



SMMGP POLICY UPDATE February 2008

The New Drug Strategy Drugs: Protecting families and communities 2008-2018

Was announced on Wednesday 27th Feb 2008. It is divided into 4 strands

- 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

Headline quotes

Here are some edited highlights with particular emphasis on treatment. However we strongly advise members to go and read it here along with the 3-year action plan (second link)

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008-2018?view=Binary>

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011?view=Binary>

Treatment in General

We know that drug treatment can be cost-effective and that evidence suggests for every £1 spent on drug treatment at least £9.50 in crime and health costs can be saved

In terms of specific treatments, methadone maintenance is effective in reducing illicit opiate use, criminal behaviour, injecting and sharing behaviours, HIV infection rates, and mortality.

Psychosocial approaches can also be successful. For example family therapy, mutual aid, the community reinforcement approach and contingency management, when paired with pharmacological interventions have been found to be successful.

Drug treatment is often most effective when combined with additional support to tackle the underlying contributory factors for drug use – factors such as homelessness.

*Using **contingency management** pilots, in which positive reinforcement techniques are used to encourage clients to maintain a course of treatment, to identify and reinforce good practice and address concerns about the inappropriate use of rewards in treatment.*

*Encouraging clients and family members to make wider use of **mutual aid** support networks, such as abstinence programmes and local support groups, to improve treatment outcomes.*

Child Protection

Support kin carers, such as grandparents caring for the children of substance-misusing parents, by exploring extensions to the circumstances in which local authorities can make payments to carers of children classified as 'in need'.

Support parents with substance misuse problems so that children do not fall into excessive or inappropriate caring roles.

Research

This will make Addiction research one of the 4 priority areas for research in the NHS –this is very significant in terms of funding

Developing and delivering a significant new initiative to support research that will boost our understanding of addiction and identify opportunities for new forms of treatment or prevention. Building on the major expansion of health research funding from the last Spending Review, the Medical Research Council and the National Institute for Health Research have agreed that addiction should be one of the joint priority areas for health research funding, led by the Medical Research Council.

Applying learning about what works gathered through the routine monitoring of treatment outcomes through, for example, the National Drug Treatment Monitoring System

*Rolling out the prescription of **injectable heroin and methadone** to clients who do not respond to other forms of treatment, subject to the findings, due in 2009, of pilots exploring the use of this type of treatment.*

Benefit payments and treatment

A radical new focus require drug misusers on out-of-work benefits to attend a discussion with an appropriate specialist treatment provider or partner organisation as part of the Jobseeker Direction or Work Focused Interview requirements; However, we do not think it is right for the taxpayer to help sustain drug habits when individuals could be getting treatment to overcome barriers to employment. So, we will explore the case for introducing a new regime for drug misusers, which provides more tailored and personalised support than is currently provided by the existing Incapacity Benefit or Jobseeker Allowance regimes. In return for benefit payments, claimants will have a responsibility to move successfully through treatment and into employment. Further proposals will be announced regarding these measures

Criminal Justice/Prisons

Maximizing the use of community sentences with DRRs;

Ensuring that all prisoners have access to a minimum standard of clinical drug treatment.

*Exploring the scope for streamlining funding and commissioning arrangements for the National Offender Management Service, Primary Care Trusts and Joint Commissioning Groups through commissioning and delivery pilots; extending the use of successful interventions throughout the criminal justice system, including further rolling out of the IDTS; **£43 million** is going into this over 3 years apparently*

*Piloting the introduction of the **National Drug Treatment Monitoring System** intoprisons and ensuring that community based treatment services are notified when a drug user is released from prison to provide a better link between prison and community-based services*

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Raising the quality of interventions in the prison estate and developing the skills of the workforce in prisons and probation services, so that they can deliver quality drugs services.

Discuss the new drug strategy on our forums at www.smmgp.groupee.net

Other Policy

Mike Ashton *The New Abstentionists.* Druglink special insert Jan 2008-02-29

<http://www.drugscope.org.uk/resources/goodpractice/treatment/studies.htm>

This 'forensic examination' looks at the recent attacks on the treatment system by the BBC amongst others and has a thorough look at the evidence behind these criticisms as well as identifying how we can improve in the future by not falling into the trap of polarising harm reduction and abstinence. Thought provoking stuff at the very least and well worth a read.