



DrugScope is the UK's leading independent centre of expertise on drugs and drug use and the national membership organisation for the drugs field, with around 500 members. We are members of the Drug Sector Partnership (with Adfam, eATA and The Alliance) and the Recovery Partnership (with Recovery Group UK and the Substance Misuse Skills Consortium). DrugScope incorporated the London Drug and Alcohol Network (LDAN) in 2009.

Further information is available at [www.drugscope.org.uk](http://www.drugscope.org.uk).

In support of our submission to the HASC we direct the committee to a copy of our recent submission to the Health Select Committee Inquiry on Public Health, which can be found [here](#). In addition, a copy of the Drug Sector Partnership's 'Drug Treatment Consensus Statement', signed by over 70 senior figures in the drug treatment field, including CEOs from the leading VCS provider agencies, can be found [here](#).

## The 2011 Home Affairs Select Committee Inquiry into Drugs

Response from DrugScope

10 January 2011

## Introduction

1. DrugScope recognises that the HASC will receive many submissions on a wide range of issues, including drug law reform. DrugScope supports calls for a review of the Misuse of Drugs Act 1971, and has consistently argued for a cautious and piecemeal approach to the review of drug laws, with a focus on low-level drug offences, particularly possession. However, we are concerned that the HASC inquiry should consider other issues about the future of drug and alcohol services at a critical time for our sector. Our submission reflects the priorities of our members, and has a focus on the challenge of **implementing** the vision of recovery from drug and alcohol problems in the 2010 Drug Strategy.
2. We strongly support this vision. We note, however, that the 2010 Drug Strategy is a high level and largely non-prescriptive document. There is concern among our members that local areas, balancing priorities with reduced budgets, may not make the necessary investment to deliver recovery-orientated drug services. There is evidence that substantial disinvestment is already occurring in some areas. As well as the impact on individuals, families and communities, we would highlight evidence for cost effectiveness. In March 2010 the National Audit Office concluded that every £1 invested in drug treatment saved £2.50.<sup>1</sup>
3. While DrugScope is a UK wide organisation, this submission focuses, in particular, on the introduction of the new public health service in England.

## Support for recovery

4. All those elements of life that most of us take for granted are fundamental to the process of 'recovery' from a drug or alcohol problem – including having a home, having good physical and mental health, operating within the law and having something meaningful to do with one's time. These things are often lacking from the lives of people whose substance use is problematic. In a survey of participants in their Pathways to Employment project, which supported homeless people into work, St Mungo's found that over two fifths (42 per cent) of people had a substance use problem;<sup>2</sup> it is estimated that up to half of people diagnosed with a mental health condition also misuse substances;<sup>3</sup> between a third and a half of new receptions to prison are estimated to be problem drug users (equivalent to between 45,000 and 65,000 prisoners in England and Wales);<sup>4</sup> and up to four fifths (80 per cent) of problem drug users (PDUs) are unemployed.<sup>5</sup>
5. As the 2010 Drug Strategy recognises, the road to recovery for people experiencing substance misuse problems requires them, and the agencies that support them, to address multi-factorial and interlocking barriers to recovery. We welcome the Government's recognition of the importance of social re-integration, but there are concerns among our members about their ability to access 'recovery capital' locally, as ring-fences are removed, and local authorities work to balance competing

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<sup>1</sup> p9 National Audit Office (2010) [Tackling Problem Drug Use](#)

<sup>2</sup> Sodha S & Grant E (2010) [Work Matters](#) St Mungo's

<sup>3</sup> Rethink Mental Illness (2011) [Dual Diagnosis: Mental Illness and Substance Misuse](#)

<sup>4</sup> UKDPC (2008) [Reducing Drug Use, Reducing Reoffending: are programmes for problem drug-using offenders in the UK supported by the evidence?](#)

<sup>5</sup> Spencer J et al (2008) [Getting Problem Drug Users \(Back\) Into Employment: part two](#) UKDPC

priorities at a time of radical changes to local strategic and commissioning structures, in a period of significant financial constraint.

6. DrugScope has a particular concern about services for people with a 'dual diagnosis' of mental health and substance misuse problems, and people with 'multiple needs' who can find themselves excluded from services that have not been designed to deal with complex problems. In 2009, DrugScope established the Making Every Adult Matter (MEAM) coalition, with Clinks, Homeless Link and Mind, and funding from the Calouste Gulbenkian Foundation, to develop practical proposals for improving services for this group. On this issue, we refer the HASC to MEAM's 'Turning the Tide' vision paper, which is available at [www.meam.org.uk/vision-paper](http://www.meam.org.uk/vision-paper)

### **Policy change, austerity and the impact on implementation**

7. A plethora of policy changes are occurring with profound relevance for drug policy including the enhanced profile of public health, wider health service reforms and the introduction of Police and Crime Commissioners (PCCs). The most significant change for drug and alcohol treatment is the transfer of National Treatment Agency (NTA) responsibilities to Public Health England (PHE) with responsibility for local delivery transferring to local Directors of Public Health (DoPH) and Health and Wellbeing Boards (HWBs) by 2013.
8. Critically, the nominal ring-fence around much of drug treatment funding is to go. It has been estimated that approximately one quarter of the total public health budget, and half of the likely £2bn that will go to local authorities, will be made up of current spend on drug and alcohol treatment. While there will be a ring-fence around the total public health budget (at least, in the short term), provision of drug and alcohol services, while accounting for around a quarter of the public health budget, will be only one of 17 local public health responsibilities.<sup>6</sup>
9. We note, by way of comparison, that following the removal of the ring-fence from the Supporting People (SP) grant more than a third (36 per cent) of supported housing providers have experienced a significant reduction in their income, despite evidence that the national annual investment of £1.6bn in housing-related support through SP has generated net savings of £3.4bn by avoiding more costly acute services later on.<sup>7</sup> In 2011, DrugScope conducted a survey of the impact of changes in SP funding for drug and alcohol treatment providers. When asked what the impact of the removal of the SP ring fence had been for their clients, over half (53 per cent) cited a decrease in SP funding.<sup>8</sup>
10. The public health outcomes framework, due to be published by the Department of Health by the end of January 2012, has the potential to help protect investment by including outcome measures for drugs and alcohol, but we do not yet know how robust the national outcomes framework will be in protecting the necessary local investment and, ultimately, decisions on spending allocation will be substantially

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<sup>6</sup> pp 27-28 Department of Health (2011) Healthy lives, healthy people – update and way forward,

<sup>7</sup> Ashton T & Hempenstall C (2009) Research in the Fiscal Benefits of the Supporting people Programme DCLG

<sup>8</sup> Roberts M (2011) 'Housing for Recover' Druglink September/October 2011

[www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/RecoveryPartnershipHousingPULLOUT.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/RecoveryPartnershipHousingPULLOUT.pdf)

determined by local authorities. At a minimum there need to be clear and robust mechanisms to ensure sufficient local investment in every area to support recovery. It is also critical for Government (and PHE, once it is operational) actively to promote the importance of drug and alcohol issues within public health and provide information and guidance to prepare Directors of Public Health (as well as other key local decision-makers, including members of local HWBs and Police and Crime Commissioners) for their responsibilities for drug and alcohol services.

11. It is unclear how HWBs, currently developing in shadow form, and which will have responsibility for health and public health, will discharge their responsibilities without additional statutory powers. We also note that there is no statutory seat on HWBs for criminal justice system (CJS) representation and no statutory requirement to consider how health issues interact with criminal justice issues. This is of particular concern for drug and alcohol treatment, which has a critical role in the criminal justice system and community safety. We know that a minority of problem drug users are responsible for high volumes of acquisitive crime, and that treatment engagement has a significant impact on crime. There is also widespread concern about the impact of alcohol misuse on offending and anti-social behaviour. We would also welcome further clarification of the role of the new Police and Crime Commissioners in the development of drug and alcohol policy and how they will interact with HWBs and other public health structures.
12. We broadly welcomed the approach to criminal justice provision that was set out in the 'Breaking the Cycle' Green Paper – particularly, the recognition that effective interventions to support offenders to address drug and alcohol problems are critical to the success of the 'rehabilitation revolution' in criminal justice, and the need to continue to develop innovative community penalties as an alternative to imprisonment for non-violent offenders. We note and support the Bradley Report's recommendations on diversion, and emphasis on the importance of services for people with dual diagnosis.

### **Evidence of disinvestment**

13. Feedback from DrugScope members suggests that some funders are already beginning to disinvest in drug services - constraints on budgets within local authorities appear to have resulted in some services that support our members work focusing on 'core business' with a negative impact on partnership working.
14. Young people's drug and alcohol treatment is particularly dependent on local investment. Evidence of disinvestment in young people's services since the 2010 Spending Review - highlighted in the July/August edition of DrugScope's Druglink magazine - found that a number of young people's treatment services had closed or been severely scaled back in London. Speaking in July, staff at The Lifeline Project and Addaction, both treatment providers, reported cuts of up to 50 per cent in local funding for young people. Recent research by Frontier Economics for the Department for Education concluded that £1 invested in drug and alcohol treatment services for young people saves between £5 and £8.<sup>9</sup>

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<sup>9</sup> Frontier Economics (2011) Specialist drug and alcohol services for young people Department for Education

15. Drug education and prevention has also been hard hit with financial pressures on local authorities intensifying after the discontinuation of Healthy Schools funding from central government. In a survey of staff in 79 local education authorities (LEAs) carried out by the National Health Education Group, over a quarter (28 per cent) reported that there had been no specialist drug education support in their LEA's secondary schools since April 2011.
16. We also note the potential impact of a wide range of other policy changes on our sector and service users, including:
- The introduction of payment by results for drug recovery, including in eight pilot areas from April 2012;
  - The development of the Work Programme for the long-term unemployed;
  - Welfare reform, including changes to the discretionary social fund and housing benefit rules; and
  - New powers of local authorities with respect to housing.<sup>10</sup>

All these changes will have a profound impact for drug and alcohol services and many people in treatment and recovery - it is important that this is carefully monitored and evaluated. For example, payment by results may not be supportive of smaller voluntary and community sector providers who find it difficult to manage the cash flow and financial risks associated with outcome-based payments, and there are risks of 'gaming' (for example, cherry picking clients most likely to achieve the desired outcomes).

17. On the DWP's Work Programme there has been concern about a perceived lack of engagement by prime providers in supporting recovery. The anxiety is that because of the narrow outcome-based criteria for funding and the particular challenges for supporting people with drug or alcohol problems into work, this group may be de-prioritised or 'parked'. On housing, one concern has been the proposal to extend to all claimants under 35, rules preventing them receiving housing benefit for self-contained accommodation that currently apply to under 25s only. More service users in recovery could be placed in inappropriate hostel style accommodation with people still misusing drugs or alcohol. There is also concern about the impact of the abolition of the social fund – for example, because of its role in providing some financial support for people leaving residential rehabilitation to purchase basic goods for independent living.

### **Addressing negative attitudes that form a barrier to recovery**

18. Allocation of funding will increasingly be made in response to the demands of the politically active population in a local area. One difficulty in terms of advocacy for the drug and alcohol sector is that people in need of treatment and/or on the road to recovery have not been viewed positively by those who are more likely to lobby local decision-makers.

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<sup>10</sup> For discussion of these issues see the Recovery Partnership's papers for the Inter-Ministerial Group on drug policy on 'Payment by Results and Recovery', 'Housing and recovery', and 'Employment, education, training and recovery' at [www.drugscope.org.uk/POLICY+TOPICS/Recovery+Partnership](http://www.drugscope.org.uk/POLICY+TOPICS/Recovery+Partnership)

19. Three quarters of employers told the UKDPC that they would not employ someone in recovery from problem drug use.<sup>11</sup> Given the recognition in the Drug Strategy 2010 of the important role that employment can play in recovery, and the fact that those in recovery are not protected by the Equality Act, this needs to be addressed if the ambition for recovery is to become a reality. UKDPC research also found that a third (33 per cent) of UK respondents agreed with the statement 'I would not want to live next door to someone who has been dependent on drugs'.<sup>12</sup>
20. The UKDPC concluded that 'the stigmatisation of people with drug problems has serious consequences for government policy ... If we are serious about recovery and reintegration, we need to be serious about tackling stigma'.<sup>13</sup>
21. It would, however, be misleading to conclude that the majority of the public does not support investment in high quality treatment services. Nine out of ten respondents (88 per cent) to a 2009 DrugScope/ICM survey agreed that 'drug treatment should be available to anyone with an addiction to drugs who is prepared to address it'.<sup>14</sup> Central and local government need to respond to and build upon these supportive public attitudes that have developed in recent years.

### Conclusion

32. DrugScope welcomes the recovery vision in the 2010 Drug Strategy and our members are strongly committed to working with Government and local decision-makers to achieve the ambition. However, we would ask the HASC to give consideration to significant threats and barriers to the successful implementation of the strategy.

33. In particular, we have highlighted the risk of disinvestment as:

- Responsibility for investment transfers to the new public health service and local authorities;
- The nominal ring-fencing is removed from the pooled treatment budget as it is integrated into a ring-fenced public health budget, where it is one of 17 public health responsibilities; and
- Local authorities are increasingly making critical investment decisions against a background of financial austerity.

34. If we are to support recovery and prevent damaging disinvestment, Government should balance support for localism with effective policy levers (notably in the new public health system) to ensure that drug and alcohol recovery needs can be adequately met in every area. Local elected representatives, professionals and decision-makers acquiring responsibilities for drug and alcohol services will also need support and information. If we get this wrong, the consequences could be devastating for people willing to make the commitment to treatment. This will have

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<sup>11</sup> Spencer J et al (2008) Getting Problem Drug Users (Back) Into Employment: Part Two UKDPC

<sup>12</sup> Singleton N (2011) Getting Serious about Stigma in Scotland: The problem with stigmatising drug users UKDPC

<sup>13</sup> UKDPC (2010) Getting serious about stigma: the problem with stigmatising drug users – a summary of findings at [www.ukdpc.org.uk/resources/serious\\_about\\_stigma\\_summary.pdf](http://www.ukdpc.org.uk/resources/serious_about_stigma_summary.pdf)

<sup>14</sup> Roberts M (2009) What does the public really think about addiction and it's treatment DrugScope at [www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/MarcusreportICM.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/MarcusreportICM.pdf)

serious knock on effects for families and communities, and long-term costs for the tax payer. If we get it right, then we can take a big stride forward in creating world-class cost effective treatment, and realising the Government ambition for recovery.

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