

TRANSFORMERS

Despite the successes of Labour's attempts to tackle social exclusion, there remains a section of society whose complex needs remain unresolved. **Martin Barnes** on a new coalition that intends to eliminate barriers by looking at the big picture.

Problem drug users are among the most excluded and marginalised groups in our society. Many have multiple or 'complex' needs – for example, poor or unstable accommodation, poor physical and mental health, low level skills and unemployment and a history of offending.

While this may sound a truism, government policy has been slow to explicitly recognise, articulate and respond to the links between poverty, social exclusion and problematic drug use. It is striking that stronger links were not forged in the early days of the New Labour government between its social exclusion work and its focus on drug policy (perhaps because the latter was overwhelmingly driven by its crime reduction agenda).

Two of Tony Blair's earliest announcements following the historic election victory in 1997 were the establishment of a Social Exclusion Unit, reporting directly to the Prime Minister, and a commitment to making drugs a social policy priority, soon backed up by the appointment of a 'drug czar' and the publication of a national drug strategy in 1998. Since then, social exclusion and drug policy have gone their separate ways to a surprising extent.

But things seem to be changing. The 2008 drug strategy does make the link between the government's wider agenda for tackling social exclusion and the recognition that drug problems do not occur in isolation. Indeed, the strategy recognised that drugs "may be both the cause and the consequence of wider social and personal problems".

The strategy also commits to new approaches to delivering drug treatment with a "more personalised and innovative service" to better enable drug users to "access the wider support they

need to re-establish their lives". The strategy's new focus on personalisation and re-integration are reflected in the drug and alcohol strategies for Scotland and Wales. The opportunity is not just to make real the need to join up with other sectors to address a range of needs – housing, mental health, employment – but also to share practice, experience and models of delivery.

But the barriers to such integrated approaches are significant and the temptation to resort to populist measures – with the help of a heavily-briefed media – to deal with a highly marginalised and stigmatised group has a strong tidal pull for politicians. While the strategy promised "a radical new focus on services to help people to re-establish their lives", anyone tuning in to the national news on the day it was launched would have heard more about the government's determination to crack down on benefit claimants with drug problems living at the taxpayer's expense.

The Welfare Reform Bill, currently before Parliament, is the most concrete expression to date of the welcome commitment to provide better and more tailored support for problem drug users to enter training and employment. But its focus – disappointingly – centres on giving JobCentre's new powers to investigate suspected problem drug users, a requirement for them to undergo drug treatment and the threat of benefit sanctions for those who fail to comply.

The key to a more progressive, and effective, approach may be to relocate drug policy within the wider social exclusion agenda – with its emphasis on the inter-relationships between different problems in people's lives.

The literature on the meaning of

'social exclusion' is bountiful and far from conclusive or consensual, but generally will emphasise the factors and processes that affect the quality of life of individuals, and their interactions. These can be economic (such as long term unemployment, social (such as homelessness and crime), political and individual (such as mental and physical ill-health).

As already mentioned, the Labour government's commitment to tackling social exclusion found expression in the establishment of the Social Exclusion Unit – now folded into the Cabinet



Office – in 1997. While its brief was not specifically to address complex need, its work included issues such as mental health, reducing re-offending, improving outcomes for care leavers and improving access to services in deprived areas.

In 2006 Tony Blair signalled a shift in focus in the government's approach to concentrate on those who are the most marginalised and excluded, partly because it was felt that there was little discernible impact on outcomes. He said: "About 2.5 per cent of every generation seem to be stuck in a lifetime of disadvantage and amongst them are the excluded of the excluded, the deeply excluded."

Anyone who has worked with problem drug users will know that many of the people arriving at the doorstep of treatment services are among the most marginalised and stigmatised people in our communities – and that their drug problems are intimately linked with other problems in their lives.

They do not simply need treatment, in the narrow and medicalised sense of the term. Drug services cannot realistically deliver good outcomes for them without help from other kinds of services and access to social capital – such as housing, training, employment or other meaningful activity.

An approach to this group that

recognises them as chronically excluded and addresses it in context is likely to be more effective than one that engages with them exclusively as problem drug users. It hardly needs to be added that the master key for all this – obvious but elusive – is to develop genuinely joined-up services that are responsive to the specific, usually complex, needs of the individual seeking help.

The experience of many in contact with drug treatment, housing services, criminal justice and the mental health system highlights the gaps and shortfalls. Someone can be viewed as everyone's problem, but no one's specific responsibility. Service users, if they are accessing support at all, end up bouncing around the system.

The criteria for accessing support can vary. While an individual can have a number of identified needs, they may not be at a sufficiently high level to entitle them to support from a service. Even where the threshold for accessing support is met, the approach can be siloed, for example, into either mental health or substance misuse or learning disability – with the result that someone is caught in a cycle of referral where a range of needs not specific to the capacity or expertise of any one service are addressed.

In addition, there are numerous barriers that stand in the way of effective multi-agency working

including poor communication, adequacy of or restrictions on the use of funding, a lack of co-ordinated care planning and integrated partnership and co-ordination.

DrugScope has therefore joined forces with Clinks, Homeless Link and Mind to create a new coalition of membership organisations working in the fields of drug and alcohol misuse, housing, prisons and community punishments and mental health.

Coming together under the banner Making Every Adult Matter (it is loosely modelled on Making Every Child Matter), the coalition's overall aim is to work towards a national programme of investment and reform to improve the well being and life chances of excluded adults with multiple needs. It is being funded by the Calouste Gulbenkian foundation. The five outcomes for every adult should be to:

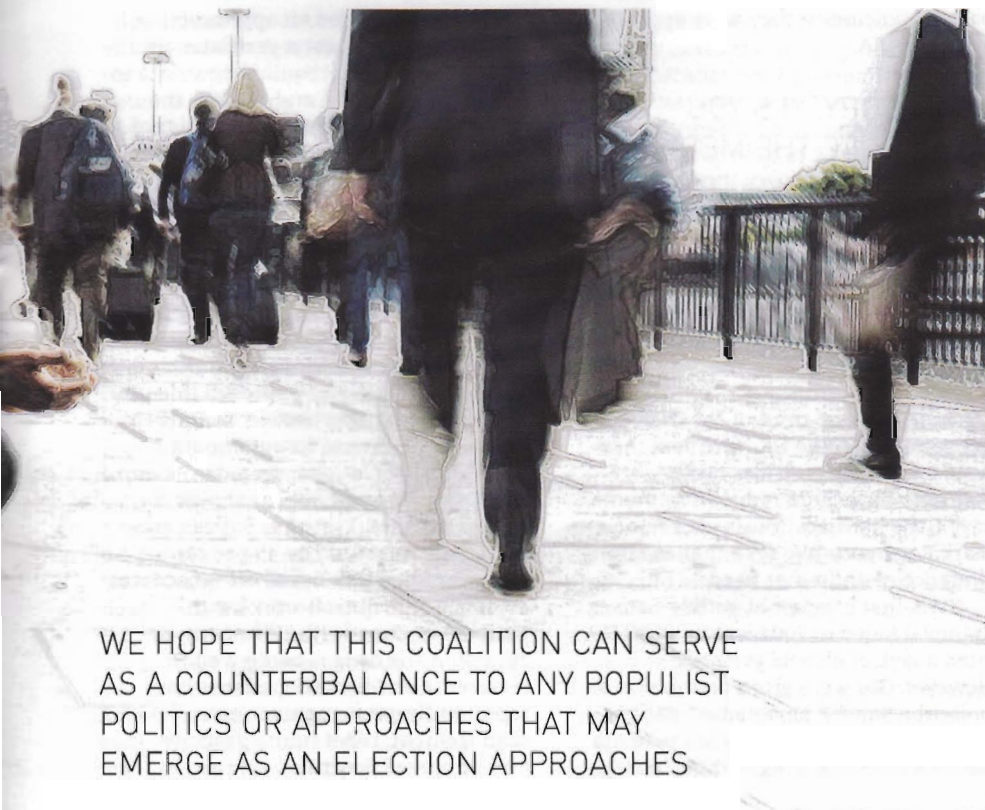
- Escape poverty, marginalisation and social exclusion
- Achieve good physical and mental health
- Access education, training, work and other activity
- Participate in the rights, roles and responsibilities of society
- Enjoy positive and supportive relationships with other people.

The coalition has set a number of indicators against which progress can be measured, including a clear political commitment at leadership and cabinet level in government and opposition, a new programme of reform and investment and effective services for excluded adults with multiple needs.

The Foreword to the *In From the Margins* report that helped to launch this new coalition last December said: "The government has made tackling social exclusion a core part of its social policy agenda, and significant progress has been made. But we believe that new responses are needed for adults with the most complex needs and that good words now need to be followed through with good action."

We hope that this coalition can serve as a counterbalance to any populist politics or approaches that may emerge as an election approaches while also lobbying for positive change in the longer term. But perhaps its wider significance is to integrate drug policy into the wider social exclusion agenda. A good start would be the identification of problem drug users as a priority for future policy work with adults facing chronic exclusion.

■ **Martin Barnes** is Chief Executive of DrugScope



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