

Reforms threaten government's drug strategy

- Structural changes are being introduced in police, justice, health and local council services with too little attention to their overall impact or value for money
- The speed and scale of changes risk reducing the ability of drug services to break the cycle of addiction and crime
- Cuts in funding for drug enforcement and in services like housing will make policing of drug dealers and the recovery of addicts more difficult
- But reforms could make services more efficient if government clarifies responsibilities and improves coordination between the new bodies

The speed and scale of reforms to services tackling England's drug problems could undermine many of the gains from a decade of investment, according to the UK Drug Policy Commission. A new report warns that services like policing, justice and health are struggling to adapt to rapid structural changes at the same time as they absorb budget cuts.

UKDPC concludes that reforms to health and law enforcement present opportunities to tackle drug problems more efficiently. But these benefits may be missed if the government and local authorities do not address a number of risks posed by the reform programme.

Charting New Waters follows a 14-month project of surveys, interviews and workshops with policymakers and frontline staff tackling drug problems across England. It investigates how drug-related law enforcement and drug treatment and prevention services are changing in response to wide-ranging reform and increasing austerity.

Profound structural and funding reforms will radically change how policing and drug treatment services operate and interact with one another. The reforms include the creation of a new public health system, NHS reform, the introduction of Police and Crime Commissioners, and the growing use of payment by results to fund public services.

Yet the research found little evidence that national policymakers are seeking to understand and manage the implementation and impacts of these changes. UKDPC warns that the **speed and scale of the reforms risk delivering poor value for public money.**

The report raises concerns that **decisions about reforms are being taken without information on their likely consequences or on how services will be delivered.** This could lead to new systems that do not effectively support recovery for people who have serious drug problems.

UKDPC also identifies the risk that **cooperation between health and criminal justice agencies may decrease** in some areas. This could further reduce the ability of treatment services to help break the cycle of drug addiction and crime.

The report emphasises that the reforms, if managed carefully, have the **potential to improve the efficiency of drug-related services**. It highlights that there are examples of innovation and good practice, and recommends a number of measures to ensure that the potential benefits are achieved.

These include improving coordination between the new local criminal justice and health bodies. The report also calls on the government to **ensure that local decision-makers have access to authoritative evidence to encourage services to provide good value for money**.

It also recommends that the **impacts of the changes should be monitored**, to identify both where things are going wrong and where good practice can be shared.

Roger Howard, Chief Executive of the UK Drug Policy Commission, said:

"Managing huge public service reform across a whole swathe of services including police, justice, health, local councils and education at the same time as reducing public spending is unprecedented. In tackling drug problems, what is done in one service area has considerable repercussions.

"Such change requires careful management and detailed implementation and support. We are not convinced the government has realised the cumulative impact of the changes and how the unintended consequences could undermine their ambitious drug strategy.

"Because of the variability between different areas we may see a growing postcode lottery in how we deal with drug problems."

Dr Frank Atherton, President of the Association of Directors of Public Health, said:

"Public health is a crucial part of how we tackle drug problems, but it can't do everything alone. Public health services need to work with other agencies, like the police and probation, to reduce the harm that drug addiction can cause to individuals and communities.

"With the systematic reforms and funding cuts, there's a real risk that some of this crucial partnership work may be lost. That would be very damaging for the vulnerable people who need well integrated help to overcome drug problems. It's important that essential partnerships between health and law enforcement agencies are maintained once the reforms are completed."

Survey of police on drug-related law enforcement

The research included a survey of police in England, representing 74% of police forces and 25% of Basic Command Units (BCUs). The results showed:

- Most forces (58%) expect to reduce their expenditure on activities to tackle the problems associated with illicit drugs, and 51% expect to reduce the time spent on drug-related activities. This often represents a greater reduction than in other policing activities, with 34% of forces expecting drug-related activities to fare worse than other work.
- Nearly half of English forces expect to reduce their work to detect illicit drugs, including:
 - Test purchasing of drugs: 45% expect a reduction
 - Forensic testing relating to drugs: 44% expect a reduction
 - Drug-related covert surveillance: 38% expect a reduction
- Many forces also expect reductions in local partnership work. Nearly two in five (38%) expect to carry out less drug-related work with community groups, and a third (34%) expect to work less with local councils. Officers expressed concern that the reductions in work with partner bodies will have knock-on consequences as gaps are created that some expect the police to fill.

Survey of Drug Action Teams

Drug Action Teams are publicly-funded partnerships that coordinate agencies in local areas to deliver the national drug strategy.

The research included a survey of 142 Drug Action Teams/Drug and Alcohol Action Teams in England, representing 43% of the total. The results showed:

- A majority of teams (65%) expected to have less funding in the financial year 2012/3, and half (50%) expected to reduce the amount of time they spend working on drug-related activities.
- Despite the expectation that treatment and employment services should work closely together to support recovery from addiction, only 13% of Drug Action Teams say they have a lot of engagement with the Work Programme. A third (34%) say they have virtually no engagement.
- There are particular concerns about the future of services for young people with substance misuse problems. Just over half (51%) expect a significant decline in funding for young people's substance misuse prevention services, and 41% expect a similar decline in young people's treatment services.

Notes to editors:

1. *Charting New Waters: Delivering drug policy at a time of radical reform and financial austerity* is published on Wednesday 25 April 2012, and will be available to download for free from www.ukdpc.org.uk.
2. In 2010-11, nearly 30,000 people being treated for drug problems exited treatment having overcome their drug dependency (<http://www.nta.nhs.uk/uploads/statisticsfromndtms201011vol1thenumbers.pdf>).

The estimated number of people in the UK using heroin and/or crack cocaine fell by about 25,000 between 2005-7 and 2009-10, to about 306,000 (<http://www.nta.nhs.uk/news-prevalence-2009-10.aspx>).

Overall, the proportion of adults who say they used any illicit drug in the last year has fallen from 12.3% in 2003/04 to 8.8% in 2010/11 (<http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb1211/hosb1211?view=Binary>).

3. The research for *Charting New Waters* was carried out between February 2011 and March 2012. The study drew on a combination of methods:
 - Review of key national level literature and interviews with key stakeholders.
 - The delivery of 81 semi-structured interviews in seven English case study areas. Interviewees included: key Drug Action Team staff (or the local equivalent structure for commissioning drug treatment and recovery services) and Police, Probation, Primary Care Trust, community safety, service user, elected member and GP representatives.
 - National survey of police forces in England, conducted with support from the Association of Chief Police Officers. In total, 74% of forces, 25% of Borough Command Units and 9 other units responded.
 - National survey of 142 English Drug Action Teams (or local equivalent), completed by 43% of teams.
 - Three national events: a roundtable workshop for Directors of Public Health, held in partnership with the Association of Directors of Public Health, a seminar for those responsible for commissioning and managing drug treatment and recovery services in 25 English areas, and a roundtable workshop for NHS drug treatment providers in England.
 - Expert input from a high-level project advisory group, which included representatives from government departments, the local and community sector and professional police and public health bodies.
4. The key changes examined in the study are:
 - Structural changes to the NHS as set out in the Health and Social Care Act and the creation of a new public health system within local authorities, which will include the commissioning of substance misuse treatment and recovery services. From March 2013, the current drug and alcohol treatment budget is likely to make up around a quarter of the total national budget for public health (as much as half of the budget allocated to Directors of Public Health). This is alongside the expectation that the NHS will save £20 billion by 2014, the most ambitious savings target it has ever faced.
 - Introduction of Police and Crime Commissioners to oversee policing. An area's Commissioner will have control of a budget which will include a proportion of the current Drug Interventions Grant. Overall funding allocated centrally to police forces in England and Wales is expected to reduce by 20%, in real terms over four years (by 2014/15).
 - A reduction of up to 40% in funding of central government departments and significant reductions in local government funding at least up to 2015. The most deprived authorities are

losing systematically the most spending power. Spending reductions in local authorities and some national government services include the wider support services, such as housing, welfare and employment, for those with drug problems, and early intervention services for young people.

- Increasing localism, and public service reform to shift power from the centre back to the local level, opening up public services to competition by boosting local involvement and engagement and encouraging partnerships across the public, private and voluntary sectors. Payment by results is seen as a mechanism for achieving value for money and eight areas are piloting this approach in reference to drug and alcohol treatment services.
5. The research was funded by Barclays. The principal funder of UKDPC is the Esmée Fairbairn Foundation.
 6. The UK Drug Policy Commission is an independent charity that provides objective analysis of the evidence concerning drug policies and practice.
 7. For more information and interviews, contact **Leo Barasi**, lbarasi@ukdpc.org.uk, **020 7812 3792 / 07988 054241**.