Responses to the drug strategy consultation

This paper summarises a selection of responses to the drug strategy consultation.

The key themes addressed across the responses were as follows:

- Generally welcome the greater ambition of the strategy
- Bring alcohol into the strategy
- Involve Schools, communities and families in all aspects of the strategy
- Prevention needs to be properly targeted and evaluated
- Take a holistic approach to treatment involving housing, education, employment, mental health
- Greater engagement of service users
- Increase the range of treatment interventions available
- Greater focus on aftercare; Better coordination between services
- Concern over payment by results (PbR) – may lead to 'cherry picking' clients
- Look at evidence based interventions
- Improve access and provision of rehabilitation services
- Continue with evidence based harm reduction policies
- 'Recovery' seen an individual process and best defined by the person seeking it; time limiting prescribing not useful
- Benefit sanctions a disincentive, provide positive incentives instead
- Need to tackle stigma and improve opportunities for those in treatment
- Need to engage those dependent on prescribed and OTC medications
- Improve 'through the gates' services
- More community based sentencing
- Concern over commissioning process and length of service contracts

Exceptions

- Some respondents explicitly argued for decriminalization/regulation/legalisation: Release, Transform, Independent Drug Monitoring Unit, UKDPC.
- Addiction Recovery Foundation explicitly argued for the ending of 'tax payer financed' long term methadone maintenance. They also argued for a 'zero tolerance' approach in the CJS and the closure of harm reduction services with 'poor outcomes'.
- Addiction Dependency Solutions believed that benefit sanctions for negative engagement with treatment services were 'appropriate'.

Mentor UK

- Attitudes towards drunkenness, especially among women and girls
- Reduction in supply of alcohol
- Evidence base for programmes- 'Ofsted's recent report on PSHE suggested that 20% of the schools they visited were not even teaching drug knowledge adequately'
- Schools should have a lead teacher, trained and knowledgeable in drug and alcohol education to lead and co-ordinate school alcohol and drug policies and related education programmes
- Support inclusion of alcohol in the purview of the drug strategy
- Parents have a crucial role to play in prevention- public campaigns, police interventions, school providing explanations of their programmes and Strengthening Families Programmes can all help
- PSHEe should be statutory

- Temporary bans only on new substances to be used only after careful consideration not because there is media pressure
- More prevention and early intervention strategies for young people need to be in place to reduce the number of young people reaching treatment stage
- We would urge the government to ensure that the coming drug strategy recognises the importance of kinship care in protecting the children of parents who have drug and alcohol problems
    - http://www.mentoruk.org.uk/wp-content/uploads/2010/09/Drug-Strategy-Consultation.pdf

UKHRA/National Needle Exchange Forum (NNEF)

- Harm reduction warrants inclusion as an explicit priority in the new Drug Strategy
- Drug strategy should be the mandate of the Department for Health
- Value of OST needs to be recognised
- Randomised Injecting Opioid Treatment Trial (RIOTT)- Heroin-assisted treatment for people who have failed with other OST approaches should be supported
- Government does not need to build a 'skilled workforce', but invest further in developing the existing workforce and foster partnerships
- The choice about how best to deal with drug use must be reserved for the individuals themselves (with impartial, quality support and guidance from the professionals working with them). It should not be made at a national policy level. In order to be effective in promoting recovery, the Drug Strategy must aim to provide a comprehensive 'menu' of interventions - including cost-effective harm reduction interventions that can save lives
    - http://www.ukhra.org/Resources/UKHRA_Response_v6_Submitted.pdf
    - http://nnef.org.uk/nnef_statements/2010_drug_strategy_response.html

Release

- Expressed concern that the Govt had breached its guidelines on consultations.
- Stigma, especially with regards to employment
- Housing and welfare- reform of welfare system, advice from Jobcentre and local authority benefits departments
- OST should certainly be retained, and where necessary its quality improved
- Harm reduction is ignored despite strong evidence
- Concern about the criminalisation of young people, particularly with regards to possession
- Must consider harms caused to wider communities, e.g. supply-focussed law enforcement can increase gang-related violence if market is threatened
- Introducing abstinence-based treatment orders will result in higher rates of relapse
- Patient should be in charge of their treatment. Drug treatment services required to deliver 'abstinence focussed orders' would be further enmeshed in the criminal justice system and this could have a negative impact on the relationship between the patient and the treatment provider.
- Decriminalisation of possession of all controlled drugs should be a serious policy consideration.
- Value for money exercise should be undertaken looking at residential rehabilitation.
- The focus on a 'drug free recovery' fails to recognise that 'recovery' can be achieved by those on long-term opiate maintenance. Recovery should be measured in community participation rather than arbitrary levels of drug use.
- Better interventions for people released from prison- simple things like not releasing people on a Friday when they cannot gain access to methadone prescriptions
- Breach of confidentiality to employers where people are receiving OST

- http://www.release.org.uk/images/stories/pdf/Response_Drug_Strategy_20101public.pdf

Westminster Drug Project

- Treat as a health issue not a criminal one
- Holistic approach bringing in families, housing, mental health, employment
- Concern over outcome based PbR – may lead to cherry picking.
- Policy makers, treatment providers and service users should focus on individuals making progress in their recovery journey rather than seeing the achievement of "abstinence" as the only successful outcome.
- Tackle stigma.
- Treatment services to offer full range of services to enable clients to move into recovery: Housing, education, employment.
- Harm minimisation still important element of any drug service.
- Better coordination between the different agencies involved in treatment particularly aftercare for those leaving prison and rehab.
- Services should be commissioned for a minimum of 5 years.
- No benefit sanctions
  - http://www.wdp-drugs.org.uk/page.builder/news.html

UK Recovery Foundation

- Support the establishment of cross-themed Recovery Networks and Communities within all UK regions
- Previously there has been a lack of focus on the *causes* of substance misuse have not been addressed on personal, cultural and structural levels. There has been a lack of choice in terms of 'treatment' available and an over-reliance on methadone with limited accompanying psycho-social support available/offered
- Maintaining harm reduction
- Combine alcohol with drugs services
- Treatment services are not family focussed and need redesigning
  - http://wiredin.org.uk/files/pdfs/general/Strategy_Consultation_UKRF_Response.pdf

UK Drug Policy Commission

- Policy must be evidence based
- Preventative programmes must be properly evaluated, evidence suggest that those that work best are family focussed and drug use not the primary focus but one of a range of risky behaviours.
- Use community based sentencing rather than prison
- Look at the evidence for decriminalizing possession of small amounts of drugs for personal use
- "legal" highs: Look at a holding category and also at trading standards law such as Intoxicating Substances Supply Act (1985) rather than the Misuse of Drugs Act.
- Improve the availability, quality and choice of drug treatment and harm reduction programmes.
- Work toward a more holistic approach
- Support employers willing to engage with recovering drug users
- No benefit sanctions on drug dependent claimants, incentives more likely to work.
- More support for families of those in treatment

- Recovery is an individual process and does not mean abstinence. Recovery is aided by the provision of housing, training and work.
    - http://www.ukdpc.org.uk/resources/Drug_Strategy_2010_Consultation_Final1.pdf

Addiction Recovery Foundation

- First policy aim should be to enable recovery from addiction for people without the social capital, means or family support to secure this for themselves.
- Move people on *long-term* taxpayer-fi nanced methadone scripts off them and into recovery-oriented systems of care
- Holistic approach to treatment also looking at alcohol abuse, child protection, mental health, employment and housing.
- Destigmatise recovery
- In the CJS there must be an appropriate diagnosis of dependency before deciding if a treatment order is necessary. If there is no diagnosis of dependency, due sentencing for the offence in question is in order.
- Police need to actually implement the law, zero tolerance works; people think the law doesn't work but he reality is that it is not implemented
- Closure of expensive harm reduction services with poor outcomes to release pooled budget funds; their replacement by lower cost but focused interventions designed to provide 'portals ' into rehabilitation.
- Merge alcohol and drug services
- Greater use of 'from prison gates to rehabilitation' initiatives
- The benefits system should incentivise rather than penalise people in treatment - they should not be required to seek employment until treatment is completed
    - http://www.addictiontoday.org/files/drug-strategy-consultation-2010-arf-response.pdf

Independent Drug Monitoring Unit

- Review the Misuse of Drugs Act and include tobacco and alcohol in its remit
- Penalties for personal possession should be dropped
- Legalisation, regulation and restricted supply based on potential harms
    - http://www.idmu.co.uk/pdfs/IDMUDrugStrategyResponse.pdf

SMART Recovery

- Welcomes the focus on recovery
- However, wrong to equate recovery with abstinence
- A range of treatment methods and interventions can be important steps on the path of recovery.
- Treatment integrated into wider social structures that support recovery: housing, education, training, employment.
- We therefore share the view that there is a need for some 'rebalancing' of the treatment system, but also have some anxiety that the 'pendulum' could swing too far in the other direction. SMART Recovery meetings can be of immense help to people who are ready and willing to engage in their own recovery – but we do not want to be the dumping ground for thousands of people forced prematurely off substitute prescribing. That would be dangerous and does not reflect our own vision of a recovery oriented treatment system.
- Encourage treatment providers to integrate Self Help and Mutual Aid models within the treatment journey.

- Benefit sanctions would be overly coercive and counter productive. Introduce positive inducements to support recovery.
    - http://cdn.smartrecovery.org.uk/doc/SMART_Recovery_response_to_UK_Drug_Strategy.pdf

Drug Education Forum

- Schools are the best starting point in prevention work
- Support parents and carers
- Link the drug strategy with other strategies designed to reduce risky behavior amongst young people.
- Gendered approach to education particularly around alcohol and girls.
- Drug education and prevention needs to be based on evidence; this means programmes which are trialled and proven to be effective in achieving their desired outcomes, which are statistically significant and cost effective.
    - http://www.drugeducationforum.com/images/dynamicImages/7778_192466.pdf

Homeless Link

- Drug use cannot be tackled in isolation from housing, employment and health.
- Prevention needs to be targeted
- Need to look at alcohol pricing with particular emphasis on 'super strength' alcohol.
- 'No wrong door' principle - "Each individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services'.
- Payment By Results (PBR) should be based on a recognition that clients have diverse needs and capabilities and should therefore use a distance travelled model for gauging level of remuneration.
- There needs to be greater emphasis on aftercare when leaving detox/rehab. Where appropriate accommodation is unavailable it is hard for an individual to sustain recovery.
- Continue investment in harm minimization
- Need to address the stigma faced by people with drug problems.
- Combine alcohol and drug treatment services – focus should be on an individuals needs not on the substance they use.
- Upskill the workforce and promote joint training between the different sectors: treatment, homelessness, criminal justice.
- Better through the gates support
- Benefit sanctions would be counter productive, a disincentive to engaging with services
- We would welcome additional support through the benefit system for people taking steps towards recovery.
- Job Centre staff are seen as unresponsive to the needs of homeless people.
    - http://www.homeless.org.uk/sites/default/files/HL-Drug-Strategy-Consultation-response-Sept2010.pdf

Adfam

- Recognition of families and their role in prevention and recovery
- More research is needed into what models of prevention work
- PbR need to be aware that cherry picking may occur and the most vunerable left behind
- Increase the role of families in treatment and also provide support, families also need to recover.
- Supports the bringing together of alcohol and drug services.

- An increase in communication and joined-up working between agencies would benefit both the system and its outcomes.
- Benefit sanctions could have unintended negative consequences
- Mandating treatment goes against the NHS policy of patient choice.
    - http://www.adfam.org.uk/docs/adfam_drugstrat.pdf

Transform

- Concern that the consultation breaches the govts own code of practice for consultations
- Concern about the omission of any reference to harm reduction
- Transform endorses the positions laid out by Release and UKHRA/NNEF
    - http://www.tdpf.org.uk/TRANSFORM%20Drug%20strategy%20consultation%202010%20response.pdf

Addiction Dependency Solutions

- Greater recognition of the role of families and other social networks in supporting recovery
- A more holistic approach, with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing
- Harm reduction inc substitute prescribing has worked well in the past
- Communities should be actively involved in the decision-making processes that affect them directly
- More community sentencing for low tariff drug misusing offenders.
- Do not criminalise users of new substances
- Sanctions for negative engagement with services are appropriate. However it should be remembered however that sanctions will have an impact on families/children, so appropriate safety nets need to be in place before sanctions are applied
- Better coordination between job centre staff and treatment agencies.
- Stigma a big issue re: employment. Need for incentives/initiatives for employers.
- Not enough done to support families
    - http://www.adsolutions.org.uk/userfiles/file/ADS%20response%20to%202010%20Drug%20Strategy%20Consultation.pdf

Make Every Adult Matter

- Holistic approach
- Work with multiple needs
- Improve the pathway between prison and community services for people facing multiple needs and exclusions.
- Short-sentences and regular movement of prisoners across the prison estate do not help individuals engage in treatment
- More needs to be done, in line with the Bradley Review, to ensure that individuals with all levels of mental health needs (including those with dual diagnosis) are diverted to more appropriate settings and not allowed to end up in inappropriate prison placements
- Greater understanding between mental health and drug treatment services
    - http://www.meam.org.uk/

PSHE Association

- Prevention: drugs education cannot and must not be taught in isolation but as part of the PSHE education
- Schools, families and communities all have a role to play in prevention.

- Prevention programmes need to help children and young people understand that all drugs can potentially be harmful. 'All drugs' includes any legal drug, (including medicines, alcohol, tobacco, volatile substances), and all illegal drugs.
- The PSHE Association believes that drug education within PSHEe needs to be given a higher priority within schools. Rather than teaching drug education in isolation or setting aside time outside of the regular timetable it needs to be an essential part of the PSHEe programme and properly taught from early years though to post 16.
    - http://www.pshe-association.org.uk/uploads/media/17/7442.pdf

Stella Project

- Address the intersections between problematic substance use and violence against women and how this affects women's engagement with and retention in treatment.
- Any "holistic approach" must also recognise the crucial role of specialist support services.
- Offenders should be placed into treatment rather than the CJS.
- Recommend that the Government consider the Making Every Adult Matter model for a coordinated approach to substance misuse treatment.
- Recommend that multi-agency responses to women's substance misuse include agencies providing support to survivors of domestic and/or sexual violence.
- The current treatment system's harm reduction model allows women substance users to set their own definition of recovery, which may not necessarily be abstinence, but may be achieving a better quality of life or increasing their personal safety. It is important that any change to this approach takes account of the views of service users themselves.
- Effective substance misuse treatment for women requires women-friendly service structures: women only spaces, flexible appointment times, appropriate opening hours, fast-tracking for women suffering domestic violence, childcare facilities, access to refuges or other safe accommodation, travel assistance, outreach/home visits, and specialist services for BMER women.
- Recommend that whole family interventions in families where domestic violence is being perpetrated do not include unsafe practices such as family therapy or mediation involving the perpetrator.
    - http://www.avaproject.org.uk/media/43597/stella%20project%20response%20to%20the%202010%20drug%20strategy%20consultation%20paper.pdf

Turning Point

- Turning Point welcomes the new consultation and the Government's proposal to adopt a more holistic approach to drug treatment. In particular, we are pleased to see that the Government recognises the importance of wraparound services so that drug and alcohol treatment and drug and mental health services are better integrated around the needs of the individual. "We are supportive of any proposals which encourage more people to enter treatment. However, we must be careful that if imposing benefits sanctions, we do not further marginalise hard to reach and vulnerable groups. "It must also be considered that cutting benefits for those who refuse to seek help will only work if there are appropriate treatment places available. If we are to move more individuals on a path to recovery and make communities safer, the Government may wish to concentrate on ensuring investment for rehabilitation and integration is preserved and ring-fenced.
    - http://www.turning-point.co.uk/News/Pages/TurningPointresponsetoDrugStrategyConsultation.aspx

Substance Misuse Management in General Practice (Membership Survey)

- It is important to retain a treatment system which offers a diverse and wide range of treatment options — from needle exchange and substitute prescribed medication to group work, access into in-patient detoxification and rehabilitation. Further improvement in this would be to offer greater choice at the start of treatment.
- Harm reduction approach, which combines substitute prescribing, safer injecting and abstinence, is an essential evidence based component of the treatment system.
- SMMGP sees harm reduction as an integral part of recovery and believe successful drug treatment is a spectrum ranging from being stable on prescribed drugs to being free of all drugs.
- A competency based approach which brings with it a range of skills and different perspectives and contributes positively to the treatment system, strengthens the workforce and gives patients a wide choice.
- SMMGP members felt it would be potentially disastrous if government endorses the recent proposals to impose an arbitrary maximum time limit for drug users to come off methadone and/or force people into detoxification. It was felt that this would effectively remove clinical freedom, and is never a decision for non-clinicians to make. It would encourage a return to risk taking behaviour for some patients.
- Funding for alcohol treatment. The current system does not provide for people who suffer from alcohol dependency as the money is directed at early recognition and prevention.
- Access to services is still geographically variable. There needs to be less fragmentation of services.
- More effective links are needed e.g. between prisons and community treatment post-release.
- Rehabilitation opportunities should be available for people on substitute therapy - currently all rehabilitation in-patient centres and most day programmes requires the patient to be abstinent from drugs and alcohol whereas what is learnt at 'rehab' is equally as relevant to someone who is in medically assisted recovery. Most of the treatment options described are closed to people with problematic, yet stable, alcohol use.
- Treatment can be bridged by adopting a bio-psychosocial model where social issues carry equal weight to therapeutic issues.
    - http://www.smmgp.org.uk/download/members/surveys/memsurvey005.pdf

Addaction

- Previous policy has been overly focused on maintenance and substitute prescribing. Although this is an important part of drug treatment, it should be seen as part of the recovery process rather than an end in itself.
- There is a huge shortage of funding for residential units. When service users are referred to a residential programme the process is so oversubscribed, bureaucratic and time consuming that individuals have often lost the motivation that originally enabled their referral.
- Polarised debate over which course of recovery is most effective, i.e. methadone prescribing versus residential rehabilitation, is unhelpful.
- In order for the current system to promote recovery it needs to continue to provide the current range of options but in some instances outdated practices should be reviewed. Community Drug Teams (CDTs) should no longer refer to themselves as “prescribing services”. The provision of pharmacotherapy where the pharmacological intervention is just a part of the process of treating the service user. Alongside medications there must be, in all instances, a holistic approach to the individual’s recovery.
- The government should consider designating certain prisons specifically for drug treatment and incentivise offenders to attend treatment services in these prisons by way of flexible sentencing.

- There is a great deal of hidden harm from involuntary tranquiliser addiction and dependence on Over The Counter (OTC) medicines and research needs to be done to assess the scale and prevalence of the problem before resource allocation is made.
- Each JCP Office would benefit from having a specialist substance misuse worker employed specifically to meet the needs of anyone who is identified as having a drug or alcohol problem.
- Whole family interventions are particularly potent and powerful at facilitating change and improving people's lives.
- Treatment service opening hours should better reflect the needs of service users, and especially those who are either in employment or have responsibility for childcare.
- Very often high performing services are unnecessarily put out to tender and the uncertainty around this process can impact negatively on staff morale and continuity of care.
- Heroin injecting rooms, further decriminalisation of drug use, the role and purpose of the classification system and minimum alcohol pricing are difficult and controversial issues that need careful, sensitive but open discussion and debate.
    - http://www.addaction.org.uk/?p=2318

The Alliance

- Any system of payment by results should more heavily weight outcomes related to recovery capital and stability and that abstinence from all drugs including prescribed opioid substitution medications should not be included as an outcome in itself.
- Service users need to be accorded the same level of patient choice as all other people accessing healthcare in this country.
- There should not be different treatment options for those in community drug treatment and those being treated within the criminal justice system.
- User involvement needs to be properly embedded into the system to improve quality and maximize responsiveness.
- More needs to be done within drugs services about the growing numbers with both drug and alcohol problems. However, we need to recognize that they are often two separate cultures/subcultures and they don't necessarily get on together. Merging all drug and alcohol treatment might be a disincentive to enter treatment for many.
- It's important to make sure that the basic skills needed for drug workers and health professionals are clearly defined and that qualifications are a core building block for workers, along with professional requirements to be familiar with the evidence base for all available treatment options. The field needs minimum competency standards. Very few key workers appear to read the literature or understand the evidence base for what they should be delivering from a position of knowledge. Changing this culture of incompetence will be a major challenge.
- Mental health and drug services need to work together for shared clients. We frequently hear from people who are receiving almost no treatment or care because their mental health team says that their primary problem is substance misuse and their drug team says that they can't treat them because of their mental health issues.
    - http://www.m-alliance.org.uk/index.html

eATA

- Support actual commissioning of services over purchasing.
- Ensure a smooth funding stream from primary to third stage treatment, this includes training and education to prepare group for employment.
- Removal of treatment silos- this has often led to clients not fitting into one aspect of the treatment system and in some cases falling through the cracks – need to have a more integrated treatment system.

- More government support for sector-led, quality-based schemes.
- Investigate alternatives to preferred provider lists and consider local accrediting schemes.
- Current definition of 'problem drug user' is limiting and focus should also include newer drugs on the market, such as the legal highs, and alcohol.
    - http://www.eata.org.uk/uploads/File/eATA%20submission%20summaryDrugstrategy2010.pdf

Blenheim CDP

- Support move to a more integrated Drug and Alcohol strategy focused on strict controls of the supply and use of both alcohol and current illegal drugs.
- Review the widespread abuse of prescribed medication and the widespread inappropriate prescribing of a wide range of prescription only drugs by many GP's.
- Division of responsibility between various Government departments will hamper the delivery of joined up initiatives. Urge consideration of the overall responsibility for the strategy being returned to the Cabinet Office
- 'Greater ambition for recovery' and 'a more holistic approach' picked as key priorities
- Unless money for drug treatment is ring-fenced, devolution of responsibility as envisioned in the 'Big Society' will lead to disinvestment.
- Would like to see a commitment to a thorough evidenced based review of drugs legislation to ensure that it is consistent and rational.
    - Contact info@blenheimcdp.org.uk for a copy of the full response

St Mungos

- Support holistic approach, particularly for those, such as many homeless people and offenders, whose problematic drug and alcohol use arises within a pattern of complex need.
- Joined up working can best be achieved through multi-disciplinary case coordination and case management between services.
- Outcomes based models which operate in silos and do not take note of the costs and benefits of interventions for all parts of Government will undermine the ability of services to work jointly on the ground. If resources from NHS, criminal justice system, local authorities and DWP budgets were integrated and jointly deployed, we believe that wider benefits could be delivered to individuals and society.
- The narrower focus within the UK on heroin and crack cocaine use is not as efficient or effective as classifying drug or alcohol use as problematic according to the behaviours of the users. If the strategy was to focus on addressing harmful behaviours, we believe more effective outcomes could be achieved.
    - http://www.mungos.org/

DrugScope
October 2010