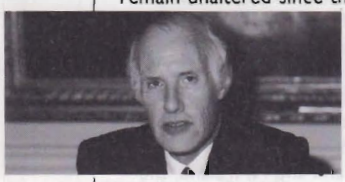
English national strategy goes live

Opposite: White Paper's foreword and summary. Page 5: what the strategy says about social factors; stategies across the UK

On 10 May the English drug strategy White Paper *Tackling Drugs Together*[1] was launched by Privy Council President Tony Newton with "accessible treatment" added to its most important passage, the statement of purpose.

The focus on demand/crime reduction and most of the details remain unaltered since the Green Paper last October. Several updates simply record spending decisions made in the interim. The substantial changes confirm the reputation for listening gained by Mr Newton and his Central Drugs Coordination Unit (CDCU) in the run-up to the Green Paper.



Tony Newton: reputation for listening

If the policy takes hold, services – especially those funded from statutory sources – will no longer be able to argue for funding purely on a client-centred agenda of responding to drug users' needs, but will have to show their relevance to national objectives which focus on primary prevention, abstinence and crime reduction.

With a general election due during the three years of the strategy, interest centred on Labour's response. The implication was clear: as things stand, Labour would continue the policy. Cross-party support was sustained in the White Paper debate a month later. Just a few ripples mainly from the Liberal Democrat benches disturbed the unaccustomed consensus of a Commons keen to show its support.

Quoting the equivalent Scottish report, Liberal spokesman Alan Beith said the policy failed to address the fundamental causes of the drug problem in "deprivation, alienation and poverty of aspiration".[2] Parrying, Tony Newton cited the less than clear-cut findings of Sir Michael Rutter's study of psychological disorders in young people (see *Tentative move to recognise social factors* on page 5).

Fine-tuning welcomed

Most observers will welcome the changes made to the Green Paper. Among them is a commitment to retain the CDCU until March 1996 to help implement and monitor the strategy. On 10 May Tony Newton heavily hinted that the unit can also look forward to a life beyond March. In the immediate future CDCU staff will be taking a close interest in the development of drug action teams, visiting each health district by the end of 1995 to see if the plans are working.

Including "accessible treatment" in the agenda-setting statement of purpose is intended to show a commitment to this sector widely seen as lacking in the Green Paper. This commitment is bolstered by an expanded list of tasks which now includes a plan to use the Department of Health's Effectiveness Review as a basis for guidance to treatment purchasers and a commitment to follow up the Social Services Inspectorate's critical report on community care.

At the time of the Green Paper some quipped that the CDCU's spell-checker must have been programmed to replace 'harm reduction' or 'harm minimisation' by terms which could not be read as back door liberalisation. After some agonised and extensive discussions in the cabinet drug misuse subcommittee, those terms now appear in the White Paper, guarded by quote marks to show they remain outside the government's preferred vocabulary.

Their inclusion signifies a considerable shift since the Green Paper. The ministers' problem was not over measures such as needle exchanges for regular and older users. Policy on this is essentially unaltered, stressing the need for responsible disposal of used works.

Where ministers had to swallow hard was over harm reduction for younger recreational users. Responding to concern over rave-related ecstasy deaths, they called for clubs to take "responsible measures" to "save lives" such as providing free cold drinking water. Alan Beith complained they had drawn the line at promoting chill-out rooms because this "would appear to condone drugtaking".

> It could mean a move away from client-centred services

The Government's concession was hedged with reminders that it "places a very strong emphasis on preventing young people from misusing drugs" and is opposed to anything which "could be interpreted as explicitly condoning drug misuse" or which understates the legal or health risks. With these provisos, the chances are slim for a harm reduction leaflet seeking official support on the basis of a one-line aside that drugs are illegal and never totally safe.

As well as to reduce health risks, services may also justify harm reduction under the crime reduction umbrella. Though de-emphasised, harm reduction is still alive in England; it's just that its clothes may need to be trimmed or adjusted.

As soon as the Green Paper was launched it was clear that omission of social services from drug action teams was a mistake, one the White Paper duly rectified. Discretion to co-opt additional members and encouragement that one of these should come from the voluntary sector help plug another much commented-on gap. Tony Newton refused to extend similar encouragement to elected local councillors, though these might get in as co-opted members.

Pleas that basing drug action team areas on health districts would make it impossible for some senior officers to attend helped persuade ministers to make districts first choice, but then to allow local flexibility as long as there are no gaps. This could mean two or more health authorities participating in a single team and pooling the money given to each to fund a team's development.

Concerns remain

With little changed between the two, many of the criticisms made of Green Paper will be made of its successor. Top of the list is resourcing. Tony Newton was able to identify an extra £13 million for 1995–96 to implement the White Paper, but could not confirm that it was all 'new' as opposed to redirected money.

This government contribution is intended to support spending of just under £2 million for the first half-year of the drug action teams,[3] £5.9m for education, £1m for young people's services, and £4.6m for prison drug testing and treatment programmes. The opposition seemed unimpressed as did Tory MP Tim Rathbone, chair of the All Party Drugs Misuse Group.

For Tony Newton and the CDCU the strategy is more about making the most of the estimated £526m already spent on drugs.[4] Efficiency savings from better information and evaluation, and the synergy of effort as previously uncoordinated services start pulling together, are expected to deliver the resources to make the strategy a reality. In schools, local and health authorities, police and prisons, the pressure on resources is such that this ambition is being seriously questioned, among others by SCODA and the Local Government Drugs Forum (LGDF).

LGDF calculates that if elements of the policy such as arrest referral succeed, this alone may place an extra load on community care budgets of over £6m a year. With ringfencing of these budgets ending next March, "there can be minimal optimism that support for these services will expand" and tight local authority funding settlements could lead to cuts, warns LGDF.

The White Paper gives no sign of responding to calls for efficiency reviews of enforcement and prevention such as that being undertaken for treatment, nor of diverting some of the £346m spent on enforcement to shore up treatment and prevention. SCODA's director Roger Howard warns that flexible responses will be seriously blocked by the lack of a mechanism for treatment and prevention to be subsidised by criminal justice sources, despite the fact that these stand to make savings through initiatives such as treatment alternatives to custody or prosecution.

What next?

Already the CDCU and policy insiders at the Department of Health are looking ahead to 1998 when the three-year strategy comes up for renewal. Treatment improvements and prevention programmes building up from primary school level will even then be a long way from having proved themselves. What's widely seen as inadequate funding for the strategy is unlikely to dramatically increase over the next three years, further limiting the impact. On the other side is a seemingly inexorable rise in drug misuse drug dating from the '50s which the strategy is unlikely to turn back. The aim instead is containment.

With this background the scenario for 1998 is predictable. Indicators of drug misuse are likely to have increased despite the new coordination structures. That would leave a choice of declaring the policy a success because without it things would have been worse, a failure because the tide has not been turned, or a promising venture in need of adjustment or a greater impetus.

Like the proverbial decision over whether the glass is half full, this choice will be determined as much by what the decision-makers want to see as by any scientific calculation. **Mike Ashton** *ISDD*

1. *Tackling drugs together: a strategy for England 1995–1998*. HMSO, 1995.
2. *Hansard*: 9 June 1995.
3. Over the three years of the strategy funding totals £8.8 million. In the 2nd and 3rd years health authorities receive £33,000 per full year for the teams, the same as in Scotland.
4. Estimate is for 1993–94.