

**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Response to the Governments Consultation on the Drug Strategy

**Report of:** Marion Morris, Drug & Alcohol Strategy Manager

## **1.Purpose**

1.1.To inform the Board of the response to the Governments consultation on proposed new drug strategy which is due to be launched in December 2010. This response has been co-ordinated on behalf of the Local Authority and NHS Haringey by the Drug and Alcohol Action Team. It incorporates views of members of the Young Persons Commissioning Group, drug and alcohol treatment providers and the London Drug Policy Forum.

## **2.Summary**

2.1. Concerns have been raised in Parliament and elsewhere about the length of time given to respond to the strategy, (6 weeks as opposed to the usual 12), the lack of policy detail and inaccessibility of this consultation. In particular there have been concerns that experts from the drug and alcohol treatment field will not have contributed. However, locally the DAAT have ensured that we have included the views of our providers. The attached response was submitted to the Home Office on 29<sup>th</sup> September and has been signed off by Cllr Vanier and the Head of Safer and Stronger Communities.

2.2. The overall vision for this strategy is that tackling drugs should be part of building the 'big society'. Quite what this means in practice for some of the most marginalised in our society and how they can play a part is not clear.

2.3. In terms of priority areas, much is similar to the previous drug strategy. However, one of the main differences, which is to be welcomed, is the apparent recognition that substance misuse is a public health issue as well as a criminal justice issue and that it must be joined up with other policy areas such as housing, mental health, child protection, alcohol misuse (for first time) and employment.

2.4. There is move towards rewarding outcomes (payment by results) which exists elsewhere in the NHS, but could be quite problematic to operate within the substance misuse field as so many other factors come into play that assist in a person becoming drug free. For example a number of agencies have usually had contact with drug users by the time they become drug free – do you simply reward the most recent provider.

2.5. The strategy also seems to be nudging towards the idea that partnerships need to be able to respond to all drug and alcohol issue and not just those of class A drug users. For the first time there seems to be recognition of the harm that alcohol can and does cause.

2.6. One of the challenges of this strategy, with its emphasis on the recovery/re-integration agenda is how this can be achieved within the current economic climate. Also unclear at time of writing is whether the Drugs Intervention Programme will continue to be specifically funded by the Home office, or something similar in terms of reducing drug related offending.

2.7. The role of DAATS themselves is yet to be worked out. The consultation document seems to suggest that commissioning should be done at a local level, with budgets and responsibilities devolved. However. One possibility is that they will sit alongside Public Health within the Council as part of a joint commissioning team, or that drug and alcohol commissioning is done on a sector wide basis again with input from Public Health. All of this may become clearer by late October/early November when the position paper for the merger of the NCL 5 PCTs will be written by the NCL PCT Executive Team.

2.8. Prevention features strongly in the young peoples section, so much so, that it is questionable whether the coalition Government think treatment has a place in responding to young people's substance issues.

### **3. Legal/Financial Implications**

3.1. At the time of writing it is understood that monies to support this strategy will be within the newly created centralised Public Health Service. These public health monies are said to be 'ring-fenced at the national and local level', quite what this mean is practice remains to be seen. Clearly the architecture to support the delivery of the drug or substance misuse strategy will be changed with the incorporation of the National Treatment Agency into the new Public Health Service along with a number of other 'quangos'.

3.2. The DAAT have been working with our drug and alcohol treatment providers in anticipation of further cuts to this budget to ensure we keep a coherent and effective treatment system in place. However, until the publication of the strategy it is difficult to know where the emphasis will be and therefore which services need to be prioritised. At the December DAAT Partnership Board meeting the position should be clearer.

### **4. Recommendations**

To note the response to strategy and questions it poses in terms of future commissioning arrangements.

The Board are asked to consider whether some of the drugs agenda should also feed into the Health and Wellbeing Board (as alcohol already does), particularly as this Board will have a statutory function.

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