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Summary

The harm caused by illegal drugs is a significant and complex problem. The government estimates that three million people in England and Wales take illegal drugs each year, with the highest rates among young adults, costing society some £20 billion. Funding for drug and alcohol treatment services decreased by 40% in real terms between 2014–15 and 2021–22, while numbers in treatment fell and drug-related deaths increased to record levels. The Government asked Dame Carol Black to review what needed to be done and, in response to her review, in December 2021 launched the *From harm to hope* strategy. Government committed £900 million of new funding to help tackle the problems.

While it is only two years since the strategy's implementation began, overall progress has been mixed. We welcome the achievements so far. Departments have improved collaboration and overseen the creation of 106 new partnerships with local areas, and there has been tangible progress in recruiting drug workers and increasing disruptions to the supply of illegal drugs. However, progress towards the strategy's aims of reducing drug use and related harms is less clear. Delays in allocating funding to local authorities have made it more difficult for them to deliver high quality services and there is still a surprising lack of understanding of what works best to prevent people from taking drugs, despite this being a stated ambition of previous strategies. Experts in the field told us that the existing approach will not address the fundamental challenge of developing a joined-up cross-sector response to support people to recover from addiction.

It is crucial, therefore, that the cross-departmental Joint Combating Drugs Unit works with departments to make the case for continued investment in the next phase of the ten-year strategy. A sustained long-term focus is needed if the government is to achieve its long-term outcomes and get value from the funding it has allocated in the first three years of the strategy. Departments need to address the barriers to improving treatment and recovery services, including the needs of different cohorts of people, to support their long-term recovery from addiction. We were particularly concerned that drug use is increasing fastest in younger age groups but the number of young people (under 18) in treatment has fallen sharply. This also highlights the crucial need to better understand how to change behaviours of vulnerable young people and develop a holistic cross-government approach to prevention.

Introduction

The sale and use of illegal drugs costs UK society some £20 billion a year and inflicts significant harm on individuals, their families and wider communities. Around three million people in England and Wales use illegal drugs, with 10% of these people using the most harmful drugs, specifically opiates and crack cocaine. In 2021 almost 3,000 people in England died because of drug misuse, with thousands more suffering complex health problems. The distribution of drugs also generates significant levels of violence, with around half of homicides linked to gangs involved in the distribution and sale of drugs. The emergence of 'County Lines' has seen increasing violence as gangs compete for market share, and the exploitation of vulnerable people by these gangs.

In December 2021 government published a new 10-year drugs strategy – *From harm to hope*. The government is seeking to reduce drug use to a 30-year low and reduce drug-related deaths and crime. It has allocated £903 million of additional funding over the period 2022–23 to 2024–25, including £105 million to disrupt the supply of drugs; £768 million to help create a "world class treatment and recovery system"; and £30 million to create a "generational shift" in the demand for illegal drugs. The Home Office leads on UK drug policy, UK borders and organised crime, policing and crime reduction in England and Wales. The Department of Health & Social Care (DHSC) is responsible for overseeing the substance misuse treatment and recovery sector. In 2021, the government established the cross-government Joint Combating Drugs Unit (JCDU) to co-ordinate and oversee the implementation of its strategy. In addition to the Home Office and DHSC, the other departments involved are the Ministry of Justice (MoJ), the Department for Work & Pensions (DWP), the Department for Levelling Up, Housing & Communities (DLUHC), and the Department for Education (DfE). Local authorities are responsible for commissioning local drug and alcohol treatment services.

Conclusions and recommendations

1. **The progress achieved to-date will be wasted if the JCDU and departments fail to develop a compelling case for the sustained investment needed to reduce the harms from illegal drugs.** The harm caused by illegal drugs is growing, with the government estimating that drug-related crime cost society nearly £10 billion in 2021. The National Audit Office report and evidence from expert witnesses makes clear that a relentless focus is required to achieve the government's long-term objectives of reducing drug use, crime and deaths. Investing in treatment and, crucially, prevention will result in reduced economic and social costs to the taxpayer, as well as improving the lives of those affected by drugs. The DHSC Permanent Secretary, Sir Chris Wormald KCB, stated that the strategy is a 10-year commitment,[1] although the government has only committed funding until 2024–25 thereby creating funding uncertainty that could hinder the strategy's achievement, as we consider below in paragraph 8. Further, the £768 million of funding for treatment and recovery services has not replaced the funding decline seen over the last decade. To ensure the value of strategy funding is not lost, the JCDU and departments will need to build a compelling case for continued investment at the next spending review. However, the JCDU has limited evaluation resources and needs to work closely with departments to understand the impact of funding and develop an informed bid. With limited time to demonstrate impacts, the JCDU and HM Treasury also need to consider what can reasonably be achieved in three years as a long-term funding commitment is needed to achieve the strategy's intended outcomes.

   Recommendation 1: ***The JCDU should work with the departments to build the case for sustained investment—based on a deeper understanding of the cost of not addressing the harms from illegal drugs—to ensure that the strategy is appropriately prioritised at the next spending review.***

2. **Achieving the long-term aim of reducing drug-related harms will only be possible if departments work collaboratively and adapt their approach to the evolving threats.** The government has created new national and local structures to enable a co-ordinated response to implementing the strategy and tackling the harms caused by illegal drugs. We welcome these positive steps, and the progress made in recruiting 1,200 new alcohol and drug workers and the 15% increase in the closure of county lines. The JCDU has a key role to play in providing strategic leadership, disseminating good practices and holding departments to account for progress against the strategy's intended outcomes. But departments have mainly used funding to maintain or expand existing activities and, so far, this has not led to a fundamental shift in the approach to tackling illegal drugs. Dame Carol Black called for 'whole-system change' but expert witnesses consider that the strategy has not yet led to a joined-up cross-sector response to help people recover from addiction. The JCDU and departments have not yet established how the existing approach needs to change to achieve long-term aims. They also need to be aware of emerging trends in illegal drugs markets and adapt their approaches to new threats, such as synthetic opioids which are increasingly emerging as a problem in the UK.

1 Q93

Recommendation 2: ***The JCDU and departments should assess how the next phase of the strategy can build on progress in the first three years and embed a system-level focus on the difficult issues involved in tackling drug-related harms. In doing so, they will need to address structural barriers (e.g., to recovery and continuity of care), take account of changing threats and set clear accountabilities for delivery.***

3. **Uncertainty over funding allocations has made it difficult for local authorities to commission and deliver the high-quality treatment and recovery services that are needed.** In 2022–23 and 2023–24, DHSC encountered delays in allocating substance misuse treatment funding to local authorities. These delays hindered early progress by making it harder for local authorities to commission services. We welcome that DHSC has confirmed substance misuse treatment funding for 2024–25 though note that at the time of our evidence session in December it had yet to award its public health grant. As we said in our report on Alcohol Treatment Services, DHSC should set out annual funding allocations to local authorities in good time. Further, as strategy funding is only committed to 2024–25, it is difficult for local authorities to recruit staff and contract with service providers to rebuild the treatment workforce. We are disappointed that departments seem unwilling to explore how to provide local authorities with more confidence over long-term funding.

Recommendation 3: ***To improve certainty around funding for drug treatment services, the DHSC and Home Office should:***

- ***ensure allocations of drug-related funding and public health grant are confirmed well before the start of the relevant financial year; and,***
- ***consider what comfort they can provide to local authorities to allow them to plan for the longer term and deliver the right investments to make a difference in their areas.***

4. **There are variations in local outcomes which the JCDU and DHSC have not yet addressed.** The capacity and capability of local authorities to deliver drug treatment and recovery services have been significantly eroded in recent years. Between 2014–15 and 2021–22, local authorities saw annual spending on drug and alcohol treatment services fall by 40% in real terms, leading to reductions in the availability of treatment services and variations in the quality of local services. As the £0.5 billion of strategy funding to local authorities for treatment and recovery was not sufficient to rebuild services across the whole of England, DHSC adopted a phased approach and prioritised initial funding to local areas experiencing the greatest harms. There are examples of innovative new approaches, but variations in outcomes between local areas remain and some areas are lagging behind. The JCDU and DHSC do not yet fully understand the extent of these differences, inhibiting learning about 'what works' and the dissemination of good practice. DHSC says it is considering withholding a proportion of funding if local areas do not meet certain targets, such as treatment and continuity of care. However, it is not clear that the strategy's performance measures incentivise the right behaviours. We are also concerned about the extent to which treatment and recovery measures focus on quantity over quality and may risk incentivising the wrong things.

Recommendation 4: ***The JCDU and DHSC should build a comprehensive understanding of variations in local approaches, disseminating examples of good practice and innovation; providing support to local authorities that need it; and engage with local authorities to understand and address the incentives created by the strategy's performance metrics.***

5. **The JCDU and departments have not put sufficient emphasis on the importance of addressing the specific needs of different cohorts of people who use drugs.** It is unacceptable that drug-related deaths in England increased by 80% between 2011 and 2021, to nearly 3,000 people each year. Drug use is highest amongst younger people. In June 2022, 19% of 16–24-year-olds reported having taken drugs, with 5% reporting having taken Class A drugs. Despite this, the 2021 strategy makes little reference to age, gender or ethnicity, nor how people with different characteristics may experience drug misuse and treatment. We were also concerned to hear that reductions in treatment services over the past decade have meant there is insufficient focus on targeting different cohorts of people affected by drugs. For example, the number of young people in treatment for substance misuse fell by 50% between 2010–11 and 2021–22. Further, the JCDU says that it recognises the barriers and challenges faced by women needing drug treatment, but could not provide any specific examples of local treatment services for women.

   Recommendation 5: ***The JCDU and departments should ensure that the barriers faced by differing cohorts of people who use drugs (such as women, young people, people from minority ethnic backgrounds) are properly understood and assure themselves that local authorities are sufficiently targeting these groups.***

6. **Despite previous attempts to reduce the demand for illegal drugs, the JCDU and departments still do not understand how to change behaviours and prevent people from taking drugs.** Reducing the demand for illegal drugs is crucial to mitigating the harms caused by their supply. Effective prevention can also represent better value for money than an enforcement-led approach, as it avoids future economic and social costs. However, drug use has shown no reduction in the last 10 years, with some 3 million people taking drugs each year. The government has attempted to reduce the demand for drugs in previous strategies but, despite this, the JCDU and Home Office still do not have an evidence base from which to develop effective interventions. It is striking that just £300,000—0.03% of strategy funding—has been committed to research drivers of increasing drug use among children and younger people. Preventing vulnerable people from taking drugs requires a holistic, cross-cutting response and long-term interventions must consider wider socio-economic factors. Vulnerability to illegal drug is often linked to trauma and wider social issues such as deprivation and, as we have reported previously, there is a well-established relationship between substance misuse and mental health.

   Recommendation 6: ***As a matter of urgency, the JCDU should co-ordinate work to develop an evidence-based plan for achieving the strategy's aim of reducing demand for illegal drugs to a 30-year low. It should draw research together to provide a compelling evidence base, understand the impact of local initiatives and work with other departments to build on related government strategies (e.g. deprivation, vulnerable families, mental health, homelessness etc).***

1 Implementing the government drug strategy

Introduction

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Home Office and the Department for Health and Social Care.[2] We also took evidence from Dame Carol Black, author of the government's independent review of drugs; Mike Trace, Chief Executive Officer, Forward Trust; Alice Wiseman, Vice President and Addictions Lead, Association of Directors of Public Health and Director of Public Health, Gateshead Council; and Mark Lay, National Drugs Coordinator, National Police Chiefs' Council.

2. In 2019, the Home Office and DHSC asked Dame Carol Black to conduct an independent review of illegal drugs in the UK.[3] Dame Carol concluded that the situation was intolerable and that the sector was not fit for purpose and in urgent need of repair. At the time she reported, around three million people took illegal drugs each year, with the rate of drug use amongst younger people double the rest of the population. Between 2011 and 2021, drug-related deaths in England had increased by 80%, to nearly 3,000 people each year.[4] In response, in December 2021, the government launched a ten-year drugs strategy – *From harm to hope*, committing £900 million of additional funding over the first three years.[5]

3. The Home Office is the lead department for the strategy, hosting the Combating Drugs minister and the cross-government Joint Combating Drugs Unit (JCDU). It works alongside five other departments – the Department for Health and Social Care (DHSC), the Ministry of Justice (MoJ), the Department for Levelling Up, Housing and Communities (DLUHC), the Department for Work and Pensions (DWP) and the Department for Education (DfE).[6] The strategy's long-term outcomes are to lower the overall prevalence of drug use, reduce drug-related deaths and reduce the level of violent crime associated with the drugs trade. The JCDU has also set intermediate targets including an increase in the number of drug users in treatment, increased disruption to organised criminal groups and a reduction in drug-related homicides.[7]

4. Over the period 2022–23 to 2024–25, departments have allocated £105 million to disrupt the supply of illegal drugs; £768 million to help create a "world class treatment and recovery system"; and £30 million to achieve a "generational shift" in the demand for illegal drugs. Following the introduction of the strategy, 106 local areas also created a new combating drugs partnership, nominating a senior responsible owner to co-ordinate and lead their response locally. Local authorities are responsible for commissioning local treatment and recovery services, and have discretion on how to use substance misuse funding, based on local needs and priorities and within a framework designed by DHSC.[8]

2 C&AG's Report, Reducing the harm from illegal drugs (nao.org.uk)Session 2022–23. HC1864, 30 October 2023
3 Independent review of drugs by Dame Carol Black: government response – GOV.UK (www.gov.uk)
4 C&AG's Report paras 3, 4
5 From harm to hope: A 10-year drugs plan to cut crime and save lives, December 2021
6 C&AG's Report para 4
7 Drugs strategy national outcomes framework – GOV.UK (www.gov.uk)
8 C&AG's Report para 8

The importance of sustained investment

5. The issues posed by illegal drugs are complex.[9] In December 2021, the government estimated that illegal drugs cost society £20 billion per year, with drug-related crime making up nearly £10 billion of these costs.[10] Dame Carol told us that, at the time of her review, the drug treatment and recovery sector was "broken" and things could not be much worse. Annual spending on adult drug and alcohol treatment decreased by 40% (£340 million) in real terms between 2014–15 and 2021–22, leading to the loss of significant capacity in the sector.[11] Dame Carol illustrated this by highlighting that caseloads had increased to up to 100 drug-dependent people per caseworker, compared to a recommended caseload of 35.[12]

6. Dame Carol and Ms Wiseman told us that it is not possible to fix systems and rebuild services within a 3-year funding period and that this would take at least ten years to turn around. The strategy has only secured funding until 2025 rather than the whole 10 years.[13] DHSC told us that continuing to fund work in this area was hugely beneficial for the economy, law and order, health and society.[14] The JCDU and departments submitted a joint bid to the 2021 Spending Review and have already begun to prepare a joint bid for the next review.[15]

7. We raised concerns that government would not be able to make a compelling case for continued funding at the next Spending Review. The JCDU and departments need to demonstrate to HM Treasury the impact of the £900 million of funding during the first three years of the strategy. However, Dame Carol highlighted the need to strengthen the approach to evaluation, highlighting the lack of resources in the JCDU.[16] The NAO's report also found that the JCDU lacked adequate evaluation capacity.[17] The JCDU told us that the NAO's recommendations on evaluation were being used to shape the thinking on its approach to evaluation, and that an additional £1 million in funding had been allocated by HM Treasury to assess the impact of local drug partnerships.[18]

8. We were also concerned that the JCDU and departments would not be able to develop a sufficient evidence base in the time available. They have begun to collect evidence on 'what works' but told us that timing was an issue and there would be limited evidence on the programme. However, health interventions are based on clinical best practices and evaluation would provide some early evidence of impacts. The JCDU also said that Project ADDER, which pre-dated the strategy, would be evaluated and there were examples of progress in several local authority areas.[19] In written evidence after the session DHSC also highlighted that clinical research for drug treatment and recovery interventions was being

9 Qq 3, 4
10 C&AG's Report para 1.2
11 Qq 3, 57, 58
12 Q 4
13 Qq 3, 5, 23, 55, 115, 130
14 Q 100
15 Q 63
16 Q 38
17 C&AG's Report para 16
18 Q 98
19 Qq 99, 100, 115

carried out at several UK institutions, including the universities of Bristol, St Andrews and Imperial College London. It will also commission further research as part of the new Addiction Mission.[20]

The need for a collaborative and flexible approach

9. The introduction of the *From harm to hope* strategy has led to positive change. The appointment of a Combating Drugs minister and the nomination of the Home Office permanent secretary as senior responsible owner, alongside the creation of the Joint Combating Drugs Unit (JCDU), has improved coordination across six departments.[21] Further, the creation of 106 new combating drugs partnerships has increased collaboration and accountability at a local level.[22] We heard from Dame Carol and Mr Trace that these new structures were welcome and created the right "architecture" to implement the strategy, with stronger linkages between local and national government. The JCDU has done a good job so far, including articulating the strategy's long-term outcomes, but Dame Carol considered that the JCDU needed strengthening as it was under resourced.[23]

10. There have been signs of progress in some areas.[24] For example, local areas have recruited an extra 1,220 drug workers, exceeding the 3-year target already.[25] In terms of disrupting the supply of drugs, over 2,000 county lines have been closed (exceeding the initial three-year target) and there have been 4,800 disruptions of criminal gangs (against a target of 8,800 by 2025).[26] We also heard from Mr Lay and Ms Millar that the police are increasingly seeking to divert people to treatment or a drug awareness course, instead of a prosecution for drugs possession.[27] The Home Office told us that the police had conducted 50,000 drug tests at the point of arrest.[28]

11. Dame Carol told us that she had challenged government to work together in a more collaborative and integrated way to deliver system-wide change. The whole system needs to join up to support longer-term recovery and enhanced rehabilitation, including mental health support, housing and getting people into work.[29] We were concerned that there had not been a fundamental shift in approach, with the NAO's report showing that much of the strategy funding had been used to expand or extend existing projects.[30] The JCDU told us that it was starting to see change – such as the creation of 10,000 of the intended 12,000 new drug treatment places in the last six months (an increase on the March 2023 figure of 2,600 in the NAO's report).[31] The Home Office also provided written evidence after the session on what it and other departments are doing to improve the provision of housing and support for prison leavers with drug addiction issues.[32] However, the JCDU acknowledged that reforms, including cultural change, are long-term aims and it will take

20 Correspondence from Department for Health and Social Care, 4 January 2024
21 Q 3
22 Q 58
23 Q 6
24 Q 55
25 Q 79
26 Q 102
27 Qq 16, 106
28 Q 113
29 Q 3
30 Q 55; C&AG's Report para 9
31 Q 55; C&AG's Report para 2.16
32 Correspondence from Home Office, 15 December 2023

time to see the changes envisaged by Dame Carol.[33] In addition, local areas have found it harder to recruit more professional workers, such as psychologists and mental health nurses, and retention in the sector is a problem, with turnover of 27% across third sector treatment providers.[34]

12. Mr Trace told us that changes in drug markets can happen rapidly, and that if synthetic opioids became more prevalent in the UK, the strategy would need to adapt rapidly.[35] Mr Lay told us that there had been a synthetic opioid (isonitazenes) outbreak in London in 2021 and that policing was undertaking significant work on this threat.[36] The Home Office told us it was alive to the changing risks posed by illegal drugs and work was underway to prepare for this emergent threat. It has increased efforts at the border to prevent the importation of fentanyl or its ingredients and has set up a cross-government task force.[37]

Impacts of funding uncertainty

13. DHSC is responsible for allocating the annual Public Health Grant and Supplementary Substance Misuse Treatment and Recovery Grant to local authorities each year. The NAO's report highlighted that there had been significant delays in confirming allocations of these grants for the first two years of the strategy's implementation.[38] DHSC told us that it had confirmed substance misuse funding for 2024–25, but had yet to announce allocations of the public heath grant.[39] Delays in allocating funding create difficulties for local authorities, restricting their ability to work with local service providers and, unless they are prepared to take risks, in commissioning services without financial certainty. Ms Wiseman suggested there was a need for more flexibility, for example allowing local authorities a full 12 months to use funding allocations.[40] In our recent report on alcohol treatment services, we also pointed out the impact of funding delays on local authorities' ability to plan and commission services and on recruitment and retention.[41]

14. While the strategy has a 10-year timescale to achieve its intended outcomes, its funding allocations are restricted to government Spending Review periods, typically for two to four years.[42] When asked about how they could provide greater assurance to local bodies on longer-term funding, departments told us they were unable to do this because "that is not how spending reviews work" and that the existence of a 10-year strategy "was the best reassurance that we can give".[43] Ms Wiseman told us that the lack of longer-term certainty posed risks for local authorities and implementing bodies, especially in their ability to plan for the long-term and recruit the best people. When they are only able to

33 Qq 55, 58
34 Q 4; C&AG's Report para 2.12
35 Q 23
36 Qq 15,31
37 Q 124
38 C&AG's Report paras 13, 2.10
39 Qq 33, 88
40 Qq 32–35
41 Committee of Public Accounts, Alcohol treatment services, Fifty-Fourth Report of Session 2022–23, 24 May 2023, para 13
42 Background to the 2020 Spending Review – House of Commons Library (parliament.uk)
43 Qq 87, 93

offer 12-month contracts, it is difficult to recruit and train staff to work with the most vulnerable people in society, and there is a need to offer contracts beyond 2025 to enable people to develop careers in the sector.[44]

15. Successful recovery from addiction to illegal drugs, such as opiates, is difficult, with high levels of recidivism.[45] In its recent report, the Home Affairs Committee highlighted the efficacy of specialist programmes—such as diamorphine assisted treatment—in helping those with a long history of addiction and poor treatment outcomes.[46] We heard from Dame Carol and Ms Wiseman that there was a case for the provision of this specialist treatment service, which would likely reduce opiate-related deaths. However, they told us that as the treatment was some 15 times more expensive than standard treatments, it was not something that could be funded locally and this would need to be provided at a national level.[47]

44 Q 8

45 An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk) Figure 48

46 Home Affairs Committee, Drugs, Third Report of Session 2022–23, 12 July 2023, para 172

47 Q 11

2 Developing a long-term approach

Local variations in funding, approaches and outcomes

16. Drug treatment services declined over the last decade, with a real-terms funding cut of 40% across England between 2014–15 and 2021–22. The position varies widely across local areas, with 42 of 150 unitary authorities seeing falls of 50% or more.[48] Dame Carol, Ms Wiseman and Mr Trace summarised the consequences of this, describing a broken system staffed by demoralised workers, with most of the protective structures (such as youth groups) that prevented young people from taking up drugs being destroyed or reduced.[49] DHSC has allocated £488 million of new funding to local authorities over 2022–23 to 2024–25 but this has not replaced all of the funding that was lost.[50] The JCDU told us the strategy was addressing some of the funding cuts and DHSC highlighted that, so far, local authorities were using strategy funding to "fix the foundations" and rebuild the drug treatment workforce.[51]

17. DHSC has allocated strategy funding for drug treatment and recovery to local authorities on a phased basis over three years, with the areas suffering greatest harm receiving priority.[52] Mr Trace told us there is no national system, with variations in the availability and quality of services, particularly in areas such as criminal justice diversion schemes.[53] The NAO report showed wide variations across local areas on the number of people in treatment, with 98 out of 150 unitary authorities in England having 48% or more of the people who used opiates and/or crack cocaine not in treatment.[54] Evidence from Changing Lives also highlighted concerns that every area was expected to be performing to the same level, despite some having less time to use additional new funding.[55]

18. DHSC highlighted that local areas will base treatment and recovery services on local needs and demographics. We heard that the strategy was leading to innovation and good practice but the JCDU and departments could not point to specific examples.[56] Dame Carol told us progress was patchy, with some local authorities finding it more difficult to make systemic change.[57] DHSC recognised that there is variability across combating drugs partnerships, with 19 of 30 areas it reviewed requiring extra assistance.[58] It is considering withholding a proportion of funding allocations for 2024–25 unless these areas develop improvement plans.[59]

19. We have previously highlighted the importance of effective performance metrics as a means of assessing progress in implementation.[60] The JCDU has developed the National Outcomes Framework as a basis for assessing progress towards outcomes of reduced

48 C&AG's Report, para 9
49 Q 3
50 Q 59; C&AG's Report, Figure 8
51 Qq 57, 58
52 Q 57; C&AG's Report, para 2.10
53 Q 18
54 C&AG's Report para 1.6
55 Ev RHD0005
56 Qq 73, 101, 115, 136
57 Q 3
58 Q 80
59 Q 101
60 Committee of Public Accounts, Improving outcomes for women in the criminal justice system, Fifty-First Report of Session 2021–22, 28 April 2022, para 6

drug use, drug-related deaths and crime.[61] However, Mr Trace expressed concerns that performance measures created an obsession with the numbers and did not focus on the outcomes being sought.[62] After the session, Mr Trace provided supplementary evidence that local authorities are incentivised to offer a minimal level of service to a maximum number of people, rather than measuring the numbers of people they have helped to recover from their addiction.[63] He argued that the current framework creates perverse incentives and risks micromanagement at the local level.[64] When challenged, DHSC told us that process indicators are necessary for long-term conditions as they help focus on what is needed to improve services, such as the workforce and numbers of people in treatment.[65] Mr Trace also stated that measures of enforcement activity were still too focused on process rather than outcomes, and that that law enforcement bodies should prioritise outcomes, such as reducing the availability of drugs and lowering drug-related violence.[66]

Targeting treatment and recovery services

20. In the year ending June 2022, 9.2% of 16–59-year-olds in England and Wales reported having taken drugs at least once within the past year, with 2.7% having taken Class A drugs. These proportions are higher for younger adults, with 19% of 16–24-year-olds reporting having taken drugs within the past year, and 5% reporting having taken Class A drugs.[67] We asked if there were specific targets for reducing drug use for young people. The JCDU told us it had a target to reduce overall drug use to a 30 year low of 8.2% but did not have a specific target for young people, or other cohorts. We emphasised the importance of setting more specific targets, tracking behaviours over a longer timeframe and considering how to influence behaviours.[68] The NAO's report highlights the importance of this as the number of under 18s in treatment fell by 50% between 2010–11 and 2021–22.[69]

21. We were concerned that the government's drug strategy made little reference to women.[70] Written evidence submitted by the Office of the West Midlands Police and Crime Commissioner underlined the limited consideration of women and girls in the strategy, and the lack of reference to wider work on women in the criminal justice system.[71] This was reinforced by evidence submitted by Dr Fay Dennis of Goldsmiths, University of London, who highlighted that barriers to drug treatment were magnified for those marginalised by gender, sexuality, class and race.[72] When asked what was being done to target different cohorts of people taking drugs, the JCDU told us it was aware there are specific barriers faced by women seeking treatment for drugs misuse but could not offer any examples of targeted treatment services. It is up to the combating drugs partnerships to draw up local needs assessments, taking account of the differing demographics in their area.[73]

61 Q 83
62 Qq 6, 38, 40
63 Supplementary evidence from Mr Mike Trace, Chief Executive Officer of Forward Trust, 13 December 2023
64 Q 40
65 Q 74
66 Supplementary evidence from Mr Mike Trace, Chief Executive Officer of Forward Trust
67 C&AG's Report, para 1.3
68 Qq 118–121
69 C&AG's Report, para 1.6
70 Q 136
71 (RHD0007)
72 (RHD0002)
73 Q 136

Preventing drug use

22. Around 3 million people in England and Wales take illegal drugs each year, around one in 11 adults. Despite attempts in the 2010 and 2017 drugs strategies to reduce long-term demand, this figure has remained largely unchanged since 2010–11.[74] Our recent report on alcohol treatment services highlighted the importance of prevention strategies in reducing the impact of substance misuse.[75] The JCDU agreed that prevention was crucial to the overall success of the strategy and reduction of drug-related harms. Government witnesses concurred on the significance of investment in prevention and other aspects of the strategy, highlighting the long-term benefits to the economy, health and wider society.[76]

23. The JCDU and Home Office did not have an evidence base about what works in preventing individuals from taking up drug use.[77] The drug strategy has a strong focus on the link between criminal activity and drug use, with initiatives such as drug testing on arrest and out of court disposals. Mr Lay also highlighted the work of the Home Office, NPCC and police to divert people into drug education systems.[78] The JCDU also set out other work to reduce long-term demand, such as working with DfE on drug education in schools, commissioning the Advisory Council on the Misuse of Drugs to set out recommendations on prevention and setting up a sub-group to develop new proposals.[79]

24. Dame Carol and Ms Wiseman told us that there was little investment in research into the behaviours and factors that lead to substance misuse.[80] The JCDU pointed to the £5 million investment in the 'innovation fund' which is looking at building evidence around the key area of reducing demand.[81] However, departments have committed just £350,000 to research drivers of recreational drug use, which is equivalent to less than 0.03% of the strategy funding over 2022–23 to 2024–25.[82]

25. Ms Wiseman told us that preventing vulnerable people falling victim to substance misuse must include consideration of issues such as deprivation, trauma, poor mental ill health, and adverse childhood experiences. The support networks and services that were once available to help families have been eroded over the past decade. Ms Wiseman highlighted the need for primary prevention measures, providing services to vulnerable children and families and to break the intergenerational cycle of substance misuse.[83] The JCDU and DHSC agreed that there needed to be a "whole of society" response as the issues went beyond what could be funded by the strategy. Such a response needs to consider wider factors, focusing on prevention and recognising the importance of education, housing and employment to help stop people from using drugs.[84]

74 Q 115; C&AG's Report, para 1.3
75 Committee of Public Accounts, Alcohol treatment services, Fifty-Fourth Report of Session 2022–23, 24 May 2023, para 6
76 Qq 100, 115
77 C&AG's Report, para 10
78 Q 15
79 Q 115
80 Qq 13, 19
81 Q 67
82 Q 69; C&AG's Report, Figure 9
83 Q 12
84 Q 115

Formal minutes

Wednesday 24 January 2024

Members present

Dame Meg Hillier, in the Chair

Paula Barker

Olivia Blake

Sir Geoffrey Clifton-Brown

Ben Lake

Anne Marie-Morris

Declaration of interests

The following declarations of interest relating to the inquiry were made:

30 November 2023

Dan Carden declared the following interests: That he is an ambassador of Tom Harrison House and Adfam, Director of Addiction Recovery Now, and Chair of the All Party Parliamentary Group on Drugs, Alcohol and Justice.

Reducing the harm from illegal drugs

Draft Report (*Reducing the harm from illegal drugs*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 25 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the Eleventh Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Monday 5 February at 3.30 p.m.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Thursday 30 November 2023

Professor Dame Carol Black GBE, Independent Advisor, Combating Drugs; **Mike Trace**, CEO, The Forward Trust; **Alice Wiseman**, Addictions Lead, The Association of Directors of Public Health (ADPH), Vice-President, The Association of Directors of Public Health (ADPH), Director of Public Health, Gateshead Council; **Mark Lay**, National Drugs Coordinator, National Police Chiefs' Council — Q1–40

Monday 4 December 2023

Sir Matthew Rycroft KCMG CBE, Permanent Secretary, Home Office; **Rachael Millar**, Deputy Director, Head of the Joint Combatting Drugs Unit, Home Office; **Sir Chris Wormald**, Permanent Secretary, Department for Health and Social Care — Q41–136

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

RHD numbers are generated by the evidence processing system and so may not be complete.

1 Adfam (RHD0010)

2 APPG for Drugs, Alcohol and Justice (RHD0018)

3 Camurus (RHD0012)

4 Catch22 (RHD0021)

5 Change Grow Live (RHD0006)

6 Changing Lives (RHD0005)

7 Collective Voice (RHD0011)

8 Dennis, Dr Fay (RHD0002)

9 Drug Science (RHD0008)

10 Hampshire County Council (RHD0004)

11 Hibbert, Dylan (RHD0003)

12 Local Government Association (RHD0015)

13 Office of the West Midlands Police and Crime Commissioner (RHD0007)

14 Release; Unjust UK (RHD0016)

15 Trace, Mike (RHD0001)

16 The Association of Police and Crime Commissioners (RHD0019)

17 The Hepatitis C Trust (RHD0013)

18 The NHS Addictions Provider Alliance (RHD0020)

19 The People's Recovery Project (RHD0022)

20 The Pharmacists' Defence Association (RHD0009)

21 Transform Drug Policy Foundation (RHD0017)

22 Turning Point (RHD0014)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

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6th	Competition in public procurement	HC 385
7th	Resilience to flooding	HC 71
8th	Improving Defence Inventory Management	HC 66
9th	Whole of Government Accounts 2020–21	HC 65
10th	HS2 and Euston	HC 67

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23rd	Measuring and reporting public sector greenhouse gas emissions	HC 39
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25th	Regulation of energy suppliers	HC 41
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27th	Evaluating innovation projects in children's social care	HC 38
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35th	Introducing Integrated Care Systems	HC 47
36th	The Defence digital strategy	HC 727
37th	Support for vulnerable adolescents	HC 730
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43rd	Progress combatting fraud	HC 40
44th	The Digital Services Tax	HC 732
45th	Department for Business, Energy & Industrial Strategy Annual Report and Accounts 2021–22	HC 1254
46th	BBC Digital	HC 736
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58th	Energy bills support	HC 1074
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60th	Timeliness of local auditor reporting	HC 995
61st	Progress on the courts and tribunals reform programme	HC 1002
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51st	Improving outcomes for women in the criminal justice system	HC 997
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