

Essential Reading for the London Drug and Alcohol Sector

## London Loses Out Under New Funding Formula

Drug services in London face the prospect of cutbacks following the introduction of a new formula for allocating funding. Under the new formula, based largely on treatment numbers, London's overall allocation from the pooled treatment budget (PTB) could drop 14% over the next three years, while a third of London boroughs could see their budgets reduced by at least a quarter. Providers point out the reduction in real terms will be greater as there will be no inflationary increases.

Though drug services were expecting some tight funding rounds given the new spending era, there was concern among London providers at the extent of the projected funding cuts. "If you factor in the cost of living, the indicative figures suggest London will see a 24% cut in real terms," said John Jolly, chief executive of Blenheim CDP. "Given that budgets are made up predominantly by staffing, that can only be done by losing services."

Nationally, the PTB is pegged at this year's level of £398 million for the next three years. London will lose out because numbers in effective treatment as measured by retention figures (or those discharged successfully before 12 weeks), has been made the key factor determining the funding amount and London has a comparatively large allocation in relation to the number of drug users in treatment here. Based on 2006/2007 statistics, London's allocation is projected to progressively reduce from £88 million this year to £76.3 million in 2010 but individual boroughs could face much larger reductions.

Under the old formula, the size of allocations was calculated according to the York formula, which favoured areas like London with a high degree of

deprivation and young population.

The National Treatment Agency contends the new system is much fairer as there are vast differences from area to area in the number of people the PTB funds. Switching to a performance related system will redistribute funding to historically under funded areas while encouraging greater efficiency from those areas with comparatively lower treatment numbers.

The NTA says the new formula should promote improved performance rather than cutbacks, but points out it is being phased in to reduce the impact of the changes. No area will experience a reduction of more than 6% next year while the maximum reduction over three years has been capped at 30%.

Shaun Huxley, operations director at Addaction, says London will be disproportionately affected by a system that does not adequately take into account the complexity of London's drug using population. "London has a higher proportion of hard to reach users, including BME groups, stimulant users and poly drug users. More diverse groups are harder to penetrate and require one-to-one and outreach work to get them through the door. A formula which ladles

out funding on the basis of numbers in treatment will not promote this work."

Pointing to the fact that local areas will now get twice as much for opiate and crack users as other drug users, he said the new formula would do little to address new and emerging patterns of drug use particularly among young people.

CDP Blenheim has services in

### MIXED FUNDING PICTURE

Clockwise from top right:

Richmond could do well under the new funding formula but Newham, Lambeth and Hackney are likely to lose out. John Jolly from Blenheim CDP says the complexities of London's drug using population should make the capital a unique case.



Lambeth, Lewisham and Southwark, all of which are vulnerable to large funding cuts under the new formula. "London is a unique case with problems not experienced elsewhere. It's folly to introduce a system that could damage services here," he said.

See p2 for more on new funding system

### INSIDE:

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# drugs funding

## More Losers than Winners Under New Funding System



**LDN**  
**UPDATE**

By chief executive **Shona Beaton**

It has always amazed me how fast things can and do change in the drug and alcohol field. Having just returned from maternity leave, clearly this time has been no exception.

Over the last eight months, there has been the introduction of some new strategies and systems, including the Treatment Outcomes Profile (TOP) designed to measure the impact of treatment on the lives of users, and the alcohol strategy Safe, Sensible, Social. More recently, we have been preparing for collecting alcohol data through the National Drug Treatment Monitoring System (NTDMS) and new clinical guidelines have been published.

Now the Pooled Treatment Budget (PTB) for the next three years has been published. It will remain at its current level of £398 million for the next three years. While this figure could have been worse, considering that other budgets have had reductions, it is likely to mean cuts will have to be made over the coming years, as it does not take into account inflationary costs for agencies in staff salaries, materials, premises etc.

But the change in the funding formula will have a bigger impact. Historically, due to demographic and socio-economic factors, London has had a comparatively higher level of funding than other regions. The new formula, as considered in detail in this edition, means that London will receive less, while being required to provide the same level of service and improve performance.

It has to be questioned whether under the new formula, all drug agencies are going to be able to maintain the improvements made in service provision in recent years and prevent the changes having an adverse impact on clients.

London boroughs do not do well under the new formula for allocating the pooled treatment budget. Of 16 areas across the country threatened with a funding cut of 25% or more, eleven are in London, while Lewisham, Greenwich, Havering, Newham, Enfield and Bexley could lose the maximum 30%. Inner London boroughs with large allocations historically, Lambeth, Southwark, Hackney and Tower Hamlets, are projected to have their funding cut by about a fifth.

There are some winners though notably Hammersmith and Fulham whose high treatment figures of 1747 in 2006/2007 would earn it a 30% increase in 2010 on this year's £2.7 million allocation. Richmond (116%) Sutton (120%) and Kensington and Chelsea (109%) would also see increases in cash terms.

The changes in the funding formula are intended to bring about a more equitable system, based on the numbers of people in treatment, rather than an area's broader socio-economic make up. So for example, Tower Hamlets which had 1306 people in treatment in 2006/2007 could see this year's budget of £4.8 million reduced progressively to £3.7 million in 2010, while Kensington and Chelsea with roughly the same treatment figures would see its £2.7 million budget inch up towards the £3 million mark.

If the principle behind the flatter funding system is clear, the formula itself is complex. As stated, the most important factor in the size of allocations is the

number of people in effective treatment. This accounts for three quarters of the allocation. Those termed "problem drug users" or people using opiates and crack will get twice the amount as other drug users - £1440 as opposed to £720 - as the NTA says unit costing has pointed to this cost differential. This is referred to as an area's case mix. Socio economic factors, as in the York formula, influence the other 25% of the funding allocation though this is now called caseload complexity. Finally, an area cost differential, which reflects the varying cost

of providing services in different parts of the country, is applied to adjust the allocation.

Though the funding level for next year is now set, London partnerships can improve on gloomy indicative figures by increasing the numbers in treatment in their area. As the amount of money in the overall pot though is finite at £398 million, any improvement in one area will have a negative knock-on effect on another,

while higher numbers across the board will drive down unit costs.

Other concerns raised about the new formula are its renewed emphasis on treatment numbers at a time when it was considered treatment outcomes were becoming more important, its focus on opiate users at a time when many believe the system needs to do more to help young people and cannabis users, and why drug use prevalence does not appear to feature in the funding mix.

### % INCREASE/DECREASE ON 2007/08 FUNDING

DAAT	08/09 ACTUAL	10/11 INDICATIVE
Barking + Dagenham	95%	73%
Barnet	97%	87%
Bexley	94%	70%
Brent	96%	80%
Bromley	100%	100%
Camden	101%	105%
City of London	102%	108%
Croydon	94%	72%
Ealing	100%	99%
Enfield	94%	70%
Greenwich	94%	70%
Hackney	96%	80%
Hammersmith+Fulham	106%	131%
Haringey	95%	74%
Harrow	100%	99%
Havering	94%	70%
Hillingdon	98%	92%
Hounslow	103%	115%
Islington	98%	90%
Kensington+Chelsea	102%	109%
Kingston on Thames	99%	97%
Lambeth	96%	78%
Lewisham	94%	70%
Merton	99%	93%
Newham	94%	70%
Redbridge	95%	74%
Richmond on Thames	103%	116%
Southwark	96%	81%
Sutton	104%	120%
Tower Hamlets	95%	77%
Waltham Forest	95%	74%
Wandsworth	99%	96%
Westminster	99%	97%

**Lewisham, Newham, Greenwich and Enfield could lose a third of their funding under the new formula. Hammersmith and Fulham is projected to get a 30% increase.**

## news update

### GOVERNMENT "OPEN MINDED" ON CANNABIS CLASSIFICATION

Home Secretary Jacqui Smith says the Government still has an open mind on whether cannabis should be reclassified back to a class B drug. The assurance, given to the Advisory Council on the Misuse of Drugs, was made public at a two-day open meeting held by the ACMD on the drug's legal status. The meeting was told that skunk now accounts for 70-80% of cannabis consumption in the UK - up from 15% in 2002 - driven by a growth of domestic cannabis factories. Initial results of a Home Office study put the average THC content of skunk at 12-14%, over twice that of cannabis resin. The study - comprised of an examination of 1000 cannabis samples confiscated by police across the country - will report to the ACMD and Home Secretary in March before the Government announces its decision on classification in April.



**Jacqui Smith**

### FLINT'S "WORK FOR HOUSING" PROPOSAL CRITICISED

No stranger to the drug and alcohol field, new housing minister Caroline Flint has been criticised for her suggestion that people in social housing should have to be actively seeking work or face losing their homes. The proposal would have serious implications for substance misusers who already face real problems securing accommodation. Charles Fraser, chief executive of Mungos, said "punitive measures are simply not helpful" when it comes to helping socially excluded adults find work. Almost all Mungos clients want to work he said, but complex needs and a lack of skills make it impossible for them to do so. Flint said "commitment contracts" would help counter no work cultures and would not apply to those incapable of working.



**Caroline Flint**



**Young people's drinking was the focus of Jacqui Smith's first major speech on alcohol misuse**

### HOME OFFICE TAKES ACTION ON UNDERAGE DRINKING

The Home Office has announced a package of measures to curb teenage alcohol use. In her first major speech on alcohol misuse, Home Secretary Jacqui Smith said she was examining whether police should be given extra power to confiscate alcohol from under-aged drinkers. Currently, it is illegal for under 18s to buy alcohol but police must have "reasonable suspicion" that teenagers will commit a crime before they can confiscate drink from them. The Home Office also wants to extend the use of parenting contracts. In future, parents whose children are caught persistently drinking in public, may have to sign a contract and undergo classes aimed at improving their parenting skills.

### UPDATED LOCAL ALCOHOL STRATEGY TOOLKIT LAUNCHED

The Home Office has launched an updated version of the LDAN/Alcohol Concern local alcohol strategy toolkit. The toolkit outlines how to combat alcohol misuse at local level in three key areas - community safety, health and children and young people. Written by Libby Ranzetta, it outlines how to develop and resource an effective local alcohol strategy taking into account recent policy developments, notably Safe Sensible Social the updated national alcohol strategy.

Download the toolkit at  
[www.crimereduction.homeoffice.gov.uk](http://www.crimereduction.homeoffice.gov.uk)

### NEW NOMS LAUNCHED AFTER JUSTICE MINISTRY SHAKE UP

Prison and probation will be joined together into a "streamlined headquarters" from April following a Ministry of Justice shake-up - in a move interpreted as the demise of the controversial and costly National Offender Management Service. Justice Secretary Jack Straw said the reorganisation will improve efficiency and the "focus on frontline delivery of prisons and probation". Phil Wheatley head of the prison service has been named chief executive of the "restructured NOMS" focusing on service delivery across prison and probation. He replaces Helen Edwards who becomes director general for criminal justice and offender management strategy. NOMS regional offender managers will be merged with prison area managers over the next two years.



### STRATEGY SHOULD PRIORITISE PRISON ALCOHOL TREATMENT

The latest prisons inspectorate report says the forthcoming drug strategy should prioritise the provision of effective alcohol strategies in prisons and clinical treatment comparable to that in the community. The report points out that while most prisons are developing a strategy, they tend to centre on testing rather than treatment while service provision is inconsistent. It says cuts in integrated drug treatment system (IDTS) funding could make good treatment a "postcode lottery" for offenders, while in general as population pressure increases, it is more difficult to match prisoner need to service provision. On the drugs intervention programme, the report says its focus on class A drugs make it difficult to organise ongoing support for cannabis or alcohol users.

[www.inspectorates.homeoffice.gov.uk/](http://www.inspectorates.homeoffice.gov.uk/)

## GLADA Group Organises Women of Substance Art Exhibition

### GLADA WOMEN'S VOICES Capital Woman 2008 Exhibition

Glada's Women's Voices, a group for London women affected by alcohol and drugs, will be staging an exhibition for thousands of Londoners at the "Capital Woman 2008" event.

The exhibition called "Women of Substance" will showcase art work, photography and audio displays by the women on their views and experiences of drugs and alcohol. As well as giving the women an outlet for their creativity, it is hoped the exhibition will raise awareness about some of the complexities around substance misuse.

It is the latest activity for the group set up to advise the Greater London Alcohol and Drug Alliance (GLADA) in 2006 and supported by the Greater London Authority, Stella Project and LDAN.

So far the group has put together responses to both the alcohol strategy "Safe Sensible and Social" and the drugs strategy consultation document. Areas of concern highlighted were the need for

adequate childcare provision, flexible opening hours and better links with domestic violence services and other health professionals, including maternity services. It was also consulted by the Greater London Domestic Violence Project (GLDVP) on their bid to establish a holistic women's centre for women offenders and those at risk of offending. (See story opposite)

Capital Woman is the Mayor's annual event to celebrate International Women's Day on 8 March. Over two thousand people are expected to attend the event which offers women the opportunity to participate in the development of the Mayor's policies for London.



**Members of GLADA's Womens Voices discuss the art exhibition they are organising for Capital Woman 2008 - an annual event attended by about 2000 Londoners**

### GLDVP SEEKS FUNDING FOR HOLISTIC WOMEN'S CENTRE

The Greater London Domestic Violence Project (GLDVP) is seeking funding on behalf of Mayor Ken Livingstone to establish a community centre for women offenders and those at risk of offending.

The second tier organisation for the domestic violence sector in London wants to set up a centre, comprising a day centre and supported accommodation, for this vulnerable client group and their children.

The proposal follows the publication of the Corston report last year, which called for a new approach towards women in the criminal justice system. This concluded prison was appropriate for just a small minority of women offenders. Most would have their needs better met by support in the community via holistic community centres.

The GLDVP has consulted on the proposal since last September and is now trying to identify funding sources, including from Multi Area Agreements and NOMS.

## Integrated, Non-Judgemental Support Key For Substance Misusing Parents

### LDAN COMPLEX NEEDS CONFERENCE Family Substance Misuse Workshop

Parental problematic drug use can and does cause serious harm to children at any age from conception to adulthood, according to Hidden Harm. Jackie Glass, a specialist health visitor for substance misuse, sees this routinely in the course of her work, as she outlined to a workshop at LDAN's Complex Needs conference in December.

Glass said parental drug use had serious consequences for the development of young children. Babies can fail to thrive or have poor hygiene, health checks and immunisations can be missed and there may be safety issues due to neglect, she said. The first two years are a critical window for emotional development, with early, often pre verbal experiences providing the foundation for

later relationships, she said. Substance misuse can also lead to insecurity because of their parents unstable behaviour or absence.

As the child grows, medical and dental health checks can be missed, growth curbed by a poor diet and they may be subjected to physical violence. Irregular or non-attendance at school will impact on their education and cognitive ability, while they may have problems forming emotional attachments or may take on excessive responsibility for others. As a result, the child is at risk of growing up inattentive, aggressive, anxious and depressed.

Glass said it is important in these circumstances that parents understand the importance of stable, consistent parenting on their child's development and are aware of the impact of substance misuse on parenting ability. Most want

to be good parents and may set unrealistic goals around their substance use as a result, often out of guilt, she said. Stability rather than abstinence though should usually be the goal.

In terms of professional support, Glass said it is vital that these families get specialised, non-stigmatising health visiting services. Integrated services reduce both professional and client anxiety as addiction services, for example, understand family and children's needs and children's services understand addiction. This support also helps to develop resilience in the children.

However Glass said it is always important to realise parental alcohol and drug use may be one of only several factors affecting their parental capacity.

**Download Jackie Glass's and other conference presentations from [www.ldan.org.uk](http://www.ldan.org.uk)**

## network news

### RECRUITS WANTED FOR PEER ADVOCACY SCHEME

WDP is looking for recruits for a new peer advocacy scheme in Westminster. The six-month scheme will train 25 current and former service users to act as peer advocates for users of drug services in Westminster, providing them with practical and emotional support. Recruits should have been successfully through treatment and have stabilised their use if they are on a script. They must also be referred by a keyworker. According to Joe Vincent, WDP's workforce development coordinator, mentors will benefit from the scheme as well as clients. "This is a quality training course that will produce competent and confident peer advocates. It will allow participants to progress significantly in their own learning and development, as well as being a great help and support to the future service users of Westminster." The training will take place two days a week over an eight week period, starting this month.



Joe Vincent

**The scheme is open to service users across London. Contact Joe Vincent if you are interested by emailing [joe@wdp-drugs.org.uk](mailto:joe@wdp-drugs.org.uk)**

### ALCOHOL CONCERN SEEKS NEW CHIEF EXECUTIVE

Alcohol Concern is looking for a new chief executive after the resignation of Srabani Sen, who has been in the position for the past three years. The organisation enjoyed a high media profile under her leadership making headline news with its proposals to curb alcohol advertising and children drinking at home. Commenting on her departure, Sen said it has been a privilege to help reshape the alcohol agenda and was "heartening" to see alcohol issues achieve more prominence on the political, media and public agenda. The organisation expects to have a new head in place by March.



Srabani Sen



pic by I-Sore

**One of the pictures sold at "Collective", an exhibition in January organised by Vision Impossible?, a Thames Reach project which provides support and resources for homeless and insecurely housed artists**

### FRONTLINE EXPERTISE SOUGHT FOR NEW BME PROJECT

The UK Drug Policy Commission is looking for frontline workers expertise on black and minority ethnic drug use and service provision. The policy body is set to start a BME project and is keen to gather information about the extent and nature of drug problems among BME communities, particular Eastern Europeans, as well as their service needs, and the impact on them of drug law enforcement and drug trafficking. The project is the latest in a series of work on BME issues, including a special edition of LDAN News published last year, indicating an increased interest in the subject.

**For more information go to [www.ukdpc.org.uk](http://www.ukdpc.org.uk)**

### CALL FOR MENTAL HEALTH WARNINGS ON RIZLA PACKS

Mental health charity Rethink has called on Rizla, the rolling paper manufacturer, to put cannabis health warnings on the packaging of products used for smoking cannabis. Jane Harris, Rethink head of campaigns, said Rizla needed to take responsibility for the fact that their products are used for cannabis. "Health warnings work - 12% of people quit smoking as a result of warnings on cigarette packets," she said. She called on the Government to "stop wasting time" debating cannabis classification and concentrate instead on educating people about its mental health risks.

## SNAPSHOT

Jimi Grieve,  
Chair  
National  
User  
Network



### What do you do?

I'm chair of the National User Network or NUN. Our purpose is to promote and support user involvement in all aspects of care, treatment and service development. We grew out of the NTA's National User Advisory Group. After it petered out, a group of activists including myself got together and called a meeting and we've managed to grow and keep going ever since. We've about 85 members, some individuals and some large user groups, and are in the process of setting up as a charity.

### How did you get into the field?

I had a 32 year drug using career. I reckon twenty two of those could have been saved had I been able to access appropriate treatment initially. When I first sought help I was employed and looked more like a lawyer than a stereotypical drug user. By the time I got good treatment, I had complex needs, a criminal record and was not presenting coherently.

### Favourite part of London?

Hyde Park which I go through a lot, either on foot or on my bike.

### Plans for life in 5 years time?

In full time employment, the direction I've been moving in since I got clean in 2002. In terms of user involvement - to see it embedded in every service through out the nation! or at least properly trained, supported and empowered service user coordinators as they're vital for progress.

### Most irritating jargon?

Commissioner speak. I know all the jargon and acronym's now, and can out speak most commissioners, but it's not appropriate or inclusive when talking to drug users.

**[jamesgrieve@ntlworld.com](mailto:jamesgrieve@ntlworld.com)**

# recruitment



## VOLUNTEERS WANTED

Blenheim CDP in Portobello Road is a street drugs agency which provides a variety of services to support drug users, ex users and friends/families of users.

If you are aged 18+ and able to volunteer for a minimum of 4.25 hours per week Mon-Fri, 12:30pm – 4:45pm & Tuesday Evenings 5:30pm – 9:30pm, for at least 8 months, then we would love to hear from you.

### We are looking for volunteers for:

- Drop In – Supporting clients
- Learning and Development (Volunteer Programme, assisting with training & supervision of volunteers)
- Education Training and Employment (assisting with assessments, workshops & training of service users)
- Education Training and Employment (Mentoring & Befriending service users)
- SUDRG – Service Users Drug Reference Social Group (Weekends ONLY).

We are also looking for complementary therapists who would like to volunteer in supporting clients in their recovery:

\*Voluntary hours may vary according to which service you volunteer within.\*

**For more information please contact the Learning & Development Team on 0208 962 9932**

## GOT A JOB VACANCY COMING UP ?

LDAN members can advertise vacancies FREE on our website [www.ldan.org.uk](http://www.ldan.org.uk) and in LDAN News.

Contact Sara Kironde on 020 704 0004 with your job details

Good bye and good luck to Jim Bishop, LDAN's former administrator, who left the organisation at the end of January.



Jim plays in a band and plans to build a career around his keen interest in music. Everyone at LDAN would like to thank him for all his hard work over the past couple of years and wish him well.



## We are recruiting for a VOLUNTARY RECEPTIONIST / ADMIN WORKER

You will be the first point of contact for clients and Care Managers in the referral process so the post requires a person with excellent interpersonal skills and a sensitive telephone manner.

Good administration, organisational, written and basic word processing skills as well as general computer literacy are required. Training will be provided for DAF's specific software.

These skills must be extended to interactions with clients, who may present with a range of problems and will very often be vulnerable.

Our office is situated in Westminster.

For an application pack please E-mail: [admin@daf-london.org.uk](mailto:admin@daf-london.org.uk) or tel: 020 7233 0400

**CLOSING DATE FOR COMPLETED APPLICATIONS IS FRIDAY 29TH FEBRUARY.**

## International Treatment Effectiveness Project (ITEP) Training Psychosocial Interventions for Drug Practitioners



### What is ITEP?

ITEP builds on an internationally evaluated model of service improvement. Following its successful implementation across 12 services within Blenheim CDP this model of psychosocial interventions provides evidence based and easily evaluated tools for use by keyworkers across the drug treatment system.

### Course Outline

Blenheim CDP are offering a 2 day training course (mapped to DANOS) focusing on the two approaches that are designed to be delivered by keyworkers as part of their client work sessions:

- Node-link mapping
- Brief Interventions aimed at changing thinking patterns

### Cost

The price for the 2 days training is £200 per person (including lunch and workbook). Consultancy packages are also available.

### Dates

The course will run on the following dates at Blenheim CDP's Training Centre, 68 Bolton Crescent, London, SE5 0SE

28 <sup>th</sup> /29 <sup>th</sup> February 2008	10 <sup>th</sup> /11 <sup>th</sup> April 2008
15 <sup>th</sup> /16 <sup>th</sup> May 2008	5 <sup>th</sup> /6 <sup>th</sup> June 2008
10 <sup>th</sup> /11 <sup>th</sup> July 2008	11 <sup>th</sup> /12 <sup>th</sup> September 2008
6 <sup>th</sup> /7 <sup>th</sup> November 2008	4 <sup>th</sup> /5 <sup>th</sup> December 2008

### Contact Details

For further information concerning ITEP training please contact: Claudia Nicolau T:020 7582 2200 :c.nicolau@blenheimcdp.org.uk

## Time to Join the LAA Table

**In an era where greater freedom is being given to local areas to meet their needs, drug treatment is being held in a kind of limbo - a Never-Never-Land with a shrinking funding pot, contends drug policy specialist SARA MCGRAIL. Nowhere is this more apparent than in the absence of meaningful drug targets among the National Indicator set.**

A new framework for local government has been introduced that includes everything *but* meaningful indicators relating to drugs.

The national set of 198 indicators covers everything from educational achievement in schools to building regulations to the mortality rate from cancer. Each local area will report on all indicators but will nominate 35 targets in which they agree to improve performance, alongside 17 statutory targets.

However, only one drug treatment output measure has made it into the 198 - 12 week retention as the sole indicator of effective treatment. Some Drug Interventions Programme targets are hanging round in integrated crime indicators for the partnerships, and there is an indicator about perceptions of drug dealing as a problem in a local area. But that is pretty much it. There are no indicators that enable us to look at the real outcomes of drug treatment investment, at reintegration, or at the reduction of drug related harm.

In the absence of a locally focused performance management system, DATs will not be able to plan and agree spending to meet local outcomes. Nor will there be any assurance that they will be able to benefit from the cross cutting and integrated approach to health and social care that the new localism heralds.

Apparently the plan is that local authorities, police forces and primary care trusts are still to be held accountable to the National Treatment Agency (NTA) and Home Office through a separate performance management system. But the Department for Communities and Local Government in publishing the new performance framework, has said "the national indicator set will be the only measures on which central

government will performance manage outcomes... from April 2008, all other sets of indicators will be abolished."

So does this mean the NTA and Home Office indicators will cease to exist from next April? Well technically, yes, except that the wording around the pooled treatment budget has changed. Instead of being an allocation of funding coming to each PCT to pay for drug treatment, it has become a pot of funding for which areas apply by filling in their treatment plan and agreeing to report on the NTA targets.

How has this situation happened? Why has the NTA not been able to make sure that drug issues are effectively included in the local indicator set? How



**COMMENT**  
by Sara McGrail  
Drug Policy  
Specialist

can those concerned with drug issues locally get people committed at Local Area Agreement (LAA) level, if the NTA and all those government departments who are responsible for the drug strategy, have not put the levers in place that will help them do it?

There are a number of possibilities. One big one of course is that the new drug strategy is not out yet and therefore we have no strategic assessment or future plan against which to measure or monitor local investment. It is possible that the Department for Communities and Local Government or the Local Government Association simply did not think drug issues were important enough to our communities to look closely at the indicators. That in itself would say something about the marginalisation of drug strategy. It is also possible that the departments and bodies responsible for our drug strategy aggressively lobbied for drug issues to be treated in the same way as other

services, to be mainstreamed, but were turned down. On the other hand, they may have held back fearing that the current investment in drug treatment would not be maintained in a mainstream future.

In an era where greater freedom is being given to areas to meet their needs, drug treatment funding is being held in a kind of limbo, a Never-Never Land, where not only is the funding pot shrinking, but it is being redistributed in such a way that some areas of the country – and London most notably – are going to lose up to 30% of their budget for drugs over the next 3 years. Just as we really need to be mixing it round the LAA table, and asking colleagues in housing and social care and the PCT where their investment in drug treatment is, an ad hoc system of accountability has been devised that keeps DATs and drug services away from Local Strategic Partnerships and effectively out of meaningful partnership with mainstream services.

Someone recently described the drug strategy as a set of levers that are actually attached to nothing. It seems they were right. However it is also clear that this situation will not be sustainable. We might limp on until the next Comprehensive Spending Review, but it would not be surprising if some work were to be undertaken centrally to see how mainstreaming could be made to work. Let us hope that is the case, and in the meantime, rather than grumbling about our commissioners or DATs, actually remember that whatever the pressures to do otherwise, we will only succeed if we work in partnership – both across and outside the drug and alcohol treatment field.

*Sara McGrail is a freelance drug policy specialist. A longer version of this article can be found on her website <http://homepage.mac.com/smcg1967/Sara%20McGrail/index.html>*

## MARCH 2008

**3-4:** "Managing New Realities 2008. Making it personal - individual services in health, housing and social care". Now in its fifth year, the focus of this conference will be on commissioning and delivering personalised care. Inmarset Centre, London. See [www.pavpub.com](http://www.pavpub.com) or call 0870 890 1080.

**8:** Capital Women 2008. This event offers women a chance to put questions to the Mayor and have a say on how the capital is run. Free but register at [www.london.gov.uk/capitalwomen](http://www.london.gov.uk/capitalwomen). QEII Centre and Central Hall Westminster.

**10-11:** Child and Adolescent Addiction: Risks, Consequences, Treatment. This conference will discuss child and adolescent substance misuse. Institute of Physics, London. For full details see [www.mahealthcarevents.co.uk](http://www.mahealthcarevents.co.uk) or call 01722 716007.

**11:** "Consequences for Children Affected By Maternal Drug & Alcohol Usage: A Multi-Disciplinary Approach". Contact Charlotte Lindsell on 020 7520 2880 or see [www.parentsforchildren.org.uk](http://www.parentsforchildren.org.uk) for more details. Bankside House, London SE1

**11:** "Mental Health and Substance Misuse: Dual Diagnosis". Organised by Suffolk Mental Health Partnership NHS Trust. Trinity Park Conference Centre, Ipswich. For further details see [www.smhp.nhs.uk/conference](http://www.smhp.nhs.uk/conference)

**13-14:** National Drug Treatment Conference 2008, organised by Exchange Supplies. Topics covered include the new drug strategy; brief interventions with alcohol: why not with drugs?; and the clinical guidelines. Glasgow. See [www.exchangesupplies.org](http://www.exchangesupplies.org)

**14:** "Psychological Therapies and Homelessness." This event aims to explore the psychological causes of homelessness and therapeutic approaches to help people turn their lives around. See [www.pavpub.com](http://www.pavpub.com) or call 0870 890 1080. London.

**27-28:** Association of Nurses in Substance Abuse 23rd Annual Conference. "Developing Roles and Services in Substance Misuse: Responding to Change". University of Chester. For further information email [London@probriefings.co.uk](mailto:London@probriefings.co.uk) or call 01920 487672.

## APRIL 2008

**1:** "Making the extraordinary ordinary: employing service users in the homelessness sector". This event is organised by Homeless Link and Thames Reach in partnership with OSW, the London Housing Foundation and Sitra. Contact Kate Alaway at [kate.alaway@homelesslink.org.uk](mailto:kate.alaway@homelesslink.org.uk)

**3:** "Implementing the New Mental Health Act - Policy into Practice". The new Mental Health Act comes into effect in October 2008 bringing new powers and new responsibilities for frontline mental health workers. See [www.pavpub.com](http://www.pavpub.com) or call 0870 890 1080. ORT House Conference Centre, London, NW1.

**24-25:** "Meeting the Needs of Diverse Populations: Hard to Reach or Easy to Ignore?" The 13th National Conference: Management of Drug Users in Primary Care. For further information call Hannah on 020 8541 1399, email [Hannah@healthcare-events.co.uk](mailto:Hannah@healthcare-events.co.uk) or visit [www.healthcare-events.co.uk](http://www.healthcare-events.co.uk). Brighton.

**29:** "A New Strategy for Drugs: Combating Crime and Rebuilding Lives in Local Communities". This Westminster Briefing will provide delegates with the opportunity to discuss the latest Government policy and the implications at the local level. For further details see [www.westminster-briefing.com](http://www.westminster-briefing.com)

**GOT AN EVENT COMING UP YOU WOULD LIKE LISTED HERE ?**  
Email Shona Flannigan [Shona.Flannigan@ldan.org.uk](mailto:Shona.Flannigan@ldan.org.uk)

Hello! As we await the Government's decision on cannabis classification, February's young people's drug and alcohol workers forum will discuss the implications of any change in the status quo for front line practitioners. The forum has good coverage across London but is always open to new members. Contact me if you are interested on 0207 704 004.

New dates have just been confirmed for the next round of Developing First Line Managers.



### MEMBERS NOTES by Shona Flannigan

It is aimed at those who have recently moved from practitioner to management positions, and are managing at least one member of staff. The 4 day course runs from May to September and application forms can be downloaded from [www.ldan.org.uk](http://www.ldan.org.uk)

Membership renewal notices will be issued in March. We hope you will continue your support of LDAN and are making the most of services available. If you have colleagues you think should be on our mailing list, let me know.

### INTERESTED IN JOINING LDAN?

Contact Shona Flannigan  
Membership Coordinator for  
details of membership rates and  
benefits at  
020 7704 0004 or  
[Shona.Flannigan@ldan.org.uk](mailto:Shona.Flannigan@ldan.org.uk)

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