



COLLECTIVE VOICE RESPONSE TO THE 2017 DRUG STRATEGY

The Home Office has today published the government's latest, and long-awaited, drug strategy. Collective Voice is very pleased to welcome the strategy as a serious and realistic platform which, if delivered, will improve society's collective efforts to minimise the various harms flowing from illegal drug use. Our optimism is driven by four key aspects of the strategy.

VULNERABILITY

The dominant media and political narrative about drug misuse emphasises the power of the drug and minimises the social, economic and psychological world of the user. The clear association between drug dependence and social exclusion, poverty, criminality, and mental ill-health is thus assumed, often implicitly, to be a consequence of drug use. For the first time this strategy makes it clear that drug dependence is as much a consequence of pre-existing social and economic disadvantage as it is their cause. To protect the vulnerable from the risks associated with drug misuse is therefore as much about broadening economic and educational opportunity, and minimising social exclusion, as it is about restricting supply or effective drug prevention. This is a crucial conceptual shift in the thinking underpinning drug policy and it is entirely consistent with the Prime Minister's statement about "fighting burning injustices" when she took up office a year ago.

LEADERSHIP

The Home Secretary spells out the continuing harms associated with the misuse of illegal drugs: particularly crime, drug-related deaths, and the impact on the life chances of dependent drug users and their children. However, drug misuse is no longer the political priority it was in the 1980s at the height of the HIV crisis or at the turn-of-the-century when it was the main driver of rising crime. Today, in large measure as a consequence of investment in treatment and harm reduction services by successive governments, England has one of the lowest rates of HIV infection among injecting drug users in the world and the increased availability of treatment is regarded by the Home Office as one of the key factors behind the reduction in acquisitive crime over the past decade. Unfortunately the price of this success has been a growing inability to retain the investment and political interest on which it has been based. In this context for the Home Secretary to take personal leadership of this agenda is crucial. If the very real gains of the last 30 years are to be sustained we need clear visible political leadership. The Home Secretary's readiness to lead the drug strategy across Whitehall and the appointment of a dedicated Recovery Champion both augur well for the increase in political priority that will be needed if these successes are not to be thrown away.

EVIDENCE

The publication of the strategy by the Home Office is accompanied by the Department of Health publishing new clinical guidelines for the management and treatment of drug dependence. This emphasises the very clear commitments in the strategy to follow the clinical evidence of what works in responding to drug dependence. The 2010 drug strategy sought a rebalancing of the treatment system to give fresh impetus to promoting individual recovery, measured by successful completion of treatment, alongside continuing provision of harm reduction services and a recognition that for many individuals their journey to recovery would involve lengthy periods being supported by opiate

substitution therapy. Unfortunately some of the political messaging that accompanied the strategy obscured the crucial significance allotted to harm reduction and maintenance resulting in commissioners in some Local Authorities misinterpreting the strategy as a commitment to a crude one-dimensional abstinence-based approach. The 2017 strategy leaves no room for misinterpretation. The recovery ambition remains at its heart but this is clearly tempered by recognition that for many of the increasingly vulnerable ageing cohort of heroin users, who still constitute the majority of the treatment population, interventions need to be matched to their individual need, not based on an ideological commitment to a pre-set outcome.

ACCOUNTABILITY

The strategy correctly identifies Local Authorities as ideally suited to integrate the clinical care drug misusers need with housing, employment, and other social supports. However since assuming responsibility for commissioning drug treatment in 2013, Local Authorities have struggled to make a success of their stewardship of this agenda, in large measure because of the competing demands they face in a very harsh financial climate. Alongside the Home Secretary's leadership across Whitehall will sit a revitalised process of accountability and support to Local Authorities from central government and Public Health England to help them channel their efforts to deliver the aspirations of the strategy. To hold them to account, government will expect them and their local partners to report a series of metrics identifying: investment in treatment, the outcomes this achieves, their success in getting people into work, improving access to housing, and, most crucially of all if we are to address the continuing rise in avoidable death, how effectively the drug treatment system is integrated with wider physical and mental health NHS provision. The re-emergence of direct accountability to a powerful Minister will enable government to track the effectiveness of local delivery and the aggregate of these returns will enable Parliament and the public to hold the Home Secretary herself and the wider government to account.

This strategy provides a context in which drug treatment and recovery services can continue to build on the achievements of previous administrations. Collective Voice stands ready to work with all partners to capitalise on this opportunity.