Increasing resilience by learning from other sectors:
Some thoughts from the drug sector

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Happiness ... ?
**J S Mill on Happiness**

‘By happiness is intended pleasure, and the absence of pain ...’

‘It is better to be a human being dissatisfied than a pig satisfied; better to be Socrates dissatisfied than a fool satisfied.’

**Aristotle on Happiness**

‘He is happy who lives in accordance with complete virtue and is sufficiently equipped with external goods, not for some chance period but throughout a complete life’.
Joining some dots ...

- ‘Happiness’
- ‘Recovery’
- ‘Resilience’

Adaption to new times ...
A brief history ... 1966

- Amount of heroin seized – nil
- Number of known heroin users – 1,349
- Number of drug convictions – 2,613
- Number of national drug strategies – nil
- No drug treatment system or sector
And now ...

- Approaching 300,000 problem drug users
- 193,575 in drug treatment
- 109,983 in alcohol treatment
- 2.7 million took an illegal drug in last year
Acronyms spell SECTOR

- NTA, PTB, DAT, DAAT;
- SMAS; DRG; CJIP; IDTS, DIP; CARAT;
- QUADS; NOMS; DANOS; DPAS; NTA;
- CDCU; UKADCU; MOCAM; DTTO; DRR;
- EATA; LDPF; ACMD; NTORS; NDTMS;
- SOCA; NCIS; FDAP; LDAN; NICE; PCT;
- DAO; NDTMS; NATMS, YOT; LSP; LAA.....
Why? – drivers and paradigms

- Heroin plus dislocation and deprivation

- From mid-1980s:
  - HIV/AIDS (‘Britain threatened by gay virus plague’, Mail)
  - Public health/harm reduction
  - Needle exchange

- From mid-1990s:
  - Crime and community safety
  - Tough on crime, tough on the causes of crime
  - Cost-benefit case: treatment prevents nearly 5 million crimes a year. £1 invested saves £2.50
  - Expansion of provision, clinical and therapeutic practice, OST
Politics of fear
Deficit and risk
Drivers determine approach
Data and statistics
‘Service users’
‘A radical new focus on services to help drug users to re-establish their lives …’

- Assessing needs
- Employment
- Benefits
- Housing
- Pooled budgets
‘Building recovery in communities’
- ‘drug free life’
- ‘individual person-centred journey’
- ‘recovery capital’
- ‘recovery champions’
- ‘enable reintegration back into communities’
housing/employment
UK Drug Policy Commission Consensus Group: a vision for recovery

Recovery is a process, not a single event, and may take time to achieve and effort to maintain. The process and the time required will vary between individuals.

Recovery must be voluntarily-sustained in order to be lasting, although it may sometimes be initiated or assisted by ‘coerced’ or ‘mandated’ interventions within the criminal justice system.

Recovery requires aspirations and hope from the individual drug user, their family and those providing services and support.

Recovery requires control over substance use (although it is not sufficient on its own). This means a comfortable and sustained freedom from compulsion to use. For many people this may require abstinence from the problem substance or all substances, but for others it may mean abstinence supported by prescribed medication or consistently moderate use of some substances.

Recovery may be associated with a number of different types of support and interventions or may occur without any formal external help: no ‘one size fits all’.

Recovery maximises health and well-being, encompassing both physical and mental good health as far as they may be attained for a person, as well as a satisfactory social environment.

Recovery is about building a satisfying and meaningful life, as defined by the person themselves, and involves participation in the rights, roles and responsibilities of society. The word ‘rights’ is included here in recognition of the stigma that is often associated with problematic substance use and the discrimination users may experience and which may inhibit recovery. Recovery embraces inclusion, or a re-entry into society, and the improved self-identity that comes with a productive and meaningful role. For many people this is likely to include being able to participate fully in family life and undertake work in a paid or voluntary capacity.

Recovery is about the accrual of positive benefits, not just reducing or removing harms caused by substance use.
‘The idea that either a government programme or private contract can solve complex social problems on its own is a false promise. Overreliance on such methods tends to neglect the agency and insight of people themselves, leaving huge amounts of talent and resources – in all walks of life and in all parts of society – wastefully untapped’.

IPPR ‘The Condition of Britain’
‘The voluntary sector ... [is] very good at delivering and developing innovative models that don’t cost that much, that have a significant impact.

We need to go back to those roots and think much more like that ... that’s not a bad thing. It’s the responsibility of all of us ... it’s a good challenge for us and helps us to think more creatively.’

Karen Biggs, Chief Executive, Phoenix Futures
‘... commissioners a lot of the time talk about quality, but what they’re really interested in is money. It’s all about getting more for less, but sometimes you can’t do that.’

Director, PHE London region
Concerns and cautions ...

- Politics
- Policy
- Structures
- Systems
- Commissioning
- Budgets

Recovery is very ambitious as it is asking some people to achieve more than they had before they became dependent on drugs or alcohol. Many people who develop severe dependence have pre-existing problems or issues. People whose lives are dominated by drug and alcohol dependence often incur significant collateral damage in addition, e.g. health harms. Overcoming drug or alcohol problems is a difficult ... our ambition for recovery should be tempered with realism.
Building on progress
Politics of hope
Asset and contribution
Narratives and stories
Recovery activism
Fulfilling Lives: Supporting people with multiple needs

Investing up to £112 million to improve the lives of people with multiple needs

Click on the jigsaw pieces below for different perspectives on the issue of multiple needs - people struggling with more than one problem including homelessness, reoffending, problematic substance misuse and mental ill health.

Mark's story
Some links

- DrugScope at [www.drugscope.org.uk](http://www.drugscope.org.uk)
- UK Drug Policy Commission archive at [www.ukdpc.org.uk](http://www.ukdpc.org.uk)
- MEAM at [www.meam.org.uk](http://www.meam.org.uk)

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