

# Changes within the dominant discourses surrounding alcohol and drugs: a ~~European~~ UK perspective

*Four aces? Or quadruple jeopardy?*

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Drug policy needs to be...

# Coherent



# Transparent



# Well-designed



# Overview

- Bureaucratisation
- Resurgence of 'recovery'
- Family and children to the fore
- Welfare reform

# Bureaucratisation

A shift:

- From pioneers and activists  
‘Bottom-up’ response to a public health crisis
- To bureaucrats  
‘Top down’ technocratic management of a social problem

# Rationale

- Treatment inequalities and gaps
- Central government investment can remedy these and provide universal access to treatment
- Public spending requires public accountability

# Treatment in England

- In practice spending on treatment has more than doubled from £142m 2001/2 to £398m in 2007/8
- Numbers in structured treatment increased dramatically to over 190,000 people in 2007/8

# Opportunities

- Extending the geographical reach of services
- Improving responses to under-served groups
- Enhancing quality
- Increasing effectiveness
- Improving our understanding of need

# Threats

- Undermining of ‘therapeutic alliance’
- Subversion of treatment goals towards things that can be counted
- Diversion of resources towards ‘feeding the beast’
- Surveillance creep
- McDonaldization of treatment

# The resurgence of 'recovery'

A shift:

- From harm reduction

A pragmatic public health approach  
concerned to achieve 'any positive change'

- To recovery

With an expectation that treatment  
produces people who become drug free

# Rationale

- Drug users generally say they wish to become drug free when they first enter services
- Drug services have become complacent and have a lack of aspiration for the people who use them
- Reintroducing a 'recovery' culture will help meet people's goals (and reduce costs?)

# Opportunities

- More treatment in line with wishes (detox/residential rehab)
- Improvements in aftercare/mutual aid
- Improved support concerning housing, education, training and employment
- Potential improvements to quality of life for some people
- Long term treatment costs reduced

# Threats

- Public understanding of the management of drug problems undermined
- Resources shift away from treatment of established efficacy
  - opioid substitution with psycho-social support
  - needle and syringe programmes
- Increased drug related deaths following detox/discharge

# Family and children to the fore

A shift in focus:

- From public health  
Notably HIV/AIDS, HCV and overdose prevention
- By way of crime prevention  
With increased use of the courts as a point of entry to treatment
- To the family (particularly children)

# Rationale

- Treatment has been focused on drug users' own health or their offending
- Problems are often transmitted within families and many child protection cases involve parents with AOD problems
- To be more effective drug policy should aim to prevent problems and harm among children of drug using parents

# Opportunities

- New ways of configuring services and working across agencies
- Progress towards mainstreaming drug treatment across other services
- More family friendly drug services
- Improved treatment effectiveness
- Enhanced child protection

# Threats

- Increase in the ‘Therapeutic State’
- Some parents avoid or disengage from services due to extension of surveillance
- Improved identification not matched by improved intervention
- Some vulnerable drug users are de-prioritised

# Welfare reform

A shift:

- From a welfare system that tolerates high levels of incapacity benefit due to illness/disability
- To one where support back into employment is increased but fewer people will receive long term welfare benefits

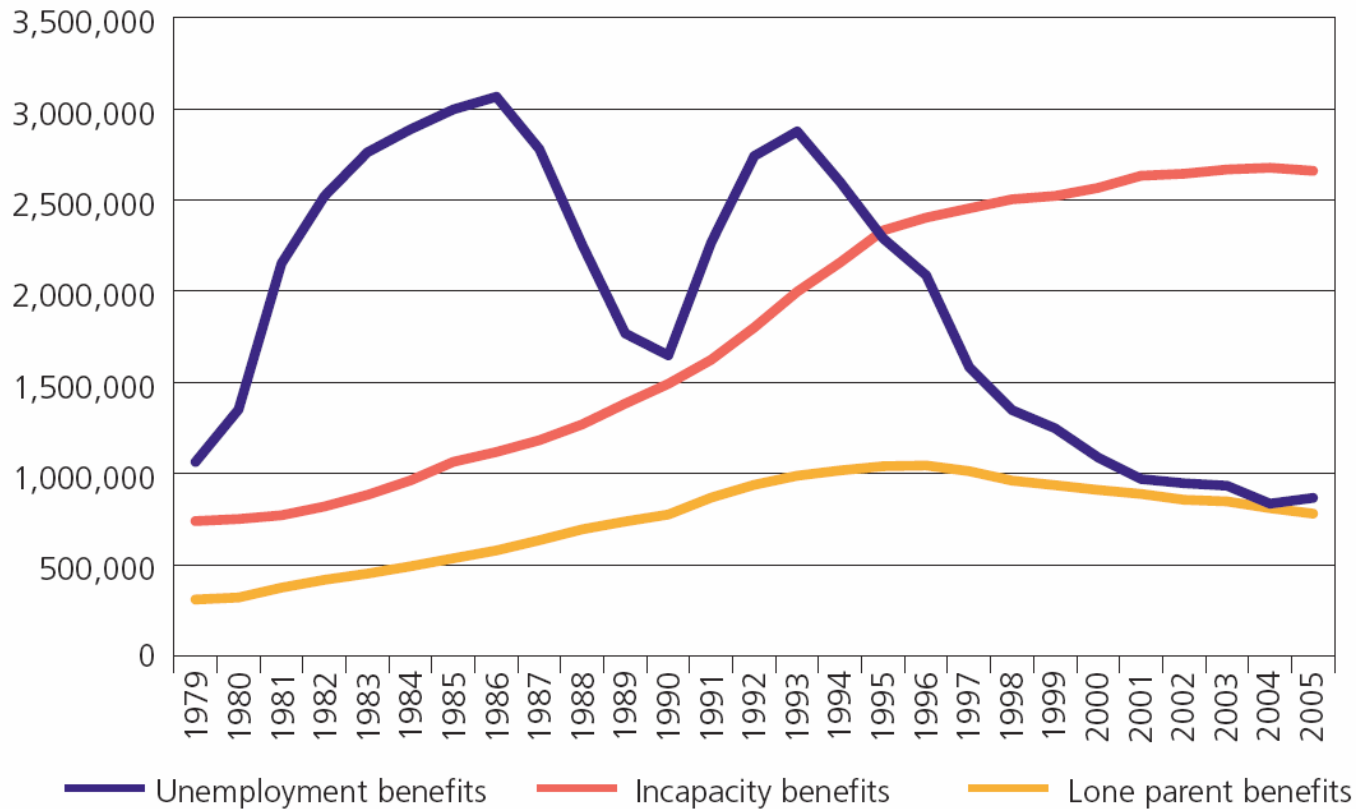
# Rationale

- The welfare state doesn't work unless enough people who can work contribute to the common good
- Society is not humane if it does not provide for those who are unable to work due to illness, disability and the assorted cracks within a capitalist economy

# Numbers of people on benefits in the UK 1979-2005

DWP, 2006, *A New Deal for Welfare: empowering people to work*

Figure 1.2: Numbers of people on benefits, 1979-2005



Source: Office for National Statistics, Department for Work and Pensions Information Directorate, *Work and Pensions Longitudinal Study*

# Welfare Reform Bill

If Secretary of State has:

*“reasonable grounds’ to suspect a welfare claimant has a drug dependency or a propensity to misuse drugs that affect ‘prospects of obtaining or sustaining employment”*

# Requirements

Subject to benefit sanctions

- Answer questions about drug use
- Attend a 'substance-related assessment'
- Drug testing

Claimants with drug problems

- Attend drug treatment as part of a 'rehabilitation plan'
- Receive treatment allowance
- Suspension of requirement to actively seek work

# Opportunities

- Improved pathways from Jobcentre Plus to treatment
- Opportunities to move from treatment into unemployment
- Practitioners' knowledge and skills enhanced across both treatment services and Jobcentre Plus
- Welfare budget reduced

# Threats


- Extension of surveillance and the ‘Therapeutic State’
- Coercion into treatment that is unsuitable
- Net widening/mission creep (“a propensity to misuse”)
- People managed off benefits and into poverty (work-based poverty/short term or unsuitable work)

# Conclusions

Opportunities and threats in each realm

- Bureaucratisation
- Resurgence of 'recovery'
- Family and children to the fore
- Welfare reform

But specific shifts in drug policy may not be our most urgent priority...

A large, realistic-looking elephant is standing in a modern office meeting room. The room has a red carpet, large windows on the left, and a circular table with several people seated around it. The elephant is positioned on the right side of the room, facing towards the center. A speech bubble is overlaid on the image, containing text.

So how are we going to get our unit costs down by 2010?

Meanwhile...at a local drug strategy meeting somewhere in England, no-one notices that 'RECESSION' the friendly elephant has sneakily entered the room

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