

Speaking Out Briefing No.15

The 2008 Drug Strategy

One of the core aims of the Government's ten-year drug strategy, *Drugs: protecting families and communities*, is the prevention of harm to children, young people and families affected by drug misuse. This briefing analyses the key elements of the 2008-2018 drug strategy and explores the possible implications for the children and young people's voluntary and community sector.

This briefing is part of the Speaking Out series.

Speaking Out

Speaking Out is a partnership between Children England (formerly the National Council of Voluntary Child Care Organisations) and the National Council for Voluntary Youth Services (NCVYS), which seeks to build a voice for the children and young people's voluntary and community sector across government.

The project aims to develop closer links between a range of government departments (Home Office, Ministry of Justice, Department for Environment, Food and Rural Affairs, Communities and Local Government, Cabinet Office and HM Treasury) and the voluntary and community sector in delivering cross departmental policies such as Every Child Matters and *The Children's Plan* and the direct implementation of initiatives which affect children and young people.

Speaking Out aims to support children, young people and families voluntary and community organisations to better understand the impact on their users of a wider range of government policies and provide routes to influence them.

The project is funded by the Office of the Third Sector in the Cabinet Office.

Who are these briefings for?

This series of briefings intends to provide members of both NCVYS and Children England and other interested parties with background and analysis on specific policy items affecting the sector.

Other activities

In addition to these briefings the Speaking Out project is developing work streams around the policy themes which include:

- organising a series of seminars and events;
- establishing communities of interest amongst members and other organisations on specific policy themes; and
- making representations to government; and linking with wider NCVYS and Children England campaigns.

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1. Introduction

The use of illegal drugs¹ can create systemic problems for local communities and in particular for children, young people and their families. Substance misuse is inextricably linked to problems of crime in local areas and has adverse effects on individual's health and wellbeing. For young people, drug use can cause specific problems including low achievement, truancy and exclusion from school, mental health problems and involvement in anti-social or criminal activity. For children of drug-using parents or carers, drug use can create problems such as domestic abuse or neglect, inappropriate levels of responsibility in the home and potential separation from parents or guardians.

The Government addressed problem drug use² among UK adults by establishing the first ten-year drug strategy, which ran from 1998 to 2008. Recognising the need to focus efforts more on reducing the negative effect of drug use on children and young people, the Government refocused its priorities and published a further ten-year drug strategy in March 2008 entitled *Drugs: protecting families and communities*³. This briefing identifies and analyses the key aspects of the 2008 drug strategy in relation to children, families and young people and offers a number of possible implications for the children and young people's voluntary and community sector.

Problem drug use amongst young people, the effects on children of parents who use drugs and the overall impact on families and the wider community form the main focus of this paper. Drug use is a complex subject and can be multi-faceted and inter-generational. For example, a young person may have drug-using parents, siblings or extended family members and may also be using drugs themselves. Such a complex issue often calls for complex solutions involving a wide range of partners and agencies.

1 This briefing refers specifically to illegal drug use and does not cover issues such as alcohol or other substance use. The DSCF has addressed alcohol consumption amongst under 18s through a separate *Youth Alcohol Action Plan* published in June 2008.

2 The term 'problem drug use' refers to the long duration or regular use of opiates and/or crack cocaine. The term is used in recognition that not all illegal drug use may be problematic. A pattern of drug use that constitutes a problem for one individual may not constitute a problem for another although opiates and crack cocaine are commonly considered to be the drugs that cause most harm to an individual and communities.

3 *Drugs: protecting families and communities* is available at <http://drugs.homeoffice.gov.uk/drug-strategy/overview>

2. Policy context

Since the launch of the ten-year drug strategy *Tackling Drugs to Build a Better Britain*⁴ in 1998 there has been a raft of policy measures introduced to overcome the negative effects of problem drug use on community safety and public health. However, drug policy and practice has primarily focused on tackling the use of illegal drugs amongst individuals, rather than specifically on children, young people and families, by increasing the range of treatment programmes, imposing tougher legal sanctions on both drug users and suppliers and establishing widespread public information campaigns.

The Department of Health published a White Paper, *Choosing Health: Making healthy choices easier*⁵, in November 2004. The White Paper set out the key principles for supporting individuals to make healthier and more informed choices in relation to their health. The paper specifically recognises that young people need opportunities to learn about their world in ways that provide challenge through positive things to do – as alternatives to experimenting with drugs. Reference is also made to the need for adequate information provision and clearer messages for young people about drugs.

Policy and practice that aims specifically to reduce drug use amongst young people and improve care for children affected by drug-using parents has developed considerably over the last few years. Specific examples include the Advisory Council on the Misuse of Drugs (ACMD)'s inquiry⁶ into the needs of children of problem drug users. The ACMD inquiry included a set of recommendations for the Government, the most pertinent and a precursor to the focus of the 2008 drug strategy being the reduction in harm to children from parental problem drug use. In a more recent report⁷ on the use of drugs by young people, the ACMD recommended that the Government should continue investing greatly in minimising the number of children and young people in relative poverty as a key way in which to reduce young people's involvement in drugs.

The *Every Child Matters: Change for Children* programme includes specific policy focus on children, young people and drugs. For example, choosing not to take illegal drugs is one of the five aims within the Every Child Matters outcome 'Be healthy'⁸. As part of the Every Child Matters agenda, the former Department for Education and Skills, the Home Office and the Department of Health agreed a joint approach to

4 *Tackling Drugs to Build a Better Britain* is available at <http://www.archive.official-documents.co.uk/document/cm39/3945/3945.htm>

5 *Choosing Health: Making healthy choices* is available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

6 Advisory Council on the Misuse of Drugs (2003) *Hidden Harm: responding to the needs of children of problem drug users*

7 Advisory Council on the Misuse of Drugs (2006) *Pathways to Problems; Hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy*

8 <http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-00331-2008.pdf>

the development of targeted and specialist services to prevent drug harm relating to children and young people.⁹ The approach comprises three main objectives:

- fostering closer links locally, regionally and nationally between the existing drug strategy and Every Child Matters programme;
- ensuring provision is developed around the needs of vulnerable children and young people, which includes more focus on prevention and early intervention with those identified most at risk; and
- building service and workforce capacity, which includes developing a range of specialist provision to meet local needs and ensure delivery of workforce.

The Department for Children, Schools and Families (DCSF) published *The Children's Plan*¹⁰ in December 2007. The Plan builds on the work of the Every Child Matters programme and recognises the need to do more to tackle drug misuse by parents, improve the quality and coverage of specialist drug treatment for young people who experience the most serious harm from drugs and strengthen the role of both schools and children's services in drug prevention. *The Children's Plan* recognises and acknowledges that the voluntary and community sector plays a central role in the delivery of specialist drug services and makes reference to the need for the DCSF to fully support the sector in working effectively in partnership with schools and local authorities.

The Government has also published cross-departmental targets, known as public service agreements (PSAs) for the period April 2008 – April 2011.¹¹ Several targets underpin the delivery of the 2008 drug strategy including:

- PSA 14 - to increase the number of children and young people on the path to success by reducing the proportion of young people frequently using illicit drugs, alcohol or volatile substances
- PSA 25 - to reduce the harm caused by alcohol and drugs. This target is measured by the number of drug users in effective treatment, the rate of drug related offending and the percentage of the public who perceive drug use or dealing to be a problem in their local area.

Each PSA contains a subset of national indicators, which are means of measuring national priorities set by the Government. Local authorities sign up to a set of national indicators as part of their Local Area Agreements (LAAs). In April 2008 the Department for Communities and Local Government (CLG) published 198 national indicators for local authorities. National indicator no. 115 relates specifically to substance misuse and young people and is defined by the percentage of young

9 HM Government (2005) *Every Child Matters: Change for Children – young people and drugs*
http://www.everychildmatters.gov.uk/_files/9660D91BB1755A6E288998AAE145297F.pdf

10 DCSF (2007) *The Children's Plan* is available at:
<http://www.dcsf.gov.uk/publications/childrensplan/>

11 The Speaking Out project has published a briefing paper on the Government's Comprehensive Spending Review which includes further information about public service agreements. The briefing is available to download from the Speaking Out pages at www.childrenengland.org.uk or www.ncvys.org.uk.

people reporting either frequent misuse of drugs/volatile substances or alcohol, or both¹².

Relevant central government departments will be assessed against these targets, as well as being reflected in local government performance indicators. It is hoped these will refocus central and local targets aimed at reducing drug taking. Voluntary and community sector (VCS) support to meet these targets should be recognised by local partnership arrangements such as Children's Trusts, Primary Care Trusts, Crime Reduction Partnerships, Local Strategic Partnerships and partnership working with schools.

¹² Further information about national indicators is available at <http://www.communities.gov.uk/publications/localgovernment/finalnationalindicators>

3. Legal context

The main piece of legislation relating to illegal drug use in the UK is the *Misuse of Drugs Act 1971*¹³. This Act identifies controlled drugs – those that are considered ‘dangerous or otherwise harmful’ - and affirms their unlawful possession, production and supply. All controlled drugs are currently classified in one of three categories (Class A, B or C) depending on how harmful they are considered to be to an individual or society more widely.

More recent illegal drug related legislation includes the *Anti-Social Behaviour Act 2003*¹⁴ which, in England and Wales, gives courts the power to issue orders to close premises where the use of Class A drugs and serious anti-social behaviour are deemed to be a problem.

*The Criminal Justice Act 2003*¹⁵ allows courts to enforce a drug rehabilitation requirement on an individual as part of a Community Order.

*The Drugs Act 2005*¹⁶ allows for the assessment of those testing positive for specified Class A drugs by a drug worker and permits intervention orders to be attached to Anti-Social Behaviour Orders that are issued to adults in cases where anti-social behaviour is drug related.

On an international level, three United Nations Conventions provide the legal framework for the prevention of drug misuse and trafficking: the UN Convention on Narcotic Drugs 1961; the UN Convention on Psychotropic Substances 1971; and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988.¹⁷

13 The *Misuse of Drugs Act 1971* is available at <http://www.opsi.gov.uk/si/si2001/20013932.htm>

14 The *Anti-Social Behaviour Act 2003* is available at http://www.opsi.gov.uk/acts/acts2003/ukpga_20030038_en_1

15 The *Criminal Justice Act 2003* is available at http://www.opsi.gov.uk/acts/acts2003/ukpga_20030044_en_1

16 The *Drugs Act 2005* is available at http://www.opsi.gov.uk/acts/acts2005/ukpga_20050017_en_1

17 The United Nations Office on Drugs and Crime website contains further information on drug related treaties: <http://www.unodc.org/unodc/en/treaties/index.html>

4. The 2008 drug strategy summary

This section summarises the main points of the 2008-2018 drug strategy, highlighting areas that are of particular relevance to the children and young people's voluntary and community sector.

The strategy is intended to build on the previous ten-year strategy in four main ways:

- by focusing more on families and addressing the needs of parents and children as individuals, as well as working with families to **prevent** drug use, reduce risk and get people into treatment;
- by protecting communities from the damage that drugs cause through strong **enforcement** that tackles the drug supply, drug-related crime and antisocial behaviour;
- by targeting money and resources to deliver new approaches to drug **treatment** and social re-integration; and
- by improving public information campaigns, **communication** and developing joined-up working, for example ensuring children's services know about drug-using parents where children are at risk as a result of their drug use.

The drug strategy essentially outlines a four-pronged approach of enforcement, treatment, prevention and communication, which are to be achieved by a number of approaches:

Enforcement

- supporting parents and others who want to take action, for example through the use of local campaigns allowing individuals to anonymously report dealers in their communities;
- targeting drug dealers at school. The strategy outlines tougher sanctions for those dealing drugs in the vicinity of school premises in order to protect young people from dealers; and
- using neighbourhood policing to gather more intelligence and creating more powers to seize assets from drug dealers.

Treatment

- prioritising those who are causing the most harm to families, for example by getting parents whose drug use may put their children at risk into effective treatment as soon as possible;
- involving and supporting families and carers in the planning and process of treatment for young people and providing better information for parents and involving families in the treatment process; and
- improving on the treatment process for young people and building an evidence base to ensure that treatments used are the most effective and targeted on the right users.

Prevention

- preventing harm to children and young people by ensuring prompt access to treatment for drug-misusing parents with treatment needs and particularly those whose children are at risk, with assessments taking account of family needs and providing intensive support for all family members;
- supporting parents with substance misuse problems so that children do not have excessive or inappropriate caring roles and encourage family friendly drug treatment services;
- ensuring drug-misusing parents are a target group for Family Intervention Projects, which are designed to work intensively with families engaged in anti-social behaviour.

Communication

- working with parents, children and young people to improve the overall advice and information package available on drug misuse, ensuring that credible, balanced information about the risks posed by drugs is widely available;
- giving parents and extended families better and more accessible advice about how to talk to children about drugs and about what to do if they suspect their child may have a problem; and
- continuing and expanding the use of the FRANK campaign¹⁸ to provide confidential information to children and young people.

Delivery

The DCSF has the lead responsibility for drug treatment for children and young people. However, at a national level the overall drug strategy is the responsibility of three central government departments - the Home Office, Department of Health (DH) and DCSF. All three departments are jointly leading on a drug information and communication campaign targeted at young people and families.

The strategy is accompanied by a three-year action plan from 2008-2011¹⁹ which sets out the timescales for each government department to deliver a series of key targets in line with the two drug-related public service area agreements²⁰. The action plan includes a commitment to establish a new cross-government working group by July 2008 to drive forward work on families and substance misuse. The DH and DCSF also intend to publish joint guidance to help the commissioning and delivery of treatment services with a greater focus on the needs of parents and families in late 2008. The DH will lead on encouraging closer working between treatment and maternity services and more support for pregnant substance misusers from 2009.

18 Further information about the FRANK campaign is available at http://www.talktofrank.com/home_html.aspx

19 <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011>

20 PSA 25 – reduce the harm caused by alcohol and drugs and PSA 14 – increase the number of children and young people on the path to success

The DCSF, DH, Home Office and other government departments will support family self-help groups through work with the third sector to provide improved support for families affected by someone else's substance misuse. The action plan also includes a commitment for DCSF and DH to establish protocols between Local Safeguarding Children Boards and adult treatment services to ensure that the needs of children of drug misusing parents are identified early and that they are supported.

5. Possible implications for the children and young people's voluntary and community sector

The drug strategy contains a number of proposals that create both opportunities and challenges for the children and young people's voluntary and community sector (CYPVCS). One particular challenge will be ensuring the lead Government departments responsible for the implementation of the drug strategy (DCSF, DH and the Home Office) work effectively in partnership with the CYPVCS to deliver the strategy's proposals and accompanying action plan.

The CYPVCS has a history of engaging with hard-to-reach children, young people and families, such as those who are problem drug users. However, the drug strategy makes little reference to the important role the CYPVCS plays in helping communities combat and overcome the negative effects of problem drug use. The strategy largely cites schools and local authorities as the main players in terms of drug treatment, prevention and intervention programmes and does not fully recognise the significance of the CYPVCS. The CYPVCS is well placed to take forward the treatment, prevention and communication approaches of the drug strategy and is already fulfilling these functions on many levels. A strategic role therefore exists for the CYPVCS in holding the Government to account on the proposals set out in the drug strategy. Through the sector's representation on local strategic bodies, including Children's Trusts, the CYPVCS can influence decision-making and ensure that the sector is fully engaged in policymaking involving children and young people.

Service provision

The CYPVCS is well placed to ensure that drug-related services are holistic and treat the individual as well as the whole family. It is therefore important that drug treatment and prevention programmes are not placed in silos and that staff communicate and share information with other services such as mental health services, children's services, schools and programmes designed to prevent youth crime, teenage pregnancy and young people not being in education, training and employment. Robust referral pathways between youth clubs and drug rehabilitation services are of particular importance.

The drug strategy does not contain details on the extent to which services provided by CYPVCS organisations, such as youth clubs and after school programmes, support children and young people affected by drug misuse. Often it is children and young people who are not receiving mainstream education or accessing mainstream services that are more vulnerable and require targeted drug support and information. The drug strategy action plan does however contain a commitment to support family self-help groups through work with the third sector to provide improved support for families affected by substance misuse. It remains to be seen how the Government intends to put this proposal into action.

The CYPVCS also plays a key part in ensuring drug treatment programmes for children and young people are not based on adult models and that gaps in treatment are avoided during the transition to adulthood, especially for children in care. It is therefore important that the CYPVCS is involved in shaping appropriate drug prevention and support services through local partnership structures and are included in information sharing processes.

The CYPVCS can also be intrinsic in involving young people themselves in shaping the services they receive, for example by facilitating and training young people to act as youth health advisors. This is a model used by some local authorities and is a good way of using partnerships and reaching young people.

Multi-agency working

The drug strategy makes reference to local government and other agencies working in partnership with the voluntary and community sector. The challenge for the CYPVCS will be ensuring that the proposals in the strategy translate into practice at a local level and that the commissioning of drug prevention and treatment services for children, young people and families by local authorities continues to reflect the significant contribution the CYPVCS makes in supporting children and young people in local communities, particularly those who are disadvantaged and socially excluded.

Additionally, partnership working between the CYPVCS, local authorities and schools needs to be delivered in a tailored way to suit the local community and should take into consideration the differences between children affected by drug using family members and young people using illegal drugs themselves.

Training and recruitment

It is of utmost importance that the CYPVCS workforce, particularly frontline staff, is adequately trained to recognise the early signs of drug use amongst young people or children affected by drug using parents or other family members. This involves establishing a robust training programme for a diverse range of staff including youth workers, family support workers and volunteers and may require learning from the training programmes and resources provided by local authorities for council staff working with drug using adults and young people. In order ensure a properly trained workforce the CYPVCS would benefit from being able to access the same materials and training as statutory organisations.

The new vetting and barring arrangements, which come into force in October 2009 as part of the Government's commitment to improve the safeguarding of children and vulnerable adults, should ensure that ex-drug using adults are not automatically barred from working with young drug users. The CYPVCS is well placed to advocate and illustrate to the Independent Safeguarding Authority the advantages of successful preventative drug programmes that employ former drug users to help young people overcome drug problems.

Communication

The CYPVCS has a strong track record of participation and involving children and young people to produce materials and messages that work. The sector is well placed to ensure that public drug information campaigns are age appropriate and promote positive images of children and young people. Furthermore, the sector can ensure that information on drugs is available in informal settings and tailored to a wide range of children and young people, including those with special educational needs, looked after children, young offenders, children with drug using parents and those with mental health problems.

The CYPVCS can also play a significant part in changing the fact that drug use amongst young people is largely perceived by the public and the Government as a criminal issue and drug treatment therefore is only accessed once a young person is in the criminal justice system.

6.Resources

HM Government's *Drugs: protecting families and communities* contains a useful set of appendices which includes a review of recent evidence and statistics on illegal drug use in young people:

<http://drugs.homeoffice.gov.uk/drug-strategy/overview>

The Home Office's *Tackling Drugs Changing Lives* website contains news and information on how the 2008-2018 drug strategy is being implemented throughout the UK:

<http://drugs.homeoffice.gov.uk>

Drugscope has published an extensive reading list on young people and drugs (August 2008)

<http://www.drugscope.org.uk/NR/rdonlyres/1ADE2520-861E-49E7-9885-64AE95092730/0/rlyoungpeople2.pdf>

The Drug Education Forum is an umbrella body for national organisations that deliver or support the delivery of drug education. Their website contains a range of resources and publications on the development of drug education in England.

<http://www.drugeducationforum.com>

The UK Drug Policy Commission (UKDPC) website contains analysis and reports of UK drug policy: <http://www.ukdpc.org.uk>

The Every Child Matters website contains 'multi-agency toolkits' which can be used by organisations to develop partnership working and cross organisations structures:

<http://www.everychildmatters.gov.uk/delivering-services/multi-agency-working/practitioner-toolkit>

7. Other briefings

- Briefing 1** Knife, gun and gang crime
- Briefing 2** The Government's Social Exclusion Agenda
- Briefing 3** Access to Services in Rural Areas
- Briefing 4** Public Service Delivery
- Briefing 5** Community Cohesion
- Briefing 6** Local Government Reform
- Briefing 7** Placeshaping
- Briefing 8** The Comprehensive Spending Review
- Briefing 9** Rural migrant children, families and young people
- Briefing 10** Gang, Gun and Knife Crime: Seeking Solutions (Part 2)
- Briefing 11** Ministry of Justice Third Sector Strategy
- Briefing 12** HM Government Youth Crime Action Plan
- Briefing 13** Communities in Control: Real people, real power
- Briefing 14** 2012 Olympic Legacy

All the briefings are available at www.childrenengland.org.uk or www.ncvys.org.uk

Free hard copies are also available to order. Please contact Ilona Pinter, NCVYS's Information and Website Officer on 020 7278 1041 or email ilona@ncvys.org.uk, or Sophie Griffiths, Children England's Policy and Information Officer on 020 7833 3319 or email sophie@childrenengland.org.uk

