

Drug Strategy Consultation

LDAN facilitated a meeting of service providers and commissioners in August about the drug strategy. The meeting broke into groups to examine different aspects of the consultation document *Drugs: Our Community Your Say* before reporting their findings back at the end of the day. Below is a summary of some of the issues they were asked to look at and what they had to say.

The Consultation Paper

What it covers: The 56-page consultation paper *Drugs: Our Community, Your Say* sets out the broad thrust of activity in five areas to combat drug use. These are: young people, education and families; public information campaigns; drug treatment, social care and support for drug users in re-establishing their lives; protecting the community from drug-related crime and re-offending; and enforcement and supply activity. It gives a positive account of the progress made over the course of the current strategy and asks for comments on specific questions in each subject area, as well as on some broader questions including cannabis classification.

Verdict from the meeting: There was much disappointment with the consultation paper as it was considered too broad and political to encourage substantive debate. There was a feeling that it was not directed at the drugs field but at a wider audience, and that a lot of key decisions about drugs policy were being taken outside the framework of the strategy.

Drug Treatment

What the consultation paper says: The consultation paper says treatment is the cornerstone of the current strategy and will continue to be. It says that over the past ten years, huge investment and challenging national targets have enabled providers to deliver "a step change in the level and quality of drug treatment". Numbers have more than doubled, waiting times average less than three weeks and 80% of clients stay in treatment for at least three weeks. Wraparound support and young people's services though need to improve significantly.

Verdict from the meeting: There has been a big improvement in terms of the numbers in treatment and waiting times. Targets however have been very quantitative and along with the National Drug Treatment Monitoring System have emphasised some forms of treatment at the expense of others. Workforce skills have also not kept pace with the general expansion. There needs to be a greater focus on harm reduction, wraparound services and carer and user involvement - as suggested by the paper - and there is a need for more outreach work and flexible opening hours. More attention should also be given to BME access.



BRIEFING

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Criminal Justice Interventions

What the consultation paper says: Since its introduction the highly regarded Drugs Intervention Programme has resulted in a dramatic increase in the number of drug misusing offenders entering treatment, especially since the introduction of Tough Choices and drug testing on arrest. Drug-related acquisitive crime has fallen by 20%. In prisons, the availability and quality of treatment has improved and there has been a reduction of drug misuse. Improvements are needed in the continuity of care once prisoners are released.

Verdict from the meeting: The reducing crime agenda has a real image problem in the drug field. Drugs Intervention Programme funding has not been spent as well as it could be and there is too much emphasis on simplistic

targets. There are real problems with the implementation of Tough Choices with the numbers entering treatment since its introduction lower than expected. There needs to be a greater emphasis on enhanced work and outcomes rather than performance targets and more meaningful engagement between the different partners delivering DIP. Prison-based treatment is inadequate and not based on need but "pot luck".

Commissioning of prison and community-based treatment should be more integrated and there is a need for better discharge planning.

Funding and Delivery Structures

What the consultation paper says: The National Treatment Agency performance manages local partnerships helping to ensure funds are used effectively and efficiently. The introduction of unit costing and a standard outcomes monitoring tool will assist this process further. Effective drug treatment however depends on local partnerships and local delivery. Building these partnerships requires strong local leadership.

Verdict from the meeting: The last ten years have seen improvements but robust indicators of effectiveness need to be built on. There has been too much emphasis on rigid targets and more flexibility needs to be allowed based on local circumstances. Local systems work well when there are open trusting relationships between commissioners and providers but the annual planning and funding process is problematic and should be lengthened. There are also concerns about the ability of drug action teams to show the level of strong local leadership required in the future as they are limited in their scope and influence.