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LATEST NEWS:

New Drug Strategy launched

Reducing demand, restricting supply, and building recovery in communities are the three themes that will guide the structure of the work to be done in the Government's plan to tackle the drugs culture in the UK.

This strategy seeks to look at recovery through the lens of a person-centred journey.

In relation to the proposed scheme of Payment by Results the strategy sets out the outcome domains it will be using to measure success. These include sustained employment; secure housing; improved relationships; reduced crime; and freedom from dependence on drugs and alcohol. Recovery communities, where recovered individuals can inspire those going through treatment, are among other programs directed towards achieving a recovered community. Support for children and families of dependent individuals are also seen as a component of the strategy.

eATA has continued to press for changes around the Employment Support Allowance, which has been addressed to some extent in the drugs strategy: ESA has been listed as an automatic entitlement to individuals in residential rehabilitation and would be eligible for auto-of work benefits.

Localism will play a huge part in the reforms taking place. Mechanisms such as the Police and Crime Commissioners will give local authorities the ability to act more efficiently and at a personal level that the central government cannot. The government is keen to intervene in the early stages of life to prevent drug use from ever occurring.

The legal framework for these drugs needs redesigning, and the government seeks to do this with immediacy.

"While some of the detail of the reforms are being developed by specific Departments through Green and White papers and legislation, this strategy establishes the framework for all of the activity to address drugs and deliver system-wide reform." This Drug Strategy certainly continues to build on the ambition of the coalition government to tackle drug and alcohol problems in the UK, but implementation of these goals will be defined in the future as it is developed.

To view the Drug Strategy click here:
<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010?view=Binary>

Public Health England (PHE)

"Healthy Lives, Healthy People..."

Lindsay Yates, Office

Intern

On 30 November 2010 the Department of Health released a white paper entitled, "Healthy Lives, Healthy People: Our strategy for public health in England." The Secretary of State for Health, Andrew Lansley, forewords the document by calling for a radical shift in the approach to health challenges, especially lifestyle-driven health problems.

Among statistics about Britain's obesity, STI rates, and smoking habits, Lansley reports a "relatively large population of problem drug

users" in Britain. To deal with these issues, the government is calling for

strong local and national leadership.

Though "localism will be at the heart of this system," a central government will lead the fight against health threats. The new public health service, titled, "Public Health England," will be a part of the Department of Health, taking on responsibilities from 2012. It will find its funding from the NHS

budget, secured by a ring-fenced system "to ensure that it is not squeezed by other pressures." The projected spend on areas that will be under Public Health England could be over £4 billion.

Localism will find its way in the system through the desire to address the root causes of ill health. The

"...a relatively large population of problem drug users..."

- Andrew Lansley, Secretary of State for Health

defined by the government as "owned by communities and shaped by their needs;" resourced, "with ring-fenced funding and incentives to improve;" rigorous, "professionally-led focused on evidence, efficient and

system will be designed to be responsive,

effective;” and resilient, “strengthening protection against current and future threats to health.” A mechanism of the new program, The Public Health Responsibility Deal, will be a means for collaboration with business and voluntary sectors on five networks, including: health at work, behavioural change, food, physical activity, and alcohol. With the Deal expected to launch in early 2011, we can be looking for the promotion of “more socially responsible retailing and consumption of alcohol” that the government is promising.

The aspiration for empowered communities to bring about innovation and

new ideas based on what works is quite reflective of the drug strategy dialogue we’ve been hearing these last few months. This ambition, however, is not the only reoccurring theme the coalition government is employing; “outcomes” and “Big Society” are terms that have reared their heads yet again. Looking to employ a new “public health outcomes framework” sounds all too familiar to the outcomes and Payment by Results discussions that are currently taking place. The paper suggest that the new approach will “emphasize more personalised, preventive services that are focused on delivering the best

outcomes for citizens and that help to build the Big Society.”

The “core elements” of the new health system will be described in the forthcoming Health and Social Care Bill, and will be subject to Parliament’s approval.

To view the White Paper, click here: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

Rehab Revolution

A Green Paper released by the Ministry of Justice...

The Green Paper on sentencing and rehabilitation, released by the Ministry of Justice, sets out precise proposals to address drug and alcohol use of offenders. The paper, entitled ‘Rehabilitating Offenders to Reduce Crime,’ was released on 7 December 2010.

The necessity to ensure that drug misusing offenders fully recover from their addiction and avoid relapse while imprisoned is immediately emphasized. Proposals have been drafted by the organisation to deal with this issue. In terms of supporting these offenders, some of the proposed include (but are not limited to) the reduction of the availability of drugs behind prison walls and an additional array of drug-free environments for offenders in custody. The Ministry of Justice has also noted that it will be developing more intensive community-based drug treatment options separately for female offenders. Proposals

have been made to work with the Department of Health to introduce pilots for drug recovery wings in prisons and to test options for intensive community based treatment.

Drug treatment in prisons will essentially be ‘reshaped’ with more of an emphasis on recovery and becoming drug free. With the help of the Prison Drug Treatment Strategy Review Group, the aspiration is to ‘raise the ambition for drug treatment’ among offenders. Additionally, alcohol abuse is well on its way to being tackled; the organisation is expected to effectively explore how payment by results might be extended to specialist alcohol treatment.

In due course, the Government will develop an approach which highlights all the key areas that support recovery: This approach will include evaluation, referral, and case management. Payment by results has never been implemented before. Payment-by results is being introduced so that independent providers will be rewarded for reducing reoffending, hopefully ultimately creating the desire to promote addiction treatment. This will be paid for by the savings that this will

generate within the criminal justice system. To read the

document in full please click here: <http://www.justice.gov.uk/consultations/docs/breaking-the-cycle.pdf>

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Featured Article

“Doctor Opium”

Addiction Continues to Plague Afghanistan...

Erin Fitzpatrick, Office Intern

Across a war-torn Afghanistan civilians find themselves frantically searching for subsistence and the fortitude to make it through the long days. Unfortunately, the lack of food and money has, throughout the years, contributed to the desperate lifestyle that many Afghans currently live. The most prominent and troublesome solution to malnutrition and the remnants of a culture infested with violence is substance abuse. More specifically? The opium that grows in their own backyards.

According to the United Nations Office on Drugs and Crime (UNODC), no other country on the planet produces as much heroin, opium, and hashish as Afghanistan, severely problematic for a country already ravaged by war.¹ The huge scale of opium production provides an explanation as to why prior focus on this issue has revolved around the eradication and prohibition of these drugs, not specifically on the problems it has caused domestically.² According to a recent United Nations study, at least 350,000 opium and heroin addicts exist in Afghanistan across forty provinces. Comparably, according to the National Treatment Agency's facts and figures, the United Kingdom has 320,000 problem drug users- 206,889 of which are able to seek and do seek available treatment services within the country.³

Summarizing this, the majority of opiate drug users in the United Kingdom receive treatment, whereas little to no treatment is readily available for Afghanistan's growing addiction problems. If at any point in time you doubt the United Kingdom's treatment system, just remind yourself of its growing success by looking at the progress that Afghanistan has (or hasn't) made.

Most addicts spend, on average, £2 to £3 a day in parts of the world where daily earnings are around £1.50. In order to fuel their addiction, they sell their animals and family land. Some resort to more shocking, desperate measures. They take loans from their drug dealers, and then in order to pay off the debt, actually sell their children. Daughters are sold as “opium brides” and sons are sold into manual labour.⁴ At the end of the day, children have an equal chance of becoming addicted themselves or falling victim to the addiction that plagues loved ones.

Little to no treatment is available to combat drug addiction in Afghanistan. Of the estimated 40 treatment centres that exist dispersed across the provinces, most are difficult for addicts in rural

areas of the country to attend. The UN operated drug clinic in the Takhar province, the nearest to Islam Beg's village of Sarab, has a waiting list of 2,000 and only 30 beds.⁵ Dr. Toorpaikay Zazi, the head of the Sanga Amaj Drug Treatment Centre for Women in Western Kabul, discusses the current treatment sector- "They are admitted here for a month - we look after them like a family; they are eating and living here, and medication is free," says Dr Zazi.

"However, we have been getting too many patients and we don't have enough space to admit all of them." She proceeds to say that most of these women are pressurised into addiction by their husbands, and oftentimes they cannot afford medicine and there are simply no health clinics in some of the more rural areas.⁶

In a closely-knit culture, it is only inevitable that addiction becomes a family affair. Civil war and devastating financial circumstances leave mothers, fathers, and grandparents with limited options. In many cases, refugees return to the country with their bad habits. Oftentimes farmers become addicted to their own crops, and female carpet weavers find themselves drowning in opiates in order to dull the aches in their fingers. Unfortunately the worst of it, however, is the tendency to turn to opiates and other dangerous substances to curb hunger and silence sick children. Children are born addicted to opium.

"When my children are restless and cry, I cannot work properly," says Feroza, a carpet weaver and a mother of six from the northern province of Faryab. "When I give them a small piece of opium they become calm and fall asleep, allowing us to work."⁷ Highlighted in a recent Integrated Regional Information Network (IRIN) news article, Feroza's story is just one of many that describe the rising problems associated with drug use in Afghanistan, especially among young children due to forced introduction and second-hand exposure. Other accounts describe such poor financial conditions as having to sell off cattle for money to purchase drugs. One man, sixty-five year old Islam Beg from Sarab, has been exposing his five-year old grandson to opium daily so he feels less hungry.

"I am ashamed of what I've become," United States news channel MSNBC records Beg saying. "I've lost my self-respect. I take the food from this child to pay for my opium. He just stays hungry. Opium is our doctor."⁸

Tariq Suliman, director of the Nejat's rehabilitation centre to the UN Office for Humanitarian Affairs, said it perfectly; "Drug addiction and HIV/AIDS are, together, one of the biggest problems this country faces. It's Afghanistan's silent tsunami."⁹

¹ UNODC Survey. Available [online] at <http://www.unodc.org/afghanistan/en/frontpage/2010/September/opium-survey-september.html>.

² UN Office on Drugs and Crime (UNODC) Available [online] at http://www.unodc.org/documents/crop-monitoring/Afghanistan/Afg_opium_survey_2010_exsum_web.pdf

³ NHS National Treatment Agency. Available [online] at <http://www.nta.nhs.uk/facts.aspx>

⁴ MSNBC News, "Opium Addiction Ravages Afghan Families." August 9th, 2009. Available [online] at <http://www.msnbc.msn.com/id/32317823/>

⁵ MSNBC News. "Opium Addiction Ravages Afghan Families" Available [online] at <http://www.msnbc.msn.com/id/32317823/>

⁶ BBC News. "Offering Hope to Afghan Addicts." Tuesday 28 October 2007. Available [online] at http://news.bbc.co.uk/1/hi/world/south_asia/6965837.stm

⁷ RAWA Afghanistan. "Opium Eases My Pain, Keeps My Children Quiet." July 16 2009. Available [online] at <http://www.rawa.org/temp/runews/2009/07/16/afghanistan-and-8220-opium-eases-my-pain-keeps-my-children-quietand-8221.html>

⁸ MSNBC News. "Opium Addiction Ravages Afghan Families" Available [online] at <http://www.msnbc.msn.com/id/32317823/>

⁹ RAWA Afghanistan. "Opium Addiction Children Pay Heavy Price for War." May 7 2010. Available [online] at <http://www.rawa.org/temp/runews/2010/05/07/opium-addicted-children-pay-heavy-price-for-afghan-war.html>

Patient Choice

Ambition for the NHS...

Lindsay Yates, Office Intern

Alongside the Department of Health's (DH) other white paper, "An Information Revolution," the "Greater Choice and Control" white paper was released on 18 October 2010. The document outlines the new government's ambition for the NHS's success in the future. With increased excellence in the system, the government hopes to improve confidence in both the quality of healthcare services and access to healthcare based on need and not financial circumstances. Seeing the patient be put at the centre of the system will include availability of relevant information as well including patients in decision making processes.

The coined slogan, "No decision about me, without me," is a theme throughout the document. The DH seeks to give patients choices wherever it seems appropriate to do so. Choice will extend to multiple areas of healthcare, including: treatment, end of life care, maternity and mental health services. Patient choice of GP will also be granted beyond local limitations, giving an individual the right to choose any NHS approved healthcare and treatment provider across the UK.

With shared decision making processes, we will see a change in the doctor-patient relationship. To make these changes successfully, the DH has committed to support, education, and training of healthcare providers, service users, and carers.

In a similar vein, a study released in November from the RSA suggests that a movement towards patient involvement would be beneficial for problem drug users especially. "Whole Person Recovery: A user-centred systems approach to problem drug use," argues that "this principal of engagement and these kinds of new approaches are particularly relevant to those with complex needs and should be available to all users of a public service, including problem drug users." They also cite DrugScope's suggestion that a drug system that would put people first and would tailor care to individual patients would allow for more effective and efficient treatments. Much like the DH seeks to do with the whole of the healthcare system: boost efficiency and effectiveness, as well as confidence.

While choice is very much welcomed, responsibility for those choices must be welcomed as well. One of the concerns that has risen from discussions of a Payment by Results system for the Drug and Alcohol Treatment sector is the question of client responsibility; where is the client's choice in recovery accounted for? It seems the DH also recognise this issue in terms of the NHS. The document quotes, "In return for greater choice and control, patients should accept responsibility for the choices they make, concordance with treatment programmes and the implications for their lifestyle."

By providing choice to service users, healthcare providers will be forced to tailor their services to local needs and preferences, as well as increase quality as a result of competition. This will hopefully bring about the desired ambition for confidence in and excellence of the NHS and hopefully we will see this extend into the drug and alcohol treatment sector as well.

Implication of these choices will begin as early as 2011 with certain areas of care. Projected reality of these choices in full reaches to 2013/14.

For a look at the full documents see:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120613.pdf

http://www.thersa.org/_data/assets/pdf_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf

Anything else you would like us to include?

This Policy Briefing is designed with our members in mind; if there is some area of policy you feel is relevant and we have overlooked, we'd love to hear from you.

Email our office intern with any comments or questions:

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Look for our next issue to come in February.

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