

Preventing confusion

The interview with Tony Newton in the last Druglink raised the possible confusion of the place in Tackling Drugs Together of the Drugs Prevention Initiative and asked whether it was relevant. But the DPI has an important part to play in the strategy, says its head, and here she explains the philosophy behind the Initiative and the work it does

EVER SINCE THE LAUNCH OF *Tackling Drugs Together*, people have asked, 'So what does the Drugs Prevention Initiative actually do? How does it fit in with the strategy?'. The short answer to this can be encapsulated in one word: development. I hope that this article will provide a longer answer.

The first and most important point to grasp about the DPI is that its national function is developmental. In other words, it aims to turn the experiences of some localities to national advantage, demonstrating what can be done more generally. In this respect, it runs alongside *Tackling Drugs Together*, both nationally and locally.

The next thing to understand is that in the remaining two years of the DPI's current remit, the Initiative's focus will become increasingly 'external', as the emphasis shifts from developing programmes on the ground to developing good practice findings from the local projects and making them widely available. To do so, the DPI will need to engage the interest, support and participation of practitioners and policy-makers across the country to answer the following question: what sort of information, presented in what formats, for which audiences is most likely to result in good prevention practice being replicated throughout the UK? Hardly a simple task.

Initiative's initiation

To understand the DPI's work more fully, however, it is necessary to look at what it has achieved.

The first phase of the DPI's workplan ran until March 1995, and involved the setting up of community-based drug prevention work. Drug Prevention Teams were given no blueprint from the centre,

nor any instructions as to what the work should look like. What they did have were local support and advice, a small grants budget and a central support and management unit based in the Home Office.

Most critically though, they had their own knowledge, imagination and enthusiasm and – as Home Office teams – some freedom from local agency relationships, conflicts and expectations. The Teams succeeded in bringing together a wide range of partnerships in a large number of very diverse projects. Granted, by no means could all of these be deemed successes (even in 'process' terms) and it must also be acknowledged that it is quite difficult to assess precisely what the drug prevention effect may have been in a number of cases. But an independent review concluded that the model could develop worthwhile prevention activity, provided that the projects were more long-term and more substantial in order to test effectiveness more rigorously.

Perfect practice

Phase two, which began in April 1995, provides this long-term commitment. The Teams were expanded so that there were a dozen, covering a much larger area of the country. The first nine months (the gestation period, if you will) were spent mapping the new areas, assessing needs and developing proposals for projects in partnership with local people, including Drug Action Teams and Drug Reference Groups. The plans were further honed and coordinated across the Initiative so that there was a real chance of creating a

programme of work which could collectively achieve some real progress.

This process – laborious as it often seemed at the time – enabled the Initiative to develop a coherent programme of activities grounded in local experience and responsive to local circumstances. But more than this, it was also based on the Initiative's already existing good practice findings (many of which have been published as research reports and guidelines) and was capable of learning and disseminating lessons which might be generally applicable.

Through more than 70 projects, this second phase is addressing some of the most fundamental questions about prevention. For instance, what is the role of parents in the prevention of drug misuse? Do parents benefit from being provided with accurate, up-to-date drug information or is a more proactive approach required? How can communities support school-based drug education and should prevention elements be introduced to out-of-school activities? And how can 'hidden populations' and especially rural communities be reached by drug prevention?

Hopefully, if not answers, then at least suggestions will be available to these questions in the not too distant future. And we can all benefit from the work of the Initiative – practitioners, policy-makers and Drug Action Teams alike. In fact, the DPI already provide a great deal of good practice support and advice to the Drug Action Teams in their areas. The challenge in the next few years will be to deliver that guidance more effectively to Drug Action Teams and others across the country. ○

by

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