

# Updated Drug Strategy 2002



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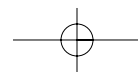
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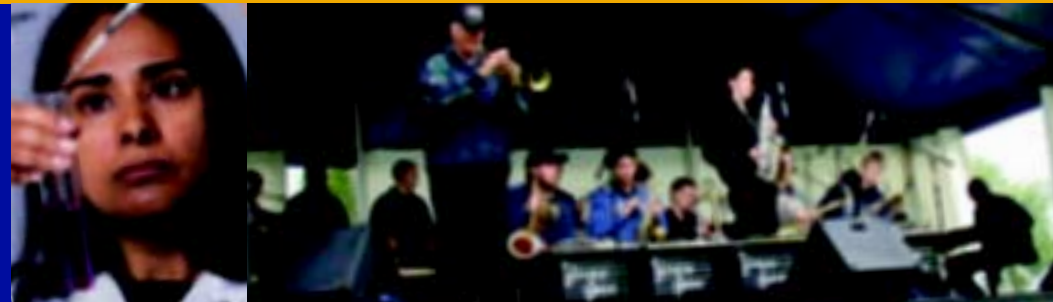
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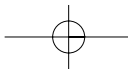
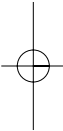
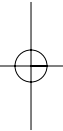
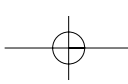
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## Home Secretary's foreword

If there is one single change which has affected the well-being of individuals, families and the wider community over the last 30 years, it is the substantial growth in the use of drugs, and the hard drugs that kill in particular. The misery this causes cannot be underestimated. It damages the health and life chances of individuals; it undermines family life, and turns law-abiding citizens into thieves, including from their own parents and wider family. The use of drugs contributes dramatically to the volume of crime as users take cash and possessions from others in a desperate attempt to raise the money to pay the dealers. In addition, otherwise decent people become dealers in pyramid selling, as they persuade friends, acquaintances and strangers to take on the habit, so that they themselves can fund their own addiction.

Very often jobs and homes are lost; friendships and family ties are broken. Where children are involved there is the danger of abandonment and neglect. Day-to-day functioning becomes a matter of good fortune in terms of income, the availability of treatment and rehabilitation, and the point at which help is available.

Quite simply, drug misuse contributes enormously to the undermining of family and community life - more, some may say, than any other single commodity or social influence. That is why getting it right matters so much.

I am grateful to all those who worked on developing and implementing the first fully integrated Drug Strategy, including the many front-line staff from treatment and youth workers, to police, customs and prison officers whose efforts are making a real difference in the way services are delivered. Overall, Class A drug use is stable, but that is not good enough. There are worrying increases in the use of cocaine and crack. This is why we must have clear and unequivocal messages about cocaine, crack, heroin and ecstasy; the clampdown in policing, intelligence, and Customs to back this up; and new policies to break the trafficking routes and the intermediate market between the dealer on the street and international criminal organisations. We must achieve real reductions in the level of problematic use if we are to turn around the lives of individuals and their communities.

This Updated Drug Strategy is a chance to build on what we have learnt to date. Prevention, education, harm minimisation, treatment and effective policing are our most powerful tools in dealing with drugs.

All problematic users must have access to treatment and harm minimisation services, both within the community and through the criminal justice system. The availability of treatment is growing and waiting times are coming down. However, I share the frustration of those users and their families who have been waiting too long for urgently needed treatment. Provision of treatment is still far too patchy and variable and accessing rehabilitation support after treatment, a lengthy and difficult process. Services will be expanded so those chaotic drug users seeking help do not have to wait.

We need also to provide direct support to parents and families. My heart goes out to those who have struggled to prevent their offspring falling into addiction and to cope with the trauma and effect on the family of those addicted to Class A drugs. We will be looking to improving substantially support to families at local level.

Young people are our highest priority. They need good quality drug education, information and advice based on a credible assessment of the damage drugs do, within a framework which makes clear that all controlled drugs are harmful and will remain illegal. To prevent them from turning to drug misuse, they must also be protected from drug dealers and the pressures of living in neighbourhoods where drugs are too often an everyday reality.

The measures we are taking to tackle demand need to be complemented with measures to reduce supply. Our aim is to prevent drugs entering the country, to tackle their distribution within the country and to make the UK a difficult and undesirable country in which to traffick drugs.

We are not starting from scratch. We are learning from, building on, and adapting the 10-year strategy adopted in 1998. If we are to succeed, we must have continuity, persistence and the determination to make a real difference. Future generations should never have to face the dangers and harm that drugs present to too many of our young people, their families and their communities today.

David Blunkett  
Home Secretary

# What's new?

- **A tougher focus on Class A drugs.** The misery caused by the use of crack, cocaine, heroin and ecstasy cannot be underestimated.
- **A stronger focus on education, prevention, enforcement and treatment to prevent and tackle problematic drug use.** The 250,000 class A drug users with the most severe problems who account for 99% of the costs of drug misuse in England and Wales and do most harm to themselves, their families and communities.
- **More resources.** Planned direct annual expenditure for tackling drugs will rise from £1026 million in this financial year to £1244 million in the next financial year, £1344 million in the year starting April 2004 to a total annual spend of nearly £1.5 billion in the year starting April 2005 – an increase of 44%. New areas of spend include:
  - More support for parents, carers and families so they can easily access advice, help, counselling and mutual support, a new education campaign for **young people** based on credible information about the harm which drugs cause, increased outreach and community treatment for vulnerable young people and expanded testing and referrals into treatment within the youth justice system so that by 2006 we will be able to provide support to 40-50,000 vulnerable young people a year;
  - **Reducing the availability of drugs on our streets** through new cross-regional teams to tackle middle markets – the link in the chain from traffickers to local dealers, targeted policing to crack down on crack, and increased assistance to the Afghan Government to achieve their aim of reducing opium production with a view to eliminating it by 2013. A review of the impact of interventions on the drug supply chain from international production to distribution within the UK by the Government's Strategy Unit working with the Home Office and other key departments.
  - Further expansion of **treatment** services appropriate for individual need reduced waiting times, improved treatment for crack and cocaine, heroin prescribing for all those who would benefit from it and more harm minimisation – with improved access to GP medical services. By 2008, we will have the capacity to treat 200,000 problematic drug users;
- A major **expansion of services within the criminal justice** system using every opportunity from arrest, to court, to sentence, to get drug-misusing offenders into treatment - including expanded testing, improved referrals, and new and expanded community sentences. By March 2005, we will have doubled the number of Drug Treatment and Testing Orders;
- New **aftercare and throughcare services** to improve community access to treatment and ensure those leaving prison and treatment avoid the revolving door back into addiction and offending. By April 2005, all Drug Action Teams will have a co-ordinated system of aftercare in place.
- **Better targeting:** focussing on the communities with the greatest need.
  - We will be **strengthening capacity** to deliver **in those areas which have the greatest problems.** Although services will be rolled out across the country we will be piloting and developing new services for young people and new interventions within the criminal justice system, first in the areas of greatest need.
  - We will **improve services in those communities affected by crack.** The National Crack Action Plan will lead to fast-track crack treatment programmes in the worst affected areas, new police initiatives to close crack markets and new diversionary programmes for young people.
- **A renewed emphasis on delivery and revised targets which are challenging but achievable:** reducing the use of the most dangerous drugs and patterns of drug use by young people, with a particular focus on the most vulnerable; tackling prevalence through a three pronged attack on supply, dealers and traffickers, and assets, and on working with the Afghan government to reduce opium supply; reducing drug related crime; and continuing to expand drug treatment but also improving its quality.

**The unparalleled investment to tackle the harm drugs cause communities, families and individuals will be initially focused in the most damaged communities. The full range of education, prevention, enforcement, treatment and harm minimisation initiatives will be brought to bear in these communities. The vision is that these will be extended across the country in due course.**

**In the most deprived areas, currently suffering the worst drug-related crime:**

- **Parents, carers and families will have greater access to advice, help, counselling and mutual support in relation to drug misuse. A major new national education campaign will also drive home the risks of drug misuse.**
- **Those young people who are most at risk of developing drug problems will be helped through increased outreach and community treatment. They will also benefit from new initiatives extending drug testing and referrals to treatment and care via the youth justice system. They will have available an improved range of diversionary activities, with opportunities, through sports and art, to develop skills and enhance their life chances.**
- **The community will be protected from the harmful flow of drugs on to the streets. Policing activity will include cross-regional work to tackle middle market supply and the strengthening of local policing to disrupt supplies on the street and crack down on crack markets.**
- **The most persistent offenders will be targeted through new pre-arrest initiatives to steer them into treatment. Assessments will be undertaken with local partnerships to ensure that these take a form that meets community needs.**
- **Drug misusing offenders in the community will be identified and engaged in treatment and support at every opportunity via the criminal justice system. For example:**
  - **There will be an extension of drug testing in police custody.**
  - **Extra resources will be made available so that everyone arrested who appears to have a drug problem will be referred to an arrest referral worker. A new initiative will come on stream to allow drug-misusing offenders to be given the choice by the courts, of entering treatment where appropriate, or being denied bail – a “presumption against bail”.**
  - **Extension of availability of Drug Testing and Treatment Orders will ensure that everyone who would benefit will have these available. The vast majority of people with drug-related problems, committing less serious offences, will be subject to new community sentences with treatment conditions. More drug-misusing offenders will be taken out of the criminal justice system and provided with the treatment and support they need – when they need it.**
  - **Those entering prison will benefit from improvements in the quality and coverage of prison-based treatment programmes which meet national standards.**
  - **All those in the community who need treatment and support services will have help available when they need it and appropriate to their individual needs. This will include greater help for those suffering, as dealers are removed from the community; for crack and cocaine users; and for those who would clinically benefit from properly supervised heroin prescribing.**
  - **Those leaving prison and treatment will benefit from a new aftercare and throughcare system to ensure they receive the support/treatment they need and do not return to drug misuse and offending, or start out on the whole system again.**

# Executive summary

## Reducing the harm that drugs cause to society – communities, individuals and their families

This updated strategy sets out a range of policies and interventions which concentrate on the most dangerous drugs, the most damaged communities and the individuals whose addiction and chaotic lifestyles are most harmful, both to themselves and others. We have no intention of legalising any illicit drug. All controlled drugs are dangerous and nobody should take them.

The most effective way of reducing the harm drugs cause is to persuade all potential users, but particularly the young, not to use drugs. Success will only be achieved if we stop young people from developing drug problems, reduce the prevalence of drugs on our streets and reduce the numbers of those with existing drug problems by getting them into effective treatment.

Tackling the scourge of drugs is a challenge for us all, not just a matter for Government or its agencies. By working together and focusing on the drugs that cause the most harm, we will:

- prevent young people from using drugs by maintaining prohibition which deters use and by providing education and support: targeting action on the most dangerous drugs and patterns of drug use and the most vulnerable young people;
- reduce the prevalence of drugs on our streets: tackling supply at all levels from international traffickers, to regional drug barons and street dealers, with an increased emphasis on intelligence sharing and effective policing and confiscating the proceeds of drug trafficking;
- reduce drug-related crime: providing support to drug misusers and communities most in danger of being destroyed by drugs; working together to create stable, secure, crime-free lives and neighbourhoods; and taking every opportunity within the criminal justice system and within the community to refer people into treatment; and
- reduce the demand for drugs by reducing the number of problematic drug users – those individuals who already have serious drug problems: providing effective treatment and rehabilitation to break the cycle of addiction whilst minimising the harm drugs can cause.

## The current position

Around 4 million people use at least one illicit drug each year and around 1 million people use at least one of the most dangerous drugs (such as ecstasy, heroin and cocaine) classified as Class A. Many of these individuals will take drugs once, but for around 250,000 problematic drug users in England and Wales, drugs cause considerable harm to themselves and to others.

Drug misuse gives rise to between £10 billion and £18 billion a year in social and economic costs, 99% of which are accounted for by problematic drug users.

There are strong links between problematic drug use and crime. Around three-quarters of crack and heroin users claim to be committing crime to feed their habit. 75% of persistent offenders have misused drugs and arrestees who use heroin and/or cocaine commit almost 10 times as many offences as arrestees who do not use drugs.

It is therefore essential that we concentrate on preventing and treating problematic drug use and working with our most damaged communities if we are to reduce the harm drugs cause.

## The Updated Drug Strategy

In 1998, the Government introduced the first cross-cutting strategy to tackle drugs in an integrated way. This update builds on the foundations laid and lessons learned.

Over the last year, we have been reviewing the Drug Strategy to sharpen its focus and improve its effectiveness. The findings and recommendations of the Home Affairs Committee and the work of the Audit Commission, the Advisory Council for the Misuse of Drugs, the Health Advisory Service, the Police Foundation and others have contributed to the review.

Substantial resources are being invested. Planned direct annual expenditure for tackling drugs will rise from £1026 million in this financial year to £1244 million in the next financial year, £1344 million in the year starting April 2004 to a total annual spend of nearly £1.5 billion in the year starting April 2005.



### Preventing today's young people from becoming tomorrow's problematic drug users

All controlled drugs are dangerous and no one should take them. Universal programmes of education and information will give all young people and their families the information and skills they need to protect themselves from the risks and harm of all drugs. The most vulnerable young people will get support before drug problems escalate.

Since 1998, universal programmes of education and information have been expanded. Substance misuse education is now part of the National Curriculum and 80% of primary and 96% of secondary schools have adopted drug education policies.

Much has also been done to improve how we identify and support the most vulnerable young people:

- 80% of England is covered by the new Connexions Service who identify young people with drug problems and arrange for specialist help as a part of their wider role to support all young people.
- All Youth Offending Teams (YOTs) have named drug workers who assess and arrange for support for young offenders with drug problems.
- Treatment services for young people, including detoxification and community prescribing are now provided in 80% of Drug Action Team (DAT) areas.
- Positive Futures – using sport and arts to engage the most vulnerable young people by developing skills to help them resist drugs and re-enter education and training – are available in 57 of our most disadvantaged communities.

16,000 young people currently receive support from local authority and health services including 4,000 supported by drug treatment agencies and 3,000 by Positive Futures programmes.

By March 2006 we will discourage young people from using drugs in the first place and support parents and family members who are worried about drugs by:

- **Expanding the provision and improving the quality of drug education** so that by March 2004 all primary and secondary schools have drug education policies and further improve the quality so that by March 2006, no drug education lessons will be described as 'poor' by OFSTED.
- **Launching in Spring 2003, a major new communications campaign** driving home the risks of Class A drugs and encouraging young people and their parents to seek further advice and help. It is vital that the message to young people is open, honest and credible. The reclassification of cannabis will support this.
- **Clamping down on dealers** who prey on the young by increasing the penalties for dealing Class C drugs by July 2003 to match the already severe penalties for dealing Class A and B drugs.
- **Expanding prevention programmes** so that by March 2004 all young offenders and pupils attending Pupil Referral Units participate.
- **Improving services for parents and carers** by setting clear standards for the support offered to parents who are concerned about substance misuse or whose family members have a drug problem.

We will **expand the provision of substance misuse treatment within the youth justice system** to:

- Introduce drug testing and referral of young people for treatment following arrest.
- Give courts the power to include drugs treatment as part of community sentences.
- Pilot and roll out new programmes of treatment and wider support for young offenders.
- Provide drugs workers in all juvenile custodial establishments to organise programmes of prevention, treatment and support on release by December 2003.

We will also invest to help local authorities support young people with drug problems. This will provide specialist support, outreach workers, training for professionals working with young people and an expansion of the

Positive Futures programmes. By March 2006 the number of young people with drug problems receiving support will include:

- 12,000 supported by YOTs and in juvenile custody;
- 28,000 supported by local authorities, health services and Connexions;
- 5,000 supported by Positive Futures programmes; and
- 5,200 supported by drug treatment agencies.

This means that by March 2006, we will have the capacity to support 40–50,000 young people with drug problems every year. By 2008 this will have driven down the number of young people who go on to become future problematic drug users.

*Action under the Young people aim is set out in more detail at Chapter 1.*

### Reducing the supply of illegal drugs

Reducing the supply of illegal drugs and tackling the trafficking of all drugs is key. Progress since 1998 includes:

- establishing the Concerted Inter-Agency Drugs Action Group (CIDA) to co-ordinate operational activity across all intelligence and enforcement agencies;
- increasing the number of drug seizures – the results for 2000 show a 53% rise in the number of cocaine seizures and a 30% increase in heroin seizures compared with 1997; the amount of drug-related assets recovered has also increased – £18.9 million from April 2001 to March 2002, almost 20% up on the previous year;
- establishing the National Crime Squad and the National Criminal Intelligence Service in April 1998, with key priorities of tackling hard drugs;
- more than 60 drug liaison officers are now in post in key drug producing and transit countries, working to identify illicit drug movements, related financial activities, the structure of criminal organisations involved and providing hard intelligence for use in investigations;

- assisting EU candidate countries in their development of drug strategies and enforcement capabilities. The UK is a lead partner in a law enforcement project across 10 candidate countries and also involved in anti-drugs twinning projects in Bulgaria and the Czech Republic;
- the Proceeds of Crime Bill received Royal Assent in July 2002, strengthening investigation and confiscation powers, and the Recovered Assets Fund has been established; and
- following the fall of the Taliban, the UK has led in co-ordinating international efforts to help the Afghan Government counter narcotics production in Afghanistan.

We are continuing our focus on international trafficking, with a renewed focus on middle markets, local policing and tackling crack. New initiatives include:

- **Increasing co-operation with countries on key supply routes so as to increase the quantities of heroin and cocaine taken out en route, at the border and within the UK.** We are: setting up a joint investigation team with Spain to investigate organised crime networks associated with cocaine trafficking; working closely with the Jamaican Government to disrupt the supply of cocaine via Caribbean countries; in close touch with the Turkish authorities, both bilaterally and through the EU, on problems associated with heroin trafficking; and hosting a conference to address organised crime in the Balkans – including drug-related organised crime.
- **Working closely with the Afghan Government to reduce opium production with a view to eliminating production by 70% by 2008 and in full by 2013.** The initial focus will be the 2003 crop.
- **Enhancing intelligence capability and working in co-operation with EU partners** to tackle the secondary distribution of heroin and cocaine from the EU and to prevent the diversion of precursor chemicals used to make illicit drugs, such as ecstasy.
- **Reviewing the impact of interventions on the drug supply chain** from international production to distribution within the UK. The Government's Strategy Unit working with the Home Office and other key departments will undertake a study.

- **Increasing the recovery of drug-related criminal assets.** The new Asset Recovery Agency will be established by February 2003.
- **Targeting the middle markets.** The police and other agencies are working together to tackle one of the most profitable parts of the supply chain – cross-regional markets. With close support from CIDA, this capacity is being built at a regional level. In addition to the existing team in the West Midlands, middle market capacity will be developed on Merseyside and in South and Mid Wales, before being spread across the rest of England and Wales.
- **Strengthening policing to better disrupt local supply markets.** Police performance is being strengthened through the work of the Home Office Drugs Strategy Directorate and the Police Standards Unit. This involves guidance, sharing best practice, developing new targets and understanding drug markets. The Police Priority Area programme supports local policing strategies to better tackle multiple problems like drugs, addressing all aspects of policing.
- **Taking high profile action against suppliers in communities with particular problems.** Recent initiatives in Peterborough and Lambeth have shown how working closely with local partners and the community we can successfully deliver specialist action to tackle local drug markets and associated crime. For example, the Lambeth initiative saw over 100 crack house raids, 564 searches and over 90 people arrested (*see adjacent box*).
- **Tackling crack.** Policing to disrupt crack markets will be intensified in the areas most affected. Specialist treatment for crack addiction will also be increased and action taken to deter usage. Following a conference in June 2002, a National Crack Action Plan will be published before the end of December 2002. An advance summary is contained at *Annex 1* of this document.
- **Heavily penalising those caught dealing or drug trafficking** with maximum sentences ranging from 14 years (for Class B and C drugs) to life imprisonment (for Class A).

### **Lambeth – an example of what can be achieved**

Lambeth, with the major crack market of Brixton, was an area where crack problems had reached crisis point early in 2002, with open crack markets and eighty plus crack houses. Accompanying the use of crack was open street prostitution and the use of guns. The local community had had enough and wanted action.

In June 2002, the Home Secretary met with local politicians and services to help develop an action plan for crack. This has been put into action and since June, Lambeth has made a major start on tackling its problems. Over 100 crack house raids have taken place. The achievements so far have been:

- 33% fewer robberies have been reported;
- 90 plus people arrested;
- 564 searches made;
- 148 abandoned vehicles removed; and
- 118 prostitutes arrested and referred to treatment.

The Lambeth community now knows that selling crack will meet with a swift and decisive police response. Much more action is underway as part of a comprehensive multi-agency plan to tackle the crack problem in the borough and much more is needed to sustain the progress made, but Lambeth shows that community pressure, coupled with a rapid response can make a difference.

Action under the Reducing Supply aim is set out in more detail in Chapter 2.

## Reducing drug-related crime and its impact on communities

Nothing affects the well-being of local communities as much as drug misuse, drug-related crime and the fear of such crime. Where communities are strong, drugs do not take a hold. The highest incidences of drug-related crime, supply and drug-related nuisance occur in the communities that suffer most from social deprivation.

Since 1998:

- new programmes have been established to get drug misusers off drugs and out of crime through effective treatment – the key to reducing offending. Each year, arrest referral schemes have picked up around 50,000 drug misusers at the point of arrest and referred them into treatment or other programmes of help. Drug Treatment and Testing Orders have enabled around 6,000 offenders per year to address their problems through intensive community based programmes, and drug testing pilots have been introduced to test arrestees and better inform bail and sentencing decisions. Their drug misuse and related crime rates have dropped significantly as a result;
- the Jobcentre Plus initiative progress2work was launched in 2001 and the first participants started in 2002. It helps recovering drug users find and sustain jobs – a key way of returning to more stable and constructive life;
- £100 million has already been made available through the new Communities Against Drugs fund to support targeted, locally determined measures designed to strengthen communities, disrupt the local drugs markets and tackle drugs and drug-related crime; and
- guidance, training, information and support have been provided on housing management, neighbourhood renewal, homelessness and dance club management to enable agencies and organisations tackle drug misuse in the context of wider community problems.

To break the link between drugs and crime we are investing in a major new programme of interventions for adults and young people, which will move offenders out of the

criminal justice system and into treatment. Using every opportunity from arrest, to court, sentence and on release, this programme will include:

- making **arrest referral schemes** more proactive and effective;
- **extending drug testing** to those local police force areas with the highest crime;
- **piloting the introduction of presumption against bail** where offenders test positive for drugs but refuse treatment;
- **doubling the number of Drug Treatment and Testing Orders** by March 2005;
- **expanding treatment provision in prisons;**
- providing **comprehensive programmes of throughcare and aftercare** for treated drug misusers returning to the community from prison, including post-release hostels, and for those leaving treatment programmes who have not been in prison; and
- a package of corresponding, but appropriate **interventions for juveniles.**

*Action under the Communities aim is set out in more detail in Chapter 3.*

## Reducing drug use and drug-related offending through treatment and support.

### Reducing drug-related death through harm minimisation.

Treatment works. It is the key to reducing the harm drugs cause to users, family and communities. Investing in treatment is cost effective – for each £1 spent, an estimated £3 is saved in criminal justice costs alone. Effective treatment includes a range of interventions and support: such as advice, harm reduction, prescribing and rehabilitation services tailored to individual need and supported by general health and social care agencies.

- We are rapidly expanding services and are on track to meet the target of doubling the number of people in treatment by 2008. 118,500 people attended treatment services between April 2000 and March 2001. The number of people presenting for treatment increased on average by 8% per year from the year ending March 1999 to the year ending March 2002.
  - People are receiving treatment and support more quickly. The average waiting time between referral and receipt of treatment in priority cases, reported from latest DAT returns for April 2001 to March 2002, was 2.8 weeks (8.3 weeks for non-priority cases) across different treatment types – such as in-patient detoxification, prescribing, structured counselling and residential rehabilitation.
  - In November 2001, we published an action plan to reduce drug-related deaths by 20% by 2004 and to reduce the harm drugs cause. The plan covers three strands: campaigns; better surveillance and monitoring; and research.
  - 99% of health authorities in England have needle exchange programmes and over 27 million needles and syringes are exchanged each year, reducing the risk of death and the transmission of Hepatitis and HIV.
  - We are getting more drug offenders out of the criminal justice system and into treatment.
  - The National Treatment Agency (NTA) was set up in 2001 to oversee the expansion of high quality drug treatment programmes in England.
- Our aim continues to be to increase the participation of problem drug users in the full range of treatment services and increase the proportion of users successfully sustaining or completing treatment by 2008. There has been good progress but much more needs to be done to ensure that treatment is readily available to those who need it. Through national and local action, this will be achieved by:
- **Investing in additional and better quality treatment services.** An expansion in treatment provision will take time to build – there is no quick fix solution. However, by 2008, we will have doubled the capacity so that 200,000 problematic drug users can be treated per year in the community or in a residential setting, as appropriate.
  - **Filling the gaps in services.** Drug users have different treatment needs, it's not a case of one size fitting all. DATs and the NTA are committed to ensuring that all areas have access to an adequate range of services – including advice and harm reduction; GP and specialist prescribing; detoxification and rehabilitation, including residential services; and that new provision is evidence-based and effective.
    - Services for crack and cocaine users will be expanded from Spring 2003 with the development of new fast-track agencies – first in areas of greatest need and later across the country – along with new guidance, improved training and support for front line drugs workers.
    - All those who have a clinical need for **heroin** prescribing will have access to it under medical supervision, safeguarding against the risk of seepage into the wider community.
  - **Reducing waiting times further.** The growth in treatment capacity and improved efficiency of services means that by the end of March 2004, maximum waiting times from referral to receipt of treatment should be no more than 2 weeks for in-patient detoxification and GP prescribing and 3 weeks for all other forms of treatment.
  - **Improving the health of drug takers through the greater involvement of GPs.** We will increase the number of GPs / primary care professionals working with drug users and improve access to healthcare services for all problematic drug users, irrespective of prescribing needs.
  - **More referrals from the Criminal Justice System.** We will develop better links to treatment for drug offenders in the areas with the highest levels of crime (*see Chapter 3*).
  - **Improving prison-based treatment provision.** An additional 2,000 intensive treatment programme places will be created in prisons. New low intensity programmes will be introduced providing 17,000 places for those serving short sentences. The throughcare element of the system will be enhanced to ensure better continuity of treatment once prisoners leave custody.

*Action under the Treatment aim is set out in more detail in Chapter 4.*

## Delivery of the Updated Drug Strategy

The problems of drug misuse are complex and require integrated solutions and co-ordinated delivery of services involving education, intelligence and enforcement, social and economic policy, and health. Tackling drugs requires effective joint working between Government Departments at national level and similar partnership working between agencies at local level.

High on the list of Government priorities, the Home Office drives delivery of the Drug Strategy at Ministerial and official level, in partnership with the Department of Health, the Department for Education and Skills, HM Customs and Excise, the Office of the Deputy Prime Minister and the Foreign and Commonwealth Office. Performance against targets is regularly monitored in formal reviews between the Prime Minister and Secretaries of State and at official level.

The NTA drives delivery of treatment services throughout England. With its regional management structure, it works closely with and through the Drugs Prevention Advisory Service (DPAS) which is now integrated within Government Offices in the Regions. This provides more effective support at regional level for related issues such as drugs, crime, neighbourhood renewal and community cohesion.

The NTA and DPAS monitor the effectiveness of local delivery by DATs through support and advice to ensure consistency of approach and high quality provision.

We will work in partnership with DATs and local agencies to develop and strengthen capacity to deliver, focusing in particular on supporting the accelerated roll out of interventions in areas with the greatest drug problems, to ensure effective delivery.

*The delivery mechanisms are described in more detail in Chapter 5.*

## Action across the UK

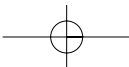
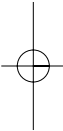
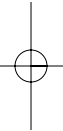
Scotland, Wales and Northern Ireland use their devolved powers where appropriate to formulate policies that complement the overall aims of the UK strategy. Anti-drug strategies in Scotland, Wales and Northern Ireland deal with drug-related problems specific to them. All three strategies reflect the same four aims as the UK strategy, relating to young people, reducing supply, communities and treatment, but with specific objectives and action priorities tailored to the particular problems and circumstances in each country.

The different yet sympathetic approaches made to combating the menace of drugs in all parts of the UK are making a real contribution to the continuing development of an evidence-based UK-wide Drug Strategy.

*Action taken in Scotland, Wales and Northern Ireland is set out in Chapter 6.*

## Conclusion

As set out in the following chapters, this Updated Drug Strategy sets out the action that will be taken to ensure future generations never have to face the dangers and harm that drugs present today. It also provides a positive route out of addiction and crime for those whose lives are currently damaged by drugs.



# 1. Young people

Success for the Drug Strategy means preventing today's young people from becoming tomorrow's problematic drug users. All controlled drugs are dangerous and young people and their families need credible, realistic information to protect themselves from the risks and dangers of drug misuse. Education is already a central plank in the Government's Drug Strategy and we will continue to expand and improve it.

But drug misuse does not occur in isolation. It is associated with other problems such as the misuse of other substances (for example, alcohol and tobacco), youth offending, truancy and school exclusion, family problems and living in crime-ridden, deprived communities. So prevention programmes will be targeted at the most vulnerable young people and those who develop drug problems will be

identified and supported early before problems escalate.

This means that all agencies, whether they be schools, Youth Offending Teams or social services departments, need to work together to solve the whole problem. Good progress has been made. 16,000 young people are already receiving support, and a programme to more than double this number by 2006 will drive

## Action since 1998:

- 96% of secondary schools and 80% of primary schools have drug policies compared with 86% and 61% in 1997
- Substance misuse education is now part of the National Curriculum
- 16,000 young people received support for drug problems in 2000/01, 4,200 from specialist treatment services
- All Youth Offending Teams have a named drug worker
- Positive Futures initiative set up in 2000. Now operating in 57 deprived areas
- 41 Connexions Services so far established. All 47 by October 2003
- All DATs have developed Young People's Substance Misuse Plans to provide services based on local need
- A major communications campaign in 2001 resulted in increased calls to the National Drugs Helpline

## Future action:

- All schools to provide good quality substance misuse education
- Prevention and Positive Futures programmes to target the most vulnerable young people
- Support 40–50,000 young people with drug problems every year by 2006 onwards
- New powers for drug testing and treatment for young offenders
- New communications campaign on Class A drug use from Spring 2003
- Clamp down on dealers who target young people
- Improved services and better support for parents, carers and families



**down the numbers of young people who go on to become problematic drug users.**

**Parents, carers and families also need support. They experience the problems that drugs cause at first hand, and have a key role in helping young people with drug problems overcome them. They will receive improved services and support.**

### The current situation

To succeed, the Government must stop young people swelling the ranks of future drug users. Treatment works but we will only drive down levels of drug crime if the number of new drug misusers also falls. That is why prevention and early intervention with young people, before problems escalate, is the only way to make a long-term difference.

### Prevalence

- Around 4 million people have used at least one drug in the last year and around 1 million have used at least one Class A drug (Aust et al, 2002).

*In 2001/02, about a third of those aged between 16 and 59 reported having used drugs in their lifetime. However, only 12% had used them in the last year and 8% in the last month. 11% had used cannabis in the last year, 2% used cocaine, 2%*

*used ecstasy and fewer than 0.5% used heroin or crack (Aust et al, 2002).*

- Drug use among young people aged 16–24 is higher and usage patterns are different.

*49% have used an illicit drug in their lifetime, 30% in the last year and 19% in the last month. Cannabis was the most commonly used, with 27% using it in the last year. 5% had used cocaine, 7% ecstasy and less than 1% heroin or crack (Aust et al, 2002).*

- Drug use by young people increased throughout the 1980s and early 1990s. Since 1998, the proportion of 16–24 year olds using Class A drugs in the previous year has remained stable at about 8%. This is an encouraging sign but a real downward shift has still to be achieved.

*The number of 16–19 year olds using drugs in the last year fell from 34% in 1994 to 28% in 2001/02. However, within the same group there has been a worrying increase in the use of cocaine (Aust et al, 2002).*

- Men are twice as likely as women to have taken an illicit drug in the last month or year. However, this difference narrows for younger age groups (Ramsay et al, 2001).

*A survey of 11–15-year-old school children across England found only a small difference in drug use between boys and girls (Goddard and Higgins, 2000).*

- Drug use is greatest amongst the white population, irrespective of their age.

### Drug consumption among 16-24 year olds in the last year (BCS)



*With the exception of crack, white people consistently have higher prevalence rates for all types of lifetime drug use. Low levels of drug use have been found particularly among the South Asian and Black African communities. However, primarily due to cannabis use, members of the African-Caribbean community have similar levels of drug use to the white population. Qualitative data also indicates that problematic drug use exists in the more recently established minority ethnic communities, based largely on refugee migrations (Sangster et al, 2002).*

#### Frequency

Many young people will experiment with substances – most commonly alcohol and tobacco – at some point in their lives. Around half will try an illegal drug on at least one occasion,

usually cannabis. Whilst risk-taking and experimentation are a part of growing up, there are some risks that are just not worth taking.

Young people are in greatest danger if they do not understand the risks or do not have the confidence to protect themselves in dangerous situations. Even relatively small amounts of illegal drugs, if used on a frequent basis, can have short-term effects on memory or educational performance whilst others (such as ecstasy) can cause severe reactions in some individuals.

For a much smaller number of young people, although possibly as many as 100,000, the consequences of substance misuse are much more serious. These young people can develop physical or psychological dependence on drugs, most frequently heroin and crack or powder cocaine, and may become trapped in

a vicious circle of substance misuse, crime or prostitution. Their families, friends and their local community can pay a heavy price.

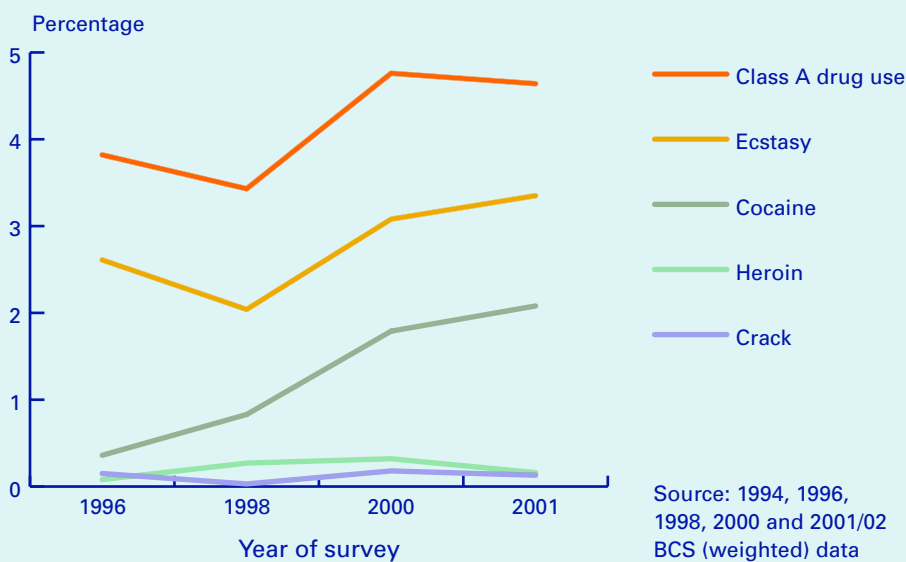
In 2002, the percentage of young people aged 16–24 reporting use of illegal drugs at least twice a month in the last year breaks down as follows:

- Cannabis – almost 18%
- Ecstasy – 2%
- Cocaine – less than 1%
- Heroin – 0.5%\*
- Crack – 0.2%\*

\*Based on fewer than 20 users within the sample.

Among this age group, regular use of cocaine, heroin and crack is relatively rare. Most regular use involves cannabis, while ecstasy is the most regularly used Class A drug.

### Drug consumption among 16-24 year olds in the last month (BCS)



#### Risk

All drug use carries risks, but the use of Class A drugs and the frequent use (i.e. at least 2–3 times a month every month in the last year) of any drug carries the greatest risk. Those young people who do so are the most likely to go on to become problematic drug users.

Since 1998, the proportion of 16–24 year olds who used Class A drugs in the previous year has remained at about 8%, but there has been a small but worrying increase in the use of cocaine, crack and ecstasy. Around 18% of 16–24 year olds use an illegal drug at least 2 or 3 times every month.

This means that around 1 million young people are at risk of becoming problematic drug users, and that around one in ten of these will go on to develop longer-term addiction or health problems.

Research suggests that there are protective factors that reduce a young person's likelihood of succumbing to problematic drug use – factors such as effective parenting or support from a caring adult, educational attainment, a healthy lifestyle, high self-esteem and early action to tackle problem behaviour before it escalates. But the opposite is also true. Young offenders, homeless young people, school excludees and young people in local authority care, or those living in areas with high levels of drug crime, experience much higher levels of drug-related harm than average. Some minority ethnic communities are disproportionately represented within these groups: for example, the latest statistics show that African-Caribbean boys are around three times more likely than other pupils (including those from other minority ethnic groups) to be excluded from school.

These vulnerable young people, who are more at risk of developing drug problems than others, will be a particular focus for Government action.

#### Action to date

Considerable progress has already been made in raising young people's awareness about the dangers of drug misuse and targeting support at more vulnerable young people.

#### Information and awareness

To protect themselves and to enable them to make the decision not to take illegal drugs, young people need accurate information about the dangers and harmful effects of different drugs and why they are illegal. They need to know where they can get further information or help if they need it, and they need the confidence to act on this information, resist drug misuse and achieve their full potential in society.

**Ecstasy is a dangerous drug that can, and does, kill unpredictably: there is no such thing as 'a safe dose'. There is still much to learn about the harm ecstasy can cause, and the Government is clear it should remain as a Class A drug. The number of people taking and dying from ecstasy must be reduced.**

**Ecstasy was one of the drugs on which the Government focused in the communications campaign launched at the end of 2001. Through youth media and for those travelling abroad, the Government continues to publicise the risks and dangers of all Class A drugs including ecstasy. Guidance such as the recently published Safer Clubbing encourages**

**co-operation and information sharing amongst key agencies, club owners and promoters to reduce the prevalence and danger of drugs in clubs.**

Schools have a key role in achieving this. Giving young people the relevant skills and knowledge is one step towards reversing the terrible damage and waste caused by drug misuse and safeguarding the health and well-being of future generations. To support this, since April 2001, schools have had access to a Schools Drug Advisor to help them deliver drug education and support tailored to the needs of pupils. A drug, alcohol and tobacco education training package has been developed to support professionals in delivering effective drug education which responds to young people's needs.

The proportion of secondary schools with drug policies has increased from 86% in 1997 to 96% in 2002, while in primary schools the figure has gone from 61% to 80%. Ofsted have inspected a sample of Key Stage 2 primary school substance misuse

education: the proportion rated as "poor" improved from 16% to 10% between 2000 and 2002. To improve the quality of substance misuse education, the National Healthy School Standard has been established and substance misuse education is now part of the National Curriculum. Additionally, the Home Office, Department of Health and the Department for Education and Skills (DfES) have initiated a long-term research programme (Blueprint) to provide a rigorous evaluation of what works in drug education, in schools and in communities.

### **Support for families**

Drug misusers blight not only their own lives, but also those of their families and others close to them. The impact of drug misuse on the parents, siblings, partners and children of drug misusers can include violence, neglect, mental illness, as well as all

the side-effects arising from the poverty associated with drug misuse.

Parents, carers and families have a vital role to play in reinforcing what young people learn at school. This is especially important in some minority ethnic communities where drug users are particularly stigmatised, and the issue needs to be handled sensitively. Parents' attitudes to alcohol and substance use, and the extent to which they feel able to discuss these with their children, help young people form their own attitudes to substance use. Young people who feel able to talk to their parents about drugs are much less likely to become problematic drug users, and parents can play a major part in helping young people with drug problems get over them. Information for parents on substance misuse is now provided in most schools, health centres, police stations and libraries. The first stage



of a major communications campaign (focused on the risks of using ecstasy and cocaine by challenging young people's understanding of the harm drugs cause) was launched in December 2001, targeting young people, their families and carers. It resulted in an encouraging increase in calls made to the National Drugs Helpline – 0800 776600.

#### Targeted action

Although drug education and information must be universally available, targeted action is also needed to prevent the most vulnerable young people from getting involved in drugs. Young people living in high crime areas – particularly areas where Class A drugs are widely available – can easily get caught up in a youth drugs culture. In response to this, in 57 areas the Government has set up Positive Futures Initiatives, using sport and art to engage the most vulnerable

young people by developing skills to help them resist drugs and re-enter education and training. Many of the 26 Health Action Zones' Drug prevention projects working with vulnerable young people, initially funded until 2001, are continuing, whilst Communities Against Drugs (CAD) funding has been used, and will continue to be used, to fund youth projects in many other communities (see Chapter 3).

By identifying those with drug problems before they escalate, young people can be helped to avoid spending years of their lives trapped in a cycle of addiction.

Connexions Partnerships, which are currently being established across England, aim to provide all 13–19 year olds with access to the support they need to take part effectively in learning and make a successful

transition to adulthood. In some cases Connexions will identify and refer young people with drug problems to specialist support. The majority of Connexions Partnerships are already delivering support to young people, and all 47 Partnerships are due to become operational in 2003.

#### Connexions Summer Plus

A strand of the Street Crime Initiative aimed at young people aged 8–19 most at risk of committing crime, including drug-related offending, the scheme offered key worker support and access to a full-time programme of activities during the 2002 summer period.

## Case history: Positive Futures

When Terry first started he was excluded from school and banned from every single youth club.

Positive Futures was the only programme and initially he was involved only in the kick-about sessions. Then, through the PF programme, he became involved in a football team, first playing, then as captain. This brought him a lot closer to the whole project. He began

attending a broader range of programmes and helped set up an exchange with Norway and the Caribbean. At 16, he gained a Community Sports Leader Award, got the FA Junior Team Manager's Certificate and is currently studying for the FA's Coaching Certificate while attending the local college where he is working towards a BTEC in Sport and Leisure. Having worked on a voluntary basis for the last year, he is

being paid to coach the under-12s soccer school. He is also looking at university courses.

Most young people with drug problems do not need specialist drug treatment. Their drug misuse is not yet entrenched and reflects other personal and social problems, which are best met within mainstream children's services.

Learning mentors are helping young people overcome drug problems and return to full-time education. Learning mentors are based in schools included within the Excellence in Cities partnership, many of which have close working relationships with DATs.

Given the strong links between drugs and crime, since 2002 all Youth Offending Teams (YOTs) have a named drug worker to oversee the assessment, case management and treatment of young offenders with drug problems.

Young people with more complex drug problems may need to be referred to a young people's treatment service. These have also been expanded with 80% of DAT areas now providing detoxification and 76% community prescribing for young people. In 2000/01, 4,200 young people received specialist treatment or other support for drug problems (DAT returns, April 2002).

### Working together

Close working between departments, combined with the Government's recent cross-cutting review of children at risk, has helped to ensure that targets and initiatives from the Drug Strategy underpin other Government action on children and young people. At a local level, local authorities, Primary Care Trusts, YOTs and the Connexions service are all involved in delivering the Drug Strategy with important support from the voluntary sector and community organisations.

To ensure that both universal and targeted services are provided in all areas, all DATs have developed Young People's Substance Misuse Plans working in close partnership with local children's service planners. These plans have played a major role in improving the planning and delivery of services to ensure that young people, their parents and carers are identified and supported through effective co-ordination between the various agencies involved.

### Lessons learned

Since 1998 a good deal has been learned about how to deliver joined up services which really make a difference to young people and their families. Tackling substance misuse must be an integral part of the Government's agenda to tackle wider social problems, while prevention needs to be focused on vulnerable young people and more deprived communities. It is also clear that adult



treatment services do not work for young people, who need tailor-made support fully integrated within the wider provision of children's services.

Providing substance misuse education is not enough. Information for young people needs to be accurate and credible and young people need the opportunity to talk about what they are being taught. To ensure that drug education is effective, schools need to tailor their approach to pupils' needs. It is up to teachers and schools, who know the needs and circumstances of their pupils best, to decide which approaches and resources to use.

An extensive consultation and planning exercise aimed at exploring ways of improving the planning and commissioning of young people's services found that existing arrangements made it difficult to identify and allocate funding and

discouraged integrated approaches to service delivery. Those consulted supported the simplification of funding arrangements by bringing together funding streams into a pooled budget, ring-fenced for use by young people's substance misuse services.

The 1998 target to reduce Class A drug use by 50% by 2008 was aspirational. The Government's review found that this target was not achievable. Neither did it focus on those most at risk from problematic drug use – the very few who use drugs on a more frequent basis and are often the most vulnerable. In this Updated Strategy, changes have been made to the target to reflect this reality.

Achieving the Drug Strategy also depends on reducing the number of young people who go on to become problematic drug users. Targeting the

most vulnerable young people early, before problems escalate, is the most effective way of doing this. It is estimated that each successful intervention with a juvenile would save £56,000 in social costs.

Identifying and supporting young people with drug problems is best achieved by complementing mainstream children's services (including local authorities, YOTs and Connexions) with specialist prevention and treatment services.

### **What next?**

The Government's revised target is to have reduced the use of Class A drugs and the frequent use of all illicit drugs by all young people and, in particular, by the most vulnerable groups by 2008.

## Reclassification of cannabis

It is vital that the Government's message to young people is open, honest and credible. Drug laws must accurately reflect the relative harms of different drugs if they are to persuade young people in particular of the dangers of misusing drugs. Cannabis is unquestionably harmful but does not destroy lives in the same way as heroin, crack, cocaine and ecstasy.

To ensure that this aim is met, the Government will reclassify cannabis from Class B to Class C under the Misuse of Drugs Act 1971.

Reclassification should not detract from the simple message to all – and to young people in particular – that all controlled drugs are harmful and no one should take them. For this reason the

Government will launch a campaign to educate young people and the public about cannabis, to ensure that the clear message that all controlled drugs are illegal and harmful continues to be heard and heeded by all. Information about changes in the legal status of cannabis and the health risks associated with its use will be widely distributed to young people, their parents and teachers.



This will be achieved by:

- ensuring that all young people understand the risks and dangers of drugs and their use, and know where to go for advice or help;
- protecting young people by clamping down on dealers;
- providing improved services and better support for parents, carers and families;
- expanding prevention programmes and placing more emphasis on early interventions with vulnerable young people: expanding outreach work, developing more places in community treatment and care; extending diversionary activities like Positive Futures;

- introducing drug testing and treatment of young people on arrest, in youth custody or as a condition of community sentences;
- targeting communities with high crime or drug problems including a focus on the areas affected by crack;
- maintaining the emphasis on joined-up children's services; and
- providing support for 40–50,000 young people with drug problems each year from 2006 onwards.

Significant additional funding is being made available over the period 2003/04 to 2005/06 to support initiatives for young people.

### Information and awareness

The Government will support teachers and local education authorities to improve the quality of substance misuse education by producing revised DfES guidance, which will bring together the best of the current guidance into one consolidated source of information. This will include information on how to use harder-hitting images, such as those that depict the impact of drug misuse on family and friends, without young people rejecting them as unrealistic or misleading.

The Government is also considering how substance misuse education can be provided in post 16-year-old education settings, when statutory drug education ends.

A 3-year communications campaign will be launched targeting young people and their parents to further



**It is important to leave no one in any doubt that the supply and possession of cannabis is illegal and will remain illegal. A new Association of Chief Police Officers enforcement model will be issued to all police forces so that the law is applied consistently, enabling the police to prioritise scarce resources on tackling traffickers and dealers –**

**those peddling misery and death to others – making hard drugs the target.**



raise awareness about the risks and dangers of drug taking and to encourage discussion of substance misuse.

### **Support for parents and carers**

Family members are usually the first to spot that a young person is having problems and the first to provide support, and can influence the success of any drug intervention their child receives. Parents are also a key group needing support in their own right, often experiencing enormous fear and concern and feeling they are dealing with problems alone. This situation cannot continue and the Government is committed to extending provision for parents and families. The Government will be setting standards for local support for parenting across a wide range of issues, including substance misuse, within a proposed National Framework for Parenting Support.

Parents caring for a young person with a substance misuse problem will have access to a range of services including information, first aid training and advice on treatment options. Delivering this range of services needs close co-ordination between mainstream and specialist services.

Targets have been set for DATs to ensure that support for families is addressed through the development of substance misuse services for young people. Parents will also be consulted on the development and provision of young people's substance misuse services and service quality standards. Mainstream services are also being encouraged to provide information and support for parents concerned with substance misuse. Young people, too, will be encouraged to involve their parents within programmes of treatment where possible and/or appropriate.

### **Targeted action**

Vulnerable groups of young people, such as school excludees or young offenders, are more likely to miss out on drug education lessons at school and often feel much less able to ask for advice or support on drug issues. By spring 2004, all young offenders and those attending Pupil Referral Units will benefit from substance misuse education and prevention programmes. Positive Futures and other prevention and diversion programmes will also target young people in high crime areas whilst new research to be published in spring 2003 will help those working with vulnerable young people provide prevention programmes based on evidence of 'what works'.

## Case history: Learning mentor

Hannah is 16 years of age. Before joining her current school in Year 11 and working with a learning mentor Hannah rarely attended class due to a serious drug problem. In addition to her drug problem, Hannah suffered from low self-esteem and cared little about others or herself. As a result of her drug habit, Hannah began to experience epileptic attacks. She became very ill and had seizures on a regular basis. The epilepsy caused Hannah to miss a lot of school.

When Hannah finally balanced her medication she moved to a new school in a new area in an attempt to rehabilitate herself. Hannah's start at the school was quite difficult. However, she soon met her learning mentor. Although Hannah was not familiar with the Learning Mentor programme, her mentor quickly made her feel very much at ease and welcome. In her own words, "She treated me not as a child or a pupil just as a normal individual and

she did not judge me." Hannah was surprised by the treatment she received as in her knowledge and past experiences she found that the teachers and staff did not express the wish to develop a friendship or relationship with their pupils.

A year ago Hannah could not have imagined that she would be sitting her GCSE's but as a result of the support and encouragement from her learning mentor she has been able to do so.

### Working together

Young people's substance misuse problems cannot be tackled in isolation. From 2003, young people's treatment services will be expanded and new guidance on the screening, treatment and care of young people with substance misuse problems will be published and implemented.

To ensure that young offenders with drug problems get treatment as part of a wider programme of support and rehabilitation, the Government will expand and develop interventions within the criminal justice system to ensure that action on drugs forms part of the sentencing of young offenders with substance misuse problems.

To drive forward the integration of young people's substance misuse services within the wider provision of services for young people, a pooled budget simplifying the way these services are funded will be piloted in

25 areas from April 2003. If the pilot succeeds pooled budgets will be rolled out nationally from April 2004. New targets, combined with training for those involved in commissioning services, will result in the delivery of universal, high quality services at local level. To ensure that services are meeting the needs of all young people, DATs that have not already done so will assess the needs of young people from minority ethnic communities.

Integrating action on substance misuse within wider Government programmes will deliver reductions in substance misuse alongside higher educational achievement, better health and less crime.

### New Programmes

Additional funding between 2003–6 from the 2002 Spending Review in the youth justice system will provide:

- **Arrest referral schemes for young people.** This initiative will see the extension of the arrest referral approach to young people on a pilot basis in areas with high levels of drug-related crime.
- **Community sentencing for young people.** This will provide for feasibility studies and set up costs to establish by 2004/05, a system for providing courts with a range of disposals for young people in areas with high levels of drug-related crime.
- **Drug testing for young people.** This will provide for the extension, on a pilot basis, of drug testing to young people.
- **Drug workers in juvenile custodial facilities.** Funding will provide for 100% coverage of juvenile custodial facilities, which

Her mentor always listened and offered advice, whether the matter was personal or educational. She helped set targets for Hannah that she never thought she could achieve. They took one day at a time and managed to reach all their goals.

Currently Hannah is back at school studying GNVQ Health and Social Care. She is very happy and her home life has changed dramatically. For the first time in years she has a family and friends

who are proud. Hannah would like to see a lot more Learning Mentors in the UK. "But without the support and care of my learning mentor I would not be standing here today and I would not have achieved those things."

Hannah is at present studying as Assistant Learning Mentor and has changed courses to study Psychology and Sociology in the sixth form. She has successfully recovered from her drug habit.



is estimated to impact on 4,500 young people per year.

Additional funding between 2003–6 from the 2002 Spending Review will also be allocated to local authorities and spent in line with their Preventive Strategy and Young People's Substance Misuse Plans to provide:

- **Support for young people at most risk.** Prevention and early interventions within mainstream services for 15,000 young people most at risk of becoming PDUs.
- **Specialist support and training.** To enable mainstream services (including local authorities, YOTs, Connexions) to achieve this, including detached drug outreach workers where this is needed.

- **An expansion of Positive Futures.**

- **Crack.** A focus on crack in areas of high crack use.

Funding for specialist treatment services for young people through the pooled treatment budget will be expanded by 30% from April 2003 and all areas which do not already do so, will be required to provide separate treatment services for young people.

Together these programmes will mean that, by March 2006, 40–50,000 young people at risk of becoming problematic drug users will receive support through the youth justice system (12,000) and local and health services and Connexions (28,000) including over 5,000 through Positive Futures and 5,200 from specialist treatment services.

## 2. Reducing supply

Supply-side activity is a vital part of the overall Drug Strategy and complements efforts to reduce demand through education, treatment and harm minimisation. A co-ordinated multi-agency strategy to tackle drug supply at all stages of the supply chain – from the farmer growing the crop from which the drugs are made, through to the international trafficker and the street dealer in the UK – is already in place, and could have

a significant impact on the supply of heroin and cocaine to the UK. The strategy also looks at ways of developing the law enforcement capabilities of source and transit countries.

Substantial quantities of heroin and cocaine destined for the UK market are successfully being taken out, but the impact of the international drug trade on the UK market needs to be explored

further. There are gaps in our knowledge of how the drug trafficking business works and the routes and methods used to supply the market, especially within UK borders, and these must be addressed.

The focus on international trafficking will continue. There will be particular emphasis on tackling the flow of heroin from Afghanistan and enhancing

### Action since 1998:

- Creation of the Concerted Inter-Agency Drugs Action Group (CIDA) in 1999 and comprehensive multi-agency action plans in 2001
- Increases in the number of Class A drug seizures and the amounts of drug-related assets recovered
- National Crime Squad and National Criminal Intelligence Service established
- Since the fall of the Taliban, UK responsible for co-ordinating international assistance to help Afghanistan's counter-narcotics effort
- A strategy to tackle drug-related crime in the Caribbean developed in 2002
- Assistance provided to EU candidate countries in their development of drug strategies
- Strengthened provision gained through the Proceeds of Crime Act 2002 for the investigation and confiscation of criminal proceeds
- Funding provided for projects aimed at tackling middle market dealing

### Future action:

- Increase co-operation on key supply routes so as to increase the quantities of heroin and cocaine taken out en route, at the border and within the UK
- Develop a strategy to address the supply of other Class A drugs such as ecstasy
- Continue to work closely with the Afghan Government to reduce opium production with a view to eliminating it by 70% by 2008 and in full by 2013
- Increase the recovery of drug-related criminal assets
- Target the middle markets by expanding regional activity to tackle one of the most profitable parts of the supply chain
- Strengthen policing to better disrupt local supply markets, increasing the focus on Class A drugs and taking high profile action in communities with particular problems
- Intensify policing to tackle crack in the areas most affected
- Amend trafficking sentences to ensure those caught dealing are heavily penalised

**enforcement activity in and around the region. This will be combined with international action co-ordinated by the Foreign and Commonwealth Office to ensure a sustainable reduction in Afghan opium cultivation and trafficking.**

**We will make full use of new powers introduced by the Proceeds of Crime Act 2002 to maximise the recovery of profits from those convicted of drug supply offences**

**and to act as a disincentive to those contemplating becoming involved in the illicit drugs trade.**

**There will be a renewed focus on middle markets to address a critical point of supply to UK streets, and on local policing and tackling crack.**



## The problem

The drugs principally associated with problematic drug use – heroin and cocaine – are made from opium and coca crops grown in areas of the world where they are indigenous. Cocaine for the UK market is produced in Colombia, Peru and Bolivia. Opium produced in Afghanistan is the source of 90% of the heroin that reaches the UK. It is estimated that up to 30 metric tonnes of heroin and 40 metric tonnes of cocaine are used in the UK annually.

Drug supply involves a wide range of people, from organised criminal groups trafficking in large quantities through to opportunistic criminals dealing in smaller amounts. The trade generates millions of pounds of profits each year for those in the business of supplying illegal drugs.

## Action to date

### International and national level

The creation in 1999 of the Concerted Inter-Agency Drugs Action Group (CIDA) brought together the agencies responsible for combating the supply of drugs to the UK market. In April 2001, comprehensive multi-agency action plans were implemented to tackle heroin and cocaine supply. The end-to-end approach outlined in these plans builds on the capacity of the CIDA agencies to attack the drug trade at every stage of the supply chain.

Much has been done to improve our knowledge of heroin and cocaine supply, those involved in trafficking and UK supply, and the money flows that finance such operations.

Working with colleagues overseas, the UK agencies have combined disruption activity in the key source

and transit regions with action in the UK. Work has also been undertaken, both bilaterally and through the United Nations Drug Control Programme (UNDCP), to help drug production and transit countries improve the effectiveness of enforcement activity by providing training and equipment. The following list shows key achievements in this area in 2001/02:

- A total of 10.9 tonnes of cocaine was taken out from the supply chain to the UK market, exceeding expectations by more than 50%. This included interdiction in the Caribbean, on the Atlantic and in Europe and operations against key drug supply groups.
- 3.4 tonnes of heroin were taken out by attacking the main heroin supply routes to the UK.

## Case history: Operation Arizona wins local support on Merseyside

At 7am on April 24, 2002, after many months of surveillance by Merseyside Police, a major drugs raid in the Huyton area in Knowsley led eventually to 51 arrests from 35 premises for charges of supplying Class A and B drugs, theft, burglary, handling stolen goods and vehicle crime. 258 charges were brought against those arrested. As of 29th November, 2002, 23 convictions had been made with prison sentencing

totalling 54 years including 2 individuals receiving 5 years each.

The total value of drugs and stolen property recovered was in excess of £140,000 including Class A drugs, cannabis, CS gas canisters and a firearm. 70 stolen credit cards were also recovered and eventually 75% of the stolen property was repatriated. This work came about as a result of the first instalment of the funding

from Communities Against Drugs of £149,700 supported by Knowsley Drug Action Team and Crime and Disorder Reduction Partnership. The Drug Action Team notified all partner and statutory agencies within 2 hours of the raid and ensured treatment services were in place for those wishing to enter. A working party called "Operation Resolve" involving local agencies and members of the community was

- A further 29 tonnes of cocaine and 0.5 tonnes of heroin were taken out from international supply as a result of UK action. The final destination of these drugs was unknown.
- Support was provided for the Afghan Interim Administration's (AIA) drug control efforts. The AIA estimates that its programme of compensated eradication destroyed about 17,200 hectares of opium poppy, capable of producing 76 metric tonnes of heroin.
- 343 Class A drug trafficking or money laundering groups were dismantled or disrupted – 10% up on 2000/01.

- £18.9 million in drug-related assets were recovered from criminals by the CIDA agencies – almost 20% up on 2000/01.

### Regional and middle market level

The middle market is the critical supply link between the illegal importation of drugs into the UK and their sale at street level. Distribution and dealing at middle market level typically involves drugs in quantities of between 1 and 5kg. It is widely recognised by the enforcement agencies that the absence of coherent action to tackle the marketing of drugs at this level represents a large gap in the enforcement strategy.

However, a project has recently been set up in the West Midlands to analyse the key dynamics of dealing at regional or middle market level, and

develop strategies and best practice for disrupting supply between importation from overseas and supply at street level. The project involves joint working between the West Midlands, West Mercia, Warwickshire and Staffordshire police forces with support from HM Customs and Excise, the National Crime Squad, the National Criminal Intelligence Service and the Forensic Science Service. The project will be fully evaluated.

### Community and street level

The police have a vital role to play in tackling drug dealing on our streets and combating the problems caused by drug markets. However, as described in *Chapter 3*, their efforts will only be effective if they have the full support of other agencies and partners at a local level. This is necessary not only to bolster the enforcement effort itself, but also to

developed in response to the raid, looking at a variety of regeneration and renewal options.

Operation Arizona made headline news in the Liverpool Echo and on local radio. A debriefing meeting was held with the public within 48 hours of the event, and there was very visible policing, including neighbourhood officers and mounted police, on the streets where the raids were made.

The initial feedback from the community was exceptionally positive – residents gave the police a round of applause after the raid.



provide support in the form of better prevention and educational programmes and, through these, to build community resistance to dealers and their crimes. Action through the Communities aim of the Drug Strategy will focus activity by local partners to tackle drug supply at street level. This has included a range of work to offer funding (through the Communities Against Drugs fund), new targets, advice and guidance on best practice.

### Prisons

A comprehensive framework of measures is in place to stifle the supply of drugs in prisons. These continue to be strengthened and include:

- the mandatory drug testing programme, which also provides a means of monitoring levels of drug misuse;

- perimeter security;
- making passive and active drug dogs available across the service;
- installing CCTV in visit areas; and
- making sure measures are in place to deal with visitors who attempt to smuggle drugs through visits.

### International co-ordination

Drug misuse is a huge global problem which poses a threat to people in many countries worldwide. As part of the end-to-end approach, UK agencies have worked closely with international partners in key heroin and cocaine source and transit countries to help promote and enhance effective international co-operation against all aspects of the drug trade. By providing training and equipment in places such as Afghanistan, the Balkans, Iran, Turkey, Central Asia,

Pakistan, Latin America and the Caribbean, international capability to disrupt the flow of Class A drugs, dismantle trafficking groups and recover drug-related assets has been improved.

### Afghanistan

Over 90% of the heroin reaching the UK originates from Afghan poppies. The UK has taken responsibility for co-ordinating international assistance to help the Afghan Government's counter-narcotics effort. Starting first with tackling the 2003 crop, the aim over time is to reduce opium production and to eliminate it by 70% by 2008 and in full by 2013. A combination of measures will be employed. They will include improving security and law enforcement capacity, and implementing reconstruction programmes which encourage farmers away from poppy cultivation.



### The Caribbean

A strategy to tackle drug-related crime in the Caribbean has been developed, with a particular focus on disrupting the supply of cocaine that feeds the crack market in the UK.

A Memorandum of Understanding has been signed between the Governments of the UK and Jamaica supporting joint action to stop air passengers smuggling cocaine into the UK concealed in their bodies. Jamaican law enforcement is intercepting traffickers before they depart for the UK. Action under the Memorandum started in June 2002 and a significant reduction has already been seen in attempts to smuggle cocaine from Jamaica using so-called 'swallowers'.

### The European Union

As a member state of the European Union (EU), the UK also works in close partnership with other member states to deliver the EU Drug Strategy (2000–2004). The strategy is wide-ranging, covering actions against supply and demand both within the EU and internationally, as well as the development of comprehensive evaluation mechanisms. It is implemented on the ground by means of the EU action plan on drugs (2000–2004). The key principles are a balanced approach, multi-agency partnership, looking at the relationship between drug misuse and wider social disadvantage, and using careful evaluation of drug projects to guide future action. Subject to the scrutiny of Parliament, a number of elements of the EU strategy will be incorporated into UK law.

The action plan, which is currently undergoing a mid-term review, takes into account the effect of the removal of internal borders between existing member states and current membership candidate countries. It includes a commitment to ensuring that candidate countries develop and implement drug strategies and policies that are in line with existing EU standards. To this end, the EU is providing pre-accession assistance to candidate countries through locally based pre-accession advisers and twinning projects.

The UK is closely involved in this work, helping the Bulgarian Government establish a national Drug Strategy and improve co-ordination between its law enforcement agencies, and assisting the Czech Republic to strengthen its institutional



## Case history: Operation Fanbelt

Operation Fanbelt was a ground-breaking operation between HM Customs and the Turkish national police. Involving joint surveillance operations in London and Istanbul, the operation resulted in the seizure of 24kg of heroin and the dismantling of a major organisation responsible for smuggling heroin from Afghanistan to the UK. Six people were sentenced to 15 years each at the Central Court in Istanbul for their part in the plot to send heroin to the UK.

capability to counter the threat of organised crime. The UK has also conducted a review of the progress made by each of the candidate countries in developing these strategies and the infrastructures to support them. The findings formed the basis of a conference involving EU states and institutions and the candidate countries, held in Madrid in June 2002.

The action plan also takes into account the crucial role of precursor chemicals in drug manufacture. Monitoring the licit and illicit trade in these chemicals can impact directly on production itself, lead law enforcement authorities to illicit drug producers, and provide valuable insights into how the world drug trade functions.

In the light of the increasing significance of synthetic drugs such as ecstasy, the EU is working closely with the US Drug Enforcement Agency and the International Narcotics Control Board. They are jointly sponsoring a project to develop and implement standard mechanisms and operating procedures which will enable enforcers to control and monitor the international trade and domestic distribution of precursors to such drugs more effectively. Work is also in hand to develop effective follow-up investigations into seizures of these substances with the aim of tracking them back to their sources.

The UK has co-sponsored with Belgium, France and Spain a European Union Framework Decision (FD) on joint investigation teams, which brings into advance effect,

commencing 1 January 2003, Article 13 of the EU Convention on mutual assistance in criminal matters. The FD provides a formal basis for closer co-operation between EU member states' competent authorities in criminal investigations requiring joint planning and co-ordinated execution of operative actions. The EU Justice and Home Affairs Council adopted it in Luxembourg on 13 June 2002. The necessary legislation to enable the UK to operate the FD is in sections 103 and 104 of the Police Reform Act. These deal with civil and criminal liabilities in relation to foreign members of joint investigation teams, and came into effect on 1 October 2002.

## Lambeth Cannabis Warning Pilot Scheme

On 4th July 2001, the Metropolitan Police Service (MPS) introduced a pilot scheme in the borough of Lambeth for issuing on the street warnings to people found in possession of small quantities of cannabis for their personal use. Under the scheme, the cannabis was seized and a formal warning was given to adults who admitted this offence and an

informal warning given to those who did not. These warnings were given instead of people being arrested.

The objective of the pilot was to give officers more time to deal with robbery, burglary, violent crime, Class A drugs and to respond to calls from the public. The pilot ran until 31 July 2002 and key results were:

- **Police time was saved. The scheme saw a 110% increase in the number of interventions for cannabis possession with a total of 1390 warnings given, in contrast to the 661 arrests in the preceding year. Each of these warnings resulted in a time saving of 3 hours, which equates to 4,170 hours saved or 2.75 officers per annum.**

### Colombia

In Colombia the UK is providing training and equipment to build local law enforcement capability. This complements the UK's contribution to the EU's work on alternative development programmes. Financial support has also been provided to the UNDCP to monitor coca production, and the UK has contributed to NGO-run projects working to reduce demand locally.

### Lessons learned

Measuring success from supply disruptions is a complex process and it has proved difficult to establish a robust baseline against which to measure performance against the 1998 target of reducing the availability of illicit drugs.

However, law enforcement is having an effect. There is strong evidence to show that seizures of Class A drugs and the disruption of drug trafficking

organisations are increasing at a significant rate. There are also increases in the price of heroin at wholesale level and indications of a reduction in purity caused by the absence of poppy cultivation in Afghanistan in 2001.

Attacking drug supply at all stages is the best way of disrupting the trade and supply patterns. Combining this with an attack on drug-related money deprives traffickers of their illegal profit and removes the incentives which drive them.

There is still much to learn about the drug trafficking business: about how it works, the routes and methods used to supply the market, how the trade reacts to interventions and who the key players are.

Monthly intelligence assessments are being produced examining any changes in the supply of heroin

and cocaine, including any developments likely to have implications for treatment and harm minimisation activities.

### What next?

Targets have been updated to reflect a new focus on reducing the *supply* of Class A drugs rather than their *availability*, with the overall aim of reducing the amount of Class A drugs reaching UK streets. This will be done by increasing the proportion of Class A drugs supply to the UK market taken out, disrupting and dismantling those criminal groups responsible for supplying substantial quantities of Class A drugs to the UK market, and recovering increasing amounts of drug-related assets.

The revised targets will be delivered by driving forward the impact of the new multi-agency operational strategies to ensure effectiveness is maximised. Action will be taken to:

- **Improved performance against crime was achieved. There was an increase in police activity in relation to Class A drug trafficking in Lambeth, which increased by 19%. The total number of drug offences, which denotes arrests, increased from 1,367 to 1,733 (26%) during the period from April 2001 to March 2002 when**

**compared with the same period the previous year. Arrests for drug trafficking also increased from 288 to 344 (16%) during this period.**

- **reduce the quantity of heroin and cocaine available for export from source regions to the UK and European markets;**
- **increase the quantities of heroin and cocaine taken out in transit to UK and European markets; and**
- **increase the quantities of heroin and cocaine seized at the border and within the UK.**

CIDA's heroin and cocaine strategies will be reviewed, strategies will be developed to address crack and other Class A drugs such as ecstasy, and the multi-agency end-to-end approach will be built on to increase the proportion of Class A drugs supply to the UK being taken out. This will be done by:

- **increasing levels of co-operative activity to support overseas disruption in heroin and cocaine source and transit countries.**  
This should increase the quantities taken out from the UK and international drugs supply, and help identify trafficking organisations impacting on EU and UK markets;
- **working closely with the Afghan government to ensure a sustainable reduction in opium production** by providing alternative livelihoods to Afghan poppy farmers and by developing Afghanistan's law enforcement agencies;
- **enhancing intelligence capability and working in co-operation with EU partners** to tackle the secondary distribution of heroin and cocaine from the EU – an area that led to significant seizures in 2001/02;

- **reviewing the impact of interventions on the drug supply chain** from international production to distribution within the UK. The Government's Strategy Unit working with the Home Office and other key departments will undertake a study;
- **targeting the middle markets**  
There will be a new emphasis on co-operation by, and between, police forces and other agencies to tackle one of the most profitable parts of the supply chain – cross regional, or middle markets. In addition to the current project in the West Midlands, we will roll out new middle market capacity in the Merseyside area and South and Mid Wales, and develop similar operational and intelligence capacity in all English regions and Wales by April 2005;

## Case history: Operation Uproar

In June 2002, one of the largest and most complex money laundering cases to be prosecuted in the UK ended with the conviction of the last of 13 defendants being sentenced to 5 years' imprisonment. The London-based Colombian money laundering gang was responsible for laundering over US\$70 million from the sale of Class A drugs to the UK through bureaux de change on behalf of

Colombian drug cartels. This was an organisation at the white-collar end of drug trafficking – businessmen and women who do not dirty their hands with drugs, only the money.

- **tackling crack.** Policing to disrupt crack markets will be intensified in the areas most affected. Specialist treatment for crack addiction will also be increased and action taken to deter usage. A National Crack Action Plan will be published to accompany this strategy before the end of December 2002. An advance summary of the plan is contained at *Annex 1* of this document;
- **continuing to act in a concerted fashion against cocaine being supplied via Caribbean countries** using a range of development, education and enforcement operations supported by action in related communities in the UK;
- **setting up a UK/Spanish joint investigation team** under the EU Framework Decision (FD). The team will be investigating

organised crime networks associated with the illegal trafficking of cocaine from Colombia into Spain and onwards into Northern Europe and the UK. Discussions on a formal agreement between Spain and the United Kingdom, in conformity with the requirements of the FD, are at an advanced stage; and

- **improving the quantification of baselines to enhance the picture of the supply structure for the UK market** and to obtain a clearer assessment of the impact of anti-drug activity. A programme of research will be implemented to reduce the margins of error in estimates of supply so that the impact can be readily assessed.

### Asset recovery

The Government's new asset recovery strategy has been agreed

with law enforcement and prosecution agencies, and is aimed at increasing the recovery of criminal assets and thereby depriving drug traffickers and other major criminals of their working capital. The strategy includes a target of doubling the amount of criminal assets recovered from £29.4 million in 1999/2000 to £60 million by 2004/05. The Government has embarked on a comprehensive programme of action to bring about a step-change in asset recovery. The programme comprises:

- **the establishment of an Assets Recovery Agency**, provided for in the Act;
- **a Recovered Assets Fund**, which recycles up to 50% of criminal assets into initiatives which support the Government's anti-drugs and asset recovery strategies, into bids from local crime reduction



partnerships and community regeneration initiatives, or into innovative methods of law enforcement;

- **a grant scheme for police forces in England and Wales**, introduced in autumn 2001 and running until March 2004, to help forces recruit 86 additional financial investigators; and
- **strengthened provision through The Proceeds of Crime Act 2002 for the investigation and confiscation of criminal proceeds.**

The Act introduces new civil recovery, cash forfeiture and taxation powers aimed at criminal proceeds and applies equally to local drug dealers and drug cartels. Where there has been a successful criminal conviction, the Director will be able to exercise

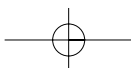
powers of criminal confiscation. Where there has been no conviction, civil recovery powers may be used, provided that the total value of recoverable property is not less than the minimum financial threshold, which is to be set at £10,000. If civil recovery is not possible or practicable, and there are reasonable grounds to suspect that income or gain was derived from crime (including drug dealing), a tax assessment may be raised.

The powers of the Director and the Agency form only part of the range of measures in the Act. The Act provides other powers to recover criminal proceeds. The Act gives powers to police and Customs to seize cash over £10,000 derived from crime or intended for use in crime, and to secure its forfeiture in magistrates' court proceedings. This should result in more effective disruption of criminal

enterprises, which continue to rely heavily on cash transactions. There will also be a new power to search for cash.

The Act will also create a single set of money laundering offences applicable to the proceeds of all crimes. There will also be new offences for failing to report suspicious transactions.

The Concerted Inter-agency Criminal Finances Action group (CICFA) was formed in June 2002 to lead the overall operational attack against criminal finances, in direct support of the UK asset recovery strategy. CICFA is developing an operational strategy for multi-agency action and will work in conjunction with CIDA to address drug-related criminal finance.



### Prisons

A programme of research has been commissioned to gain a better understanding of the patterns of supply into prisons. The Prison Service is also developing a good practice guide to supply reduction for prisons. The guide will draw on the experience of those prisons that perform best by showing decreasing positive test results from random mandatory drug testing.

### Policing

Linked to the Communities aim of the Drug Strategy, action is being taken to:

- **further improve the delivery of policing at street level** by providing more guidance and support, coupled with better targets and guides to measuring

impact. This will help the police focus their efforts on the markets which pose the greatest harm. Additionally policing in Police Priority Areas will be strengthened with support from the Home Office Police Standards Unit; and

- support the aim to disrupt the supply of illegal drugs, **providing guidance for partners of the police to tackle drug related anti-social behaviour and nuisance in public places.**

### Cannabis

One of the objectives behind the decision to reclassify cannabis from a Class B to a Class C drug is to free up the considerable amount of police time currently spent in dealing with minor cannabis possession offences. Most of these offences lead to small

financial penalties – in 2000, 19,000 cannabis possession offences were prosecuted resulting in fines averaging £80. A new cannabis enforcement model being developed by the Association of Chief Police Officers will provide police with a clear and firm steer on dealing with cannabis possession, including any aggravating circumstances. Police time saved as a result can then be redeployed, supporting the wider strategy objective of refocusing efforts – including enforcement action – on the drugs that cause the most harm, i.e. heroin and cocaine.

The maximum penalty for the possession of cannabis will go down to two years' imprisonment. Most first offences of cannabis possession will be dealt with by the police by way of a warning and confiscation of the

<b>Penalties</b>			
<b>Offence</b>	<b>Class A</b>	<b>Class B</b>	<b>Class C</b>
<b>Production of a controlled drug</b>	<b>Life or a fine or both</b>	<b>14 years or a fine or both</b>	<b>current – 5 years or a fine or both proposed – 14 years or a fine or both</b>
<b>Supply of a controlled drug</b>	<b>Life or a fine or both</b>	<b>14 years or a fine or both</b>	<b>current – 5 years or a fine or both proposed – 14 years or a fine or both</b>
<b>Possession of a controlled drug</b>	<b>7 years or a fine or both</b>	<b>5 years or a fine or both</b>	<b>2 years or a fine or both</b>

drug. The police will retain the power of arrest to be used where there are aggravating factors, such as flagrantly disregarding the law.

### **Supply offences**

#### **Heavily penalising those caught dealing or drug trafficking.**

The Government takes the supply and dealing of cannabis very seriously. It therefore intends, subject to parliamentary approval, to increase the maximum penalty for supplying and dealing in Class C drugs from 5 to 14 years' imprisonment. This will maintain the maximum penalty for dealing in cannabis at its level as a Class B drug and will enable the courts to continue to impose substantial sentences for serious dealing offences involving cannabis (*see adjacent box*).

## 3. Communities

The cohesion and well-being of local communities are vulnerable to the corrosive effects of drug misuse and the misery it causes. This is particularly true of communities located in deprived areas. Drug-related crime lies at the heart of the problem. This is why the Updated Drug Strategy focuses on strengthening communities, through action aimed at reducing drug-related crime and supply. The Updated Drug Strategy also links

more effectively with the neighbourhood renewal strategy in the area of drug-related crime and anti-social behaviour.

The strong emphasis placed on promoting effective action by the police, and other partners, to drive out street dealing and drug markets will continue, with a new focus on the growing problem of crack. This will be linked to action within police programmes to

improve police performance generally (*see Chapter 2*). Future work will also seek to maximise the opportunities created by the criminal justice system to get drug-misusing offenders into treatment and out of crime. There is clear evidence to show that such interventions work and that they provide a good return on the investment from both a social and economic point of view.

### Action since 1998:

- All police forces have arrest referral schemes covering their custody suites
- Drug Treatment and Testing Orders have been available to the courts since October 2000
- Pilots for drug testing are running in nine sites
- progress2work launched in 2001
- Communities Against Drugs fund set up in 2001
- Guidance published on housing management and drugs, and on drugs in clubs
- Crack conference held in 2002, looking at the impact of crack on local communities

### Future action:

- Use every opportunity within the criminal justice system to identify and help move drug-misusing offenders into treatment
- Provide a comprehensive package of rehabilitation and aftercare for those leaving prison and returning to the community
- Increase the accommodation available to drug misusers through the Supporting People programme
- Develop a business engagement strategy and establish a new charity in partnership with the business community
- Increase the number of people arrested and charged for supply offences
- Further enhance the synergy between the Drug Strategy and the neighbourhood renewal strategy to improve delivery in deprived areas
- Implement the National Crack Action Plan
- Publish new guidance on prostitution and begging linked to drug misuse



**This work will, for example, provide a significant enhancement in arrest referral schemes; provide a rapid expansion in drug testing at the point of charge; make Drug Treatment and Testing Orders available for all who need them; and tailor the current interventions, which are primarily targeted at adults, to those under 18. The package of additional measures will also include, for the first time, dedicated and systematic support**

**for those drug-misusing offenders leaving prison and the introduction of a single generic community sentence.**

**Alongside this substantial programme of measures to identify and engage drug-misusing offenders, work will continue, with renewed vigour, to assist drug misusers with housing, educational and employment needs. Linking with neighbourhood renewal**

**strategies, we will provide, along with treatment, a route for users out of dependence and social deprivation into a more secure and stable life. By contributing to work on community regeneration and cohesion we will address the links between prostitution, homelessness, begging and other problems closely related to undermining community confidence and morale.**



### **The current situation**

Drug misuse and the associated dealing has a corrosive effect on the communities in which they are situated. In 2000, over 30% of British Crime Survey respondents identified drugs as a serious problem in their area. The impact ranges from the nuisance and anti-social behaviour associated with drug dealing and the activities of those under the influence of drugs (not least the dangers of discarded syringes) to criminality, including robbery and the violence associated with organised crime.

There is a strong link between drug misuse and crimes such as shoplifting, burglary, vehicle crime and theft. Heroin, crack and cocaine users are responsible for 50% of these crimes and around three-quarters of crack and heroin users claim to be committing crime to feed their habit. Evidence on links between drugs and

other crimes is less clear cut but overall, crack and cocaine users are more likely to be involved in assaults and wounding.

The links with re-offending are also strong. Of the estimated 100,000 persistent offenders, 75% have misused drugs, whilst arrestees who use heroin and cocaine commit almost ten times as many offences as arrestees who do not misuse drugs. Urine testing of arrestees has shown that 65% tested positive for one or more illegal drug and 29% tested positive for opiates or cocaine.

The Prison Service has to care for the biggest simultaneous concentration of drug misusers to be found either in the criminal justice system or the healthcare system. 50% of male remands and 43% of male sentenced prisoners admitted to drug dependence in the year prior to

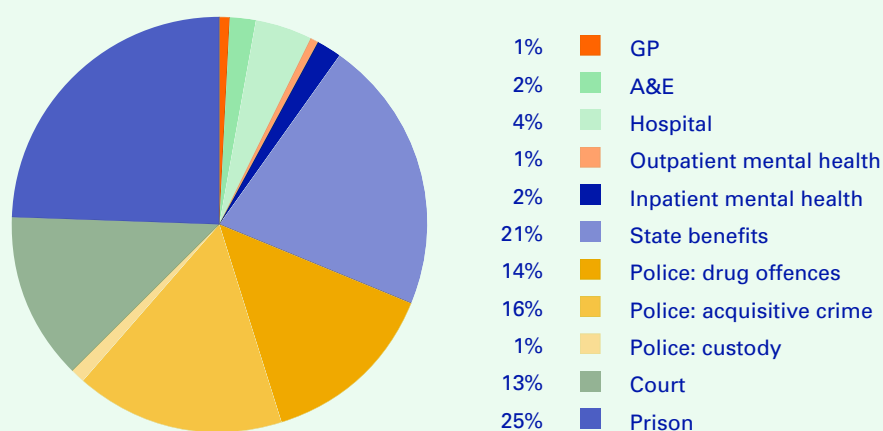
imprisonment. The figures for women were 54% and 42% respectively (*Singleton et al, 1999*).

### **Links with deprivation**

Drug problems are most serious in those communities where social exclusion is acute, and where people lack the will or the resources to control or manage drug problems. Where people are grouped together in areas of high unemployment, crime, fractured families and poor housing, drug misuse grows and its effects are magnified. Drug markets develop to serve the demand for drugs created by people who have no vision of or hope for the future.

Communities where demand is high and drugs are widely available perpetuate the problem. Users buy drugs locally and support their habit by committing offences within their community. They may leave behind

## Economic costs of Class A drug misuse, England and Wales 2000



debris from their use, visually scarring the neighbourhood. Users get into debt and turn to crime, and soon a high percentage of the community is affected by the loss of stolen property. By then a large proportion of the community's available financial resources is disappearing, unproductively, into drugs.

Established drug markets are an impediment to regeneration, damaging community confidence and adding to the poor reputation of the area (*Lupton et al, 2002*). Drugs erode the social capital of the estate, sapping the will and energy of community leaders to enact change. For example, mothers who want to see change because their own children are users often find their energies diverted into the day-to-day struggle of helping their children overcome dependency. Threats from dealers, crimes against property, and the sheer scale of the

challenge also have a serious demoralising effect.

Some drug-related problems, like homelessness, prostitution and begging, impact on the daily life of everyone in the community, breeding fear and anxiety and hindering regeneration. Research has shown the links between organised prostitution and drug markets, and between prostitution and drug use. Women engaging in such activity are likely to jeopardise both their health and their chances of leading a normal life as a member of the community.

*Society* as a whole pays a high price for drug misuse. The total economic cost each year, including the cost to the health service, courts, prisons and other parts of the criminal justice system, and to the benefits system, is estimated at between £2.9 and £5.3 billion.

When social costs, such as the costs to crime victims, are added, the total rises to between £10.1 billion and £17.4 billion. Problematic drug users are estimated to account for 99% of these costs.

The cost is not just financial. Drug misuse adds to the pressure on already hard pressed health services and police forces and diverts them from other priorities. These priorities must, of course, include addressing the full range of drug-related problems including use of other damaging Class A drugs, such as ecstasy.

### Action to date Criminal justice

Considerable progress has been made in recent years in establishing drug interventions at key stages in the criminal justice system and developing community-based programmes aimed at tackling drug-related anti-social and criminal

## Case history: Salisbury arrest referral scheme

The Salisbury scheme offers access to assessment and treatment. It is possible that a client seen in the cells by the arrest referral worker on Monday could be seen by a treatment worker on Wednesday, discussed at a team meeting on Thursday and be on a prescription by the following Monday. This system works well for intravenous heroin users with chaotic lives, as treatment and counselling could usually be offered within seven days.

The scheme has one full-time arrest referral worker and one part-time treatment worker, with direct access to a prescribing doctor.

The arrest referral worker visits the custody suite twice a day from Monday to Friday, attends drop-in centres locally to remind clients about appointments, and is on call from 8am to 4pm, and by arrangement at other times.

In the scheme's first year 119 clients were given a brief assessment, and 67% of those referred to treatment attended.

behaviour and thereby strengthening communities. Key achievements have been:

- All police forces in England and Wales now have arrest referral schemes covering their custody suites. These schemes are partnership initiatives between police, drug agencies and Drug Action Teams (DATs) aimed at identifying drug misusers at the point of arrest and referring them into treatment or other programmes of help. Between October 2000 and September 2001, arrest referral workers screened 48,810 arrestees in England and Wales. Over half (51%) of those interviewed had never previously accessed drug treatment.
- Drug Treatment and Testing Orders have been available to the courts in England and Wales since 1 October 2000. These community sentences

are designed to help problematic drug users address their problem through intensive programmes of treatment and testing. Between 1 April 2001 and 31 March 2002, 4,851 Orders were made.

- Pilots for the drug testing provisions introduced by the Criminal Justice and Court Services Act 2000 are now well established in three sites and were recently extended to an additional six sites. The provisions enable the testing in police custody of those arrestees charged with trigger offences – crimes which are strongly linked to drug misuse or drug offences involving certain Class A drugs. The test results help inform bail and sentencing decisions. The new powers also provide for testing as part of a new community sentence, the Drug Abstinence Order, or as part of a Drug Abstinence Requirement attached to a community

rehabilitation or punishment order and for testing as a condition of release on licence for prisoners convicted of trigger offences. The second interim report outlining initial outcomes from the pilots is due in spring 2003.

- As part of the Street Crime Initiative, street crime offenders with drug problems are fast-tracked to drug services within 24 hours of their arrest or release from custody.
- The Prison Service has in place a framework of treatment and support to address a wide range of drug misuse problems:
  - detoxification services – available in all local and remand prisons;
  - Counselling, Assessment, Referral, Advice and Throughcare (CARAT) services

## Case history: Communities against drugs project in the Lower Clapton Triangle

C2AD (Clapton Communities Against Drugs) brings together agencies including the police, the primary care trust, the probation, education, social and youth services and the Peabody Trust, a long established housing charity.

Its aim is to improve life for people living in the Lower Clapton Triangle in East London, particularly on the Pembury Estate, which was recently taken over by the Peabody Trust.

The first six months of the project, which has guaranteed funding for three years, focused on reducing drug dealing and drug misuse and closing crack houses on the estate. Between March and September 2001 there were 190 arrests, and large quantities of drugs and firearms were seized.

The second phase of the project was officially launched in June 2002. This centres on building confidence and self-esteem in the community, with

particular attention paid to providing children and young people with alternatives to drug use and crime.

- a gateway service available in all prisons which meets the non-clinical needs of the great majority of prisoners and is the foundation of the prison drug treatment framework, providing low threshold, low intensity, and multidisciplinary drug misuse intervention services;
- 50 drug treatment programmes, including seven therapeutic communities; and
- voluntary drug testing.

### Work-related

- The Jobcentre Plus initiative progress2work was launched in 2001 and the first participants started in 2002. It helps recovering drug users find and sustain jobs – a key way of returning to more stable and constructive life.

- A consortium of drug specialists has been commissioned to develop resources and training for DATs to improve the support they are able to offer to business.

### Action in communities

In partnership with the Office of the Deputy Prime Minister (ODPM), the Home Office has provided a range of guidance, training, information and support to tackle those problems which cause the greatest harm to communities, including housing, neighbourhood renewal and homelessness. Recent and current work has included the following:

- A national conference on the impact of crack on local communities was held in June 2002. The conference considered all aspects of crack use, focusing on what works and also looking at some promising new initiatives. A clear message

emerged on the best ways of dealing with such problems at a local level.

- A wide range of activity linking action under the neighbourhood renewal strategy with action on tackling drugs, aimed at ensuring that drug misusers get the guidance and help they need to escape the drug problems that affect their communities.
- DATs have been given new funding to increase their capacity to manage drug problems at a community level.
- Research and guidance into what works in tackling drug problems in deprived areas, and what impact drug markets have on deprivation, has recently been completed and published. The next step is for regional Government Office staff to assess current DAT and Local



Strategic Partnership (LSP) plans against this template, checking that they contain effective proposals for working together to tackle drugs in deprived areas.

- Guidance on managing drugs in public sector rented housing has been issued to all housing providers; and new guidance on providing supported housing for drug misusers has strengthened links between the Supporting People initiative and existing drugs strategies. The result will be an increase in the number of units of supported housing available for drug users and better management of drugs in public housing.
- To reduce the potential for harm, new guidance on managing dance venues associated with the use of ecstasy-type drugs was published. The guidance is being enforced by DATs, and is supported by police

and local authority action on clubbing safety.

- New guidance has been commissioned on responses to homeless drug users and the problems associated with rough sleeping, in partnership with the ODPM. Responsibility for pump-priming services for homeless drug misusers has now passed from ODPM to DATs, and this guidance and accompanying training will ensure their performance is raised and the needs of this client group met.
- Guidance has been issued to the police and Crime and Disorder Reduction Partnerships (CDRPs) on best practice in tackling local drug markets. This will be strengthened by additional work on crack and policing markets in ethnic minority communities. These initiatives are linked closely to broader

programmes of police reform and standards, and will be measured against Police Best Value performance indicators. This work has already begun to have a major impact on the style and context of local market policing, as shown by the high profile action against suppliers in many areas, most notably in Peterborough and Lambeth.

- The Communities Against Drugs (CAD) programme has helped support action at a local level, including to turn guidance into practice. Funding made available through the CAD programme can be used at local discretion for a wide range of drug-related initiatives at the community level, such as supporting parent groups, providing neighbourhood education about drugs, and encouraging police and partner action to disrupt and close drug markets.



## Lessons learned

### Criminal justice

Interventions at an early stage in the criminal justice system have created opportunities to engage drug misusers who have not been in contact with treatment before. Recent published data from the National Arrest Referral Monitoring System shows that Arrest Referral schemes are successfully targeting problematic drug-using offenders, particularly users of opiates and crack/cocaine. Users of heroin, methadone, crack and benzodiazepines were more likely to be referred and make a demand for treatment than other types of drug-misusing arrestees. They are also more likely to be injectors, have a higher weekly drug expenditure and admit to shoplifting in the previous 30 days.

Appropriate treatment can reduce both drug misuse and related offending. Problematic drug-using offenders referred through the criminal justice system to treatment, and then retained in treatment, report significant reductions in drug-related crime, spend on drugs and use of drugs.

Evidence from the US, which has longer-established drug treatment programmes within its prisons, suggests that intensive drug programmes can reduce drug misuse and offending by up to 15%, particularly where high quality post-release aftercare is available. Preliminary research into the effectiveness of the RAPt rehabilitation programme, running in seven prisons in England and Wales, shows that over a period of two years 40% of programme graduates had been reconvicted compared to an

expected rate of 51% (*Martin et al, forthcoming*). Further outcome research will be undertaken to ensure that high quality treatment programmes are delivered.

A comprehensive system or programme of aftercare and resettlement provision designed to meet the needs of those problematic drug-using offenders leaving custodial establishments or treatment unplanned is not yet in place. This has been identified as a major gap in the Drug Strategy. The transition of prisoners back into mainstream communities needs to be better supported through the delivery of a holistic programme of help, appropriately case managed, to minimise any likelihood of relapse, related re-offending or re-conviction. This gap will be filled.

### Work-related

The business community has an important role to play, and much to gain, as a partner in delivering this Strategy. The impact of drugs on local business and local economies should not be underestimated. To implement effective work-related drug policies requires Government and business to engage both at national and local levels. A number of DATs have developed successful local programmes in partnership with the business community, and with other agencies, to tackle the problems of drugs in the workplace. Businesses have the potential to create a real impact on the Drug Strategy, by funding local drug projects, helping support DATs, addressing drug misuse and supply by employees, designing out opportunities for crime and providing work opportunities for recovering drug misusers.

### Action in communities

Ways to further strengthen communities, especially in deprived areas, and enhance their capacity to get involved, will be explored. Particular efforts will be made to engage ethnic minority communities who are likely to be disproportionately represented in such neighbourhoods. Police and their local community partners will need to allocate the level of resources and funding required to make a difference, following guidance on what works best and using tried and tested techniques. Action will be targeted at those with acute problems, such as the homeless and prostitutes, and at hotspots where such problems, often linked with dealing, are most visible. All these actions will have a clear impact on the way that local people view their communities and on reducing the visible impact of drugs on people's lives. It is clear that action needs to be

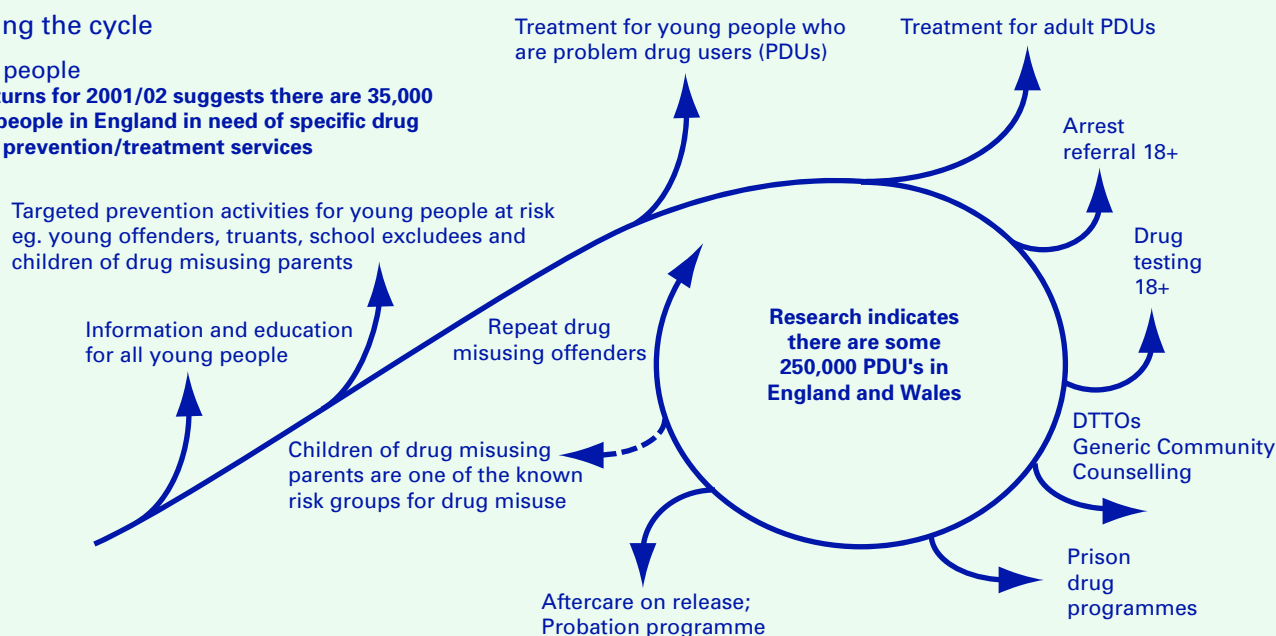
linked and co-ordinated strategically, with action to tackle poverty and deprivation.

### What next?

Evidence suggests that the action currently being taken to tackle drug misuse problems at a community level is having a positive effect. Still, more needs to be done to engage problematic drug users by enhancing the coverage and effectiveness of interventions within the criminal justice system, and strengthening local partnerships and actions aimed at addressing the underlying causes of drug misuse within communities. The cycle of persistent offending and drug misuse must be broken. To break the link, additional resources will be invested in a major programme of interventions, for adults and young people, which will move offenders out of the criminal justice system and into treatment. This will enable rapid

## Breaking the cycle

Young people  
**DAT returns for 2001/02 suggests there are 35,000 young people in England in need of specific drug misuse prevention/treatment services**



movement towards the vision of:

- every offender arrested and charged for a drug-related offence being **tested** for heroin or cocaine use;
- all those testing positive being **interviewed by an arrest referral worker** and referred to treatment where appropriate;
- all those coming to **court** being offered a straight choice between treatment, where appropriate, or being remanded in custody;
- **community sentences** with drug treatment conditions being available for all that would benefit; and
- support for all drug-misusing offenders **leaving prison**.

Based on this vision, the programme will focus initially on:

### Criminal justice

- **Making arrest referral schemes** more proactive and effective by improving their quality and coverage, drawing on the emerging evaluation findings.
- **Extending drug testing** to those local police force areas with the highest levels of drug-related crime.
- **Piloting the introduction of a rebuttable presumption against bail** for those arrested for and charged with a trigger offence, who test positive for a Class A drug, and refuse assessment by a suitably qualified practitioner as to their suitability for treatment or, having been assessed as suitable, refuse to undergo treatment.
- **Improving the quality and coverage of prison-based treatment programmes.**
- **Doubling of the number of Drug Treatment and Testing Orders (DTTOs)** by March 2005 to provide for all those who will benefit from them (until they are replaced by the new generic community sentence).
- **Creating a single generic community sentence made up of specific elements which will replace all existing community sentences, including the DTTO.** The Criminal Justice and Sentencing Bill contains new powers which will provide Courts with the option of making a drug rehabilitation requirement part of the sentence for all those aged 16 or over, with a drug dependency or propensity to misuse drugs, convicted of an offence sufficiently serious to merit a community sentence. Like the DTTO, the requirement will have a mandatory treatment, testing, and



## Case history: NEXUS helps women prisoners

The NEXUS project was established in 2001 to tackle problems faced by women leaving prison, especially those who had been imprisoned for a few months, the majority of whom had a history of problematic drug use.

Working with established projects in Birmingham, Coventry, Walsall and Wolverhampton, NEXUS has built a bridge between Brockhill Prison in the West Midlands and the community.

Rattling, a theatre production based on the experience of women entering prison and coming off drugs is used to encourage participation. This is followed by eight weeks of group work which encourages women to think about lifestyle changes. Support is maintained by the community projects following release.



in the case of those sentences up to 12 months or more, court review component. The main difference will be that courts will have the discretion to decide whether or not to include a mandatory court review element in the requirement of those sentenced to less than 12 months. This change will have the effect of widening the range of those receiving treatment as part of a community sentence from the most serious drug-misusing offenders, currently catered for by the DTTO, to those with less severe drug misuse and offending. As with the DTTO, the offender will need to consent to a drug rehabilitation requirement.

- **Providing throughcare and aftercare for those in treatment and those coming to the end of treatment, including better management of the needs of**

**drug-misusing offenders who leave prison and return to the community.** This will include improving the availability of supported housing under the Supporting People programme to help ex-offenders find secure, safe supported homes to move to from prison, and helping ex-misusers rebuild their lives.

- **Implementing a package of corresponding, but appropriate interventions for juveniles** (See Chapter 1).

### Work-related

- **Developing a business engagement strategy** and implementation plan encouraging the business community to become more involved in delivering the Drug Strategy. The strategy will seek their support for anti-drug projects both nationally and locally,

in turn supporting them in implementing effective policies to tackle drugs in the workplace.

- **Establishing a new charity in 2003/04 in partnership with the business community to support delivery of the Drug Strategy.** This will aim to raise awareness about the dangers of drug misuse, support anti-drug community-based projects and work with young people to help them stay clear of drugs.
- **Continuing the progress2work (p2w) initiative.** Contracts are being awarded for phase 2 which will mean p2w activity in around 60 of the 90 Jobcentre Plus districts with contracting for the remaining areas beginning in April 2003. Building on the success of p2w, progress2work-LinkUP will be developed in some districts.



This uses a similar model but is available to alcohol misusers, ex-offenders and people at a disadvantage in the labour market through homelessness to help many people at risk of becoming drug misusers.

#### Action in communities

- **Setting a new target for DATs, working with the Supporting People partnerships in their area, to increase the number of units of accommodation available for drug misusers locally through Supporting People by 10% annually from 2003/04.** The link between this major programme, which offers help to those who have most difficulties in managing tenancies, and the Drug Strategy offers major advances in meeting the needs of drug misusers, including those leaving prison.
- **Creating a new target for local partnerships to increase the number of people arrested and charged for supply offences within each CDRP/DAT,** as part of a range of initiatives to stimulate action on supply and its effect on local communities. This will help improve local policing of drug markets and reduce the harm they cause communities, in line with police targets on the supply of Class A drugs. This forms part of a much wider programme of support, funding, guidance and training to improve the quality and range of policing of drug supply by the police at the local level. This includes specific publications, conferences, a new award for excellence in drug market disruption and a new requirement for DATs to set out their plans for action on supply which will be assessed rigorously. This work will
- link very closely to the wider action being taken on supply issues described in *Chapter 2*. In turn concerted and co-ordinated action by the police will work in a strategic and comprehensive way to tackle supply chains operating in local communities.
- **Working closely with local partners to deliver specialist action to control supply hotspots and reduce the impact on the local community;** that is, where the problems of supply are most acute. For example, this is one aspect that the high level National Crack Action Plan, to be published before the end of December 2002 aims to address (*see Summary at Annex 1*). The Plan covers all aspects of the problem, from supply to treatment, and helps shape local planning and action.



- Further enhancing the synergy between the Drug Strategy and the neighbourhood renewal strategy.** A series of regional conferences for those developing neighbourhood renewal strategies and DATs is currently being rolled out, and evidence from a recent study of what works in deprived areas will be disseminated by the Home Office and the ODPM. This work is aimed at improving delivery in deprived areas and increasing local access to services.
- Reducing the negative impact on communities of prostitution and begging linked to drugs.** New guidance for police, local authorities and DATs on such activities will be introduced, showing how these could be tackled using the funds available.
- Addressing areas of particular concern in relation to drug misuse within minority ethnic communities.** The national crack conference has begun the process of establishing dialogue and building effective partnerships particularly with the African-Caribbean community. This will be built on both nationally and, through the service specification referred to above, at local level. The Home Office will also look at the dynamics of supply within other minority communities and at what can be done to disrupt supply and engage community support for efforts to tackle drug markets, especially where drug problems have contributed to community unrest and lack of cohesion.

## 4. Treatment and harm minimisation

**Treatment works. Getting drug misusers into treatment and support is the best way of improving their health and increasing their ability to lead fulfilling lives. Treatment breaks the cycle of drug misuse and crime, and investing in treatment reduces the overall cost of drug misuse to society.**

**Planned annual investment in drug treatment services will increase. For community and prison treatment services, an extra £45 million has**

**been allocated for spending in the next financial year, £54 million for the year starting from April 2004, and £115 million from April 2005 bringing the total direct annual spend on treatment up to £573 million by 2005. There is good evidence available on what works and on how services can be improved, and the National Treatment Agency (NTA) has been established to ensure that investment through the pooled treatment budget results in the**

**growth of high-quality services in the areas of greatest need.**

**Only about half of the UK's estimated 250,000 problematic drug users are in treatment and women and minority ethnic drug misusers are particularly under-represented. Increasing the number in treatment to 200,000 per year by 2008 will require substantial investment and bring new challenges, particularly if services are to target those who are unable or unwilling to seek help.**



### Action since 1998:

- The NTA established in April 2001
- Introduction of pooled treatment budgets
- 8% year-on-year increase in the numbers attending treatment services
- Waiting time targets established and waiting times for priority cases coming down
- Improved access to treatment through the community and through the criminal justice system
- Action plan to reduce drug-related deaths published in 2001
- Expert group set up to develop best practice guidance on the treatment of crack
- NTA review, with expert input, of heroin prescribing practices

### Future action:

- Year on year, continue to increase community-based treatment provision, improving quality and access
- Expand and improve the quality of prison-based treatment and rehabilitation provision
- Ensure access to effective treatment for crack and cocaine users
- Increase the availability of heroin on prescription to all those who have a clinical need
- Provide rehabilitation support for all those going through treatment and on leaving treatment, including those leaving prison
- Improve the health of drug misusers and drive forward action to reduce the risk of death
- Improve access to treatment in deprived communities

### The Updated Drug Strategy will tackle this.

Treatment and support need to be accessible to those who need them, regardless of ethnic origin, gender, sexual orientation or source of referral. Although waiting times are getting shorter, in some areas and for some services they are still too long. There are also gaps in service provision: in particular, treatment for crack users is not available for all

who need it. There also needs to be greater consistency across the country in provision of services, such as heroin prescribing. More needs to be done, and will be done, to ensure that people living in deprived areas have access to treatment, as part of the wider process of neighbourhood renewal.

Harm minimisation will ensure that drug users receive good basic healthcare, helping to

reduce the risks arising from drug misuse, including the risk of drug-related death.

Helping drug misusers achieve and maintain drug free lives does not stop at the clinic door. Those recovering from addiction or other drug problems need ongoing rehabilitation support and help, for example with housing and employment. This is a challenge the Updated Drug Strategy will meet.



### The current situation

The individuals who suffer the most harm are those that become problematic drug users. It is estimated that there are more than 250,000 problematic drug users (Godfrey *et al*, 2002), who are dependent on Class A drugs and who are most involved in crime. Known facts about this group include the following:

- They are often addicted to heroin and/or crack/cocaine and lead extremely chaotic lives, creating a high level of risk to themselves and others.
- Their drug misuse severely damages their health. There were 1,562 reported drug-related deaths in 2000 (*Health Statistics Quarterly 13, Spring 2002*), as well as deaths and substantial ill health arising from blood-borne viruses such as hepatitis and HIV. They can also suffer from illnesses and trauma associated with accidents, poor

diet and personal neglect, as well as depression, paranoia and other forms of mental illness.

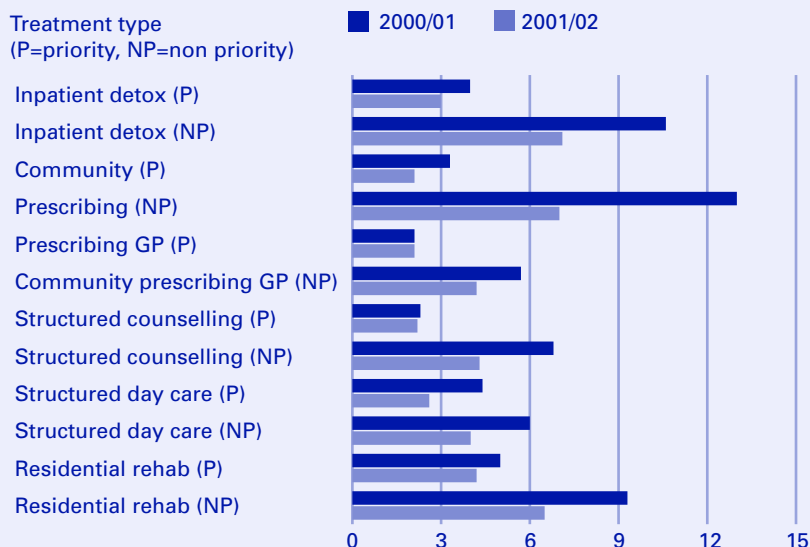
- They are unable to take full advantage of educational opportunities or to obtain and retain fulfilling employment, often damaging their life chances and failing to realise their full potential.

There is now more drug treatment and support available than ever before. A recent survey by DrugScope indicates that the number of drug treatment services has increased by over a third since 1997. Substantial additional investment is leading to the development of new services, and waiting times for treatment are starting to come down. But there are still not enough services of the right type in the right place for all problematic drug users. In recent years, changes in the pattern of drug misuse have also placed additional pressures on services. For example,

there is insufficient provision for crack users; and not all who might benefit from prescribed heroin and other interventions at present have access to it. In addition, as the Audit Commission showed in its report *Changing Habits*, those with the most complex needs find it most difficult to get help.

Women who are problematic drug users tend to seek treatment less frequently than their male counterparts and opiate users from minority ethnic groups are less likely to engage in drug treatment than white opiate users. Women who do access services often find that there are significant shortcomings in the support they receive in terms of childcare and transport facilities, women-only services, specific provision for minority ethnic women and services within the criminal justice system.

## Treatment waiting times (DATS)



Services are also criticised for failing to meet the needs of minority ethnic communities. This failure is partly due to the way the services developed. Many services emerged out of the heroin epidemics of the mid-1980s and were particularly concerned with the way in which injecting provided a potential route for HIV transmission. Many services, therefore, have developed largely around the needs of the white males who tend to dominate this category of drug misuse. Ethnic differences in patterns of drug misuse suggest that the needs of some minority ethnic groups are marginalised by existing services, which tend to focus on injecting rather than smoking.

Those living in the most deprived areas often suffer most from health inequalities and may also have specific drug treatment needs. The ready availability of drugs,

coupled with a lack of suitable treatment, undermines initiatives aimed at neighbourhood renewal.

The challenge is to rapidly expand drug treatment capacity to meet existing and emerging demands at the same time as improving the quality of services.

### Action to date Additional resources

In 1998, the National Drug Strategy set a target of doubling the number of people in treatment by 2008. The 2000 Spending Review delivered significant financial support for this objective. Pooled treatment budgets have been introduced at local level to ensure better co-ordination of planning and provision, avoiding the duplication and diseconomies that can occur when agencies and departments operate in isolation.

### The National Treatment Agency

In April 2001, the NTA was set up to oversee the development of drug treatment in England and to ensure that those who need it receive effective, high-quality services regardless of where they live or their source of referral. The NTA has established waiting-time targets for drug treatment, piloted a co-ordinated system of treatment delivery in eight areas (to integrate all support services), and promoted a shared-care approach to enable GPs to work more effectively with specialist services and drug misusers in their areas.

### Treatment provision

The treatment target is currently on track. The number of people presenting for treatment increased on average by 8% per year from the year ending March 1999 to the year ending March 2002. Nearly all DAT areas (97%) have harm-reduction services

## Case history: Double Impact project

Nottingham's Double Impact project helps to integrate former drug users into work, training and education, using inter-agency guidance, counselling, housing and vocational training provided by the People's College, the Nottingham Drug Action Team and the YMCA. It also attempts to meet housing needs, providing up to 15 emergency bed spaces at Nottingham YMCA and other shared accommodation.

All those on the project are currently either undergoing treatment to end or stabilise their drug use, or are drug-free and want to play a positive part in society. The project's work includes building skills and confidence, improving health and preventing a relapse into crime.

Double Impact has been running for nearly five years and has worked with more than 400 recovering and stabilising drug misusers. It is funded and supported by a range of statutory authorities including health, social services, the police, and City DAT.



and 87% provide access to drug prescribing services, for example, but there are gaps. Improvements to monitoring systems are generating more accurate information about what treatment is being provided at a local level and, importantly, indicating where the system is coming under pressure.

There is now more treatment available for drug misusers in the community. A range of interventions, such as arrest referral schemes and Drug Treatment and Testing Orders have been developed to ensure that drug misusers are being identified and referred to treatment at each point of the criminal justice system, thus helping to break the link between drugs and crime.

As part of the Street Crime Initiative, street crime offenders with drug problems are fast-tracked to drug services within 24 hours of their arrest or release from custody.

Research published by the Home Office in July 2002 provided an overview of the issues concerning the provision of drug services to women and minority ethnic users, and identified specific areas that need attention.

### Harm minimisation

Many DATs have introduced initiatives aimed at improving the health of those who are still using drugs and reducing drug-related deaths, such as a network of needle exchange schemes providing clean syringes and practical health advice to drug misusers. There are also programmes that provide first aid courses and overdose prevention training for drug misusers and agency staff, work to tackle hepatitis B, and a strategy to address hepatitis C was published for public consultation in August 2002.

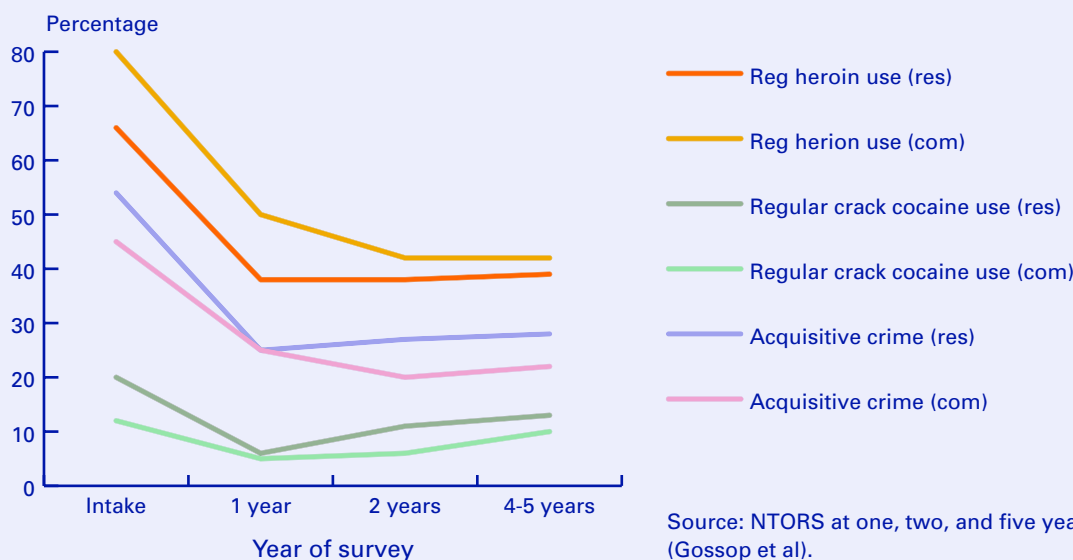
### Lessons learned

Evidence shows that treatment works. It helps users overcome the health and social problems that drugs can cause and reduces the cost to society of drug misuse.

### Evaluation

The most extensive evaluation of drug treatment to date in the UK has shown that treatment leads to reductions in both drug use and offending for at least five years. The National Treatment Outcomes Research Study showed that after treatment, abstinence rates for illicit opiates more than doubled among clients in residential and community settings. There were also significant reductions in the regular use of illicit opiates and crimes committed to fund drug taking. For every £1 spent on treatment, £3 are saved in criminal justice costs.

## Key findings from National Treatment Outcomes Research Study (NTORS)



### Gaps in provision

There is a great deal of good practice on which to build. Different drug misusers have different needs and require a wide range of services in all areas from harm minimisation through specialist medical and social support to aftercare designed to get former drug misusers back into the community. As the Audit Commission report showed, there is currently some variation across the country in the provision of these services: the Updated Strategy aims to fill these gaps and reduce waiting-times to get misusers into treatment while their motivation to change is still strong.

DATs need support in the commissioning of services. The Audit Commission identified disjointed commissioning and funding arrangements as a barrier to the provision of effective services at a local level. The NTA will work with DATs to build more efficient ways of commissioning local and regional

provision, to ensure that Government funding streams are more coherent and easier to understand and to guarantee minimum levels of service.

- **Heroin and crack users:** more treatment provision is needed for heroin users – still by far the biggest group of problematic drug users. This includes the provision of heroin on prescription as a treatment option for those for whom it is appropriate. Currently between 300 and 480 patients receive heroin treatment for opiate dependence each year and there is some variability in access across the country. Better services are needed for crack and cocaine users, who account for one in five of those referred for treatment.
- **Aftercare:** users will often say that staying off drugs is much harder than coming off in the first place. Ex-users need aftercare once they have stopped using drug treatment

and rehabilitation facilities to help them build new lives.

Improvements to housing support and other initiatives for users overcoming drug problems (see *Chapter 3*) will support the work of the treatment providers by making it less likely that people will start taking drugs again. Housing and work-related help for those who have drug problems, or are homeless, or involved in sex work or begging, will support treatment provision for these special high-need groups.

- **Harm minimisation:** Improving the basic health of drug users benefits them and the wider community. GPs have a key role to play in attracting drug misusers into services and in treating drug misusers through shared care schemes where they work in the context of a local network of treatment provision.





### Case history: Nilaari

Nilaari is a voluntary drug service focusing on the needs of Black and other minority ethnic communities in all districts of Bristol.

The service sees about 55 crack using clients each month and is designed to:

- react quickly;
- be culturally appropriate in its counselling;
- give intensive support;

- provide advocacy;
- provide outreach;
- work with families; and
- focus on harm minimisation.

Nilaari has proved popular with clients who appreciate its friendly and caring staff and find it easy to return after relapse.

- **Women and minority ethnic communities:** There is a range of reasons why women and ethnic minority drug misusers do not access drug treatment services. They are often reluctant to make initial contact with drug services when they have a problem, perhaps due to the risks and stigma attached to being identified as a drug misuser or a drug-misusing mother. They are also less likely to be retained in treatment by drug services, either for practical reasons such as the lack of childcare provision, or because of the lack of services aimed at their specific form of drug misuse, for example the smoking of heroin and stimulant misuse (*Sangster et al, 2002*). Research highlights the need for Government departments and the NTA to co-ordinate and develop an effective response to the needs of women and minority drug users. In particular, it is recognised:

- that mainstream and specialist drug service agencies must engage more effectively with women and minority groups and the organisations which represent them, in order to better understand their needs and ensure that the services they provide are targeted as appropriate to meet those needs; and
- that drug services must be more flexible and willing to develop methods for first attracting women and minority ethnic users and then maintaining them in treatment. This means widening the range of drug-specific services offered and extending and combining services, where necessary, to provide alternative therapies, such as acupuncture and cognitive behavioural therapies, and support services, such as childcare provision, transport,

outreach services, flexible opening times, support for mental health problems and women-only and culturally sensitive services.

### Workforce development

A barrier to increasing treatment capacity and improving its quality is the shortage of suitably qualified and experienced drug workers. Measures will be implemented to retain and develop existing drug workers, attract new workers to the field and ensure that other professionals who come into contact with people with drug problems are given suitable training.

### Deprived communities

There is a real need to ensure that treatment is available and taken up by residents of the most deprived communities. Action will be taken to ensure treatment is made accessible locally.

## Heroin prescription

To complement the development of existing services, heroin should be available on prescription to all those who have a clinical need for it. The number of people receiving heroin will increase as overall numbers in treatment grow. An expert group is reviewing the reasons for current regional variations in the take-up of heroin treatment and looking

at how suitable support services can be developed and funded. A work programme, led by the NTA, is under way, drawing together evidence of good practice from those currently delivering heroin on prescription, with the aim of producing updated guidance later in 2002. The guidance will be accompanied by a plan containing advice on

dissemination and sharing best practice.

The administration of prescribed heroin for those with a clinical need will take place in safe, medically supervised areas with clean needles. Strict and verifiable measures will be in place to ensure there is no risk of seepage into the wider community.

### What next?

An additional £45 million has been allocated for spending in the next financial year, £54 million from April 2004 and £115 million from April 2005. This will bring the total direct annual spend on community and prison treatment to £573 million from April 2005, to support a significant increase in high quality services meeting local and prison needs and based on evidence of effectiveness to ensure that providers can plan with confidence.

It is for Drug Action Teams to commission the drugs treatment services that will meet the needs of their local communities.

In overall terms, we would expect to see a doubling in treatment capacity over the lifetime of the strategy to ensure that drug users are able to get the help they need, when they need it. There will be an emphasis on

ending the postcode lottery by ensuring that all areas have access to a range of provision from advice and harm reduction services, through specialist prescribing and detoxification provision to residential rehabilitation. GP prescribing and day care provision are services that may require particular attention at local level, while DATs will need to work more closely together to fill the significant gaps that exist in the provision of in-patient and residential rehabilitation services.

- Specialist training and support programmes will continue to be provided to encourage GPs to treat drug misusers through shared care schemes. This supports the target of **increasing the proportion of shared care schemes** to 30% by March 2003.
- **Improved and expanded treatment for cocaine misusers.**

New guidance on cocaine treatment for practitioners will be issued later this year, along with improved training and support to help them implement it. The majority of services provide some treatment for primary cocaine misusers, but only a minority provides specialised treatment for this group. The Government is supporting work to improve this through research into the most effective responses and services.

- **Improved and expanded treatment for crack misusers.** The spread of crack misuse is a major challenge and it is essential that people seeking help for crack misuse get the treatment and support they need. Delegates at a recent Home Office conference heard that there is evidence that treatment for crack misusers is effective, but that such

## Case history: Helping children of drug using parents

Walsall DAT is working in partnership with the Health Action Zone, the teenage Pregnancy Working Group and the Domestic Violence Forum to improve the lives of children whose parents or siblings use drugs. The project, which is in its first year, will combine fun activity days for the whole family with needs assessment research using informal conversations with parents, carers and the children themselves. A plan of action has been

drawn up: the aim is to give these children, who range in age from two to late teens, the confidence and self-esteem to break the chain of drug abuse in their families.

treatment should focus on social rather than medical interventions and on assisting misusers to deal with both the psychological and practical impact of the drug on their lives. As part of the National Crack Action Plan the NTA is giving priority to a new crack work programme which aims to spread good practice, develop and evaluate specialist crack provision and expand the capacity of mainstream drug services to respond to users' needs. This will link in with other action to tackle supply and strengthen communities (see Chapter 3).

- **Expanded and improved treatment provision reaching all who need it.**
- The NTA has developed **a workforce strategy** to develop training and accreditation programmes for existing and new drug workers

with the aim of bringing 2000 extra workers into the drug treatment workforce by 2006. More sustained funding should help agencies' long-term planning and reduce levels of staff turnover.

- The Department of Health commissioned the development of *Models of Care* – guidance on optimal models of care for drug treatment services. This guidance is based on the principles of National Service Frameworks (embracing standards, models of good practice, clinical and cost effectiveness and value for money) and will act, in effect, as a National Service Framework for substance misuse.
- To ensure that drug treatment is provided more effectively and more accessibly to **areas of social deprivation**, the synergy

between the neighbourhood renewal strategy and the Drug Strategy will be further enhanced.

- It is crucial that the Government and other organisations working in the drug field engage effectively with **women and minority ethnic communities**. Work to take this forward, as part of a wider diversity strategy, will also take into account the provisions of the Race Relations (Amendment) Act 2001. The NTA is committed to ensuring equal access to relevant and appropriate services for the whole population and will continue to work with key stakeholders to establish ways of improving and enhancing the delivery of drug services to women, ethnic minority communities and other hard-to-reach groups.

## Case history: Reducing drug-related deaths in Walsall

Reassuring drug users that dialling 999 for an ambulance in overdose situations will not necessarily lead to police involvement is part of a wide-ranging initiative to reduce drug-related deaths in Walsall. Contrary to common belief among users, the police will only be involved in an ambulance call-out if someone is already dead, child abuse is involved or there is a possibility of violence against ambulance staff.

Harm reduction work also includes educating users about the short-term effects of the drug Naloxone, an opiate blocker, which is administered in A&E departments after heroin overdoses. Users often feel better and discharge themselves from hospital, only to overdose later as the effect of the Naloxone wears off.

The DAT has also produced accredited training for tattooists and piercers in the area in order to educate them and their clients on viruses transmitted through the blood, including hepatitis B and C and HIV/AIDS.

- Expanded and improved prison programmes.** The Prison Service will work closely with the NTA to ensure that *Models of Care* and Staff Standards are reflected in prison treatment interventions. The Service will continue to seek accreditation to ensure that rehabilitation programmes are delivered to the highest possible standard. The Service will expand support for short sentence prisoners for whom access to intensive interventions is limited by time spent in prison. Additional resource is being made available over the period 2003/04 to 2005/06 to support prison-based initiatives: drug testing, CARATs, treatment and rehabilitation (*see also Chapter 3*).
- New throughcare and aftercare support.** A holistic programme of help, appropriately case managed, for problematic drug users leaving

prison or cutting short their treatment will be developed and delivered (*see Chapter 3*). The Prison Service plans to review the CARAT service, looking again at how best to cement the links with community agencies, whether the balance of service provision is properly focused or whether more emphasis should be placed on pre-release preparation and post-release links.

- Improved health and fewer drug-related deaths.** Drug-related deaths are often the final tragic result of years of risky patterns of use and poor health. Harm minimisation is given a higher profile as reducing drug-related deaths by 20% by 2004 becomes a key element of the Updated Drug Strategy.

Programmes will focus on the key risks to health, reaching out on to

the street and other places to target drug users in crisis. Action will include:

- Continuing initiatives to reduce the harm caused by drug misuse, such as training backed up by high quality materials and videos for drug treatment staff in injecting, syringe sharing and overdose prevention and resuscitation, and programmes to tackle hepatitis B and C.
- Government-backed campaigns to promote harm minimisation measures and reduce the risk of accidental overdose.

### *Allowing drug misuse on premises:*

In 2001, section 8 of the Misuse of Drugs Act 1971 was amended by section 38 of the Police and Criminal Justice Act 2001, making it an offence to allow use of controlled drugs on any premises. The amendment, which



covers the use of all controlled drugs, was required to strengthen police powers to deal with the proliferation of crack houses. It is recognised that the strengthening of the law could raise concerns amongst those working in the care sector who are carrying out legitimate harm reduction activities. Parliament therefore agreed that, before the amendment was brought into effect, guidance would be published outlining how it should be enforced. This guidance was recently made available in draft form for consultation.

*Supplying injecting paraphernalia to addicts:* Those who work with drug misusers have been pressing for section 9A of the Misuse of Drugs Act 1971 to be amended to allow the supply of swabs, sterile water and other items of drugs paraphernalia to drug misusers for harm minimisation purposes. Section 9A enables drug workers to supply sterile syringes and

needles to drug misusers but currently provides that it is unlawful for them to supply other articles of drug paraphernalia such as sterile water, swabs, citric acid sachets, filters and tourniquets.

Nevertheless, drug workers sometimes supply these other items to drug misusers for harm minimisation purposes. Although the police and the Crown Prosecution Service do not generally prosecute in such cases, as a prosecution would not normally be in the public interest, drug workers are still placing themselves at risk of prosecution. The Advisory Council on the Misuse of Drugs (ACMD) was therefore asked to consider the various items of drug paraphernalia and look at the extent to which they actually helped to reduce harm. As a result, the ACMD has recommended that the legislation should be amended to permit the supply of those items of drug

paraphernalia that help to reduce harm. The Government has agreed to this, and is currently consulting on amending the law to permit the supply of additional items of equipment.

### **Cannabis-based medicine**

**The Government is encouraged by the results recently published by GW Pharmaceuticals of the clinical trials into the development of a cannabis medicine. Application to the Medicines Control Agency for a product licence is now to be made by the company. If this is successful the Government will make the necessary legislative changes as quickly as possible to allow doctors to prescribe the new medicine.**

## 5. Delivery and resources

### Targets

Targets which are challenging but achievable will drive delivery of the Updated Drug Strategy. They are:

- Reduce the use of class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people.
- Reduce the availability of illegal drugs by increasing: the proportion of heroin and cocaine targeted on the UK which is taken out; the disruption /dismantling of those criminal groups responsible for supplying substantial quantities of class A drugs to the UK market; and the recovery of drug-related criminal assets.
- Contribute to the reduction of opium production in Afghanistan,

with poppy cultivation reduced by 70% within 5 years and elimination within 10 years.

- Reduce drug related crime, including as measured by the proportion of offenders testing positive at arrest.
- Increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008, and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

### Delivery mechanisms

#### National delivery mechanisms

Delivering the Drug Strategy is a cross-government initiative. Following the 2001 General Election, the Home Secretary took over lead responsibility for driving forward delivery of the

Drug Strategy, as Chair of the Cabinet Ministerial Sub-Committee on Drugs Policy. The committee includes ministers from the Department of Health, the Department for Education and Skills, the Office of the Deputy Prime Minister, the Cabinet Office, the Treasury and the Foreign and Commonwealth Office.

The Drug Strategy targets are expressed in departments' public service agreements and supporting service delivery agreements. These are embedded in delivery plans which are drawn up in conjunction with the Prime Minister's delivery unit and kept under regular review by ministers and officials.

The Strategic Planning Board supports this structure at civil service official level. Membership reflects that of the Cabinet Sub-Committee. In addition,



there are cross-departmental groups focusing on each of the current strategy aims – for example, the Concerted Inter-departmental Action Group (chaired by a senior official from HM Customs and Excise) is focusing on reducing supply – as well as local delivery and communications. These delivery groups include representatives from a wide range of agencies and stakeholders.

The Government set up the National Treatment Agency (NTA) as a Special Health Authority on 1 April 2001, although staff were not in place until the autumn of that year. The NTA's current priorities are to ensure equality in drug treatment; increase the capacity and competence of the drug treatment workforce; increase quality and accountability at all levels of the drug treatment system;

improve the availability and accessibility of drug treatment in all areas of the country; and increase the effectiveness of drug treatment.

#### Regional and local delivery mechanisms

At local level, agencies working in partnership through 149 Drug Action Teams (DATs) deliver the Drug Strategy. DATs were initially set up in 1995 and have been aligned with local authority boundaries since April 2001. They bring together representatives of key local agencies, such as health (Primary Care Trusts), social services, the police, probation, education, the Prison Service, and housing. Each DAT is supported by a co-ordinator and is accountable to the Home Secretary. Some include alcohol and solvent misuse within their remit. DATs are supported by one or more

drug reference groups, whose membership includes key local professionals involved in the delivery of drugs services.

DATs are supported at regional level by Home Office drug teams (Drugs Prevention Advisory Service, or DPAS). In recognition of the need to operate more effectively at regional level, Home Office teams, including the nine DPAS teams, are being integrated into the regional Government Office structure. This will support closer links between those supporting regional activity on crime, drugs, community cohesion, race equality, active communities and other Home Office priorities such as neighbourhood renewal, and the wider Government Office agenda.

## Case study: User involvement in service planning

Bournemouth DAT allocated £20,000 on 2002/03 to the Service User Forum. This money not only funds service users to attend meetings, but pays for an independent telephone helpline which they run for several hours each week, and a newsletter. The DAT itself has representation from a service user, who attends both the full Drug Action Team and joint commissioning group meetings, giving feedback from other clients as well as his own views. This service

user has also helped the National Treatment Agency develop its Guide to involving and empowering drug users, and sits on the NTA's user advisory panel.

Involving service users in provision and planning has become an integral part of Bournemouth's DAT. They bring a unique perspective to the service, help to ensure its relevance, and act as advocates for any other users who have complaints.

## Performance management and monitoring

Delivery of the Drug Strategy depends on agencies working effectively in partnership to make a real difference to local communities. Home Office teams support partnership working in a variety of ways, including setting and monitoring standards of performance, and assessment of partnerships' plans through a process which includes the NTA and other regional representatives (for example, the Youth Justice Board, the Connexions Service and the Social Services Inspectorate).

Recommendations for action are then agreed between the DAT and the Home Office team; and progress is monitored and reported on a quarterly basis.

## Annual Report

Each year DATs report on their work by providing statistical and qualitative data on young people, treatment, communities and supply. From April 2001 DATs have given this information electronically. This in itself is a success story for the Government's e-business strategy, and has generated a database, which includes the most comprehensive local information available to date on the delivery of the Drug Strategy and the tracking of expenditure. The database allows comparison of DAT performance across "families" and regions, providing DATs with an opportunity to share good practice.

DAT returns for 2001/02 show real improvements in performance in key areas of the Strategy. DATs are building closer links with other partnerships such as Connexions and Crime and Disorder Reduction

Partnerships (*see Chapter 3*).

However, there is still scope for establishing better links between the Strategy and other related regional and local initiatives such as neighbourhood renewal, community cohesion and the wider crime reduction agenda.

## What next?

### Local partnerships

In view of the close links between drugs and crime, the Police Reform White Paper, published in December 2001, proposed creating new partnerships to bring together the functions of DATs and CDRPs. There were specific reasons for streamlining Home Office delivery mechanisms:

- To reduce local bureaucracy.
- To avoid duplication of effort – local agencies sit on both DATs and CDRPs.



- To ensure more effective targeting of resources: rationalise funding streams; bringing together crime reduction teams and DPAS; and closer working at central Home Office level.

Following a full consultation process, new and closer working arrangements will be put in place from April 2003. This will ensure that the overlapping drug and crime agendas have a clear focus on delivery; will strengthen the partnership structure; and align the drug and crime agendas with the overarching neighbourhood renewal agenda.

The Police Reform Act will put the Drug Strategy on a statutory footing by placing a statutory responsibility on local authorities and the police and (by no earlier than April 2004) Primary Care Trusts to formulate and implement a drug strategy.

The resources going to provide additional services at a local level, especially in the areas with the greatest drug problems, place even more importance on the need for high standards of delivery. Home Office teams will work with the partnerships and agencies involved, identifying problems and ways of tackling them. These will include better mechanisms for supporting effective delivery such as improved systems for monitoring and evaluating progress and the use of resources; strengthening capacity; and developing a greater focus on outcomes.

The Inspectorates (and the Audit Commission) already play a key role overseeing the work of DAT partner agencies and their work delivering the Drug Strategy. Their role will be further developed in the context of a wider review of inspection and the

criminal justice system to support the performance management of the Drug Strategy.

### Resources

One of the key principles underpinning the Updated Drug Strategy is the need to change spending priorities from reactive expenditure, i.e. dealing with the consequences of failure to tackle drug misuse, to proactive expenditure, i.e. preventing and tackling drug misuse directly.

The Government has made substantial resources available for directly tackling the problem of drug misuse. They will increase from a planned £1026 million in this financial year to £1244 million in the next financial year, £1344 million in the year starting April 2004 and a total annual spend of nearly £1.5 billion in the year starting April 2005 (*see table overleaf*).

Direct annual expenditure for tackling drugs				
	2002/03	2003/04	2004/05	2005/06
<b>Protecting young people</b>	<b>102</b>	<b>149</b>	<b>155</b>	<b>163</b>
<b>Reducing supply</b>	<b>376</b>	<b>380</b>	<b>380</b>	<b>380</b>
<b>Safeguarding communities*</b>	<b>110</b>	<b>212</b>	<b>297</b>	<b>367</b>
<b>Drug treatment**</b>	<b>438</b>	<b>503</b>	<b>512</b>	<b>573</b>
<b>Total</b>	<b>1,026</b>	<b>1,244</b>	<b>1,344</b>	<b>1,483</b>

\* Includes expenditure strengthening delivery

\*\* Includes mainstream spending, prison treatment and pooled budgets

New areas of spend include:

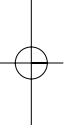
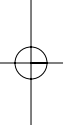
- more support for parents, carers and families so they can easily access advice, help, counselling and mutual support, a new education campaign for **young people**, expanded outreach and community treatment for vulnerable young people and expanded testing and referrals into treatment within the youth justice system so that by 2006 we will be able to provide support to 40–50,000 vulnerable young people a year;
- **tackling prevalence** through new cross-regional teams to tackle “middle markets”, the link in the chain from traffickers to local dealers, and increased assistance to the Afghan Government to

achieve their aim of reducing opium production with a view to eliminating it by 2013;

- further expansion of **treatment services**, improved treatment for crack and cocaine, heroin prescribing for all those who would benefit from it and more harm minimisation – with improved access to GP medical services;
- a major **expansion of services within the criminal justice** system using every opportunity from arrest, to court, to sentence, to get drug misusing offenders into treatment. Including expanded testing, improved referrals, and new and expanded community sentences; and

- new **aftercare and throughcare services** to improve community access to treatment and ensure those leaving prison and treatment avoid the revolving door back into addiction and offending.

The programme will be kept under review, particularly with regard to its impact on the prison population and the availability of treatment.



## 6. Delivering the Strategy across the UK

**The formulation and delivery of the Drug Strategy reflects the devolution of powers to the Assemblies in Wales and Northern Ireland and the Parliament in Scotland. The UK Government is responsible for setting the overall strategy and, in the areas where it has reserved power – for example, the work of HM Customs and Excise – for delivery in the devolved administrations. Each devolved administration exercises its delegated powers to shape the strategy to address local circumstances.**



### Scotland

The Scottish Executive set out its drugs strategy in "Tackling Drugs in Scotland: Action in Partnership". The key achievements to date include:

- Provision of new funding totalling £128 m over three years from 2001. This supports a range of initiatives including treatment and rehabilitation, training and employment, drugs education, communications, research and criminal justice interventions.
- Launch of the "Know the Score" communications campaign to highlight and provide relevant, non-judgmental information on drugs issues. This has included a national television advertising campaign and the creation of a dedicated helpline and website.
- Publication of information on, amongst other things, cannabis, hepatitis C and hepatitis B.
- Provision of drug education in 98% of Scottish Schools.
- Establishment of drugs courts in Glasgow and Fife and the introduction of Drug Treatment and Testing Orders.
- Creation of an Effective Interventions Unit (EIU) within the Executive to identify and disseminate good practice, support DATs and co-ordinate the drug research programme. Key publications have included a report on "Integrated Care for Drug Users", a guide to "Supporting families and carers of drug users" and "Moving On", a review of education, training and employment for recovering drug users.
- Launch of the Scottish Drug Enforcement Agency in June 2000. The number of offences recorded by Scottish Police forces for supply or possession with intent to supply drugs has increased from 9,024 in 2000/01 to 10,135 in 2001/02.
- Strengthening of the role of DATs in delivering services at local level by setting three year budgets, providing guidance on joint commissioning and partnership working, co-ordinating corporate action plans and funding a national officer post within the DAT Association.
- Provision of multi-disciplinary training throughout Scotland through Scottish Training on Drugs and Alcohol (STRADA).

In November 2001, the Executive published its first annual report to highlight the progress that had been made in deploying its drug strategy. Examples of local initiatives included in that report were:

- Activity by Glasgow City Council to build up a range of services which will lead to 1200 young people per year accessing specialist services dealing with their addiction problems; 400 parents of young children per year receiving specialist treatment and family support services to help them deal with their drug problems whilst safely caring for their children; and 500 respite care placements per year for children who are being looked after by grandparents or extended families due to parental drug addiction.

- Signpost Forth Valley, a groundbreaking service which will give drug misusers in the Clackmannanshire, Falkirk and Stirling areas easy access to advice, information and support from next year.
  - Grampian NHS Board establishment of new drug misuse specialist community midwife post within the drug misuse antenatal clinic.
  - Dumfries and Galloway Drug Action Team use of Executive funding to develop a Small Grants Scheme for rehabilitation services. The Scheme aims to help individuals overcome financial barriers to accessing training and alternative activities.
  - The development by Highland DAT of an arrest referral scheme in Inverness and Nairn, Ross, Cromarty, and Skye to tackle the link between drug misuse and crime. As part of this approach, a social worker offers support services to individuals who have been interviewed, arrested and/or charged by the police and who may have a drug misuse problem.
- The Scottish Executive continues to focus upon drug misuse as a key cross-cutting issue. The Ministerial lead rests with the Deputy Minister for Justice with cross-Government focus provided by a dedicated cabinet sub-committee chaired by the Deputy First Minister. Future plans include:
- Continued roll out of communications activities including the publication of new information on psycho-stimulants and strengthening of links between national and local communications activity.
  - Piloting of a new treatment service for psycho-stimulants users within the Aberdeen region to help shape treatment strategies in the face of a potential growth in the use of cocaine and crack cocaine.
  - A range of actions to deploy the recommendations of on EIU report into Integrated Care for Drug Users.
  - The publication of a second annual report on the drugs strategy.
  - Ongoing support for a comprehensive multi-disciplinary training programme including the provision of leadership training for DAT members.
  - The use of £180,000 of recovered criminal assets to help family support groups across Scotland including the development of a national network.
  - Undertaking a second national prevalence survey in 2003 which will identify trends in drug use.

### **Case history: Scotland's drug misuse communications strategy**

With funding of £6.3million for 2001/02 to 2003/04, the Scottish Drugs Communications Strategy was launched in March 2002 and takes a three-tier approach to tackling drug misuse under the overarching slogan "Know the Score":

**Nationally:** A new mass media campaign was launched including TV, cinema, radio, posters and billboard advertising, along with the "Know The Score" website and an information line (linked to the National Drugs Helpline). The Executive has also distributed a series of "Know the Score" materials on cannabis reclassification, a guide for parents and information for young people. A suite of harm reduction materials has also been distributed to drug agencies, service providers and prisons.

**Locally:** While the Scottish Executive adopts an 'all drugs' approach at national level, at a local level communications are directed by the needs of the local DAT and may target specific groups, for example injecting drug users. Harm reduction materials on injecting practices, avoiding overdose, and Hepatitis B and C have also been distributed by the Executive to drugs agencies across Scotland.

#### **Media relations:**

The third tier is focused on improving media relations to bring about more balanced and informed coverage.

### Case history: Strengthening ties between community and police

The Melin Against Drugs campaign, based in the Melin district of Neath Port Talbot, targeted drug dealing and related crime in a heroin hot spot. Local councillors were closely involved in planning and supporting the campaign alongside the police and other agencies.

Leaflets were delivered to every household, giving numbers for a police hotline for reporting drug dealing and a counselling and support helpline. There were special lessons in schools, a parents' evening and a crime prevention event outside the local supermarket.

All major dealers were arrested and removed from the community as a result of the campaign. To date eight convictions have been obtained with an average sentence of four years' imprisonment. Additional police activity resulting from the large amount of intelligence received was funded through Communities Against Drugs monies.

### Wales

Wales has its own distinctive substance misuse strategy, "Tackling Substance Misuse in Wales: A Partnership Approach", which was launched in May 2000.

Responsibility for substance misuse policy within the Welsh Assembly Government rests with the Minister for Finance, Local Government and Communities and substance misuse sits alongside crime reduction in the Community Safety Unit. The Minister is leading the refocusing of the strategy towards delivering improved services intended to tackle problematic drug use.

As a consequence of Health restructuring in Wales the 5 existing Welsh Drug and Alcohol Action Teams (DAATs) are being abolished. From April 2003 the function of DAATs will be integrated into the 22 Welsh Community Safety Partnerships. The Partnerships will be responsible for the formulation and implementation of local substance misuse plans. A strategic level of co-ordination will be established in the four Welsh police areas and will be delivered by Welsh Assembly Government staff.

Treatment and rehabilitation services, particularly relating to Class A drugs are the priority and despite previous increases in funding for substance misuse treatment, there are still concerns over increased heroin and crack use and the availability of, and access to, treatment services. Increasing the number of substance misusers in treatment remains a key objective. The Minister has agreed that substantial new funds are to be provided to improve services. This amounts to an additional £18 million over the next three years – an additional £3 million for 2003/04, £6 million for 2004/05 and £9 million for 2005/06.

In the first year this growth will allow £2 million to be invested in front line community services. The emphasis will be on strengthening core treatment services across Wales and building capacity particularly in relation to treatment targeted on problematic drug users. Community detoxification and rehabilitation provision will be extended. These provisions will be further expanded in the following two years in line with increased funding.

The NHS in Wales is currently spending around £12 million a year on treatment for substance misusers. However, the spending varies across Wales and does not necessarily fit with demand. The Minister therefore intends to ring-fence this element of NHS funding, which will grow in line with the general increase in Welsh NHS funding, so that it can be more effectively targeted on treatment priorities.

The availability and demand for bed spaces for inpatient detoxification and residential rehabilitation will be given careful consideration and identified needs for expansion in this sector will be taken into account in the second and third year growth in investment in treatment services.

Providing prisoners with support on their release from prison is a priority for development. Support workers within local communities will be provided, specifically to address the needs of discharged prisoners with substance misuse problems. The intention is to prevent relapse and the potential for drug related deaths, and to facilitate access to employment and education by working with other government initiatives. A priority will be to work with health agencies to ensure that treatment is available following discharge. Support will be provided throughout Wales for this group.

Support will also be increased within prisons to develop the key life and social skills of prisoners who have undergone treatment for substance misuse whilst in custody. This will better equip them to make use of post discharge support to cope with re-entering society.

Timely and accurate management information from the local partnerships will be essential to ensure that the substance misuse strategy is being delivered effectively at the local level and that the Assembly is obtaining value for money for the new investments. In 2003–04 the Assembly will be setting up new data collection arrangements and work will begin on developing a research programme.

The approach to tackling substance misuse in Wales is focused on the twin goals of promoting community safety and the provision of timely and appropriate treatment. The case study illustrates how policing to stifle the availability of drugs can be successfully integrated together with encouraging misusers to access treatment services.



### Case history: Community response in County Down

Reaching Everyone and Creating Trust (REACT) is an organisation committed to improving community relations in the Kilkeel area of County Down.

REACT's 'Don't Blow It' project was created in response to the increased availability of drugs and rising levels of drug and alcohol misuse among young people in the area. It was launched in November 2000 and its aims are to provide:

- community-wide, impartial information;
- effective confidential one-to-one and/or family counselling; and
- education and training programmes and workshops to support increased choice for young people.

The project has developed a unique community-based model focusing on contact, collaboration and sustainability in its attempt to address the problems in the area.

### Northern Ireland

Since the Executive approved the model for the joint implementation of the Drug Strategy and the strategy for reducing alcohol-related harm, work towards targets in both strategies has been progressing rapidly.

Priority has been given to getting the implementation structures right, at regional and local level. This is essential to ensure coherent and consistent delivery of the strategies across all departments and their agencies, in partnership with the community, voluntary and business sectors. The importance of an integrated approach based on partnership working has been learned from experience, so the new implementation model is fully inclusive and gives the voluntary and community sector the lead role in the Communities Working Group.

At ministerial level, the remit for the Strategic Steering Group already established under the leadership of the Minister for Health, Social Services and Public Safety to address drug misuse has been extended to include alcohol issues. The group also includes the Ministers for Education, Employment and Learning, the Environment, Culture, Arts and Leisure, Enterprise, Trade and Investment and Social Development. The Northern Ireland Office Minister responsible for criminal justice meets with the ministerial group on a regular basis to ensure co-ordination between the devolved and reserved responsibilities and to address issues that cut across boundaries.

The involvement of ministers from a range of departments ensures co-ordination across the devolved and non-devolved areas in taking forward initiatives such as developing workforce policies on drugs and alcohol, encouraging the involvement of the sport and leisure sector in the delivery of relevant sections of the strategies, tackling drugs, and drinking and driving.

At official level, the Drugs and Alcohol Implementation Steering Group (DAISG) meets regularly to review progress on the strategies and ensure a co-ordinated approach to tackling drug misuse. This group includes senior representatives from the departments represented on the Strategic Steering Group as well as from the criminal justice agencies, the Health Promotion Agency, the Drugs and Alcohol Co-ordination Teams and the voluntary and community sector.

Six working groups, covering communities, treatment, education and prevention, research and information, social legislation and criminal justice, have been created to develop these specific areas of the two strategies. Responsibility for issues relating to enforcement remains with the Northern Ireland Office, which is represented by the Criminal Justice Working Group.



The working groups have developed action plans for their specific areas. These have now been combined to produce a regional action plan listing over 115 recommended activities, which received ministerial approval in April. Based on this regional plan, the four Drug and Alcohol Co-ordination Teams have developed local action plans and will be progressing this work at local level.

The Chancellor announced that additional resources of over £9 million would be made available in Northern Ireland from April 2002 to take forward work in both the devolved and non-devolved spheres. Of this, £6.23 million was transferred to the Executive for allocation through DAISG. Most of this allocation is being used to resource the regional and local action plans.

The previous package of funding to implement the Drug Strategy and tackle drug-related issues ended in March 2002. Over £4.5 million of this money was allocated to 36 projects to help deliver on the objectives of the strategy. These projects included education and awareness raising in schools and community groups; drug education for parents; improved and expanded treatment, rehabilitation and counselling services for drug misusers; and action to reduce drug misuse in prisons and among offenders. The Department of Health, Social Services and Public Safety has found the necessary funding to sustain 23 of these projects, while the remaining projects will be funded by the relevant department.

### **Case history: Youth group volunteers deliver drug education**

The DrugWiser project, based in the Aisling Centre, Enniskillen, provides drug education workshops and training programmes both at the centre and via outreach to schools, youth clubs and community organisations.

The overarching aim is to protect young people from the harm resulting from illicit drug use through a comprehensive programme of drug and alcohol awareness training for all young people and their parents. The original target group has now been extended from 11–14 year olds to include the 14–17 age group.

From September 2000 to February 2002, 54 workshops were held in schools. Youth group volunteers, who have undergone accredited training, facilitated much of the programme. Around 100 workshops have also been delivered to youth and community groups in the area, reaching a combined audience of more than 2,600.

# Annex 1: The National Crack Action Plan

## Executive summary

### The reason for action

1. Crack use is steadily increasing throughout the UK. Evidence and feedback from a number of police forces and treatment agencies suggests this. On the basis of a range of available data, a significant sub-section of all DAT areas have a significant problem with crack use and crime. On the basis of this we can identify those areas where crack is most acute and where a higher level of response is needed. Whilst the majority of users are poly-drug users, using crack alongside heroin, just over 30 areas (about half of them in London) a significant number use crack as their primary drug of choice. Where this is the case, and especially where crack markets have grown up to support their use, problems related to crack are acute and demand urgent action.

2. Crack problems have not always been dealt with as efficiently as problems with heroin; partly because crack markets are difficult to handle and users difficult to engage in treatment. Action will be taken to increase the ability of services under all four aims of the strategy to respond effectively.

### The problems crack brings

3. Crack is produced in the UK from imports which derive mostly from bulk shipments via the Channel ports. A much smaller quantity arrives via couriers, by air.

4. Primary crack use sometimes leads to greater levels of violence and acquisitive crime and has been linked to guns and sex work. In all cases, whilst treatment can be effective and lead to behavioural change, services have not always been able to respond to the needs of users effectively.

5. Crack markets have a damaging effect on local communities, especially deprived ones, and have disproportionately affected the African-Caribbean community.

6. Crack dealing, linked to gun use, is seen by some young people, as an attractive career option.

### What will we do?

7. Action is under-way across the four aims of the Strategy – this will be increased and advanced more quickly and more effectively, delivering a higher level of service in all areas. There will also be an intense focus in those areas

most heavily affected – high crack areas (or HCAs) which will be expected to deliver a much more comprehensive set of services.

- On supply, major new action to stem the trafficking of crack to the UK through work in producer and transit countries to close trafficking routes.
- A major programme of action by police in a number of key force areas to close local crack markets, such as is happening in Lambeth (*see Executive Summary*).
- A new capability of all drug services to meet the needs of drug users backed by around twenty specialist programmes for crack users serving the HCA.
- New programmes to divert young people at risk from using crack and getting involved in related culture.
- New media and communications campaigns in HCA to raise awareness of gun crime and crack risks.
- New criminal justice interventions and increased services for offenders in HCA, making arrest referral services more able to track crack users into treatment and offer flexible, crack specific DTO programmes.
- New research into the effectiveness of treatment.
- New programmes to meet the needs of special client groups most affected by crack, such as sex workers.

### What will be the result from these actions?

8. There will be measurable change:
- An increase in the number of people arrested for crack supply.
  - An increase in the number of people convicted for crack supply offences.
  - A reduction in crack-related gun crime.
  - An increase in the amount of cocaine removed from the supply route to the UK.
  - An increase in the number of people accessing drug treatment.

- An increase in awareness of crack issues amongst young people.
- A reduction in the number of young people starting to use crack.
- A reduction in local availability.
- An improvement in public perception of action in HCAs.

And as well:

- Services will address the needs of the most deprived areas as a priority.
- The needs of ethnic minority users will be met more effectively.

#### When will this happen?

9. The timetable will be as follows:

- Identification of the HCA by December 2002.
- Creation of a high-level programme management group by December 2002.
- Guidance to DATs on how to tackle crack problems by December 2002.
- Focused action by police in key areas against markets starting January 2003.
- Introduction of new specialist crack treatment services by April 2003.
- Introduction of new schemes for vulnerable young people at risk of crack use in HCAs, amongst other drugs, by June 2003.
- Introduction of new criminal justice interventions, aimed at getting crack users and other drug users into treatment. These will begin to come on stream in April 2003.
- Measurable improvements in all areas, on supply, young people, treatment and crime by June 2003.

#### How we will co-ordinate this in government

10. The Home Office will set up a high level strategic programme management group involving key agencies like the NTA and ACPO, alongside delivery agents in government, to drive action across the strategy. This will commission activity and delivery on crack in key areas:

- We will ensure that there is effective local co-ordination by DATs and reporting on progress to the centre.
- DATs will be given specific guidance on how they can locally gear up services to meet this challenge.

11. The following chart provides an outline of the action plan.

# Annex 1: The National Crack Action Plan

	Action on trafficking	Middle market supply	Street supply	Young people	Criminal Justice	Treatment	Effect on Communities
<b>Objective</b>	<i>Reduce the amount of cocaine reaching the UK</i>	<i>Interrupt middle market distribution in the UK</i>	<i>Close local crack markets and make selling crack very difficult</i>	<i>Reduce the desire to use crack</i>	<i>Speedy referral of crack related offenders into treatment</i>	<i>Availability of flexible, appropriate treatment for primary crack users</i>	<i>A reduction in all the indicators of crack related harm in a community</i>
<b>Example activities</b>	<ul style="list-style-type: none"> <li>• Work with producer countries to reduce areas of cocaine in cultivation</li> <li>• Intercept cocaine in transit countries and en route</li> <li>• Intercept cocaine at point of importation</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted police operations</li> <li>• Building of relevant intelligence</li> <li>• Develop regional capacity to intercept dealers</li> </ul>	<ul style="list-style-type: none"> <li>• Close crack houses</li> <li>• Close street markets</li> <li>• Reduce the number of places where crack might be sold through environmental measures</li> <li>• Tackle related criminality – eg gun crime</li> </ul>	<ul style="list-style-type: none"> <li>• Develop diversionary programmes for young people at clear risk</li> <li>• Ensure all children receive crack specific education</li> <li>• Address specific risks – eg sex work, gun crime</li> <li>• Local media campaigns risk assessment services</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure arrest referral identifies crack users</li> <li>• Develop relevant DTTO programmes</li> <li>• Ensure prison programmes address crack</li> <li>• Develop persistent offender schemes</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure flexible, responsive services for all drug users that meet the needs of crack users</li> <li>• Offer specialist services to particular client groups – eg BME, prostitutes</li> <li>• Set up specialist services where problems are acute</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in offences to pay for crack</li> <li>• Reduction in crack supply</li> <li>• Rapid access to treatment services for users</li> <li>• Young people who reject the offer of crack</li> <li>• Sex markets are less visible and sex workers get help</li> </ul>

## Annex 2: Overview of improvements in the evidence base 1998–2002

### Young people

#### Position in 1998

The British Crime Survey (BCS) has been used to assess the level of drug use among the general population in England and Wales. The results from the 1998 survey formed the baseline for Class A drug use by young people aged between 16 and 24. The schools survey of drug use among 11–15-year-olds in England provides an additional indication of progress towards the young people's target.

However, there were limitations in the range of people captured by the surveys, the information produced, the frequency of reporting, and the extent that change could be detected. There was also a lack of robust evidence on the effectiveness of drug prevention work.

#### Progress since 1998

The following measures have been implemented in order to improve the evidence base for assessing drug use in young people:

- The sample size for the BCS has been increased, and a booster sample of 16–24-year-olds has been added to allow more precise measurement of changes in Class A drug use. From 2002 onwards, BCS respondents will be asked about the frequency of their drug use.
- Studies have been commissioned which examine groups of young people vulnerable to problematic drug use, e.g. those leaving care, sex workers, young offenders and homeless young people.
- A new Crime and Criminal Justice Survey will provide information on the links between drugs and crime, and will provide much better information on the nature and patterns of drug use among young people, than is currently possible through the BCS.
- Scoping work will be undertaken on the use of surveys to establish trend data on drug use among the most vulnerable young people.
- Evaluations of the school-based 'Blueprint' programme, and the Youth Justice Board's 'Named Drug Worker' initiative will provide evidence of the effectiveness of drug prevention/reduction work with young people in educational and youth justice contexts.
- Research is in hand to estimate the number of problematic drug users in specific geographical locations.

### The major sources

#### The British Crime Survey and Schools Survey on Smoking, Drinking and Drug Use

The BCS is a representative survey of the general public in England and Wales. It asks those aged between 16 and 59 about their use of drugs, and acts as the main measure for the Young People's target by estimating Class A drug use and frequent drug use among 16–24 year olds.

The schools survey measures the prevalence of drug use, smoking and drinking among young people aged 11–15 in England. Questions about illegal drug use were introduced in 1998 and since then the survey has been carried out annually.

#### Crime and Criminal Justice Survey

This new survey will interview a representative sample of approximately 10,000 people aged between 10–59, including 5,000 young people aged between 10–25 years. A range of questions specifically on drug use is to be included in the new survey. In addition to general prevalence figures, the survey will explore the links between substance use and offending, as well as exploring the nature and patterns of drug use in much greater detail than the BCS is currently able to do. The first findings from the survey will be available for analysis in autumn 2003.

#### Surveys of vulnerable young people

Reflecting the need to better understand substance misuse among the most vulnerable young people, work is currently being undertaken to assess the scope for collecting trend data on vulnerable groups between now and 2008.

This work will explore a number of approaches to accessing vulnerable young people, including through Pupil Referral Units, Youth Offending Teams, and young people identified as 'at risk' through their contact with the Connexions Service.

#### Evaluation of the Youth Justice Board's 'Named Drug Worker' initiative

The Youth Justice Board has invested £24 million to ensure that all young offenders in contact with YOTs are assessed for substance misuse and referred on to services as appropriate. A number of models of working are being implemented across all 154 YOTs. The evaluation of this initiative will significantly boost the evidence base around effective practice with substance misuse among young people in a youth justice context.

### Evaluation of Blueprint project.

Blueprint is an initiative that will deliver drug education to young people through work with schools, families and parents, the media, communities and health policies. By evaluating the success of the programme, Blueprint aims to create a model of best practice for future drug education. The programme has been developed after a review of materials from 'what works' programmes in the United States (e.g. Life Skills Training and Project STAR). The programme is targeted on young people aged 11 to 13.

### Reducing supply

#### Position in 1998

In 1998 there was very little evidence to draw upon. No attempt had been made to estimate the size of the UK drugs market, apart from some exploratory work carried out by the Office for National Statistics (*Groom et al, 1998*). However, statistics on drug seizures, offenders and street prices were available, and these were used to provide a baseline as at 1998.

#### Progress since 1998

A study designed to estimate the size of the UK drugs market was carried out by the National Economic Research Associates for the Home Office in 2001 (*Bramley-Harker, 2001*). This study used a 'bottom-up' approach, which estimates the value and size of the market by identifying the prevalence of different types of users. Work is in hand to further refine the methodology and to update estimates for later years.

Another approach has been to ask key individuals about their perspectives on trends in supply. This Key Informant Study (KIS), carried out in England, Wales, Scotland and Northern Ireland during 2000 and 2001, provided some interesting observations. A new national perceptual survey is under consideration and this will draw on projects such as the US Pulse Check survey in its methodology.

A study has also been completed on the middle market area of the drug distribution system in the UK. This was published in 2001 and provided information on the structure, commodities and personnel involved in middle market networks. Since then a police operation targeting middle level drug dealers has been undertaken. A final report is due early in 2003.

A review of research evaluating actions against local drugs markets has been carried out (*Mason and Bucke, 2002*).

A number of literature reviews on supply side issues will be commissioned over the coming months.

#### The major sources

- Sizing the Market Study (*Bramley-Harker, 2001*).
- Middle Market Drug Distribution (*Pearson and Hobbs, 2001*).
- Evaluating actions against local drug markets (*Mason and Bucke, 2002*).
- Drug Seizures and Offenders Statistics.

#### Other sources: general

##### The economic and social costs of Class A drug use

A study was commissioned which aimed to provide an estimate of the economic and social costs of Class A drug use in England and Wales in 2000 (*Godfrey et al, 2002*). Three groups of users were identified – problem drug users, young recreational users and older regular users. Five cost consequences were identified – health, work, driving, crime, and other social impacts. Six groups bearing these costs were considered – users, family/carers, other individuals directly affected, wider community, industry and the public sector. Total social costs were estimated to range between £10 billion and £18 billion. 99% of the economic and social costs were attributable to the problematic user group.

### Communities

#### Position in 1998

The major sources of information on drug-related crime in 1998 were a developmental survey of those arrested by the police in five areas in England and Wales (NEW-ADAM) and a longitudinal study of addicts in treatment (NTORS).

#### Progress since 1998

Following early development work, the NEW-ADAM survey was extended to a rolling programme covering 16 locations in England and Wales, starting with the first 8 sites in 1999–2000 and a further eight sites in 2000–2001. A baseline report covering the 16 sites is due to be published in 2002. The first eight custody suites were revisited in the third and final year of the programme, and a trend report is due to be published early in 2003.

Analysis of the first year of data from NEW-ADAM suggests that it is users of heroin and cocaine (especially

crack) that are most likely to be prolific offenders. Users of both heroin and cocaine/crack make up almost a quarter of the arrestees surveyed in 1999–2000, but their self-report information suggests that they are responsible for a disproportionate amount of crime. Around 75% of arrestees who report using heroin and/or crack/cocaine thought that their drug use and offending behaviour were connected.

Following an internal review of the NEW-ADAM survey, work has recently been completed to assess the feasibility of extending the survey to provide nationally representative information. As a consequence of this, a new Arrestee Survey will be launched in Spring 2003 and will provide arrestee information from a much larger sample of custody suites.

In the absence of arrestee information since data collection for NEW-ADAM ceased, research in the use of the Offenders Index as a measure of drug-related crime was undertaken in 2002.

NTORS has continued to follow-up a cohort of drug misusers in treatment and has shown that reductions in offending and drug use have, in the main, been sustained after five years.

### The major sources

#### **New English and Welsh Arrestee Drug Abuse Monitoring (NEW-ADAM)**

The aim of NEW-ADAM was to provide basic intelligence on drug use at the point of entry to the criminal justice system and on the links between drugs and crime. The research consisted of interviews with and drug tests of adult offenders arrested by the police in 16 custody suites. NEW-ADAM is to be replaced with the *Arrestee Survey*, which will involve interviewing arrestees using Computer-Assisted Self-Interviewing and requesting a sample of oral fluid that will be subject to an on-site drug-screening test. Respondents will be asked about their offending and drug abuse history, sources of illegal income, and whether or not they are or have been in treatment.

#### **The Offenders Index**

The Offenders Index is a database containing information on all convictions passed in adult or youth courts in England and Wales, and therefore represents that proportion of crime that is proceeded against by the Criminal Justice System. However, it can be used to provide a measure of

the volume of crimes committed by convicted drug users. The feasibility and sensitivity of this measure of drug-related crime is currently being explored.

### Other sources

#### **Arrest referral monitoring and evaluation**

All police forces in England and Wales now have proactive arrest referral schemes covering their custody suites. These schemes are partnership initiatives between police, drug agencies and Drug Action Teams aimed at identifying drug misusers at the point of arrest and referring them into treatment or other programmes of help. Routine information on arrest referral is collected by a national epidemiological surveillance programme providing data on the number and characteristics of arrestees screened, referred and accessing specialist drug treatment.

#### **Evaluation of Drug testing pilots**

The Criminal Justice and Court Services Act 2000 gave the police the power to drug test detainees in custody and the courts the power to order drug testing of offenders under the supervision of the probation service. Three pilot sites were launched in July – September 2001. The drug testing pilot programme was extended to an additional six sites in Summer 2002. Evaluation will assess effectiveness of reductions in offending and drug consumption, and will include cost-benefit analysis. It will also audit operational processes and organisational structures used to support testing.

#### **Drug Treatment and Testing Orders**

Drug Treatment and Testing Orders (DTTOs) have been available to the courts in England and Wales since 1 October 2000. These community sentences are designed to help problematic drug users address their problem through intensive programmes of treatment and testing. A DTTO requires convicted offenders to participate in treatment, and to undertake regular testing for use of drugs. Between 1 April 2001 and 31 March 2002, 4851 Orders were made. Routine process data are collected including the number and proportion of positive urine tests by area.

#### **Communities Against Drugs Evaluations**

External researchers have been commissioned to look at the impact of Neighbourhood Wardens and CCTV at specific CAD funded sites. Research has also been commissioned to develop a clearer understanding of the mechanisms and processes within rural drug markets.

## Treatment

### Position in 1998

Information on drug users presenting for treatment was routinely collected by the Regional Drug Misuse Databases (RDMDs) from 1990 until March 2001. Any first face-to-face attendance (or re-presentation after a break in contact of at least six months) at a wide range of drug agencies for a treatment demand was counted as a new 'episode'.

### Progress since 1998

Following the Department of Health's strategic review of drug treatment surveillance data the RDMDs were relaunched in April 2001 as the National Drug Treatment Monitoring System (NDTMS). One of the key differences was the introduction of a client review component that reports on the treatment received during the year (April to March); whether or not the client was still in treatment at the end of the year (March 31); and, if not, the reason for leaving.

### The major sources

#### The National Treatment Outcome Research Study (NTORS)

NTORS examined outcomes in drug use, health and criminal behaviour for up to five years after treatment entry. At five years the study found that:

- abstinence rates of illicit drug use increased;
- frequency of drug use reduced (although earlier improvements in crack use had lessened after five years and alcohol use still remained prevalent);
- crime reduced; and
- health improved.

The study also identified a small cohort of drug users who had not responded to treatment: one-fifth continued to use heroin daily, and after five years around 40% of residential and methadone clients were still using heroin weekly.

### Other sources

A study on the drug-related mortality of ex-prisoners will highlight the risk factors associated with those leaving prison and make recommendations for future interventions.

Two studies of drug treatment services have been commissioned which look at issues surrounding the provision of treatment for women drug users and black and minority ethnic drug users (*Becker and Duffy, 2002*; *Sangster et al, 2002*). Both reports explore ways in which generics can be improved for these particular groups of users.

## DAT returns 2002 – a brief synopsis

### Methodology

Information was compiled by the Home Office based on a template completed by local DATs. DATs report annually, and the first data gathering exercise, using electronically provided information was completed in 2002.

### Key messages

#### Policing and enforcement

There appear to be substantial increases in action against cocaine and crack but limited evidence of a shift from policing cannabis to Class A drugs. Around 40% of forces reported an increase in actions against heroin supply. However, 41% reported a decrease. The reasons for this are unclear. Police should therefore be further encouraged in this area. More research is needed concerning effective policing methods. 72% of forces report efforts to tackle middle market supply. 54% of DATs had a target on tackling middle market supply. Overall, considerable funding was being allocated to tackling drug supply through CAD (66% of DATs) and mainstream police funding. However, this has not yet translated into increased prosecution of suppliers – this may be evident in next year's assessment.

#### Community-level interventions

Overall, it would appear that CAD is being used to fund a wide range of local projects. However, housing, homelessness, regeneration and parental support remain underdeveloped. 47% of DATs had allocated funding to work with young people.

#### Services and treatment

Evidence suggested a tendency for DATs to spend on clinical interventions rather than holistic responses that address broader aspects of drug users' lives. For example, the lack of attention to housing, homelessness and employment interventions for drug users is of concern.



There was also considerable regional variation in service coverage (in both drug treatment and other support services) with something of a postcode lottery taking place. Evaluation appears limited and, where implemented, often extends no further than gathering simple monitoring data.

### Future development

Areas in need of concentrated development include:

- encouragement for the police to target heroin supply in a more effective way;
- greater linkage between the Drug Strategy and neighbourhood renewal strategies;
- better deployment of funds to address the specific needs of deprived communities;
- greater consistency across the country in terms of service coverage; and
- greater development of holistic services for drug users.

### Data limitations

Data was not analysed using systematic research methodology. This makes it impossible to get an accurate national picture. Some template questions were open to wide interpretation, which compromised comparability. Templates were completed by individuals with different roles and varying levels of seniority and experience, leading to a lack of consistency in perspectives. In addition, responses were based on subjective impressions of the local situation, which may not be accurate or comprehensive. There was also no baseline data with which to compare or examine trends.

We have reviewed the template and, as a result, DATs have been given greater clarification about the centre's information needs; we have identified which data sources should be accessed; and we have streamlined the numbers of questions we are asking, ensuring that the questions have a specific link to the national targets. This has an immediate impact on the Annual Return for 2002–2003.

For the future, we are working with colleagues to identify new information needs as a result of the SR2002 settlement, the developing research on Problem Drug Users and the new partnerships formed from DAT/CDRP integration. Above all, the template will form the backbone of the work being taken forward to develop a robust performance management framework for the National Drug Strategy.

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