

DRUG STRATEGY PROGRESS, AND MOVING FORWARD – THE HOME OFFICE VIEW

It is one year since the Drug Strategy was launched. Gus Jaspert, head of drugs and alcohol in the Home Office, recaps progress to date – and identifies some of the challenges to be faced in the year to come.*

I won't go through the Strategy in detail as I assume you are familiar with much of it. It is not a big traditional action plan, as many previous government documents have been, but focuses around what we are aiming to achieve across the system. The Strategy has two headline ambitions: to reduce illicit and other harmful drug use, and to increase the numbers of individuals recovering from their dependence. I will come back to that word "recovery" or "recovering" because that's an important shift in the strategy.

Essentially it draws together work right across government. The Home Office leads, but it is a cross-government approach. There is an Inter-Ministerial Group, chaired by the Home Office minister, which includes representation from all of the key ministers across government. It is important that we try to get away from "it's one end or another, either it's harm reduction or it's abstinence, either it's criminal justice or it's health" and focus on what is the need for each individual and how the system can respond to those individual needs. I have been in post only a few months and have been absolutely struck in my initial meetings by the polarisation of debate. We have to steer a way through that, to focus on the individual user and how we achieve the right outcomes for them.

So, what is different about this strategy to the previous strategy? There are key changes.

First, the aim of this strategy is to reduce all drug use. Previously there was a predominant focus on problematic drug users or PDUs – quite a horrible term – which was defined as heroin and crack cocaine users. This strategy focuses, not just on dependency, but right across all drug use, and across the range of drugs as well, whether that's heroin, crack cocaine, right down to wider issues such as the misuse of prescription drugs.

And, for the first time, it also includes dependency on alcohol. The government's forthcoming Alcohol Strategy will look at more wider population issues around alcohol, but the Drug Strategy brings in the dependency element on alcohol.

It also covers so called "legal highs". Personally, I hate the term 'legal highs', I think we've dug ourselves a hole by calling them "legal highs" – maybe we should refer to them as 'toxic highs'?

A second big focus in the strategy is the shift to recovery. This is really about raising the ambition across the system, in terms of treatment providers and individual users and, importantly, across government in terms of wider services.

So what does recovery mean? Recovery means reaching beyond just treatment or criminal justice responses, it extends into housing, employment, education: all the building blocks of recovery capital to help people achieve their route out of dependency.

LINKING DEPARTMENTS.

Common to government reform is the shift of power and accountability to local areas. If we are trying to get more person centred, trying to build a system around the individual user for their own recovery, that happens best at local level. So how can we set up the right systems at the local level to support people, and a whole host of change? What we need to be doing is thinking about police and crime commissioners, Public Health England and the Health and Wellbeing Boards, in the terms of reform of the NHS and PCT commissioning.

So, where are we now in terms of the main themes of the strategy?

REDUCING DEMAND.

As ever with many of these things, it is too early to point at stats and say "this strategy has led directly to X". However, while it is always said very quietly and does not get the profile, things are going well in terms of reducing the demand for drugs. Overall use is down from 11.1% in 1996 to 8.8% now in terms of the percentage of the population who those used in the last year. Drug use is falling amongst young people as well and is now at the lowest level since 1995. However, there is of course more that we can think through about our approaches to reducing demand. What are the new issues around young people, for example, high unemployment, and with budget restrictions across the board, how do we make sure our messages and approaches are right?

There is also the government's work on troubled families, which is being led by Louise Casey in the

Communities and Local Government Department. This work looks at turning around the 120,000 most troubled families in the country, and a specific programme to look at their risk factors and how we can address them. One of the things we are working at is making sure that drugs and alcohol misuse is featured as part of that work. At the moment, the mapping looks like about 30% of those 120,000 families have substance misuse as one of the issues, often going into intergenerational substance misuse.

Another aspect of reducing demand is to make sure that the drugs information we communicate in terms of the risks and awareness is up to date and as effective as possible. You might not have noticed, although hopefully our target audience did, but Frank was relaunched in October. The statistics on Frank in terms of awareness are very strong; 86% of 11-18 year olds, Frank's target audience, know about the service and over 80% say they trust it to give reliable information.

There is a lot of work on early intervention as well. There is the early intervention grant which is pulling together a number of streams across government to give to local authorities as one pot around early intervention support – that will become a £2billion pot.

At the same time, through Public Health England and going down to Health and Wellbeing Boards, there will also be about £2billion through the public health route. So, between the director of Children's Services with the Early Intervention Grant and the director of Public Health, they will be the opportunity to form a very powerful bond, with the money at a local level to be able to address local needs.

RESTRICTING SUPPLY.

It is important that we look at all strands so I will briefly touch on where we are with the restricting supply theme. Much of our work on the supply side is enhancing continuing work. Our focus has shifted particularly around organised criminality and targeting more "from source to street" around organised crime. The government launched a new Organised Crime Strategy in July 2011 and is

forming a National Crime Agency which is about re-targeting effort and focus at a national level.

We have also upped our international effort. In the last year, for example, we signed Memorandums of Understanding with Bolivia and Brazil, and we put in place support to Columbia on a regional counter narcotics plan.

At a more local level, we are also supporting Integrated Offender Management and the Drug Intervention Programme. This is an important area where people ask "is it all about criminal justice or all about health?" DIP is actually a good example of using the engagement with the criminal-justice system to get people quickly into health treatment and the support that they need. About 30% of treatment referrals come through a criminal-justice route in this country. It is interesting that the research shows that there is not actually a difference in outcomes between someone who is self referred and somebody who is referred through a criminal justice system. The important thing is getting people into the treatment that's right for them and DIP helped support about 63,000 individuals last year.

In my view, new psychoactive substances are a real challenge for us. One where we need to rethink our approach on and assess how fit for purpose our Strategy is. In the last year we have got faster and faster at reacting to "toxic highs" (as I prefer to call them). We have temporary bans that, with support and advice from the Advisory Council on the Misuse of Drugs, can be put in place rapidly and will last for 12 months. We have got faster at identifying NSPs. We have put in place a Forensic Early Warning System, sharing information across Europe and internationally on new types of drugs. About 41 were identified last year, but we are reacting, reacting... How can we get ahead of the curve to think about what is driving the demand for some of these?

Let's focus on mephedrone as an example of this. The mephedrone phenomenon is very worrying in terms of both fast growth and the new routes, such as internet sales. We have to review our traditional

approaches in how we tackle this, as well as consider what is emerging in terms of treatment needs. I went to a "Club Drug Clinic" in London recently. Identifying early on the different approaches to treatment around some of these drugs, the differing patterns of usage, as well as users, are areas we need to think more about.

In incredibly quick time, mephedrone has become the second most prevalent drug for young people and the third most for older people. Keeping abreast of that, and how we think about both our demand and recovery system or treatment systems, not just the supply systems, is something we want to do more work on. We will be responding to the ACMD on new psychoactive substances later next year and want to use that to set out our strategy on these "toxic highs".

BUILDING RECOVERY.

We should not underestimate the ambition shift on recovery. There is a lot of focus on the eight payment-by-results pilots but the important thing is not to see it as only about the pilots – it is actually about a system shift, about focusing on the outcomes to be achieved for the individuals and how the system lines up behind that. It is not just measuring numbers in treatment, it is looking at actually what was achieved; are they free from dependence? Are they offending? Has their health and wellbeing improved? Adding on to that locally are questions around homelessness, housing and employment and work across government to look at bringing together, for example, a £400million grant to address homelessness as well as *Supporting*

People. The scale of that is about £6.5billion around the *Supporting People* budget. So there is money in the system, and how that plays out locally is important.

Also on the recovery side, we talk about recovery champions and making sure that we at a national level champion recovery. There is an interesting UKDPC report about stigma related to employing those who have recovered from addiction. How we challenge this stigma is an area we want to be working more on in the next year.

This first year of the strategy has largely been about shifting some of the ambition, a lot of system change and laying the groundwork for that system change across government; for example: Public Health England, Health and Wellbeing Boards, Police and Crime Commissioners, National Crime Agency, as well as the shift around localism and deringfencing budgets.

We have already seen some of that shift of ambition around recovery deliver some results in terms of treatment, such as the National Treatment Agency for Substance Misuse reporting an 18% rise in terms of those exiting treatment free of dependency. The real challenge for next year is how does this system change deliver on the ground for the individual user? We must bring all these strands together as we free up the money and free up the accountability.

In a way, the changes can be seen as presenting two options. They can be seen as a challenge or they can be seen as an opportunity. My focus is to make sure we turn them into the right opportunity for those affected by drugs misuse.

* Gus Jaspert gave this information in a December 2011 Westminster Forum seminar. To attend its policy-influencing events, visit www.westminsterforumprojects.co.uk.

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