

## **Briefing Document**

### **National Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery Published December 2010**

#### **Introduction**

The Coalition Government released a new national Drug Strategy in December 2010. Entitled ‘Drug Strategy 2010, Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.’ This Strategy replaced the ten-year Strategy instigated by Labour in 2008. The Coalition Strategy does not identify the length of time it spans.

#### **Purpose of Paper**

The purpose of this paper is to inform members of the key points within the 2010 Drug Strategy, key changes from the 2008 Strategy, and resulting main issues of relevance within Stockton.

#### **Strategy Overview**

Within the Strategy Foreword the Home Secretary states the fundamental difference between the 2010 strategy and previous strategies is that ‘instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency. Over the next 4 years we are determined to break the cycle of dependence on drugs and alcohol...’

The Introduction states that the Government will make clear that individuals are accountable for their actions and that it is the responsibility of individuals to work with those who are there to support them to tackle and overcome their dependence.

The Strategy covers dependence on all drugs, including prescription and over-the-counter medicines and severe alcohol dependency. It identifies three themes:

- Reducing Demand
- Restricting Supply
- Building Recovery in Communities

(Significant changes within the 2010 strategy from the 2008 strategy will be identified by an asterisk\*)

## **Key Points - Reducing Demand**

### **Prevention and Education**

1. Family Nurse Partnerships will develop the parental capacity of mothers and fathers within potentially vulnerable families, through intensive and structured support from early in the pregnancy until the child is two years old.
2. A national programme (tailored and co-ordinated support packages) will focus on helping to turn around the lives of families with multiple problems.
3. Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils. School staff will have the information, advice and power to provide drug education; information via FRANK; tackle problem behaviour in schools and work with local voluntary organisations, the police and others to prevent drug or alcohol misuse.
4. Targeted support for young people with increased risk will be via the creation of an Early Intervention Grant in 14/15. This will sit alongside the Public Health Grant.\*
5. New funding arrangements for youth justice services will incentivise local government to find innovative ways to reduce the number of young people who commit crime, including tackling drug or alcohol misuse where this is linked to offending.\*
6. Young people experiencing harm from drug or alcohol misuse should have rapid access to specialist support.

### **Legislation, sentencing and diversion**

7. There will be strengthened community sentences for adults, combining drug and alcohol requirements with other sentencing options such as Community Payback.
8. Dip Intervention Programme (DIP) continues to be supported.
9. Developing and evaluating options for providing alternative forms of treatment-based accommodation in the community.\*
10. Liaison and diversion services in police custody suites and at courts by 2014.
11. Evaluating and expanding the Youth Justice Liaison and Diversion schemes.
12. Pilots of drug-recovery wings within prison estate.\*
13. From April 2011, the Department of Health will assume responsibility for funding all drug treatment in prison and the community.\* Home Office will contribute towards DIP.

**Key Points - Restricting Supply**

14. Police and Crime Commissioners will bring democratic accountability to reducing drug related crime.\*
15. A new National Crime Agency will lead the fight against organised crime.
16. Co-ordination between police and local partners will be strengthened. Police will work with Community Safety Partnerships, other criminal justice agencies, the public, drug services and drug users to understand and disrupt the drug market.
17. Continuing support for Integrated Offender Management.
18. Legal framework re-designed to develop temporary class drug orders to take immediate action to psychoactive substances, eg, legal highs.\*
19. Increased enforcement regarding internet sales.
20. Increased asset seizure.

**Key Points - Building Recovery in Communities**

21. The Government will work with, and offer every opportunity to, those people who face up to the problems caused by their dependence on drugs or alcohol and who wish to take steps to address them.
22. Focus on a recovery system that not only gets people into treatment and meeting process-driven targets, but getting them into full recovery and off drugs or alcohol for good.
23. Recovery has three principles – wellbeing, citizenship and freedom from dependence.\*
24. Substitute prescribing continues to have a role within the treatment of heroin dependence. We will ensure all those on a substitute prescription engage in recovery activities.\*
25. Emphasis on ‘recovery capital,’ defined as Social Capital from relationships, Physical Capital such as money and a safe place to live, Human Capital described as skills, mental health, physical health and a job and Cultural Capital stated as the values, beliefs and attitudes held by the individual.
26. The National Treatment Agency will move into Public Health England and will assume responsibility for alcohol.\*
27. Directors of Public Health, sitting within the local authority, will come into being in shadow form from April 2012 and operational with their own budget from April 2013. Directors of Public Health (DPH) will see commissioning and oversight of drug and alcohol treatment services as a core part of their

work. DPH will work with Police and Crime Commissioners, employment, housing, prison and probation services to increase recovery. This could be via the Health and Well Being Boards.\*

28. A recovery system should have the following outcomes in mind:
  - Freedom from dependence on drugs or alcohol
  - Prevention of drug-related deaths and blood borne viruses
  - A reduction in crime and re-offending
  - Sustained Employment
  - The ability to access and sustain suitable accommodation
  - Improvement in mental and physical health and well being
  - Improved relationships with family members, partners and friends
  - The capacity to be an effective and caring parent
29. Establishment of a National Skills Consortium to develop a skills framework to support recovery.
30. New 'Models of Care' Document\*
31. Job Centre Plus to continue to work in close partnership with drug and alcohol services as a local level.
32. The promotion of 'Recovery Champions.'
33. Areas are encouraged to promote a whole family approach to the delivery of recovery services and to consider the provision of support services for families and carers in their own right.
34. Continuing emphasis on safeguarding children. Representation of drug and alcohol services on Safeguarding Boards.
35. Provision of appropriate accommodation emphasised. Support People funding referred to and funding to prevent and tackle homelessness. Potential development of payment by results for housing-related support services for people dependent upon drugs/alcohol.\*
36. Offer claimants who are dependent on drugs or alcohol a choice between rigorous enforcement of the normal conditions and sanction where they are not engaged in structured recovery activity or appropriately tailored conditionality for those that are. Over the longer term, we will explore building appropriate incentives into the universal credit system to encourage and reward treatment take-up.\*
37. Six Payment by Result pilots\*
38. Single assessment and referral system\*

**Main issues of relevance to Stockton**

1. Impact of, and links with, new Crime Commissioners
2. Creation of Health & Well Being Boards (H&WB)
3. Governance arrangements for drugs and alcohol between the Safer Stockton Partnership and the H&WB
4. Transition of Drug & Alcohol Action Team to Public Health
5. Emphasis on leaving treatment drug free
6. Increasing emphasis on alcohol (explicit references to alcohol within the Strategy are infrequent)
7. Future impact of Payment by Results on housing services, employment services and treatment services.
8. Ensuring responses to different consultation documents, eg, Department of Health/Home Office are consistent relating to outcomes and where the responsibility is for achieving outcomes
9. Awareness that one of four national prison pilots is taking place within HMP Holme House. Expected outcomes from this are yet to be identified.
10. Potential impact on crime figures if more community sentences take place instead of incarceration. Pressure on policing and probation services.

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