



HM Government

Drug Strategy 2010 'A Balanced Approach' Third Annual Review

February 2015



Drug Strategy 2010

‘A Balanced Approach’

Third Annual Review



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Ministerial Foreword



Over the last year, we have made significant progress against our commitments in the 2010 Drug Strategy.

We have recently refreshed the Reducing Demand strand of our Strategy with the key aim of enhancing our current approach to preventing people from using drugs in the first place and to intervening early with those who develop problems. We are now focusing on a wider range of groups at risk, ensuring we respond to new challenges and are maximising the role of Public Health England to support and provide guidance to local authorities.

Alongside our efforts to reduce users' demand for drugs we remain committed to tackling the serious and organised criminals importing, manufacturing and dealing drugs. Just over a year on from its introduction, we have seen significant action against serious and organised crime from the National Crime Agency. This included the seizure of a large amount of drugs and assets and significant custodial sentences for those found guilty of importing drugs into the UK.

Recovery is and will remain at the heart of the Strategy. We continue to focus on improving recovery outcomes including wider factors such as employment and housing that are essential in supporting drug users to fully recover and integrate back into society.

The harms posed by new psychoactive substances have been a key concern for the Coalition Government. This is why my predecessor set up a review by an expert panel to take a detailed look at how our approach across all strands of the Strategy could be improved in order to reduce availability and the harms caused by these substances. As set out in the Government's response, published on 30 October 2014, we are taking forward the vast majority of the panel's recommendations. This includes developing legislation for a 'general ban' to prohibit the supply of new psychoactive substances as well as the wider recommendations which cover information sharing, interventions and treatment and education and prevention.

We are not complacent and understand that the challenges that drugs present to the UK and other countries are always changing and we need to stay alert to issues across the world. In October 2014, in parallel with the new psychoactive substances review, the Home Office published an International Comparators Study in response to the commitment we made in our 2010 Strategy 'to review new evidence on what works in other countries and what we can learn from it'. The study looked at the different responses to the misuse of drugs in eleven countries and provides a solid base of evidence on different approaches.

Moving forward, we will continue to take a leading role in the global debate on drugs, providing an expert voice and helping to build a global consensus on how to tackle the harms caused by illicit drugs.

Our ambition in 2010 was to create a landscape where local government is empowered to develop its own way of improving public health that meets the needs of local communities. Now that this has been successfully achieved, we need to ensure that local commissioners maintain appropriate levels of investment in drug and alcohol services to ensure these adequately meet local need.

As with the emergence of new psychoactive substances, we will continue to keep abreast of new challenges and take swift action against any emerging drug trends that could impact on public safety.

I would also like to take this opportunity to thank the Advisory Council on the Misuse of Drugs for their invaluable support and advice. This helps us to ensure that our Strategy continues to be current and based on the best available evidence.

A handwritten signature in black ink, appearing to read 'Lynne Featherstone', with a stylized flourish at the end.

Rt Hon Lynne Featherstone MP
Minister of State for Crime Prevention

Introduction

The Drug Strategy was introduced in 2010 to reduce the health, social and economic harms caused by drugs and the threat they pose to individuals, communities and societies. Over the past four years, we have taken a comprehensive and evidence-based approach to tackling the challenges caused by drugs, including new psychoactive substances (NPS) through the three key themes of the Strategy: Reducing Demand, Restricting Supply and Building Recovery.

There are positive signs that this approach is working:

- There has been a long term downward trend in drug use among 16-59 year olds over the last decade, from 12.2% in 2003/4 to 8.8% in 2013/14, and drug use has also fallen among 11 to 15 years olds since a peak in 2003. In addition, the number of heroin and crack cocaine users has fallen to 294,000 (2011/12). This continues the declining trend since 2008/09, with the number falling below 300,000 for the first time in 2010/11 (since current estimates began in 2004/5).
- More people are recovering from their dependency now than in 2009-10, and the average waiting time to access treatment is down to three days.
- The police and Border Force continue to seize significant quantities of drugs off the streets and at our borders, with 193,999 seizures being reported in 2013/2014 in England and Wales.

Our key achievements over the past year have included:

- The Reducing Demand strand of the Strategy has been refreshed and action is now being taken across a wider range of at risk groups, ensuring we are responding to new challenges including NPS, and capitalising on the role of Public Health England (PHE) in supporting local commissioners and practitioners to implement evidence-based prevention activity.
- Local areas are being supported with the necessary resource and guidance to design and commission integrated services that meet both the needs of individuals and the wider community. A high level snapshot review of commissioning showed that there was a collective determination amongst local authorities in England and Wales to deliver and improve outcomes. We have attached a new condition to the Public Health Grant requiring

local authorities to have regard for the need to improve the take up of, and outcomes from, drug and alcohol treatment services and we have launched a Health Premium Incentive Scheme. This will offer a payment to those local authorities that show an improvement in the number of people who recover from drug dependency.

- Through strong and coordinated enforcement action, we continue to disrupt the activities of those selling and trafficking illegal drugs. One year on from its introduction and the launch of the Serious and Organised Crime Strategy, the National Crime Agency (NCA) is now leading UK law enforcement's fight to cut serious and organised crime impacting the UK. Between October 2013 and September 2014, the NCA achieved over 920 disruptions of serious and organised criminals and their groups. It led coordinated operational activity resulting in the arrest of 2,048 people in the UK and 1,181 overseas, 415 convictions and the seizure of 213 tonnes of drugs. In addition, we introduced new powers for law enforcement agencies to target the domestic trade in suspected drug cutting agents that are used by organised criminals.
- We have ongoing action across all three strands of the Strategy to tackle the reckless trade in NPS and protect the public. Recognising nevertheless that more needed to be done we commissioned a review by an expert panel to see where we could go further. The panel's findings and the Government's response, taking forward the vast majority of the recommendations, were published in October 2014 and can be found here:

www.gov.uk/government/publications/new-psychoactive-substances-review-report-of-the-expert-panel

www.gov.uk/government/publications/response-to-expert-panel-report-on-the-new-psychoactive-substances-review

We recognise the value in continually challenging ourselves to deepen our understanding of alternative ways to tackle drug misuse including learning lessons from abroad. The International Comparators Study was published in October 2014 and sets out the evidence on different approaches used by countries to address the misuse of drugs. We also continue to work with the international community to tackle the harms posed by drugs, share the valuable lessons we have learnt and promote a balanced and evidence-based strategy within the international conventions. The report can be found here:

www.gov.uk/government/publications/drugs-international-comparators

Following the publication of the Drug Strategy Evaluation Framework last year the Government continues to assess the effectiveness and value for money of the 2010 Strategy, drawing on expert advice as appropriate. The final evaluation will set out the evidence as it stands for the effectiveness of the interventions which fall under the following five activity strands; (i) early interventions: (ii) education and information: (iii) treatment: (iv) non-treatment rehabilitative activity; and (v) enforcement. Where there is sufficient data the evaluation will also provide cost-benefit estimates either at intervention or activity group level. Where it is not

feasible to cost the impact of interventions the evaluation will provide a descriptive account, using the best available evidence and clearly setting out the barriers to undertaking a full cost-benefit analysis.

We are also looking ahead to ensure we are updating our approach to respond to emerging threats and new challenges. The Advisory Council on the Misuse of Drugs (ACMD) plays a pivotal role in helping us to keep up to date with new evidence and findings and areas of work being considered this year include poly-substance misuse, and the diversion and illicit supply of prescription medicines and over-the-counter medicines. We will give full consideration to the ACMD's findings and recommendations and respond accordingly.

UK Coverage of the 2010 Drug Strategy

The UK devolved administrations have their own approaches towards drug misuse and alcohol dependency in areas where responsibility is devolved. Some of the policy areas covered by the Drug Strategy 2010 such as health, education, housing and social care therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Scotland and Wales. The legal framework relating to the misuse of drugs, including the Misuse of Drugs Act 1971, is reserved to the UK Government.

The Scottish Drug Strategy 'The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem' was published in 2008 and is available at:

www.scotland.gov.uk/Publications/2008/05/22161610/0

The Welsh Drug and Alcohol Strategy 'Working Together to Reduce Harm' was published in 2008 and is available at:

<http://new.wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en>

Reducing Demand

The Home Office and Department of Health jointly lead the Reducing Demand strand of the Strategy which aims to create an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and to make it easier for those that do misuse drugs to stop. It committed us to taking a whole-life approach to preventing and reducing the demand for drugs.

Our refreshed approach mixes universal actions aimed at all young people, with targeted actions for those most at risk of using drugs or who have already started using drugs, and tackles the range of risk factors that make people vulnerable to substance misuse. Reflecting the evidence that drug use is affected by a range of social, health and environmental issues, there is also a focus on wider prevention activity, championed by PHE, designed to promote resilience through tackling the wider determinants including health, social care, education and community initiatives.

Key achievements this year have included:

- The development of 'Rise Above' (an online resource and social movement for young people) designed to build young people's resilience and empower them to make positive choices for their health (including drugs, alcohol, smoking, body confidence, relationships and exam stress). Aimed at 11-16 year olds, 'Rise Above' aims to build young people's skills by encouraging them to engage with a range of situational resources rather than providing them with information only. This approach is in line with the evidence base and PHE is working with key academics to assess the effectiveness of the programme and ensure it has maximum impact. 'Rise Above' is due to launch in spring.
- FRANK continues to be a core component of the Strategy, providing information to young people about drugs (including alcohol and tobacco). It continues to be updated to reflect new and emerging patterns of drug use and will evolve to remain in line with young people's media habits and strengthen situational advice and support. FRANK is a valuable resource for young people, parents and teachers especially when used as part of wider resilience building and behaviour change programmes, such as 'Rise Above'. Between January and December 2014 there were 5.1 million visits to the FRANK website.
- Development of PHE's role in supporting local areas in sharing evidence of the most effective ways to support local commissioning and the delivery of effective public health prevention activities.

- The expanded Troubled Families Programme builds on the current programme to reach families with a broader range of multiple problems, including substance misuse of both parents and young people. Latest figures from the current Troubled Families programme show that over 85,000 families' lives have been turned around.
- A summer 2014 communications campaign on NPS, raising awareness of the risks, consequences and harms of NPS and signposting FRANK as a source of information about NPS. This incorporated the lessons learned from the 2013 campaign, including being more targeted towards those contemplating or dabbling in NPS. There was also a greater focus on nitrous oxide to reflect findings from the Crime Survey for England and Wales (CSEW) that 6.1% of young adults had taken nitrous oxide in the last year. Using digital channels, advertising and radio, 74% of the target 15-21 year old Contemplators and Dabblers audience were reached. 116,888 then visited FRANK, with many reporting that this caused them to actively consider the risks, consequences and harms of legal highs.
- In addition to communications activity, continued development of an NPS specific resource-pack to support informal educators, such as youth workers, to challenge drug taking behaviour amongst user groups who may be using NPS. The resource pack aims to prompt users to reflect on the risks and harms of these drugs, ultimately helping them to break the cycle of use. This is due to be published in spring.
- Promotion of good practice in demand reduction in NPS at EU and international level, led by the UK, including at the March 2014 UN Commission on Narcotic Drugs.
- Ongoing work to understand and tackle NPS use amongst offenders including Ministry of Justice work with partners to further enhance the testing for NPS.
- The launch of a PHE tool-kit to support local areas' response to NPS and development of further resources on image and performance enhancing drugs, and drug use amongst gay, bisexual and other men who have sex with men. The NPS toolkit provides information on prevention, monitoring and information sharing, responses to acute problems and treatment interventions.

In addition, the ACMD Recovery Committee has completed a review of recent developments in the prevention field including evidence on approaches that work and those that do not. The findings emphasise the need for continued investment at local and national level including universal and targeted approaches that are informed by the best available evidence.

There are positive signs that our efforts are working. The Drug Misuse Findings from the 2013/14 CSEW showed that drug use in England and Wales continues on a long-term downward trend over the last decade (declining from 12.2% in 2003/4 to 8.8% in 2013/14).

The 'Smoking, drinking and drug use among young people survey' (11 to 15 year olds) showed that overall drug use in young people also continues to fall. In 2013, 11.3% reported having taken any drug in the last year (11.9% in 2012), the latest in a downward trend from 21% in 2003. However, we recognise that there is still work to do as these overall figures remain too high, and drug use amongst some groups is increasing.

Key priorities for the year ahead:

Over the next year, we will continue to support action across a wider range of groups at risk, ensure we are responding to new challenges and capitalise on the role of PHE in supporting local commissioners and practitioners to implement evidence-based prevention activity. This will include:

Key universal actions:

- Working in partnership with the Cabinet Office to offer a series of bespoke master classes to frontline voluntary, community and social enterprise (VCSE) organisations in England who have a key interest in tackling crime and drugs issues. Given the changes to the commissioning landscape, the classes aim to develop understanding of public service markets and improve commercial management skills in order that organisations can better access government or local authority funding.
- Helping schools draw upon expert advice and develop evidence-based practice. The Alcohol and Drug Education and Prevention Information Service (ADEPIS), run by Mentor UK, was launched in March 2013 to support practitioners who work with young people, and will continue to be funded for another year to ensure their resources are fully embedded in local practice (2015/16).
- Raising awareness of the harms associated with emerging NPS including through implementation of the demand reduction recommendations made by the NPS Review Expert Panel. For example supporting schools with information on the resources that are available to ensure that their drug policies are in line with best practice and reflect the new NPS landscape.
- Cross-Government action to address the wider risk factors that can affect drug use, including decreasing the proportion of young people who are Not in Education, Employment or Training (NEET), and supporting the dissemination of evidence-based effective practice which will include pilots such as the Mentor UK-run 'Good Behaviour Game' in schools.

Action targeting those most at risk and those who have already started using drugs

- We will increase collaboration between police, festival organisers, night time economy stakeholders and local authorities to monitor, prevent and raise awareness of the harms associated with drug use.
- Through PHE we will:
 - Provide support to local areas to ensure young people's substance misuse services target vulnerable young people through the Joint Strategic Needs Assessment (JSNA) data packs and commissioning prompts.

- Develop and support approaches to early years, school age and adolescent health, engaging with a wide range of stakeholders, to build resilience in young people across the life course. This will include projects on the impact of parental alcohol use and the roll out of 'Rise Above'.
- Provide support to 'healthy schools' and pastoral care, promoting identification and referral of children at risk to appropriate services.
- Introduce a Strategic Framework which will include a comprehensive set of actions to address drug use amongst men who have sex with men, as well as mental and sexual health, alcohol, drug and tobacco use.
- Support the implementation of the National Institute for Health and Care Excellence (NICE) needle and syringe programme guidance.
- The launch in April 2014 of ten Liaison and Diversion schemes, covering 12 police forces. The Liaison and Diversion schemes ensure that people can access appropriate interventions in order to improve their mental health and other vulnerabilities, and tackle offending behaviours including substance misuse. A further roll-out of the programme will commence from April 2015 to increase coverage to reach over 50% of the population of England. This will place mental health professionals in police custody suites and Crown and Magistrates courts. An evaluation of this programme is due to be completed in summer 2015. If successful, we will aim to roll out the enhanced Liaison and Diversion services nationally by 2017.

Case Study 1: NPS Summer Communications Campaign 2014

Overview

The Home Office ran a targeted communications activity during the summer to provide accessible and high quality information about the potential risks and harms associated with NPS, enabling people to take personal responsibility for their decisions. The 2014 campaign was developed and modified based on the findings from the successful 2013 communications campaign.

(i) Digital and radio campaign

Similarly to 2013, activity targeted at contemplators and dabblers consisted of paid-for search, online advertising and radio advertisement. Activity drove people towards the FRANK web-site for more information and advice on NPS.

The aim of this year's campaign was to:

- Raise awareness of the risks, consequences and harms of NPS amongst those contemplating using these drugs; and
- Signpost FRANK as a source of information about NPS.

The audience for this campaign were:

- Contemplators and dabblers: Teens (15-18 year olds) and Young Adults (18-21)

(ii) Partner resource pack

In 2013, 'users' – or those with a more entrenched drug habit – were quick to discredit messaging relating to risks and harms. However, insight work completed by the Home Office showed us that NPS users may respond well to 'influencers' – those respected voices within their network or community.

Therefore, this year we have reached drug users via this intermediary audience. Working with DrugScope we have identified **socio-economically deprived teens and young adults (13-20) – including young offenders – as a key audience**. The resource pack, written by informal educators and frontline practitioners with this same audience in mind, aims to:

- Empower those in a position of influence to challenge the behaviour of this user group to prompt them to reflect on the risks, consequences and harm these drugs cause and help them break the cycle of use.

Case Study 2: ASSIST and FRANK

ASSIST+FRANK is a project to develop and pilot an informal peer-led drug prevention intervention based on FRANK.

Funded by the National Institute for Health Research Public Health Research (NIHR PHR) Programme, and led by Cardiff University, the project will adapt an effective smoking prevention intervention called ASSIST, to deliver information from the FRANK website (www.talktofrank.com). ASSIST purposively recruits 'influential' students aged 12-13 years (UK year 8) and trains them as 'peer supporters' to spread and sustain non-smoking norms through informal conversations with their peers. ASSIST is currently delivered to around 50 schools per year by Public Health Wales (PHW) as part of the Welsh Government's Tobacco Harm Reduction plan. The project is using the PHW roll out of ASSIST to determine whether the ASSIST method of peer-led delivery of FRANK is acceptable to ASSIST trainers, pupils, parents and school teachers, and will provide estimates on the likely effectiveness of this approach.

Fourteen secondary schools from across South Wales are currently involved in the project, which is due to end in October 2016. If the interventions are found to be acceptable, a subsequent larger randomised control trial will be undertaken to examine its effects on preventing drug uptake and reducing levels of use.

More information on the ASSIST+FRANK study can be found at:

<http://medicine.cardiff.ac.uk/clinical-study/assist-frank/>
www.nets.nihr.ac.uk/projects/phr/12306003

Restricting Supply

The 2010 Drug Strategy sets out a broad approach to restricting the supply of drugs, including emerging NPS. In the last year we have continued to make real progress against our key priorities, which has included significant activity to disrupt the supply of drugs on an international, national and local level.

Following the launch of the Serious and Organised Crime Strategy, the NCA is now leading UK law enforcement's fight to cut serious and organised crime, and works with the police, Border Force and others to lead, coordinate and support the UK response. In respect of drug trafficking, in its first year NCA-led and coordinated activity resulted in 711 drug-related arrests in the UK, and the seizure of 213 tonnes of drugs, both in the UK and upstream. In 2013/14 there were 193,999 drug seizures made in England and Wales by the police and Border Force¹.

We have also increased our direct engagement with priority countries in which heroin and cocaine is produced and trafficked. Examples include:

- The creation of a strategic Joint Working Group with Pakistan on serious and organised crime;
- The expansion of the Crown Prosecution Service Criminal Justice Adviser network to build criminal justice capacity in priority countries;
- The creation of a G7+ Country Assistance Strategy Committee on Serious and Organised Crime in West Africa to agree assistance priorities across the donor community;
- Increased cooperation with West African Countries on the investigation and disruption of Organised Crime groups; and
- Although UK combat operations in Afghanistan ceased at the end of 2014, we have continued to sustain a major in-country programme of cooperation to disrupt those criminal networks that traffic drugs to the UK, as well as supporting wider development work to promote alternative livelihoods.

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/367761/hosb0314.pdf. Some data may duplicate NCA seizure figures where they relate to operations conducted jointly between the NCA and the police/Border Force

At national and local levels, key activities have included:

Tackling Serious and Organised Crime

- Attacking criminal businesses through their finances and introducing new tactics for disrupting criminals as set out in the Serious and Organised Crime Strategy. Financial investigation contributes directly to the arrest and prosecution of organised criminals engaged in a range of criminal activities, including those involved in drug trafficking. Recovery of criminal assets prevents criminals from enjoying the proceeds of their illegal activity and from using these to fund further criminality which causes misery to thousands of UK citizens. In 2013/14 over £57m was removed from the criminal economy through cash forfeitures and confiscation in drug trafficking related cases, preventing these monies from being reinvested in further drug supply.
- Launching the second Crimestoppers' 'commercial cannabis cultivation campaign', strengthening our efforts to identify and close down cannabis factories and disrupt the serious and organised crime groups behind them. Hot spot areas were targeted by police forces throughout the UK. This year's campaign led to an increase in police activity which included the seizure of cannabis plants, several high level arrests and the disruption of three organised crime groups.
- Developing local multi-agency partnerships as the foundation of the Serious and Organised Crime Strategic approach. Over the last year we have focused on strengthening cooperation between police forces, government departments, local authorities and the voluntary and community sectors. We held a series of nine regional workshops to raise awareness and exchange best practice, in which over 1,000 people participated, to ensure that the information and powers of all partners are brought to bear locally. Over the next year, these partnerships will continue to look to use various agencies' powers to disrupt drug-trafficking serious and organised crime groups in innovative ways.

Building Capability for Law Enforcement

- Publishing guidance on nitrous oxide which details the main enforcement options available for police and local authorities to restrict the supply for recreational use. These include street trading laws, the Intoxicating Substances (Supply) Act 1985, and powers under the Anti-social Behaviour, Crime and Policing Act 2014.
- From 3 November, trialling an alternative approach to cannabis and khat warnings and Penalty Notice Disorders (PNDs), as part of a wider pilot on out of court disposals in three police force areas. The new approach includes the option for a community resolution and a conditional caution and, where necessary, mandating assessment for treatment.

- Coordinating and supporting the regional response to serious organised crime through Regional Organised Crime Units (ROCU). ROCUs are the primary interface between the NCA and local police forces. They also have an important role in facilitating information sharing across agencies and departments on serious and organised crime, primarily through the Government Agency Intelligence Network (GAIN). Government has significantly bolstered the ROCU's capacity and capabilities, providing some £70m since 2013. Many of the ROCUs now have a full suite of core capabilities in areas such as intelligence, cyber investigation and witness protection. This will be enhanced further in 2015.

Legislation

- Introduction of new legislation under the Misuse of Drugs Act 1971 including:
 - Reclassifying ketamine from a Class C to a Class B drug;
 - Permanently controlling three groups of NPS from the 'Tryptamines', 'NBOMe' and 'Benzofuran' families, increasing the number of NPS controlled by the Coalition Government to 500. Since mephedrone was controlled in 2010, CSEW figures have shown that use has fallen from 1.3% in 2010/11 to 0.6% in 2013/14;
 - Permanently controlling four prescription medicines: lisdexamphetamine, zopiclone, zaleplon and tramadol; and
 - Permanently controlling khat as a Class C drug and introducing an escalation framework for the policing of simple possession offences, similar to cannabis. This was informed by factors including community concerns and the growing threat posed by the international illicit khat trade in the UK. The legislation supports public health messaging and local authorities' approaches to protect communities, especially vulnerable people, in order to promote drug-free lives, improve social outcomes and promote integration.
- Introduction of a new drug driving offence to improve drug driving enforcement and to send out the strongest message that taking drugs and driving will not be tolerated. This will come into force on 2 March 2015.
- Introduction of primary legislation through the Serious Crime Bill. This Bill builds on current legislation to ensure the NCA, police and other law enforcement agencies have the powers they need to pursue, disrupt and bring to justice serious and organised criminals, including the:
 - creation of a new offence of participation in an serious and organised crime group, tackling those who support serious and organised crime at arm's length;
 - extension of the range of activities that can lead to gang injunctions to include illegal drug-dealing which can often lead to serious and organised crime groups;

- addition of new trigger offences such as cultivation of cannabis plants to the conditions for imposing a Serious Crime Prevention Order;
- introduction of new powers to enable law enforcement agencies to seize chemical substances that can be used as cutting agents for bulking illegal drugs in order to maximise criminal profit margins; and
- strengthening of the Proceeds of Crime Act 2002, which governs the recovery of criminal assets. These changes will apply to all criminal offences where there is a financial benefit, including drug cases, and will ensure greater enforcement of court orders and better recovery of assets overseas.

In relation to NPS:

We recognise that the emergence of NPS presents law enforcement with extensive challenges. Our key domestic activities around NPS supply reduction this year have included:

- Publication of guidance for local authorities, setting out the range of legislative tools they can use to tackle the ‘head shops’ where legal highs are often sold. This was developed in collaboration with the Department for Communities and Local Government, the Local Government Association and the Trading Standards Institute.
- Further development of our world-leading Forensic Early Warning System which has run a number of collection plans including at festivals, from ‘head-shops’ and for the first time included prison drug finds in the South West region.

Internationally, we continue to be a leading player in driving forward collective action to tackle NPS including:

- Agreement amongst key partners at the March 2014 UN Commission on Narcotic Drugs to refresh the international scheduling (control) process to face the challenge of NPS. The UK requested the provisional scheduling of mephedrone under the international conventions. This raised awareness of the harms posed by mephedrone, and is likely to lead to the first control of an NPS at international level.
- Risk assessment of 22 NPS for international control by the Expert Committee on Drug Dependence in June 2014, of which 12 have been recommended for control. The UK’s international leadership on NPS played a key role in re-energising the Committee’s assessment process. Prior to this, the Expert Committee had only held one meeting since 2006, where only two substances were assessed.
- Development of the Global Early Warning Advisory System on NPS, instigated as a result of a UK-led resolution at the UN Commission of Narcotic Drugs in 2013. This is now up and running and up to September 2014, a total number of 388 unique NPS had been reported at an international level.

- UK-chairmanship of a G7+ country Expert Meeting on NPS in Berlin in November 2014 where we secured agreement to a set of actions to enhance international and UN cooperation on NPS and to share evidence and best practice on NPS treatment and demand reduction.
- Partnership work with the International Narcotics Control Board on 'Project ION', to improve information sharing between law enforcement agencies across the world regarding shipments of NPS.
- EU work to ensure proportionate and effective EU level action on NPS. This included enhancing the exchange of information through the EU Early Warning System, and working towards an appropriate EU measure that restricts the illicit trade in NPS through criminal controls.

Key priorities for the year ahead:

Looking ahead to the coming year, we are determined to build upon this success in disrupting the supply of drugs. Activities will include:

- Further action alongside law enforcement agencies against the unlawful advertising and sales of banned drugs on the internet. This will include work with internet providers to ensure they comply with the law and closure of UK based websites where they are found to be committing offences under the Misuse of Drugs Act 1971.
- We will evaluate the five new Joint Border Intelligence Units (JBIUs) based regionally at London Gatwick, London Heathrow, Kent, Felixstowe and Manchester. JBIUs represent a significant step forward in our ability to interdict illegal importations of drugs by bringing together the capabilities and information held by the NCA, Border Force, Ports Special Branch, Immigration Enforcement, HMRC and other agencies. Subject to the outcome of the evaluation, we will roll out further JBIUs in 2015.
- Further action to tackle the diversion and illicit supply of medicines. The ACMD work on diversion and illicit supply of medicines is underway and gathering evidence. The Government will give full consideration to the findings and recommendations from the review.
- Establishment of a central collection of drug test on arrest data for those forces using this initiative to help us to understand local trends and patterns in drug use amongst offenders, as well as sharing information with forces to support them to understand their area and trends in neighbouring forces to tailor local action.
- Further development of our understanding of the complex challenges both heroin and crack cocaine present to services tackling this issue, as well as links to crime, health and wider societal harms. This will build on a report published by the Home Office in July 2014 on the heroin epidemic in England and Wales in the 1980s and 1990s, and its effect on crime trends.

In relation to NPS:

- We will implement the NPS Expert Panel's legislative and enforcement recommendations from the Review which include:
 - developing proposals for a 'general ban' similar to that introduced in Ireland. This will give law enforcement greater powers to tackle the market in NPS in general, instead of on a substance by substance basis;
 - pursuing a cutting edge way of basing legal controls on future synthetic cannabinoids through the effects the drugs have on the brain rather than their chemical structure; and
 - working with the Crown Prosecution Service to update its existing guidance on drug offences to include controlled NPS, to update the Home Office guidance issued in 2013 to local authorities on taking action against 'head shops' selling NPS, with the latest cases and developments including new powers under the Anti-social Behaviour, Crime and Policing Act 2014, and with national policing leads to update their current enforcement guidance on NPS.
- Together with the ACMD, we will continue to monitor NPS as they appear on the market through UK and international early warning systems and work with the ACMD in assessing the risk posed by such substances where necessary, invoking temporary bans or permanent controls. This will continue to include a regular review by the ACMD of the generic – or group – definitions currently in place in the Act that cover families of drugs.
- Following advice from the ACMD, we will control the synthetic opioid MT-45, the stimulant 4,4'-dimethylaminorex (4,4'-DMAR) and will extend the current generic definition for the synthetic cannabinoids.
- We will continue to use the forum provided by Project ION to engage with key strategic partners in tackling NPS trafficking.
- We will continue to work with Border Force to prevent border controls being circumvented by making full use of all available powers. In addition, FEWS will provide advice and support to Border Force on the use of mobile technologies to promptly identify substances being encountered especially within the Fast Parcel areas.

Case Study 3: Work undertaken by the National Crime Agency

In March 2014, three men were sentenced to over 36 years' imprisonment, having been found guilty of importing heroin into the UK, following an NCA operation. The men imported heroin into West Yorkshire from Pakistan concealed within crates labelled 'handicrafts' and 'dinner set wooden show pieces'. The criminals hid mobile phones and SIM cards in their children's bedrooms to avoid detection. Following the interception of a crate at Heathrow Airport containing 1.7kg of heroin, analysis of call data and freight company records, it was proved there had been four other consignments containing similar amounts of heroin delivered to addresses that were linked to the criminal network. In total the drugs from the five consignments had a street value of over £1 million.

In addition, the NCA's international focus supports increased close working with overseas law enforcement, to tackle the threat of illegal drugs. Earlier this year, NCA officers helped seize assets in Colombia totalling £86 million and 265kgs of cocaine. In another recent operation the NCA, working with partners, seized several heroin processing laboratories and drugs valued at over £69,000. This disrupted the production in the source country of an estimated 2,000kgs of heroin and the denial of almost £5 million in revenue to narcotics traffickers.

Case Study 4: Intoxicating Substances (Supply) Act 1985

In September 2014, a head shop owner was charged with offences under the Intoxicating Substances (Supply) Act 1985. Northamptonshire Police worked with Northamptonshire County Council trading standards officers to conduct test purchases using 16 years olds, as they had received reports that the shop was repeatedly selling synthetic cannabinoid products to school children. Five test purchases were carried out, in which the 16 year olds were instructed to make it clear to the owner that they wanted to purchase a 'legal high' product, and to ask how they should take or consume that product. The children were sold the products each time, and were told that the products should be smoked. The defendant was sentenced to a three month custodial sentence (suspended for two years), given an 18 month Supervision Order and 120 hours of community service. The head shop is no longer trading.

Case Study 5: Local Organised Crime Partnerships

Project Spotlight is a multi-agency partnership that has recently been set up to tackle serious organised crime in Dorset. It will build upon the success of multi-agency operations such as Operation Wiseman, where a number of different bodies including Trading Standards, the Security Industry Authority (SIA), Fire and Rescue Service, Southern Electricity and licensing authorities came together to tackle an organised criminal group involved in the supply of Class A drugs. The group was using a Bournemouth nightclub to launder money and supply drugs. A series of jointly planned activities were carried out using the breadth of powers available to the partners, which resulted in the premises having its licence revoked and its subsequent closure. Six people were arrested and charged with a variety of offences and a key means of money laundering was dismantled.

Case Study 6: Use of new Anti-social Behaviour Powers

In October 2013, new powers were introduced under the Anti-social Behaviour, Crime and Policing Act which allow a Police Officer of at least the rank of inspector, or the local authority to issue a closure notice if satisfied on reasonable ground that the (a) use of a particular premises has resulted, or is likely soon to result in nuisance to members of the public, or (b) that there has been or is likely soon to be, disorder near those premises associated with use of those premises and (c) that the notice is necessary to prevent the nuisance or disorder from continuing, reoccurring or occurring.

Devon and Cornwall Police have successfully used this new legislation to close a head shop in Exeter following complaints over a sustained period regarding anti-social behaviour by customers. This included the wider impact of the shop which stretched further away from the premises and the impact that it was having on residents who lived nearby. There was also supporting intelligence to suggest that the premise was selling to young persons.

The head-shop has now ceased trading after deciding not to oppose a six-month closure order. The evidence collected by Devon and Cornwall Police was so effective that the case never actually went to court as the defence offered no case and the owners of the head shop gave up the lease voluntarily. The closure of the head shop had an immediate positive impact on the quality of life for the residents, visitors and workers of the surrounding area. It also highlighted the determination of Devon and Cornwall Police to take positive action and use the new legislation in driving down anti-social behaviour.

Building Recovery

The Government has put recovery at the heart of its approach: more people are recovering from their dependency now than in 2009-10, and the average waiting time to access treatment is down to three days.

The Strategy has raised the ambition for the recovery agenda by:

- Transferring the responsibility for developing locally led, integrated, recovery orientated treatment systems to local authorities;
- Empowering local government to develop their own ways of improving public health in their local populations and to take responsibility for how funding is best spent, supported by the introduction of PHE and Police and Crime Commissioners; and
- Ensuring a wider focus on the issues essential to recovery, moving it beyond the treatment system to also include factors such as housing and employment which help drug users fully integrate back into the community.

This year, we have continued to take action across a range of different areas which has included:

Public Health

- A PHE review, commissioned by the Department of Health, of the commissioning of drug and alcohol services by local authorities in early 2014. The review encouraged collaborative working between public health and health and social care across local authorities and PHE. It also provided the opportunity to develop plans across the sector and provided a baseline from which local government can develop its sector-led improvement approach. In addition, the results of the review highlighted the enthusiasm amongst local authorities to share information and experiences to improve recovery outcomes.
- Following public consultation, the launch of the Health Premium Incentive Scheme, which offers financial incentives to local authorities when progress is made in improving the health of the local populations and in particular substance misuse. The scheme for 2015/16 is supported by a modest incentive budget of £5m and local authorities will receive a share of this money, if they are able to show an improvement of around 2% in the number of people who recover from drug dependency (measured by an increase in the proportion who successfully complete treatment with no return within six months).

- Introduction of a condition within the Public Health Grant for 2015/16 to encourage investment in the provision of high quality drug and alcohol services. The condition requires local authorities, when using their grant, to have regard to the need to improve the take up of, and outcomes from, drug and alcohol services. It does not prescribe how much local authorities should spend or the type of services they should commission leaving the local authority discretion to commission those services it considers are necessary to meet the needs of its local population.
- Publication of a lessons learned document on the Department of Health's Payment by Results scheme. This sets out high level findings from the pilots for the benefit of drug and alcohol commissioners in local authorities.
- Provision of £6.5 billion for 'Supporting People' (SP) services between 2011-2015. Investment in these services enables vulnerable individuals, including those with drug and alcohol problems, to avoid crises, resulting in better outcomes for the individual and reduced costs to the State.
- Contributing to the further development of mutual aid as key to improving recovery rates from drug dependency. PHE has produced a suite of documents and resources this year to support treatment services to develop good links with mutual aid groups (e.g. Narcotics Anonymous, SMART Recovery) and enhance the opportunities for treatment service users to engage with mutual aid, thereby improving the likelihood of them achieving long-term recovery.
- Work by the National Intelligence Network on the health harms associated with drug use to maintain a focus on preventing drug-related deaths and the transmission of blood-borne viruses and other infections. Experts from drug treatment commissioning, providers and relevant national professional and membership bodies exchange intelligence through the network, which is then shared with Directors of Public Health, commissioners and providers of drug treatment. This agenda is particularly important at this time due to changing patterns of drug use, involving new populations using new drugs in different ways.
- Tasking PHE to make the performance of drug and alcohol treatment and recovery at local authority level more transparent.
- Development of evidence-based clinical guidelines led by Central and North West London NHS Foundation Trust through Project NEPTUNE (Novel Psychoactive Treatment UK Network) supported by the Health Foundation. These cover the assessment and treatment needs of users of NPS, as well as information on clinical management of harms resulting from acute and chronic use of 'club drugs' and NPS including intoxication, withdrawal and dependence.

Reducing Drug Use in Prisons

- The overall random mandatory drug testing positive rate in prisons has declined by 17.0 percentage points since records began in 1996 (positive rates were 24.4% in 1996/7 and 7.4% in 2013/14). This is despite the fact that more drugs, such as buprenorphine, are now being tested for.
- Expansion of drug free environments in prison, to benefit both those prisoners who have completed drug treatment and those prisoners who have never had a substance misuse problem and want to avoid the temptation to use.

Housing

- Publication of statutory guidance on social housing allocations for local authorities in England. This guidance is intended to assist local authorities to make full use of the flexibilities in the Localism Act 2011 to better meet the needs of their local residents and communities. The guidance makes clear that we expect local authorities to take proper account of special circumstances, including providing for those who need support to rehabilitate and integrate back into the community.
- The Government has provided over £500m since 2010 to local authorities and the Voluntary sector to prevent and tackle homelessness and rough sleeping. This includes:
 - £20m Homelessness Transition Fund which has supported the roll out of 'No Second Night Out' to support vulnerable people off the streets quickly;
 - Nearly £13m to support Crisis to help up to 10,000 homeless people into private rented sector tenancies; and
 - Launch of Streetlink: a national telephone and digital service for the public to make sure anyone they see rough sleeping gets the help they need. It has received nearly 23,000 referrals since December 2012.

Employment

- Development of a national training package to enhance delivery of Jobcentre Plus support, working in partnership with PHE to address adviser capabilities.
- Testing two approaches to delivering employment outcomes for claimants dependent on drugs and/or alcohol. The first, Recovery Works, which is running in West Yorkshire and the East of England, is testing, as proof of concept, whether higher financial incentives for Work Programme providers increase employment outcomes for claimants who have been, or are undertaking, structured treatment. The second, Recovery and Employment, is testing collaboration between Work Programme Providers and the treatment sector to support people through recovery and into employment. Both proof of concepts are in a 'test and

learn' phase and are providing valuable insight into the support that claimants need from employment and treatment services.

- Further support to Durham Tees Valley Pathways Advisory Service (PAS) which places Jobcentre Plus Work Coaches in GP surgeries. These coaches can provide advice on the full range of work-related issues, and emphasise the positive links between health and employment. Since 2010, 1,775 claimants have been helped or had appointments with the Pathways Advisory teams.

Partnership Working

- Delivery of a two day Recovery Festival to promote effective practice in delivering the housing and employment dimensions of the recovery agenda. This had a particular focus on what could be done to address the lack of provision of appropriate housing, and how the right policies and culture could help meet the challenge of reintroducing people to stable employment.
- ACMD reviews into a range of issues on the Recovery Agenda, including opioid substitution therapy, intergenerational substance use and the impact of commissioning.
- Legalising the provision of foil following ACMD advice that it can be used as an intervention to support individuals in their first steps into treatment and towards recovery.

Key priorities for the year ahead:

Public Health

- An independent evaluation of the 'Payment by Results' pilot for drug and alcohol recovery, undertaken by Manchester University and due to be published in spring 2015.
- PHE will continue to support commissioners and service providers by providing expertise, bespoke support, benchmarking performance and through sharing best practice. This includes a bespoke, co-designed support offer by PHE to local authorities that are known to be doing less well than might be expected. This will be the third year of this improvement programme.
- We will amend medicines regulations to allow the wider distribution of Naloxone, a drug which reverses the effects of opioids, in particular heroin, and can prevent overdose deaths. The wider distribution will include carers, peers and staff at organisations such as homeless hostels whose clientele include opioid users. The amendments are expected to come into effect in October 2015. PHE has published its advice for commissioners and providers on how they can make Naloxone more readily available both currently and following the legislative change.

- As set out in the Government's response to the NPS Expert Panel Report, we will implement a wide range of actions which includes: strengthening training given to front-line NHS staff to deal with the effects of NPS use; the publication of new guidance by PHE for local authorities; and development of an alert system for clinicians and drugs outreach workers on NPS and drug-related adverse reactions and harms.
- The Ministry of Justice will continue to work with partners in health to improve the understanding of the risks NPS present for offenders and provide appropriate information, guidance and support to offenders and those working with them in prison and the community.

Recovery and Rehabilitation

- Building upon the drug recovery wing ethos, the National Offender Management Service (NOMS) will continue to work with the Department of Health, NHS England, PHE, local authorities and a range of community organisations in the North West to develop a comprehensive end to end approach to tackling addiction in the adult resettlement prisons for Cheshire, Greater Manchester and Lancashire. The learning from this approach will be used to inform wider roll-out in the new system in line with implementation of changes under the Transforming Rehabilitation Programme and the Offender Rehabilitation Act.

The Criminal Justice System

- The Offender Rehabilitation Act brought in new powers to test offenders released from prison for specified Class A and Class B drugs. The new testing condition will help to engage and support offenders who have a propensity to misuse illegal drugs, where that misuse is likely to be related to past or future offending.
- Introduced a new drug appointment licence condition that can require prisoners to attend appointments upon release in the community. Its use will be informed by clinical advice within custody and provides a new incentive for offenders to engage with community based treatment services and support continuity of their recovery journey.

Employment

- Within the Work Programme, the Department for Work and Pensions (DWP) will continue to test ways of improving employment outcomes to inform future interventions. A qualitative evaluation of Recovery Works and Recovery and Employment will be completed in early 2016.
- As the roll out of Universal Credit expands, we will examine how the easement in conditionality can improve claimants' engagement with treatment and improve employment outcomes.
- On 1 September 2014, DWP began the formal trialling of key aspects of Universal Support in partnership areas across the UK. Through greater collaboration, the trials are testing more integrated service delivery systems to identify and support those claimants who need help to access services and build their digital and financial capability. This will help

them to make and manage a claim for Universal Credit and move them closer to being able to secure and remain in employment. We will draw on learning from these trials, and look to introduce innovative elements of integrated service delivery that are in line with the developing framework for Universal Support. The trials will last for 12 months.

- DWP will continue to work closely with PHE to support the employment dimension of recovery. This will include promoting effective practice for Jobcentre Plus, Work Programme providers, local authority commissioners and treatment providers.

Housing

- £15 million of funding will be provided to the Fair Chance Fund payment by results scheme to support 1,600 vulnerable young homeless people into employment, education and training.
- Funding of £8 million will be allocated to the Help for Single Homeless project which will support 34 groups of local authorities to improve their offer for around 20,000 single homeless people.

Case Study 7: Progress in Wakefield Helping Troubled Families Turn Their Lives Around

The Family

Mum and dad and their 2 daughters, aged 9 and 5.

The Situation

Three generations of the family were affected by domestic violence and drug addiction. Dad had 23 criminal convictions and had been in prison. He was a daily user of cannabis and both he and mum had mental health problems. The family was under threat of eviction for rent arrears and the poor condition of the property. Both parents had been on benefits for most of their adult lives and were in debt.

The children were on social services registers, and there were concerns about sexual abuse by a wider family member. In addition, the older child had mental health problems and special educational needs. His school attendance was poor and his health appointments were being missed.

Work With the Family and Results

The family intervention worker built trust with the family and began to understand their problems. She was able to postpone the eviction order on the basis that she would help the family resolve their problems and make improvements to their home. She arranged for a skip to be delivered so that rubbish could be cleared from the home and garden and helped mum keep the house clean.

The worker challenged the dad about his cannabis use and got him support from a treatment service. She worked with both parents on the importance of education and the consequences for the children in not attending school. She also worked directly with the older daughter to encourage her to attend school.

She helped mum get support for her mental health problems and encouraged her to build a relationship with her GP.

She taught the parents how to deal with their daughter's sexualised behaviour within the family home, which has now stopped. Her attendance at school is currently at 94%, up from 38%. Social services are no longer concerned about the family and both mum and dad work with professionals when they need to.

Dad is now working on a 6 month fencing project and is getting help for his drug and mental health problems. He is no longer socialising with other drug users and has started playing football to improve his health.

As a direct result of the improvements in the home the tenancy is no longer at risk.

Mum's confidence has grown and she is now able to make plans for the future.

Case Study 8: The Durham Tees Valley Pathways Advisory Service

The Durham Tees Valley Pathways Advisory Service (PAS) places Jobcentre Plus Work Coaches in GP surgeries.

PAS places the emphasis on the positive links between health and employment and DWP Work Coaches provide advice on the full range of work-related issues.

PAS is working in 35 surgeries across the District including five drugs/alcohol specialist venues, with 52 job starts for claimants previously dependent on drugs and/or alcohol.

Working in partnership with GPs and other health professionals, PAS helps patients who would not normally access support. It has no restrictions on who it sees, and actively encourages GPs to refer patients in the early days of the Fit Note process. It encourages customers to set their own goals and take steps to improve their situation, moving patients into work

PAS relies on support from partners. It has used support from 60 partner organisations, including:

- Citizens Advice Bureau
- Mental Health Matters
- MIND
- Welfare Rights
- Job Brokers

PAS engages with contracted support organisations to support Work Clubs. These include:

- The HOPE North East – a Christian charity working to deliver services to support people with drugs and alcohol issues
- Lifeline and Crime Reduction Initiatives (CRI) – support services for people affected by drugs and alcohol use

PAS also supports the referral process and partnership working between Jobcentre Plus Work Coaches and Key Workers in treatment provision.

Case Study 9: Brighter Futures Housing Association – Support for Complex Needs in the West Midlands

The Brighter Futures Housing Association project accommodates and supports 55 regular rough sleepers in Stoke & Newcastle under Lyme. These individuals are those that are either excluded from or not engaging with existing services and demonstrate complex needs including drug misuse problems and mental health issues. The multi-agency Priority Needs Group ensures individuals with complex needs get priority access to services including when necessary local substance misuse teams. The project allows time to build engagement based on a new personalised offer, which includes small flexible budgets and a Housing First approach. Key workers use motivational interviewing techniques, the Outcomes Star to measure progress, extend access to talking therapies and specialist debt and financial advice to solve long standing problems.