



The UK Drug Policy Commission

Challenging stigma and discrimination towards drug users

Consultancy specification & invitation to bid

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UK Drug Policy Commission
Kings Place
90 York Way
London
N1 9AG
(t) 020 7812 3790
(e) info@ukdpc.org.uk
(w) www.ukdpc.org.uk

The **UK Drug Policy Commission** (UKDPC) is an independent body providing objective analysis of evidence related to UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an effective, evidence-led response to the problems caused by illegal drugs.

UKDPC is a company limited by guarantee registered in England and Wales No. 5823583 and is a charity registered in England No. 1118203. UKDPC is grateful to the Esmée Fairbairn Foundation for its support.

UKDPC brings together senior figures from policing, public policy and the media along with leading experts from the drug treatment and medical research fields:

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Professor Alan Maynard OBE
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Adam Sampson
Professor John Strang
UKDPC Chief Executive: Roger Howard

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Summary:

The UK Drug Policy Commission, on behalf of a small consortium of leading drug misuse bodies, is inviting bids from independent consultants to undertake a business scoping study for a national campaign, directed at professionals, aimed at challenging stigma and discrimination towards recovering drug users.

We envisage the work should be completed by mid/end summer 2012. The total funding for the work is £17,500 (which is to be inclusive of any expenses and VAT).

Background:

The importance of recovery from drug dependency

The UK Government's Drug Strategy 2010 sets out a fundamentally different approach to tackling drugs and an entirely new ambition to promote recovery as the key means of reducing drug use and dependence. The Scottish Government's *'Road to Recovery'* (2008) has similar ambitions. There is a particular emphasis on recovery and social integration, with a commitment to getting people 'into full recovery and off drugs and alcohol for good.'ⁱ

The Drug Strategy also sets out the predictors of recovery – so-called 'recovery capital' – the resources necessary to start, and sustain recovery. Recovery is about much more than simply being drug-free.ⁱⁱ If people are to recover and make long-term and sustainable changes that have an impact on their life chances and on society, the recovery process needs to include a focus on housing, education, employment and family relationships.ⁱⁱⁱ The government's drug strategy places emphasis on building 'recovery champions' in local areas to promote recovery.

However, a major barrier to recovery is societal stigma towards people who have drug-dependency problems and are seeking to rebuild their lives.

The entrenched pervasive influence of stigma: UKDPC research

Recent research undertaken by the UK Drug Policy Commission (http://www.ukdpc.org.uk/publications.shtml#Stigma_reports) identified that continuing stigmatisation of people with drug dependence will undermine the Government's efforts to help them tackle their condition and enable recovery and reintegration into society.^{iv}

The key findings of this research were that:

- Drug users themselves can feel overwhelming shame and a sense of worthlessness, which may delay or prevent them seeking treatment.
- While there are examples of good practice in treatment services, there are many examples of service providers and other professionals reinforcing negative stereotypes and affording drug users insensitive and discriminatory treatment.
- People with drug-dependency problems elicit feelings of blame and fear from the general public. Views towards those with drug dependency are far more negative than those towards people with mental health problems.^v

- The language used by newspapers and other media reinforces and frames perceptions of drug users.
- Stigma acts as a significant barrier to recovery and undermines self-belief that recovery is possible
- The stigma towards drug users can also be directed at and has an impact on their families causing social, health and economic harms.

In summary, stigma is widespread and can prevent or delay recovery, undermine attempts to secure or retain employment and decrease the likely impact or success of key government policies seeking to reduce substance misuse and related social problems.^{vi}

Developing momentum for a ‘campaign’

One of the conclusions from the UKDPC review was that a coalition of groups working in the sector should be formed, to develop campaigns similar to those that have been successful in addressing stigma towards people with problems such as disability, HIV/AIDS, facial disfigurement, children with disabilities and, perhaps the most visible, mental ill-health.

At the heart of our thinking was the need to scope the need and potential for a national ‘campaign’ built upon an alliance of concerned bodies to tackle stigma experienced by those who are drug dependent and seeking to rebuild their lives.

Subsequently, UKDPC invited a small number of organisations to discuss ways in which stigma could be tackled. The participants agreed to form an initial ad-hoc coalition to examine the feasibility of developing a concerted and coordinated approach (or ‘campaign’) to tackle the problem of stigma, with the expectation that the group would gradually expand following completion of a business scoping study.

The groups participating in the alliance for this initial development phase are: Action on Addiction; Adfam; DrugScope; Reading User Forum; Royal College of Psychiatrists; and the Scottish Drugs Recovery Consortium, with the support of the UK Drug Policy Commission. It is anticipated that once the scoping study is completed then the group would broaden to include more organisations and, if appropriate, become a formalised coalition.

The UK Drug Policy Commission completes its overall programme of work at the end of 2012 after which it plans to wind-up its work. This study is thus an important ‘legacy’ following which, others are empowered and enabled to continue the work.

The Business Scoping Study:

Parameters and core questions:

Drawing on the UKDPC research and learning the lessons from the other anti-stigma ‘campaigns’ and coalitions in other sectors, this specification envisages a scoping exercise taking up to four/five months starting March 2012. Funding for this scoping study has been provided by the Esmee Fairbairn Foundation, which is the core funder of UKDPC.

In discussions, the embryonic coalition has been of the view that, at least in any initial stages, a national ‘campaign’ would probably need to be focused on professionals (eg drug treatment professionals; wider health care professionals such as general practice and hospital staff, dentists and pharmacists, social workers, housing and employment services staff), rather than on the wider public. In part this is due to the associated legal and criminal dimensions of drug

dependency and addiction, which other anti-stigma campaigns have not had to grapple with. A more public facing campaign might prove to be a logical next step. This is a case of 'walk before you run'.

Core questions to be addressed in the consultancy scoping study include:

- What evidence is there from other anti-stigma campaigns to indicate a drug recovery anti stigma campaign could have impact?
- What are the pros and cons of targeting professional groups rather than the general public and which particular groups might be prioritised?
- What level of support and participation would such a campaign have amongst a broad range of professional groups?
- What type of organisational form is likely to be best suited to the different types of campaigns?
- What is the level and type of support potentially available amongst the different bodies (including user, self-help, mutual aid, treatment providers, professional bodies and family groups) active in the drug treatment and recovery field for an anti-stigma campaign?
- Should any campaign be England-wide or be also targeted in the other UK countries?
- What level of resources is necessary to undertake different types of campaigns?
- What evidence and prospect is there of potential funding support amongst key charitable trusts and foundations?

The consultancy scoping study should lead to the development of a worked-up bid to secure more substantive funding for a UK-wide 'campaign' to highlight how stigma affects the lives and recovery chances of drug users and how this can best be challenged.

Objectives:

The objectives of the consultancy scoping exercise are to:

- (i) Examine organisational and resourcing lessons from other anti-stigma campaigns and coalitions,
- (ii) Scope the feasibility and options for a drugs recovery stigma 'campaign',
- (iii) Prepare a 'business' case and proposal to be subsequently submitted to potential funders for longer term funding.

Outputs:

The outputs for the project are:

- An interim report at 1 month identifying detailed project plan, qualitative research framework, interview schedules and literature resources.
- Draft Scoping report at month 3 or 4, identifying: (i) evidence and relevant lessons from other campaigns (ii) the range of options for a potential drug recovery stigma campaign (iii) potential objectives (iv) target priority audiences (v) geographical scope (vi) options for campaign organisational 'form' and management.
- Final 'business' plan/funding proposal based on agreed campaign model.

Tasks/activities:

We envisage that the tasks/activities involved could include:

- Consultation with key bodies in the drug sector, including recovery and user-led groups and those representing users, to identify priorities and key areas of concern about stigma and its impacts on individuals and government policy.
- Qualitative research with key people from other anti-stigma campaigns to identify lessons that can inform the development of this project, including effective organisational structures.
- Discussions with policy leads in key government departments, eg. DH & National Treatment Agency, Home Office, Ministry of Justice, DWP and Scottish Government to understand their views on priorities and ways forward.
- Discussions with key professional bodies to identify opportunities for action and levels of support and/or collaboration for a campaign.
- Drawing lessons from any national and international literature to identify effective models of national and/or local anti-stigma work.
- Developing a model and options (including resource implications) for taking the work forward. It is anticipated that the project would initially focus on knowledge and attitudes among key professionals and the media, rather than addressing the perceptions of the general public. But this needs to be evaluated and determined during the scoping phase.
- Convening an “experts’ seminar” (also involving those from other anti-stigma campaigns) to discuss possible models and identify preferred options and approaches.
- Finalising proposed model, and presentation of findings to potential funders.

Project management

UKDPC is acting as the accountable grant-holder for this study. The consultancy contract will therefore be between UKDPC and the consultant.

However, in order to provide collaborative oversight, the scoping study will be overseen by a small Steering Group, chaired by UKDPC. The consultant will be selected by the Steering Group and will also report to that group. Any day-to-day contacts or queries will be handled by UKDPC.

Payment schedule:

25% of the agreed contract price will be paid on commencement, 50% on completion of the Scoping Study report (to a satisfactory standard) and 25% on submission of the final business plan/proposal.

The total ceiling price for this study, inclusive of expenses and VAT is £17,500.

Consultant requirements:

We are seeking independent consultant(s) who are able to demonstrate competence and experience in the following:

- Social business feasibility analysis
- Social campaigns development and implementation
- Service users/families as co-producers with public and third-sector service providers

Process for submitting a bid:

Any bid should address the following requirements:

- Your competences and experience to undertake this work.
- Evidence of similar or relevant assignments including the names and contact details of two clients who can provide a reference as to the quality of your consultancy work and reliability.
- A project plan for undertaking the work with proposed timetable for completing the identified tasks.
- Details of consultant and/or other inputs for each of the tasks and per diem rates.
- Contingency plan for completing the project in the proposed time should the need arise.
- Your expectations of any inputs from the initial coalition members (including UKDPC).
- Details of financial costs.

If you are interested in submitting a proposal, we suggest you 'register' your interest with our Charity Administrator, Roderick Montgomery as soon as possible

Bids should be submitted electronically to him at: rmontgomery@ukdpc.org.uk

This document forms the specification for the project, if you notice any discrepancies or errors please let Roderick Montgomery know and he will provide clarification or correction to all potential tenderers as appropriate..

Timetable:

Bids should be submitted by 9am Friday 23 March.

A small steering group will assess proposals and we plan to invite those shortlisted to discuss their bids at a meeting during w/c 2 April.

The project will commence at a mutually agreed date.

ⁱ HM Government [Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live A Drug Free Life 2010](#)

ⁱⁱ Adfam [Submission: Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders](#), March 2011

ⁱⁱⁱ *ibid.*

^{iv} UKDPC [Getting Serious About Stigma: the problem with stigmatising drug users - An Overview](#), Dec 2010

^v UKDPC [Attitudes to Drug Dependence: Results from a Survey of People Living in Private Households in the UK](#), Dec 2010

^{vi} UKDPC, *Getting Serious About Stigma*, op. cit.