

COALITION CONUNDRUM

As we await the new drug strategy, opinion is split on how the spending cuts, the coalition government and its 'Big Society' will make their mark on future policy. **Martin Barnes** picks through the evidence

"I feel extremely strongly on this subject and desperately want to see a reduction of drug use and better paths to enable people to get out of it. If one takes a slightly progressive or, as I would like to think of it, thoughtful view, one can be accused of being soft. I reject that utterly."

David Cameron MP, 2002

"These are quite remarkable days... recent political events have been so extraordinary and unpredictable"

Kenneth Clark, Secretary of State for Justice, June 2010

During the election campaign drug policy did not get much of a mention, with few specific commitments in the party manifestos. More than six months on from the formation of the coalition government, what do we know so far about its approach to drug policy?

Some pieces of the jigsaw are in place, but despite publication of the drug strategy consultation document in August, and much support in the sector for the broad aims and themes it contained, there remains a lot of uncertainty.

It is difficult, if not impossible, to separate anxieties about the new drug strategy, due to be published in December, from the concerns about the impact of the Spending Review and spending cuts. On the detail, the situation within government is complex and policy discussion still 'fluid'. However, perhaps the most surprising thing is just how much of a priority drug policy is being given across government. Senior officials

and politicians suggest it is one of the Prime Minister's top personal priorities.

There are limitations in trying to read the government's aims and intentions through the prism of what the respective coalition parties said before the election. Funding priorities, party politics and (as Harold Macmillan observed) 'events' will inevitably have influence – but however cynical or sceptical we may feel about politics in general, in many policy areas there is a commitment within government to thinking and working differently.

Before the election much of the Conservative Party's thinking on drug policy was articulated by the Centre for Social Justice and Iain Duncan Smith. The Centre's 'Addictions' report, published in 2007, although never formally adopted as Conservative Party policy, was highly critical of Labour's approach to drug policy, describing it as a 'costly investment in failure'. Although methadone had a 'useful and positive role in the treatment of addiction', methadone prescribing was said to perpetuate 'addiction and dependency [and] has been promoted while rehabilitation treatment has been marginalised.'

'Abstinence', the report concluded, 'is the most effective form of treatment, and the only appropriate one for many addictions'. In January this year, Iain Duncan Smith said that a 'fatalistic and undignified strategy of maintenance not recovery, fuels... ongoing failure'. He called for a quadrupling of residential rehab places, the replacement of the National Treatment Agency (NTA) by a new Addictions Recovery Board and

for the Advisory Council on the Misuse of Drugs to be replaced by an 'advisory council on addiction'.

Rumours circulated soon after the election that Iain Duncan Smith, in his new role as Secretary of State for Work and Pensions, was lobbying for his department to have a role in drug policy, specifically drug treatment. Allegedly, there was at least one 'difficult' meeting with the Home Secretary, Theresa May. Although the Home Office continues to have lead responsibility for the strategy, it is significant that the DWP is tasked with leading on 'recovery'. Yet it is unclear what policy levers the department will have, as the responsibility, and budgets, for aspects such as housing, education and skills and family support sit elsewhere in government.

To add to the complexity, the Minister of State at the Cabinet Office, Oliver Letwin, has been leading a cross-departmental review of commissioning and developing a system of payment by results for drug treatment. Oliver Letwin is described as a one of David Cameron's 'closest allies'.

The Coalition: our programme for government, published in May, featured a number of commitments relevant to drug policy, including temporary bans on new



'legal highs' and exploring alternative forms of secure, treatment based accommodation for mentally ill and drugs offenders. There was no mention of a new drug strategy.

In light of the commitment to reduce the number of 'quangos' it was perhaps not surprising that the NTA is to be abolished and its functions transferred to the new Public Health Service. After the announcement, the NTA business plan was published. In trying to reflect the political zeitgeist (before publication of the drug strategy consultation) it nonetheless sent hares running on the issue of methadone prescribing.

Under the heading 'Championing abstinence-focused treatment' it states that new guidance for treatment in prisons has introduced 'strict time-limits to end the practice of open-ended substitute prescribing in prisons' and that this principle 'will be extended into community settings'. Although there is a more accurate description of the guidance later in the document, the reference to 'strict time limits' caused alarm among many treatment providers and service users. The 2009 business plan made explicit mention of 'harm reduction' and 'needle exchange', words which now appear to be absent.

A goal of avoiding open-ended prescribing is not the same as, and should not be confused with, the setting of 'strict time limits'. The wording was unhelpful and detracted from other relevant statements, for example: the 'approach' taken in prisons 'needs to be undertaken with the full support of clinicians if it is to be successful'; an expert group (chaired by Professor John Strang) would be tasked with developing new clinical protocols and any change would be 'underpinned by the latest evidence and best practice'.

The drug strategy consultation document does not mention methadone. It recognises the need for a joint approach ('where appropriate') to drugs and alcohol and preventing and reducing substance misuse 'of whatever type'; it promises a strong commitment to supporting recovery and reintegration: 'the end result should be the focus, rather than the means'. The document mentions 'abstinence' but acknowledges that while a 'drug free lifestyle is the ultimate aim' 'reducing harm is an important component of treatment'. Speaking at DrugScope's conference in November, the NTA's chief executive Paul Hayes provided welcome assurance, describing harm reduction services as "the bedrock of what we do". He added: "Our challenge is adding recovery, not subtracting harm reduction."

THE MOST SURPRISING THING IS JUST HOW MUCH OF A PRIORITY DRUG POLICY IS BEING GIVEN ACROSS GOVERNMENT.

Concern about the truncated six-week consultation process and the lack of detail in the document underlines a need for the government to more fully articulate its approach to drug policy, and particularly treatment. There is evidence (for example via DrugScope's FundingWatch network) of commissioners, local partnerships and service providers pre-empting what they think a 'rebalanced' treatment system will look like – questions are being asked about funding for substitute prescribing, 'recovery' is seen by some as meaning abstinence, morale in many needle exchange services is low.

The new strategy is expected to be shorter, less detailed and less 'prescriptive' than previous strategies. The government is embarking on a radical and broad reform programme; other relevant 'policy ducks' have yet to line up – for example, reform of the National Health Service; a public health White Paper and the establishment of the Public Health Service; a review of sentencing policy and the 'rehabilitation revolution'; radical reform of the social security system and welfare-to-work programmes which will influence how the DWP supports 'recovery'. The strategy document will therefore need to achieve clarity (including how it gives voice to the 'Big Society') without being set in stone.

There is recognition within government that a more ambitious approach to treatment and recovery needs to be adequately funded. There will be a ring-fence for public health but we do not know if the ring-fence for drug treatment will be retained.

Considerable effort is going into developing a system of payment by results – the Conservative Party's intention to move away from 'process-based' funding to an 'outcomes' or 'impact' based approach was flagged before the election and will be applied across criminal justice, health and social care. But expectations that new forms of funding and commissioning will generate cost-savings are as yet unproven.

Then there is the importance and added complication of the commitment to 'localism': a radical devolution of power and financial autonomy to local government. The government has swept aside Public Sector Agreement (PSA) targets, Comprehensive Area Agreements have been abolished and the Spending Review 'gives councils unprecedented freedoms and flexibilities and far more control over their budgets'. Revenue grants to local authorities will be reduced by 26 per cent. The essential components for recovery – housing, training, family support and so on – are reliant on locally delivered and funded services.

A key message in DrugScope's response to the drug strategy consultation is the need to build on what has been achieved. Our report on drug treatment in 2009, *Drug treatment at the crossroads*, highlighted that while there were disagreements and differences in approach in the sector, there was at the same time wide consensus on the need for a balanced approach to treatment and on the way forward.

This has been further evidence by the support for the Drug Sector Partnership's drug treatment consensus statement (www.drugsectorpartnership.org.uk). Our report warned: 'Solid achievements could be lost, if respect for clinical judgment and evidence based service provision is overridden by a dogmatic and ideological approach.' Responding to this concern, the government promises a "sensible approach" building "on what works".

As the national membership organisation for the drug sector we will work hard to ensure that, in these 'extraordinary' and 'unpredictable' times, our members and others continue to have a voice – and that policy and delivery is scrutinised and evaluated.

■ **Martin Barnes** is Chief Executive of DrugScope

