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ISSUE
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JULY
2012

Members' Briefing



THE MONTHLY NEWSLETTER FOR MEMBERS OF DRUGSCOPE

Encouraging if mixed picture for multiple needs service pilots after first year

In June, the Making Every Adult Matter (MEAM) coalition published the first full evaluation of its three service pilot programmes. Members will recall that DrugScope is one of the four founding members of the Making Every Adult Matter coalition, along with Clinks, Homeless Link and Mind. The coalition was formed in order to influence policy and services for adults with multiple needs and exclusions. It is estimated that across the country there are 60,000 people who face a combination of problems such as homelessness, substance misuse, mental health and offending. Their complex needs mean that they often lead chaotic lives, and as a consequence, have ineffective relationships with services. This leads to increased costs – for the individual, their community and wider society.

In 2010 MEAM began supporting three pilot programmes which aimed to improve the coordination of existing local services to improve

outcomes for people facing multiple needs. Each project employed a coordinator to engage with clients and ensure they were able to follow the best possible route through existing services. The coordinator helped people to get into appropriate housing, receive treatment for substance misuse or get a mental health assessment, for example.

The pilots were based in Cambridge, Somerset (Mendip and Sedgemoor) and Derby and all three were independently evaluated by FTI Consulting, Compass Lexecon and Pro Bono Economics. The evaluations looked at data relating to 39 clients who participated in the pilots for an average of seven months. Very positive effects could be observed on clients' wellbeing in all three pilot areas, with significant improvements for nearly all clients across three quantitative wellbeing measures, reflecting factors such as their general satisfaction with their lives and their standard of health.



The evaluations show that there were also changes in the way clients used services, with some service costs decreasing. In fact, the reduction in criminal justice costs in Cambridge totalled £100,000, enough to offset the increases in other service cost categories. This meant that in Cambridge, the pilot led to an overall cost reduction.

The two other pilot areas did experience an increase in the total cost of service use over the first year of the pilot, however. There are a range of possible reasons for this; pilot areas deliberately chose the individuals in their areas with the most severe problems, and it can take a long time – certainly more than the seven months of enrolment

– to help such clients change their service use. Moreover, the cost of an initial intervention can be high - for instance, for clients who were homeless when they enrolled in the pilot but housed by its conclusion, housing costs increased significantly.

Overall, the results show statistically significant increases in individual wellbeing and provide important information on how the shape and cost of wider service use changes as people engage with coordinated interventions. MEAM will continue to collect data on service use for a further year to examine changes over time and will publish further evaluations as the pilots progress.

To read the evaluation report, please visit: <http://www.meam.org.uk/service-pilots>



Editorial

HARRY SHAPIRO

I'm sure you've all encountered many clients who could be said to fall into the category of 'multiple and complex need' – and been aware of the devastating cost to the individual of being caught in the chaos caused by drink, drugs, homelessness, poor mental health and offending. That individual cost is all too often mirrored in a disproportionate cost to a range of services, which can be ill equipped to respond to the full range of the client's problems alone. It's therefore good news to see that the early results of the Making Every Adult Matter pilots show some encouraging signs of long-term cost-efficiency or even cost-saving (p1) for this client group. The pilots have been set up with the current climate of financial constraint very much in mind; they are developing a model that proactively joins up existing services for those experiencing multiple and complex need, rather than reinventing the wheel with new, dedicated services. Given time, it can be hoped that all three pilots will pay for themselves (and more) with the savings they generate – and that this kind of innovative practice will appeal in the new commissioning landscape.

New campaign to raise awareness of women's homelessness

DrugScope's Chief Executive Martin Barnes has been invited to sit on the Expert Panel of a new 18-month campaign aiming to raise awareness of women's homelessness. *Rebuilding Shattered Lives* is being led by the homelessness charity St Mungo's and will highlight the specific issues women face when they are living in insecure accommodation or are sleeping rough. The campaign will also showcase good practice and innovative service responses, with the hope that policy and practice in the future can be improved.

Research shows that one in ten rough sleepers in London and over half of those living in temporary accommodation are women. There are also many women whose homelessness remains 'hidden' – those trapped in

abusive relationships, living in crack-houses or squats, or sofa-surfing with friends and family. Currently, women make up a quarter of all St Mungo's clients, and become homeless for a number of reasons including domestic violence, time spent in custody, or having children taken into care. Women come to services with a range of problems, including poor mental health (66%) and substance misuse (55%).

Rebuilding Shattered Lives will address nine themes which St Mungo's has identified as problematic for homeless women and where a lack of access to appropriate services can have a negative impact on their ability to move on with their lives. The themes are:

- housing and homelessness – services

for women with complex needs;

- domestic abuse;
- families and children, including relationships;
- substance use;
- involvement with the criminal justice system;
- mental health and wellbeing;
- childhood trauma, including being in care or experience of abuse;
- employment and skills; and

- services for women involved in prostitution.

Martin Barnes will be leading the substance misuse and services for women involved in prostitution themes later in the campaign. For more information and to support the campaign, please go to: <http://rebuildingshatteredlives.org/>

PMA circulating – warnings issued

Several police forces and the Association of Chief Police Officers in Scotland (ACPOS) have issued warnings ahead of the festival season that a batch of paramethoxyamphetamine (PMA) is circulating on the UK drug scene. There have been a number of drug-related deaths in which it is possible that PMA is implicated. Police warnings state that people should not take ecstasy tablets which appear pink in colour, are



stamped with the letter M and which may be referred to as 'Dr Death' or 'Pink McDonalds' (see image). It's thought the drugs may originate from the Merseyside area. PMA is a stimulant that is chemically similar to ecstasy.

However, users who take it under the impression that it is MDMA may be at risk of overdose, as the effects of PMA can feel less potent and the onset of effects is longer, which may lead to users re-dosing. PMA is a Class A drug.

Members' Briefing is published monthly by DrugScope, the national membership organisation for the drug sector.

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Public health: are we still in the dark?

Sue Christoforou, DrugScope's Senior Policy Officer, DrugScope's Senior Policy Officer, finds more questions than answers when she looks at official guidance in public health...

My time at DrugScope has drawn to a close, so in this, my last column, I consider what might lie ahead in the brave new public health world. Out goes the National Treatment Agency (NTA), which the Secretary of State for Work and Pensions (DWP), Iain Duncan Smith described this month as 'spawning an industry soaking up government money to maintain people on drugs and alcohol' (<http://tiny.cc/IDS-14June>), and in comes Public Health England (PHE) and local directors of public health. This we know. What's new are the rules about how local authorities will be able to spend the public health grant. The new Update on Public Health Funding (<http://tiny.cc/updatePHfunding>) includes the draft conditions for spending the public health grant, and includes 'vital' public health objectives: significantly improving the health and wellbeing of the local population; carrying out health protection functions delegated from the Secretary of State; reducing health inequalities across the life course; and ensuring the provision of population healthcare advice.

Local authorities will still have to have regard to Department of Health (DH) guidance, such as the various national outcomes frameworks. Within this set of national frameworks, local Joint Strategic Needs Assessment (JSNA) and accompanying Joint Health and Wellbeing Strategies (JHWS) produced by Health and Wellbeing Board (HWBs) should be central to resource allocation.

Somewhat contradictorily, DH advises that JHWS could be 'informed by', but should not be overshadowed by, national frameworks. Also, local

authorities 'might also want to consider' other forms of guidance, such as NICE guidelines. That is, there is no explicit obligation for commissioned drug and alcohol services to adhere to NICE standards.

Where the government is explicit is on the requirement that the public health grant only be spent on activities whose primary purpose is to improve the health and wellbeing of local populations. Accordingly, the Health and Social Care Act 2012 says that local authorities must use public health money to, amongst other things, provide services or facilities for the prevention, diagnosis or treatment of illness. While local authorities may recognise the contribution of drug and alcohol treatment to preventing other illnesses such as liver disease, they may not naturally see dependence as an illness in itself.

All this is in the context of the New Burden's Doctrine (<http://tiny.cc/newburdens>), which meant that in 2010, Government froze council tax in England for one year, with the intention of freezing it for a further year.

So what have we got? Top priorities for public health spending, health and wellbeing improvement, health protection, health inequalities reduction and health advice provision; unclear advice on whether national or local factors take resource allocation planning priority; health legislation that says that local authorities must spend public health money on services to prevent, diagnose or treat illness, without guidance on whether drug or alcohol dependency is covered and no explicit requirement to provide such services to people in recovery. And all this in the context of restricted funding. I don't know about you, but I need a drink!

On 7 June, Martin Barnes attended a meeting of the Skills Consortium at the NTA... On 8 June, Sue Christoforou attended an NSPCC event on integrated services for disadvantaged families... On 11 June, Martin Barnes attended a meeting of the ACMD Recovery Committee and Marcus Roberts attended a meeting of the Bradley group on diversions in the criminal justice system... On 12 June, Michael Simpson attended a roundtable on supporting offenders with mental health needs... On 18 June, Harry Shapiro chaired and Michael Simpson hosted the LDAN homelessness forum and Marcus Roberts at a DH event for commissioners on payment by results... On 19 June, Marcus Roberts facilitated a workshop at a Safer Future Communities event in Birmingham, bringing VCS and police together... On 20 June, Michael Simpson attended the Homeless Link Spotlight at Homeless Women event... On 21 June, Marcus Roberts attended an open day at DASL... On 26 June, Sue Christoforou attended a meeting of the London Employment and Skills Policy Network.

Book your place for the DrugScope national conference 2012!

The DrugScope national conference will take place on Tuesday 6 November in central London, at the Grand Connaught Rooms, Great Queen Street.

The theme of this year's event is *A question of balance: delivering an inclusive treatment and recovery system*. Speakers will cover the full spectrum of interventions from harm reduction and substitute prescribing to abstinence-based services; Karen

Biggs, CEO of Phoenix Futures, will speak on 'Future challenges for Tier 4 provision', Steve Brinksman, Clinical Director of SMMGP, will discuss 'Primary care and the role of the GP' and Professor John Strang, Head of Addictions Department at King's College London, will speak on 'The role of harm reduction interventions in recovery'. here will also be four workshops for

participants to choose from. Two will address the needs of particular communities, with a session on working with providing services for the older user, and one looking at how best to support LGBT clients. One workshop will update participants on new drugs and 'legal highs' and there will also be a chance to consider how to deliver best practice outcomes in structured residential rehabilitation



programmes. Download the programme and booking form here: <http://tiny.cc/DrugScope2012> Don't forget that DrugScope and LDAN members can claim a discount!

Aurora peer mentoring project opens in Lambeth

A new peer mentoring project, the Aurora Project, has opened in the London borough of Lambeth to offer support to people who are in or are about to enter drug or alcohol treatment. The service, running as a social enterprise, was commissioned by the Primary Care Trust in response to requests from service users and will work in partnership with professionals in the Lambeth

Treatment Consortium. After completing a comprehensive training programme, volunteer peer mentors with experience of the treatment system offer practical support to new service users who may feel overwhelmed, for instance by attending appointments with them or helping with form-filling. For more information see www.auroraprojectlambeth.org.uk

New resources from the NTA

Two sets of resources have been published this month by the NTA. A microsite called *Recovery Resources* is aimed at commissioners, though service providers may also find it useful. The site is themed around the eight drug strategy outcomes and brings together evidence and guidance, case studies and useful links. See here: <http://tiny.cc/NTARecoveryResources>

A new NTA presentation, *Treat addiction, cut crime*, illustrates the crime reduction benefits and value for money of treating substance misuse. The slides have been developed with the new Police and Crime Commissioners in mind, but will be useful for all local decision makers in criminal justice. See here: <http://tiny.cc/NTACrimepresentation>

RAPt celebrates birthday in style

RAPt (the Rehabilitation for Addicted Prisoners Trust) recently celebrated its 21st birthday with a party for staff, volunteers, patrons, funders and graduates of the charity's treatment programmes. Since 1992, RAPt has helped over 13,000 people with drug and alcohol dependence, both in prison and in the community, move towards, achieve and

maintain positive and fulfilling drug-free and crime-free lives. Those attending the party were treated to a performance by rock-pop legends Squeeze, whose guitarist, Chris Difford, said "As a longstanding supporter of RAPt and a big admirer of all their amazing work, I'm delighted that we're able to be part of their incredibly well deserved celebrations."

Departmental presentations on PbR available online

In June the Department of Health, Home Office, Ministry of Justice and Department for Work and Pensions hosted an event for service providers who were interested in finding out more about Payment by Results (PbR) for drug recovery services and how the system will work. Presentations from Sally Richards, of the Home Office's Reducing Reoffending Unit, John Hall, Deputy Director at the Ministry of Justice

and a representative of the Department for Work and Pensions are now available online at <http://tiny.cc/PBRpresentations> A Department of Health microsite, at recoverypbr.dh.gov.uk, updates users with the latest developments around Payment by Results in recovery.