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Editorial – Safer Communities 9.4

A year before this journal commenced its commentary on issues such as community safety, drugs, crime and social policy, the National Treatment Agency (NTA) for substance use was established as a special health authority to support the expansion and enhancement of drug treatment. This was in light of increased community concern about the impact ‘problematic’ drug users on communities (Home Office, 2002; Sondhi et al., 2002; Lupton et al., 2002) and because such drug users were said to be responsible for the bulk of crime (Edmunds et al., 1996; Edmunds et al., 1998; Turnbull et al., 2000; Home Office, 2002; Reuters and Steven, 2008). The establishment of the NTA was accompanied by increased investment in drug treatment, especially through diversion or referral from the criminal justice system which appeared to reduce the volition of seeking help (Stimson, 2000; Moring et al., 2003). This shift has had implications for the service and treatment philosophy configuration of both criminal justice agencies and community drug services. For example, Sondhi et al. (2002) found that problematic drug-using offenders who were referred by an arrest referral scheme were significantly more likely to drop-out of treatment once engaged compared to self or GP referred drug users. We then saw a staggering increase in the numbers in treatment - from 88,000 in 1998 to 195,000 in 2006/7 (NTA, 2007). **Hooray!** (Edmunds et al., 1996; Edmunds et al., 1998; NTA, 2002; Gossop et al., 2001; Gossop, 2005; NTA, 2007)

However, despite rhetorical commitments to rebalance UK drug policy spending towards drug treatment (Hellawell and Trace, 1998), some suggest that the NTA’s accountability shifted from the practical matters of recovery such as housing, social care and benefit support to an ‘overemphasis on the treatment of addiction’ (Audit Commission, 2004; Fox et al., 2005). At the same time, others have noted that increased criminal justice measures have been on taken ‘problematic drug users’ (Stimson, 2000; Matthews et al., 2007; Reuters and Steven, 2008). Well, at least more ‘problematic drug users’ were in prison than ever before and not on the streets causing problems for the community (Reuters and Steven, 2008); at least they were leaving prison with the same problems and then returning to prison having reoffended (Burrows et al., 2000; Fox et al., 2005). Measuring success by ‘numbers in treatment’ was certainly a dangerous investment because research has subsequently found that the most ‘problematic’ drug users relapse in and after drug treatment (Fox et al., 2005; Briggs et al., 2005; Briggs, 2007; Reuters and Steven, 2008). Indeed, many 3rd sector organisations are left to deal with the most difficult, hard-to-reach drug users with the most entrenched health and drug problems (Briggs, 2007; Briggs, 2009). Part of the difficulty, perhaps, is that the challenges for drug treatment have become increasingly complex as a result of increasing numbers of crack users and poly-drug users (heroin and crack users) (Gossop et al., 2001; Kenna et al., 2007) so we end up by dealing with more than just ‘addictions’ but also the practical, emotional and health problems which are intricately intertwined with ‘addiction’ (Briggs, 2010).

And what will happen now with the advent of the NTA’s transfer to a new public health agency at the hands of a conservative government? What is certain is that there will have to be some cost cutting especially given that enforcing UK drug policies through various agencies such as the police, courts, probation, and the prison service has been estimated to cost £13.5 billion in England and Wales (Hay et al., 2006). However, current trends point to increasing the level of responsibility required on the part of the drug user to access or navigate the drug treatment process (Briggs, 2010). So, and perhaps quite appropriately, this edition of *Safer Communities* is devoted to the issue of drug treatment. This edition will highlight the importance of developing policy for the most ‘hard-to-reach’ and hidden drug-using groups; of consulting drug users in the configuration of services; of considering users’ experiences of such services; of presenting insights into policy influences; and of considering potential ‘ways forward’.

Firstly, Briggs will offer an insight into crack users, their lifestyles and barriers to drug support services. He will suggest that over the crack-using career, as practical and health issues become too problematic, ways out too become more difficult, and many invest their resources in increased crack use at the expense of practical and health issues. This, he argues, is not helped when crack users reflect on past mistakes which only results in increased crack use. He shows how many found it difficult to place trust in welfare and drug support services because of negative past experiences, and felt ashamed about past failures in treatment. Taken together, he indicates how this is not helped by punitive law enforcement and social policies but also by the configuration of drug support services. Secondly, Dear will consider these experiences firsthand having been through the drug treatment system a number of times himself. His paper will highlight the benefits and drawbacks of residential rehabilitation from 2000 to the present day.

Silverman then lends some understanding to the way in which the media influence and guide public issues and public policies on drugs. He does this most prominently through interviews with Alan Johnson, a leading newspaper columnist and Professor David Nutt. The thrust of his main argument is that 'public fears stoked by the media trumped science'. Linda Cusick and her colleagues then reflect on the shifting policy and funding landscapes that shape service provision for drug-using sex workers in England and Ireland. Their main argument is that an exiting and victim discourse dovetails with the well-funded crime and disorder agenda and that lobbyists on these issues instead prove to be natural allies against harm reduction.

Wisely is concerned with examining the processes of change underway in the city of Salford which have led to the adoption of a recovery-oriented system of care. He offers a compelling discussion of the future direction of drug policy and whether a recovery-oriented system would be beneficial. Lastly, Chatwin offers an insight into the pitfalls of service user consultation in the development of drug service provision. By drawing on the examples from three European countries, she argues that once incorporated into the system, drug users lose their ability to challenge the dominant paradigm of drug control while at the same time lend an air of legitimacy to the service providers to whom they have become involved.

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Order of papers

1. Briggs (experiences of treatment)
2. Dear (experiences of treatment)
3. Silverman (policy direction)
4. Cusick et al (policy direction)
5. Wisely (ways forward)
6. Chatwin (ways forward)