HOUSE OF COMMONS

Public Accounts Committee

Oral evidence: Reducing the harm from illegal drugs , HC 72

Monday 4 December 2023

Ordered by the House of Commons to be published on 4 December 2023.

Watch the meeting

Members present: Dame Meg Hillier (Chair); Mrs Flick Drummond; Peter Grant; Anne Marie Morris.

Home Affairs Committee member also present: Dame Diana Johnson.

Gareth Davies, Comptroller and Auditor General, National Audit Office, Oliver Lodge, National Audit Office, and David Fairbrother, Treasury Officer of Accounts, were in attendance.

Questions 41 - 136

Witnesses

I: Sir Matthew Rycroft KCMG CBE, Permanent Secretary, Home Office; Rachael Millar, Deputy Director, Head of the Joint Combating Drugs Unit, Home Office; Sir Chris Wormald KCB, Permanent Secretary, Department of Health and Social Care.

HOUSE OF COMMONS

Report by the Comptroller and Auditor General

Reducing the harm from illegal drugs (HC 1864)

Examination of witnesses

Witnesses: Sir Matthew Rycroft, Rachael Millar and Sir Chris Wormald.

Q41 **Chair:** Welcome to the Public Accounts Committee on Monday 4 December 2023. Today, we are having a second session on the Home Office's "From harm to hope" strategy, which is the third drugs strategy since 2010. We looked at this issue previously, particularly around the alcohol strategy, but here we are looking at the drugs strategy. We had an excellent panel of witnesses on Thursday to help set us up for today.

The strategy focuses on the consequences of illegal drug use, but we are also keen to look at how it affects the causes of harm from that. It has been set up as a 10-year strategy, but, of course, as ever with these things, funding is not set up for the full 10 years and has been very late arriving, as we heard very graphically on Thursday, and so we want to look at how this strategy will embed and deliver, and what evaluation is being done by the Departments responsible. I want to thank the National Audit Office for its excellent Report, *Reducing the harm from illegal drugs*, on which we will be basing a number of our questions, because all those facts have been agreed with both Departments in this case.

I would like to welcome our witnesses. From the Home Office, we have Sir Matthew Rycroft, who is the Permanent Secretary and the head of that Department, and from the Department of Health and Social Care we have Sir Chris Wormald, who is the Permanent Secretary. I am delighted to welcome as a first time Select Committee witness Rachael Millar, who is a deputy director and the head of the joint combating drugs unit, known as JCDU for short, although we tend not to use initials in this Committee.

I also want to warmly thank all of those who submitted evidence. We had a slew of really useful evidence. We will not have time to play it all out in Committee, but it is, nevertheless, useful to us and has helped inform our questioning today.

Before we go into the main session, I wanted to ask Sir Matthew Rycroft, as he is here from the Home Office, for, first of all, an update on what is happening with the Rwanda situation. There was a statement in the House, which we were in here for, so if you could update us, Sir Matthew, we would be very grateful.

Sir Matthew Rycroft: Thank you very much, Chair. It is a great pleasure to be back before this Committee to talk about the cross-Government drugs strategy. On Rwanda, as I said to the Home Affairs Select Committee last week, the negotiation between the UK Government and the Government of Rwanda on the treaty continues. I do not have

anything else to say in addition to what I said last week on that. The Government are also working to prepare some legislation, which the Home Secretary will be introducing to the House in the normal way in due course.

Q42 **Chair:** Are we talking weeks or months? We hear different projections in the newspapers.

Sir Matthew Rycroft: I would not believe everything that you read in the newspapers, Chair.

Q43 **Chair:** How quickly can your Department write the legislation? We then have our job at this end to get it through or not.

Sir Matthew Rycroft: There is no sense of delay either with the treaty or with the legislation. If there were, it would not be because of a lack of hard work inside the Home Office. The lawyers and the policy officials are working away as we speak, and we will not have long to wait now.

Q44 **Chair:** Has any more money been paid to Rwanda since you were last in front of us?

Sir Matthew Rycroft: As I mentioned before, the Government will announce the payments to the Government of Rwanda annually in our annual report and accounts.

Q45 **Chair:** As we have not sent anyone there, there has, presumably, been no further money provided to Rwanda. It is a simple question, really.

Sir Matthew Rycroft: There is money provided to Rwanda each financial year, and the Government set that out at the end of that financial year in the Home Office annual report and accounts.

Q46 **Chair:** Since the last accounts, given that we have not sent anyone there yet, has any more money been provided? I am not asking how much. Just tell me, first of all, whether any has.

Sir Matthew Rycroft: There are two types of money, if you like, that are paid by the Government to the Government of Rwanda. The first type is investment in Rwanda's economic and development partnership, and the second is a per person cost. Of course, the second part is zero, because there have not been any people yet, but on the first part the UK is abiding by its commitments to Rwanda.

Q47 **Chair:** Is that official development assistance money or is it money to set up facilities to receive potential asylum seekers from the United Kingdom?

Sir Matthew Rycroft: It is a mixture.

Q48 **Chair:** What is the balance? ODA money is really run through the Foreign and Commonwealth Office.

Sir Matthew Rycroft: That is correct.

Q49 **Chair:** So you are not talking about that.

Sir Matthew Rycroft: Anything that should be scored as ODA will be scored as ODA, and anything that does not count as ODA will not count as ODA.

Q50 **Chair:** So more money has gone from the Home Office directly to Rwanda to help set up the system, even though it has not yet received anyone.

Sir Matthew Rycroft: All of the money that goes from the UK to Rwanda comes from the Home Office, and the Home Office will update Parliament annually, in accordance with Ministers' wishes.

Q51 **Chair:** I will not ask you for the figure. So more money has gone since the last report and accounts.

Sir Matthew Rycroft: There is more money each year.

Q52 **Chair:** We will be digging through this in more detail with our sister Select Committee, especially if legislation is forthcoming. Finally, related to today's session, we had witnesses on Thursday. We also know that Police Scotland is using naloxone to help save someone's life if they have overdosed. What is the Home Office's view on whether this should be available to police forces? We know, from what we heard on Thursday, that some police forces are using this. What is the Home Office's official policy on the use of naloxone?

Sir Matthew Rycroft: The Home Office and the Government support the use of naloxone. It is an operational decision for individual police forces, which is why practice varies up and down the country. The Home Office supports it and we are working with the National Police Chiefs' Council on some guidance for forces, so you could expect to see an increased uptake in naloxone.

Rachael Millar: Just to support Matthew's point, we are doing a lot of focused work on that and supporting frontline officers to carry naloxone. As well as looking at the guidance, we are supporting the training around that as it goes forward.

Q53 **Chair:** One of the things that we picked up very firmly on Thursday, and which we know from our own constituencies, is that a lot of different drugs are coming into the market, if you want to call it that, including synthetic drugs created elsewhere. Will naloxone work on all of those, or are you worried that naloxone will not have the efficacy that was originally hoped? It will on some drugs but not others.

Sir Matthew Rycroft: It definitely will not work on all. We need to make sure that we have a legislative and policing framework that is adaptable and agile enough to deal with whatever the threat at hand is. As the drugs market and drugs practice changes, the response needs to change, and we will use the flexibility within the legislation to make sure that the whole system is up to date.

Q54 **Chair:** Are there alternatives to naloxone for other types of drug, or is naloxone the one tool in the box at the moment?

Rachael Millar: Naloxone is a quite specific lifesaving drug that reverses the effects of opiates. That is why it is relevant to a certain type of drugs and why it is relevant to synthetic opioids. As you heard in the expert witness session last week, you might need to apply different dosages, depending on the drug. It is one tool among many, but it is quite specific on that lifesaving element of it.

Chair: It is quite concerning that this opportunity to help save people's lives is now potentially being watered down by other drugs coming on to the market, but we know that that happens over the years.

Thank you very much for those brief answers. We now want to move into the main session and to examine how the drugs strategy is working and what plans there are for the future.

Q55 **Peter Grant:** Good afternoon to all of our witnesses. Ms Millar, the National Audit Office Report found that the new strategy "has not yet led to a fundamental shift in departments' approaches" to tackling drugs. Why is that?

Rachael Millar: We have seen a lot of positive impacts from the drugs strategy. As we have gone through the 18-plus months since the start of the new strategy and money coming in, we have seen a lot of change. I will not list them all here, but, particularly in the last six months since the NAO did its field work, we have seen the data really come through. I know that that is a theme that came out a lot last week.

For example, on the drug treatment places, which is a big flagship element of our drugs strategy and a big part of implementing Dame Carol Black's independent review, we have seen at least 2,000 new drug treatment places per month since June of this year. Of the 12,000 new drug treatment places that we have seen since the start of the strategy, nearly 10,000 have happened in the last six months or so.

We are really starting to see that come through, not just in the data but in the fieldwork that we do with our local areas, which have stood up combating drugs partnerships to bring together that whole system response. There are lots of elements there that demonstrate the fundamental shift that we are starting to see. What we would recognise, as demonstrated through "From harm to hope", is that these are long-term reforms and they do take time.

Q56 **Peter Grant:** How much of this new money is actually new money, and how much is just restoring funding that was there until about 10 years ago and then got cut?

Rachael Millar: The new money is, as set out in the strategy, £900 million that was brought in through the spending review. That is over the three-year period from 1 April 2022 to 31 March 2025. That is additional funding that we were able to set out publicly in our drugs strategy. It is

the largest additional element of dedicated funding that we have seen in the drugs space. That sits alongside the bulk of the money in the public health grant and wider. What we are seeing is a big uplift in funding.

We are also moving that into the space of drug treatment and recovery. Those pots have gone towards different commitments in the strategy—for example, in our dedicated funding for employment support. There are lots of new elements of how we are bringing the strategy together and spending the dedicated money.

Q57 **Peter Grant:** It may be new money compared to what was there in 2020-21. How does funding for drug treatment and recovery services now compare in real terms to what it was in 2014-15? Is it not the case that all that has happened is that it has been put back to about where it was almost 10 years ago?

Rachael Millar: We are readdressing some of the funding cuts that were experienced. What we have done through "From harm to hope" is look at Dame Carol Black's independent review, which formed the basis of the chapter in the drugs strategy, "Delivering a world-class treatment and recovery system". That responds directly to the recommendations from Dame Carol around the level of funding that we need to get to in order to build those world-class treatment and recovery services.

When we modelled the funding, we looked at what it would take for us to deliver the world-class services that Dame Carol and the review set forward and made a commitment to that. You will see, through the way that the funding is allocated, that we have done that over a three-year period, where we have tiered it. We have built, over the years, with the last year being financial year 2024-25, a system that will deliver those services that we have committed to delivering.

Q58 **Peter Grant:** Dame Carol Black's report indicated in a number of places that it was not enough just to either put money back that had been there before or to spend more money on the same. She was looking for a complete, fundamental culture change in the way that we deal with the drugs problem. Why is the NAO saying that we do not have that yet and that not a lot of progress has been made on that?

Rachael Millar: The culture change that we are looking for is a long-term one. "From harm to hope" set out a number of long-term goals, and the goal to deliver world-class treatment and recovery services, and that integrated treatment and recovery that Dame Carol speaks about, was one that we talked about over a decade. In the formation of the combating drugs partnerships, which we see as a big part of this culture shift, Dame Carol talked about accountability and forums that were dedicated to the challenge of combating drug misuse, which is what we have put in place.

That culture change also comes in how we work across national Government. What we are representing today on behalf of our colleagues

are new structures and accountability to make sure that we are delivering a whole-of-Government approach, with six Departments working together on a single strategy. That is different and new, and it is what is required to get us to the shift that we are looking for.

Sir Chris Wormald: If I could add, since you are asking mainly about treatment, part of the point of having a 10-year strategy is because cultural change of the type that we are discussing here takes a considerable time. Unsurprisingly, the first couple of years of the strategy has, certainly in my world, largely been about fixing the foundations.

As you rightly point out, there was disinvestment in this area in the 2010s. We all know why and we are not going to debate that. It is very well set out in the National Audit Office Report, which, I should say, we accepted and think is a very good analysis. There is a base to fix, as it were, particularly in my world around the workforce, without which everything is impossible. We make absolutely no apology for having focused on getting those basics in place first.

As I say, the point of having a 10-year strategy is that you can begin to think in terms of what the big cultural changes are in how we deal with this issue over that time period. That thinking will build up over time, but we and our colleagues have done exactly the right thing in fixing the foundations and having a 10-year strategy that allows us to then address those long-term issues.

The final thing that I would say on this area—and it is very good that we are having this hearing, which is your second—is that this really cannot be debated enough. One of the challenges in this area is keeping it in the public focus, keeping it in the parliamentary focus, and keeping it in the focus of all public services, so that we do not take our eye off the ball and those very long-term challenges that we are discussing today.

Q59 **Peter Grant:** I will come back to the culture change in a minute, but, Ms Millar, the figures that I have are that, by 2024-25, £257 million additional funding will have gone in. The real-terms reduction since 2014-15 is £340 million. Are those figures that you would recognise?

Rachael Millar: I would have to get back to you and confirm that.

Q60 **Peter Grant:** What I am trying to get at is whether we are simply taking some of the money that was withdrawn from the service over a period of 10 years and putting some of it back into either the same or different things, or whether we are going to see a service that is better funded now than it was the past. If you could come back to me with figures for that, I would appreciate it.

Sir Chris Wormald: I am not sure that there is anything to come back to you on, Mr Grant. As the Chair said, it is all very clearly set out, including the spending, in the National Audit Office Report. I do not think that there are different numbers than the ones that the NAO has reported.

Chair: It is on page 17, at paragraph 1.5, and there is a graph that talks about deaths, which is a proxy for the funding as well, so that is quite useful.

Q61 **Peter Grant:** You were appointed head of the joint combating drugs unit in 2021. What is your line of reporting? Do you report to one individual Permanent Secretary?

Rachael Millar: We do. We report into Matthew, who has the role of lead Permanent Secretary sitting across the six Departments. That mirrors the combating drugs ministerial role that there is as well.

Q62 **Peter Grant:** It seems to me that one of the biggest cultural questions that Governments all over the world ask themselves about how you address the problem of drug misuse and abuse is, "Do we see it primarily as a law and order problem or as a public health problem?" Is it fair to say that, given that your role reports to the Home Office, that indicates that it is still seen primarily as a law and order and customs problem rather than a public health one? If not, why are you not reporting to the Department of Health?

Sir Matthew Rycroft: Let me come in on that and say that it absolutely does not mean that. As Rachael said, it means that we have, for the first time in 25 years, a genuinely long-term and cross-system approach. The whole point of Dame Carol Black's recommendations, which we accept fully, is to be holistic, to think about the system as a whole, and not to have to choose between a law enforcement approach on the one hand or a health approach on the other. Both are absolutely central to this.

The single Permanent Secretary happens to be me, but, frankly, could have been Chris or one of the other four Permanent Secretaries. Maybe it should be, but I am absolutely delighted that it is me. The Minister who leads it happens to be the Crime and Policing Minister in the Home Office. That is the decision of the Prime Minister. It is a genuinely joined-up effort across the six Departments. Home Office and health have outsized roles in this, but the other four are absolutely central too.

The purpose of the unit is to sit within that structure, not to take responsibility or accountability away from any of those six Departments, all of which have very clear accountabilities in terms of delivering the particular programmes. The unit's role is to look at the portfolio and at the system as a whole, and at how we are getting on along this 10-year journey, of which I should emphasise we have done only 18 months. The National Audit Office Report also said that this would take time.

Sir Chris Wormald: Speaking for health, I have 83 staff who work on alcohol and drugs, which is a big investment for the Department. We are not that large a Department. We put considerable effort into this.

On your question, frankly, we do get caught both ways, whatever we do. If there was no clear Permanent Secretary lead and it was all joint, you would say that this is all ambiguous, et cetera. If there is one, you say

that the other Departments are not interested. We are very interested, not just because of the cross-Government strategy but because, as you know, this drives a lot of other health outcomes. This is very big business for us. It is generally attested to across Whitehall and Government that this is one of the joint units that work really well. There is clear accountability, buy-in, progress across the piece and big participation, not just from the two Departments that you have in front of you but from the other four key partners, as it were. It can always be better and there is always more that we can do.

Q63 **Chair:** You put in a joint bid to the spending review to do this.

Sir Matthew Rycroft: Yes, and we will next time as well.

Q64 **Chair:** That anticipated my question. You are stitched into doing that.

Sir Matthew Rycroft: We are stitched into doing that. One of our biggest jobs over the rest of this year and next is to prepare for that bid and to make sure that we are really accelerating the creation of the evidence that we will need in order to demonstrate what works. This is an area, particularly on the reducing demand side, where the evidence base is quite big.

Q65 **Chair:** We are going to come to that. We have looked quite a bit at these joint bids, and there are very few. Six Departments is a record, which is good, but it takes a bit to hold it together. It usually helps when you have Number 10 involved and the Prime Minister's personal commitment. We have things coming up in the next year. If there was not as clear a focus from the centre, would the six hold together? You are saying today that they will, but, realistically, you could have different Ministers coming in and different priorities being set. How wedded are you as the six leaders of the Departments to that bid?

Sir Chris Wormald: I will say a couple of things. This comes back to what I said earlier. Whether this becomes a 10-year, 20-year or 30-year focus is a matter of political willpower. It is a question for your side of the table. In terms of the spending review, we will put in a joint bid and, as I say, this is big business for both of us, even if it was not a cross-Government strategy.

Just to be clear on Mr Grant's question, we have to stop thinking of it as whether it is crime-led or public health-led. That is the cultural change that we need. We need a set of services and a way of thinking that is from a human being's point of view and is a cycle that involves prevention, sometimes criminal justice, treatment and recovery, as opposed to whether it is police-led or health-led. That is the cultural change that we have to make in the system here.

Q66 **Peter Grant:** I know that you will have either watched or caught up on the evidence that we got from other witnesses earlier in the week. One of the comments from Professor Dame Carol Black was that no clinical specialty succeeds without a research base. Sir Chris, where in the UK

are people doing world-leading clinical research into treatment and recovery services?

Sir Chris Wormald: I can write to you with full details. Specifically on this programme, we have NIHR running programmes and looking at it. Again, we can always do more, but, as you know, one of the UK's greatest strengths is its clinical research base. If you want a full account, I will write to you.

Q67 **Peter Grant:** I know that we have a fantastic clinical research base. I am looking particularly for that level of quality and degree of research. How much Government funding is put into research into the clinical aspects of drug treatment?

Rachael Millar: We are investing £30 million in the addictions mission, which you heard about last week, which is all about the research mission. It sits with the Office of Life Sciences and with Department of Health in order to make sure that we have a programme aligned with other areas. Across research, we are also doing other things. We have our innovation fund, which is looking at building evidence around the key area of reducing demand and other research pieces along the way, but the big bulk that I would draw your attention to would be the addictions mission.

Q68 **Peter Grant:** Is that £30 million per year or £30 million in total?

Rachael Millar: That is in total over three years.

Q69 **Mrs Drummond:** Can I just go back to that point? It is £30 million funding for demand reduction activities, but that includes drug testing on arrest, out-of-court disposals and behaviour change projects. What we are really looking at is the last one, drivers of recreational drug use research, which is only £500,000. Surely, that is really fundamental to what Mr Grant was just saying.

Rachael Millar: This is a separate £30 million. This is £30 million of dedicated funding that was profiled in the treatment and recovery portfolio space as an additional, separate fund to the £30 million that we have referenced.

Mrs Drummond: So it is just lots of £30 millions.

Rachael Millar: Yes. It is coincidental.

Sir Chris Wormald: We should have picked some different numbers.

Chair: We are simple folk.

Q70 **Mrs Drummond:** Sorry, it is confusing me. Just going back, we have talked about the long term and the 10-year strategy, based on the excellent report from Dame Carol, which sounds wonderful, but the uncertainty of the funding of services is a massive barrier. As you said, we have funding now only until 2025, and it is very difficult for all of those wonderful organisations that you are using at the moment, which are making the difference that you have been talking about, to plan with

such. Given that you are the leader on this, what costings has the Home Office made on the funding to fill the gaps that exist now and to make sure that you can give certainty to those organisations?

Sir Matthew Rycroft: Following up one of the recommendations of the National Audit Office Report, we are making sure that we use this spending review period—the rest of this financial year and next financial year—to drive as much delivery as possible and to prepare our bid for the next spending review. We would not expect funding for more than three years. That is not how our Treasury runs our spending reviews. We will use the fact that we have a 10-year strategy to get as much clarity as possible, but we are not suffering as a result of a lack of funding clarity beyond the first three years, because we knew that that was never going to be possible.

Q71 **Mrs Drummond:** We have talked about the political side of that. The Treasury is going to be looking for evidence, and one of the things that the NAO Report said was about the metrics. You have six headline metrics and 19 supporting metrics, but Mike Trace was telling us on Thursday that recovery can be measured by a narrower range of things over a longer period, and part 3 in the NAO Report makes the same point. By measuring fewer things better, would that help to narrow the performance gaps that exist at local level?

Sir Matthew Rycroft: Yes, it would. I am sure that others will have views on this. This is an absolutely crucial question, so thank you for raising it. In terms of the overall strategy, there are three top-level aims over the 10 years—to reduce the use of drugs, to reduce the deaths and harm that come from drugs, and to reduce the amount of crime that is done as a result of drug use. That is the overall strategy. We have metrics on those and, if you want, we could update you on progress towards those metrics.

Sitting underneath that, each of the three strands also has metrics. Chris's Department is responsible for the metrics on the health strand, so recovery and treatment. One of the issues that we have in this area in general is that there can be a lag between making progress on the ground and then that progress showing up in the statistics, but that is common across other areas as well.

Q72 **Mrs Drummond:** Are some of the supporting metrics not just as important? Is, for instance, education on drugs in schools equally important?

Sir Matthew Rycroft: Absolutely, it is crucial.

Q73 **Mrs Drummond:** Are you going to be able to get all of that evidence in place for the next spending review?

Sir Matthew Rycroft: We are. I should also have answered the other part of your question. Where we know that there are gaps in the evidence base, we are using some of the funding that Rachael has set out, which

we were awarded in the last spending review, to seek to fill those gaps through research or through innovative projects in a trial and error approach and piloting things.

One of the benefits of having 106 combating drugs partnerships around the country—because every single part of the country now has its own local partnership—is that it gives us an opportunity to see what does and does not work. We have some fantastic examples up and down the country that are beginning to demonstrate that evidence, and we will then spread that best practice around the country through the guidance that we send to those local partnerships.

Q74 **Mrs Drummond:** One of the things that came up at the meeting last week—and Sir Chris might want to answer this—is how you can evaluate what the recovery rate is when the metrics focus on the process across the relevant Departments. In the report, on page 37, both Dame Carol and Mike Trace refer to "perverse incentives", because the metrics subdivide the recovery process into narrow silos.

Sir Chris Wormald: As with much of health policy, and particularly on long-term conditions, there is a set of lead-lag issues here. Whether we manage to get people off and then get them to stay off drugs for the rest of their life is not going to be provable within three years. In terms of treatment, that is the real objective. I would not say that we have process indicators. Our lead indicators are pretty simple, really. Do we have the workforce to deliver this? Are we getting more people into treatment? Is that treatment of the right quality?

That is not different from what we would say about improving long-term cancer rates, long-term heart attack rates, or, indeed, anything else. Do you have the workforce, is it delivering a quality service and are you delivering it to patients? Across those three, the workforce is going up.

As the report says, we still have challenges in some specialist areas, but we are, in fact, ahead of the profile in terms of recruiting new drugs workers in the partnerships. The number of people in treatment is up, and we need to see that go up further. Certainly, in terms of the CQC looking at the quality of services, we appear to be maintaining quality as those things rise. In particular, as the caseload per worker comes down, we would hope to see the quality go up. If we can get those three things in place and continue those trends, we ought to be reasonably confident.

Q75 **Chair:** Do you know what the caseload is per worker?

Sir Chris Wormald: I do not have the number with me.

Q76 **Chair:** The advice on Thursday was that it should be about 35 to 40. It had been as high as 100.

Sir Chris Wormald: Yes, exactly. In terms of what those extra workers are doing, they are doing two things. First, they are reducing the

caseload across the piece and, secondly, they are increasing the total number of people we can treat, and we need to do both of those things.

Q77 **Mrs Drummond:** From what you are saying, you concentrate on the process rather than the quality.

Sir Chris Wormald: This is not a process. These are people doing frontline things. That is not a process.

Q78 **Mrs Drummond:** It is a quantity of numbers through the system, but are you evaluating how they come out at the end?

Sir Chris Wormald: Yes. As I say, our key lead indicator on that—and there is a lot of data that is set out in the report—as with any set of healthcare interventions, starts with the CQC assessment of whether these services are meeting national standards, meeting the NICE guidelines, and meeting the guidance put out by my Department and by the joint unit. In some ways, the quality control system here is no different than you would find anywhere else in the health world, but this is not process. These are real people treating people, with a proper assessment of whether the quality is being met.

Q79 [1]**Mrs Drummond:** Going on to the workforce strategy, I do not think that the Department of Health and Social Care has one on this.

Sir Chris Wormald: We are publishing the first part now. We will be ambitious here about when we would publish the full strategy. We are going to publish the first part of the strategy this week. Essentially, it became clear when we were doing the work that a lot more needed to be done with partners about what the right capability framework was, et cetera. That is what has been being done, but that has not delayed anything.

In terms of the core number of drugs workers we have, we were aiming at this point to have an extra 950, and we have about an extra 1,220, so we are ahead of schedule. We have not waited for the strategy, but we took the view that the strategy had to be done properly and, as I say, the original timetable was a bit ambitious.

Q80 **Mrs Drummond:** You mentioned earlier that you looked at it in every area of the country. Does that mean that you have enough people in the workforce to deliver that strategy across the country?

Sir Chris Wormald: As the report sets out, there is variability across the partnerships, some of which will come down to workforce. We are working with the areas that are behind on whatever the issue is locally. Essentially, we took about 30 areas and did a deep-dive diagnostic into why they were behind. Some of that may be workforce, but it is also other issues, as well as the level of the challenge. From that, we

[1] Correspondence from Sir Chris Wormald, Permanent Secretary of the Department of Health and Social Care, re follow up Public Accounts Committee hearing on 4 December 2023 - Reducing the harm from illegal drugs, dated 4 January 2024

identified 19 places that needed extra assistance and are working with them on their plans for improvement, which all ought to be agreed this month.

Then there is a range of support, some provided through peer support and some by my Department, on helping people with implementing those plans. Workforce will be one but not necessarily the only issue. It may just be that the level of challenge in that area is different or greater, but we are doing that on a place-by-place basis.

Q81 **Mrs Drummond:** Will the workforce strength be a metric that can contribute to your submission?

Sir Chris Wormald: It certainly is overall, and certainly in terms of what we put to the Treasury in the spending review. As with everything else in health, the workforce is absolutely key. You cannot deliver high-quality services without a brilliant workforce. Some of these issues need to be resolved in the big NHS workforce plan—apologies, more plans—particularly in the direct clinical areas, where we need more psychiatrists, mental health clinicians and those sorts of things. That is part of the big 10-year workforce strategy that we have debated with you before.

Q82 **Chair:** That is separately funded, just to be clear.

Sir Chris Wormald: Yes.

Chair: You were talking about not using this money for that.

Sir Chris Wormald: Exactly, as we do across the piece, we just need to train more doctors and nurses for the health service in general and then, as this Committee is well aware, in some particular specialist areas where we are short. That has to be part of the whole workforce strategy, and, as you know, it takes quite a lot of time before you have a trained doctor or an excellent nurse.

Q83 **Mrs Drummond:** As a last question on the metrics, where is the measure in the current metrics of the numbers of successful recovery journeys as opposed to the measure of indirect criminal justice or effects?

Rachael Millar: If I may elaborate on the national combating drugs outcomes framework, this is an area that we are very proud of, because it takes the meaningful change that we are seeking to see and sets out the metrics that will deliver us towards that.

To your specific question on recovery, improving recovery outcomes is one of the sub-metrics. We currently measure it through a treatment progress measure, which looks at somebody's journey through treatment in terms of whether they have completed treatment within 12 months, or stopped or substantially reduced their drug use. We also look at whether they have participated in work, paid or unpaid, their housing situation, and mental health support.

We would recognise that recovery is made up of lots of components, which is also borne out in how we have designed and who is part of delivering the drugs strategy. Additionally, we know that there are better ways of measuring some of the things that we are looking at going forward. When we published our national combating drugs outcomes framework earlier this year, we set out a data development plan, part of which was to look at how we could improve the recovery metric and further build out our involvement in things like recovery communities. Recovery is one of the areas that we measure.

Q84 **Mrs Drummond:** That is great. I know it is early days yet. If you look at alcohol recovery, you are talking about, "I have been in recovery for five years", or 10 years. It is too early to do that, but that will be, I assume, one of the metrics going forward.

Rachael Millar: Yes, absolutely.

Q85 **Chair:** Did you hear the evidence that we had on Thursday about measuring the wrong thing? It is always a challenge. We on this Committee like to see data so that we understand a bit where you are coming from, but the full outcome is that recovery that you have talked about. How are you talking to the people who are measuring about whether it is just adding a burden? How do you evaluate whether it is delivering you the information that you need, without overburdening people on the front line? We recognise that it is a difficult balance, but how are you managing that?

Rachael Millar: It absolutely is. The core dataset that we use, the National Drug Treatment Monitoring System, is a world-leading system and we get a lot from it. It allows us to track things on a monthly basis and to have the quality of data that we are able to bring today. That is one of the things that we look at.

In terms of recovery, we also have a national recovery champion, Dr Ed Day, who we work really closely with on this. We also work with Dame Carol in her role as independent adviser. We have local recovery organisations that we speak to about this. It is absolutely something that we are engaging with across the piece.

Another thing that makes this a complex issue, as well as a lot of the things that we deal with, is that recovery is a very personal journey. The ability to measure that will always, in some ways, need us to take something that is very personal and put data and metrics around it. That is why it is quite a journey for us to do that, but the Department of Health and Social Care in particular is working with stakeholders on that.

Sir Matthew Rycroft: If I could just add one thing on the metrics, as you would expect, I have looked very carefully at this. It is really hard to get the balance right—and I am sure that you and the National Audit Office see this in other walks of life—between measuring the big outcomes that we are trying to deliver, but which take a long time to

come through, versus how you measure things that are easier to measure such as inputs or little staging posts along the way. We have ended up trying to come up with a blend that keeps in sight those long-term outcomes, but gives us something specific to get our teeth into in the short term.

Q86 **Chair:** If taxpayers' money is going into something, we want to know that people are starting the process. You heard the evidence on Thursday, which I thought was well put out.

Sir Matthew Rycroft: Absolutely, but I want to reassure people who are worried that we are measuring the wrong things or looking at some bit of minutiae rather than the big picture that we are looking at the big picture, and that the little snapshots that we are measuring in the meantime are steps towards that bigger picture.

Q87 **Mrs Drummond:** How can you reassure the organisations, and particularly the workers in them, that there is certainty of funding? If you know that an organisation is going to be funded for only two or three years, you are less likely to go and work for it. The really good people might leave earlier or go somewhere else, when we want them to keep them. What are you doing to reassure all the organisations that are delivering the strategy that you are going to give them the long-term funding to keep them there?

Sir Matthew Rycroft: Chris might want to add in relation to health, but I would say that, in general, it is better to have a 10-year plan than nothing at all. No one in the Civil Service knows what the outcome of the next spending review will be for their area, but some people have a 10-year strategy to be an overarching framework. The people who we absolutely rely on and are doing a brilliant job in this area have a bit more certainty than anyone else. No one is going to get total certainty, because that is not how spending reviews work.

Sir Chris Wormald: The situation here is no different for any other thing in the public sector. Even the National Audit Office does not have its money guaranteed past the end of this spending review. Given the history that we were going through with Mr Grant, it is unsurprising that people are concerned in this area in a way that, if you work in a hospital or you are a civil servant, or whatever, you are not.

What Sir Matthew says is, therefore, completely correct and is another of the reasons why a 10-year strategy—and, hopefully, commitment across the public sector and the political world to that long-term aim—is the best reassurance that we can give.

As I say, most areas of the public sector do not have a 10-year strategy that they can point to, so we have to understand people's concerns in exactly the way that you have put them, but also reassure on those points and, as I hope we are demonstrating in this hearing, show that we have a very strong case here to put forward in the spending review, first,

that this is a problem that really needs tackling and is costing society considerable sums, although opinions vary, and, secondly, that we have a programme here that is delivering. I cannot speak for the Treasury, but those two things are a prerequisite for anyone deciding that they want to invest in it further.

Q88 **Chair:** We recognise that there is a 10-year plan. Going back to staffing and how that relates to the funding, you gave us some figures earlier, Sir Chris, about how many people you have recruited. It is a bit patchy, depending on the area and the needs, but nevertheless you have made some progress. If the money is not forthcoming until quite late in the day—and this is just a practical reality—people will have to be sent redundancy notices and so on. In the last couple of years, we have had late money going in. The drug element of the public health grant has gone in already, but the rest of it still has not. A lot of jobs are dependent on that. Once you start giving people redundancy notices just in case, it damages all of that work that has been going on to invest in skills and talent.

Sir Chris Wormald: Yes. It is a statement of intent. We did the drugs bit early, so again there is a greater commitment to this area than to some others. As you say, Chair, it is unsurprising that people get concerned around those things, but the commitments that we can give out are the ones that I have described. As I noted with the numbers, this is not currently damaging the recruitment of people to work on the drugs strategy, where we are, as I say, quite a long way ahead. Given that it is a baseline of about 5,000 people that the 1,200 are additional to, this is a big increase and we are ahead of what we projected. Right now, people are showing their commitment in an excellent way and, as you say, we have to reassure them.

Q89 **Chair:** Often in these areas, people do, because they care very much about the people they are working with, but there is a point about stretching the will. What is in your control, it seems to us, is this: if the money has been given under the spending review for three years, why was it so late in previous years, in February and March? That is late to be giving it out, given that you know that you have the money.

Sir Chris Wormald: This was true of the entire DHSC budget, for reasons that we debated before.

Q90 **Chair:** That is the problem. Whatever the commitment across the six Departments to this particular project, it does not take much to derail when the money is allocated. We know what we know and we do not need to rehearse how late money is not always well spent.

Sir Chris Wormald: That is why it is good that we have done it so early for the remainder of the spending review period, which was entirely deliberate. As I say, it does not appear to have damaged either the recruitment or the delivery of extra places, due to the numbers that I have already quoted, but what you say is absolutely right.

Q91 **Chair:** Are you monitoring the turnover rate in terms of who is leaving and at what levels and skills?

Sir Chris Wormald: I expect that we are. I can come back to you on that. We are looking mainly at the total number, which is ahead of schedule.

Q92 **Chair:** With all respect to the professionals involved, bodies on the ground are not the same as someone with experience that they have developed over time. It is important to have numbers, but it is not just about the numbers, is it?

Sir Chris Wormald: As you are expanding the workforce, that will take some time to build up. I will see what we have on turnover numbers, unless my colleagues have some. I doubt that you do; there is no reason why you should.

Q93 **Chair:** You have both made the point that every bit of Government is on a three-year funding review cycle, but you are on permanent contracts, as far as any Permanent Secretary is ever permanent. You are all on proper contracts, but people in this field will very often be on rolling one-year contracts or short-term contracts, because there is no certainty of funding, and that is a different feel.

Sir Chris Wormald: I am not diminishing the strength of your point whatsoever. It is entirely understandable that people would express their concerns. I am saying two things—first, that, certainly from the evidence so far, that is not damaging the recruitment process and the buildup of the workforce, which is great, and, secondly, that we have reassurances to give, which is not promising money that Parliament has not yet voted in future spending reviews, but it is a 10-year strategy. It is commitment. It is the urgency of the case. It is the fact that the programme is delivering.

Q94 **Chair:** You are making a compelling case to the Treasury through us. The Treasury Officer of Accounts is drinking it all in and will, I am sure, be reporting it back to his superiors.

Sir Chris Wormald: This is why I made the point at the beginning that the political and parliamentary focus is very important. The Treasury will, of course, have huge demands on a limited public pot and will have to make its decisions in the national interest, but we will be making a strong case.

Q95 **Chair:** It is a fair challenge to politicians as well as the Treasury about spending to save and how we prove that that is delivering. The metrics in this report are a good argument on that point. The number of deaths and so on that went up because of money being dropped in this area shows the harm that is being done. I want to come on to harm in a moment, but, before I do, I just want to talk a little more about the metrics.

When we had Alice Wiseman, the excellent director of public health in Gateshead, who has appeared in front of this Committee a couple of

times and become an expert witness for us, she gave a very clear example of a metric. They do not have any residential drug treatment facilities in her area, but have provided drug treatment facilities where people go home at night. They are getting the residential treatment, but they are just not actually residential. They are achieving much the same thing. There will be some cohorts where it would need people to be physically in a place all the time, but they think that that is working, and yet it does not hit the right metric.

Ms Millar, on the technical point, is that something that you are aware of? Is that something that you can capture in the numbers, where you have a sensible difference locally, because they are not going to be able to build the drug treatment facilities overnight, but they are doing what they need to do? Her evidence was quite compelling. Is that something that you can capture, or can you change the way that you collect data so that you capture that kind of information?

Rachael Millar: We collect a range of data on specific treatment and recovery interventions. Also, there is an evaluation that sits across the treatment and recovery portfolio as a whole, which looks at delivery and how that impacts. Local areas choose from the menu of interventions, which will help them determine where they invest their funding.

Q96 **Chair:** Her point was that the measurement is about residential. Hers is as residential as they can make it, and it is achieving the same as residential would for those clients or patients—whatever you want to call the people who have been using and are in treatment. It is not counted as residential, because it is not quite meeting the definition, although it is doing the same thing. It seems like a point of sophistry rather than a point of major difference, I would have thought, but how do you capture that?

Rachael Millar: I would have thought that it is captured through the National Drug Treatment Monitoring System, where we capture a range of treatment interventions. On that specific point of whether it falls into one form or the other, I would need to look into that. We offer a range of services, and local areas have the ability to choose.

Q97 **Chair:** You are really saying not quite "a thousand flowers bloom".

Sir Matthew Rycroft: We would say "106 flowers bloom", because we have 106 partnerships around the country.

Chair: That is very communist.

Sir Matthew Rycroft: One of the advantages of that is that you have lots of ways of trying things out in an area where evidence is not always certain. One of the roles that the joint unit is already playing and can grow into as time goes on is to evaluate that evidence and then spread best practice.

Q98 **Chair:** That leads me very neatly to the point about evaluation. We are really keen on this on the Committee. We know that it takes a long time

to do it properly. What is working well in evaluation terms, Ms Millar? Where do we need to be taking this and when will we see the really good results that will begin to help shape the direction of travel?

Rachael Millar: Thanks to the National Audit Office for its findings and recommendations on this, which are helping to shape our thinking further. In terms of what is working well, when we stood up the strategy, one of the core things that we designed was accountability that sat in two forms. We have talked a little bit about the joint combating drugs unit and the way in which we have a structure that sits across all of the Departments involved.

The other core part of accountability was for each Department and its delivery of it. One of the things that works well is a core focus on high-quality, impactful evaluation that sits at a programme and project level, led by the Departments involved. In addition to that, across treatment and recovery as an example, where four of the Departments are involved, they have layered that with a portfolio-wide evaluation to look at the impact of that. Since the NAO reported, we have £1 million of Treasury funding dedicated through the joint combating drugs unit, looking across Departments at the impact of the combating drugs partnerships as well. It is a complex area and there are a number of layers to it, but I would probably capture that as an area of strength.

Q99 **Chair:** You have already said that there is going to be a joint bid going into the next spending review. You will be working on that now, since it will be in November, so papers will have to be with the Treasury in September or October at the latest. Time is marching on. While it may be a 10-year programme, it has not been running for very long, so what meaningful outcomes are you getting from that evaluation? What results are you getting? Can you give us perhaps some precise examples of what you now know works and what you are thinking of as interesting approaches to keep pursuing?

Rachael Millar: You are exactly right. We have been looking at the timeframes to make sure that we will have meaningful results ahead of any spending reviews, so we have built that into our timings. Of the meaningful evaluation that has come through, one thing that I would draw out is project ADDER, which was drawn upon briefly last week and through the NAO's Report. That really was a trailblazer for this whole-system approach. It came ahead of the strategy and we invested in it. That found that having a clear, single responsible owner accountable at a local level is one of the core areas that really helped to drive progress. We were able to build that into the design of the combating drugs partnerships, so it is a real, tangible example.

We are also currently working through findings on how we are delivering across the supply programmes, so looking at successes across our county lines programme and how we deliver that going forward. Across treatment and recovery, a lot of that evaluation is just in place, so we are making sure that it is looking at specific delivery points.

Q100 **Chair:** It sounds like the latter will not really have much to show by the time of the spending review, just because of the timelines.

Sir Chris Wormald: There is a timing problem. Certainly on my side of the house, it was, of course, not year zero the day we launched the report. There was a huge amount of literature, including from Carol, about what works. The clinical interventions that we are using have a long history and a lot of evaluation, just like any other medical procedure. As I say, it is not that we will be starting from year zero here. We will be able to demonstrate that the interventions being used are based on clinical best practice and evaluated in the usual way for health interventions. We will then have some, as you say, quite early and limited evidence from the programme itself. The evidence base will be put together like that.

I should have said earlier, because we are discussing the spending review, that the Treasury has been one of our key partners here. It funded the strategy in the first place. We work very closely with it across these various issues. There is a huge benefit to the economy in what we are talking about as well. Of course, because we are bureaucrats, we get obsessed with the spending review, but I would not want anyone to think that there is some sort of conflict going on here.

Chair: There is never a conflict with the Treasury.

Sir Chris Wormald: It is one of those areas where there is a huge benefit for the economy, a huge benefit for law and order, a huge benefit for society and a huge benefit for health in this thing.

Chair: If only, Sir Chris, the world was always so logical, but I hear what you are saying.

Sir Chris Wormald: I try. The question our Treasury friends ask, rightly, is, "What are the best investments to deal with that?" It is a much more collaborative thing with the Treasury than we have perhaps described here. As I say, the Treasury has been one of our absolute key partners in doing all of this.

Q101 **Chair:** Given that you are doing ongoing evaluation, what conditionality will there be to any money going forward, or is there at the moment? When money is allocated to a local authority, is it required to do specific things in order to secure that money?

Sir Chris Wormald: We have the possibility of conditionality. I mentioned the 19 that we were seeking improvement plans for. We have the potential to use conditionality in those cases, if we think that money is not being used wisely. I do not want to overplay that at all, because disinvesting in areas that are lagging behind in what they should be doing is not, prima facie, going to solve the problem. While we have some conditionality, the approach is to work with places so that they deliver, not to have a punishment model. We will not invest in places where we

think money is being wasted and can be used better, but, as I say, that is not the primary way of trying to get improvement here.

Sir Matthew Rycroft: Can I just come in with a couple of other examples, Chair, of where evaluation is working, perhaps from Departments that are not represented here but are part of the six?

First of all, the Ministry of Justice has done a lot of work, as you would expect, on drug use in prison. It has more than doubled the number of incentivised substance-free living wings in prisons from 25 to 60, with a target of 100 by March 2025. It is evaluating that, and that is clearly one of the ways in which it has been able to get the continuity of treatment rate, as people leave prison and go into community, up. It is up 10 points already, to 48%, with some particularly effective work by local authorities such as Bath and North East Somerset, and Hammersmith and Fulham. That is one example where the evaluation is already demonstrating some of the benefits of the work.

To take another example, our colleagues in the Department for Work and Pensions have also been evaluating their work on individual placements and support. This is individualised support for people who need that extra support into employment. The evaluation is ongoing, but the early signs are promising. Those are just examples that we will bring from those other Departments.

Q102 **Chair:** We will not go into it, but it is quite fraught with difficulty, because, in terms of the Ministry of Justice, for example, there are lot of issues around gateway services, whether you are a drug-using ex-prisoner or someone else. We recognise that it is also bound up in all of those, but it is helpful to have an update from the Departments that are not here.

I now want to ask you, Sir Matthew, as Permanent Secretary at the Home Office, about the enforcement activities to try to limit the drugs coming into the country or being manufactured here, and their price. What is happening on the enforcement side?

Sir Matthew Rycroft: This is all part of the reducing supply part of the strategy. There is a lot happening, as evidenced by the fact that over 2,000 county lines have been closed. That is very good work indeed by our law enforcement colleagues, out of a base of about 4,000, so there is a significant benefit both in reducing supply and, of course, in safeguarding the people who previously had been involved.

There have been a record number of disruptions of criminal gangs as well, 4,800 so far against a target of 8,800, so well on the way to meeting that target over this spending review period.

Rachael has already talked about the ADDER programme, which is this whole-of-system response, in which policing is very much working alongside public health and other colleagues. In those forces and areas where that has been rolled out, there have been very good successes,

including in reducing supply. We will be seeking to move into a more ambitious national programme in the future.

Finally, looking further upstream, we have been seeking to protect and strengthen the border in particular ways. We have been able to intensify our ability to spot what is coming in, including fentanyl, which is a very significant concern to our colleagues in the United States and elsewhere. More broadly, our National Crime Agency partners are working upstream with other countries on reducing the supply into the UK. There is a lot going on across the whole piece.

Q103 **Chair:** Some is coming into the country and some will be manufactured here. Where is the balance of risk?

Sir Matthew Rycroft: We go after the harm and the threat wherever it is. We are seeking to crack down on both of those things. For the drugs that are made in this country, the constituent parts often come in from overseas. I do not want to downplay that upstream work at all. Clearly, it is beneficial to the safety of the citizens of this country if we can reduce the harm or threat of harm by stopping stuff even getting into this country in the first place.

Q104 **Chair:** It is fair to say that a lot of the strategy is aimed at people who have really serious use problems and who need really proper and serious long-term treatment to come out of those. Ms Millar might be able to answer this. Then there is a lot of lower-level use, everything from smoking marijuana to using cocaine more recreationally. These are people who dabble, who perhaps have not got to the point of needing treatment but could be on that pathway.

What are you doing with the users at that end of the scale? There are criminal and health opportunities or sanctions there. How are you factoring that into the whole 10-year programme? The focus will be on the people with the greatest need.

There was a round of applause from someone in another Select Committee. You need to give a good answer if you are going to get one of those. I am warming you up for a stunning performance.

Sir Matthew Rycroft: First of all, this Government have a zero-tolerance approach to any illicit drug use and work with policing to ensure that it takes a tough response whenever it has the evidence of that. Of course, sometimes the right answer for an individual at that softer end of the spectrum is just going on a drug awareness course or something like that.

Q105 **Chair:** Does that work?

Sir Matthew Rycroft: In some cases it does. This is an area where we do not have the formal evidence yet, but some of our funding is going to create that study to see what the evidence tells us. That is at the softer end. The criminal justice route would be more appropriate in the harder, tougher cases. The strategy is designed to look at the whole spectrum.

Q106 **Chair:** Ms Millar, do you have anything to add about catching people early?

Rachael Millar: I would just back up and build on Matthew's point. Last week you talked a fair amount around that diversion point. It is an element of the wider reach we can deliver. As part of the drug strategy commitments, in a certain number of areas we looked at drug testing on arrest as a way of understanding drug use linked to other forms of criminality as well. We also looked at the out-of-court disposals model. There are tools at the police's disposal to help understand and work with wider drug use.

The increase in treatment sits alongside the things that the police can do. That underlines the philosophy of the drugs strategy, if I can put it that way. The connection between these things and the ability for the police to have a route to divert people to, whether that be treatment, a drug awareness course or the like, is linked to our lifting up of the system elsewhere. There are other things that we can do across that.

Q107 **Chair:** It was interesting and quite disturbing to hear that 127 of 150 people who were arrested for domestic violence tested positive for cocaine. There was a slight caveat to that, which is that not everyone is tested in the same way, but that is still a very high figure. There is an awful lot that could be done in this diversion area, which we are quite interested in.

I was going to ask about prison leavers. We have looked at this generally as a committee. We had the Ministry of Justice in front of us talking about prison leavers. At the moment, the 84-day housing target is being met quite well by the Ministry of Justice. Clearly, if someone has had a drug use issue and is in treatment, and that treatment is continuing after 84 days, there is still quite a significant drop-off about moving into permanent housing.

Is that something that you are looking at across the strategy? How are you working with the MOJ, or how is it working with you, to make sure that that does not happen?

Sir Matthew Rycroft: That is absolutely part of the strategy as well. In this case, it is not just the Ministry of Justice and the Home Office but also our colleagues in the Department for Levelling Up, Housing and Communities, given the housing aspects of your question. Rachael, I do not know whether there is anything you want to add. We could also write in more detail about the numbers.

Rachael Millar: The partnership with the Ministry of Justice is a core part of this. We have a specific focus particularly on continuity of care of treatment. As you would expect, that is a core part of the strategy. This is about making sure that, when somebody is receiving drug treatment in prison, they then receive that on exit from prison, so that there is continuity. It really goes to the point around achieving recovery outcomes

and making sure that those planks are in place. That is built into what we do.

Matthew mentioned earlier some of our early successes around that. We are at 48% from a baseline of 36%. We have more to do, but that is the progress that we have made since the start of the strategy. The Ministry of Justice is a core partner in this. We understand and work closely with that cohort of people who are in prison with a drug dependency. That is a big priority for us.

Q108 **Chair:** One of the challenges there is housing. In some areas, like in my borough, it is very difficult to find housing. More and more people are in hostels waiting for social housing or being shipped out of the area, with private rents out of reach. It is very difficult, in all of that mix, to find a long-term stable home for someone who has been released from prison and is needing treatment for drugs as well. Their ability to hold down a job may be even more challenged. Even with benefits, it is very, very difficult to fund that.

Are you looking at particular interventions in areas where there is a real housing challenge? The same would probably apply to Mrs Drummond's constituency, where prices are high.

Rachael Millar: We are working with the Ministry of Justice on the wraparound and everything that would be needed for an individual. It has specific programmes looking at this. The drug strategy itself is looking particularly at treatment, but a very important part of what we do is looking at those wider parts of what is needed as well. We sit alongside the work of the Ministry of Justice and others to look at the housing needs.

Sir Matthew Rycroft: The Housing Department does have funding from the drugs strategy as one of the six Departments. It has £186 million over three years, which is spent partly on this new rough sleeping drug and alcohol treatment grant and on a housing support grant. That does not magic up actual housing, but it does help create additional support for people in particular need.

Q109 **Chair:** We know that people in these vulnerable positions often gravitate to their support networks, whether they are good support networks or not. That is a challenge in an area like mine, where people would sometimes rather be on the street near to their support network than in a hostel miles away from London.

Rachael Millar: That is why the housing support grant is a really crucial part of this. One of the recommendations that Dame Carol made in her report was that, beyond the accommodation itself, support for individuals to help them maintain that housing is crucial as well. We are doing pilots around understanding things like tenancy support and additional support to help somebody maintain housing. That speaks to your point, Chair.

Q110 **Peter Grant:** Ms Millar, one of the other witnesses we heard from last

week was Mark Lay, who is the national drugs co-ordinator for the National Police Chiefs' Council. He told us that the police are finding that, if they arrest somebody for a non-drugs-related offence but then find they are in possession of drugs at the same time, they usually have a very poor understanding and a very poor level of education as to the short and long-term effects that those drugs will have on them. How much of the £900 million allocated in the strategy is being used to improve people's understanding of what drugs can do to them?

Rachael Millar: The information you heard from Mark Lay would have been linked to a number of things that we are doing in collaboration with the National Police Chiefs' Council. As we drew upon earlier, diversion and drug awareness are core parts of that. There was funding allocated to look at those. You are also potentially referring to the out-of-court disposals pilots. We are investing in and looking at that.

In relation to your question, I would probably also reference the wider work we are doing around the delivery of Frank, which you may be aware of. Frank is about understanding the harms of drug use in the wider population. We are using that as a channel to inform. I would probably point to a number of areas both in the work we do with police and outside of that.

Q111 **Peter Grant:** Yes, but the question was, "How much of the £900 million in this strategy is going directly to improve education about the impact of drugs?"

Rachael Millar: The core of my answer is that it is spread across a number of areas. It is not just isolated to a specific element. In terms of the work that we are doing through the Home Office and with the police to look at reducing drug demand and the routes we could use for that, £25 million was allocated to look at that broader piece.

Sir Matthew Rycroft: If I could add one thing on education, Mr Grant, the Department for Education is funded, as it was already, for the education in schools aspect of that, which is an absolutely central part of that understanding.

Q112 **Peter Grant:** I wanted to come back, Ms Millar, to the last part of your answer where you talked about working with the police in relation to reducing demand. Does that include increased enforcement?

Rachael Millar: No, we separately have a drug supply element of the drugs strategy.

Q113 **Peter Grant:** One way to reduce demand is to punish people who are buying the drugs as well as punishing people who are supplying them. How much of the £30 million that is aimed at reducing demand has been used to increase the enforcement of criminal sanctions and how much of it has been used to increase education?

Rachael Millar: I would completely agree that one of the core parts of the drugs strategy was precisely that reducing supply and reducing demand need to be tied together. I know that came out quite strongly last week: doing one without the other is going to undermine it. We would completely agree and recognise that point. That is at the heart of what we do.

In terms of the specific funds that relate to enforcement across the Home Office, we have a drug supply portfolio. I am talking in portfolios. That is how we have structured this within Government, but it follows the line of "From harm to hope", which had chapters dedicated to specific areas such as breaking the drug supply chain across enforcement and what we are doing in what we call an end-to-end supply plan. As Matthew was talking about earlier, that looks upstream through to county lines and other areas of that. We committed up to £300 million across the three years to deliver against that.

Going back to your question, the £25 million for reducing demand goes on other areas that the police are working on like increasing drug testing on arrest, where we have delivered over 50,000 tests, and out-of-court disposals, where we are looking at diversionary activity. I know that also came up a lot last week and has come up today as well.

Those things are about the interaction between supply and demand, which I would completely agree needs to work hand in hand. That is a philosophy we are working to in the drug strategy.

Q114 **Peter Grant:** It is all very well basing reducing demand on what happens after somebody gets arrested. Mike Trace of the Forward Trust estimated that there are between 3 million and 4 million people in the UK regularly using illegal drugs. I can see you nodding. You would think that figure is reasonably close.

Rachael Millar: Yes. I can speak to that more specifically, if that is helpful.

Q115 **Peter Grant:** If we have between 3 million and 4 million people using illegal drugs, the vast majority of them are never going to get arrested, cautioned or tested. They are never going to be identified as using illegal drugs. They are never going to be targeted by the small amount of money that has been set aside for increased education. You have said very little about increasing education for those who have not started using drugs yet to stop them.

One of the most unmistakeable messages from Dame Carol's report is that what we are doing now is not working. If we peel back to the funding that has always been there in the education service for drugs education in schools, it is all very good and all very helpful, but it is not working. Too many of our young people are using illegal drugs by the time they have left school.

I am asking about the amount of additional resource that is going into

actively educating the whole population in order to persuade them not to use drugs in the first place. It does not seem like very much of that £25 million of additional money is going to that purpose, does it?

Rachael Millar: I would be really happy to speak to that. There are a number of elements. If I may, I will speak to a few of them. On the overall numbers, the way we measure drug use across England and Wales is through the crime survey for England and Wales. I know you had a discussion on this last week, but 3 million people are reporting that they have used drugs over a given year. That is a much broader set of the population than we might look at when we look at what we do around people with opiate and crack cocaine dependencies.

The work with the police that I talked about is just one element of the work we are doing. It goes to the complexity and the level of Departments committed to the drug strategy. Prevention is also at the heart of what we do. Our chapter on reducing demand for drugs captured a number of different things. It captured the work that the police are doing, but it also captured a wider set of things.

We talked about our work with children and families. The Department for Education is our partner in that area. We do not just have drug education in schools. We also added a new commitment as part of "From harm to hope" to make sure that we properly evaluate that and understand what we are doing.

We are also looking at the data and understanding what we can do with it. This also came up last week. Under the 3 million, which is one in 11 adults between 16 and 59 reporting taking drugs, when we look at the younger age group, the 16 to 24-year-olds, it is one in five. When thinking about what we can do to reduce and prevent drug use, we have focused more on what we can do for children and young people, where drug use is more prevalent and there may be more we can do to reduce any dependency going forward.

To bring it to conclusion, if I may, we are really focused both on what we can do with the police and what we can do for the wider population. I have looked at the prevention piece more broadly. One of the tangible things that we have done in that space is commissioning the Advisory Council on the Misuse of Drugs to set out to us its recommendations on prevention. Following that, it has stood up a subgroup on prevention, with which we are working in partnership to look at where we can go further on that.

Sir Chris Wormald: If I can add to that, you are touching on a hugely important point. There are three levels of thing here, and not all of them are Rachael's responsibility. The first is the direct funded activity that she has described. The second is making this the message of every public service, obviously including the core six, but it needs to be given by civil society, the political world and everywhere else. That is generally not funded. There is then the third level, to which you pointed earlier, Chair,

which is the key things, like housing, good education and a job, that tend to dissuade people from these courses of action.

We should think of this in those three buckets. As I say, not everything across that can be delivered by Rachael. There is a wider responsibility on everyone to make this one of the core things in any public service.

Sir Matthew Rycroft: I am just going to come in briefly, if I may. I agree with what my colleagues have said, but I have two small points.

First, on prevention, it is very difficult to get evidence on what works—that is a truism—but we are determined to give it our best shot. Where there is one of these local combating drugs partnerships that does make progress on prevention, we will spread the word. I want to pay tribute to the work that the Dorset combating drugs partnership has done in that regard.

Secondly, we see the benefit in involving young people who have been users themselves, and so have some lived experience. The combating drugs partnership in North Yorkshire has a good track record of doing that. These are just examples of where we can spot something that is working and try to spread it around the rest of the country.

Sir Chris Wormald: It is worth adding that a lot of the solutions will be hyper-local. I expect that what Dorset is doing will be very different from what is needed in your bit of London or whatever. As Matthew was saying earlier, these 106 partnerships are not just a delivery mechanism, but a recognition that the way this plays out is very different in different places, which have different demographies and different economies, et cetera.

Q116 **Mrs Drummond:** I am just going back to that figure of 9% in figure 1 on page 15 of the NAO Report. You said it was 9%. The number of drug takers has basically flatlined since 2010. Is there a danger that society is coming to accept cocaine and cannabis as being normalised in the way that alcohol is? Does that make the acceptance of new drugs like opiates more likely?

You accept that alcohol and domestic violence go together. We have now heard from Dame Meg about the numbers on taking cocaine and domestic violence. Surely that is normalising. I just wanted to know what the new strategy is going to do, going back to Mr Grant's point about preventing. It going to be a really tough job.

Sir Matthew Rycroft: First of all, to be clear about the overall outcome in this area in terms of reducing the total number of people who use illicit drugs, the number was 9.4%.

Chair: This is out of the population of England and Wales, just to be clear.

Sir Matthew Rycroft: Yes. Our target is to get back to the level that it was 10 years ago, which is 8.2%. The latest data is that it is now down to 9.15%. It is still above 9%, but it is moving in the right direction.

To be totally honest, that is probably as a result of things that happened before the introduction of this strategy because of the lag. We are determined to track that overall outcome number as well as, as we talked about earlier, some of the underlying metrics that are easier to measure and easier to see progress on.

Sir Chris Wormald: The point that you raise is very important. Again, it goes back to this being a whole-of-society response. We cannot let it become normalised. There is no inevitability here. Attitudes to smoking have completely transformed and will hopefully, if everyone votes the right way, transform further when we pass our new Bill. You do not have to accept that things will become normalised.

Alcohol is slightly different, in that with smoking and what we are talking about today there is no safe level of use. Alcohol is a slightly different category of thing. Again, attitudes to alcohol among the younger generations are rather different.

The danger you point to is very clear, but we should never accept that there is an inevitability about normalisation. It is up to everyone to challenge it. The point you make is a crucial one.

Q117 **Mrs Drummond:** With young people, it seems like alcohol is being replaced by cannabis and smoking. You can smell people smoking weed in all sorts of places now. It seems to be everywhere. I get a lot of constituents writing to me saying that they are living in a place, and they have asked the police and nothing has been done. It is almost everywhere.

I am just wondering why you have not released the White Paper on tougher consequences for recreational drug use. Is there a reason or has that been put aside?

Sir Matthew Rycroft: There has been a consultation. Ministers are looking at the results of that consultation and have committed to publish a response in due course. They have not put a time limit on that. It is a priority.

Chair: Just to emphasise, though, that is the crackdown side of it. As Mrs Drummond says, I also get complaints from constituents who live in a block where someone is smoking. The smell travels up two storeys.

Mrs Drummond: Yes, and they have children.

Chair: They do not want the smell. Whatever the legal issue, there is also an antisocial element to it. With smoking we now accept that there is an antisocial element, and indeed a health element, to breathing in other people's smoke. There are lots of layers to this definite increase over the

last decade.

Peter Grant: Ms Millar, I cannot remember the exact figure that you quoted, but you quoted an estimate for the number of young people using illegal drugs.

Chair: It was one in five.

Q118 **Peter Grant:** In percentage terms, it is quite a bit higher than it is for the rest of the population. What specific targets do you have for reducing that number over the 10 years? What progress has been made so far?

Rachael Millar: We set ourselves the ambitious 10-year target as part of the drugs strategy. Matthew talked about that earlier. That looks at overall drug use. It looks at reducing it to a 30-year low, which is to 8.2% overall.

We have an overarching target, and, within that, we have been looking at segmenting it. This is the work we have been doing to understand what really sits behind that. Where can we influence it? Where are the rates highest? What kinds of drugs are people taking? It comes back to that overarching target.

The national combating drugs outcomes framework, which we have talked about a number of times, sets out the supporting metrics for that. It looks at the rates of drug use for children and young people, and our ability to understand this more vulnerable cohort and the wider population. Lots of elements go into us understanding that figure.

Q119 **Peter Grant:** You are telling me that you do not yet have a specific target reduction for this key group of young people. Is that something that we can expect to see published sometime soon?

Rachael Millar: We do have a target, which is the one I mentioned around overall drug use.

Q120 **Peter Grant:** Yes, but there is a difference, is there not? You have an overall target for the proportion of people who are using drugs, and you want to see that coming down by a certain amount. Do you have a specific target for young people? Now it is one in five. In 10 years' time, do you want it to be down to 15% or 10%?

Rachael Millar: We want to reduce it in line with the overall target that we set to reduce overall population use.

Q121 **Peter Grant:** Are specific actions being done to target that age group? I would imagine that a 21-year-old is going to respond to messages in a different way than a 51-year-old. For the people who are in that age group just now, have you set a target as to how many of them you want to see coming off using drugs as they get older? In 40 years' time, are we going to see one in five pensioners using drugs because they have been doing it since they were 16?

Rachael Millar: I am sorry. The clapping meant I could not hear the last part of your question.

Peter Grant: I have never been clapped before.

It was about the ways you can measure success. You can certainly look at a cohort of the same age group over time, which means you are looking at a different group of young people each time. You can also follow the ones who are within that age group just now for 10 years and see whether 20% of them are still using drugs. If the figure is still 20% in 10 years' time, eventually 20% of our pensioners will be using drugs. That probably means that 20% of everybody will be using them.

Sir Chris Wormald: I am pretty sure there is quite a lot of research that shows the natural drop-off you get. I do not have the historical figures, but I would bet that, if we looked back 20 years, the same cohorts would have much higher drug use than later. What you have said does not quite follow. I would expect that Carol knows, but I am pretty sure this is quite a well-researched subject.

That does not detract from the importance of your question because clearly you cannot get overall drug use down unless you are getting big reductions in the biggest users, which is what you are getting at.

Q122 **Peter Grant:** On Thursday, Alice Wiseman from Gateshead told us that there is no evidence at all that a more punitive approach leads to a reduction in illegal drug use. Is she correct in saying that?

Sir Matthew Rycroft: It is probably a bit simplistic to jump to that conclusion. As I mentioned before, this strategy is a holistic approach to a very complex problem, which touches on so many parts of society, including many we have talked about today and some we have not. I am just thinking about the link with mental health, for instance, which is a whole topic worth exploring in its own right.

As I mentioned before, this Government have a zero-tolerance approach to any illicit drug use and are working to support the police to take action, but we cannot expect any single or very short solution to be fully accurate.

Q123 **Peter Grant:** The question I asked was about a statement that said there is no evidence that a more punitive approach leads to a reduction in illegal drug use. Your answer was a bit noncommittal. Is there evidence that you can share with us that says, "Here are examples where a more punitive law and order approach has successfully reduced drug use"?

Sir Matthew Rycroft: There are examples from around the world. There are examples from around the UK, as you well know. We do draw on those. It is not fair to say that overall a more punitive approach is less effective.

Sir Chris Wormald: Again, I suspect it is in the segmentation. If you looked at the total cohort of people who sometimes use drugs, which you were talking about, I would expect it is probably true that individual police actions do not affect that number.

We could all name places around the world where policing has failed and drugs, at the hard end of what we are talking about, have got out of control, with some very clear links between policing and that. It is in the segmentation between the type of issue Matthew was talking about earlier where you expect a policing approach and some of the bigger numbers you were describing, which are in the whole-society category rather than being things that you expect the police to stop. I expect it is there. You may know better, Rachael.

Rachael Millar: If I can break down what we are doing in the strategy, we have talked about the role of the police a few times today. Some of that is in diversion into treatment. It is about their role as frontline officers. Often, they are the people interacting with those in the street, and so they have the ability to divert and to help with the whole system. We need to break down what we are doing.

I would also draw on some of the supply chain work that is going on. The supply chain is an exploitative model. One of the core things that they are doing through that work is safeguarding people. The county lines model is a particularly violent and exploitative model that draws on vulnerable young people. If we break down what the strategy is doing, at its heart, it is about breaking those supply chains, reducing demand, and treatment and recovery.

Q124 **Peter Grant:** Sir Matthew, earlier the Chair mentioned the changing landscape of illegal drugs. In particular, in some parts of the world, such as America, they have a massive problem with synthetic drugs. The evidence we heard last week is that it is not a major problem in the UK as yet and we need to make sure that that does not happen. What can you say to reassure us as MPs that the UK is well placed to identify any significant increase in synthetic drugs circulating and to deal with that before it is allowed to get out of control, as it clearly has done in parts of the USA?

Sir Matthew Rycroft: It is an extremely good question, which has been very much on my mind since visiting my colleagues in the United States and hearing firsthand the scale of the problem they have.

First of all, it is worth noting that there are some in-built differences between the UK and the United States. We do not have the overprescription of synthetic opioids that has existed in the United States. The criminal gangs that control the supply of drugs into this country are not currently focusing on those drugs, whereas they are in the United States.

I hope no one giving you evidence last week gave any sense of complacency because that would be wrong. We set up a cross-Government taskforce to track exactly this issue. As Rachael mentioned earlier, we were concerned about a spike of a different type of synthetic opioid in the summer, but that thankfully has receded. Fentanyl has not, as of yet, become at all prevalent, but it could happen. We need to be ready for it to happen.

To go to your point about what we are doing to track it, we have increased the capability of Border Force and other law enforcement organisations to spot when fentanyl or the precursors to fentanyl could be coming into the UK. None of those efforts are 100% guaranteed to work. We are going to need a whole-system response to that, which is also why we set up this taskforce.

Q125 **Peter Grant:** Would synthetic opioids be detected by the tests that are often done on people who have been arrested, for example?

Sir Matthew Rycroft: I think I am right in saying that they would be, yes.

Chair: Sometimes the lag takes a while. When skunk was getting stronger, we noticed it on the ground in my constituency, in my borough, before it was registered. It takes a while for that information to come through, but I am glad it is being checked.

Q126 **Mrs Drummond:** The two previous drugs strategies, which were aimed to change behaviour and reduce demand, have not worked because it has flatlined, as we said. Why do you think this strategy is going to be more effective than previous strategies?

Sir Matthew Rycroft: First of all, Dame Carol Black wrote this one. She did not write the previous ones. We have relied on her expertise—

Mrs Drummond: You are flipping shoulders, Sir Matthew.

Sir Matthew Rycroft: The Government have accepted her recommendations partly because, unlike previous strategies, we were looking not just at demand and supply but also crucially at this third leg, the one Chris is leading, on recovery and treatment. That is the radical thing. We are putting all these things together. As we were talking about earlier, we are making sure that this is not just about policing or public health, but that the whole system is working together. That is the really big thing, coupled with the 10-year horizon.

Bureaucratically, we have done the best we can to set up something that we have never had before. We have six Departments coming together; we have a single Minister and a single lead Permanent Secretary; and, crucially, we have a joint combating drugs unit, which has the responsibility to oversee the strategy, the delivery and the evaluation of that programme of activity.

Q127 **Mrs Drummond:** At the conclusion of last week's panel, we talked about how reducing demand is really the crux of it all. Are you confident that you are going to be able to reduce demand?

Sir Matthew Rycroft: Reducing demand is important.

Chair: 8.2% is still quite a lot.

Sir Matthew Rycroft: Our target to get back down to 8.2%, which was the level 10 years ago, is still a lot and it is still some way off. If we go at this, I am confident that we will get there. We have to think about all three strands together. If we let two of them go slower and we focus on only one of them, we will not get there. We have to keep all this together.

Sir Chris Wormald: We have to continue to focus. If any of this were easy, we and lots of other countries would have cracked it by now. We are very clear that we have an evidence-based strategy here that has the best chance of working. As we have described, we have some early signs. As the NAO correctly points out, there is an enormous amount still to do to get what we want to see over the next decade. It is just going to take relentless focus from everyone.

Q128 **Mrs Drummond:** 8.2% is an awful lot of lives in misery, as well as the families around them. Hopefully your target will be a bit more ambitious eventually.

Sir Matthew Rycroft: Once we have got down to 8.2%, we will then set another target. I assure you of that. We will keep going.

Q129 **Chair:** I do not want at all to decry the excellent work of Professor Dame Carol Black, partly because she is also in the room. It was excellent work and it has been highly lauded, quite rightly. The key message seems to me to be that this is a wicked issue that requires cross-Government working, which is something we all talk about.

Sir Matthew and Sir Chris, both of you have been around long enough to hear "joined-up Government" a million times. If you had a fiver for each time it was mentioned, I am sure you would be sunning yourselves in the Caribbean rather than being in the Public Accounts Committee right now. If it is working, this is joined-up Government. What are you doing to evaluate how this works in the wider sense of delivering on the wicked issues that cut across Government Departments? Is that something you are planning?

Sir Chris Wormald: The National Audit Office has a very good model, which it put in its Report, of what makes this work. This one fits into that. It is about having clear political leadership, properly joined-up work at official level, focus, an evidence base and evaluation. It sounds quite boring, but it is that relentless pursuit. Do we have the metrics? Can we tell what is working? Have we spread the information around the system? It is all those things.

Q130 **Chair:** That is clear. As you say, there is a model for how it works. A lot of the time it does not happen, does it? How are you going to make sure you promulgate the message?

Sir Chris Wormald: It is not about what works. As I say, the National Audit Office's model works. It works more often than people sometimes assert. We could quote lots of successful joint units. The key—I have been here quite a while so I have seen quite a lot of it—is maintaining focus and commitment.

What we very frequently see—this is not a political point; I have seen it happen under Governments of lots of types—is that when you set one up it is very successful for a bit. It has the focus and the support not just of Ministers but of Parliament and wider society, but then it drifts away.

Chair: The rough sleepers initiative under David Curry is an example.

Sir Chris Wormald: I will not quote individuals. You could, I am sure, quote lots from your work. It is not, "Do we have the model and do people know what it is?" It is, "Is there the long-term commitment and focus way beyond Government to ensure that that way of working continues to work properly?" That is as opposed to—as I say, I will not quote examples, but you can—something where it works and makes huge progress, but then the attention moves on elsewhere.

On drugs and some of the other issues we have mentioned today, such as alcohol and smoking, we know it is not just a 10-year game; it is a forever game. Maintaining that way of working and that focus over the medium to long term is the key bit.

Q131 **Chair:** That brings me to another point about the delivery partners. Local government is pretty crucial. We have seen Nottingham issue a section 114. It is just the latest in a long line of local authorities that will be retrenching to their core services. If you want to deliver this strategy in Nottingham, Birmingham, Croydon or Spelthorne—I am losing track of which boroughs have had challenges, because there are so many—surely that has an impact on delivery.

Sir Chris Wormald: The specific money is ring-fenced, as you know.

Q132 **Chair:** Even if it is ring-fenced, you still have to have the infrastructure around it to deliver it.

Sir Chris Wormald: It will not surprise you to hear that I discuss these matters with my colleague Sarah Healey, the Permanent Secretary at the Department for Levelling Up. I believe she was talking to the Committee a couple of weeks ago about this issue. Clearly, we and they—not just on this issue, because adult social care is also very important to me—engage very closely with those authorities that are in the state you describe to ensure that crucial and particularly statutory services are protected.

There is then the longer-term set of questions. As you know, the next local government finance settlement will be out later this month. That will be important.

Q133 **Chair:** Not all of this counts as a statutory service, does it?

Sir Chris Wormald: As I say, the money for the specific services is ring-fenced. It is a more general question. As I say, we discuss this very closely with my colleagues at the Levelling Up Department.

Q134 **Chair:** As far as you are able to tell us at this point—I am not going to pin you down completely because councils have problems that are still emerging—you are trying to safeguard against this. When a council issues a section 114, you are in there quick.

Sir Chris Wormald: This is a really difficult situation. Everyone knows that. In terms of the results we are seeing in this area, we are seeing the numbers, as we have described in this hearing, going in the right direction rather than the wrong direction. We are very closely engaged with our colleagues on two issues: first, the individual authorities that are in trouble and, secondly, the general position of local government, which we discuss with our colleagues the entire time.

I am not going to underplay the issues. As I say, my colleague Sarah Healey gave you a much clearer description of all this a few weeks ago.

Q135 **Chair:** We are very concerned about it. Whatever any Government want to deliver, local government is always a key part of that. There are areas of the country where anything above the statutory minimum is going to be very challenging to deliver, whatever the national programme is.

Ms Millar, are there any big practical issues that you have seen, as the head of the unit, being a real struggle to get through at those local authorities that have issued section 114 notices? Is it too early for you to say at this point?

Rachael Millar: I have nothing to draw out specifically today.

Q136 **Chair:** Okay, we will keep an eye on it. As my final point, the strategy as a whole does not really mention women very much. Ms Millar, is there anything specifically you are looking at on women? Are there good examples of treatment for women? It might be where they are primary carers. There are lots of other issues, but that is one of them. You mentioned families and children earlier. Other than that, are you looking at women in any specific way? Are there good examples of treatment for women?

Rachael Millar: We know there are specific barriers and challenges that women might face when it comes to treatment. I would just draw on it as part of the approach that we have with our partnerships. We ask the local combating drugs partnerships to draw up local needs assessments. That would include understanding the profile of the need, including the different demographics.

Through that, we are seeking to make sure that they are able to target the specific areas that they need to focus on. Every area in the country will potentially have a slightly different approach. We would expect and have said that we want gender and women to be looked at as part of that.

Chair: This is early days for us and for you. It is great that we have this initiative. It is yet to be fully proved. I appreciate your candour in acknowledging that you have not come in front of us, despite the temptation of rounds of applause in other rooms, to tell us that it is all going swimmingly. Sir Chris, your comments about the role of politicians and continuity land on us, too. We hear that message.

Thank you very much indeed for your time. The transcript of this session will be available on our website uncorrected in the next couple of days. Many thanks to our colleagues at Hansard for that. We will be publishing a Report on this in early 2024. Thank you very much indeed.