

Overview of current drugs activity and links to community safety

Purpose of Report

For direction.

Summary

The Safer and Stronger Communities Board have previously indicated that they would like to consider drug use and community safety issues. This paper outlines the current landscape on tackling drugs and seeks a steer on what areas the Board would like to focus on.

LGA Plan Theme: Championing climate change and local environments

Recommendation(s)

That the Board indicates how they would like to focus future work on this issue.

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Overview of current drugs activity and links to community safety

Background

1. The Safer and Stronger Communities Board has identified drugs (and potentially alcohol) as an issue it would like to focus on from a community safety perspective.
2. To date, the Board's activity in relation to drugs and community safety issues has focused on county lines/ modern slavery, with the [Community Wellbeing Team taking the lead on responding to the 2021 drugs strategy](#) and [related work](#) given the close link with public health work and treatment provision.
3. This paper summarises the current landscape of drugs activity to enable the Board to provide a clear steer on the issues they are interested in and where they would like to focus their efforts.

The current landscape

4. As members of community safety partnerships, councils are subject to a statutory duty under section 17 of the Crime and Disorder Act 1998 to do all that they reasonable can to prevent:
 - 4.1. Crime and disorder in their areas (including anti-social behaviour and other behaviour adversely affecting the local environment) and,
 - 4.2. The misuse of drugs, alcohol and other substances in their areas.
5. On the treatment side, public health was transferred to local government through the Health and Social Care Act 2012, which moved the responsibility and funding for drug and alcohol treatment and recovery from the National Treatment Agency and the NHS to councils in April 2013.
6. In 2021, the Government launched [Project Adder](#) (addiction, diversion, disruption, enforcement and recovery); a whole system response to combating drug use in which partners such as the police and treatment providers are intended to work together to address drug misuse locally. The project is working with 13 local authority areas hardest hit by drugs (including drug deaths and drug related crime), with the aims of:
 - 6.1. Reducing drug related deaths
 - 6.2. Reducing drug related offending

- 6.3. Reducing the prevalence of drug use
- 6.4. Sustained and major disruption of high-harm criminals and networks involved in middle-market drug/firearms supply and importation.
7. £59m was invested up to March 2023 to support three core elements of work - coordinated law enforcement activity, expanded diversionary activity and treatment/recovery provision - in the Adder areas: Liverpool, Knowsley and Wirral; Swansea; Bristol; Hastings; Hackney and Tower Hamlets; Norwich; Wakefield; Middleborough and Newcastle.
8. Examples of different projects/approaches undertaken by Project Adder areas include:
 - Enforcement
 - 8.1. Targeted local policing enforcement in hotspot areas, and proactively patrolling areas most affected by drugs criminality.
 - 8.2. Targeted communications messaging to drug dealers and users designed to disrupt activity, and police communications in local schools.
 - 8.3. Use of Out of Court Disposal Orders/Drug Testing on arrest.
 - Diversion
 - 8.4. Diverting people identified through enforcement activity steps such as drug testing on arrest and out of court disposals.
 - Treatment and recovery
 - 8.5. Enhanced pathways into recovery services.
 - 8.6. Prison in reach services providing intensive support to clients within prisons and engaging service users prior to release to improve engagement with services in the community.
9. As well as the launch of Project Adder, the Government had already commissioned Dame Carol Black to undertake an [independent two-part review of drugs](#). Part one was a broad assessment of the evidence on illegal drug supply into the UK and how criminals meet the demand of users, and part two made specific recommendations for improving prevention, treatment and recovery.
10. At the end of 2021, in response to Dame Carol Black's review, the Government published its ten-year drug strategy, From Harm to Hope. Also based on a

holistic, partnership response to tackling drugs, the strategy mandated local areas to establish Combatting Drugs Partnerships (CDPs) bringing together relevant organisations and key individuals, with a senior responsible officer / single point of contact for Government.

11. The Government allowed local flexibility over partnership footprints and whether to use existing partnership boards, but set out its expectation that local elected members; council officers covering substance misuse, housing, employment, education, social care and safeguarding; NHS leads, the Office for Health Improvement and Disparities; treatment providers; the voluntary and community sector; people impacted by drug related harm; mental health treatment providers; schools and further education colleges; Jobcentre Plus; police representatives and police and crime commissioners (PCCs); probation; youth offending services and prisons and young offender institutions should all be represented.
12. £540m of funding was provided to support the drug strategy in terms of treatment. Additionally, Project Adder funding was extended to 2025, although with new expectations of some match funding from local police and crime commissioners.
13. There are now CDPs set up in each area of the country. [CDPs are required to develop local strategies, needs assessments and action plans, with progress reports due to be submitted by July 2023.](#)
14. Information shared by the Government indicates that SROs for each partnership tend to be the local Director of Public Health, council chief executive or occasionally other senior officer, PCC or senior police officer; however, the Home Office have advised that the SRO for Nottinghamshire CC's CDP is Cllr Scott Carlton, a member of the Health and Wellbeing Board and police and crime panel. Many areas rebadged existing drugs forums as CDPs, although some are new as CDPs, and some report into community safety partnerships. We understand that elected members sit on around half of the partnerships, with this role usually taken by the health or community safety portfolio holder.
15. Based on the self assessments undertaken by CDPs, the Home Office have identified that:
 - 15.1. There has been positive engagement from many partners, but a need to enhance input from education and those with lived experience outside of the treatment sector (eg, people who are victims of drug crime).

- 15.2. There is a risk of CDPs becoming too treatment focused, as that is where the funding sits, and a need to focus on bringing all the different strands together. In particular, there is a need for more focus on prevention.
16. At the end of May, the Home Office published the [National Combatting Drugs Outcomes Framework](#), setting out expected outcomes and the existing metrics that will be assessed at a national level. Minister Chris Philp wrote to CDP SROs setting out an expectation that CDPs will organise and monitor their work arounds progress towards the outcomes, and emphasised the importance of partnership working in achieving them. The Minister noted that we are not yet seeing the uplift in treatment numbers against the expected trajectory, relative to the investment provided, and encouraged areas to do all they can to drive an improvement in capacity, quality and outcomes in treatment and recovery, as well as to ensure full representation on the CDP.
17. The Home Office have indicated that they are interested in bringing together local areas to share best practice among CDPs.
18. As well as these two key areas of drugs specific work, other areas of work the LGA engages with the Government on which are also intrinsically linked to drugs include county lines/modern slavery, serious violence and knife crime, and serious and organised crime (SOC), an issue the Government is currently focusing on with a new SOC strategy expected later this year. Consistent feedback from local community safety leads is that they want the Government to knit together the overlapping different strategies and duties that link together in a way that makes sense locally.

Proposal

19. Officers would welcome views from members of the Board on what work they feel could be done in this area to help support the LGA's members. Two options include:
- 19.1. Identifying and sharing best practice work on this issue, potentially in conjunction with the Home Office, for example engaging with council SROs to understand their perspective of how CDPs are working and understanding the community safety angle to this work.
- 19.2. Working with the Home Office, who are reviewing CDP self assessments to identify areas that are struggling with representation of elected members on their partnerships, to support CDPs in ensuring democratic input.
- 19.3. More generally, targeting resources and materials specifically at the elected member role, and how they can support this agenda (eg webinars/a

councillor guide on their role in CDPs and what they should be looking for on this).

20. Lead members have also suggested that considering the role of housing associations in issues linked to drugs (for example, tackling ASB, cuckooing etc) would also be a useful strand of this work.

Implications for Wales

21. Subject to the exact outline of future work in this area, officers will engage with WLGA on any reserved matters.

Financial Implications

22. The Board has limited funding available, but subject to other funding demands may be able to identify small sum to support specific activity. Otherwise, the main resource available to support this area is team capacity.

Equalities implications

23. To be identified depending on the future work plan.

Next steps

24. Officers to take forward as agreed by the Board and in conjunction with the Community Wellbeing Board, given their interest in drugs work from a treatment/health perspective.
25. The Home Office have indicated that Minister Chris Philp would be open to the possibility of engaging with the LGA about this issue, so are also looking to set up a session for SSCB and CWB members to meet with him
26. The Board may also find it interesting to hear from the Councillor SRO for his local CDP, Cllr Carlton.