



Quaker Action on Alcohol and Drugs

Registered Charity No: 1059310  
A Company Limited by Guarantee Registration No 32655669

**Director: Helena Chambers**  
21, Church Street,  
Tewkesbury  
Gloucestershire GL20 9PD  
Telephone: 01684 299247  
E- mail: [helenagaad@hotmail.com](mailto:helenagaad@hotmail.com)  
Website: [www.qaad.org.uk](http://www.qaad.org.uk)

## **RESPONSE OF QUAKER ACTION ON ALCOHOL AND DRUGS (QAAD) TO THE 2010 DRUG STRATEGY CONSULTATION PAPER**

Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends (Quakers). QAAD is an independent national charity that has a concern with the use and misuse of all drugs, legal, illegal and prescribed, and with gambling. QAAD offers prevention and information services for Quakers. We also contribute to public debates and consultations on matters relating to our concern and experience. Trustees give their time to QAAD freely, and bring voluntary and statutory experience from settings that include prevention, treatment, medical services and criminal justice. QAAD does not represent the Religious Society of Friends as a whole, but the views we express are grounded in our Quaker principles.

### **Question A2: Which areas would you like to see prioritised?**

We would like to see a holistic approach prioritised.

### **Question A3: What do you think has worked well in previous approaches to tackling drug misuse?**

Extra resources for treatment; treatment based on research evidence; a more prompt response to need; increased stress on holistic responses; increased efforts to provide treatment in prisons; the importance of follow-up after treatment and prison sentences; increased recognition of the links between alcohol and other substance misuse; recognition of changing drug patterns and the importance of sub-acute services; development of brief interventions, including at critical venues such as Emergency Departments.

### **Question A4: What do you think has NOT worked so well in previous approaches to tackling drug misuse?**

Stress on crime rather than health-driven responses to education and treatment needs; over-emphasis on commissioning/competition for improving treatment standards, and patchy implementation. Local service provision is developed from existing levels, which may contain significant deficits, which means there are inequalities between areas. Instability and over-crowding in prisons is also an issue, which can result in prisoners being moved before programmes are completed.

**Question B1: What are the most effective ways of preventing drug or alcohol misuse?**

Broad social policy has a fundamental bearing on prevention. We note the international evidence assembled in a recent report which concluded that: *'overall levels of poverty, inequality and social cohesion have a greater long-term impact on the prevalence of drug use and related problems in any society than do specific national drug policies.'* (International Drug Policy Consortium Drug Policy Guide, March 2010, p 13). All of these three elements need to be addressed, and we hope they will be included within the concept of the 'Big Society' - particularly since the most acute drug harms are experienced by the more vulnerable socio-economic groups in society.

Another broad issue is support for families. The Home Office research report ('Predictive factors for illicit drug use among young people' Frisher et al, Report 05/07) concluded that *'improving the general social environment of children and supporting parents will probably be the most effective strategies for primary prevention of drug use.'* (p 11) We note the recommendations of the Centre for Social Justice Early Years Commission Report of 2008 (Breakthrough Britain, The Next Generation) which highlighted the central importance of early years relationships in promoting resilience to mental and physical ill-health. This report drew attention to the fact that the SureStart programme has changed emphasis, and is now mainly used to provide childcare whilst low income parents are working, rather than offering a more broad-based support for emotional nurturing. This balance should be redressed, we believe. Following the recommendations of this report, particularly enhancing Health Visitor services and financial support such as front-loading child benefit, would all have positive long-term effects. At a more local level, the evidence-base for the 'Strengthening Families' programmes seems promising, and further pilots should be developed.

A critical area of concern is found in young people leaving the 'Care' system, whose life experiences have left them vulnerable to high rates of substance misuse. Services for these young people need to be retained and expanded.

Parents and other carers (particularly child carers) also need to be involved in service provision and have services dedicated to supporting them in their role.

**Question B3: Which groups (in terms of age, location or vulnerability) should prevention programmes particularly focus on?**

Early years programmes that promote relationships and health (see answer to B1).

Specific programmes for socially vulnerable groups and particularly looked after or at risk children, and the children of substance users. Home Office Report 05/07 notes studies showing *'significant associations with parental substance use (e.g. parental substance misuse (Merikangas and Avenevoli, 2000 [40.226]); parental cannabis use (Li et al., 2002 [16.91]); older sibling substance use.'* (page11). All of these groups need particular support.

There is also evidence that confident children and those from more affluent backgrounds may use alcohol excessively and/or other substances. Generic education programmes are needed to provide information and harm-reduction advice.

**Question B4: Which drugs (including alcohol) should prevention programmes focus on?**

Prevention programmes should give information about the most harmful drugs and those most widely used (including alcohol) in order to help young people make healthy and safe choices.

The emphasis should be on prevention by promoting resilience to all substance misuse.

**Question B7: Are there any particular examples of prevention activity that you would like to see used more widely?**

As a faith-based body we are aware of the evidence that religious involvement may be one factor in assisting resilience. We would not wish our own convictions to be foisted on others. However, we see the value in an approach to drug education that enables children to explore their own values on the use of substances. We would also like to see an emphasis on an approach that supports spiritual development in the very broad sense of 'relationship consciousness' – that is, helping to equip young people to engage in constructive relationships that will sustain them.

**Question B8: What barriers are there to improving drug and alcohol prevention?**

The fact that alcohol use is embedded in our culture and plays a major part in our economy; political will is needed to address this.

School-based interventions may lack the time/knowledge to engage in approaches that address substance misuse within the broader context of relationships.

**Question C2: Do you think the Criminal Justice System should do anything differently when dealing with drug-misusing offenders?**

Alcohol Concern's recent report 'Investing in Alcohol Treatment' notes the significant gap between treatment in prison and community support, which is wider than than is the case for illicit drugs. It is also notable that alcohol-focused programmes within the prison system are much less available, while community-based sentences only address the needs of 8% of those assessed by OaSys as having a problem with alcohol (McSweeney T., Webster R., Turnbull P.J. et al. Ministry of Justice, 2009). This deficit needs to be addressed urgently, and further work on evaluating and accrediting interventions needs to be done.

As regards illicit drugs, improved help with housing and employment are key needs at present, as is increased access to residential treatment.

**Question C3: Do you have a view on what factors the Government should take into consideration when deciding to invoke a temporary ban on a new substance?**

We support Drugscope's proposals for early warning systems to identify new drugs, and note their advice that it might not be helpful to lump 'legal highs' together, as they may have varying pharmacological bases and effects. It seems reasonable to apply the precautionary to these judgments, but informative public health campaigns are also vital.

**Question C4: What forms of community based accommodation do you think should be considered to rehabilitate drug offenders?**

Halfway houses between prison and the community, drawing on the experience of the residential treatment sector.

Supported accommodation away from drug using areas.

**Question D1: Thinking about the current treatment system, what works well and should be retained?**

Speedier access for many; the tiered system of intervention/treatment (when applied); ongoing treatment outcome tools; follow up where it exists.

**Question D2: Thinking about the current treatment system, what is in need of improvement and how might it need to change to promote recovery?**

Commissioners and treatment providers often do not have the resources to address local deficits in housing and employment services, which affect outcomes and value for money – and most importantly, the quality of people's lives.

Commissioning and re-tendering are both consuming of resources. Improvement of services rather than re-tendering may often be the best way forward. Small providers find it particularly difficult to be successful, while larger bodies that can employ dedicated staff for to do the tendering can fare better, simply because of economies of scale. Both Alcohol Concern and Drugscope have proposed that there be a review of the costs and benefits that the commissioning involves, and we would support this.

The evidence-base strongly demonstrates that a therapeutic alliance between a skilled worker and a service user is a key element in successful outcomes. Re-tendering processes that raise stress for staff and change employment conditions do not assist the retention of high quality personnel.

**Question D4: Should there be a greater focus on treating people who use substances other than heroin or crack cocaine, such as powder cocaine and so called legal highs?**

We note that there seems to be a shift to poly-drug use including alcohol. We support Drugscope's suggestion that low threshold, high visibility 'High Street' drug and alcohol services (possibly with a wider 'health and well-being' remit) would be particularly

helpful in targeting risky behaviour amongst young people who may not otherwise refer themselves to treatment services.

**Question D5: Should treating addiction to legal substances, such as prescribed and over-the-counter medicines, be a higher priority?**

We note the recent report of the All Party Parliamentary Drugs Misuse Group into an often-hidden problem. We support more research into this area and also the provision of more services, which may be appropriately delivered by specialist GPs.