

*This briefing is a fortnightly update on important policy developments relevant to family support and the drug and alcohol sector. It includes comment, data, reports, parliamentary news, policy directions and debate.*

## **POLICY BRIEFING**

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**4 October – 22 October 2010**

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# Editorial

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Firstly, thank you to all those that attended our consultation series – you will notice that this briefing covers three weeks instead of the usual two because the policy team has been running events across the country, looking at families with multiple needs and the issues facing local partnerships. Lots of useful and critical points were discussed and we will be distilling them into a briefing outlining how partnerships can improve their responses to families with multiple needs.

At all of the consultations, participants talked about their concerns over the funding implications of the spending review and their lack of financial resources to deliver services. As you will no doubt be aware, the results of the [Comprehensive Spending Review](#) (pdf) were announced on Wednesday and gave us all the first real opportunity to understand which areas will feel the cuts the most. Over the preceding months, various Government departments have issued consultation documents indicating their future objectives: the dramatic shift in the balance of power from the central to the local, a greater emphasis on enforcement and reducing re-offending, an increased ambition towards recovery within drug and alcohol treatment and a new approach to supporting families with multiple needs are all directions laid out so far by the Coalition. The content of the Spending Review enabled us to start to see the financial backing that these new initiatives will have and raised some questions as to how their aims might be achieved. Throughout the Adfam consultations, participants were clear that they will be asked to do more for less, but raised the question of where the crucial elements of resources and support will come from.

The main points from the Spending Review are [detailed in this briefing](#), and there are some measures which may impact positively on the lives of those affected by drugs and alcohol. There will be earlier intervention to give treatment to mentally ill offenders; Sure Start budgets will be protected; the adult social care budget will see an increase of £2 billion; £100 million will be allocated as a transition fund for the voluntary and community sector; and there will be an expansion of access to psychological therapies. However, there are undoubtedly areas that may cause some concern amongst families and may perhaps lead to some of the most vulnerable suffering greater hardship without access to support. What is clear is the imperative for the needs of families affected by drugs and alcohol to be on the agenda at a local decision making level to ensure the allocation of adequate resources and strategic backing. Adfam is arguing for this at a government department level and hope that the briefing resulting from our consultations will support you to do the same at a local level.

Adfam's Grandparent Carers Project comes to a close at the end of October. Coordinator [Vicky Brooks](#) is contactable until the end of the month but after this, enquiries should be directed to [admin@adfam.org.uk](mailto:admin@adfam.org.uk). A big thank you to partners and all involved in the project; we are very proud of its achievements and a good practice guide and final project report will be available soon.



**Joss Smith**

Head of Policy and Regional Development

# Parliamentary roundup

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## Prisoner on prisoner assault incidents, England and Wales:

Year	Assault Incidents
2007	12,018
2008	12,834
2009	12,147

## Punishments for prisoner on prisoner assaults:

	2007	2008	2009
Number of offences punished	3,319	3,646	3,350
Number of Punishments	6,020	6,830	6,661
Additional days given	225	210	213

## Domestic violence incidents, by perpetrator age range (Britain):

Age	Percentage of incidents %
Under 16	3%
16-24	28%
25-39	40%
40 or older	30%

**Numbers of people in a continuous period of substitute prescribing:**

<b>Length of time</b>	<b>Number of people</b>	<b>Percentage of total</b>
Less than 12 months	58,773	38
1-2 years	28,947	19
2-4 years	30,792	20
Over 4 years	35,120	23
Total	153,632	

Debates and questions have also revealed:

- The estimated costs of implementing Domestic Violence Protection Orders (DVPOs) across England and Wales, piloted within two police force areas, was **£700,000** based on an assumption of 250-300 possible applications for DVPOs across a 6-12 month period.
- The number of prisoners absconded year on year has decreased. In **2006-07** there were **555** and in **2008-09** there were **363**.
- Over **17,000** prison officers received mental health awareness training between 2006 and 2009.

# Consultations

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Open consultations and previous responses are now available at:

[www.adfam.org.uk/consultations](http://www.adfam.org.uk/consultations).

## [Addressing Stigma towards recovering drug users and their families](#) – UK Drug Policy Commission

This survey is part of a wider research study looking at stigma towards drug users and their families, particularly the impact this has on recovery and young people's development and integration into society. Information is requested from those who have experience of drug use and addiction, either personally or as a relative, in order to identify how stigma and discrimination can impact on people's lives.

## [Supporting a Stronger Civil Society](#) – Cabinet Office

Building on the idea of the Big Society, this consultation looks at issues such as opening up public services to new providers, supporting community activism and funding for new social enterprises. The consultation includes questions on areas like pro bono support for volunteer services; how to make community organisations more resilient; how Government can work with national infrastructure to support the Big Society; and how to make frontline groups more efficient and effective. The consultation document also includes useful appendices on the current state of support for the voluntary sector and a market analysis of the sector as a whole.

Adfam will be submitting a response as an infrastructure organisation and drawing attention to the issues facing family support as a whole. We encourage community organisations to respond with issues that present at local level.

## [Family support in challenging times](#) – Adfam

Adfam would like to know more about how the current financial climate is impacting families affected by substance use. **This survey is designed for family members** - if you are not a member of a family affected by drugs and alcohol could you please share the survey with family members that you work with. The survey will only take a minute to fill in and will provide Adfam with valuable information about how real families are facing and dealing with problems every day.

This consultation will close on 5 November 2010.

# Reports and announcements

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*Click on the report titles to access the documents.*

## [Guidance for substance misuse treatment providers](#) (pdf) - Smart Recovery UK

This report aims to promote SMART Recovery, looking at the importance of recovery regarding one's own substance misuse as well as the misuse of a family member. SMART Recovery is currently pursuing a closer partnership with the treatment and care providing sector. This report focuses on those recovery 'supporters' and 'partners' who encourage the growth of SMART Recovery.

## [Family policy and the new Government](#) – Family and Parenting Institute

This report was drawn up from an event run by the [Family and Parenting Institute](#), which aimed to discuss key issues relating to family policy. Issues included intergenerational families, relationship support and families at risk; key conclusions from delegate workshops are presented. The report also includes summaries of speeches delivered by Mark Easton, the BBC's Home Editor, and Sarah Teather, Minister of State for Children and Families.

## [Alcohol licensing conditions](#) - New legislation from the Home Office

Announced in April this year were the first three conditions of the Licensing Act 2003 (mandatory Licensing conditions) order 2010, applying to all licensed premises. These were a ban on irresponsible promotions, a ban on dispensing alcohol directly into customer's mouths and mandatory provision of free tap water. This guide presents the other remaining conditions which came into force at the beginning of October, concerning age verification policies and smaller measures.

## [Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age?](#) (pdf) - Epidemial Community Health

This study explores the relationship between light drinking during pregnancy and the risk of socioemotional deficits at age 5 years. Presented within the report is the methodology used throughout the study, with participants grouped according to the mother's reported alcohol consumption during pregnancy. The report displays all statistical results from the study, particularly highlighting no increased risk of socioemotional difficulties or cognitive deficits in children born to light drinkers, compared with children born to mothers in the not drinking whilst pregnant group.

### [Drug treatment in 2009/10](#) (pdf) - NTA

The findings of this independent study highlight the decreasing number of opiate users, with almost 11,000 fewer heroin addicts in England. Significant decreases in younger age groups are also presented in this study, suggesting the existing population of problem drug users is getting older. The study focuses on the changing patterns of drug use as well as the shifts in treatment trends over the past few years, stating that in 2009-2010 a total of 206,889 adults were in treatment, with 93% successfully completing a treatment programme or remaining in treatment for a minimum of 12 weeks.

### [Housing & Alcohol](#) (pdf) - GLADA and JAG

This report explores the links between alcohol and homelessness. It particularly focuses on unacknowledged drinking in the home and harmful drinking in the home, including support for older people and those experiencing domestic violence or 'hidden harm' linked to alcohol. The report provides information about specific support services, outlining the objectives of each service and the approaches they take.

### [Statistics from the national drug treatment monitoring system](#) - NTA

This report displays recent statistical information regarding drug treatment in 2009-2010. Focusing on the changing numbers of those receiving drug treatment over the past few years, this report also presents statistics on the age of those receiving treatment, gender and ethnicity, as well as looking at the statistics for drug treatment in different regions. With 206,889 reported clients aged over 18 years in contact with structured treatment in 2009-2010, various routes into treatment are also acknowledged, with 40% being self-referrals and 29% from the criminal justice system in 2009-2010. Detailed within the report is the methodology used for assessing each client in order to receive accurate statistics along with comparisons in trends over the past few years.

### [Perceptions of the social harms associated with khat use](#) (pdf) - Home Office

This report describes the findings from a research study exploring the perceived social harms associated with the use of khat in Somali, Yemeni and Ethiopian communities in England and Wales. The report examines government responses regarding khat use, services available to khat users and the treatment service needs of khat users and their families. The report highlighted that for most users, khat plays a modest yet pleasurable part in their lives, with more women and young people using now than in the past. However, it is evident that there is some controversy over khat use as many oppose the practice completely. This report concludes that there is a lack of services available

to treat those using khat and it is in the interest of professionals and community members to recognise the work needed to help these users.

[Alcohol Identification and Brief Advice \(IBA\) in Offender Health: A Literature Review](#) (word document) - Regional Public Health Group London and the Ministry of Justice

This review looks at the existing practice in provision of support for offenders with alcohol-related problems as they move through the criminal justice system. The review offers initial understanding of the guidance, strategies and policies which exist to help localities with this work. The review presents the journey of an offender through the criminal justice system and the various agencies involved with the offender in an attempt to highlight existing practices. For those working with alcohol misusing offenders, this review aims to assist them to identify, deliver and inform in a standardised manner. The review concludes with the need for wider interaction among local drug and alcohol services along with a more comprehensive evaluation of provision in line with the Alcohol Harm Reduction Strategy.

[Swept under the carpet: Children affected by parental alcohol misuse](#) – Alcohol Concern and The Children’s Society

This report looks at the effects of excessive parental drinking on children and families as well as the growing concern of alcohol-related domestic abuse. The report acknowledges the different policy issues and recommendations regarding parental alcohol misuse, with new statistical evidence showing that alcohol consumption has more than doubled over the past 50 years. The report makes recommendations on actions needed to support children and their families where alcohol misuse is present, with more than 2.6 million children in the UK living with parents who drink hazardously. The report concludes that there is a strong need for a national inquiry into the impact of parental alcohol misuse on children: its scale, its short and long term impacts, its cost to society and how best to tackle the issue.

[An opportunity for improvement - Children and substance use](#) – Adfam

In light of the announcement of the creation of the Childhood and Families Taskforce earlier this year and ongoing concerns around the level of support available for the children of substance users, Adfam here details steps to be taken by national government to improve support. An increase in early interventions, the continued development of the workforce, improving the engagement of families in treatment, increasing local involvement and improving support for the carers of problematic substance users are all identified as sensible and effective steps which can be taken.

# The spending review, families and substance use

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The Government's [Spending Review](#) (pdf) of 20 October 2010 is a comprehensive survey of public spending and service provision and outlines areas in which spending will be decreased over the coming years. It claims to pursue 'fairness and social mobility' and provide 'sustained routes out of poverty for the poorest'.

## New directions

In general, the spending review marks a shift from strong central guidance and ring-fenced funding towards local decision-making, flexible funding and payment by results. Local authorities are therefore going to have more power over what they spend their money on. Certain services may move from the public to the voluntary and community sector - the review states that although the Government believes 'it should continue to fund important services, it does not have to be the default provider' in all cases. The review also talks of 'extending the use of personal budgets for service users' which devolves power even further from central government by allowing service users themselves, rather than the services, to decide what to spend part of the allocated money on. This may be of particular interest to practitioners working in drug and alcohol treatment or carers of problematic substance users.

The cuts total £81bn by 2014-15, with heavy savings made in the welfare budget (£11bn) and by a public sector pay freeze (£3.3bn). Lower interest payments resulting from decreased spending are calculated to save £10bn and £6bn savings are projected from various efficiency measures.

The review pledges to provide 'an **NHS** that is free at the point of use and available to everyone based on need not the ability to pay, with total NHS spending increasing in real terms in each year of the Parliament'. Access for patients to psychological interventions is to be expanded, whilst elsewhere the promise is made to divert mentally ill offenders away from prison where appropriate and into treatment.

Though many areas do suffer large cuts there are multiple pledges from the Government to protect **children**. Spending on Sure Start centres is protected, with money dedicated for extra health visitors. All children will also be entitled 'from 2012-13 to 15 hours per week of free early education'. Welcome measures to protect vulnerable children include 'care to all disadvantaged two year-old children' and the creation of 'a substantial new premium worth £2.5 billion targeted on the educational development of disadvantaged pupils'.

With the reduction of public spending the **voluntary and community sector** (VCS) is expected to do more. To help facilitate this, £470m is pledged to create an endowment fund to help build capacity and potential in the VCS. £100m has been specifically earmarked to help VCS organisations who are taking up the burden of providing public services.

The Office for Civil Society and a Community First Fund have both been set up to support and promote VCS organisations, establish a network of community organisers and encourage an increase in volunteering.

## Featured issue – Responses to the drug strategy consultation

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Numerous organisations have submitted responses to the drug strategy consultation. Here we have summarised a few, offering a broad range of views submitted to the Home Office.

Adfam's response is available at [www.adfam.org.uk/consultations](http://www.adfam.org.uk/consultations).

### [Drug Education Forum](#) (pdf)

The Drug Education Forum maintains that drug education plays a critical role in ensuring children and young people are made aware of the issues associated with drug use. With sustained programmes having proven to be effective, the Drug Education Forum believes that drug education should be integrated as part of PSHEe agenda in schools as all children are entitled to drug education, gaining further knowledge about drug use and key skills around the issue. Continued support regarding the teaching of drug education in schools is highlighted in the response ensuring that training for teachers includes the specialist PSHEe skills needed to deliver drug education. The DEF also highlight the need for a gendered approach to alcohol misuse as it is important for young women to understand drinking the same amount as males will have impact on their health. As well as drug education, the DEF believe that through public campaigns and engagement with schools drug and alcohol programmes, parents can gain an understanding of the risks associated with substance misuse and be supported themselves. The DEF also focuses on the community claiming that the community must play a bigger role in changing the culture around alcohol and volatile substances.

### [DrugScope](#) (pdf)

DrugScope's response particularly highlights the importance of prevention, supporting recovery and reintegration as well as supporting families affected by parental substance misuse. DrugScope calls for an integrated cross-governmental recovery programme enabling support for workforce development; addressing stigma and discrimination; ensuring adequate housing provision for people in contact with drug services; and developing a clear strategy on harm reduction. The response also acknowledges the increased investment in drug treatment within prisons, but notes that there is still a shortage of treatment availability for prisoners - particularly amongst those with alcohol dependency and dual diagnosis. DrugScope states that continued investment in drugs and alcohol treatment is needed in prisons, along with support to build on the work of voluntary and community sector organisations to improve the links between prison and the community and support transition.

DrugScope recognises a gap between young people and adult services, which leaves many individuals unable to access help appropriate to their drug use and needs. The consultation response acknowledges young people as a priority for developing interventions to preventing problematic

substance misuse, and therefore recommends the development of a national policy framework for young adult services, including substance misuse, mental health, housing and criminal justice. DrugScope also highlights the concern for families and children affected by parental substance misuse, stating that adult drug services on the whole remain unfriendly to families and do not sufficiently take into account the needs of parents. In order for this to change, DrugScope states that support is needed for treatment services so they can be easily accessed by adults with children, for example by taking into account school and nursery opening hours. Protecting children from the harms of parental substance misuse is also a major issue, requiring better access to training and support for drug and alcohol workers on child protection and safeguarding. A requirement that all social workers should have drug and alcohol training is expressed, along with the need for a drug and alcohol lead within children and families social services departments.

#### [National Needle Exchange Forum](#) (pdf)

The National Needle Exchange Forum response focuses on parts of the consultation relevant to harm reduction services and how they are delivered in the UK. With harm reduction previously being underrepresented, the National Needle Exchange Forum believes this consultation is an opportunity for the new government to adopt a broad approach to preventing and reducing substance misuse. Within the response the NNEF highlight key harm reduction interventions that should be retained as part of a broad response to drugs: needle and syringe programmes, opioid substitution therapy, heroin prescribing, overdose prevention and user involvement. The NNEF concludes that the new drug strategy should include measures to prevent a 'postcode lottery' of services.

#### [Stella Project](#) (pdf)

The Stella Project's response specifically addresses the concerns of women experiencing problematic substance use. Highlighted as a key aspect within the response are the specialist domestic and sexual violence services for women's substance misuse prevention. The Stella Project also focuses on the Criminal Justice System's actions when dealing with substance misusing offenders, recommending the provision of safe accommodation for those leaving custody who are experiencing problematic substance use and domestic or sexual violence, including access to specialist treatment addressing the needs of the individual.

The Stella Project makes significant reference to helping those children and families experiencing both parental substance use and domestic or sexual violence. Highlighted initially is the idea that community-based accommodation to rehabilitate drug users should include accommodation for children, as women are unlikely to access residential substance use treatment if this means leaving their children. With a lack of appropriate childcare being a key barrier for women's access to substance misuse treatment, the response recommends that the government ensure women's substance misuse treatment services are adequately funded to include access to childcare, accommodation for children and appropriate opening hours and support around contact with social

services. Violence towards a mother is a significant risk indicator for child abuse and where cases of domestic violence are unidentified, the risk to children is then not assessed properly. The Stella Project calls for all substance misuse workers to be trained around domestic violence and child protection, and recommends increased investment in services for children and families in the domestic violence sector.

#### [Release](#) (pdf)

The primary concern for Release is the general failure of clarity and scope of the consultation, and the lack of detail about policy and implementation proposals. The consultation, according to Release, fails to acknowledge the need to reduce drug harms, failing to tackle both problematic and non-problematic drug use, as well as not considering the issue of harm reduction. Release supports drug education to help prevent problematic drug use, especially for those most vulnerable, and also acknowledges the Government's recognition of recovery - but believes that recovery should be measured in community participation rather than arbitrary levels of drug use. Release also highlights the safeguarding of children is a priority for future concern.

#### [Transform Drug Policy Foundation](#) (pdf)

This response expresses serious concern about the consultation process and the paper itself. Transform highlight the absence of key policy areas in the consultation (including harm reduction) and argues that the growing body of evidence and active public debate around decriminalization is being ignored. Although the response mentions many missing issues within the consultation, some positive things have also arisen, for example a "more holistic approach, with drug issues is being assessed and tackled alongside other issues regarding alcohol abuse, child protection, mental health, employment and housing." The response concludes that this consultation falls short on almost every front and therefore recommends a review from the Cabinet Office, with a view to the consultation being re-launched.