

Winning or Losing? The Impact of Localism on drug services in London

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London
Drug &
Alcohol
Policy
Forum

AIDS

HOW BIG DOES IT
HAVE TO GET BEFORE
YOU TAKE NOTICE?

[GAY OR STRAIGHT, MALE OR FEMALE, ANYONE CAN GET AIDS FROM SEXUAL INTERCOURSE.
SO THE MORE PARTNERS, THE GREATER THE RISK. PROTECT YOURSELF. USE A CONDOM.]

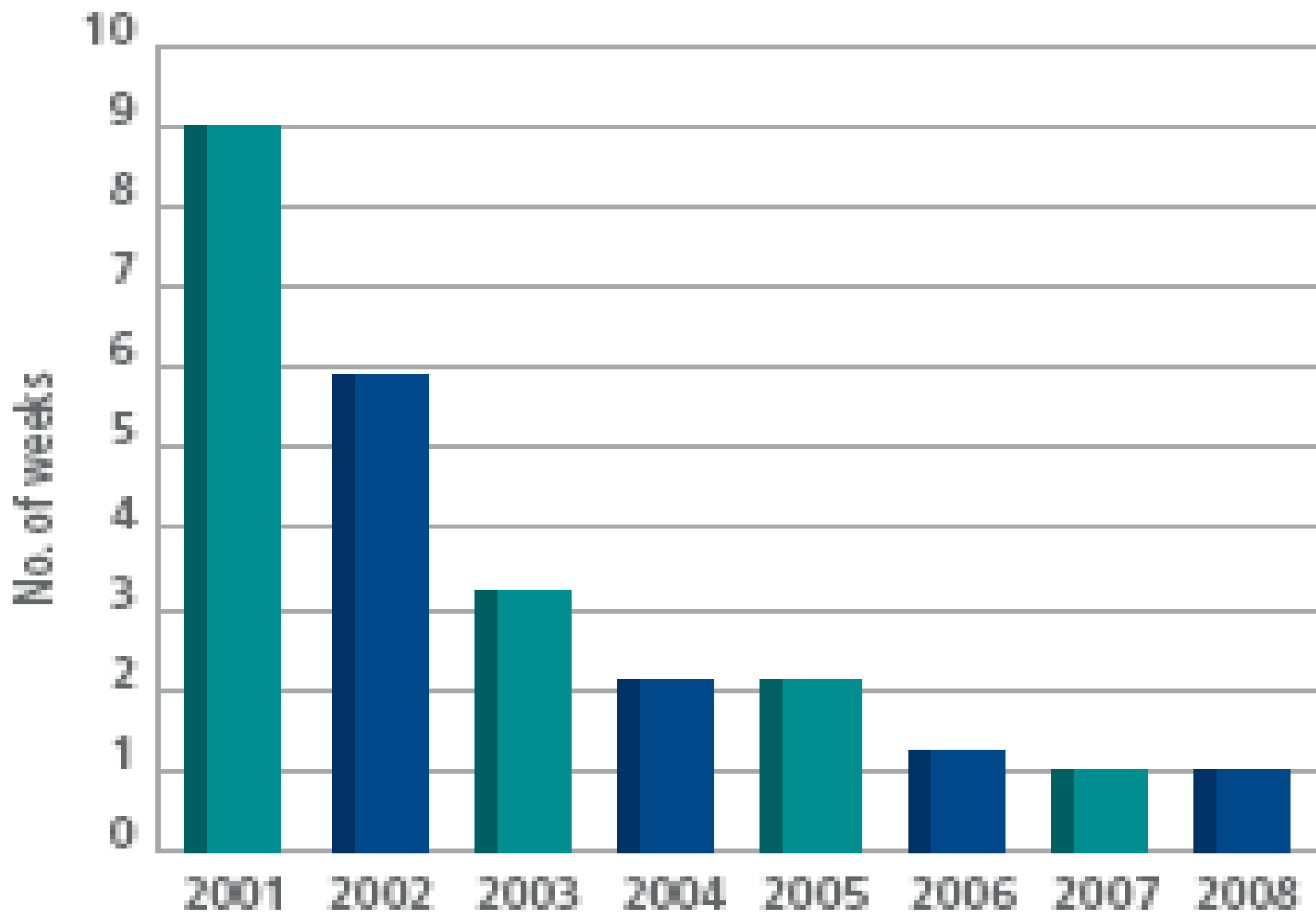
Credit: Department of Health and Social Security ?

Drugs Moves Centre Stage

- 1997 New Government
- 1998 New Strategy *Tackling Drugs to Build a Better Britain*
- AIM: Reduce the harm that drugs cause to society, including communities, individuals and their families
- Ambition matched with resources



Figure 2: waiting times for first intervention, 2001-2009



Why Localism?

“They (Local Authorities) are best placed to fine-tune and adapt drug policies to the needs and resources of their community. They are also at the frontline in the fight against drug-related crime, on the one hand, and on the other helping drug users through social and healthcare interventions”.

- ECMDDA 2007

All Change: Less Money/New Government

- 2007-08 Financial Crisis
- 2010 Coalition Government & Austerity
- Restructures: NTA into PHE (2012) – move of public health into local authorities (2013)
- Reductions in Funding
- Reduction in central direction, monitoring & support

Where are we now?



So?

- Central and localism approaches both have risks. Be wary!
- Need - appropriate, accessible, services
- An evidence base (which is responsive and can evolve)
- Professional interest and awareness
- Money (!)
- Political leadership

Thank You

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