Written evidence from Forward Trust

This submission comes from the perspective of someone who has worked for 30 years in the substance misuse treatment field, and for the last 20 years in positions of advisory or executive responsibility for drug policy. Aside from senior drug policy roles within the European Union and United Nations, most relevant to this inquiry is the 5 years I spent as the Deputy UK Anti-Drug Co-ordinator between 1997 and 2002, in which role I oversaw the first comprehensive national drug strategy (Tackling Drugs to Build a Better Britain – 1998), and most notably the expansion and co-ordination of an integrated national plan for treatment of problem drug use. This submission focuses on the achievements and challenges in our national treatment system since those days, and recommendations for the coming period.

Executive Summary – In many respects, through international comparison, the UK can claim to have a well-functioning substance misuse treatment system – relatively well resourced, a range of services accessible to potential service users in all areas of the country, and good track records in reducing drug driven crime, and HIV and Hepatitis infection. But there are several challenges facing this system – budget cuts, continuing high levels of drug related deaths, low levels of recovery and rehabilitation, and a lack of clarity in strategy or procurement processes – that require real political and strategic leadership to overcome. The sector is currently tackling these challenges in a disparate and unplanned way, leading to significant inefficiencies, and undermining the achievements of the previous 15 years.

1. In the late 1990’s, the government made a priority of developing a comprehensive system for identifying, motivating and treating the estimated 300,000 UK citizens struggling with drug dependency – focusing on daily users of heroin and cocaine. Annual budgets were increased from around £250 million to well over £1 billion; local multi-disciplinary Drug Action Teams were charged with creating integrated local treatment systems; and the National Treatment Agency created to oversee target setting and progress chasing. This system was enthusiastically supported, and budgets maintained, by central government until around 2012. Since then, budgets have decreased by 20-30% (during a period where demand has increased, and the scope of the system expanded to cover alcohol dependence), and the NTA closed down with no alternative central government co-ordination put in place.

2. The logic behind the original strategy was that drug and/or alcohol dependence was at the centre of many of our most pressing social and health problems – family break up, long term unemployment, child abuse and neglect, crime and reoffending, homelessness, health inequalities, and high rates of health service utilisation. If the drug/alcohol misuse causes of these problems could be tackled through treatment, then there would be benefits (and cost savings) across many government departments. This logic has broadly held true over the last 20 years, but we have not developed a sufficiently robust evidence base on the impact of drug/alcohol treatment on these problems, or a clear understanding of what models of
intervention are most effective in achieving these outcomes. As a result, too much of current resource allocation and service design is insufficiently focused or effective.

3. There is a lack of political and strategic leadership overseeing the drug/alcohol treatment system. The cabinet level cross-departmental committee is the correct structure for such leadership – representing the key departments that have a stake in effective treatment – but does not have the co-ordinating and secretariat capacity to do anything more than sign off papers emerging from individual departments.

**Recommendation – That the government create sufficient capacity in the secretariat to meaningfully co-ordinate departments in setting treatment strategy, planning investments, setting targets and objectives, and reviewing performance.**

4. While it is acknowledged that drug/alcohol treatment is a ‘cross cutting’ issue, with many departments having an interest in its delivery and outcomes, the current strategic oversight and financial flows do not reflect these realities. Responsibilities for planning the treatment system sit uneasily between DHSC, MOJ and the Home Office – with DHSC priorities taking clear precedence. Other interested departments, such as DCLG and DWP, have little say. Financial flows, which ultimately dictate what is purchased, are controlled through NHS England and the Public Health budgets delegated to Local Authorities, exposing drug/alcohol treatment budgets to diversion to other functions, and limiting true cross-departmental co-ordination.

**Recommendation – reform the budget and procurement processes for the drug/alcohol treatment sector, aligning budgets with responsibility for outcomes.**

5. There is a lack of clarity in the objectives for the treatment system. The public, and parliament, are supportive of providing treatment instead of punishment to those struggling with drug/alcohol dependence, and want it to deliver improvements in health and social functioning, reductions in crime, reconciliation of families, and reductions in homelessness and unemployment. Ultimately, they want it to support the recovery and reintegration of marginalised individuals. But these objectives are not currently clearly stated as the purpose of expenditure on the treatment system, and they are not used as the basis of commissioning and procurement of services, or their evaluation. The result is procurement by process – contracts are handed out with little reference to, or need for providers to demonstrate, these outcomes.

**Recommendation – That the government defines a clear set of top line outcome objectives for the drug/alcohol treatment system, and ensures that all public procurement is aligned behind these objectives.**

6. One of the main achievements of the original treatment strategy was to ensure that drug driven offenders were prioritised, with comprehensive mechanisms in place to identify and refer them to treatment at police stations, in courts and in prisons. Home Office research has since shown that this strategy has made a significant contribution to the reduction in rates of property crime in the period 2002-2012. Unfortunately, most elements of this system have now been hollowed out – in particular the number of offenders referred into treatment by the courts has halved since 2010, and the number of accredited programmes offered to prisoners with drug and alcohol problems has dropped from over 100 to fewer than 20.

**Recommendation – That the reform of ‘Transforming Rehabilitation’ explicitly includes robust arrangements for ensuring many more drug/alcohol dependent offenders are referred into effective rehabilitation programmes.**
The policy of successive governments has been to promote treatment and recovery for drug/alcohol dependence. This policy has the potential to have a massive impact on the social reintegration of the most marginalised groups in our society. While some of this potential has been realised, much of what has been possible has been lost through lack of political focus, and strategic leadership. A new drive to get the treatment system working to its full potential can deliver big gains across government departments.

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