



Home Office

2010 DRUG STRATEGY

CONSULTATION PAPER

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2010 DRUG STRATEGY

The government plans to publish a new Drug Strategy in December 2010.

Ministers have agreed the new strategic vision and broad themes for the Drug Strategy which will set the framework for the future delivery of drugs policy.

This targeted consultation document aims to provide an early engagement opportunity for a wide range of partners, from charities to enforcement partners, drug workers and voluntary and community sector organisations. Responses from members of the public are also welcome.

The paper sets out the key objectives and themes of the government's vision for drugs policy, and aims to give the voice of the 'Big Society' the power to influence the development of the new Drug Strategy, by asking you what should be the approach taken in each of these thematic areas.

The targeted consultation covers a broad range of themes and respondents should feel free to answer as many, or as few, questions as they wish to.

The overall focus and scope of the strategy will be all illegal drugs. However, for those activities where a joint drugs and alcohol approach is appropriate, this is recognised, particularly in the areas of prevention, treatment and recovery. The strategy will take a broad approach to preventing and reducing substance misuse of whatever type.

With regards to devolved powers, the coverage of the new Drug Strategy is as follows:

- Health, education, housing and social care - confined to England
- Policing and the Criminal Justice System - England and Wales¹.
- The work of the Department for Work and Pensions - England, Wales and Scotland.

1. NB. Devolved administrations - Welsh translation will follow shortly.

QUESTIONS

VISION FOR THE NEW DRUG STRATEGY

The Home Office will lead the new Drug Strategy to prevent drug taking, disrupt drug supply, strengthen enforcement and promote drug treatment with the focus on enabling people to become free of their addictions, including alcohol, to recover fully and contribute to society. It aims for:

- Greater ambition for individual recovery whilst ensuring the crime reduction impact of treatment.
- Actions to tackle drugs being part of building the “Big Society”.
- A more holistic approach with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing.
- Budgets and responsibility devolved wherever possible, with commissioning of services at a local level.
- Budgets and funding streams simplified and outcome based.
- The financial costs of drug misuse reduced.

QUESTION A1: ARE THERE OTHER KEY ASPECTS OF REDUCING DRUG USE THAT YOU FEEL SHOULD BE ADDRESSED?

☐ Yes

☐ No

Please outline any suggestions below

QUESTION A2: WHICH AREAS WOULD YOU LIKE TO SEE PRIORITISED? PLEASE SELECT AS MANY AS APPLY

- ☐ Greater ambition for individual recovery whilst ensuring the crime reduction impact of treatment.
- ☐ Actions to tackle drugs should be part of building the “Big Society”.
- ☐ A more holistic approach, with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing.
- ☐ Budgets and responsibility devolved wherever possible, with commissioning of services at a local level.
- ☐ Budgets and funding streams simplified and outcome based.
- ☐ The financial costs of drug misuse reduced.
- ☐ None of them

QUESTION A3: WHAT DO YOU THINK HAS WORKED WELL IN PREVIOUS APPROACHES TO TACKLING DRUG MISUSE?

QUESTION A4: WHAT DO YOU THINK HAS NOT WORKED SO WELL IN PREVIOUS APPROACHES TO TACKLING DRUG MISUSE?

PREVENT DRUG USE - DEPARTMENT FOR EDUCATION LEAD

Acting early, particularly with young people, can help stop drug and alcohol problems from developing. However there are many different factors that can lead people to misuse drugs or alcohol and a range of different approaches to prevention.

The reasons that people come to misuse drugs or alcohol are complex, influenced by personal, community and societal factors. And while we know that adolescence is typically the point at which misuse starts, prevention strategies need to consider the full range of these factors.

The government has already set out some proposals for tackling the supply of drugs or alcohol to young people including a system of temporary bans on so called 'legal highs' and licensing measures to increase the penalties for those selling alcohol to underage young people.

QUESTION B1: WHAT ARE THE MOST EFFECTIVE WAYS OF PREVENTING DRUG OR ALCOHOL MISUSE?

QUESTION B2: WHO (WHICH AGENCIES, ORGANISATIONS AND INDIVIDUALS) ARE BEST ABLE TO PREVENT DRUG OR ALCOHOL MISUSE?

QUESTION B3: WHICH GROUPS (IN TERMS OF AGE, LOCATION OR VULNERABILITY) SHOULD PREVENTION PROGRAMMES PARTICULARLY FOCUS ON?

QUESTION B4: WHICH DRUGS (INCLUDING ALCOHOL) SHOULD PREVENTION PROGRAMMES FOCUS ON?

- ☐ Those that cause the most harm
- ☐ Those that are most widely used
- ☐ All drugs

Please explain your view below

QUESTION B5: HOW CAN PARENTS BEST BE SUPPORTED TO PREVENT YOUNG PEOPLE FROM MISUSING DRUGS OR ALCOHOL?

QUESTION B6: HOW CAN COMMUNITIES PLAY A MORE EFFECTIVE ROLE IN PREVENTING DRUG OR ALCOHOL MISUSE?

QUESTION B7: ARE THERE ANY PARTICULAR EXAMPLES OF PREVENTION ACTIVITY THAT YOU WOULD LIKE TO SEE USED MORE WIDELY?

QUESTION B8: WHAT BARRIERS ARE THERE TO IMPROVING DRUG AND ALCOHOL PREVENTION?

**STRENGTHEN ENFORCEMENT, CRIMINAL JUSTICE AND LEGAL FRAMEWORK -
JOINT HOME OFFICE AND MINISTRY OF JUSTICE LEAD**

As part of the full assessment on sentencing policy, we will ensure that sentencing for drug use helps offenders come off drugs.

QUESTION C1: WHEN DOES DRUG USE BECOME PROBLEMATIC?**QUESTION C2: DO YOU THINK THE CRIMINAL JUSTICE SYSTEM SHOULD DO ANYTHING
DIFFERENTLY WHEN DEALING WITH DRUG-MISUSING OFFENDERS?**

In order to ensure that the UK has an effective statutory framework able to respond to emerging threats we will introduce a system of temporary bans on new psychoactive substances or so called “legal highs”. This will enable us to take early legislative action to curb availability of potentially harmful emerging substances whilst waiting for full advice from the Advisory Council on the Misuse of Drugs. Offences will apply to the “trafficking/supply offences” and not simple possession. (Further information about government’s proposal is available at www.homeoffice.gov.uk)

**QUESTION C3: DO YOU HAVE A VIEW ON WHAT FACTORS THE GOVERNMENT SHOULD TAKE INTO
CONSIDERATION WHEN DECIDING TO INVOKE A TEMPORARY BAN ON A NEW SUBSTANCE?**

- ☐ Yes
☐ No
☐ Don’t know

Please explain your views below

We will explore alternative forms of secure, treatment-based accommodation for mentally ill and drug-misusing offenders.

QUESTION C4: WHAT FORMS OF COMMUNITY BASED ACCOMMODATION DO YOU THINK SHOULD BE CONSIDERED TO REHABILITATE DRUG OFFENDERS?

We will strengthen enforcement by targeting all points along the drug supply chain from disrupting street level dealers to tackling organised crime groups.

QUESTION C5: WHERE DO YOU THINK WE MOST NEED TO TARGET ENFORCEMENT EFFORTS TO REDUCE THE SUPPLY OF DRUGS?

We will also ensure law enforcement responds swiftly and flexibly to the changing drugs landscape, including emergence of new drugs, and the cyber-threat.

QUESTION C6: WHAT ELSE DO YOU THINK WE CAN DO TO KEEP ONE STEP AHEAD OF THE CHANGING DRUGS MARKETS?

We will reduce drug-related re-offending by incentivising local criminal justice, voluntary and other partners to work together in a more joined-up and targeted way to deliver cost effective services, including models such as Integrated Offender Management (IOM).

QUESTION C7: WHICH PARTNERS – IN THE PUBLIC, VOLUNTARY AND COMMUNITY SECTORS – WOULD YOU LIKE TO SEE WORK TOGETHER TO REDUCE DRUG RELATED REOFFENDING IN YOUR LOCAL AREA?

QUESTION C8: WHAT RESULTS SHOULD BE PAID FOR OR FUNDED?

We will reduce drug supply in prison by deploying a comprehensive range of measures based on local risk assessment, working closely with law enforcement partners, and developing intelligence gathering capability.

QUESTION C9: WHAT MEASURES DO YOU THINK SHOULD BE TAKEN TO REDUCE DRUG SUPPLY IN PRISON?

QUESTION C10 (IF APPLICABLE):
WHAT IMPACT WOULD THE MEASURES SUGGESTED HAVE ON:

- a) offenders?
- b) your local community?

REBALANCE TREATMENT TO SUPPORT DRUG FREE OUTCOMES – DEPARTMENT OF HEALTH LEAD

We recognise that drug addiction is a complex disorder that has serious health costs and causes serious harm to the community. Whilst reducing harm is an important component of treatment, promoting and supporting recovery and a drug free lifestyle is the ultimate aim.

We now treat a large number of drug misusers, with over 210,000 in treatment. We want to build on this by better supporting recovery and a drug-free lifestyle, and better enabling individuals to reintegrate as productive members of society.

We also need to do this in the context of the wider changes to the health service that will see the creation of a more streamlined and accountable NHS and the creation of a Public Health Service.

QUESTION D1: THINKING ABOUT THE CURRENT TREATMENT SYSTEM, WHAT WORKS WELL AND SHOULD BE RETAINED?

QUESTION D2: THINKING ABOUT THE CURRENT TREATMENT SYSTEM, WHAT IS IN NEED OF IMPROVEMENT AND HOW MIGHT IT NEED TO CHANGE TO PROMOTE RECOVERY?

(E.g. how commissioners get the most out of community and residential rehab)

QUESTION D3: ARE THERE SITUATIONS IN WHICH DRUG AND ALCOHOL SERVICES MIGHT BE MORE USEFULLY BROUGHT TOGETHER OR ARE THERE SITUATIONS WHERE IT IS MORE USEFUL FOR THEM TO BE OPERATED SEPARATELY?

QUESTION D4: SHOULD THERE BE A GREATER FOCUS ON TREATING PEOPLE WHO USE SUBSTANCES OTHER THAN HEROIN OR CRACK COCAINE, SUCH AS POWDER COCAINE AND SO CALLED LEGAL HIGHS?

☐ Yes

☐ No

Please explain your response below:

QUESTION D5: SHOULD TREATING ADDICTION TO LEGAL SUBSTANCES, SUCH AS PRESCRIBED AND OVER-THE-COUNTER MEDICINES, BE A HIGHER PRIORITY?

☐ Yes

☐ No

☐ Don't know

Please explain your response below

QUESTION D6: WHAT ROLE SHOULD THE PUBLIC HEALTH SERVICE HAVE IN PREVENTING PEOPLE USING DRUGS IN THE FIRST PLACE AND HOW CAN THIS LINK IN TO OTHER PREVENTATIVE WORK?

We will build a skilled workforce to deliver better results and improve treatment (both medical and psychosocial), offering more ambitious and individual services, building on the evidence of what works and is cost-effective.

QUESTION D7: WE WANT TO ENSURE THAT WE CONTINUE TO BUILD THE SKILLS OF THE DRUG TREATMENT AND REHABILITATION SECTOR TO ENSURE THAT THEY ARE ABLE TO MEET THE NEEDS OF THOSE SEEKING TREATMENT. WHAT MORE CAN WE DO TO SUPPORT THIS?

We will improve the “patient experience” of treatment and recovery, ensuring better continuity of care when moving between treatment settings (e.g. prison and community, with appropriate services for young people, and promoting a more holistic approach that includes effective support for reintegration).

QUESTION D8: TREATMENT IS ONLY ONE ASPECT CONTRIBUTING TO ABSTINENCE AND RECOVERY. WHAT ACTIONS CAN BE TAKEN TO BETTER LINK TREATMENT SERVICES IN TO WIDER SUPPORT SUCH AS HOUSING, EMPLOYMENT AND SUPPORTING OFFENDERS?

We need to ensure that commissioners across different Government programmes are working effectively together and can access funding without excessive restrictions on use.

QUESTION D9: HOW DO YOU BELIEVE THAT COMMISSIONERS SHOULD BE HELD TO ACCOUNT FOR ENSURING THAT OUTCOMES OF COMMUNITY-BASED TREATMENTS, FOR THE PROMOTION OF REINTEGRATION AND RECOVERY, AS WELL AS REDUCED HEALTH HARMS, ARE DELIVERED?

SUPPORT RECOVERY TO BREAK CYCLE OF DRUG ADDICTION– DEPARTMENT FOR WORK AND PENSIONS LEAD

The Coalition Government believes in an approach to tackling drug and alcohol dependency that is firmly rooted in the concept of recovery and reintegration, as a process through which an individual is enabled to overcome the symptoms and causes of their dependency, and become an active and contributing member of society.

It is however, important to recognise that recovery can mean different things, to different people, at different points in their journey, and is most effective when an individual's needs and aspirations are placed at the heart their care.

The end result should also be the focus, rather than the means, which is why we will seek to embed appropriate outcome-based incentives into the delivery and commissioning system.

Recovery does not begin or end with treatment and applies equally to employment, housing, education and skills, family support, probation and wider health services that need to wrap around treatment in a holistic fashion to support sustained recovery.

QUESTION E1: WHAT INTERVENTIONS CAN BE PROVIDED TO BETTER SUPPORT THE RECOVERY AND REINTEGRATION OF DRUG AND ALCOHOL DEPENDENT OFFENDERS RETURNING TO COMMUNITIES FROM PRISON?

QUESTION E2: WHAT INTERVENTIONS COULD BE PROVIDED TO ADDRESS ANY ISSUES COMMONLY FACING PEOPLE DEPENDENT ON DRUGS OR ALCOHOL IN RELATION TO HOUSING?

QUESTION E3: HOW MIGHT DRUG, ALCOHOL AND MENTAL HEALTH SERVICES BE MORE EFFECTIVE IN WORKING TOGETHER TO MEET THE NEEDS OF DRUG OR ALCOHOL DEPENDENT SERVICE USERS WITH MENTAL HEALTH CONDITIONS?

QUESTION E4: DO APPROPRIATE OPPORTUNITIES EXIST FOR THE ACQUISITION OF SKILLS AND TRAINING FOR THIS GROUP?

In respect of employment, we will reform the welfare system so that those with drug and alcohol problems receive the help and support they need to overcome their dependency and get back to work.

QUESTION E5: SHOULD WE BE MAKING MORE OF THE POTENTIAL TO USE THE BENEFIT SYSTEM TO OFFER CLAIMANTS A CHOICE BETWEEN:

- a) some form of financial benefit sanction, if they do not take action to address their drug or alcohol dependency; or
- b) additional support to take such steps, by tailoring the requirements placed upon them as a condition of benefit receipt to assist their recovery (for example temporarily removing the need to seek employment whilst undergoing treatment).

QUESTION E6: WHAT IF ANYTHING COULD JOBCENTRE PLUS DO DIFFERENTLY IN ENGAGING WITH THIS CLIENT GROUP TO BETTER SUPPORT RECOVERY?

(For example, greater use of specialist advisers and outreach, use of different communication channels for benefit advice and administration)

QUESTION E7: IN YOUR EXPERIENCE, WHAT INTERVENTIONS ARE MOST EFFECTIVE IN HELPING THIS GROUP FIND EMPLOYMENT?

QUESTION E8: WHAT PARTICULAR BARRIERS DO THIS GROUP FACE WHEN WORKING OR LOOKING FOR EMPLOYMENT, AND WHAT COULD BE DONE TO ADDRESS THESE?

(For example, how could employers be encouraged to look beyond stigma to employ recovering addicts)

New approaches to supporting families with multiple problems will be developed. The cost-effectiveness of children's services will be improved and the number of children requiring safeguarding or taken into care reduced, with child protection and safeguarding addressed across the strategy.

QUESTION E9: BASED ON YOUR EXPERIENCE, HOW EFFECTIVE ARE WHOLE FAMILY INTERVENTIONS AS A WAY OF TACKLING THE HARMS OF SUBSTANCE MISUSE?

QUESTION E10: IS ENOUGH DONE TO HARNESS THE RECOVERY CAPITAL OF FAMILIES, PARTNERS AND FRIENDS OF PEOPLE ADDICTED TO DRUGS OR ALCOHOL?

QUESTION E11: DO DRUG AND ALCOHOL SERVICES ADEQUATELY TAKE INTO ACCOUNT THE NEEDS OF THOSE CLIENTS WHO HAVE CHILDREN?

(e.g. are they afforded sufficient priority; is there adequate access to childcare; are the design and opening hours of services appropriate; and could more be done, taking into account child protection issues, to ensure that service users maintain contact with their children whilst engaged in treatment)

QUESTION E12: WHAT PROBLEMS DO AGENCIES WORKING WITH DRUG OR ALCOHOL DEPENDENT PARENTS FACE IN TRYING TO PROTECT THEIR CHILDREN FROM HARM, AND WHAT MIGHT BE DONE TO ADDRESS ANY SUCH ISSUES?

LINKS TO OTHER RELATED CONSULTATIONS

CURRENTLY OPEN CONSULTATIONS:

Department for Work and Pensions - 21st century welfare reform at

<http://www.dwp.gov.uk/consultations/2010/21st-century-welfare/>

Home Office - Policing in the 21st century: reconnecting police and the people at

<http://www.homeoffice.gov.uk/police/policing-21st-century/>

Home Office - Rebalancing the Licensing Act at

<http://www.homeoffice.gov.uk/publications/consultations/cons-2010-licensing-act/>

Transparency in Outcomes – a framework for the NHS at

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

FORTHCOMING CONSULTATIONS:

MoJ - Rehabilitation Revolution Green Paper

ANNEX A

RESPONSE CONFIDENTIALITY & DISCLAIMER

The information you send us may be passed to colleagues within the Home Office, the government or related agencies.

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 [FOIA], the Data Protection Act 1998 [DPA] and the Environmental Information Regulations 2004).

If you want other information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.

In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

CONSULTATION CO-ORDINATOR

If you have a complaint or comment about the Home Office's approach to consultation, you should contact the Home Office Consultation Co-ordinator, Nigel Lawrence. Please DO NOT send your response to this consultation to Nigel Lawrence. The Co-ordinator works to promote best practice standards set by the Government's Code of Practice, advises policy teams on how to conduct consultations and investigates complaints made against the Home Office. He does not process your response to this consultation.

The Co-ordinator can be emailed at:

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Alternatively write to him at:

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