



Forget bureaucracy – going straight to the needs of the service user will guide Gordon Brown on what he should do with the next drug strategy, says **Peter Martin**.

The **heart** of the **matter**

A young man, Jamal, wrote a no holds barred account of his early life in an open letter to Gordon Brown in the pages of the *Observer* on 15 July. He spoke of his mother's violent and abusive alcoholism which affected him so profoundly that as a child he sought help from social services, hostels and the police. He was failed by them all. Social services gave him complex bureaucratic forms to complete. The police ignored him. At the age of 14 he entered a life of prostitution and drug use. He sold drugs to survive. In his letter, Jamal repeatedly uses words like empathy and compassion, because as he now knows, these were at the heart of what he needed but did not get.

Now he is able to speak himself with compassion about his mother whose alcoholism ripped her and her son apart. That is a remarkable turn around. He found help that worked for him eventually, among the warm and knowledgeable people who run

two charities – the Grass Market Project in King's Cross, and Kids Company in Peckham. These two charities, and Jamal himself seem to me to fit Gordon Brown's criteria for being 'everyday heroes'.

Anyone who has any experience of listening to the life stories of people with alcohol and drug problems and their families, knows that Jamal's story is not unique, but the life story of multitudes. The human consequences of such lives are all around us, in our prisons, in our mental health institutions, among children who fail to thrive, and in our cemeteries. Not all get to tell their story. Not all survive.

We are informed by research, shamefully, that we are the worst in Europe at caring for our children. Jamal's story gets to the heart of what it actually means to be the worst. As Abraham Maslow's hierarchy of human needs shows, most human beings will develop their potential in direct correlation to prevailing conditions that do or do

not meet their needs. The vision of the Gordon Brown-driven children's agenda seems to understand this. But children's policy will inevitably take years to fully implement and show significant positive results. Of course, Gordon Brown will be on the receiving end of many appeals and letters. Jamal was given a platform, and in it he appeals to the new Prime Minister and says forget bureaucracy, it is compassion and empathy that work for the service user. I believe that Jamal and his mother are two of the best reasons why the next drug strategy must change.

Right now, we are trying to read the runes of policy direction in the Prime Minister's first months of office. We need also to understand the different priorities, political and financial pressures that this government is facing, which is likely to mean continuity of past policies. For drugs, this would mean no great increase in investment in the short term. So the investment that comes must be made to work better. There

is no doubt that Gordon Brown, Ed Balls and Ed Miliband are stimulated by examples of energetic civic enterprise born of grass roots community activism. There are excellent political reasons for their enthusiasm that gets to the heart of what a healthy society is. Let's not also forget that many UK drugs charities were founded by passionate individuals within communities. But, over time, professionalising services and the nature of the commissioning system turned these charities into different animals. The survivor charities evolved to compete with each other to provide constrained and cheap services often sacrificing ideals out of necessity. Integration and including stakeholders in the design of services lost out, and a reliance on self-audit disappeared in the bureaucratic, target culture. There now needs to be a rebalance between process and delivery.

Many will agree that drug and alcohol misuse is fundamentally a symptom of a deep malaise which is

present in far greater proportion among our society's underclass.

We live in an imperfect world and what good we try to do will inevitably involve compromise. Tackling the causes and consequences of sexual abuse, poor education, generational unemployment, racism, poor role modelling and poverty is a titanic ambition for any government – and yes, it does require the involvement of us all. But it is government that must lead, because of the stigma and prejudice towards drug and alcohol dependency.

We know that major social debits such as childhood neglect can act as triggers for the escape which individuals seek via drugs to get to a place where the pain of daily living isn't so intense – but only for a while. But solid steps to progress can happen much faster and better when we are inspired by a long term vision that puts humanity at its heart.

Alcohol-related death is increasing and at younger ages. While we may acknowledge that alcohol use within the British population has specific, perhaps historical characteristics, we must not let this undermine our response. Those who understand the relationship between psychological damage and drugs; between alcohol, depression, self-harm and violence, will not be surprised at the inexorable rise of damaging behaviours.

But while no drug and alcohol strategy alone is going to correct all the social deficits outlined above, we must aim higher in treatment and have greater aspiration for the client than we have had so far and get it right next time.

The system in place to respond is creaking at the seams. The prison population is overflowing, with Section 2 lifers creating blockages in the system and the under-12 month prison population going in and out of the corridors of our criminal justice system with dizzying regularity. As a former member of the Parole Board, I met many serial offenders but few 'career' criminals in prison. Crime is very often a symptom of alienation and poverty. Of course, this is not the language that politicians feel comfortable using in public. Ministers competing for limited budgets prefer input-output graphs and hard data to any generalised emotional

characterisation. But I say quite seriously that unless we get to the human heart of the matter next time, we will fail to turn around enough lives, and at enormous social and economic cost.

It is fortunate that Gordon Brown appears interested in the effects that licit and illicit drugs are having on the population, especially the young. His reputation for fiscal integrity also means that he will want to spend money wisely. As a key figure behind the highly successful New Deal programme, the Prime Minister knows that keeping a dependency generation unemployed or on incapacity benefit, just does not add up.

I still believe that reducing drug-related crime must remain a driver of strategy. However, we must always fight stigma and prioritise health and mental health problems. It is a difficult balancing act when the wider public itself is far from empathetic to the underlying causes of harm. I have no doubt that we can best help move people out of crime by helping to turn them into contributors through work and volunteering. In turn, this will help people to believe in themselves. It sounds simple, but I don't underestimate the challenge. There are examples of excellence in this area, but to make real impact it requires a shift in the ethos of drugs strategy. Treatment has to get better.

Simply policing social behaviours is in reality the most superficial response that a society makes when it is running out of energy and vision. It does not reveal a commitment to meaningful change. It rather smacks of a desperate '1984' idea of social control. If that were to be the sum ambition of social policy, it would ultimately fail. I do not believe that is what this government is aiming for. It is not in this country's interests to deal simply with the surface appearance of things.

Of course, perceptions are important in winning public support. But political vision, courage, commitment and persuasion can help change perceptions. Ironically, the current drug strategy despite good intent, to some degree has been engaging far too much in the numbers game and has relied on making strategy appear more

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successful than it has been. The truth of this becomes apparent as we explore the real meaning of effectiveness. Those of us who do have greater aspirations for the dependent user do so because we have experienced and been involved in long-term change. But we have also failed to get our message through to government about how best to be effective and still keep the public happy about investment in this controversial area.

I decry the cynicism which exists inside the field and without, which says that many chaotic drug users are manipulative and incapable of contributing through work. In my last years as chief executive of Addaction I came across workers who had never seen anyone become independent of drugs. Their expectations were so low that their aspirations for the client rarely got off first base. But it wasn't simply a failure of vision at the front line. Most services were not commissioned in an integrated way to seriously and effectively link

users to local jobs and training. Two hours a week learning a little about computers was about the maximum on offer.

My wish list for drug strategy would foster independence not a dependency culture. Up to now, government has absorbed advice from too many 'experts' who are not really experts at all, who don't really understand, or have other agendas – and who have concentrated too much on the substance and not enough on the person. The next strategy must get to the heart of the matter so we can truly say we have looked behind the drug and the pharmacological response to see the person beneath, with all their human potential.

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My wish list...

1. Out of dependency and in to work must be its central mission.
2. Ensure that outcome measurement is linked to more meaningful goals for the individual – 'soft' outcomes such as emotional happiness, as well as learning and work.
3. Promote and implement programmes for abstinence as a real goal, not a fantasy objective.
4. Conduct a review of commissioning and its bureaucracy.
5. Give young people at risk intense support to prevent their becoming long-term Problematic Drug Users (PDUs).
6. Give GPs a primary care remit channelling PDUs and PAUs (problematic alcohol users) into joint care services.
7. Expand intensive prison programmes and invest in aftercare.
8. Integrate drug and alcohol strategies.