

# The 10-year drugs strategy

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LJMU Public Health Institute – Drug Related Deaths Conference

16 March 2023

Dame Carol Black,

Independent Adviser to Government on drug misuse

# The report on the independent review of drugs is in two Parts.

## Part 2 (July 2021):

Treatment and recovery examined in detail, system found broken and wanting

Government must either invest in tackling the problem or keep paying for the consequences.

## Part 1 (February 2020) describes :

- the illicit drugs market, worth almost £10 billion a year, with 3 million users and an increasingly violent and exploitative supply chain
- the scale of increasing harm
- how the quality and capacity of the drug treatment services has significantly reduced in recent years
- that entrenched drug use and premature deaths occur disproportionately more in deprived areas, particularly in the North.

- Since 2013 there has been a significant increase in number of opiate and crack users
- Use of other drugs by adults has increased since 2012 after nearly ten years of decline
- Numbers in treatment falling and prevalence increasing, so unmet treatment need among opiate users has increased
- Proportion of people completing treatment each year has decreased, and the rate of people dying during treatment has increased significantly

# Dame Carol Black independent review of drugs

The Review's recommendations seek to improve the whole system, underpinned by essential additional investment

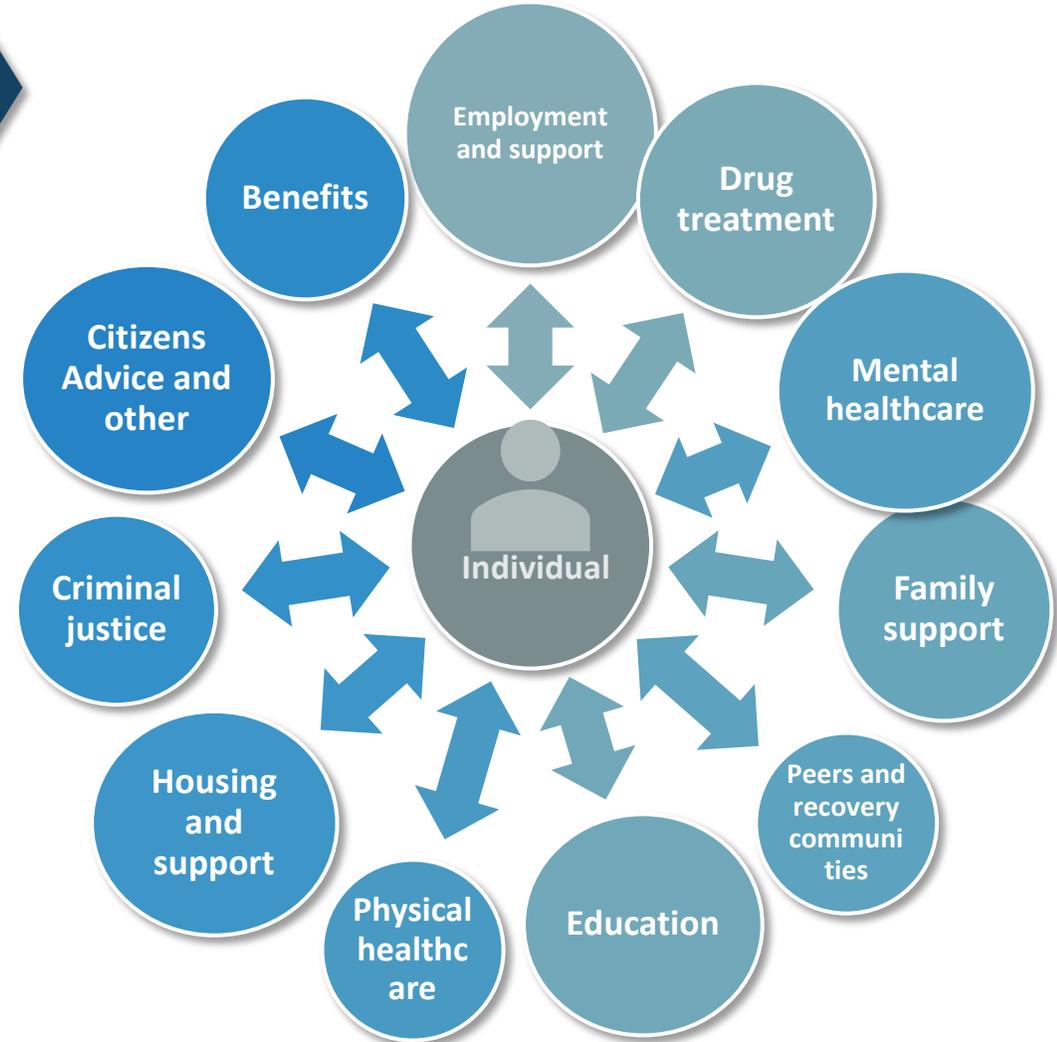
- Improved systems of accountability of local areas to national Gov't.
- Improved local partnership work.
- Increase in size and professionalism of the workforce
- Holistic treatment and recovery package, inc Mental Health care, housing and employment support.
- All underpinned by additional investment.



Additional investment

**To reduce health harms,  
and to help people achieve  
and sustain recovery, and  
live safely and well in  
society, a wide range of  
services need to work  
together.**

- This can only happen with strong government leadership and investment.
- The following Government Departments must work effectively together to provide services:
  - Home Office
  - Dept of Health and Social Care
  - Dept for Work and Pensions
  - DLUHC
  - Ministry of Justice
  - Department for Education



**A central unit with ministerial leadership is needed...  
... and has been provided.**

# Things that trouble me

## All need attention in delivering the Strategy:

- Addiction not on 'equal footing' with other chronic remitting conditions.
- Commissioning and Accountability
- Mental Health and Trauma services
- Co-morbidities; drug deaths
- Young people
- Recovery
- Housing
- Employment and skills
- Workforce
- The 'hamster wheel' of prison: inadequate aftercare.

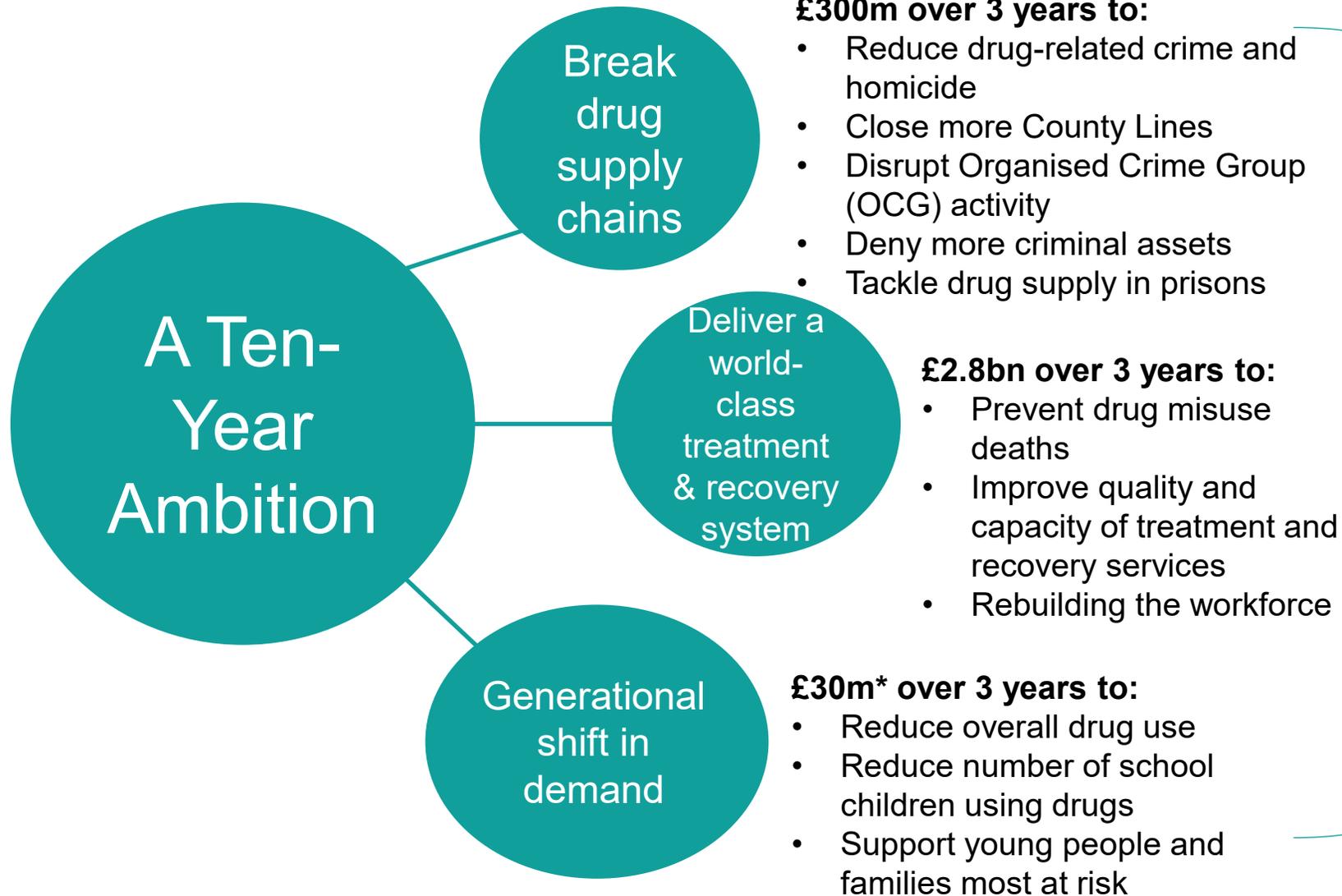
These are all broad health and social issues, requiring collaboration

# A chronic condition

“ It must be recognised that addiction is a chronic health condition, that will require long-term follow-up.

Discharge after short-term treatment is currently used as a measure of success, but that should be stopped as it ignores the fundamental remitting and relapsing nature of the condition.

Trauma and/or mental ill-health are the drivers and accompaniment of much addiction. They are co-morbidities rather than separate problems for a ‘dual diagnosis’. Commissioners of substance-misuse services and NHS mental health services must ensure that individuals do not ‘fall between the cracks’.”



## Outcomes expected by 2024/25:

- Prevented 1,000 deaths
- Delivered 54,500 new high quality treatment places
- Contributed to the prevention of three-quarters of a million crimes
- Closed 2,000 more County Lines
- 6,400 major and moderate OCG disruptions (a 20% increase)

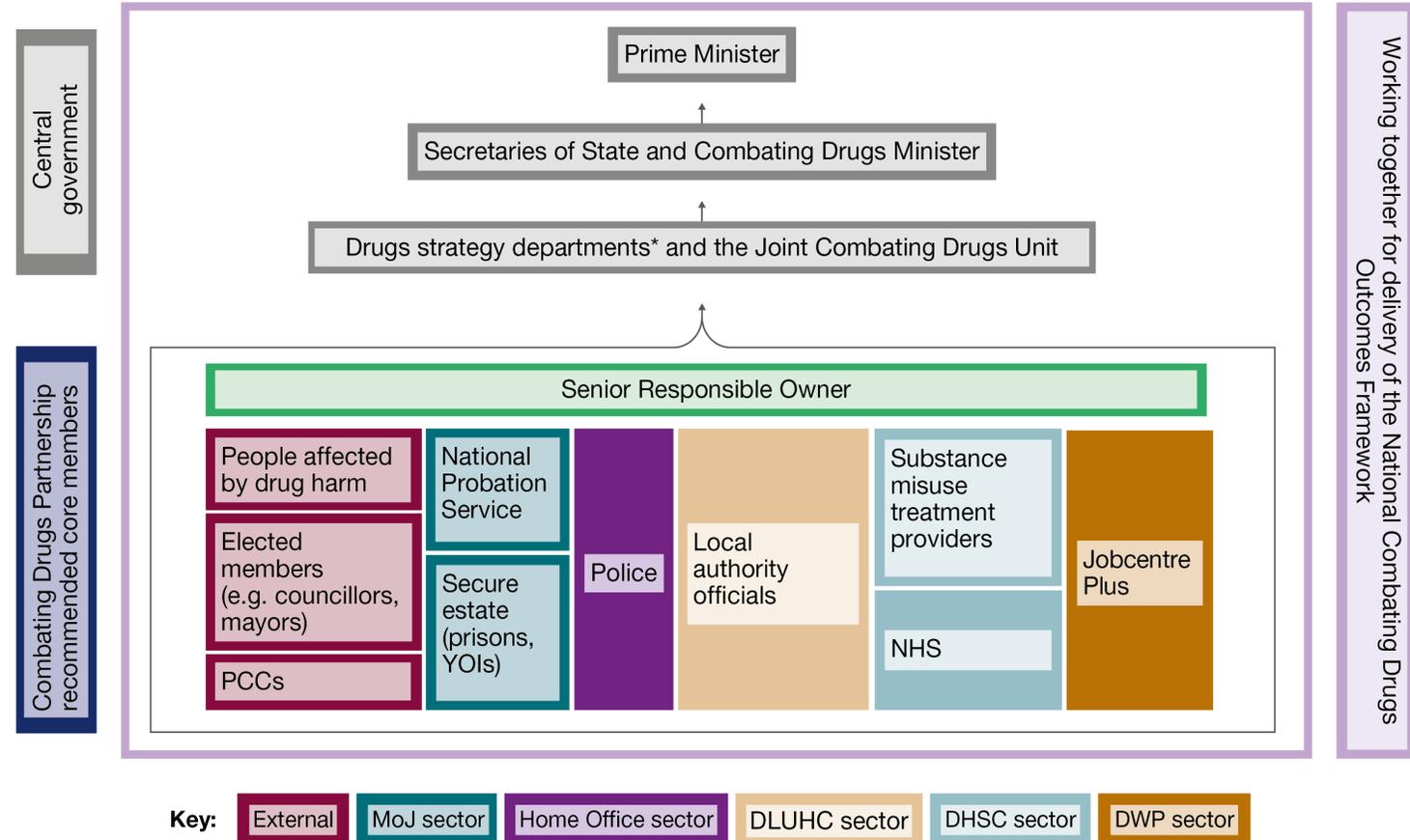
## By 2031, an ambition to:

- reduce overall drug use towards a historic 30-year low.

\*This is the uplift i.e. the investment in new programmes directly on reducing drug use

# Structure: Central Unit and Local Partnerships

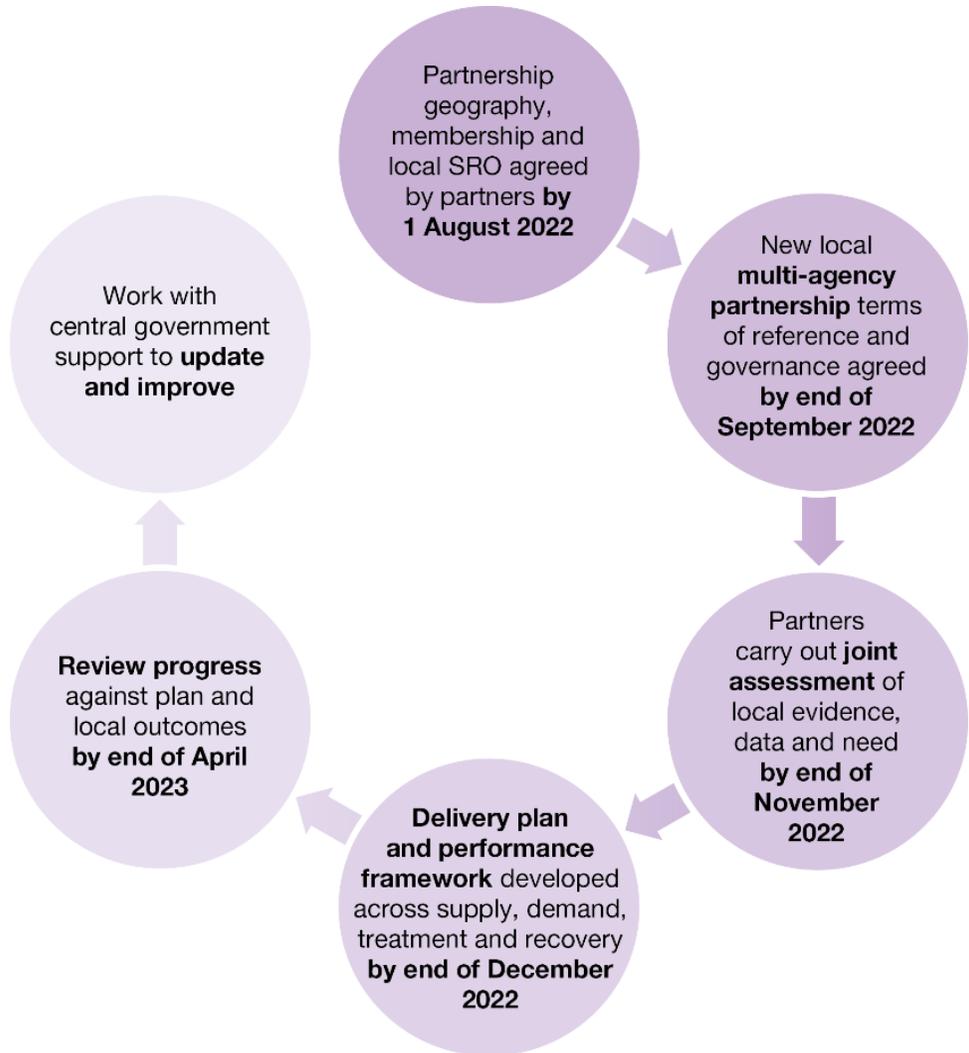
- Successful delivery requires a central unit with ministerial leadership and coordination **across the full range of local partners...**
- .... a whole-system approach.
- 104 multi-agency **Combating Drugs Partnerships** have been created covering all areas in England.
- **Senior Responsible Officers (SRO)** have a direct line to government and are the first point of contact to understand local performance, held to account by the Drugs Minister and JCDU, against the National Combating Drugs Outcomes Framework.
- Departments will retain oversight of their delivery partners and specific programmes.
- A **new blueprint** for local accountability.



\*Home Office, DHSC, MoJ, DLUHC, DWP, DfE

Also important are educational institutions, V-Cs, and regional OHID

# What will partnerships do?



A continuous process of planning and improvement to support join-up

**Terms of reference:** governance, attendance, scope, route to resolve any disagreements and manage risk

**Needs assessment:** a single, agreed picture of local need in relation to drugs

**Delivery plan:** plans to deliver the drugs strategy and address the issues identified in the needs assessment

**Progress review:** taking stock of progress towards outcomes looking at any external reviews and focused on joined up delivery

- **Each area's SRO (Senior Responsible Officer) will oversee terms of reference, local strategy and delivery plans, joint needs assessment, and progress reports.**

# Early reflections\* next steps and room for improvement

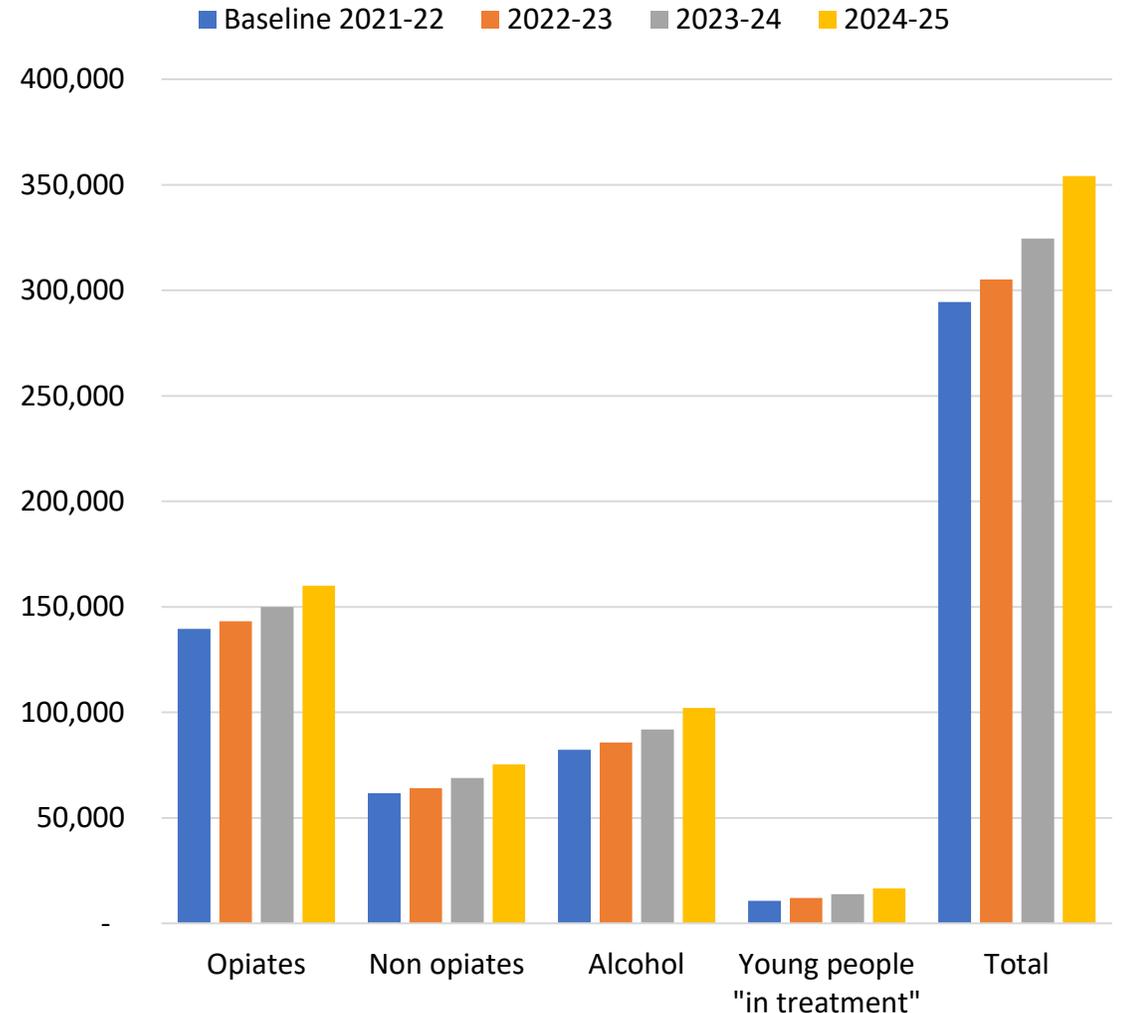
- CDPs a welcome addition to the landscape, especially if nothing comparable already (e.g. VRU, ADDER)
- Strengths in the range of different, overlapping local partnerships
- SRO a helpful point of focus, but influence is largely dependent on the individual's existing role (e.g. as DPH or PCC)
- Improved involvement of some sectors and organisations is required
- Develop plans for sharing and analysing data
- Now moving into 'delivery' phase of partnership work, and monitoring needs to be developed
- Joint discussions of resourcing and service design needed

**\*From feedback from SROs since launch**

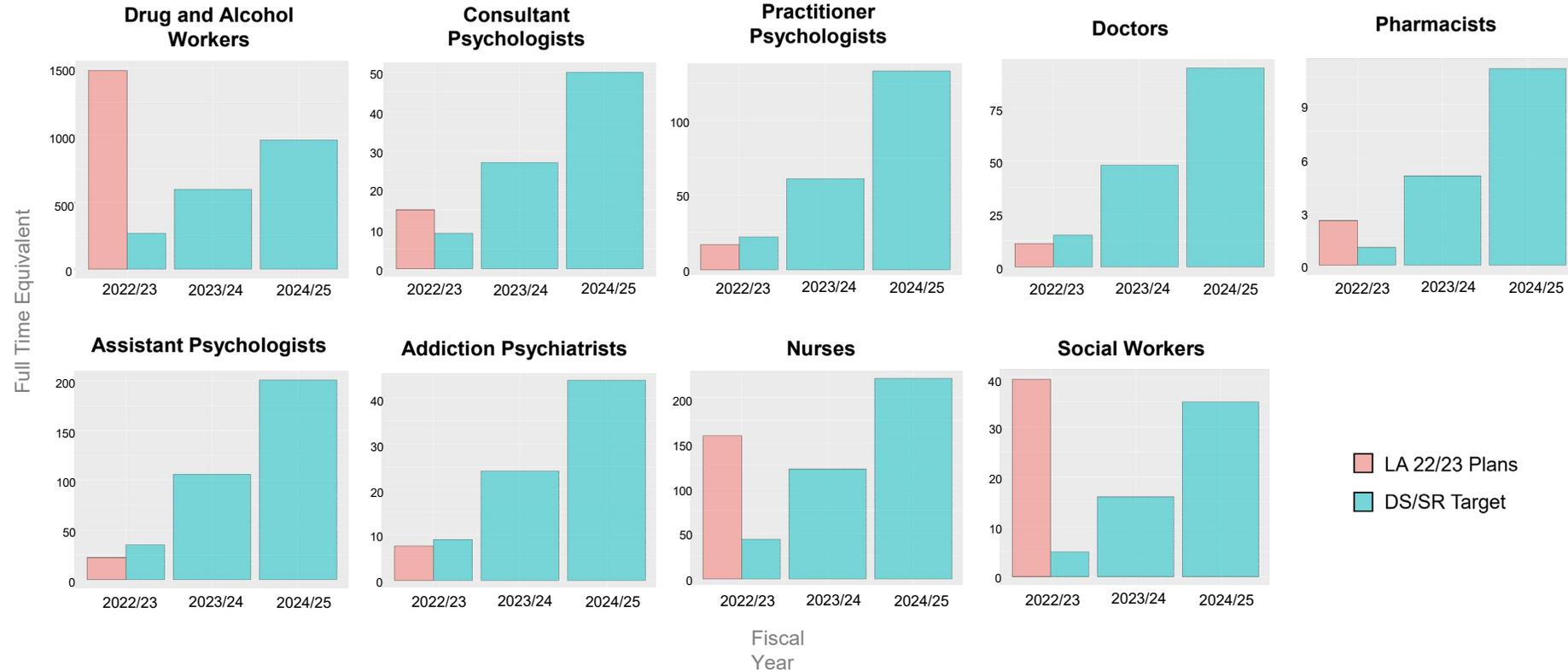
# Progress so far : treatment and recovery, systems and workforce

- Funding in 2021/22 enabled recruitment of 1,000 more staff.
- **Commissioning Quality Standard** published to improve Drug & Alcohol commissioning and management of services.
- Funding allocation to all 152 LAs up to 2025 has now been published.
- Progress so far includes:
  - 10% more residential rehabilitation places
  - 14% more inpatient detox places
  - additional training places for addiction psychiatrists, and 100 new training places for Health and Well-being practitioners
- OHID/HEE producing a workforce strategy.

Planned increase in treatment numbers



# Local authority workforce: 22/23 expansion plans compared to drug strategy expansion targets



# Responsibilities of mental health (MH) and substance misuse (SM) services in delivering interventions for those with co-occurring SM and MH conditions

## Substance misuse

- Keyworking including MH monitoring and support
- MH assessment and MH service referral including for full psychiatric assessment
- Targeted talking therapies for poorly controlled substance use and non-severe MH issues (e.g. depression)

## Mental health

- Severe mental illness care/keyworking led by MH service with SM service support
- Training on SM and MH interventions and maintaining pathways could be provided by either SM or MH service
- Routine shared case reviews and joint-working pathways between MH and SM
- Keyworking including SM monitoring and motivational interventions
- SM screening, assessment and diagnosis
- Talking therapies via IAPT including for those where substance use is controlled or has ceased

Based on:

- Co-occurring conditions guide (PHE 2017)
- Drug misuse and dependence: clinical guidelines for (“orange book”) (2017)
- NICE NG 58 on co-existing severe mental illness and substance misuse (2016)
- IAPT manual v6 (2023)



# What I have seen

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- In almost every region inadequate services
- Trauma-informed care minimal
- IAPTs refusing patients in recovery
- Resistance and siloed behaviour – territory being guarded.
- MHT/Local Authorities/Treatment providers poorly linked.

**This is a major challenge !**

# What we are doing

- Linking with Claire Murdoch, National Director for NHS Mental Health services; using her influence, making joint visits.
- IAPT Manual v6 2023
- DHSC and NHSE are developing an action plan.
- Working with ICSs to influence and change the situation
- Gaining support of RCPsych and senior MH professionals
- Encouraging Commissioners and providers to commission and develop services capable of treating mild mental disorders and providing a good psychosocial offer.
- **Pulling all known levers.**

# IAPT – updated 2023 manual

Of those starting substance misuse treatment **68.3%** have co-occurring mental health treatment need<sup>1</sup>, largely common conditions including depression & anxiety, recommended for treatment by IAPT<sup>2,3</sup>. However, despite the high prevalence of substance-misuse clients who need IAPT talking therapy, latest NDTMS data show that currently **only 1.9% of those in substance misuse treatment** are engaged with IAPT.

The latest IAPT Manual<sup>4</sup> now includes the drug and alcohol positive practice guide<sup>2</sup>, which outlines many common barriers to accessing IAPT faced by people who use drugs and/or alcohol and makes it clear that these barriers should be removed. Key points:

- Drug/alcohol use should not automatically exclude people from IAPT, providers to work flexibly to meet need.
- IAPT and D/A services should work together on locally-agreed criteria and pathways for concurrent or sequential treatment by both.
- IAPT should routinely assess for drugs/alcohol and local D/A services can assist with the choice of screening and assessment tools, training and thresholds for referral to D/A treatment
- Drug/alcohol services should not be expected to deliver talking therapies to all those within their services who have common mental health problems (e.g. depression/anxiety)

1 – OHID. 2023. National Statistics Adult substance misuse treatment statistics 2021 to 2022: report. Available: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022/adult-substance-misuse-treatment-statistics-2021-to-2022-report#mental-health>

2 – IAPT, Drugscope & NTA. 2012. IAPT positive practice guide for working with people who use drugs and alcohol. Available: <https://www.drugwise.org.uk/wp-content/uploads/iapt-drug-and-alcohol-positive-practice-guide.pdf>

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

4 - The National Collaborating Centre for Mental Health. 2023. The Improving Access to Psychological Therapies Manual – version 6. Available: <https://www.england.nhs.uk/wp-content/uploads/2018/06/the-nhs-talking-therapies-manual-v6.pdf>



# Progress so far: homelessness, rough sleeping, and housing

£186.5m investment over the spending review period to improve access to people sleeping rough or at risk. This will expand these services to an additional 20 areas bringing the total to 83 plus 5 pan-London projects.

28 LAs with the greatest need will receive funds from a DLUHC and OHID scheme to help people in Drug/Alcohol treatment. This creates new housing tailored to local need.

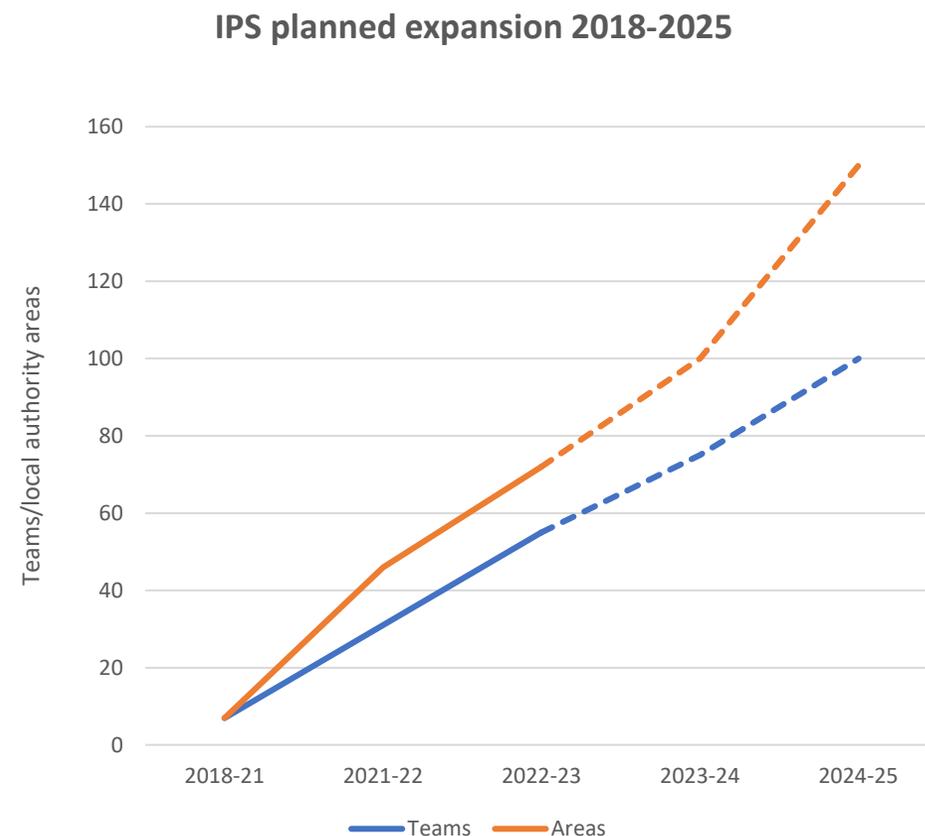
MoJ introducing temporary accommodation for up to 12 weeks for prison leavers at risk of homelessness.

Press release 3 February 2023

£53m to deliver housing support interventions to improve recovery outcomes for people in substance-misuse treatment with a housing need.

# Progress so far – employment

- Individual Placement and Support (IPS) has a strong evidence base for effectiveness for SMI
- Randomised controlled trial of IPS for D&A run in 7 English local authority areas 2018 to 2021
- DWP in 2021-22 decided to extend and expand funding, to a large number of new areas
- 2021 UK Drug Strategy commits an additional £21m for a 3-year phased roll-out of IPS to all English LAs, taking total programme funding to almost £40m
- By the time year 1 roll-out is complete, there will be 50 IPS teams in England working in over 70 LAs
- IPS is already available in almost half of LAs and is accessible to over half of the English treatment population



## Progress so far – criminal justice

- Increasing use of Drug Rehabilitation Requirements in the community
- Piloting two Problem Solving Courts focused purely on offenders with substance misuse problems
- Recruiting 50 drug strategy leads to bring together health and security in all male cat C and women's prisons
- Expanding Incentivised Substance Free Wings (up to 100)
- Rolling out abstinence based Drug Recovery Wings
- Helping engage prisoners with community treatment pre-release via video calling and recruiting Health and Justice Partnership Coordinators to improve links between prison and community treatment services.

# Progress so far – drugs supply and county lines

- The Home Office has committed £300m to make the UK a significantly harder place in which organised criminal groups can supply drugs.

## Home Office supply-disruption programmes have made significant achievements already, including;

### Project Adder (Jan 2021 to Sep 2022)

- ❖ Over 1,600 OCG Disruptions
- ❖ Over 12,400 Out of Court Disposals
- ❖ Almost 9,000 naloxone kits in the community to prevent deaths outside of treatment
- ❖ Over 4,000 people benefited from ADDER-funded interventions in drug treatment

### County Lines Programme (Since Nov 2019)

- ❖ Closed 3,500 lines (incl. over 1000 lines since April 22)
- ❖ Over 10,200 arrests
- ❖ Over 5,700 people referred for safeguarding

## Through the new Strategy, the Home Office will deliver the following by 2024/25;

- Reduce drug related crime and homicide
- Over 2,000 more county lines closed
- Deliver 6,400 major and moderate disruptions - a 20% increase
- Increase denial of criminal assets

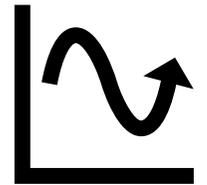
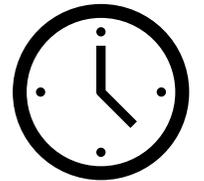
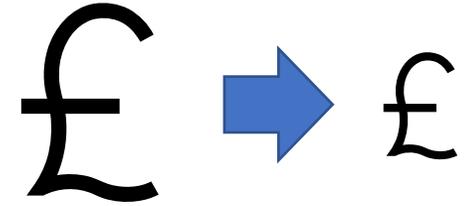
# Progress so far – research

- An **Innovation Fund** (£5m over three years) launched through the National Institute of Health Research (NIHR) focused on developing, evaluating and implementing interventions to reduce and prevent the demand for so called ‘recreational drugs’ – 5 projects awarded funding during phase 1 of the innovation fund now live
- Commissioning of a number of research projects through NIHR, covering 5 specific areas highlighted in the review as needing more research.
- Office for Life Science taking forward the **Addictions Mission** (£30.5m, including investment from Scottish Govt) to enhance development of new technologies to prevent deaths and manage and combat addiction, alongside the other missions (including mental health).

Funding will also help to grow UK research capacity and capability.

# Challenges for treatment and recovery

- Cost of living/inflation - diluting impact of increased £s
- LA financial instability - risk aversion in commissioning boldly
- Changes to procurement regulations delayed, commissioners must re-tender services with no collaborative approach
- Labour market – poor recruitment, widespread labour shortage.
- Mental Health and Trauma services – how to fix?
- Housing – crucial but in very short supply.
- Quality and skill mix for D&A workers will take time to develop
- Re-investment slow to impact quality - entrenched attitudes
- Long time taken for many priority outcome indicators to show improvement (e.g. drug and alcohol-related deaths), putting sustained resourcing at risk.



**We have to be bold and move as quickly as we can....**

# In summary

- We have come a very long way since 6 December 2021.
- We have :
  - a new 10-year drug strategy
  - financial resources, albeit only for three years
  - but also economic uncertainty and political change.
- Whether we can do enough, to convince the Treasury to continue to support us, depends on our being bold, determined and innovative, working round or through barriers ....
- .... always remembering our aim to bring real change to the individuals, families and communities whose lives are blighted by drug addiction and the criminals who exploit it, and to reduce harm associated with drug use including drug-related death