HIGH ON ASPIRATION

Sara McGrail and **David MacKintosh** look at a decade of change within the drugs sector – and the looming government spending review.

It's July 2010 and a new broom is sweeping through Whitehall in the shape of a coalition government, short on policy detail, but high on aspiration.

Its agenda is to cut the spending deficit, and in particular to look at the efficiency of public services through a re-imagined spending review – the structure by which funding is allocated to government priorities. It has been billed as a "once in a generation" opportunity to re-define the relationship between the public sector, the government and society, underpinned by the Conservative yen for small government and the Lib Dem zeal for reform. We have of course yet to see the substance of the spending review – we won't get a look at that until the autumn – and on some key decisions about structures, the dust may not settle until well into next year.

So what do we know? Well, that some of the structures for policy formation and implementation will be redesigned. There is a stated intention to see a shift from PCT to GP commissioning, with the PCT role being substantially reduced. There has been some commitment made to the re-negotiating of GP contracts – whether this will provide an opportunity to get drugs and alcohol issues back on the mainstream primary care agenda remains to be seen (though this could significantly cut costs for specialist treatment – and protect some capacity). The Coalition have stated their intention to focus more on outcomes – however it is not yet entirely clear how the outcomes will be defined and counted – or by whom. A health White Paper is expected in the summer.

The futures of strategic health authorities and regional government are also looking wobbly as the Coalition pushes localism whilst also beginning to "de-regionalise". Government Office London is already earmarked for the chop, though it is unclear as to how decisions about what survives elsewhere at a regional level have yet to be made.

As we are all by now aware, cuts in funding – this year as well as in the future – are certain, and these will be substantial. Will money for drug and alcohol services be affected? Without doubt. We also know what the basis will be for making decisions about what should and should not be funded, managed and delivered by government.

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In early June, the government published its framework for the spending review. The 198 local indicators that form the evaluative basis of the local area agreement have been abolished. In their place the government tells us there will be a requirement for Whitehall departments to produce business plans identifying, costing and setting baselines for activity. How this translates to local areas is yet to be seen.

Over the summer, individuals and organisations are being asked to contribute to Coalition thinking on how we can make the cuts – between 15 per cent and 20 per cent of spending across some departments. The government has given us a set of criteria to be used to evaluate investment for specific programmes and areas of public spending. The criteria ask us to consider not just value for money, but whether a programme of work is rightly the role of government or whether it should be delivered by the private sector or local government, voluntary groups and 'the big society'.

Under the first criteria, 'is the activity essential to meet government priorities?', it is hard – beyond establishing secure rehabs and providing some treatment to prevent crime – to discern that the Coalition gives any priority to the problems related to substance use specifically. However, given the priority they place on communities, health inequalities, crime and anti-social behaviour, it seems likely that substance use will figure in their more detailed plans. However, greater specificity about who the programmes will target, and what benefits are achieved may be required, which may be helpful in responding to another of the criteria: whether the activity can be targeted to those most in need.

We are also asked to examine whether the government needs to fund the activity. It's hard to imagine treatment being funded other than by government. However this is not the same as saying that the state should fund it. We have grown used to being given money by a government that prioritised the expansion of drug treatment. But it is not clear that the Coalition will view this in the same way.

Some commentators, possibly anticipating the demand for rationing, have suggested that while the government may want to fund some interventions for drug users (like residential treatment and community detoxification) they may see an opportunity to cut costs by restricting access to intensive treatment to small numbers of chronically dependent, long-term users. Clearly, restrictions should not reduce access to treatment that NICE guidance has established as being the evidence-based approach for individuals experiencing problems in relation to substance use.

Another economic case exists to be made, which addresses other Treasury

criteria, namely that cuts in the substance misuse field will incur much higher additional costs 'downstream'. How much more economically effective is preventing HIV or Hepatitis C than having to treat it? Early intervention is both morally and economically indicated.

It has been some years since any central government money was available to fund activity around drugs and alcohol which is not related to the treatment sector and the criminal justice system, or their interface. When the London Drug Policy Forum undertook its review of the work of local drugs partnerships, *Making it local*, published last year, it found that few partnerships were delivering work to deal with the wider impacts of substance use. Those that did were funding their work through regeneration monies, mainstream support from local authorities or via non-statutory funding in partnership with their local voluntary sector. It is likely that this approach to tackling local problems may become more widespread – and it is undoubtedly this entrepreneurial spark that will receive most ministerial encouragement over the next few years.

In the USA there are models that we may want to explore. Community Trusts – essentially local partnerships involving citizens, the voluntary and private sector working with a small amount of government seed money – seek to maximise resources and impact by working largely independently of government control. Even stepping back to our own recent history, the work undertaken by volunteers and community groups under the Communities Against Drugs programme, may meet government expectations and local needs. This would also integrate with the emergent recovery oriented communities models being explored currently in the north west of England.

And if the examples of Barnet and Essex Councils are anything to go by, the broad reviews of Social Care and Child Protection Services announced in June will be tackling the very questions of what the state should provide for free and what should be funded in other ways. These areas of social policy, to which much of our work in the drugs field is aligned, will be undergoing significant change – both in terms of how services are managed, and what they deliver. This will impact on our work.

The question here must be how this is managed and evaluated. But opportunities do exist for making claims on other

budgets, better co-operation with the voluntary and the private sector to deliver the support activities – often mentioned in speeches but neglected in action – which help individuals and communities.

The case for the economic value of investment in tackling drugs has been made many times. At the Public Accounts Committee (PAC) hearing in the spring, a case was accepted for the value of drug treatment. However, according to the committee, not all in the garden was rosy. Instead it suggested that the Home Office develop a more "robust" approach to identify the value for money of the investment made in the drugs sector. We must hope that this goes ahead – and that those charged with delivering it are able to move beyond the narrow simplicity of the Drugs Harm Index.

Demonstrating the value of our current mechanisms for delivery is something the National Audit Office and the PAC shied away from. But it would not be surprising were the new government committee charged with scrutinising spending to identify that our current model – with 149 DATs and a substantial central infrastructure – may include some duplication and waste.

So do we abolish the national infrastructure? Fully deploy the localism agenda and allow the DATs to get on with it? Or do we establish an entirely centrally managed system for commissioning treatment on a regional or sub regional basis? It's unlikely either approach would be terribly effective, and the second would sit badly with the ambition of the Coalition to devolve power. Probably some slimmed down combination of the two will prevail. But other solutions, including mainstreaming the strategic approach to drugs, at a national and local level, may offer the most attractive and cost effective solution.

There is always opportunity in periods of change. DATs were created at a time when resources were scarce. Partnerships had little money, only by working together could they make progress.

The cuts and the changes ahead may be painful, but we have to try to protect our achievements of the last 15 years – and make the most of any opportunities the new regime provides. These may include greater independence from central scrutiny and developing more imaginative and low cost ways of using resources.

Certainly we will all need to learn new skills. One of which will inevitably be how to downsize our current treatment systems and make intelligent cuts. The costly, management-heavy approaches of recent years are something that only the government can rid us of, and we must hope their commitment to reducing unnecessary bureaucracy is fulfilled. But without intensive monitoring, is the drugs field capable of sustaining the gains in quality, access and outcome that we – even the most cynical of us – know have been made?

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