

# Eleventh report of Session 2023-24

## Home Office, Department of Health and Social Care

### Reducing the harm from illegal drugs

#### Introduction from the Committee

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.

In December 2021, the 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.

Based on a report by the National Audit Office, the Committee took evidence on 4 December 2023 from the Home Office, DHSC and the JCDU. The Committee published its report on 9 February 2024. This is the government’s response to the Committee’s report.

#### Relevant reports

- NAO report: [Reducing the harm from illegal drugs](#): Session 2022-23 (HC 1864)
- PAC report: [Reducing the harm from illegal drugs](#): Session 2023-24 (HC 72)

#### Government response to the Committee

**1. PAC conclusion: 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.**

**1. PAC recommendation: 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.**

1.1 The government agrees with the Committee’s recommendation.

**Target implementation date: by the end of 2024**

1.2 There has been significant progress in delivering the Drug Strategy since the start of additional funding in April 2022. As of November 2023, the government's key achievements include:

- increasing the number of quality treatment places by nearly 19,000, with treatment places for young people increasing by 16%;
- delivering the closure of 2,100 exploitative county lines, meeting the 3-year target in 18 months;
- improving continuity of treatment for prison leavers to record levels of 51.8%.
- expanding drug testing on arrest, with 38 forces accepting funding in 2023-24 meaning double the number of forces reporting its use;
- increasing the number of prisons with Incentivised Substance-Free Living units to 68; and
- improving the recovery offer including expanding the Individual Placement and Support Programme on employment to cover 52% of all local authorities.

1.3 To build on this progress and continue delivering against our long-term outcomes, the Joint Combating Drugs Unit (JCDU) and departments – Home Office (HO), Department of Health and Social Care (DHSC), Ministry of Justice (MoJ), Department for Levelling Up, Housing and Communities (DLUHC), Department for Work and Pensions (DWP), and Department for Education (DfE) - are focused on developing a strong joint case for investment at the next spending review. Ongoing evaluation of projects and programmes is already in place, led by departments, while the JCDU has commissioned an evaluation of local and national delivery against the whole-system approach. Assessments from these evaluations will be complemented by analysis and tracking of outcomes in the National Combating Drugs Outcomes Framework and learning from evidence across wider programmes. This work will increase understanding of progress to date, the economic impact, and where the government may need to adjust its approach to enable it to achieve the 10-year ambition.

1.4 On the basis of a comprehensive and agile response to assessing the evidence, JCDU and departments will work together to make an assessment on future ambitions and develop proposals for the next phase of the strategy. This will also include assessing wider factors, such as international evidence and the responsiveness of the strategy to combat emerging and new drugs.

***2. PAC conclusion: 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.***

***2. PAC recommendation: 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.***

2.1 The government agrees with the Committee's recommendation.

**Target implementation date: April 2025**

2.2 At the core of the government's strategy is a commitment to a long-term approach, evolving and learning from the evidence and emerging threats over the 10-year period. Building on this commitment and the National Audit Office's recommendations, JCDU and departments have well-established plans for longer term delivery and evaluation, and have put in place the governance to ensure the JCDU and departments take a whole-system approach to learning from what works.

2.3 The government is taking robust action to develop a whole-system approach to reducing drug-related harm. For example, the cross-government Synthetic Opioids Taskforce is leading and coordinating the system-wide response to the increased risk posed by synthetic opioids to the United Kingdom. It is supporting collaborative efforts including the DHSC-led development of an early warning and drugs harm surveillance system to enable a more long-term, resilient response to emerging threats.

2.4 Additionally, DHSC has led on the development of a 10-year workforce strategic plan to build back quality in the treatment workforce and has accelerated its Drug and Alcohol Related Deaths action plan to take account of the risks of synthetic opioids. Wider government programmes aim to join up services to address structural barriers to recovery. For example, improving links between prison and community treatment services through the nationwide recruitment of Health and Justice Partnership Coordinators and the implementation of a new information-sharing project to enable probation to support prison leavers' attendance at treatment appointments. There is also ongoing work to enhance the recovery orientation of local treatment and recovery systems and improve support for co-occurring substance misuse and mental health needs. Collaboration across departments and agencies is key to delivering this work.

2.5 Plans will be kept under review and adapted to take account of the evolving evidence base. This will ensure the government delivers what works and progresses towards its long-term strategic goals.

**3. PAC conclusion: 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.**

**3. PAC recommendation: 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.**

3.1 The government agrees with the Committee's recommendation.

### **Recommendation implemented**

3.2 The government's vision is to create a world class treatment and recovery system in line with the recommendations of [Dame Carol Black's independent review](#) and the 10-year Drug Strategy. The government is committed to supporting local areas to plan, commission and deliver high quality and effective drug treatment services over the long term.

3.3 The government acknowledges that having clarity over financial allocations is an important enabler for local planning and will give as much notice as is feasible of allocations for future years. DHSC, which is responsible for distributing drug-related funding, [published the allocations for the supplementary Drug Strategy grants](#) for 2024-25 in November 2023, to help local authorities and their delivery partners have clarity about available funding in good time. The [Public Health Grant allocations for 2024-25](#) were published on 5th February 2024. DHSC will continue to work closely with local authorities to understand risks, help mitigate impacts and support their future plans and to utilise the evidence-based menu of interventions. This will guide investment decisions and enable early mobilisation of delivery.

3.4 As the Committee are aware, HM Treasury carries out spending reviews to determine how to spend public money, usually over a multi-year period, in line with the government's

priorities and wider fiscal position. The government continues to reiterate its commitment to delivery of the 10-year ambition set out in the Drug Strategy and work is ongoing to develop a strong case for investment beyond March 2025, including by commissioning impact and economic evaluations of the treatment and recovery portfolio.

**4. PAC conclusion: There are variations in local outcomes which the JCDU and DHSC have not yet addressed.**

**4. PAC recommendation: 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.**

4.1 The government agrees with the Committee's recommendation.

**Target implementation date: March 2025**

4.2 The JCDU gave local areas the flexibility they need to shape their Combating Drugs Partnerships, reflecting their varying levels of maturity and local need. A Shared Outcomes Fund evaluation, now underway, will improve the government's understanding of how the whole-system approach is being delivered locally.

4.3 The JCDU disseminates good practice regularly, including through new guidance, webinars, regional/sector specific events, and an online forum for Combating Drugs Partnerships to support networking and improvements in local delivery. This has increased the sharing of practice with several local areas specifically collaborating to improve their Drug and Alcohol Related Death processes.

4.4 DHSC is undertaking targeted work with the 19 local authority areas identified as having the greatest need to improve outcomes, including agreeing tailored performance improvement plans. For example, London, as the poorest performing region on continuity of care between prison and community treatment, is being supported with a focused action plan.

4.5 DHSC also continues to work with all local areas to address unmet need and drug misuse deaths and to drive improvements in continuity of care. This includes the recently rolled out Unmet Need Toolkit which can be used by local areas to assess gaps in referral pathways.

4.6 HM Prison and Probation Service is supporting local areas to improve join up, including through recruitment of Health and Justice Partnership Coordinators nationwide and Drug Strategy Leads in key prisons, as well as through rollout of the Probation Notification and Actioning Project, helping probation support attendance at treatment.

4.7 JCDU and departments will continue to engage with local partners to oversee delivery, including through regular meetings with the Association of Directors of Public Health lead for drugs and alcohol, local authority commissioners, and providers. This dialogue, along with DHSC's extensive impact evaluations, helps ensure departments understand how the metrics set out in the Drug Strategy shape delivery and performance across key pathways.

**5. PAC conclusion: 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.**

**5. PAC recommendation: 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.**

5.1 The government agrees with the Committee's recommendation.

**Target implementation date: April 2025**

5.2 The Drug Strategy sets out the government's overall ambition to 'monitor impacts across the strategy's whole system approach to track progress towards better outcomes and avoid any unintended consequences, such as widening inequalities'. This commitment has included specific work on addressing different patterns of use and service access needs in treatment and recovery experienced by people from protected groups. Work commissioned by DHSC found that while some of the differences could be explained by other factors, such as age and deprivation, there are cultural barriers to accessing and engaging with treatment and support services, including stigma and lack of culturally competent services. This is why the strategy sets out the ambition for a system that will promote equality and meet the needs of all communities, including people from ethnic minority backgrounds and women.

5.3 The role of local partnerships is essential here. Drug Strategy guidance for local delivery partners, published in June 2022, sets out how 'equality of access and quality' should be adopted as a key principle by Combating Drugs Partnerships. Local authorities are responsible for commissioning services which meet the needs of different groups and populations. Current work by DHSC to support them to do this includes:

- enhancing data tools to better inform local needs assessments;
- providing targeted support to local areas;
- supporting workforce development;
- implementation of a new commissioning quality standard;
- commissioning relevant research; and
- sharing good practice.

5.4 Across the strategy the government will further develop the supporting measures in its national outcomes framework to better understand differential impacts across protected groups and what more it can do to address them.

**6. PAC conclusion: 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.**

**6. PAC recommendation: 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).**

6.1 The government agrees with the Committee's recommendation.

**Target implementation date: April 2025**

6.2 The Drug Strategy highlighted the need to build the evidence in the initial phase to support the government's thinking on what more can be done to reduce the demand for illegal drugs over the longer-term. Alongside this, the government has and will continue to invest in a

range of activities both that are specific to drugs, and which take a broader focus but support the ambition to reduce demand. This includes:

- ensuring drug education is compulsory as part of the Relationships, Sex and Health Education (RSHE) curriculum in state-funded schools;
- primary research exploring the drivers of drug use in young people;
- secondary research on how best to reduce recreational drug use amongst adults;
- supporting vulnerable children and families with their holistic needs, including through family hubs; and
- developing a guide for local Combating Drugs Partnerships (CDP) setting out evidence-based approaches, interventions, and resources that can be employed to support the implementation of local prevention activity. This draws out the important role of the CDP in working with other linked areas, such as children's services.

6.3 The government recognises there is more to do, and that this is for a range of departments. Work is underway to bring together the evidence to better understand what works to shift the dial on drug use. This includes:

- delivering a new cross-government innovation fund to test and learn interventions;
- exploring international approaches;
- ongoing work led by DfE to evaluate the RSHE curriculum;
- evaluation of CDP and wider projects and programmes across departments; and
- advice on prevention commissioned from the Advisory Council on the Misuse of Drugs.

6.4 Departments will continue to work together to develop the evidence base, reflect on the challenges and review where efforts can be best targeted to prevent use. This includes working with related strategies to assess where departments can join up further to achieve long-term sustainable change.