

Developing Local Drugs Strategies

Jim McManus and Paul Andell report on some examples of good practice in planning local drugs strategies.

The changing nature of drug use and associated problems in the UK means that no one agency is effectively able to tackle such a variety of issues, and that there is a need for properly developed, integrated strategies between agencies. Health, local authority and other provision need to be balanced in order to ensure that any intervention works.

The Audit Commission report *Changing Habits* (Audit Commission, 2002) makes clear in Chapter One that the manifold nature of problems caused by drugs necessitates a joined-up response, and in Chapter Four makes a range of recommendations under the heading “improving performance” which includes better data collection, better commissioning, more joined-up services and “strengthening partnership working.” These recommendations are really nothing new. The Polkinghorne Review (Dept. of Health 1996) made similar recommendations.

Nacro has been working in areas around the country over the past 18 months to develop such

Communities Against Drugs monies.

Both areas, and the agencies within them, should be commended for their foresight. Lambeth because it is trying to tackle a problem on which no really effective central government guidance exists as yet and West Devon because it is trying to get to grips with the distinctive dynamics of a problem in a very rural area, with different patterns of deprivation and social geography.

The Lambeth crack study consisted of:

- A literature review on markets, prevalence and treatment effectiveness.
- Prevalence estimation.
- Assessment of provider and agency views (done by means of semi-structured face to face interviews and a Delphi survey).
- Interviews with service users (including black, homeless users, sex workers and those in custody in male and female prisons).
- Interviews with market traders.
- Focus groups and interviews with the community (young people, black communities, a local Project

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integrated local strategies. With the increasing prevalence of crack cocaine and amphetamine use (Ubido, 1998, Jacobs, 1999), a number of local areas have expressed concern about the inability of services and commissioners to cope. A recent survey by Nacro (McManus, 2002) revealed that of 50 Drug Action Teams (DATs) and 50 Crime and Disorder Reduction Partnerships (CDRPs) surveyed, 95 per cent do not want DATs and CDRPs merged because it would add further levels of confusion and disparity to already stretched strategic planning systems. Sixty-eight per cent of DATs and 85 per cent of CDRPs felt their strategies were not properly integrated, but merging would not help.

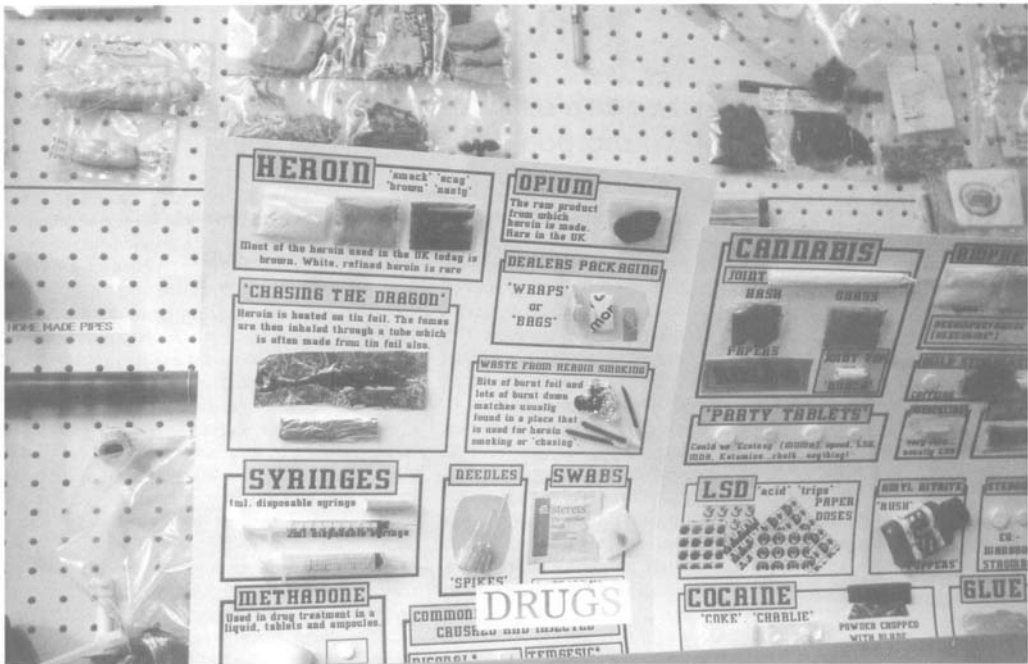
Against this background Nacro has been working to help local areas build integrated drugs strategies. We are currently working on aspects of this issue in Lambeth, West Devon and Croydon as well as the West Midlands.

One example of this work is the foresight of agencies in Lambeth. They commissioned a piece of work which was intended to provide them with a plan for responding to the problems related to crack cocaine in the borough. A fairly similar project relating to all drugs is underway in West Devon, to inform the local government how it should invest

Trident focus group).

- Selected visits to other services in the UK and phone interviews with those outside the UK.

The work gathered and compared the perspectives of users, communities and professionals, and sought to elucidate where there was agreement, where there was divergence, and how this impacted on responding to the problem. One of the surprising things for us was the level of convergence in the views of users and providers regarding service provision need. The review also uncovered potential improvements in the planning, coordination and funding of services. This is unsurprising. Corporate governance in the inter-agency response to drugs is an issue where, like evidence-based practice, there has often been insufficient resources and too many fragmented players to really make things work optimally. The difference here was that we elucidated how providers, users and communities were affected by this. We also uncovered some truly innovative local practice which few people knew existed, and inevitably every project of the kind we undertake uncovers areas where one agency can unwittingly frustrate the activities of another because of their different perspectives. The next problem was how to present this richness of



perspective in a way which was usable for those whose emphasis was improving practice.

We reported with a plan for a holistic strategy, using the Community Harm Reduction Model, supplemented by corporate governance structures and systems at an inter-agency level (strategic planning, commissioning, information sharing). We also made recommendations for practice at a local level covering key affected communities : black communities, young people, sex workers and those leaving custody.

- All of this was distilled into:
- a literature review;
- three fieldwork reports;
- a guidance and recommendations report;
- a summary report.

Nacro's work was informed by a Community Harm Reduction Model (Andell and McManus, 2002) in which demand and supply reduction, prevention, aftercare and community involvement are all balanced to reduce harm to the community and to those using crack with chaotic lifestyles.

The fears of commissioners are important here. Having too much information and too many recommendations can be just as disempowering as having no idea of what the level of need is. The work does not, therefore, stop with producing reports. Some continuing support to areas through technical assistance, facilitated briefing events and workshops to help develop the strategy, involving all key players, are essential. Work such as this should not simply produce a weight of reports, it should build the capacity of the commissioning agencies to respond. Applied research or consultancy projects which do not seek to do this fail to meet their ethical responsibility to support change for communities and individuals affected by crack.

The work we have begun convinces us that one way to effectively respond to crack is to follow Lambeth's lead. While the harm from problematic drug use is well established, it is a pity that the harm caused by alcohol does not receive from central Government anything like the attention it deserves.

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References:

Andell, P. and McManus, J. (2002), *Delivering Interventions under the Communities Against Drugs Fund : Some Key Issues*, London : Nacro and Government Office West Midlands Crime Reduction Unit.

Audit Commission (2002), *Changing Habits*, London : Audit Commission.

Department of Health (1996), *Report of the Independent Enquiry into Treatment Services for Drug Misusers*, London : Her Majesty's Stationery Office.

Jacobs, B.A. (1999), 'Crack to Heroin? Drug Markets and Transition', *British Journal of Criminology*, 39/4 : 555-574.

McManus, J. (2002), *Merging DATs and CDRPs : Perceptions and Problems*, London : Nacro (unpublished)

Ubidio (1998), *Amphetamine, cocaine and crack use : Prevalence, treatment and services*, Liverpool : Liverpool Public Health Observatory.