

The Goodenough Drug Strategy Project



This document sets the aim, objectives and outcomes of the Goodenough Drug Strategy. It was produced by a group of individuals with a broad range of experience from across the drugs field who were brought together to consider the purpose and outcomes of a new national drug strategy. This is the result of that work and we now want to use the Goodenough Drug Strategy to help promote debate and consideration of the direction policy should take and what we should be seeking to achieve. It also sets out our future plans for this work and how it will be developed. We look forward to your contribution and involvement.

The main purpose of the Goodenough Drug Strategy is to promote the quality of life of individuals, families and communities experiencing problems related substance use

The objectives are:

Supporting and protecting communities and individuals to resist and reject unacceptable behaviour relating to substance use. Police and resources for enforcement should be targeted to support the most vulnerable communities, defined by a range of measures. The most problematic types of drug and alcohol use will be targeted through integrated packages of prevention, enforcement, early intervention and effective treatment. Communities themselves must be involved in this work – as commissioners and monitors of its reach and effectiveness.

Establishing a broader range of interventions for substance users, their carers and families within community settings. The current postcode lottery of drug treatment that exists across the country must be tackled as a priority. For the majority of individuals with substance use problems we should reduce dependence on specialist drug treatment services as they are expensive and over complex. For the minority of users who require highly specialist interventions referral should be immediate, with transfer back to primary care or other community support an optimum short term outcome. Non medical and social care interventions should be prioritised, for example helping individuals out of poverty, into housing and providing pathways into employment.

Improving mainstream educational attainment and addressing the training, educational and aspirational deficits in our most vulnerable communities. Addressing the training, educational and aspirational deficits in our most vulnerable communities is a priority for the prevention of problematic substance misuse among adults and young people.

Equipping people with information and building levels of understanding so that they are able to respond to the challenge of problematic drug and alcohol use at home and in the community. Providing good quality honest and credible information on drugs and alcohol to all young people. As treatment is a lottery, so is drugs education. Young people need effective education to make good choices - so do adults. Individuals and organisations providing substance use information should be rigorously inspected by OFSTED and The Adult Learning Inspectorate to ensure consistency and safety.

Young people

OUTCOMES

- Reduce the number of young people using, or who later use, substances which reduce their quality of life and personal and educational development.
- Increase the proportion of young people from vulnerable groups who benefit from effective screening.
- Increase the proportion of substance use interventions which take place in mainstream services.
- Increase access to generic and specialist support and advice to all young people by extending the Healthy Schools programme.
- Increase the proportion of vulnerable young people with Lifelong Learning Plans.

We know that many young people will experiment with drugs. While this is not a desirable situation, the priority must be to prevent that experimental use becoming problematic - either now or in adulthood. There are a number of factors which can protect young people from future problematic use - these include education, good family support and positive activity. Enhancing the role of the school and youth services and improving co-ordination between statutory and voluntary agencies and the home and family is a priority for the Goodenough Strategy. As with healthcare interventions, prevention and education activity should take place in mainstream school and youth settings and should be presented within the broad range of social issues (responsibilities in society, sex education, life education, parenting) that relate to young people.

Increasing the effectiveness of education relating to alcohol and drugs by prioritising its integration into both the National Curriculum and the inspection framework is central to the Goodenough Drug Strategy. All schools will have access to services able to provide pastoral care and care management. Ofsted will formally inspect the delivery of PSHE within schools. Enhancing the role of the "Healthy Schools" programme in substance use and extending its reach to all schools will help ensure greater consistency between primary and secondary substance use education across LEAs.

Youth services are an important way of supporting all young people to make responsible choices about substance use. A duty to provide universal youth services will be established for all responsible authorities.



Because Every Child Matters, we need to establish universal screening and targeted interventions for all those identified as at risk. This will enable a stepped approach of interventions depending on the specific circumstances. These interventions should not, as a priority focus on substance use, but on building the protective factors which prevent substance use becoming problematic - such as learning support, mentoring, lifeskills, communication and decision making training. The most vulnerable young people are often those who have been corporately parented (in care). The Goodenough Strategy proposes that these young people, and young people in contact with a Youth Offending Team or within the secure estate should receive enhanced guidance and educational support to the age of 25 with a Lifelong Learning Plan and additional support for those entering higher and further education.

Schools and colleges need to be resourced to tackle substance use problems. Exclusion should not be seen as a solution to substance use problems in school. Inclusion should be prioritised over exclusion and support provided to allow educational institutions to deliver this.

Support for parents needs to be freely available in a number of community settings. This should not just include parenting classes, but effective crisis intervention services, respite support and counselling where appropriate.



Communities, integration and support

OUTCOMES

- Increase the number of those with former or current substance use problems gaining or maintaining good secure housing.
- Increase the number of those with former or current substance use problems gaining or maintaining employment, or entering education or training.
- Increase levels of educational engagement and attainment in the most vulnerable communities.

People who experience problems related to substance use are members of the community. Education is a protective factor not just for individuals but for their communities as well. Likewise by promoting the social and economic integration of people with existing or previous substance use problems, the gains in terms of safeguarding and enhancing quality of life are not limited to the person receiving support. Therefore this strategy prioritises investment in community wide educational regeneration programmes in vulnerable areas.

The importance and value of addressing the education, training and employment needs of those facing or recovering from alcohol and drug problems will be fully recognised. The experience of Progress 2 Work demonstrates that such approaches are effective. Work at a national and local level will be carried out to support employers in responding to alcohol and drug issues within their workforce and to support the engagement of individuals in the employment market. Likewise concerted and sustained action to build capacity around supporting those in housing (for example tenancy support) and to identify housing for those in need is urgently required. This strategy acknowledges that employment and housing are essential to realising the investment made in treatment and care.

Local authorities are central to raising community awareness and understanding of drug and alcohol issues, as well as delivering and supporting effective responses to associated problems. This role needs to be acknowledged within all local performance management frameworks.

Working through the vehicle of Local Area Agreements (LAAs), partner agencies (PCT, SHA, PA and others) will work together to determine

the needs and concerns of their communities. Raising and enhancing public and professional understanding and awareness of substance use issues is an essential factor in this work. The development of pragmatic, sustainable and measured responses depends on it. The Local Strategic Partnership (LSP) will take a lead role in raising public awareness and understanding. They will also undertake work to support communities' responses to local problems. Links with communities need to be vibrant and sustained as problems and responses change. Local agencies will take a proactive approach to communicating with communities about their plans and activities relating to issues around substance use.

This strategy provides an opportunity to ensure that the problems of drugs and alcohol are tackled by genuine cross cutting issues at a local level. All members of the LSP will need to have an understanding of how alcohol and drugs and their related problems impacts on their individual and collective responsibilities. To enable and support genuine mainstreaming this understanding must become embedded in local planning and delivery structures.



When undertaking major planning and regeneration activities, responsible authorities will be required to produce an impact assessment relating to alcohol and drug use.

Local authorities have a lead role to play in ensuring that responses are appropriate to the communities they serve and that they are monitored. They will need to work with Central Government to agree appropriate targets, funding streams and measures. This leadership role by local authorities for the broad range of issues associated with alcohol and drugs will need to be recognised in statute and should be led by an appropriate department with a cross cutting remit.

Treatment & individual interventions

OUTCOMES

- Improve, at the earliest opportunity, the quality of life of people whose lives are diminished by substance use.
- Reduce the number of drug and alcohol related deaths.
- Reduce the proportion of problematic drug users not in treatment.
- Increase the proportion of those undertaking drug treatment being treated in a primary care setting.
- Reduce transmission rates of Blood Borne Viruses amongst those using drugs.

Responses to alcohol and drugs are an essential part of any considered response to current public health issues. A strategy that does not effectively recognise the public health agenda when responding to alcohol and drug problems will fail its community. A renewed commitment to and emphasis on harm reduction is long overdue.

This strategy recognises that many existing drug treatment services are stigmatising. This is a serious handicap to the effectiveness of treatment and reduces the cost effectiveness of the investment of such services. Therefore as a principle we must move



to services that are non-stigmatising. By this we mean that services should be provided in 'normal' settings (i.e. In GP surgeries and other places anyone might go to for healthcare or advice etc). To support this shift toward primary care we shall make use of the Quality Outcomes Framework (QOF) to incentivise provision for those with substance misuse problems.

Drug workers will work within GP surgeries to support assessment, care planning and help progress the individual through their chosen pathway. The style of service should support individuals to achieve abstinence or recovery in their own way within a person centred framework. Outcomes must be identified from the perspective of the individual, taking into account their circumstances and desired goal. In terms of national targets we will develop the use of the Quality of Life Years Indicator (QuALY). This will in itself help coherence with other areas of health and ensure that individual gains, upon which all social and community benefits of investment are predicated, measured and recorded.

There is a need to move away from the constraining notion that prescribing is the central core element of 'treatment'. There is, of course, a vital and important role for substitute prescribing - these approaches have proved effective in saving lives and reducing harm to communities. Indeed there is a need for a revised approach to prescribing options at a national level to ensure that maximum gains are achieved. However, we must acknowledge the crucial role of non prescribed interventions (counselling, Motivational Interviewing, complementary medicine etc) and basic social interventions (such as diversionary activities, housing and employment etc) in recovery and stabilisation. All of these can be provided through local gateways. Additionally, we should seek to deliver health and treatment interventions earlier and, where possible, within a community setting (this does not just refer to GP surgeries but a range of environments where health care or information is available). Only a relatively small proportion of individuals with complex needs require their care to be managed in secondary settings.

Improvements are needed in response to those with dual diagnosis problems, it will no longer be acceptable for individuals to fall between drug and mental health services. The majority of drug treatment and care will take place in primary care settings. The existing distinctions between what is currently considered treatment and that which is regarded as aftercare is not only artificial but counter productive. Healthcare advice, treatment and social interventions is all part of one continuum that can deliver genuine improvements for individuals and their communities. Aftercare should normally be coordinated via primary care.

All interventions need to place the user at their centre, working to meet their requirements and avoid managerialism. We need to promote flexibility and always ensure that the setting and style of services match the need of individuals.

Crime, demand & supply reduction

OUTCOMES

- Reduce the harms related to substance use experienced by communities, in particular the impact of licit and illicit substance use on the quality of the local environment.
- Reduce drug and alcohol related crime as a proportion of overall crime with an emphasis on vulnerable communities. (Specific targets will be determined at individual force level reflecting local priorities and needs.)
- Reduce the availability of targeted drugs and illicit or problematic use of alcohol.
- Reduce the number of individuals within the criminal justice system experiencing problems related to dual diagnosis.
- Reduce the numbers of people experiencing problems with substance use given a custodial disposal or remanded to inappropriate accommodation within the secure estate.

Despite the massive investments which have woven ever more sophisticated demand reduction interventions into the criminal justice system, drug related crime is still experienced at intolerable levels by many communities. Whether the experience is related to acquisitive crime committed to fund a drug habit or disorder and violence related to intoxication, our most vulnerable communities still suffer disproportionately from the trade in and consumption of legal and illegal drugs.

Currently community level harm is measured using the Drug Harm Index. This is limited and emphasises criminal justice over community and health harms. The Goodenough Strategy proposes expanding the range of indicators used and adjusting their weighting to create a more sensitive mechanism to measure harms.

It will therefore be appropriate to continue to target specific interventions towards particular categories of offenders. In clearly defined situations where an offender has an evident substance misuse problem we should be unafraid of 'coercion' to encourage them to tackle their problems. This is an act of support toward the individual and the wider community, so long as it

is properly and effectively targeted. However, it is vital that these interventions are appropriate taking into full account other factors (i.e. dual diagnosis or other health issues). It is a strong contention of this strategy that some of the current universal interventions (mandatory drug testing etc) have costs which outweigh their benefits and should be scaled back.

Where properly supported and linked into local agencies, with the Judge acting in a "key worker" role, there is evidence that drug courts can have a significant impact in reducing criminality. Therefore we should see an increase in the number of offenders whose criminality is related to their drug use being sentenced within a drug court setting.

Currently the opportunities to challenge an individual's problem alcohol or drug use (often complicated by dual diagnosis) is missed or undermined by limitations within the prison system. If equal or better treatment is not available within prison, then – except where issues of public safety arise – no custodial disposal may be made. More investment is needed in prison services, especially around education, support for positive life options and mental health.

A more coherent approach to non-custodial disposals is required. This clearly links to work around restorative justice but a range of carefully managed and properly monitored options, including therapeutic work and learning/training, are required. More work is required on reintroducing released prisoners into the community through closer links with local authorities and other agencies.





There is a need for more effective action around the seizure and confiscation of the assets of those involved in drug supply. A system will be put in place to use funds seized to the direct benefit of communities most affected by drug related problems. In addition to this, the lack of local police targets related to drugs offences is a major barrier to local partnerships seeking to reduce the impact of substance use. This strategy also proposes that targets around drug and alcohol related crime and disorder become a mandatory element of local policing plans.

Police and other enforcement agencies must improve their targeting of supply routes and manufacture. Existing pockets of expertise need to be broadened and an understanding of drug markets and drug related crime improved. Measures need to be developed

which consider the impact of drug related criminal behaviour on communities and resources targeted accordingly. Resources dedicated to enforcement must be consistent and international cooperation not hampered by lack of clear vision. The overall priority for all enforcement activity should be the reduction of the problems and harms that substance use cause to communities and individuals.

A review is required to look at the existing efficacy and clarity of the current range of laws; licensing arrangements and regulations that relate to substance use. In particular there is a need to consider the law relating to the use of legal substances in an illegal manner and the situation of a range of substances that fall outside current legal frameworks.

This should encompass civil and criminal law and seek to establish a coherent legal framework within which to tackle all substance misuse and associated problems.

Alcohol: the perennial afterthought

The potential of a substance to contribute significant harm to individuals, families and communities is not determined by its legal status. There is also a need to consider and review the contribution made by the alcohol industry (manufacturers and vendors) in responding to the associated problems. Within a treatment context separating substances purely on the basis of their legal classification makes no logical sense. Beyond this there is an increasing 'blurring' between drug and alcohol misuse. Many people use drugs and alcohol interchangeably or in combination.

Alcohol and other similar substances must be dealt with in the same manner as the illegal drugs. For too long we have allowed responses and services to develop that ignore these simple facts. This is to the detriment of individuals, who may be offered inadequate, non existent or inappropriate services, and communities that are affected by types of substance use which fall outside Government priorities. This does not only relate to alcohol, but also volatile substances, cannabis and pharmaceuticals among others. It is a waste of resources and reduces the credibility of our response with the public and professionals.

The Goodenough Drug Strategy is clear that its focus is on people and communities, not substances. We have made every effort to ensure that in our model of treatment and other interventions, alcohol is accorded



the same priority as illegal drugs which cause similar levels of harm.

We recognise that normalising and mainstreaming interventions for alcohol will create considerable pressures on services and that a transitional period will be required. The overall priority for legislation should be the reduction of the problems and harms to the individual and communities.

What is Goodenough?

The Goodenough Drug Strategy Project is an initiative developed and designed by Sara McGrail with David MacKintosh and the London Drug Policy Forum. It has been partly funded by DrugScope.

The first Goodenough event was held in December 2006 at Goodenough college in London. Participants drawn from across the substance use field were engaged in a simulation to identify the purpose and top level outcomes of a new national drug strategy.

The Goodenough Drug Strategy Project will run throughout 2007/8 and will:

- **Stimulate debate in the drugs field about the role and purpose of a national drug strategy**
- **Identify the key issues which must be dealt with in the construction of a national drug strategy**
- **Develop dialogue around the roles of different tiers of government (national, devolved, regional, local) in the development and implementation of national drug strategy**
- **Facilitate the development of practical solutions to the effective implementation of national drug strategy**

STAGE 1 Building the strategy

The process was rooted in current structures and we applied a realistic political framework to the simulation. Participants were asked to be pragmatic and existing financial and political realities were implicitly recognised. Working as a team people used their experience and expertise as clinicians, academics, managers, strategists, civil servants and drug service users to bring fresh ideas to the development of national approaches and to apply some practical 'coalface' thinking to the controversial and often emotive area of policies on drugs and alcohol.

STAGE 2 Building the framework

The Goodenough strategy is based on the belief that people with drug and alcohol problems are part of the community and that substance use is a major issue for society. The Goodenough strategy focuses on working on a local level to mainstream and individualise approaches to substance use. This would require:

- **Effective central direction focussing on outcomes rather than process measures**
- **Effective local planning deploying a mainstreamed budget against ringfenced outcomes with stretch targets where appropriate**
- **Significant repositioning of the government attitude towards people experiencing problems with illicit drugs (including rather than excluding). The establishment of drug treatment as a core element in all primary care contracts.**

This is a significant move away from the current governmental approach, shifting from specialism to mainstreaming. Reactions to this from within the drugs field and the broader substance use industry are predictably nervous. There is fear that without central government control, funding for drug issues will disappear and local interest will wane. However, if we accept that work over the past ten years has placed drugs firmly on the agenda, and that investment is set to plateau (if not decrease) over the next ten years, then it can be seen that to continue to implement from within departmental central government silos is not only unsustainable, but also in the long term counterproductive.

Goodenough for you?

In order to continue to develop the thinking around Goodenough, a consultation and development phase will take place during the period April – September 2007, culminating in a formal launch of the strategy in October.

This stage of the work will critically engage local policy makers in health and social care (such as PCTs and SHAs), police bodies (including ACPO and the Police Federation), Local Authorities and other interested bodies in looking at: some key issues around how a mainstream approach to substance use could be adopted as the natural progression from the current 10 year National Drug Strategy.

We'll also be bringing together some small focus groups exploring what local and regional activity might look like under a Goodenough Drug Strategy, and how treatment, enforcement, aftercare and prevention might be better integrated into our communities and local partnerships.

We're hoping to develop the Goodenough Strategy Project throughout the Spring and Summer of 2007. We are keen to include a broad range of experiences and expertise and there are a number of questions to be addressed, some of which we detail in the box below. So, finally, if you want to be part of Goodenough please do contact us.

In the box below we have identified a number of questions and would appreciate your responses on these or any related points. We really value your views and input so if you want to be part of Goodenough, contact us, details below. **It's your strategy**

- **What do you think of the Goodenough strategy?**
- **What do you see as the risks of a mainstream approach and what are the advantages? Are there any better approaches to managing demand for alcohol and drug interventions?**
- **How can we protect and maximise local investment? Does it require central levers? If so, what might they be?**
- **How do we reduce the stigma attached to people with substance use problems? How do we get mainstream services to recognise these individuals as their clients?**
- **How should a mainstream substance use strategy be managed - who would be responsible? What should be the respective roles of central and local government?**
- **What would you like to see in the future strategy?**

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