feature

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Social regeneration
Policies and programmes with drugs

The last twenty years have seen a succession of initiatives to tackle urban deprivation. Many of these have been short term, some of them effective, but none has systematically addressed drug problems alongside the main, broad themes of local neighbourhood renewal.

Currently there is new willingness across government departments to join the two major policy areas of neighbourhood renewal and drugs and to build strong and resilient communities in which drugs do not take root or do further damage.

This willingness has partly come from the recognition that in the ten-year drug strategy, *Tackling drugs to build a better Britain*, there was a gap where community approaches should be.

While stating the broad theme of protecting communities from drugs, the emphasis was largely placed on crime as the main impact on community life. To some degree this reflected the prevailing determination that remains central to the strategy, tackling drug-related crime is near the top of all priorities.

With the Communities Against Drugs (CAD) strategy, the government has officially confirmed that action to tackle the broader effects of drugs on local communities is now also recognised as being central to the strategy.

This feeling is shared collectively across departments. Both the drugs and neighbourhood renewal strategies have recognised their mutual need to be joined up to address the community dimension of drugs.

The reasons for this collective willingness to make community issues part of the drugs agenda, and drugs part of the regeneration agenda, are many. Some of this comes from the increasing sophistication we have about regeneration best practice, indicated by the Social Exclusion Unit's work, the Policy Action Team reports and so on.

Research into neighbourhoods has also helped. Drugs have emerged as a key issue in community decline in a wealth of research in the UK and the US. Drug Prevention Initiative (DPI) research has identified this community dimension, programmes like Communities that Care added to it.

There has also been increasing recognition by providers of specific elements within regeneration schemes. Regeneration programmes that exclude drug users and drug problems, or assume that generic programmes for generally disadvantaged people will tackle drug use have not worked.

All too often generic 'social exclusion' programmes have excluded drug users or been unable to cope with the challenges drug users bring. Their problems remain undealt with and the result has too often been only partial effectiveness of schemes.

Above all, the experience of drug services, backed by research, has rightly identified that the poorest communities are often the main places where drug use occurs – where users and sellers live and where offending anti-social behaviour related to drugs and drug supply is concentrated.

The very presence of this endemic concentration of drugs and drug problems has accelerated the decline of some of the poorest communities. Drug use has sucked out the social capital and financial resources on which regeneration is built.

The Drugs Strategy Directorate within the Home Office, and other departments, have heard this evidence. The main kick-start to action for change as a result has been the Communities Against Drugs (CAD) initiative, launched by the Chancellor of the Exchequer in the 2001 budget.

For the first time an identifiable and large-scale drug specific source of funding exists (£220m over three years) to enable communities to resist drug use. In the past funding for services for the poorest communities has been pieced together from mainstream regeneration budgets and charitable funding. This hindered widespread incorporation of drug projects into regeneration practice.

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The CAD funding, allied to other regeneration spending such as the Neighbourhood Renewal Fund, offers real hope for some of the poorest communities. The CAD funding supports this new willingness to join up the strategies. It is complemented by other key elements:

- Joined up working at the regional level between Drug Prevention Advisory Service (DPAS) teams from the Home Office and Department of Transport Local Government and the Regions (DTLR) regeneration officers, to get drugs on the agenda of regeneration partnerships and the right links made between Drug Action Teams (DATs) and Local Strategic Partnerships (LSPs).
- A long-term action research programme run jointly between the Drugs Strategy unit (including DPAS), New Deal for Communities unit within DTLR, and three New Deal areas (Norwich, Tower Hamlets and Middlesborough) to test what works.
- Action in a growing number of DATs, going back in some areas many years (for example, in Wakefield, Tower Hamlets, Northamptonshire and Sandwell) now replicated by others, as shown in the report on work in Nottinghamshire in this edition of *Druglink* (p10).
- Clear guidance on its way over the next 12 months to local practitioners on the management of drugs in such community settings such as housing, clubs and on the street
- A manual for regeneration specialists.

For many drug practitioners, all this will be very welcome. All too often it has proven difficult to get drugs taken seriously as a crucial issue for regeneration partnerships.

The willingness of the two key departments – the Home Office and DTLR – to get the message down to the ground will help. But there remains a lot to do. It is important to make regeneration specialists aware of exactly how drugs relate to the development of deprived communities, how drugs sustain deprivation, and what can be expected from various anti-drug actions.

There needs to be action across all four aims of the drugs strategy – young people, treatment, communities and supply – incorporated in every area. There also needs to be recognition of what can be achieved and what is realistic.

Many local communities want to see locally accessible services. We need to find ways in which we can make services across all four aims operate more flexibly in the poorest communities. To help bridge those cultural and social barriers that prevent people from these areas accessing the help they need, perhaps offering a greater diversity of interventions and gateways to specialist provision.

We need also to find ways in which we can give local people a voice – a belief that they can be heard by commissioners and planners. Many feel they do not get heard.

There are also high expectations of what can be done to rid drug suppliers from hard-pressed areas and the achievements education can bring. All these needs will require flexibility and a willingness to listen from all those involved across the four aims – drug related services, planners and commissioners. They must be open to the voices of local people, to bend the normal systems and consider how resources can be targeted at the poorest communities.

One of the main strengths of the drugs field has been its willingness to strive against challenges and push that bit harder.

We need to find ways in which DATs and drug services can listen to the wishes of local people and be sensitive to the specific living environment of these communities. None of this is easy.

Just as difficult is providing services based on stable, long-term funding. Neighbourhood Renewal funding for New Deal areas has a ten-year time scale to reflect this need.

Equally challenging is the need to find ways of evaluating and measuring success. The action research programme is already beginning to set out ways how this can be done, and as we evaluate CAD we will continue this process. In time, building an evidence base of what works can be shared to improve practice further.

Challenges, such as evaluation, remain but none of them are insoluble with the right level of will to do something about the communities involved.

One of the main strengths of the drugs field has been its willingness to strive against challenges and push that bit harder. The intractable problems of the poorest communities and the disabling power of social exclusion demand radical, visionary action.

In relation to drugs and the problems they cause in these areas, the drugs field needs to shape its capacity to respond with vision and dynamism to a new way of tackling problems, to move from the individual to the social. The capacity is there ■