The National Drug Strategy
a guide for local partnerships

interim update 2008

Introduction

This PDF is a brief update to the 2007 second edition of the guide to the national drug strategy produced by the LDPF. This document is NOT a substitute for reading the strategy itself – though for a couple of months you'll probably be able to get through any number of meetings by saying "asset seizure", "back to work" and "localism".

In June of this year we will be bringing together the third edition of the Guide, but in the meantime we thought it'd be useful to get something out to you that looked at the new strategy and explained what some of the new issues for local partnerships are.

What Is… the London Drug Policy Forum (LDPF)?

LDPF assists, supports and advises policy makers on drug issues affecting the capital, and works with the London boroughs, Drug Action Teams, health organisations, drug agencies and government departments to promote good practice on education and prevention, commissioning, community safety and improving services for drug users.

The RSA (Royal Society for the Encouragement of Arts, Manufactures & Commerce) works to remove the barriers to social progress.

Building on our 250 year history as a beacon for enlightenment values, we undertake influential and varied research projects and host the UK's most ambitious free lecture series.

Our work is supported by 27,000 Fellows, an international network of influencers and innovators from every field and background.

In 2007 we published the report of our commission into illegal drug use. We have continued to work for coherent and effective drug strategy as a part of our commitment to social progress.

The New Strategy

The strategy covers four themes

- **Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour**
- **Preventing harm to children, young people and families affected by drug misuse**
- **Delivering new approaches to drug treatment and social re-integration**
- **Public information campaigns, communications and community engagement**

It comes in two parts. There's the main document with the details of the four themes and the direction of work over the next 10 years. Then there's the action plan. This contains details of the specific actions Government is committed to in terms of illegal drugs over the next three years. It tells you what the outcome of the work will be and which government departments will be responsible for it.

There have been many different responses to the new strategy – but a lot of people are saying that really, it's not a huge amount of change. Now that's true – to an extent. However the direction of travel for local partnerships and the work they're going to need to undertake is one of the areas of the strategy that's probably shifted the most.

Localism and Reintegration

The strategy is clear about two key things for local partnerships. Firstly the focus for treatment is reintegration and the delivery mechanism for most of that reintegration is going to need to be personalised commissioning and the LAA. Secondly, its going to be a time of some change with reviews and pilots taking off left, right and centre looking at the role of local partnerships, the shape of local commissioning and the way we performance manage and fund local drug strategy.

Although there is still a big clinical treatment component, its no longer the heart and soul of the strategy. Reintegration, housing, training, employment and education are reprioritised. Significantly the words "wraparound" and "aftercare" don't feature in the document – demonstrating the new understanding that it is not the place of mainstream services to wraparound treatment, but the role of treatment to ensure that people can access re-integrative support in the mainstream. The absence of the word aftercare signals acceptance of the fact that we know housing and training and employment bring benefits from really early on in someone's treatment journey and shouldn't just be stuck on afterwards like a lollypop at the end of a visit to the dentist.

The New Strategy

The New PSAs

PSAs work differently now to the way they used to. The direct link-up between the PSA and the work of the LSP, PCT and local authority is much more explicit and much stronger than ever before.

Under the PSAs is a framework of 198 indicators agreed between government and the LGA in the summer of 2007. Alongside this are the measures in "Vital Signs" the DH performance management framework. Through the new LAAs (and I'm sorry, but some of you are just going to have to go back and read the guide if you want to keep up) local authorities will identify 35 of these indicators as stretch targets (alongside 17 mandatory targets focussed on education). What this means is that they get their LAA money and agree to spend the bulk of it on making sure they do better at the targets that relate most closely to local priorities.

The New PSAs for Drugs are 14 and 25. These PSAs have specific measures about Drugs and Alcohol.

PSA 14
Increase The Number Of Young People On The Path To Success

The drug measure that sits under this PSA relates to the number of young people who use drugs as measured by the Ofsted "Tellus" survey.

PSA 25
Reduce the Harm Caused by Alcohol and Drugs

The measures that sit under this PSA are:

- The number of drug users recorded as being in effective treatment with the proxy for 'effective' being 90 days in treatment. Don't imagine you're out of the woods if your local partnership hasn't chosen this as a stretch target. In return for the Pooled Treatment Budget you're signed up to being monitored by the NTA on this one I'm afraid.
- The rate of drug-related offending is largely made up of measures from the DIP programme. As you can imagine, the Home Office aren't going to let you get away with not monitoring this if you want your DIP money.

- The percentage of the public who perceive drug use or dealing to be a problem in their area (as recorded through the "Place Survey" – the survey of households conducted by the Local Strategic Partnership or Local Authority)

In addition a number of other PSAs are linked to the strategy. These include:

PSA 8 – Maximise employment opportunity for all

PSA 13 - Improve children and young people's safety

PSA 24 – Deliver a more effective, transparent and responsive CJS for victims and the public (contains measures relating to DIP)

PSA 21 – Build more cohesive, empowered and active communities

PSA 16 – Increase the proportion of socially excluded adults in settled accommodation and employment, education and training (at the moment only defines ex offenders, people with learning disabilities, care leavers and adults in contact with secondary mental health services as the vulnerable people for whom reintegration should be measured)

PSA 18 – Promote better health and well being for all

Making Sense of it Locally

With PSAs 14 and 25 – and to an extent 24 – your job is not hugely tricky. The NTA are going to be monitoring you separately – outside the new local government performance framework – to make sure that you keep hold of your Pooled Treatment Budget, and spend it on the things that central government wants you to spend it on. The status of DIP funding is uncertain at the moment, but its fairly likely to follow a similar path – with the NTA monitoring your activity against the output and process measures defined in the DIP conditions of grant.

However, there are a number of PSAs that do not have drug specific measures, but whose successful delivery is at the very heart of the new strategy. These include PSAs targetting social inclusion,the reintegration and support of vulnerable people, health inequality access to housing, employment and training, community involvement neighbourhood policing regeneration.

The lack of measures in the 198 indicators relating to the impact of drugs in these areas is going to make it difficult for you to deliver these elements of the strategy locally. Essentially its going to be tricky for you to monitor progress in these areas in the short term unless you make a case locally for collecting the data yourself – maybe by adapting some of the measures under these PSAs in the local government performance management framework (or the 198 indicators as its usually known).

For example, say your partnership decided what you needed to do locally was really make sure that drug users coming out of treatment were getting access to employment and training. There's a measure under PSA 16 that will probably work –

NI 149 Adults in contact with secondary mental health services in employment, training or education

You might want to look at the number of adults in employment training or education who are in contact with drug treatment services.

The first thing you are going to need to do is get agreement locally that you will informally use this indicator as part of your next LAA. This won't necessarily be easy. The 198 indicators are meant to be only stuff people have to measure – that's what the concordat agreed between DCLG and the LGA last year means.

What you need to do is make a case for why this stuff is important. You might want to say “its in the drug strategy and informal signals are that these measures could be in place in the future”.

You might want to talk about the evidence base for reintegration and how it adds value to treatment spend.

Failing all else hit them with a copy of this guide.

If your local partnership has chosen some of these indicators as part of their 35 stretch targets, it might actually be harder to get your additional measure in because people will think that poor performance against the added drugs indicator may drag overall performance down. However, if you can just get agreement to monitor this – either through your LAA or even just through your DAT, you’ll have made a good start – and your work will benefit by being in an area of effort that your LSP recognises as critical.

Getting money out of the LAA is going to be a much harder job. LSPs have been told that the bulk of their LAA must be spent on meeting the stretch targets. It may be that if your LSP is particularly enlightened or if they have picked drug treatment or picked drug related crime indicators as part of their 35, that they will understand that spending on treatment without spending on reintegration is empty investment. If they aren’t enlightened yet, show them the path.

Another way you might work this is by suggesting that the Comprehensive Area Assessment is going to be looking at a much broader range of local activities – including how the partners meet need. Some work to demonstrate the need for reintegration, housing and employment may go a long way.

If your area is going to be in receipt of the Working Neighbourhoods Fund, this might be another way you could make stuff happen.

You need to remember the onus is on local partnerships to do this– no one is going to tell you to do it.

The New Strategy

Adapting, building, chivvying…

One of the other things you might want to do is look at what indicators your LSP has already chosen and how you could adapt and measure alongside them a range of voluntary local drug or drug and alcohol targets. For example you might want to try and make sure that substance use features in the narrative of your LAA. The Operational Guidance on Development of the LAA Framework mentioned that the dry run authorities used the idea of a ‘story of place’ – that highlights links between issues and highlights cause and effect. Getting substance misuse seen there would be one way to move up the agenda.

To start to integrate drug issues into your LAA you’ll need to work at two things.

Firstly fostering a local understanding of the relationship between substance misuse and the range of issues covered by the indicators your authority has chosen – therefore identifying how substance use interventions contribute to the Local Area Agreement targets. Secondly, you need to consider what issues contribute to tackling the local agenda around drugs and/or alcohol – for example making sure support for drug misusing parents is available as part of SureStart.

It may be that it is not possible to get your LSP to agree to include drug indicators in the LAA at this stage and its something you need to work towards over the next year. If this is the case, monitoring and collecting this information at DAT level could be very useful.

This isn't an exhaustive list – and your local circumstances will mean that some of the indicators will be more relevant than others

Indicator	Ideas for DAT Monitoring
NI 109 Number of Sure Start Children Centres	Number of SureStart centres providing interventions or signposting around drugs or working with drug misusing parents – helps with your implementation of Hidden Harm
NI 111 First time entrants to the Youth Justice System aged 10 – 17	First time entrants who have been screened for drug misuse problems – this should be 100%
NI 118 Take up of formal childcare by low income working families	Take up of childcare by families where drug misuse is a problem – this is a specific target of the new action plan
NI 119 Self-reported measure of people's overall health and wellbeing	Self reported measure of the health and well being of people in treatment - you could use TOPS for this
NI 128 User reported measure of respect and dignity in their treatment	User reported measure of respect and dignity in drugs treatment - manners do matter
NI 140 Fair treatment by local services	Fair treatment by local drug services -maybe a measure that could be looked at in partnership with local advocacy services?
NI 152 Working age people on out of work benefits	People in or recently discharged from drug treatment on benefits – fits with the new focus on employment
NI 156 Number of households living in Temporary Accommodation	Number of people in or recently discharged from treatment living in temporary accommodation
NI 18 Adult re-offending rates for those under probation supervision	DRR reoffending rate anyone?

Indicator	Ideas for DAT Monitoring
NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police	Dealing with local concerns about drug related ASB and crime by the DAT or other local body
NI 28 Knife crime rate	Knife crime where the individual is in possession of or tests positive for a class A substance
NI 29 Gun crime rate	Gun crime where the individual is in possession of or tests positive for a class A substance
NI 32 Repeat incidents of domestic violence	Repeat incidents of domestic violence where the individual is in possession of or tests positive for a class A substance
NI 50 Emotional health of children	Emotional health of the children of drug misusing parents – important for Hidden Harm
NI 58 Emotional and behavioural health of children in care	Drug use by children in care – a difficult issue in many areas
NI 65 Children becoming the subject of a Child Protection Plan for a second or subsequent time	Children of drug misusing parents becoming the subject of a Child Protection Plan for a second or subsequent time
NI 68 Referrals to children's social care going on to initial assessment	Referrals to children's social care going on to initial assessment from drug treatment agencies
NI 88 Number of Extended Schools	Number of extended schools providing drug education/interventions for families

What does this mean for DATs and other Local Partnerships tackling drugs?

Whatever the confusion in terms of monitoring and development, there are a number of clear messages to DATs.

Your ambitions need to be about more than just treatment. Treatment is important, but given the localism agenda you need to be really getting your hands dirty with enforcement, education, community engagement and reintegration.

Secondly, you need a strong relationship with your LSP. You might do this by shifting local governance structures to ensure that the reporting and accountability line from your DAT goes to the LSP (albeit if necessary through one of its theme groups). The critical thing here of course will be to make sure this isn't just about having a line on a chart, but about actually reporting to the LSP about what you're doing and what you're trying to do. Show people what treatment can achieve if all the other stuff is happening alongside it. Demonstrate the impact street level policing can have on fear and community anxiety about drugs and drug related crime. If you talk about retention and stuff like that explain why its important. The targets we have don't mean a lot to many on the LSP – you need to make the DAT agenda meaningful.

Maybe as DATs or other local partnerships you need to review your membership. If you don't have key opinion formers, individuals with decision making power and people who really understand the drugs agenda, maybe you need to broaden your reach. Given how reliant you're going to be over the next few years on your local links, now might be a good time to give them a once over.

The lack of levers to really deliver on the new strategy is a problem – but its also an opportunity to find your own and instead of spending hours concentrating on national targets and imperatives, begin to devote some time to the issues that impact on your local area and the people who live there whose lives are affected by drugs and drug use. Hopefully in the future there will be more levers available for you to engage your LSP in drugs. We said it in 2005, we said it again in 2007 and if anything its even truer today than it was then – the local game is the one to play.

Other Key Concepts in the New Strategy

The New Strategy

Drug System Change Pilots
Being led by the Cabinet Office, these could throw up all sorts of new challenges. This is a big issue to look at that will include taking forward the RSA's suggestions around personalisation and individual budgets.

It will also need to explore cluster commissioning, the role of multi area agreements, a tariff for drug treatment, plurality and choice.

National Audit Office review
Exploring issues around the cost effectiveness and delivery models of Drug Action Teams this work will directly complement that of the commissioning pilots.

Online Self Help
Extending the role of FRANK to deliver interventions through the internet. May utilise approaches to online CBT for depression and anxiety already successfully piloted by GPs.

Evidence Based Treatment
Renewed focus on the evidence base around reintegration – but also with specific mention of injectable heroin and methadone, contingency management and mutual support networks. This will also include evaluations of the impact of engaging families in the treatment journey.

Young People
The continued integration of young people's drug issues into the mainstream children's agenda are welcome. The document signals this through identifying the necessity of better use of the Common Assessment Framework for drug issues, the extension of the OFSTED role to include drug education and the role of the Director of Children's services as the lead for the young people's substance misuse.

Asset Recovery
The only new indicator thus far announced will relate to asset recovery – how this will translate to local areas is unclear as yet.

Prisons
Commitments to make sure clinical interventions meet minimum standards across the secure estate by 2011; to ensure link up on outcome and offender management by getting prisons to report via NDTMS (through pilots first) and have those reports included with local reporting to the PCT; and the expansion of IDTS, signal a major new focus on work in prisons. This is the only area of the strategy showing new investment.

This document has been produced by the London Drug Policy Forum and the RSA.

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Further copies can be downloaded from www.cityoflondon.gov.uk/ldpf, www.rsa.org.uk and www.saramcgrail.co.uk.