TESTING THE WATERS

How is the drug sector responding to the new policy agenda?
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INTRODUCTION

DrugScope conducted a survey of its membership and other key stakeholders in September 2010 to inform our response to the drug strategy consultation. High numbers turned out at short notice at events in London, Birmingham and Newcastle to voice their opinions, demonstrating the commitment and passion that exists within the drug, alcohol and related sectors. Attendees at these events completed over 100 survey questionnaires, with another 130 people submitting their views online. We also invited people to write a short 'Postcard to the the Prime Minister' with their main message for Government, which nearly 100 completed. Although largely targeted at individuals and agencies involved with DrugScope's work, the survey does provide a useful barometer of the reactions of the drugs field to important elements of the government's emerging policy agenda.

Not all of the findings from these consultations could be included in DrugScope's response to the 2010 drug strategy consultation, so we are producing this report to provide an overview of the key messages.

KEY THEMES

Drug policy in a cold climate

At a time when the Government is challenging public services to improve outcomes with reduced funding, we asked respondents to our consultation whether they thought it was possible for drug and alcohol services to deliver better outcomes for less money.

34% said that it was possible for services to deliver more for less

32% said that this was 'maybe' possible

31% said that this was not possible

As DrugScope argued in our submission to the Spending Review 2010, it is widely felt by service providers that commissioning and performance management structures and processes do not always enhance efficiency, encourage innovation or provide best value for money (for example, where service contracts are unnecessarily re-tendered or clients are submitted to multiple assessments with a high level of overlap and duplication).

Comments on 'value for money':

'A lot of services have been tendered out of the statutory sector already, with staff on very low wages. I am aware of organisations who have tendered for services and not being able to afford to deliver because everything has been undercosted. Less time spent on proving outcomes and more time actually delivering interventions might be helpful. Possibly a greater investment in detox/rehab with a review to reducing the need for long term substitute prescribing could be helpful'.

'There is a lot of duplication of effort, a lot of repeated paperwork all to 'feed the beast' not designed to help people'.

'There is probably scope for more efficiency within some services but I would suggest that a large number of services already provide good value for money and funding has already been reduced over the last eighteen months. A continued reduction of funding, especially if it is a drastic rather than gradual contraction of services will inevitable lead to poorer outcomes for some'.

Recovery and social re-integration

There was strong and consistent support for the Government's focus on supporting people in drug and alcohol treatment to access the vital social capital they need to get their lives back on track, including housing, meaningful activity, economic participation and positive family and other relationships.

KEY FINDINGS FROM THE DRUGSCOPE SURVEY INCLUDE:

34% of respondents say drug and alcohol services could deliver better outcomes for less money and 32% believe that this may be possible

82% of respondents believe that 'localism' will result in greater variation in the quality of drug and alcohol services from area to area

55% of respondents do not believe that 'payment by results' will improve services and outcomes for service users

73% of respondents say that alcohol misuse is either the main problem or usually a contributing problem for people using their services

We asked respondents to say what factors were the most significant barriers to social (re)integration for people with drug problems.

72% identified 'a lack of available opportunities – for example, employment or training options for people recovering from substance misuse problems'

59% said 'targets and funding that do not incentivise holistic work'

48% said 'a lack of commitment to joined up work among staff in some sectors or services'

It was universally agreed that partnership working is vital. However, many felt that partners such as housing providers, employers, mental health and criminal justice organisations have not been sufficiently involved in supporting recovery.

Localism

The Government has said that it wants local decision-makers to have more control over spending decisions, with less control from national government. We asked respondents what they thought the impact of 'localism' was likely to be for drug and alcohol services in their area?

53% said that drug and alcohol services would need to be more responsive to local need

83% recognised that drug and alcohol services would need to promote themselves more actively at local level

54% said that this would result in disinvestment in drug and alcohol services, and only 8% were confident this would not happen

72% believed there would be more variation in availability of drug and alcohol services

82% believed there would be more variation in the quality of drug and alcohol services

There was anxiety about the potential for 'localism' to result in a 'postcode lottery' for drug and alcohol treatment. However, others felt that 'localism' could be a real opportunity for local services to respond better to local need and for service providers and users to have a more active role in the community.

Comments on recovery:

'Recovery from problematic drug or alcohol use is complex. Please take into account the complexities – personal history, socio-economic circumstances, housing, health, education, criminality, illicit drug use, problematic alcohol use, welfare benefits, relationships in the family. These are all factors in recovery.'

'Harm reduction approaches to treatment save hundreds of lives each year. The treatment system needs to target recovery, but please don't throw the benefits of harm reduction (including substitute prescribing) out with the bath water!'

Comments on 'holistic' approaches:

'Partnership working will improve outcomes. But this needs to be reflected from the top down. Too much silo working and defensive departments and services mean poor outcomes for clients. Partnership is the key.'

'Payment by results could increase competition between individual service providers to the detriment of service users, reducing the will to work in an integrated way to holistically meet the needs of service users.'

Comments on 'localism':

'Localism will mean improving the opportunity for drug users, their families and communities most affected to have a voice in developing responses to meet needs.'

'We respond to local needs at the moment through needs assessments and treatment plans which are localised to each authority's identified needs.'

'Each service will have to spend more on self-promotion to try and get funding.'

'The localism agenda is worrying in terms of drug and alcohol treatment. Many local areas see drug and alcohol services as being a low priority. Some areas may choose to disinvest in these services in favour of more socially acceptable services. This will have a negative impact on crime, health and deprivation.

Payment by Results

The Government is planning to introduce 'payment by results' pilots for drug and alcohol treatment services in 2011. Payment by results will also help to drive the Ministry of Justice's 'rehabilitation revolution'.[1] The discussion within Government at the time of our consultation was at an early stage, so the details of these proposals were still unclear. However, we felt it was useful to ask respondents for their views on the potential impact of payment by results.

55% 'disagreed' or 'strongly disagreed' that payment by results would result in better services and improved outcomes for service users

21% 'agreed' or 'strongly agreed' that it would improve services and outcomes.

We also asked what three outcomes respondents felt would be most appropriate for a payment by results system. These were the three most frequently identified outcomes.[2]

55% said improved health and mental health outcomes

Comments on 'payment by results':

'It could improve the focus and delivery hugely, however unless cherry picking is managed effectively, providers who believe in equity will lose out in the chase for outcomes.'

'Unless maintenance, health improvements, less harm to the user and sustaining accommodation are recognised as legitimate outcomes, then we will experience a cut in our funding.'

'How would you commence work without payment upfront – many third sector organisations don't have the resources to do this.'

1 Under payment by results, you do not get allocated a budget to run a service over a given time period. Funding depends on what the service achieves – for example, how many hip replacements it performs or how many people it gets into sustainable employment.

2 16% identified 'abstinence from all drugs including prescribed substitutes', but 70% of this group said this should be the first priority when asked to order their choices from 1 to 3, suggesting that this minority view is strongly held.

49% said service user is placed in paid employment or employment-related activity

39% said drugs are being used and administered in less harmful ways.

In discussion at our consultation events, some participants saw payment by results as an opportunity to focus on outcomes for service users, recovery and re-integration. Others were less optimistic – there were particular concerns that less well-resourced, smaller services could lose out. The potential for 'cherry picking' the 'easier' clients who were closest to achieving the desired 'results' was consistently raised.

The Big Society

We asked respondents to say in no more than twenty five words what they thought the 'Big Society' meant and what it could mean for drug policy. It is perhaps significant that 161 respondents chose not to answer this question, and only 75 responded.

Of those who responded:

24% said that they had no idea what it meant or were not sure what it meant

37% said it would mean greater use of the third sector and the resources of the local community in drug treatment [3]

12% of respondents to this question expressed concerns that the 'Big Society' approach could result in increased stigmatisation of drug users, compared to 7% who saw a potential for increasing public understanding.

Comments on the 'Big Society':

'Big Society means making sure we shift the focus towards decreasing the negative social impacts users have on society.'

'Society as a whole does not look out for drug users or aid them through recovery. Drug users are marginalised and discriminated against and if it falls to 'big society' to support these individuals many will come to greater harm.'

3 Opinion on whether a greater focus on the third sector and/or local community would be beneficial was mixed among the 37 per cent who understood the 'Big Society' in this way. Of this group, 32% viewed greater reliance on the third sector as broadly positive, 20% raised more negative aspects and 48% made comments that were neutral.

Law reform

We did not include a specific question on law reform, but it was mentioned by 21% of respondents who filled out a 'Postcard to the Prime Minister'.[4] Almost half of this group (47%) explicitly called for 'decriminalisation', compared to 32% who argued for 'legalisation' and 21% who called for law reform without referencing a particular approach.

The second most common theme in the 'Postcards' was a call for evidence-based policy, which was mentioned by 16% of respondents. Other common themes were the importance of recovery and reintegration (8%) and prevention (8%).

Postcards to the Prime Minister: Law reform

'Stop knee jerk reactions to the media. Use evidence based laws. Fully review all current drug laws. See what lessons can be learnt from Portugal!'

'Prohibition has failed and will continue to do so, it is time for a serious discussion with regards to decriminalisation of all drugs.'

MISSING INGREDIENTS

Integrating alcohol work

We asked respondents to say what drugs or combinations of drugs they felt would pose the greatest problems for their local communities in the next few years. The most frequently mentioned was alcohol (27%), followed by heroin/opiates (17%), cocaine (12%) and crack (9%), 'legal highs' (11%), cannabis and skunk (11%) and benzodiazepines (5%).
We also asked respondents how significant a problem alcohol use was for people using the services they were involved in.

19% reported that it was the main problem for people using their services

54% that it was 'usually a contributing problem'

22% that it was sometimes a problem

2% that it was never a problem.

A recurring theme in discussions at the consultation events was that the distinction between illegal drug and alcohol dependency is unhelpful in delivering services on the ground – and increasingly so given the growing significance of poly-drug use.

4 Although law reform was not raised as an issue at any of DrugScope's consultation meetings.

Comments on alcohol:

'The role of alcohol is often under-reported and not addressed. Alcohol plays a key part in overdose, dependence and substitution in recovery. Many drug workers do not seem to be able to work with alcohol use. Consideration also needs to be given to combined or stand-alone services for alcohol as the need is great and many people will not use drug services.'

'A drug strategy that excludes alcohol and tobacco sends out the wrong message in terms of societal and physical harm.'

Young people and prevention

It was widely commented that there had been insufficient focus on young people in previous drug strategies and there was some support for developing a separate drug and alcohol strategy specifically for young people. Several members sought reassurance that any 're-focusing' of the Department for Education would not result in a reduced emphasis within the department and across government on young people's substance misuse (and related) issues.

Families and social networks

The importance of specific work with families affected by drug and alcohol use was a strong theme, with many highlighting the cost effectiveness of family intervention services. Family and

Comments on family:

'We need a shift in the focus of treatment, so it looks at the whole family where appropriate and not only the substance misuse.'

'Family group conferencing has a very high success rate because it gives families the power.'

'Fund work with families as they have a major impact on getting people into harm reduction or total abstinence and research shows that those who have family involvement have increased success in remaining drug/alcohol free.'

social support was highlighted as a key factor in recovery, including mutual aid groups.

Appropriate treatment services for women, and particularly those who experience domestic violence, was also a recurring theme at the consultation events.

Comments on domestic violence:

'Domestic violence organisations cannot always cater for those with serious addictions and drug/alcohol agencies cannot provide 100% safe accommodation.'

'Drug abuse is a contributing factor in relation to domestic violence and this needs to be recognised and cross referenced to the violence against women and girls strategy.'

Service user voices

The need for meaningful service user involvement to improve service development, help to drive cost savings and improve outcomes was emphasised throughout our consultation.

Comments on service user involvement:

'Please remember that the active, often voluntary drug using community have developed years of experience in how to engage effectively with drug services / strategies / policy implementation. Don't forget there are thousands of highly experienced and committed users who aim to be part of the solution to the drugs issue – not framed as the problem'

'No-one can understand substance misuse like families and users can – please have an honest consultation with them if you want a workable strategy that doesn't set users up to fail.'

CONCLUSION

The key message emerging from this consultation was that DrugScope members are supportive of the 'broad direction of travel' (for example, the greater focus on social reintegration), while keen that the Government should recognise the progress that has been made over the past decade or so. Surprisingly, perhaps, two thirds of respondents to our survey believed that it might be possible to improve services with less funding, given the right approach, and to some degree. But there are concerns and anxieties about the pace, assumptions and implementation of the Government's policy agenda, as well as the impact of funding cuts and changes to the purchase and commissioning of services. In particular, we picked up concerns about the impact of localism and payment by results on the availability and quality of local services (and a lack of clarity about the relevance of the 'Big Society').

To access DrugScope's response to the 2010 Drug Strategy Consultation and our response to the Spending Review visit: www.drugscope.org.uk

Regional variations

LONDON CONSULTATION EVENT

Of the questionnaires filled out at the London event, 30% stated that alcohol was one of the drugs most likely to pose challenges in their community in the next few years, followed by heroin/ opiates (19%) then cocaine (10%). Concerns about the 'localisation' agenda were particularly strong from London respondents, with a suggestion that treatment quality and availability varies greatly across London and that chaotic clients often get passed between boroughs. The need for more regional or sub-regional working was emphasised. Many London respondents raised concerns about the cost effectiveness of current commissioning processes, including frequent re-tendering of services. A lack of housing and employment options in London for those completing treatment was also frequently highlighted.

BIRMINGHAM CONSULTATION EVENT

In Birmingham over a quarter of respondents cited alcohol as the substance that they thought would pose the biggest challenges in their local community, followed by heroin (18.2%) and crack (13%). The key themes were the need to prioritise education and prevention, concerns over the impact of potential GP commissioning and the need for the drug strategy to address the impact of a wide range of substances, rather than just crack and heroin. Birmingham prided itself on having a focus on alcohol in the city and a number of effective partnerships.

NEWCASTLE CONSULTATION EVENT

In Newcastle almost a third of respondents felt that alcohol was the substance that would be the most challenging in their community followed by heroin (19.3%) and interestingly legal highs came third (15.9%). Newcastle had several suggestions for ways for the sector to save money, including the proposal that commissioning at a sub-regional level may be more efficient. A representative from Scotland raised the issue that there was only a selective devolvement of powers that were responsible for substance misuse there and questioned its subsequent impact. The importance of including young people, prevention and families within the strategy were also a key concern.

Dental care, like diet, was also generally not a priority during periods of very active drug taking. Teeth were often not cleaned and dental treatment was commonly only received at a point of crisis, such as excruciating dental pain. As the numbing effects of heroin reduced during detoxification and early recovery, toothache often surfaced alongside feelings of embarrassment and loss of confidence occasioned by missing, discoloured and disfigured teeth. At that point, many individuals actively sought dental treatment and started to pay greater attention to oral hygiene:

"I'm in a bit more of a routine now… I get up, get dressed, have a wash, brush my teeth." (Female, 31 years)

Our study participants consistently complained of poor sleeping. This included not being able to go to sleep, not being able to stay asleep and early morning wakening. Some individuals spoke of restless legs or vivid dreams and nightmares. Additionally, a number of individuals complained of excessive sleeping, including falling asleep during the day. Sleeping problems with resultant feelings of tiredness and apathy often worsened during detoxification, but later slowly began to improve:

"Often it's only like two hours, one hour, three hours… Last night I went to sleep at about 12.30 and I woke up at five, which for me is amazing … so I'm hoping that maybe it's going to get better." (Male, 49 years)

Constipation was widely accepted as part of a heroin-using lifestyle, but still a source of much concern. Detoxing from opiates frequently triggered stomach cramps and diarrhoea, which were deemed unpleasant but generally tolerated as part of the recovery process. Once drug use decreased, however, bowels quickly began to regulate themselves, a change which frequently brought immense relief:

"Sometimes I used to cry… it was horrible. I never thought going to the toilet could be so much hassle… worse than having a baby… now it seems to be fine… like normal." (Female, 29 years)

Some individuals reported that they had always been very careful about personal hygiene, even whilst using drugs chaotically. However, many stated that cleanliness was not a priority for them during periods of very active drug taking. As drug use lessened, individuals reported washing more frequently and taking greater care of their skin, hair and clothes. Additionally, some began to appreciate the pleasures of pampering themselves with nice toiletries and relaxing baths.

"Now I do my hair before I go out, where before, you know, I would go months and months without having my hair cut." (Male, 38 years)

Our study clearly shows how physical changes frequently occurred spontaneously as drug use reduced – so, appetites increased; dental pain surfaced; sleeping patterns slowly started to stabilise; regular bowel movements returned; and being clean could suddenly seem pleasurable. Despite this, the exact nature and rate of physical changes depended on the types and quantities of drugs consumed, with greater reductions in opiate consumption generally associated with more bodily changes and improved self-care. Equally, physical changes were associated with a complex mixture of other factors.

ACCORDING TO MASLOW, INDIVIDUALS MUST SATISFY THEIR MORE BASIC, LOWER ORDER NEEDS BEFORE THEY CAN ADDRESS THEIR HIGHER NEEDS

For example, women were more likely than men to report eating disorders, excessive sleeping, and concerns about keeping 'clean and presentable'. Meanwhile older drug users struggled to disentangle the consequences of reduced drug use from general bodily changes that occur with ageing (such as dental problems, weight gain, and aches and pains). Those with Hepatitis C reported greater awareness of, and interest in, their diet; and those with longstanding irritable bowel syndrome identified more complex issues around eating. Persistent sleeping problems and apathy in relation to personal hygiene were more often discussed by those who also said they suffered from depression. Additionally, those who were homeless found it difficult to cook, bathe and sleep restfully, whilst those on low incomes could not afford to visit dentists or hairdressers.

Some people said that they always been good eaters, slept for long periods of time, been fussy about personal hygiene etc. So there was much individual diversity. However, study participants living in residential treatment settings generally described more regular patterns of eating, sleeping and bathing and those who had children or lived with others seemed more likely to cook and prepare meals. Having regular paid employment was often associated with regular sleeping routines and those who had good social networks tended to be more alert to the importance of personal hygiene:

"The thought of somebody thinking 'God, she smells' is just not happening." (Female, 46 years)

Our findings indicate that early recovery can be a period of significant physical changes for heroin users. These changes often occur spontaneously and relatively quickly as drug use reduces, but they are also influenced by a wide range of demographic, physical, psychological, treatment, social, material, structural, and environmental factors. On the whole, heroin users are keen to talk about their bodies and self-care practices. They worry about their diets, teeth, sleeping, bowel functioning and hygiene; but they also take pleasure in positive bodily changes, such as returning appetite, feeling clean and rested, and being able to go to the toilet without pain.

Enabling heroin users to overcome risky drug taking behaviours, live in safety, establish meaningful relationships, increase in self-esteem, and flourish as individuals are clearly all vital aspects of service delivery. Nonetheless, we must not forget the basic physiological needs that underpin Maslow's pyramid. To this end, we might routinely discuss general health and social care issues with service users; provide them with information and advice on diet, dental care, sleep and constipation; offer free toothbrushes, toiletries and access to a shower; and organise for services to be visited by hairdressers and even manicurists. This seems especially important given that caring for one's body and good progress in recovery appear to be mutually reinforcing. Furthermore, feeling feel fed, rested, and comfortable is a basic human need.

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