking and Drug Use among Young People in England[footnote 18]

Prevalence of Opiate and Crack Use

Definition: Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and England only. Monitored by drug type and age.

Inclusion Basis: The currently used estimate of opiate and/or crack cocaine use prevalence; used to assess need in local authorities. It includes estimates of unseen use, not just those in contact with the treatment system.

Limitations: The last update covers the period 2016/17, the next update will be for 2019/20.

Data Source: Estimates of the prevalence of opiate use and/or crack cocaine use[footnote 19]

Reducing Drug Related Crime

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug trafficking and possession
- Proven reoffending
- Hospital admissions for assault by sharp object
- Acquisitive crime

Drug Related Homicide

Definition: Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is ‘drug-related’ if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds; drug related. England and Wales.

Inclusion Basis: Reducing homicides is a government ambition and around half of homicides are flagged as drug related. This is the official measure of drug related homicide in England and Wales.

Limitations: The criteria for assigning the drug-related flag is broad

Data Source: Homicide in England and Wales[footnote 20]

Neighbourhood Crime

Definition: Neighbourhood Crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person. England and Wales

Inclusion Basis: Drug use can have an impact on the quality of life and the level of crime in an area, with nearly half of acquisitive crime believed to be linked to drug use. This data is survey based, so gives a fuller picture of the crime being committed, as it may not all be reported.

Limitations: We are not currently able to specify which crimes are drug related

Data Source: Crime Survey for England and Wales[footnote 21]

Reducing Drug Related Harm

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Prevalence of Hepatitis C in those who inject drugs
- A&E attendances for drugs misuse

Deaths from Drug Misuse

Definition: Deaths related to drug misuse in England only. Monitored by English region, date of death and date of registration.

Inclusion Basis: The official data covering deaths by drug misuse, and a key area of harm covered by the strategy

Limitations: The data is published annually, and due to the requirement for a coroner in these cases, there is a significant time delay in registering the death. Monitoring both the date of death and registration allows us to see the impact at the time of our interventions, but there will be some time delay before we see the impact.

Data Source: Deaths related to drug poisoning England and Wales[footnote 22]

Hospital Admissions for Drug Misuse

Definition: Hospital admissions for drug poisoning and drug related mental health and behavioural disorders (primary diagnosis of selected drugs) in England only. Monitored by National, Local Authority, and age group (16-24, over 25)

Inclusion Basis: A measure of high health harm from drug misuse.

Limitations: Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals.

Data Source: NHS Digital[footnote 23]

Reducing Supply

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug Seizures
- Drug purity
- Safeguarding of vulnerable people and children

Number of county lines closed

Definition: Number of county lines closed through the County Lines Programme (England only).

Inclusion Basis: A drug strategy ambition and a measure of police activity through this programme

Limitations: Is a measure for the county lines programme, which covers a restricted geography. It does not tell us whether the line has been replaced or the business displaced elsewhere.

Data Source: Home Office[footnote 24]

Organised Crime Gang disruptions

Definition: Number of moderate and major OCG disruptions against organised criminals.

Major: Significant disruptive impact on an OCG, individual or vulnerability, with significant or long-term impact on the threat.

Moderate: As above but with noticeable and/or medium-term impact on the threat (England and Wales).

Inclusion Basis: Measure of the impact of enforcement activity to disrupt organised crime

Limitations: There is some overlap with county lines closures

Data Source: National Crime Agency[footnote 25]

Increase Engagement in Treatment

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Unmet need
- Deaths in treatment
- Access to treatment through the criminal justice system

Numbers in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, Type of treatment (any type, rehab and inpatient detox). England only.

Inclusion Basis: An overview of the expansion of different types of treatment places and that they are being accessed. Also gives a view of whether the access is reaching different groups.

Limitations: Does not give an indication of the quality of places and treatment being delivered.

Data Source: Alcohol and drug treatment statistics: adults and young people. [footnote 26]

Prison Continuity of Care

Definition: Proportion of prison leavers transferred to community treatment providers, who are successfully engaged within 3 weeks. England only.

Inclusion Basis: High harm cohort that often fall through the cracks; ensuring they can maintain treatment and support is key

Limitations: Includes only those with an identified need, and does not assess the quality or type of treatment they are taking up

Data Source: Alcohol and drug treatment in secure settings[footnote 27]

Improve Recovery Outcomes

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- In stable accommodation
- Accessing mental health treatment
- Undertaking meaningful activity, including employment
- Families and safeguarding

Treatment Effectiveness

Definition: Treatment effectiveness measure: proportion in stable accommodation who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use. England only.

Inclusion Basis: Measure to cover the effectiveness of treatment, covering the range of progress that individuals are making

Limitations: Does not give an indication of whether outcomes are maintained post treatment

Data Source: Office for Health Improvement and Disparities

Appendix 3 – Membership of Combating Drugs Partnerships

June 2022

We outline below some of the key organisations that might be represented in a Combating Drugs Partnership in England. As part of their work, partnerships should involve a much wider range of stakeholders than the recommended core members. This appendix outlines groups that partnerships should consider inviting to their meetings, or involving through sub-groups and other forms of genuine, meaningful participation.

Precisely which organisations and individuals are represented through the partnership may depend on local circumstances, but those who are involved with the partnership or sub- groups should have the ability and responsibility as part of their role to shape provision and make decisions about work across all three strategic priorities to improve local residents' lives.

Recommended core partnership members

Elected representatives
Elected members

There are a number of relevant roles that elected members might hold in relation to substance use. Responsibilities in relation to community safety, housing, health, children and families, safeguarding and social care are all immediately relevant. There are further areas that local partnerships should also consider, including in relation to employment and the local economy, as well as wider community development.

The number of elected members included in partnership meetings may vary depending on the scope and composition of the partnership.

Specific roles might be chosen and could vary over time, depending on the local partnership's priorities.

In a two-tier authority area it may be appropriate to have more than one elected member on the partnership to ensure that different tiers are represented, given the relevance of different responsibilities, notably housing. Partnerships are also encouraged to consider representation of parish and town councils, which can play a valuable role in identifying local patterns of harm and driving change at a local level.

Elected mayors

Where an area has a metro mayor, it is recommended that there is representation from their office and/or the relevant combined authority more broadly as appropriate, given local responsibilities such as housing and employment.

Where a mayor has additional responsibilities in relation to health or policing, for example, these should be considered alongside representation of other relevant organisations such as other relevant healthcare organisations, and in line with guidance on the role of PCCs. This may mean the most appropriate representative from the mayor's office is a deputy mayor with responsibility for crime and policing.

Inclusion of other elected mayors, such as city mayors, should be considered as part of the broader representation of elected local members and local authority officials.

Local authority officials

Relevant local authority officials should be included in local partnerships, and it is recommended that there is representation at director level – for example director of children's services.

In determining how various officials should be included, reference should be made to other service areas covered through other roles. For example, where an elected member representing housing is attending, the director of housing may not be the most appropriate official to attend, as this would not offer the broadest coverage possible.

It is expected that there is support from multiple official roles. Relevant areas could include substance misuse, housing, employment, education, social care and safeguarding. An early help or family support representative could also be beneficial, to consider how early, targeted support with all members of a family can be co-ordinated to reduce harm within families.

Not all representation from these roles need be at director level. For example, it may be appropriate for the lead commissioning officer for substance misuse treatment to attend. A lead commissioner for substance misuse treatment is likely to be a good fit for the role of partnership lead as outlined in Chapter 3 of the guidance.

Not all relevant roles that support this work need be considered core members of the partnership. The partnership lead and data and digital lead as outlined in the guidance may or may not be full members of the partnership, depending on local arrangements.

An official at director level or above (e.g. corporate director or chief executive) could be the senior responsible owner (SRO) for the partnership. However, again this should be considered with reference to the balance of different organisations and sectors across the leadership roles.

NHS and other health and care provision

Local NHS services are integral to the delivery of the 10-year drugs strategy, and may play a variety of roles across the life course, including school nursing, health visiting, primary care, community and inpatient mental and physical health care, and substance misuse treatment. Areas may also wish to directly include other provider organisations, including from the third sector (e.g. Mind).

As well as involving direct provider organisations, it is essential that partnerships have representation from senior strategic leads in the local health and care system, who can set strategic priorities and resource allocation, as well as drive change in operational practice. At the time of writing it is recommended that there is representation from the Integrated Care Board at least at director level – for example a director of primary and community care. However, as integrated care arrangements develop, representation at drugs strategy partnerships may also evolve.

As currently structured, NHS England and NHS Improvement have a key part to play in provision of care for people who use drugs whether they are in prison or the community.

There are therefore several potentially useful roles that could be represented through a local partnership.

Most directly, NHS England and NHS Improvement commission healthcare services in prisons (including treatment for substance misuse) and liaison and diversion services in courts and police custody. A key commitment in the 10-year drugs strategy is to improve both engagement of people in treatment before they leave prison and continuity of care into the community. It is therefore recommended that the regional health and justice commissioning manager attends partnership meetings within their area. While this may represent several meetings, the importance of this commitment and the potential difference that can be made in reducing reoffending and preventing drug-related deaths should not be underestimated.

In addition, the partnership should consider how to include both commissioners and other staff relevant to primary care provision, including community pharmacies. A community pharmacist may be the professional who some people in treatment see most often, and their wider role in improving people’s health and wellbeing and ensuring their safety should again not be underestimated.

As with all organisations and roles, reference should be made to other representatives attending the partnership, to ensure broad coverage of roles, experience and perspectives. Some of these roles may fit better with sub-groups covering specific issues such as substance misuse treatment.

Substance misuse treatment providers

The organisations that provide specialist support for people with a substance use disorder in the local community will be central to achieving the aims of the strategy. The most significant partners will be providers commissioned by local authority public health teams, most likely either NHS or third sector providers.

Where the local provision is offered by a local NHS trust, there should still be specific representation from the substance misuse team in addition to any inclusion of wider local NHS stakeholders.

The partnership should consider how to include the provider(s) of treatment in local prisons and other parts of the secure estate (e.g. young offender institutions and secure children's homes), to help ensure high quality treatment and the continuity of provision between the community and prison.

The partnership may also wish to consider how to represent other treatment providers in the community, such as residential rehabilitation services, which may not be the core community providers or directly commissioned by the local authority, but play a key role in the local area.

As there might be a number of different relevant providers within even a single local authority, it may be necessary to consider how to represent all these organisations with their differing perspectives while retaining a manageable, functional partnership.

An appropriate level of representation would be the local area or regional manager, who can make decisions about resource allocation within the commissioned service's budget.

People directly affected by drug-related harm

It is essential that people who are directly affected by drugs are included in local partnership discussions. This includes those who are victims of drug-related crime and antisocial behaviour, people who use drugs (whether or not they currently use support services), and the families and friends of people who use drugs.

Ideally, a partnership will look to represent the views of all these groups, and as far as possible the full range of views and backgrounds within them. This should include extensive use of community forums, surveys and focus groups, and building formal representative structures as required, such as service user forums.

There are challenges in representing a wide range of perspectives, and therefore it may be appropriate to have several sub-groups or clear feedback routes to ensure that the partnership is able to hear a range of voices.

Lived experience recovery organisations (LEROs)

Lived experience is recognised in the strategy as having huge potential to support a range of people and communities in improving their lives. Lived experience can be defined as personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by

other people. A LERO is an organisation of people with lived experience committed to recovery, focusing on personal autonomy.

Where areas have active LEROs already operating, these should be included in local partnership discussions. Where they are not in place, the partnership should actively seek to develop them.

While LEROs can facilitate access to commissioned treatment services and forms of mutual aid, their contribution can – and should – be much more than this. They can contribute to wider community development and awareness, and help support programmes in currently underserved areas, whether universities or particular local communities. LEROs can add value in a wide range of types of work and settings to reduce drug-related harm, supporting people at high risk of drug-related death, engaging with hospitals to improve care, and building wider recovery awareness and support in the community. By having a more direct connection to local neighbourhoods and communities, they can be a key resource for keeping partnerships in touch with local residents and ensuring support is accessible to all.

Jobcentre Plus

Meaningful activity such as employment plays a key role in improving substance dependency treatment outcomes. Jobcentres should approach these partnerships through their standard partnership procedures. For example, local partnership managers may be an appropriate attendee to represent Jobcentre Plus and address employment-related needs within their area.

Police

An assistant (or deputy) chief constable may be an appropriate attendee from the local police force, and could be the SRO for the partnership.

However, the roles and seniority of police representatives in the partnership should be considered in light of the geographic footprint of the partnership, and in parallel with other representation. For example, it may not be possible for an assistant or deputy chief constable to attend several partnership meetings within a single police force area, or they may not be best placed to provide expert advice and input on drugs issues. This should be considered when establishing the geographic footprint of a partnership.

Depending on the priorities of the partnership, it may be appropriate to have police representatives with more specific responsibilities – such as violence reduction, serious and organised crime (SOC), neighbourhood policing, or a particular geographical area – attending. It should also be noted that police forces are currently responsible for commissioning healthcare in police custody, which can be a key moment for ensuring entry to treatment or continuity of care.

Regional Organised Crime Units (ROCUs) play a pivotal role in tackling drugs and work closely with the National Crime Agency (NCA), and police forces, as well as other relevant partners. ROCUs are the principal interface between the NCA and policing in England and Wales in relation to the 'middle market' threat, providing a

unique understanding of the regional SOC threat, provision of a bespoke response with specialist technology and investigative expertise and capability. They are key in countering the harm from the 'middle market' in respect of enforcement, intelligence development and confiscating or denying access to assets. Partnerships should therefore work with ROCUs to draw on their perspective and expertise.

Police and crime commissioners

It is recommended that the PCC attends the partnership, and they would be an appropriate SRO.

However, as for other organisations, depending on the geographic footprint of the partnership, it may not be possible or appropriate for a PCC to attend all relevant meetings in their area in person.

In such cases, an appropriate member of their office should attend. Examples would include a deputy, a chief executive or, where appropriate, a lead commissioning officer.

Probation Service

The regional probation director or relevant local manager of the Probation Service should attend partnerships within their area, depending on the geographical footprint. Even where they are not directly involved in specific partnerships, regional probation directors can provide a key route to co-ordinate practice and share learning between partnerships in their area.

Prisons and youth custody settings

There is a range of potential roles that could best represent prisons and other secure settings. Regional health and justice co-ordinators will be central to the effective delivery of relevant services, but local areas should consider how HM Prison and Probation Service drug strategy leads and prison governors are included. Where these roles are not directly represented at a local partnership, they should be closely involved in more tactical and operational discussions, and support the flow of relevant information and data to regional and national levels to co-ordinate sharing best practice.

Other potential partnership members

Local schools and other education providers

Reducing drug use among young people is a key outcome of this long-term strategy, and requires co-ordinated, evidence-based work with young people. Schools and other education providers are therefore essential partners in ensuring that young people receive the education, advice, support and protection they need in relation to their own and others' use of illegal drugs. Partnerships should also

consider the involvement of higher and further education providers, as discussed in the following sections.

Insight from key decision-makers is crucial, and this should include engagement with school leaders to support them in their wider civic responsibility, and to help ensure the best outcomes for their students. Partnerships may draw on existing local networks to ensure the perspectives and experiences of a range of institutions and staff are included. There are a number of other roles that might be relevant for partnerships, including leaders from multi-academy trusts in the area. School-based mental health teams, school nurses, special educational needs and disability co-ordinators, virtual school heads, relationships, sex and health education leads, and other similar roles should be involved through sub- groups and other forums as appropriate.

Higher education

Where a local area has a higher education provider, they will often already have strong links with local services including community healthcare, emergency services and police. Building on these existing networks and assets, the partnership should consider direct engagement on several distinct areas, making use of involvement in sub-groups or specific projects and task and finish work as appropriate.

Higher education students often play a key role in the local night-time economy, and time as a student is key in shaping behaviours and experiences that may affect future wellbeing and employability. Partnerships should work with education settings, drawing on pilots and innovations including specific projects in place through the drugs strategy, to explore behaviour change interventions with students.

Partnerships may encourage higher education providers and local services to work together to support students who are getting into difficulties with drug use. One example being the work of Dr Ed Day, the national recovery champion, with the University of Birmingham.[footnote 28]

Higher education providers train health and care professionals including nurses, doctors, psychologists and social workers, and also have a key role in wider skills development throughout the life course. They are central to supporting local economic growth and can support the development of other protective factors such as employability at an individual and societal level that can reduce the harm of drug use.

Partnerships should connect with research and innovation work in higher education providers in the social and behavioural sciences, public health and a range of disciplines, as well as research institutes dedicated to substance use and addiction.

Further education

As outlined for higher education providers, further education can contribute to this agenda in a range of ways. Colleges often have a large number of students, and therefore can be an efficient way to engage with a range of people from a wide catchment area for education and preventive work in relation to their own drug use. Colleges are a key provider of education for a range of roles across health and social care and other professions that will support people who use drugs and those around them. Students themselves can also act as peer educators and advocates. Colleges can also play a central role in helping people to develop skills and experience that will support people in their recovery from substance misuse, with links to programmes such as social prescribing.

Information sharing across further education can be crucial to ensure there is effective support and safeguarding available to students, and Combating Drugs Partnerships can enable this.

A senior manager with safeguarding responsibilities, such as a director of student services, would be an appropriate point of contact. Given the varying footprint and catchment areas of colleges, partnerships should ensure that any point of contact is able to link with the range of relevant providers in the area. Where there are relevant local groups of providers, partnerships should make use of them. The Association of Colleges may be able to advise on how best to link with the full range of local providers.

Housing associations and providers of supported housing and homelessness services

People experience drug-related harm where they live. Safe, stable, affordable housing is an essential building block for recovery. Housing associations and providers of supported housing (including for people experiencing homelessness) can play an invaluable role in supporting their residents and building reassurance that people are safe in their own neighbourhood. The precise role that is most important to link into these partnerships will depend on the configuration of housing provision and support locally. Where local authorities are funding housing support or strategic housing roles as part of their treatment and recovery interventions, these should be utilised to improve join-up with local housing providers.

Youth offending team

The local manager of the youth offending team should be linked to the partnership to ensure that the perspective of youth justice is represented and that there is effective work in place to improve early intervention, referral pathways, and support available for children involved in the use or supply of drugs.

Fire and rescue authorities

Fire and rescue authorities collect information to assess risk in their areas and may conduct direct home visits that can elicit valuable information about criminal activity and safeguarding. They can play a useful role in local partnership work to plan services, reduce risk and ensure vulnerable people receive the support they need.

Voluntary, community and social enterprise and other community organisations

Some organisations from the voluntary, community and social enterprise sector will be represented through other sections of this guidance. Treatment providers, LEROs and other organisations may be part of the voluntary and community ('third') sector. However, there is a wider contribution that can and should be made by community-based organisations.

Access to 'meaningful activity' and support with wider health and wellbeing through social connection can be central to recovery from substance misuse, and community groups play a crucial role in providing such opportunities in local communities. This might be through local community centres, social prescribing schemes, or perhaps local exercise and social opportunities such as rambling, fishing or football. Similarly, volunteering networks may help support individuals and neighbourhoods. The Citizens Advice Bureau can also offer support and representation, as well as other organisations more focused on immediate help, such as food banks.

There are useful connections to be made through local networks representing a range of organisations – for example a local VCSE network or volunteer centre. It is not expected that individual organisations are included in partnerships as core members, or in all discussions as a matter of course, but sub-groups and related activity will be key routes through which to engage VCSE organisations.

Community organisations are also able to offer valuable insights into the nature and scale of drug-related harm within particular groups, and a unique route by which to address this. Such groups may be particularly helpful in involving people whose voices may not otherwise be heard in these forums. Engagement with relevant groups in the development of this guidance suggests that areas may wish to prioritise improving connections with women, people from ethnic minority backgrounds and some LGBTQ+ groups.

Involvement with neighbourhood groups can be particularly helpful. Such groups can be a vital source of intelligence and information, and a way of engaging with members of the community to understand community views and challenge stigma, supporting a positive approach to reducing drug-related harm in specific neighbourhood settings.

Young people's community organisations will be crucial both in supporting young people who are affected by drug-related harm, and in providing feedback and intelligence to partnerships on young people's needs and the effectiveness of current support arrangements.

Other local community organisations

As well as directly representing local residents affected by drug-related harm, partnerships should also consider the role of different organisations within the community that are not directly related to drug issues but may face challenges related to these substances – or provide opportunities to reduce harm.

Drug use is linked to acquisitive crime and antisocial behaviour, which can affect local retail businesses, the night-time economy and public places. Local retailers therefore may have a key role to play, for example in identifying prolific offenders who are committing acquisitive crime as a result of substance misuse issues. A strong and effective partnership would ensure that there are appropriate routes for retailers to highlight issues with other relevant partners – notably treatment services – and ensure there are functional pathways to promote and refer people into support. Retailers and the night-time economy also play a key role in identification of criminal exploitation and provision of safe spaces or signposting children to support.

Therefore, partnerships should consider how to involve local retailers through organisations and schemes such as business improvement districts, Business Crime Reduction Partnerships, the local Chamber of Commerce, Best Bar None and Pubwatch. If the night-time economy is a particular issue of concern, links with local security providers will also be helpful.

Equally, drug harm is linked to economic opportunities, both at an individual and community level. Therefore, there may be opportunities for partnerships to work with local businesses to develop training and employment opportunities to support people's recovery from substance misuse, and to improve opportunities for young people who might be at risk of becoming involved in the supply or use of illegal drugs. Combating Drugs Partnerships should therefore explore links with Local Enterprise Partnerships, and other similar organisations. This could be a particular opportunity where there is metro mayor involvement.

Coroner's office

Coroners may provide invaluable insights and data in relation to drug-related harm, and specifically drug-related deaths. As these are independent individual roles, based on a specific geographical footprint, it will be for each Combating Drugs Partnership to determine how best to engage and involve coroners.

Office for Health Improvement and Disparities regional teams

OHID, within the Department of Health and Social Care, has regional staff who are specialists in issues around alcohol and other drugs. These staff can provide expertise on data and current guidance, as well as linking partnerships with best practice and current developments in other local areas.

OHID regional representatives would be likely to attend Combating Drugs Partnerships as observers and advisors.

Appendix 4 – Partnership Working Case Studies

Data sharing

Establishing new data and performance measures

Leeds Healthy Schools is part of the Health and Wellbeing Service, Leeds Council Children's Services directorate. They support schools to raise attainment and achievement by improving the health and wellbeing of pupils.

One key way in which they do this is their online School Health Check tool. This provides a supported self-evaluation process that allows schools to grade themselves against best practice criteria based on a simple step-by-step process. All documentation was created to latest Ofsted requirements, with criteria linked to the 2020 statutory relationships, sex and health education guidance. This tool includes specific criteria to cover drugs education, and is available to schools and school settings nationally and internationally. Already other areas including East Sussex have adopted this approach to ensure that their schools are offering effective, evidence-based support for local children.

Through this self-assessment process, partners can see where further work is needed to better support pupils.

Joint analysis through Project ADDER to improve service delivery

Following the commissioned Drugs Market Profile for Norfolk it was identified that the main source of heroin and crack cocaine into Norfolk is via the county lines model.

The two main exporters are London and North West. However, arrest records for drugs arrests in the county dating back to December 2016 where the detainees home address is out of county identified that people also come from areas such as West Midlands, Buckinghamshire, Essex and Kent.

A focused analysis of the combined phone data captured during a year's worth of county lines enforcement was undertaken. Our analyst was able to identify customer databases held by the drug lines.

The customer numbers were 'washed' through police crime systems to establish where known the names, demographics and geographical distribution.

Where phone numbers were not known to police, this data has been provided with appropriate lawful basis to our ADDER partners to establish the potential identity of those not known to criminal justice, seek alternative opportunity for engagement and gain a more complete picture of the demographics of people currently using opiates or crack cocaine in the local area.

As the analysis progresses, the local partnership will be seeking to use data to identify three distinct groups of people: those not known to service, those known to mainstream substance misuse provision, and those who are identified as ADDER clients.

The analytical work will focus on the journey of those individuals and map key points across their journeys such as:

- arrests
- crime types
- reoffending rates
- housing provision and other socio-economic contributors
- use of multiple substances
- health data (including mental health)
- whether custodial time was accrued
- what interventions were provided
- engagement/attribution rates with provision

This analysis will help to pinpoint outcomes and potential areas for further service improvement, enabling an understanding of whether different interventions or messaging at different stages supports better outcomes and reduced offending.

Local partners intend to apply this approach beyond ADDER, and discussions are underway with Norfolk Youth Justice Board on how combined data can be harnessed across the partnership. This will enable longitudinal analysis and more quantitative evidence-based analysis for the children and young people's cohort, which will also support work under the Serious Violence Duty.

Monitoring drug-related deaths data in real time to change practice

Rather than relying on national data sources such as the Office for National Statistics to monitor and respond to drug-related deaths, it is best for areas to make use of local data and intelligence. In Middlesbrough, for example, there are two key sources used. Real- time data on suspected drug-related deaths are reported as they occur by local police to the Tees preventing drug-related deaths co-ordinator. There is therefore a local dataset illustrating total numbers that occur each year, the substances involved, whether an individual was known to treatment services, the circumstances of their death, and other key details.

Data is also gathered via the Teesside coroner. While this is less immediate than the police data, there is valuable additional information such as pathology reports with full toxicology, GP history and witness accounts.

Each of these deaths is reviewed in a multi-agency meeting to identify any immediate learning or themes that emerge. This is an approach that works well, but it is reliant on good data, a wide range of partners attending and partners with knowledge on risks.

Crucially, this work is about responding appropriately and changing practice as required. A number of reviews of drug-related deaths highlighted that people died after having children removed into care. Further examination suggested that problematic substance use was to some extent a response to this trauma, with parents increasing their drug use at the point their children were removed. It was

identified that there was limited support provided to the parents at this point, and therefore children's social care and drug and alcohol services are working to improve support provided to parents who use drugs. This could be through increasing capacity of the Barnardo's Pause project, better communication between drug and alcohol services and children's social care, and placing a drug and alcohol worker within children's social care.

Sharing data to plan service provision

The Pan Lancashire Data Group was established by Lancashire Violence Reduction Network to bring together a group of multi-agency partners to identify opportunities and gaps around data sharing for early intervention and prevention approaches. The group aims to improve current data sharing and data use to improve outcomes for those residing in, working in and visiting Lancashire.

The Lancashire Violence Reduction Network takes a trauma-informed, public health approach to 'tackle' serious violence in preventing and intervening at the earliest possible stages with cohorts deemed to be at risk of victimisation and/or perpetration of serious violence. While the network intends to reduce serious violence, its remit is much wider in terms of looking at the 'causes of the causes' or social determinants of violence to prevent escalation. It is therefore structured as a multi-agency group, ensuring there is representation from across the partnership.

A specific data ethics working group was established, bringing together information governance leads from health and policing, local authority data leads, lived experience teams, academic and ethics experts, digital programme leads and data protection officers.

This joint approach helps ensure that all ethical issues have been taken into account and reviewed from a range of perspectives. It also brings a consistent and consensus approach to data sharing initiatives, which was seen as crucial given varying organisational positions on different initiatives, maximising the positive impact of data sharing work.

This arrangement has facilitated the sharing of best practice from existing tools such as Lancashire Insight, the key aggregate data source utilised by the Violence Reduction Network to expand and build upon. Lancashire Insight is a platform produced by Lancashire County Council that covers the whole Lancashire-14 area. [footnote 29] This tool collates anonymised data from numerous sources such as health, education, police and social services, presenting the data in reports and dashboards covering factors such as: deprivation, poverty and unemployment.

The Multi-Agency Data Exchange, a restricted section of Lancashire Insight, is also routinely used. This section holds data on police crime and incidents, ambulance call outs, and fire and rescue call outs, as well as supporting data around causation factors, victims and perpetrators. Again, this data is at a population level and does not identify individuals.

This work has enabled Lancashire Violence Reduction Network to take an informed, multi- agency view in planning and designing services and interventions

in the local area.

Sharing intelligence and maximising impact in London through Project ADDER

This operation started with an evidence review to identify key individuals running drugs lines and known for violence offences across Hackney and Tower Hamlets – the Central East Basic Command Unit. Planning was led by Gangs Taskforce South, funded through Project ADDER, and resulted in a day of focused action in October 2021.

Ahead of the day, a full partnership plan was put in place, involving a range of policing staff including the safer neighbourhoods team, substance misuse and drugs outreach teams and local authority comms and safeguarding. The partnerships formed via Project ADDER, which have brought together various police teams, council enforcement teams, drug treatment services, and harm reduction outreach workers, led to these typical joint operations being organised (labelled 'days of action') where drug hot spots are targeted to use a mixture of enforcement and engagement approaches which would be initiated following enforcement action.

The days encourage the implementation of out-of-court disposals, community protection notices and criminal behaviour orders, whilst simultaneously tackling drug related crime and antisocial behaviour. The results include arrests and charges, for drug offences; both supply and possession, recovery of drugs and weapons, vulnerable adult referrals, voluntary drug referrals, breaches of community protections warnings or notices and criminal behaviour orders, and intelligence gathering running in tandem to the enforcement, executive action phase.

A great tool that police can make use of is the app, specially developed in partnership with Hackney and Tower Hamlets drugs treatment services, so officers on the street can refer directly into treatment services, either through a drop-in service or a diarised appointment with a drugs worker.

The intelligence gathered through the enforcement phase enabled four warrants to be executed and £25,000 cash being seized, along with three men being arrested for money laundering. This complemented a full day of executive action in October 2021. A further series of dawn raids executed across residential addresses in Tower Hamlets saw 19 people arrested and large quantities of class A drugs and cash seized. Officers seized approximately 2kg of class A drugs, £120,000 in cash and thousands of pounds worth of assets linked to money laundering, including a £50,000 vehicle. 14 of the subjects were charged with drugs trafficking offences and remanded. Five were released under investigation.

This work was delivered as part of Operation Continuum, which is the umbrella operation for all drugs activity across Central East, delivered in partnership with the local authority and health.

Existing multi-agency partnerships

Greater Manchester Combined Authority

The Greater Manchester Combined Authority has formed a partnership to cover the three themes of the 10-year drugs strategy and to work with all 10 Greater Manchester local authorities that each commission their own treatment systems. The aim of the partnership is to ensure that where things are done best at a local level, this happens, but where there are opportunities to join up provision and ensure that conversations and decisions can be made effectively and efficiently just once, this opportunity is taken. The board will:

- approve the local Greater Manchester Drug and Alcohol Strategy and identify the commitments it wishes to prioritise for implementation.
- oversee the development and reporting of a Greater Manchester Drug and Alcohol Strategic Outcomes Framework.
- establish and co-ordinate working groups covering topics to include criminal justice, homelessness, and worklessness.
- consider the range of funding streams available across cohorts where substance misuse is a common theme and, to maximise resources, make recommendations on their potential alignment or pooling.

In addition, the board are looking to harmonise their role with the requirements in this guidance and as such additional responsibilities would include accountability for delivery and overseeing system performance against the National Combating Drugs Outcomes Framework.

The board is jointly chaired by the Greater Manchester Deputy Mayor (who also holds police and crime commissioner responsibilities) and the Greater Manchester Director of Public Health Lead for Drugs and Alcohol. There is representation from the local Integrated Care System, mental health commissioning, police, probation, community safety, Violence Reduction Unit, Changing Futures partnership, work and skills, Department of Health and Social Care and OHID.

Planning and working in partnership in Essex

Essex County Council is at the heart of a new and developing partnership to plan services and co-ordinate activity to address drug-related harm in local communities.

The Substance Misuse Joint Commissioning Group started with the recognition that the use of drugs doesn't happen or have an impact in isolation. The effects are felt across the whole public sector and community. Therefore involving as wide a partnership as possible will deliver positive impact and outcomes to individuals, families and communities.

To make this a reality, there has been a sustained effort to engage all relevant individuals and stakeholders. For provider or statutory organisations, the key driver is the recognition that individual services will deliver outcomes more effectively and

efficiently by working together, rather than alone. The group reports into the local Health and Wellbeing Board, ensuring that there are clear connections and accountability across the public sector.

There has also been considerable work to ensure that the wider community is represented in these discussions – crucially people in recovery, who have invaluable lived experience that can help improve the design of services. This has led to the development of an independent charity – Essex Recovery Foundation – that is at the heart of the group's future plans, whereby people in recovery will oversee the design and commissioning of services more directly.

Having started with needs assessment and design of treatment services, the group has now developed a long-term local strategy that covers the priorities of reducing demand and reducing supply as well as promoting treatment and recovery. This represents a complete, but continually evolving and improving partnership that addresses the three priorities of the national strategy in unity.

Developing a new multi-agency partnership across multiple local authority areas

Following the publication of the 10-year drugs strategy, the West Midlands police and crime commissioner invited a broad range of partners (as outlined in the drugs strategy) to an event in February 2022 to develop local work on sharing responsibility across this agenda, integrating partnerships and eliminating silos. Following the event, recommendations based on the feedback from attendees were published in a report of the event, with actions agreed including:

- engaging with directors of public health around plans to respond to new funding, and opportunities for collaboration across the wider diversion and prevention agenda
- establishing comms with local authority commissioners to reinforce OPCC interest in working in partnership to develop plans
- engaging with OHID's regional joint commissioning managers network, regional continuity of care group, regional Substance Misuse Partnership Board with NHS England and NHS Improvement, HM Prison and Probation Service and OHID, and regional criminal justice co-commissioning group, as well as Local Criminal Justice Boards and Reducing Reoffending Boards
- sharing information across the West Midlands region's Offices of Police and Crime Commissioners on developments in each area

Next steps include:

- map out local authority level partnerships once established and ensure attendance from Offices of Police and Crime Commissioners
- consider partnerships across the whole police force footprint to bring together sub- regional partners to share best practice
- consider developing the existing Heroin and Crack Action Area steering group into a regional drugs partnership to bring together the force-wide partnership

Working to improve diversity and inclusion

Providing culturally responsive community-based support

Black and Asian Cultural Identification of Narcotics, or BAC-IN, is a specialist drug and alcohol recovery support service for individuals, families and young adults from ethnic minority backgrounds.

Based in Nottingham and working across the Midlands, BAC-IN was inspired and founded in 2003 by individuals in recovery and has since won awards for its innovative, grassroots, community-based approach to addiction recovery.

The support BAC-IN provides is founded on the belief that support from those who have been through addiction is one of the most effective and therapeutic routes to recovery. Specifically, BAC-IN provides an alternative model to that of traditional mainstream services, in that it is culturally responsive and offers a choice of psycho-social, cultural, faith-based and spiritual perspectives to addiction recovery, rehabilitation and well-being.

The people who engage with BAC-IN, who are referred to as 'friends of BAC-IN', are at the heart of its philosophy, service design, peer-led engagement through to planning and decision making. As such, BAC-IN is deeply committed to service user consultation, involvement, and participation in the delivery of its services.

Crucially, BAC-IN is a culturally responsive, not culturally exclusive, service, and as such works collaboratively with GPs, local services and other appropriate healthcare providers. BAC-IN works in partnership across all sections of society, sharing good practice and training for the betterment of all communities.

In this way, the involvement of people who might benefit from the support services it offers have been central in the whole process from conception and design through to delivery, with a specific emphasis on amplifying the voices and backgrounds that have too often felt excluded from more 'mainstream' services.

Any enquiries regarding this publication should be sent to us at JCDU-enquiries@combatingdrugs.gov.uk

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1. The UK Government's 10-year plan (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives) includes further details on UK-wide coverage. The Welsh Government published a revised Substance Misuse Delivery Plan (https://gov.wales/substance-misuse-delivery-plan-2019-2022-0) (2019-22) in January 2021. The Northern Ireland Executive's Substance Use Strategy (https://www.health-ni.gov.uk/publications/substance-use-strategy-2021-31) was launched in September 2021. The Scottish Government published 'Rights, respect and recovery: alcohol and drug treatment strategy' (https://www.gov.scot/publications/rights-respect-recovery/) in November 2018, and set

out its own national mission to improve and save lives (https://www.gov.scot/publications/update-drugs-policy/) in January 2021.

2. Review of drugs: summary (accessible version) - GOV.UK (www.gov.uk) (https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary#summary-of-key-findings)
3. Homicide in England and Wales - Office for National Statistics (ons.gov.uk) (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2020)
4. Understanding organised crime: estimating the scale and the social and economic costs (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/246390/horr73.pdf) (publishing.service.gov.uk) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/246390/horr73.pdf)
5. Deaths related to drug poisoning in England and Wales Statistical bulletins - Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases) (ons.gov.uk) (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases)
6. UK life in recovery survey 2015 (shu.ac.uk) (http://shura.shu.ac.uk/12200/1/FINAL%20UK%20Life%20in%20Recovery%20Survey%202015%20report.pdf) and Best DW, Lubman DI. The recovery paradigm: a model of hope and change for alcohol and drug addiction. Australian Family Physician. 2012 Aug, 41(8):593-7. PMID: 23145400.
7. The Joint Combating Drugs Unit, headed by the cross-government Combating Drugs Minister Kit Malthouse MP, was created in July 2021 and is charged with monitoring implementation and success of the drugs strategy and will lead on annual reporting. It represents the Home Office, Ministry of Justice, Department for Work and Pensions, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and Department for Education.
8.
9. Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers, and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services and unborn children.
10. The DCPP provides access to crime data on the National Crime and Policing Measures, including combating drugs.
11. Throughout this document, the term Police & Crime Commissioner (PCC) is used to refer to all elected local policing bodies, and therefore is inclusive of all

PCCs, Police Fire and Crime Commissioners (PFCCs) and mayors who exercise P(F)CC or equivalent functions.

12. NDTMS collects information from all drug and alcohol treatment providers in England. It is used to ensure that drug treatment is effective and cost effective and to improve the outcomes for individuals receiving treatment, Further information about NDTMS in general, and some of the statistics it produces can be found at https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset- (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance) collection-guidance. (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance) Detailed annual reports and related material can be found at https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics)
13. Substance misuse: revised guidance for area planning boards (https://gov.wales/substance-misuse-revised-guidance-area-planning-boards-2017)
14. Changing Futures is a three-year, £64 million programme aiming to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. See Changing (https://www.gov.uk/government/collections/changing-futures) Futures - GOV.UK (www.gov.uk) (https://www.gov.uk/government/collections/changing-futures)
15. Where areas are joining up across combined authority footprints they should also consider the elected leaders or chief executive officers of the combined authority. Where appropriate and agreed by core members of the partnership, a local area may decide that an individual who does not hold one of these roles is best placed to be its SRO. This may include appointing an independent person as SRO.
16. See Cover letter from ACMD on GHB, GBL and related compound report (accessible version) - GOV.UK (https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds/cover-letter-from-acmd-on-ghb-gbl-and-related-compound-report-accessible-version) and subsequent Public Health England guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf)
17. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020 (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020)

18. https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018 (https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018)
19. https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations (https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations)
20. https.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2021 (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2021)
21. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesappendixtables (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesappendixtables)
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25. Internal Management Information
26. http://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics (http://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics)
27. https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report (https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report)
28. See https://www.birmingham.ac.uk/research/mental-health/better-than-well.aspx (https://www.birmingham.ac.uk/research/mental-health/better-than-well.aspx) for further information on the 'Better Than Well' programme at the University of Birmingham.
29. The Lancashire-14 area incorporates the 12 local authorities that fall within the Lancashire County Council administrative boundary plus the two additional unitary authorities of Blackburn with Darwen and Blackpool.

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Appendix

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Northamptonshire Combating Drug Partnership Board

Action Plan January 2023 to March 2024

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework. This action plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire based on the strategic priorities contained within the national strategy.

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Introduction

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework.

The successful delivery of the government's drugs strategy, 'From Harm to Hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the Drugs Strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

This action plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire based on the strategic priorities contained within the national strategy.

The three priorities are:

- Break drug supply chains
  - Make the UK a significantly harder place for organised crime groups to operate, addressing all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons.
- Deliver a world class treatment and recovery system
  - The focus is to treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive.
- Achieve a generational shift in demand in drugs
  - Changing attitudes in society around the perceived acceptability of illegal drug use.

The localised plan sets out our agreed priorities which recognises the importance of a system wide approach to reduce the harm caused to individuals and to society by the misuse of alcohol and drugs across Northamptonshire.

Partnership Structure and Governance

The Combating Drugs Partnership Board (CDP) is led by Public Health and is organised to provide good governance and co-ordinated delivery. The Partnership is responsible for delivery of the national strategy and is accountable to central government. Members of the Partnership will provide the link with other local Boards and Partnerships, informing and co-ordinating work programmes as required. The local Boards and Partnerships include:

- Health and Wellbeing Boards (North and West)
- Integrated Care Partnerships (North and West)
- Community Safety Partnerships (North and West)
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Reducing Reoffending Board
- Community Sentencing Treatment Requirement Board

The thematic subgroups will be operationally linked to the Northamptonshire Combating Drugs Partnership (CDP). They will provide oversight of the delivery of the action plan against the localised priorities and reassurance to the Partnership. They will have specific terms of reference and act as an expert reference groups and forums to resolve problems, support planning and provide challenge across the whole system. Cross cutting themes outside the agreed local priorities may require strategic direction and governance by the Partnership. The subgroups will provide metrics to show progress towards outcomes, monitor change, engage with the wider related system to the Partnership.

Performance and Delivery Framework

The National Combating Drugs Outcomes Framework will provide the Partnership single mechanism for monitoring local progress against the delivery of the commitments and ambitions contained within the 10-year drugs strategy.

The six overarching strategic outcomes that demonstrate successful delivery of the 10-year drugs strategy are:

1) To reduce drug-use
2) To reduce drug-related crime
3) To reduce drug-related deaths (DRD) and harm
4) To reduce drug-supply
5) To increase engagement in treatment
6) To improve drug-recovery outcomes

The data and intelligence thematic subgroup will focus on collating the data and information under six overarching outcomes contained in the outcome framework. They will provide quarterly progress and monitoring reports to the Partnership depending on the availability of the data and information.

Action Plan 2023 to 2025

1. Breaking drug supply chain

Strategic Priorities	Intervention / Delivery
Shared understanding of the demand for Class A drugs across Northamptonshire Shared knowledge of people involved in gangs Shared understanding of the people at risk of exploitation	• To develop an effective monitoring and performance system through the Data and Intelligence subgroup • Improve intelligence sharing between Police and Partners with continued efforts to increase the use of Partnership Intelligence Forms
1.1 Targeted community intervention to better understand the working of gangs, drug lines, county lines operating within Northamptonshire and prevent further recruitment of young and / or vulnerable people	• Evidence based interventions targeted at schools to prevent recruitment at a young age, with schools where drugs exclusions are high being prioritised • Evidence based / best practice lesson plans to educate children and young people on gangs, violence and drug harm • Develop and improve community intelligence to help understanding emerging risk groups/gangs • Educate people about the impact of their behaviours, especially on their families
1.2 Continued engagement with partners, providing support and training to encourage community intelligence submission	• Provide training and support to all partners to ensure understanding of the Proactive Crime and Intelligence Function and signs of drugs exploitation to improve intelligence submissions

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	• Ensure all designated Safeguarding Leads at Northants Schools have a police contact and access to the Partnership Intelligence Submission Forms • Retain police presence at partnership meetings and community forums Consider intelligence gaps as a standing agenda item at community and other relevant joint meetings / forums, with the Chair to review and group to devise collaborative solutions regrading barrier to intel submissions
1.3 Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs / Violent groups	• Positive media campaigns to be circulated once orders are approved to generate wider public knowledge • Collaborative working with partners to generate more information to support applications of orders
1.4 Reassess the intelligence sharing within the partnership to gain a better understanding of nominals and locations involved in drug supply and production as well as early intervention and prevention	Intelligence development to understand the nominals and organisations involved in firearms and drug criminality to prevent serious, violent crime
1.5 Targeted intervention in Town Centres to disrupt nominals using recreational drugs in the night-time economy	• Implement targeted interventions to disrupt recreational drug use in night-time economy
1.6 Work with all partners, including the community and businesses, to gather intelligence and restrict the supply of illegal drugs in town centre locations.	• Engage with communities to build strength and resilience at a local level, and work in partnership, including with the community, to promote safe drinking and prevent the use of drugs, using appropriately targeted campaigns and licensing powers as appropriate

	• The night-time economy to take a zero-tolerance approach to drug use on the premises • Increase awareness of what support is available including services and community support • Targeted community engagement days with targeted Western Balkan Communities to allow NPT to build positive relationships with individuals, to better understand the lifestyle and generate reliable streams of intelligence. • Work together to change cultural and social norms in relation to drugs and alcohol
1.7 Work collaboratively as a Partnership to tackle County and Local Drug Lines and protect vulnerable youths/adults from exploitation, cuckooing and harm. Utilise the knowledge and expertise of internal and partner contacts to determine suitable early intervention techniques to reduce drug use and supply in young people	• Intervene with younger children identified as being at risk of substance misuse, poor sexual health, poor or abusive relationships and teenage pregnancy to prevent problems escalating • Improve links between all services to inform data and intelligence sharing between police and partner systems. This includes improving data quality and collective response to threat, risk and harm

2. Delivering world class treatment and recovery services

Strategic Priorities	Intervention / Delivery
2.1 Improve the treatment of those with both mental ill health and substance misuse	• Address the needs of those with dual diagnosis across young people's and adult services. This includes a joined-up referral pathways between specialist mental health and substance misuse services
2.2 Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases	• There continues to be a high level of unmet need for treatment in Northamptonshire, particularly for alcohol, and this has remained unchanged over time. Cases are becoming more complex, with the pandemic contributing to increased trends of more problematic substance misuse Stakeholders report the increasing complexity of cases, with lack of capacity and skills in certain areas contributing to high caseloads and provider burnout • Service provision needs to be expanded to address the unmet need and complexity. Regional and national collaboration on care pathways for complex cases may be beneficial. Supporting a more client focused approach and Trauma Informed Care and establishing a Complex Needs Forum would help • Use additional grant resources to improve treatment capacity and quality through increased drug and alcohol workers in treatment services to reduce caseloads and

	targeted treatment for priority and vulnerable groups. Complex needs workers will be employed to help management the increased complexity of cases • Development of treatment-based group work and enhanced psychosocial interventions • Develop a local pathway to better deal with high-risk complex cases involving young people
2.3 Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals	• Develop and implement communication plan to raise the awareness amongst professionals, public services and VCFSE of treatment services and referral pathways • Develop and implement a stigma awareness campaign to address negative portrayal of substance misuse services
2.4 Address the geographical access and improve access for clients who are less engaged currently	• Improve service delivery in rural areas and provide assertive outreach to underrepresented groups in treatment services • Improve equity of access to treatment and recovery services
2.5 Earlier identification, support and treatment of those with problematic substance misuse	• Design, develop and implement evidence-based alcohol brief intervention and early intervention across primary, secondary and social care services

	• Implement an evidence-based approach to identifying cases in non-specialist settings addressing other related risky behaviours, e.g., sexual health and smoking • Implement trauma-informed approaches across all partner services
2.6 Improve provision for young adults, including the transition for young people moving to adult substance misuse services	• Develop a specialist YP offer with increased capacity with a specialist worker
2.7 Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear	• Develop and implement a systematic review care and treatment plans in recovery services • Rapid review of alcohol treatment and recovery to improve outcomes and address high dropout rate • Clarify referral pathways into treatment and recovery services • Re-establish access to and use of the regional residential rehabilitation and detox consortia to enhance existing capacity. Increase use of placements with dedicated worker in adult treatment service • Investment in harm reduction equipment to address ageing cohort of opiate users • Improving knowledge and skills of staff in non-specialist services in relation to harm reduction

	• Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery • Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy • Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison • Improved care pathways between criminal justice settings and drug treatment
2.8 Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations	• Investment in harm reduction equipment to address ageing cohort of opiate users • Improving knowledge and skills of staff in non-specialist services in relation to harm reduction • Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery • Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy • Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison

	• Improved care pathways between criminal justice settings and drug treatment
2.9 Reduce substance misuse related deaths	• Review our approach to the monitoring, review and learning from alcohol and drug related deaths to identify opportunities for early intervention to prevent such deaths
2.10 Develop lived experience and engagement	• Develop and implement an engagement strategy to target rough sleepers, sex workers, females, non-English speakers, steroids, spice & chemsex clients, LGBT+ populations, young people, BAME communities, prison leavers, veterans and mental health clients. (taken from 2.4 above) • Establish means of lived experience
2.11 Clear pathways/criteria MH & CAMHS for substance misuse	• Need to develop clear care pathways generally across the system but specifically implement dual diagnosis pathway

3. Achieving the shift in generational demand for drugs

Strategic Priorities	Intervention / Delivery
3.1 Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences	• Implement a trauma informed approach across education settings and young people's services targeted at those young people who have multiple adverse childhood experiences (ACEs) • Implement evidence-based resilience programmes to support young people experiencing ACEs
3.2 Starting before birth and focusing on the early years, supporting the most vulnerable parents	• Implement a review of services for pregnant / post-natal women who misuse drugs and / or alcohol • Encourage pregnant women who misuse drugs and/or alcohol to seek early antenatal care
3.3 Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse	• Develop a way of working with the emerging Local Area Partnerships to identify community assets and asset-based approaches to improving resilience and supporting protective factors against substance misuse • Develop knowledge and skills across schools and workplaces around risk factors for substance misuse (including ACEs and trauma informed approaches) and support development of polices to reduce risk

	• Build on existing skills and capabilities of housing options teams around supporting those with complex needs to identify risks earlier. Develop a holistic approach among front-line workers toward identifying and addressing risk of substance

4. Cross cutting recommendations

Strategic Priorities	Intervention / Delivery
Strengthening stakeholder relationships and collaboration between services	• Develop networking opportunities to bring together service users, services and commissioners from across the system • Develop a local directory of services
Pooling intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients	• Establish a data and intelligence subgroup to collate routine data from national and local data sets • Identify metrics to show progress towards outcomes, monitor change, engage with the wider related system to address any gaps in data and information to progress • Ensuring data agreements are in place to enable data and information sharing between agencies • Establish client / service user passports

	• Contribute to appropriate health needs assessments (HNAs), Joint Strategic Needs Assessment (JSNA), commissioning and service redesign functions • GDPR training for staff and increasing partnership working • Establish links to academic partners .
Strengthening workforce planning across the system	• Build capacity of substance misuse workforce • Invest in training to develop skills and knowledge of workforce including operational / system leadership • Improve emotional health and mental wellbeing of the workforce • Review workloads of specialist staff and competing demands

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	24th January 2023	26th January 2023	3rd February 2023 10:00 am

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	18th April 2023	**20th April 2023**	**28th April 2023** **10:00 am**

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	30th May 2023	1st June 2023	9th June 2023 10:00 am

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	25th July 2023	27th July 2023	4th August 2023 10:00 am

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	26th September 2023	28th September 2023	6th October 2023 10:00 am

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	21st November 2023	**23rd November 2023**	**1st December 2023** **10:00 am**

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	23rd January 2024	25th January 2024	2nd February 2024 10:00 am

Agenda Item Title	Brief summary of agenda item content	Lead Officer

ACTIVE COMMUNITIES EAP FORWARD PLAN

Chairs Briefing	Deadline	Agenda Issued	Meeting Date
	22nd March 2024	**26th March 2024**	**5th April 2024 10:00 am**

Agenda Item Title	Brief summary of agenda item content	Lead Officer

EXECUTIVE ADVISORY PANEL (EAP) TERMS OF REFERENCE (GENERAL)

Introduction

Executive Advisory Panels (EAPs) are established by the Leader of the Council to encourage collaborative working between the Executive and non-Executive members in developing future policy proposals.

Each Panel will have a workplan which will set out what policy development work will be undertaken throughout the year and when. This will be created by reviewing the Corporate Plan, Service Delivery Plans and listening to the Panels ideas.

Panels are not decision making but may make recommendations for future consideration by an Executive Member or the Executive.

Panels should not normally formulate recommendations on non-Executive functions which are the responsibility of Council, a non-Executive Committee or other body unless with the consent of said body.

Panels are not part of the scrutiny or audit function of the Council as prescribed in the Council's Constitution.

The following applies to all Executive Advisory Panels established under the Council's governance arrangements: -

1. Under the Constitution, the Leader of the Council has discretion to add, amend of delete the EAPs established.
2. Each EAP will be chaired by an Executive Member (to be determined by the Leader of the Council). In the event that the Chair is absent, the Leader or another member of the Executive may chair that particular meeting.
3. In addition to the Chair, each EAP will consist of 6 non-Executive Members who shall be determined by the respective political groups.
4. A named substitute non-Executive Member will be permitted for each political group represented on a Panel.
5. Any member of the Executive may attend an EAP meeting without notice of attendance required, however participation in discussions will be through the Chair of the respective EAP.
6. Although non-decision making, each EAP shall be politically balanced to ensure other recognised political groups have representation.
7. EAPs are not subject to the full Local Government Act 1972 (as amended), however they shall be conducted where practicable as if the 1972 Act applied.
8. Meetings of an EAP are open to public attendance except where confidential or exempt information is to be discussed
9. Meetings of the EAP may be held using "virtual meeting" technology or shall be onsite. Meetings will normally be live streamed, except where confidential or exempt information is to be discussed.

10. An EAP through the Chair may invite guest speakers or expert witnesses to attend a meeting of the EAP on an ad hoc basis.

11. A member of the Corporate Leadership Team (CLT) may attend meetings of an EAP without notice of attendance required, however participation in discussions will be through the Chair of the respective EAP.

12. Whilst some matters for discussion will clearly fall within the remit of one EAP, there may be occasions where an agenda item is cross-cutting. The Chairs of the respective EAPs shall decide which EAP acts as "lead." The Leader of the Council shall act as arbiter where a resolution cannot be achieved.

13. Minutes/notes of each EAP shall be prepared and publicly available, except those sections dealing with confidential or exempt information. Full copies of minutes/notes taken shall be circulated to all Executive members and CLT in addition to the appropriate EAP members.

14. Agendas and reports will normally be circulated 5-clear working days prior to the meeting date. Urgency items may be discussed at a meeting, with the consent of the Chair, and subject to an explanation as to why an item is urgent, and notification to EAP members prior to the meeting commencing.

15. Each EAP will normally meet on a bi-monthly basis. A Chair of an EAP may request the cancellation or addition of a meeting having given due notice to the Proper Officer (or their deputy).

There is no requirement for formal reports to be submitted to EAPS, instead the Chair will encourage presentations, briefing notes or verbal discussions.

The Executive Advisory Panels currently established are: -

- **Active Communities EAP**

  Chaired by Councillor Helen Harrison/Councillor Helen Howell)

  Lead Officer - David Watts/Director of Public Health & Wellbeing

- **Sustainable Communities EAP**

  Chaired by Councillor Harriet Pentland

  Lead Officer - George Candler

- **Future Communities EAP**

  Chaired by Councillor Scott Edwards

  Lead Officer- AnnMarie Dodds

- **Connected Communities EAP**

  Chaired by Councillor Lloyd Bunday

Lead Officer – Adele Wylie/Guy Holloway

- **Planning Communities EAP –**

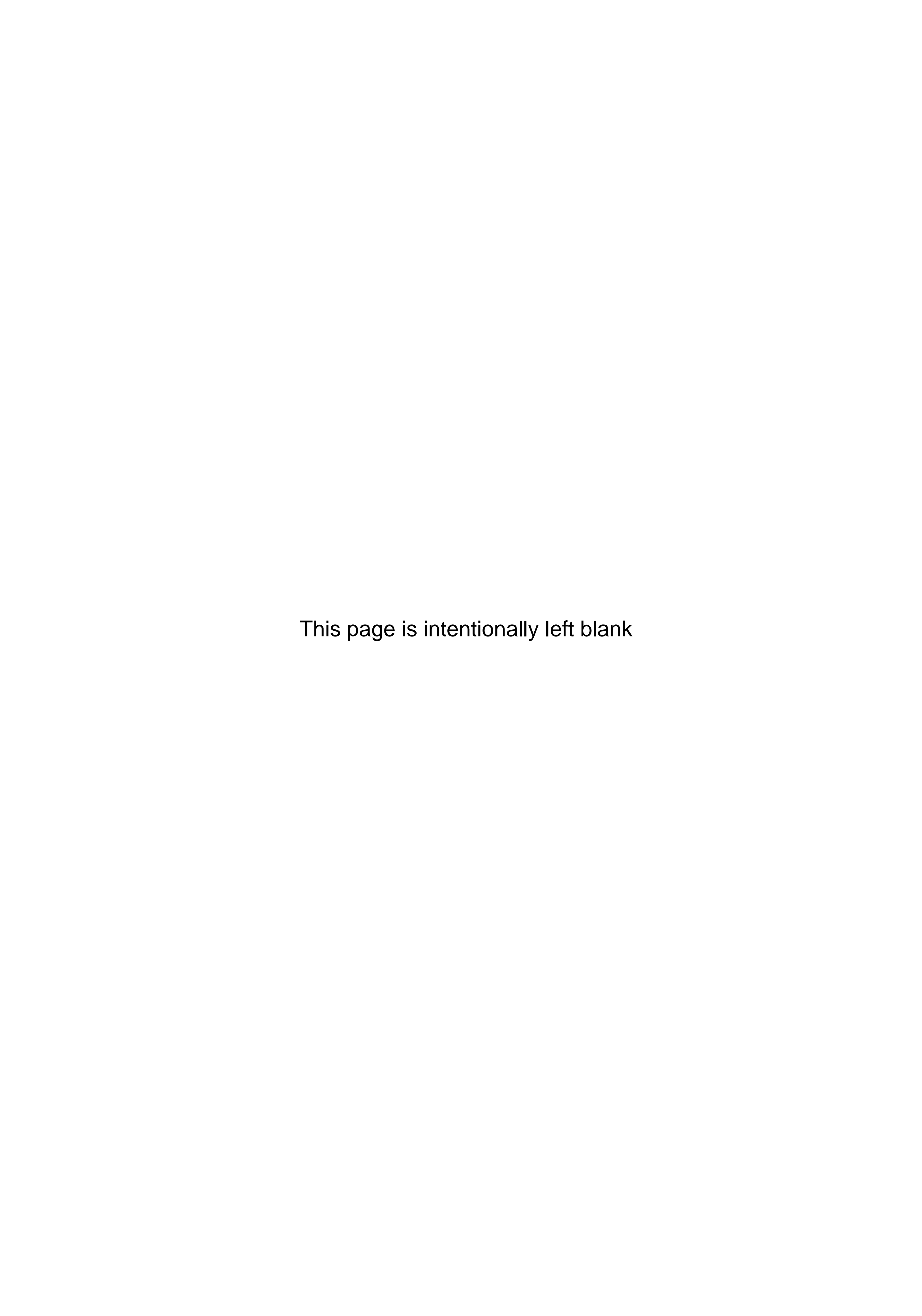
  Chaired by Councillor David Brackenbury

  Lead Officer – Rob Harbour

- **Prosperous Communities EAP –**

  Chaired by Councillor Graham Lawman/Councillor Matt Binley

  Lead Officer – David Watts



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North Northamptonshire Council – Executive Advisory Panels

Executive Advisory Panel	Corporate Priority/Key Priorities	Suggested areas in scope	Senior Responsible Officer(s)	Executive Member(s)
Active Communities	**Active, fulfilled lives** • Greater access to better quality adult social care • Value and support our carers and volunteers • Improve the accessibility and use of leisure, culture, art and sport • Provide enhanced support to improve mental health and wellbeing • Tackle the causes of complex problems such as poverty and homelessness	• Social Care for Adults • Services for Older People • Health Inequalities • Inclusion • Leisure and Sport • Libraries and Theatres • Culture • Cohesion • Mental Health and Wellbeing • Domestic Violence • Tourism	Director of Public Health and Wellbeing Executive Director of Adults, Health Partnerships and Housing	Cllr Helen Harrison & Cllr Helen Howell
Future Communities	**Better, brighter futures** • Ensure every child has equal access to a high standard of education • Support partners and the Children's Trust to provide higher standards of support • Promote better training, further education and employment opportunities for young people	• Education • Special Educational Needs • Provision for Disabled Children • Young Offenders • Employment and Skills	Executive Director of Children's Services	Cllr Scott Edwards
Prosperous Communities	**Safe and thriving places** • Strengthen the cultural identity of towns, villages and rural communities • Help town centres and villages respond to changing trends • Attract tourism, visitors and inward investment (considered in Active Communities) • Working with local businesses and partners to support the creation of high-quality, better-skilled jobs • Improve the standard of new and existing homes and ensure housing supply meets demand • Tackle the causes of difficult issues leading to nuisance, crime and anti-social behaviour • Maintain our highways infrastructure to keep people moving safely around North Northamptonshire • Enable people to travel across North Northamptonshire and beyond	• Affordable Homes • Highways • Social Housing • Housing Strategy • Development • Regeneration and Neighbourhoods • Levelling Up • Anti-Social Behaviour/Nuisance Waste • Asset Management and development	Executive Director of Adults, Health Partnerships and Housing	Cllr Matt Binley & Cllr Graham Lawman

North Northamptonshire Council – Executive Advisory Panels

Executive Advisory Panel	Corporate Priority/Key Priorities	Suggested areas in scope	Senior Responsible Officer(s)	Executive Member(s)
Sustainable Communities	**Green, sustainable environment** • Demonstrate clear leadership on tackling environmental sustainability • Work with communities and businesses to tackle climate change and improve air quality • Promote sustainable, active travel • Embed low carbon technology, sustained and improved green infrastructure, and sustainable forms of transport fit for the future • Educate, encourage re-use, harmonise our approaches and enforce to keep our environment free from litter • Protect the countryside and open spaces, and enhance the natural environment and ecology	• Climate Change • Enviro-crime • Active Travel • Strategic Transport • Council Green Space • Woodland Management	Executive Director of Place and Economy	Cllr Harriet Pentland
Connected Communities	**Connected communities and Modern Public Services** *Connected Communities* • Inform and listen to our communities, giving them a greater say in their future • Respect and engage our local diverse communities and town and parish councils • Empower a thriving voluntary and community sector *Modern public services* • Provide good quality and efficient services valued by our customers • Enhance the services provided at our Community Hubs • Invest in and value our staff to become an employer of choice • Use our assets, skills, knowledge and technology most effectively • Ensure very robust financial and performance management	• Voluntary Sector • Technology • Community Hubs • Employer of Choice • Customer Strategies	Assistant Chief Executive Executive Director of Customer and Governance	Cllr Lloyd Bunday
Planning Communities		• Planning Policy	Assistant Director of Planning	Cllr David Brackenbury