Drugs: Our Community, Your Say
Home Office Consultation Paper
12 October 2007

Introduction

1. The Local Government Association (LGA) speaks for nearly 500 local authorities in England and Wales. The LGA exists to promote better local government, aims to put local councils at the heart of the drive to improve public services and to work with government to ensure that the policy, legislative and financial context in which they operate, supports that objective.

2. Local government plays a critical role in the health and well-being of local communities. Local councils commission or provide a wide variety of services that impact on community well-being, such as social care, housing, education, leisure, transport and education. The Local Government White Paper Strong and Prosperous Communities signalled a change in the way councils work with partners to give citizens and communities a bigger say and reshape public services to respond more flexibly to local needs, with less top-down control from Central Government.

3. Local Area Agreements have been given a core role in meeting this challenge. They are the means by which local authorities and partners can strengthen their strategic leadership of communities and prioritise the economic, social and environmental issues which need to be tackled in the local area. The development of the new drugs strategy needs to consider how Local Area Agreements can act as a key mechanism for joining up services in the way a cross-cutting issue like this demands. Drug misuse in society is not just about crime but about individual health, public health, family life and the health and well-being of whole communities

Building a New Drug Strategy

4. The LGA welcomes the broad focus the consultation document on building a new strategy to produce long term and sustainable reduction in the harm associated with drug misuse and its impact on the lives of individuals, families and communities. We note that one of the key lessons learned from the current strategy is that to deliver a step change in the way local treatment services meet the needs of drug users depends on local partnerships and local delivery. We share the view that the most effective partnerships involve, local authorities, health services, the voluntary sector and the criminal justice system and that building these partnerships can only be achieved through strong local leadership and committed and effective services.

5. We would like to see this followed through into the new strategy with a commitment to ensuring that responsibility for addressing the issue of drug misuse is mainstreamed into the everyday business of public service providers, including primary care, schools, public health, and the criminal justice system. The new strategy needs to ensure that tackling drug related offending and intervening with those involved in the criminal justice system does not create a 'two tier' drug treatment system where offenders receive a swifter and better resourced treatment service than non-offenders. The consultation document does not address the need to bring all treatment services in-line with each other in terms of the resources available and assertive approach needed to maximize engagement in drug treatment.

6. We would also like to see more of these resources re-directed through the new Area Based Grant, in line with the recent CSR announcement that over £4bn of former specific grant and ring-fenced funding will be allocated to the Area Based Grant. This would provide local partnerships with the flexibility they need to respond most effectively to local priorities.

7. We acknowledge that there is more to be done to improve "wraparound" provision to improve housing, employment, education and training opportunities for drug users within local communities if the investment by local partnerships in treatment is to become more cost effective and positive outcomes are to be longer-lasting. Research shows that many of those involved in anti-social behaviour have complex needs, including drug or alcohol abuse, mental health problems or illiteracy.

1. Young People, Education and Families

8. The consultation paper suggests that there is a growing evidence base on the most effective ways of helping young people avoid and overcome drug problems including: the important role played by schools, involving the family in interventions; training in substance misuse issues for the children's workforce and the need for integrated support, especially at transitional stages. Even so, the evidence base for what works in drug prevention needs to be strengthened. There are many factors which influence whether or not young people will use tobacco, alcohol or other drugs hazardously. The most important of these include early life experiences, family relationships and circumstances, and parental attitudes and behaviour. The consultation paper is right to highlight the importance of focusing on the young person and the family unit as a whole rather than just on substance use. This means that the strategy needs to include supporting parents as well as the provision of accurate and credible information and education about drugs and high quality, appropriate treatment options.

Current approach and lessons learned

9. The paper suggests that it is more effective to address all substances that are misused by young people, including illegal drugs, alcohol and volatile substances, rather than to focus on one type. Even though the strategy cannot afford to overlook any of these substances, the main drugs of misuse for young people are alcohol and cannabis and more focus is needed on these substances both in terms of prevention and effective treatment.

Education

10. Drug education can affect the level of knowledge and increase awareness of where to go for help. Whilst drug education should start early, as those most at risk start using early, resources and approaches which are age appropriate, credible and acceptable must be used. Although current advice already steers schools towards interactive and ongoing whole school approaches, the results of the Blueprint research programme, looking at the delivery and impact of school-based multi-component drug education which are expected in 2008 should help to promote and reinforce good practice - as long as adequate resources are also in place. A reduction in drug education specific funding in recent years has left schools with less support around drug education in some areas

11. Learning form the Teenage Health Demonstration sites may be helpful to local commissioners of Young People's services and will be a welcome addition to guide to local partnerships.

Integrated Services

12. Given the similarities between groups of 'high risk' young people in other strategic priorities such as teenage pregnancy, mental health, those not in education, employment and training etc, further consideration is needed about how to integrate services to address the needs of these young people. Equally, given the high rate and 'normalisation' of drug and alcohol use in the high risk groups, addressing substance misuse within mainstream services is a rational option to consider.

13. Reducing the risks of drug/alcohol related harm to young people is clearly more complex than simply conveying health messages. Local services need to focus on young people and their families as a unit, not in isolation, reducing the risk factors where possible. Supporting families in provision of stability, good parenting, ensuring regular attendance at school, good quality housing, economic well-being are key to reducing risks in a number of areas including substance misuse. Universal, accurate and credible Information and advice to young people and their families is important as part of a holistic approach.

14. Parents need accurate and credible information around substances and support in addressing issues with young people. Parents also need involvement in 'whole school' approaches to substance misuse education and addressing drug related incidents in schools.

15. Whilst some recent guidance has been issued, further direction around evidence based interventions with young people who are already experiencing problems with substances would be helpful for providers and commissioners. The implementation of good practice guidance may increase the pressure on resources to invest in improving the services available locally which may need re-

designing or re-configuring in order to align with the guidance.

16. The Young People's Substance Misuse Grant which has been given to local partnerships has been reduced this year causing difficulty locally for both commissioners and providers. In addition, the grant is annual, with no guarantees of long term or continued investment, which leaves partnerships and provider agencies unable to plan ahead. Government should consider the importance of longer term and timely settlement and grant details in providing clarity about future funding for councils and partnerships. This helps to improve commissioning options for local partnerships and addresses the need for financial stability of providers, especially voluntary sector agencies.

Specialist Treatment and Training
17. ContactPoint and the use of Common Assessment Frameworks between all agencies working with young people ensure risks are identified and responded to. Joint training for mainstream Young People's service staff and management and follow up can ensure they are kept updated on the latest thinking and effective, evidence based interventions for substance misuse. We welcome the intention to help mainstream agencies address substance misuse better at early stages, including the development of adolescent health training programmes for all doctors and nurses and for specific competencies for all future youth workers. It is important that there is a robust baseline of skills and knowledge within mainstream services especially school staff.

18. In addition there is a need for adult and children's services to work together not only to respond to those children affected by parental substance misuse but also the transitional stages (between childhood and adulthood). This can represent a time period when risk of substance misuse heightens. Therefore services for young people need to address this heightened risk by planning ahead and providing a seamless service for those in transition. Commissioning services for this transitional group is complicated by the conditions of grant for young people's and adults funding, at times resulting in a gap in appropriate services for younger adults 18-25. . An understanding of responsibilities and local reporting systems are needed along with confidence in information sharing protocols and confidentiality boundaries.

2. Public Information Campaigns

19. Public information campaigns should inform about the facts and where to go for help. Information campaigns on their own do not change behaviour or attitudes. They have a place as part of a co-ordinated prevention campaign that links with drug education in schools, specialist services and support. Shock and 'hard hitting' campaigns risk being seen as not credible, particularly by young people and have in some instances back-fired. There is clearly a tension in discouraging people from using illegal drugs and trying to encourage those who do use them, or are thinking of using them, to use them sensibly and safely.

20. Those campaigns that target specific groups and using a social marketing approach have been evaluated as being more effective. Drug specific targeting may prove effective if aimed at particular problems e.g. increases in alcohol consumption in young women, or cannabis use in young people generally. Targeting needs to take culture, age and gender into account in order to convey a coherent and credible harm reduction message.

21. Harm reduction messages to people who are current drug users need to be easy to understand and access. To this end language, and manner of delivery need to be carefully delivered. Information about blood borne viruses, needle exchanges, and harm reduction techniques needs to be available as well as abstinence based and primary prevention messages.

3. Drug Treatment, Social Care and Support for Drug Users in Re-Establishing Their Lives

Treatment
22. Increases in treatment availability and reductions in waiting times, particularly for opiate users requiring substitute prescribing and for those caught up in the criminal justice system are welcomed. Investment in the drug treatment system has been long overdue.

23. However, current gaps in treatment services still include provision of stimulant treatment and treatment for poly-drug and alcohol users. Some services continue to be opiate focused and run the risk of meeting only a part of the needs of drug using clients. Abstinence based options and drug free programmes can be more difficult for drug users to access due to funding limitations in local authority budgets and exclusive criteria.

24. Harm reduction approaches for drug mis-users need to ensure alcohol use is addressed alongside drug use. Alcohol use is not only a factor in many overdose deaths but has also been shown as becoming an increasing problem as heroin use declines in studies such as NTORS and may detrimentally affect treatment outcomes. Furthermore, alcohol use in clients who are hepatitis C positive is damaging to the health of the patient and may worsen the prognosis. Substance misuse services and clients may benefit from being more holistic approach i.e. addressing all substances (drugs and alcohol). Further to this, Councils and the LGA would like to see greater local flexibility within the use of substance misuse funding, to enable councils to use this money for alcohol where alcohol misuse is a key local priority.

25. Young people's treatment at tier 4 level has proven problematic to access due to a very limited range of providers and high costs of this kind of provision. The need for such intensive treatment is small in individual partnership areas therefore the provision needs to be commissioned either nationally or regionally. It may be reasonable for the National Treatment Agency for substance Misuse to take a lead on this issue.

26. A heavy bureaucratic burden of treatment data collection, monitoring and analysis has been seen at times by local DATs as more of a hindrance than a help. Furthermore a great deal of resource (staff time, funding and equipment) are used in the collection and management of the required data. Efficiency of the system may be improved by reviewing the monitoring system/s and streamlining the demands on local DAT partnerships who may then be able to redirect resources toward locally identified priorities. The introduction of the Treatment Outcome Profile system, measuring the successes and progress of clients in treatment, is welcomed. However, it is hoped that it will be accompanied by a 'slimming down' of data requirements generally.

27. Priorities and treatment targets for local areas are largely determined by the NTA, although some discussion with local DAT partnerships is carried out. The priorities of local areas need to be determined by reliable needs assessments. Given that drug use is largely a hidden problem, particular difficulties are experienced in estimating the size and nature of local need, patterns and trends. The NTA has attempted to provide guidance around population needs assessment. However further clarification and support may be needed to ensure a thorough understanding of the processes and calculations that are needed by many areas, some of whom have found it necessary to 'buy in' consultants to carry out this complex process.

Housing

28. Obtaining and keeping suitable housing is a particular problem for drug users, affecting their ability to access and sustain treatment. Furthermore, inadequate housing provision following discharge from treatment may adversely affect their ability to sustain positive treatment outcomes. Existing housing legislation does not necessarily recognize problematic drug use in itself a vulnerability and therefore housing for problematic drug users can be difficult to access. Many problematic drug users need supported housing options, longer term, which will maximize their chances of accessing, succeeding in, and sustaining positive outcomes from treatment. These supported options are not always available and continued pressure and competing priorities on Supporting People funding has made it difficult for local partnerships to address this need.

29. Difficulties have been experienced in addressing the needs of drug users released from prison due to communications difficulties between the prisons and community based treatment services. This is especially so where prisoners are short term (less than 12 months). This important issue needs addressing as a matter of urgency as this group of individuals are at high risk of overdose on release. In order to make adequate arrangements for continuity of treatment, post-release, sufficient time and information is needed by community teams to reduce the risk of relapse or overdose.

Social Care

30. Support for drug users around their social care needs is important as unmet need can affect treatment outcomes. Childcare is a particular problem for mainly female drug users who may not meet the criteria for local authority child care places and consequently may have difficulty accessing community treatment programmes. The effect of these difficulties in accessing treatment can be negative for both drug users and their children.

31. 'Wrap-around' support for drug users who are accessing treatment cannot be over emphasized. Relatively few treatment programmes have well developed and ongoing support & aftercare for their clients. Whilst NA provides a useful model and self-help group style support for clients, practical help and encouragement in dealing with everyday issues such as housing difficulties, benefits, access to training and employment is less readily available. Few mentoring projects exist for adult drug users. This kind of support is important to maximize the chances of treatment successes being maintained.

4. Protecting the Community from Drug Related Crime, and Re-Offending

32. It is widely accepted that the focus on demand reduction in the current strategy and improving access to drug treatment has been shown to be an effective way of reducing the offending levels of problematic drug users.

33. Drug Intervention Programmes (DIP) have been successful in providing swift access to treatment for offenders, some of whom have had no previous engagement with treatment services. DIP has provided a good practice example of how case management and assertive follow up can improve rates of engagement and retention in treatment. The injection of new funds and increase in availability of treatment has no doubt improved the drug treatment system generally. However perceptions continue to exist that DIP has created a two tier system which unfairly discriminates against non-offending clients whose needs may be as great, or higher, for whom fewer or slower options still exist. Access to treatment should be as easy for drug users who have committed no other offence as it is for drug-using offenders.

34. Bureaucracy, data and monitoring burdens exist for DIP teams which have been seen as onerous, diverting staff resources from other priorities. Government needs to ensure that the approach to monitoring and assessment in future is aligned with its wider objective of streamlining performance monitoring and ensuring that local agencies are not burdened with duplicate requests for data to be collected for monitoring purposes.

35. The existing funding structures separate DIP funding from the general treatment funding (pooled treatment budget). As stated above, the LGA's view is that wherever possible, funding streams should be redirected via the general Area Based Grant. At the very least, combining these two funding streams would enable local DAT's to make funding and commissioning decisions based on local priorities and identified weaknesses and/or gaps in their treatment systems. . This merging of funds would enable a fairer treatment system to be commissioned where priority based on need, including need around reduction of offending behaviour, can be responded to appropriately.

36. In addition, government may wish to consider aligning the data and monitoring systems of DIP and NDTMS (National Drug Treatment Monitoring System) to reduce the burden on local DAT's and providers.

37. Commissioning local drug treatment systems needs strong commitment and involvement from all partners, including PCT's, local authorities, offender managers and Police. Pooled resources and shared priorities provide commissioners with flexibility and clear direction. Joint Commissioning Groups benefit from support and training for non-expert members and strong governance. The annual treatment planning process can be restricting for commissioners as the format required by the NTA does not allow sufficient flexibility to address issues other than purely adult treatment, for example, transitional work for younger adults, community engagement and work with the police to address offending.

38. Statutory provision for offenders whose sentence is less than 12 months should be in place, and the most appropriate route for accessing services remains CARAT and DIP services. Previously

mentioned communication difficulties between prisons and community drug services need to be resolved.

39. Rural proofing is also needed. There is a problem of access to treatment for drug users in the more sparsely populated rural areas but there is also a strong argument that rehabilitation provided in such areas can prove particularly successful for those from an urban environment who are moved from the environment which would tend to make relapse more likely. There is also some evidence that major suppliers are using rural communities as transit points as they are considered 'safer'

Re-offending

40. Looking at the wider issue of re-offending, the LGA accepts that a range of agencies, both within and outside the criminal justice system need to work together at national regional and local levels. We have been concerned however that there has been increasing emphasis on working at a regional level at the expense of stronger local partnership working through Local Area Agreements (LAAs) and Local Strategic Partnerships (LSPs). Those factors that do most to reduce re-offending - housing, employment healthcare and family support can best be delivered through local partnerships and detailed local knowledge, that often depends on local sensibility towards the community that goes far beyond anything that could be known or guessed remotely. We think that the revised strategy should promote working within the LAA and LSP structure so that the wider issues that affect offenders can be addressed at a local level to achieve better outcomes.

5. Enforcement and Supply Activity

41. Communities may be encouraged to report drug problems by ensuring a response is made to reports of drug dealing. Feedback from local communities where drug dealing is a particular problem has shown that some people feel tackling street dealing is not a priority for local police forces whose resources and priorities may be directed elsewhere.

42. Local publicity around enforcement activity, whether it results in convictions or not, to address drug dealing and related anti-social behaviour may inspire confidence and reduce fear of crime.

43. Assets confiscated from convicted drug dealers could be ploughed back into the local communities that experienced the disruption and anti-social behaviour caused by the problem. This may also encourage communities to become further involved in tackling the problem. Publicity about successful drug operations and community involvement in determining how/where confiscated assets are re-invested may improve relations and persuade communities of the relevance of addressing the issues.

Broad Strategic Questions

Most of these broad questions have been addressed in previous sections, however to reiterate:

- *Prevention and reduction of harm caused to young people by drug misuse needs to be addressed within the context of the family and community in which the young person is part. Evidence based treatment and support for families is key.*
- *Drug misuse affects may aspects of modern life and therefore mainstreaming the drugs agenda into the everyday business of primary care, schools, public health, criminal justice systems etc. is necessary to embed the responsibility for addressing the issues within the mainstream.*
- *Effectiveness of treatment can be improved by ensuring 'wraparound support' particularly adequate accommodation is available to problematic drug users.*
- *Statutory provision for offenders whose sentence is less than 12 months should be in place and communication difficulties between prisons and community drug services need to be resolved.*
- *Ploughing confiscated assets back into local communities may engage and strengthen communities affected by drug dealing.*
- *Alignment of the Criminal Justice and mainstream treatment systems may offer opportunities for efficiencies and improve equity of access.*
- *Cannabis is the most widely used illicit drug, particularly amongst young people. Further and*

more targeted harm reduction and health promotion work in and out of school is needed to address the need for accurate and credible health messages together with good quality support and treatment for those who need help with a drug problem.