

DrugScope's key messages for the new strategy

1. While advances have been made in tackling drugs and alcohol, there is still a great deal to be achieved.

2. Engaging the community and all local agencies in an integrated approach to substance use depends on an integrated and joined up approach at a governmental level. We welcome the new package of Public Service Agreements (PSAs) announced in the Comprehensive Spending Review in October – but we think the Government can go further in embedding responses to drug and alcohol use in all our public services so no one can pretend that this isn't something they can help with, that there isn't something they can do.

3. The current criminal justice and specialist treatment focus of the strategy needs to be balanced with a tangible and explicit commitment to tackling poverty and social exclusion through a package of interventions including healthcare, employment, housing and education. The most disadvantaged suffer the most as a result of substance misuse and we need to help people make the most of opportunities that can help them build resilience. Stabilising a person's drug use with a methadone script is a start but is not enough - as has been stated before, "Poverty is not soluble in methadone hydrochloride."¹

4. We should avoid creating an imbalance in young people's services by establishing a dependence on *specialist* treatment. Specialist drug services have a small role to play in young people's interventions – and most of the investment to keep children and young people safe from drug harms needs to go where most of the work takes place: in front line children's services, supporting families and strengthening communities.

¹ Carnworth, T and Smith, I (2002), Heroin century, Routledge

5. DrugScope has spent the best part of the last six months on the road talking to people about drugs and alcohol and we learned a lot. Everyone – from the most hardened drugs worker to the parents of service users - believed that we need to educate our young people about drugs – and we need to do so in a way that’s responsible, sensitive and honest.

6. DrugScope is aware of the temptation to use shock tactics to demonstrate political commitment to tackling drugs. We would however advise the Government strongly not to go down this route. Evidence suggests that it is counter productive and that it does not help young people avoid coming to harm.

7. Treatment has been a major feature of the past few years. There has been a significant expansion, a fall in waiting times and the quality has improved in many areas. But it is services and support such as housing, training and employment that make a vital difference. These are so fundamental they should not be called *wraparound* services, but *core* services. People should not be excluded from housing, education or employment because they have had problems with drugs. This means that we need to start dealing with the stigma and discrimination people who managed or are trying to sort out their substance use face. Which is why DrugScope is asking the Government to learn lessons from the Mental Health and Learning Disability fields about reintegration.

8. In terms of structures, Drug Action Teams (DATs) have been surprisingly resilient. Effectively abolished some five years ago, most areas still have one and though performance is variable they demonstrate that there is a local commitment to and interest in tackling substance use problems. Over the past few years, ‘local’ has taken second place to ‘national’ in terms of treatment and other priorities. However the Comprehensive Spending Review has signalled clearly that local flexibility will once again be a feature of drug strategy. We welcome this.

9. Tackling drug related crime is heralded as one of the big successes of the past few years. DrugScope is looking forward to seeing some more detail of the evaluations that have allowed this assertion to be made. We welcome the alignment of the Drug Interventions Programme with the Priority and Prolific Offenders Scheme as we believe this will allow a better fit of interventions for those whose offending may predate their drug use and be less of a causative factor than may have been assumed. We also welcome the announcement of regional demonstration projects that will evaluate alternatives to custody for those whose offending is related to their alcohol use. Treatment in prisons for substance users is lagging behind that in the community by some considerable way.

DrugScope is with the British Medical Association (BMA) who in a press release in February this year said:

“Incoherent Government policy and inadequate funding is creating a crisis that threatens to overwhelm the prison health care system.”

10. DrugScope has always worked closely with law enforcement agencies and organisations working within the criminal justice system. This work has made two things clear to us over the past year. The first is that no matter how good supply side interventions are, they have little if any impact on the overall supply of illegal drugs in and to the UK. The second is that substance use still brings unacceptable levels of crime and disorder to some of our most disadvantaged and socially excluded communities. The best police forces understand that tackling the impact of this on people makes sense. We need to learn from them and begin to measure the effectiveness of policing less in terms of who got arrested and how much they were carrying, but on how an operation or initiative has made people’s lives better – what the tangible improvements are in terms of health, environment, perceptions of safety and fear of crime.

11. Finally DrugScope would like to see an end to ‘playing politics’ with this most important area of public policy. We will achieve most through an honest

coalition of all those concerned, where opinions are shared openly, and where we can learn from our mistakes – and celebrate our successes. DrugScope is keen to see a reinvigoration of the cross cutting partnership approach to substance use. By this we do not simply mean partnerships at the level of local government – though these are probably the most critical in terms of strategic implementation. Nor are we referring simply to cross-departmental partnership – where all in central government recognise and take responsibility for their own contribution to tackling substance use. We mean partnerships at every level. From the partnership between a drug user and their key worker, the partnership between a family and a local agency and the partnership inherent in a supportive community. There is no way anyone from the drug user to the minister can tackle the problems associated with substance use on their own.