



The Drugs Bill: What is needed to support the drug sector?

The Government's Drugs Bill has outlined a raft of new criminal justice legislation on drugs and drug policy.

The criminal justice system has an important role to play in reducing drug-related crime and in getting drug users into treatment. However, we are concerned by the increasing punitive approach to tackling drug misuse. We recommend that the key priority for government should be to focus on making treatment more effective, rather than widening the net of the criminal justice interventions as the means to get people into treatment.

It is important to ensure that the right people are being placed on the right programmes. However, a recent report from the Audit Commission estimates that 34 per cent of drug users who leave treatment drop out within the first 12 weeks. According to the National Audit Office, of those offenders who have received a community sentence such as a drug testing and treatment order (DTTO) in 2003 - which requires them to undergo treatment instead of custody - only 28% completed the programme. We do not believe that the proposed measures in the Drugs Bill alone will lead to an improvement in the success rate of referrals into treatment or a reduction in drop out rates on DTTOs.

We also feel that the measures in the Drugs Bill do not address the need to provide treatment to drug users in the community, who have not committed a crime and who can be prevented from committing a crime in the future by prompt access to treatment. The war on drugs is too easily interpreted as a war on drug users. Instead, tackling substance misuse must be central to a broader social welfare and health agenda that addresses and matches the complex and different needs of many problem drug users.

For these reasons, we are proposing an alternative Drugs Bill. Addressing the following priorities:

1. Meeting complex needs more effectively

- Half of people in drug or alcohol services also have a mental health problem.
- Around one-third of patients in mental health services also have a drug or alcohol problem.

Many users are still falling through the gaps, going without help or being passed from one agency to another because of disagreements who should be the lead agency or because agencies are not involved at the stage when a person is assessed and referred to services. Services should be commissioned more strategically across the drugs, alcohol and mental health fields. Treatment for young people must

acknowledge the wider social factors and some of the catalysts of drug misuse such as poor school attendance, school exclusion, or a history of violence and disturbance in childhood.

2. Better support and after-care services to back up treatment and sustain recovery

- One in three problem drug users are homeless or in need of housing support.
- Services must be able to deal with all aspects of a person's life such as housing, finance, education, employment, as well as their substance misuse problems.

Unless more is done to tackle the catalysts that lead to problem drug use the revolving door of drugs and crime will continue. We want the Government to place greater priority on providing after care for people when they leave treatment in the community or in the criminal justice system. There should be greater priority on commissioning treatment services in combination with long term support such as housing, employment and day-care provision – and these services must be available and working with the drug treatment sector – not in isolation.

This will ensure that every support to an individual is made available in order to help them rebuild their lives and reintegrate back into the community rather than simply returning an individual to the environment which first contributed to their misuse.

3. A pilot of safer injecting areas and greater use of heroin prescribing

- There is still an urgent need for harm reduction – a way to bridge users into treatment. We need to bring heroin use above ground so that those who wish to be helped can be, and those who are not ready do not risk their own health and that of the public.
- Heroin prescribing and safer injecting areas are needed as just part of the mix of getting – often some of the most chaotic users – to access treatment services.

We recommend the introduction of safer injecting areas. An area where people can go without fear of arrest, where practical advice is available and there is a safe disposal of needles. As well as helping users to reduce the risks to their health, safe injecting areas can make a significant impact on the nuisance caused to others by injecting in public, discarding needles in the street and other public places which is a health and safety risk, particularly to children.

Heroin prescribing is currently only available to some of the most chaotic users – only about 450 in the country. We think that prescribing is a useful tool to stabilise heroin users and to maintain them, within a strict reduction in harm agenda.

4. Greater investment in training and encouraging GPs to work with clients with drug problems.

- GPs are a key resource in the treatment of drug misuse and can help people to access other services.
- There is a shortage of trained GPs to deal with drug misuse and there is no co-ordinated infrastructure to support them.

There is an urgent need to share the care arrangements of drug users. This means more partnerships between GPs and specialist agencies, including voluntary sector

agencies, psychiatrists and community pharmacists working together in support of clients. There is a clear need for Government to invest in improving drug misusers access to shared care arrangements and promoting better models of good practice.

5. Investment in the training of staff

- There is a significant problem with recruitment and retention of staff at all levels and an estimated shortage of at least 3,000 drug staff with specialist knowledge in the management of drug users
- Shortfalls in staff are greatest among those working with young people, women, families, black and ethnic minority groups and people with mental health problems.

All staff that work with drug misusers and front line staff in mainstream services who come into contact with these people need to be trained and supported to develop the skills to do their job effectively. The Government must continue to invest to improve the status of all staff who work with substance misusers, so that it becomes a more attractive career option in terms of rewards, personal development, career progression and public standing. This demands a collective workforce strategy that promotes a greater investment in the training, development and retention of staff and provides more incentives for all staff to continuously develop their expertise and to work collaboratively across agencies.