Delivering The National Drug Strategy in London

Government Office for London

This guide has been written to provide a basic overview of how local partnerships implement the national drug strategy in London boroughs. These partnerships, which, from 1995 to the end of 2002, were known as Drug Action Teams (DATs), now go by many names. Some retain the Drug Action Team name, others have merged with Crime and Disorder Reduction Partnerships, others still have been renamed according to local choice. Despite these changes, throughout this guide we refer to local partnerships charged with implementing the national drug strategy as Drug Action Teams for reasons of readability and clarity.

The guide has two main functions:

Firstly, it is a basic primer and introduction to the role and work of Drug Action Teams for new officers or members

Secondly, it acts as a quick reference guide for existing officers or members, providing a summary of key topics and sign-posting key sources of further information

The Government Office London Drugs Team and the London Drug Policy Forum have undertaken to update this guide on a regular basis.

Government Office
for London

Overall co-ordination of the drug strategy is the responsibility of the Home Office Drug Strategy Directorate, which commissioned this guidance through the London Government Office Drug Team, in partnership with the London Drug Policy Forum.

The Government Office London Drugs Team (GOLDT), formerly known as the Drug Prevention Advisory Service (DPAS), is tasked with supporting the delivery of the National Drug Strategy at a local and regional level. As policy and practice develops the team has the responsibility to promote these to the DAT and its partners.

A team of advisors covers the 33 London Drug Action Teams, providing information, advice, supporting DAT partnership working and evaluating performance. The team works closely with other units within GOL, and in particular the Crime Reduction Team, providing intelligence, advice and briefing. This develops cross cutting initiatives that benefit a holistic approach to implementing the drug strategy. This in turn informs the development of policy at a regional and central government level informed by what is happening at a local level.

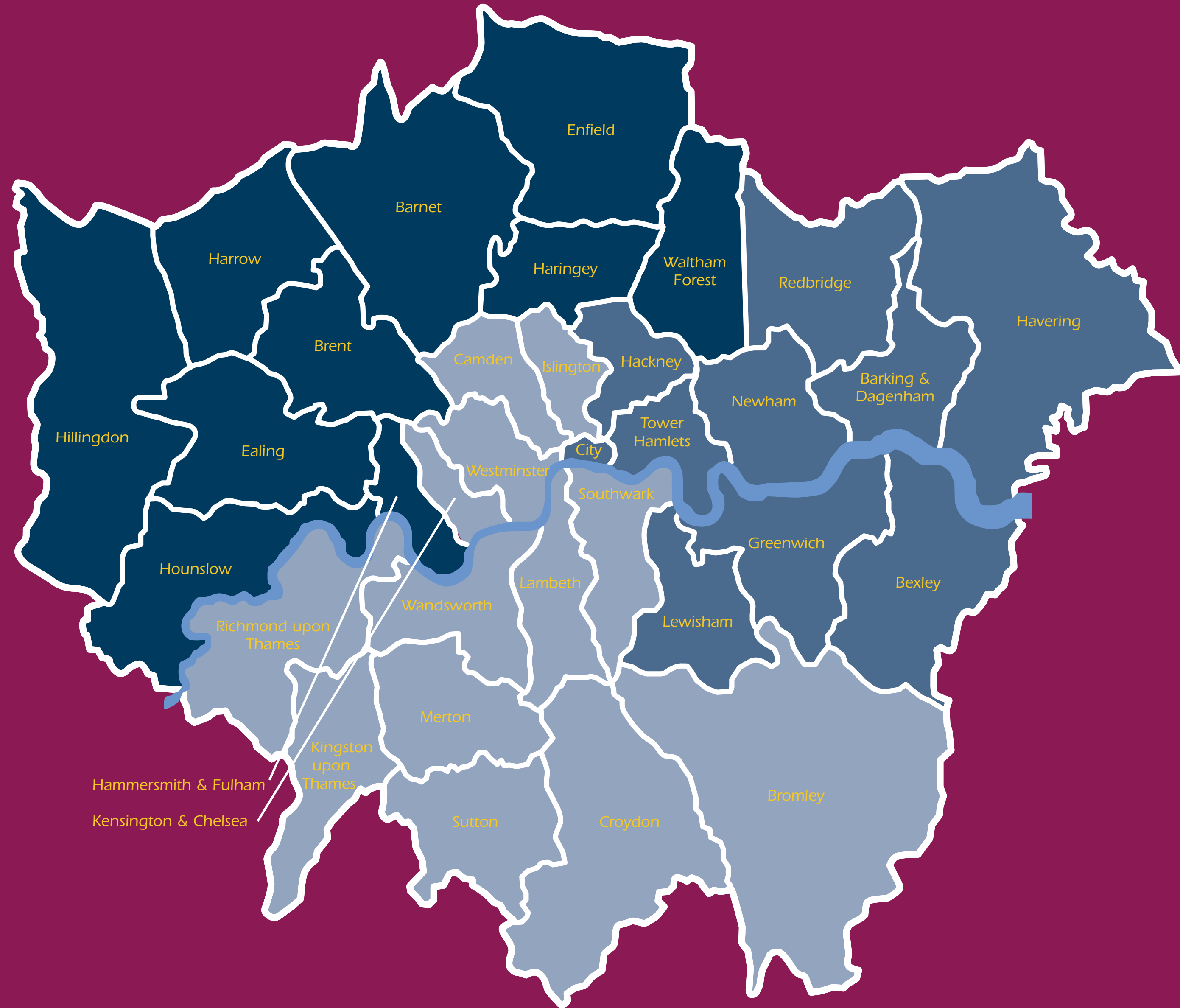
The London Drug Policy Forum was established in 1991 and is funded by the Corporation of London to assist, support and advise policy makers on drug issues affecting the capital. The Forum works with the London boroughs, Drug Action Teams, Government Departments, drug agencies and others to promote good practice on education and prevention, community safety and improving drug treatment services. Its independence allows the LDPF to pursue matters of concern to those in London involved in dealing with drugs and their consequences.

The Corporation of London is the local authority for the City of London. In addition to the usual services provided by a local authority, such as housing, social services, education and town planning, the Corporation is involved in a wide range of activities extending beyond the boundaries of the Square Mile for the benefit of the nation. The funding and support of the London Drug Policy Forum underlines the Corporation's commitment to the fight against illicit drug abuse in the capital.

For further copies of this document, please contact The Government Office London Drugs Team or The London Drug Policy Forum.

THE LONDON BOROUGHS

- North & West
- Thames Gateway
- Central & South



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Written by Russell Webster   Designed and produced by Brett Design Associates

WHAT IS A DAT?

Name, function and membership

Duties and responsibilities

The partnership standard

WHAT IS A DRUG ACTION TEAM? – ORGANISATION AND STRUCTURES

Name, function and membership

> 'What's in a name? That which we call a rose
> By any other name would smell as sweet.' [1]

The Police Reform Act 2002 placed a statutory duty on police authorities, fire authorities and primary care trusts to develop and implement a strategy to tackle crime and disorder and the misuse of drugs in their area. These strategies are, of course, expected to align with national plans – in the case of drugs with the National Drug Strategy, the main objectives of which are set out in chapter two of this guide.

Until 2002, Drug Action Teams were the Government's chosen vehicle for this task. This remains the case in many areas, but, as we have already stated, in several areas new local partnerships, often combining Drug Action Teams with Crime and Disorder Reduction Partnerships, and known by a variety of different names, are now fulfilling this role. These partnerships, irrespective of name, are based on local authority boundaries, meaning that there are, of course, 33 in the Greater London area.

Partnerships comprise the main local agencies tackling drug misuse locally. They are given some flexibility in deciding which agencies to involve in their work but each should ideally include: the local authority; education service; social services; the health authority; police service; probation service; prison service; housing service and customs and excise.

It is important to keep membership to an executive group whose members have sufficient seniority within their own agencies to pool resources and ratify the necessary joint-commissioning decisions. Local partnerships need to meet regularly, usually on a bi-monthly or quarterly basis, and are responsible to the Drug Strategy Directorate for local delivery of the National Drugs Strategy.

Local partnerships are also required to liaise closely with the Crown Prosecution Service, key sentencers, as well as agencies involved in employment and training,

1 Shakespeare, w. (1596) Romeo and Juliet, Act II, Scene II, Lines 43/4

including employers' bodies. Good links with the voluntary sector are likely to be essential.

Furthermore local partnerships are expected to engage actively their elected members and Members of Parliament, to ensure that there is no 'democratic deficit' to their activity.

Local partnerships also invariably have one or more officers to co-ordinate, drive and report on the activities undertaken by local agencies to implement the national strategy. These officers are given a variety of job titles; but the self-explanatory 'DAT Co-ordinator' remains the most common.

Since the inception of DATs in 1995, many other local partnerships have been created to drive multi-agency work in relationship to Community Safety, young people, health improvement, social exclusion and regeneration to name but a few. Over recent years, Government has been encouraging close links between such bodies, to integrate and align actions and avoid conflict or duplication of work.

In particular, the Government has encouraged closer working between Crime and Disorder Reduction Partnerships (CDRPs) and the bodies which were known as Drug Action Teams [2]. As a consequence, in some areas Drug Action Teams have merged with Crime and Disorder Reduction Partnerships.

However, the Government has made it clear that whether DATs retain a separate identity or form part of a merged body, the same high levels of accountability for delivering the national drug strategy remain.

2 As part of the 2002 Police Reform White Paper the Government set out plans to simplify and rationalise local multi-agency partnerships.

Duties and responsibilities

As has been made clear, the main purpose of local partnerships is to implement the National Drug Strategy. Every partnership is required to report on progress by filing an annual report, commonly still known as the 'DAT Template'. In addition, partnerships are required to publish separate plans for future work on the four themes of the strategy – Young people, Communities, Treatment and Availability – which must also be submitted to the Drug Strategy Directorate.

The Partnership Standard

Drug Action Teams were subject to a set of quality standards set out in the Partnership Standard for DATs [3], produced and updated by the Drug Strategy Directorate.

The Partnership Standard was designed to provide a basis for understanding the processes and effectiveness of arrangements at local level concerned with delivery of the National Drugs Strategy.

The Partnership Standard had a companion document – The Partnership Standard for DATs: Guidance in Assessing Performance – which was an excellent reference tool for DATs. This document gave practical indications of how the elements of the Partnership Standard might be interpreted in current practice and how assessment of performance should properly be done. The purpose of this assessment was to provide a tool for DATs to manage and improve their performance.

Both the Partnership Standard and the companion guidance were in the process of being updated to apply to local partnership delivering local strategies tackling crime and drugs as this guide went to press in Summer 2003.

3 www.drugs.gov.uk/DATWorkPages/CoreDocuments/DATPartnershipStandard

The National Drug Strategy

The national context

It has already been made clear that the main impetus for local work aimed at tackling drugs is the National Drug Strategy. This chapter provides an overview of this strategy and also sets the context of other Government initiatives in which local partnerships operate.

The National Drug Strategy

In 1998 the Government launched its 10 year National Drug Strategy, 'Tackling drugs to build a better Britain'.[4] The strategy recognised that drug misuse was a significant, growing and hard-to-tackle problem, and therefore a long-term strategy with the involvement of a large range of agencies working in partnership was required. The strategy outlined six underlying principles:

Integration. The strategy stated that drug problems do not occur in isolation and that key results in other areas of activity, such as general take-up rates for further and higher education and employment, and tackling social exclusion, relate clearly to the development of this strategy.

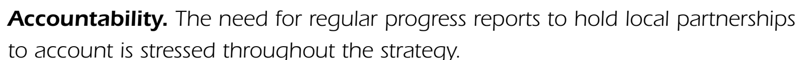
Evidence. It was recognised that drug misuse can be a highly-charged subject and that learning about an illicit activity can be difficult. A commitment was made to base the strategy on accurate, independent research, approached in a level-headed, analytical fashion.

Joint action. The strategy acknowledged that partnership is not an end in itself, and that it can be an excuse for blurring responsibilities and inactivity. However, it stated that effective joint action has a far greater impact on the complex drugs problem than disparate activities.

Consistency of action. Great emphasis is laid on the primacy of the strategy, Whilst accepting the need for activities to relate to local circumstances and priorities, a clear direction is placed on a fair and consistent response across the country.

Effective communication. The need to send clear and consistent messages to society in general and young people in particular is underlined.

4 'Tackling drugs to build a better Britain: The Government's 10 year strategy for tackling drug misuse'. (1998) HMSO Cmnd 3945, London. This was built on the previous National Drug Strategy, 'Tackling drugs together' which was published in 1995 and set out a strategy for the next three years.



Accountability. The need for regular progress reports to hold local partnerships to account is stressed throughout the strategy.

The strategy sets out four main aims with a key objective for each.

Four main aims of the National Drug Strategy

Young People – to help young people resist drug misuse in order to achieve their full potential in society.

Key objective: Reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year.

Communities – to protect our communities from drug-related anti-social and criminal behaviour.

Key objective: Reduce levels of repeat offending amongst drug misusing offenders.

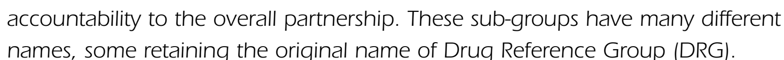
Treatment – to enable people with drug problems to overcome them and live healthy and crime-free lives.

Key objective: Increase the participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime.

Availability – to stifle the availability of illegal drugs on our streets.

Key objective: Reduce access to the drugs which cause the greatest harm.

Further details of the work involved in achieving these aims are given in the next four chapters. Since each of these themes require both a clear focus and the involvement of different agencies, many local partnerships are structured with a separate sub-group responsible for driving work in this area but retaining


accountability to the overall partnership. These sub-groups have many different names, some retaining the original name of Drug Reference Group (DRG).

The strategy was updated in late 2002[5], although the focus remained constant with the four overarching aims retained. The most important developments were:

- a tougher focus on Class A drugs;
- more resources to tackle each of the four aims;
- more support for the families, parents and carers of drug misusers;
- an expansion of treatment services in the community and within the criminal justice system, including an emphasis on after-care for those leaving treatment programmes or prison;
- the launch of a National Crack Action Plan intended to stimulate fast-track crack treatment programmes, new police initiatives to close crack markets and new diversionary programmes for young people.

The national context

Just as the National Drug Strategy requires a partnership approach to deliver, so the strategy itself is inter-linked with a number of other Government initiatives. It is for this reason that the Drug Prevention Advisory Service was renamed and integrated within the regional Government offices. The organisation which was London DPAS until late 2002, is now the Government Office London Drugs Team. The strategies with the most significant inter-relationship with the drug strategy are cited here together with signposts for further information.

5 Updated drug strategy (2002) Home Office Drug Strategy Directorate London.

Neighbourhood renewal

The Government has a national neighbourhood renewal strategy which aims to tackle deprivation at a local level by engaging local communities and involving a range of statutory and independent agencies. There are two main funding programmes:

1 The New Deal for Communities
www.neighbourhood.gov.uk/ndcomms.asp

2 The Neighbourhood Renewal Fund www.neighbourhood.gov.uk

At a borough level there will need to be close liaison with local strategic partnerships charged with neighbourhood renewal.

Further information:
Drugs Strategy Directorate (2002) Tackling Drugs as Part of Neighbourhood Renewal
www.drugs.gov.uk/ReportsandPublications/Communities/1034076137/tackling_drugs_NbrhdRenewal.pdf

Community safety

The very close working arrangements between Drug Action Teams and Crime and Disorder Reduction Partnerships should lead to a significant amount of joint working, not just in stifling the availability of drugs and tackling drug-related crime, but also in improving referral to drug treatment within the criminal justice system.

Further information: www.crimereduction.gov.uk

Social exclusion unit

The unit tackles key issues which are not the responsibility of any one Government department. Where an issue has been tackled, there should be a clear policy response and also a funding pot to stimulate action. Many of the issues addressed since 1997 inter-link closely with drug-related issues. The issues tackled from 1997 to 2003 are:

- Anti-social behaviour
- Community self-help
- Employment and training for young people
- Neighbourhood wardens
- Released prisoners
- Rough sleepers
- Teenage pregnancy
- Transport
- Truancy and school exclusion
- Young runaways.

Further information: www.socialexclusionunit.gov.uk/index.htm

Drug prevention and education

Families

Drug treatment for young people

YOUNG PEOPLE

The formal objective of this theme of the National Drug Strategy is to: 'Help young people resist drug misuse in order to achieve their full potential in society'. This is translated into two main areas of work in practice; drug prevention and education; and drug treatment for young people. The theme of young people is seen as particularly important since long term changes in the levels of substance misuse can only be achieved if an impact can be made on current generations of children and young people. Local partnerships are required to undertake distinct planning in this area and submit annual Young People's Substance Misuse Plans.

Drug prevention and education

Overview

The basic aim of the strategy is to ensure that all young people receive age appropriate, up-to-date drug education both in and out of school. Two key targets have been set for achievement by March 2004:

1. All primary and secondary schools to provide substance misuse education

2. All young people identified as being at risk of becoming drug users to receive targeted substance misuse education programmes.

School-based drug education

The Department for Education and Skills provides clear guidance on drug education in school in Circular 4/95 at www.dfes.gov.uk/publications/guidanceonthelaw/4_95/summary.htm. The circular states that certain aspects of drug education are a statutory requirement as part of the National Curriculum and spells out what issues should be tackled at four different key stages. Schools are also required to have policies for dealing with drug-related incidents. Almost all schools now have drug education at all four key stages and drug policies. The challenge for Drug Action Teams is to ensure that the education provided is from a proven model of intervention and delivered to a high standard and to ensure that drug policies are both consistent within schools and implemented fully. At the time of publication, this guidance is under review and a new version is expected to be issued in Autumn 2003.

Drug education out of school

Considerable emphasis is placed on reaching 'at risk' groups, who include young offenders, young people known to social services, homeless young people, those excluded from school or otherwise having problems with formal education, those involved in prostitution, young refugees and asylum seekers, or those with substance misusing parents. A wide range of targeted initiatives are used, often using outreach work. One of the new national models is 'Positive Futures' which tries to reduce drug use and crime in 10-16 year olds by engaging them in sporting and recreational activities. For further information: www.drugs.gov.uk/NationalStrategy/YoungPeople/PositiveFutures.

The Drug Strategy Directorate has established a number of pilot areas where budgets from different key stakeholders can be pooled in order more effectively to commission young people's services. The evaluation report of these pilots is due in September 2003.

Families

Families play a key role in identifying and supporting young people with substance misuse problems. Family members are often the first to spot a young person having problems, and the first to provide support. They also play an important role supporting and reinforcing school drug education programmes, particularly with younger children.

The Government, in May 2003, launched a major new communications campaign encouraging young people and their parents to seek further advice and help if experiencing difficulties or concerns regarding drug use. DATs and constituent members are encouraged to register for automatic updates and information about the campaign at www.drugs.gov

The campaign has its own website at www.talktofrank.com

Drug education and prevention resources

The Department of Health's Drug Education and Prevention Information Service

maintains a searchable online database with information on drug education and prevention resources and projects and evaluation: www.resourcenet.org.uk

The Drug Education Forum is comprised of national organisations working in the field and produces reports and bulletins on drug education matters: www.drugeducation.org.uk/Splash.html

Drug treatment for young people

Drug treatment for young people is contained within this theme of the report rather than the treatment theme for two main reasons. Firstly, it is recognised that the form of treatment needs to be different from adult treatment to be effective. Secondly, many drug users use drugs for many years before seeking help; to reduce the number of problem drug users it will be important to get people into treatment earlier to prevent them developing large scale, life-ruining drug problems. Government reports since the mid 1990s have pointed up both the importance of young people specific treatment services and the lack of progress in this area.

September 2003 will see the further development of an integrated approach to delivering criminal justice based drug interventions in the youth justice system with pilots in ten local areas.

A further two key targets have been set to be achieved by March 2004:

1. In all areas, Local Education Authorities, Primary Care Trusts, Youth Offending Teams, Social Services Departments and Connexions Services to jointly commission and co-ordinate the provision of substance misuse prevention and treatment services for vulnerable young people.

2. In 80% of areas, Local Education Authorities, Primary Care Trusts, Youth Offending Teams, Social Services Departments and Connexions Services to work together to provide integrated programmes of treatment, care and support to all young people identified as having a substance misuse problem.

The Connexions Service

The involvement of the Connexions Service, the new national youth support service for teenagers, is likely to be key both to delivering drug education and engaging young people in treatment. Further details of the remit and organisation of the Connexions Service can be found at: www.connexions.gov.uk

Drug treatment resources

Advice and guidance on both assessing the substance misuse treatment needs of young people and on providing young people specific treatment has proliferated in recent years:

Health Advisory Service (2001) **The substance of young needs review 2001** London, HMSO.

Drugscope and Drugs Prevention Advisory Service (2002) **Assessing local need: planning services for young people**, London, HMSO.

Drugs Strategy Directorate (2003) **First steps in identifying young people's substance related needs.** www.drugs.gov.uk

SCODA & The Children's Legal Centre (1999) **Young people and drugs: Policy guidance for drug interventions**, London, SCODA & The Children's Legal Centre.

Treatment at every stage of
the criminal justice system

Tackling the effects of drug dealing

Housing

Homelessness

The formal objective of this theme of the National Drug Strategy is: 'To protect our communities from drug-related anti-social and criminal behaviour'.
This theme is translated into the following three main areas:

1. Ensuring that there are interventions to encourage drug using offenders into treatment at every stage of the criminal justice system
2. Trying to mitigate the effects that drug dealing and use have on local communities
3. Tackling drug related issues in the housing and homelessness arena.

Treatment at every stage of the criminal justice system

Since the launch of the national strategy, considerable progress has been made in this area.

Every police force now hosts drug arrest referral workers in its custody suites. These workers contact drug using arrestees and encourage them to attend local treatment services. With new powers to drug test all arrestees, the numbers of drug using offenders identified at this point of the criminal justice system is likely to increase markedly.

Drug Treatment and Testing Orders (DTTOs) were introduced by the 1998 Criminal Justice Act. After an initial pilot period of 18 months they were rolled out to all probation areas in England and Wales in October 2000. The courts sentence offenders to receive drug treatment under the supervision of the probation service. Progress is recorded closely, including by at least twice weekly drug tests, and reported to the courts on a monthly basis.

Counselling, Assessment, Referral, Advice and Throughcare services (CARATs) were introduced into every prison in England and Wales in 1999. CARATs were intended to provide most prisoners with the only intervention into their drug problem within a new national network. Basic information and advice is made available to all prisoners, and assessment leads to onward referral or ongoing counselling within

the CARAT Service. The CARAT service provides a foundation for more intensive specialist drug treatment when sentence length and prisoner motivation make this viable. It provides referrals into treatment, and post-treatment support, to try to ensure that the gains made in treatment are not lost.

The prime responsibility of local partnerships in this area is to ensure that these interventions are working well and that co-operation between them is improved so that drug using offenders identified at one point in the criminal justice system are followed up at others. In particular, there is a need to improve the treatment on offer for released prisoners. Many drug using offenders are prolific shoplifters for which they may be sentenced to a series of short custodial sentences. The aim of the strategy is to engage with this target group and offer un-broken drug treatment both in and out of prison to try to break a cycle of crime and drug use.

The updated drug strategy recognised the need for more work in this area and the Criminal Justice Intervention Programme was launched in 25 pilot sites in 2003. These pilots are asked to adopt a model of working delivered by a 'virtual or dedicated' community based criminal justice drug team for their area. This approach adopts the principle of identifying an integrated care pathway which clearly maps the course of treatment for a drug misuser who is assessed and referred within the criminal justice system.

Criminal justice intervention resources

The Criminal Policy Research Unit at South Bank University has conducted a large proportion of the research in this area and publications can be downloaded for free at its website: www.sbu.ac.uk/cpru

The Research, Development and Statistics section of the Home Office also conducts considerable research in this area. Their findings and publications can also be downloaded for free: www.homeoffice.gov.uk/rds/index.htm

A short list of useful publications is provided:

Sondhi et al. (2002) **Arrest referral: emerging findings from the national monitoring and evaluation programme.** Home Office, London

Edmunds et al. (1998) **Arrest Referral: Emerging lessons from the research**. Home Office DPI Paper 23. These findings have been validated by more recent research

Turnbull, Hough, McSweeney and Webster (2000) **Drug treatment and testing orders**. Home Office Research Study 212 London

Hough, M. (1995) **Drugs misuse and the criminal justice system: a review of the literature.** Home Office Drug Prevention Initiative Paper 15.

Tackling the effects of drug dealing

The presence of drug dealing within local communities obviously can affect the quality of life negatively in a number of ways, as well as making local people more exposed to the risk of using Class A drugs. Although dealing can take a lot of different forms and cause a range of problems, most recently the gravest concerns have centred on crack houses. Once crack houses become popular and busy, they tend to operate all hours of the night and day causing considerable disruption and intimidation to neighbours. The associated anti-social behaviour typically includes noise and disruption, the discarding of drug paraphernalia, urination, defecation, and, on occasions, sexual acts in public places.

The 'Communities against Drugs' initiative was launched by the Chancellor in the 2001 budget for a three year period. The initiative recognised that drug abuse often reflects and reinforces the other problems faced in deprived neighbourhoods. The funds provided were expected to be used to find local solutions to local problems. The Crime and Disorder Reduction Partnerships, Drug

Action Teams and local police commanders were asked to plan how to use the money, for example, to:

- disrupt drug markets – by, for instance, ensuring that police officers can maintain a visible presence in drugs hot spots, by installing more CCTV and better physical estate security;
- tackle drug-related crime – using mobile police stations to increase police accessibility; introducing neighbourhood wardens; and establishing 'youth inclusion' schemes to divert young people away from drugs and crime;
- strengthen communities' ability to deal with the drug abuse by, for instance, providing extra housing managers, and parents' and residents' support groups.

Tackling effects of drug dealing resources

The Home Office produce a useful toolkit for tackling drug-related crime at: www.crimereduction.gov.uk/toolkits/dr00.htm.

Again the Criminal Policy Research Unit has conducted most research in this area: www.sbu.ac.uk/cpru

Useful publications include:

Lupton, R., Wilson, A., May, T., Warburton, H. and Turnbull, P.J. (2002) **A rock and a hard place: drug markets in deprived neighbourhoods**. Home Office Research Study no.240. London: Home Office

May, T., Harocopos, A., Turnbull, P.J. and Hough, M. (2000) **Serving Up: the impact of low-level police enforcement on drug markets**. Police Research Series Paper 133. London: Home Office

Drug Strategy Directorate (2002) **Tackling Crack: A national plan**. Home Office, London.

The Royal Borough of Kensington and Chelsea has produced a multi-agency response to tackling crack houses. This protocol is available by contacting the DAT Co-ordinator direct.

The London Borough of Brent successfully tackled an open drugs market on the Stonebridge Estate which was related to very high levels of serious crime, including the use of guns. Adopting a multi-agency approach, involving a range of enforcement activity, strong engagement with the local community and a number of changes to the fabric of the local area, outstanding results were achieved. They included: removing drug dealing from a local shopping precinct, sustained drop in drug use and related crime, return of shoppers to what had become a no-go area and the revitalisation of the local community.

Drug dealing in clubs has also caused considerable concern in many areas and the Home Office with the London Drug Policy Forum, issued comprehensive guidance on tackling this issue in 2002:

Webster (2002) **Safer Clubbing Guidance for licensing authorities, club managers and promoters**. The Home Office and the London Drug Policy Forum.

Housing

A successful drug strategy needs to balance the needs of drug users against the expectation of the general population to live in a community free from drug-related harm. This issue is extremely sharply defined in the housing arena where the challenge is to weigh the rights of tenants to live in a drug free community with the rights of drug users to the social housing which is accepted to be a vital component of rehabilitation. Drug Action Teams have an important role in taking the lead to ensure that a coherent strategy is in place to tackle drug-related issues in the housing arena. The following issues are all likely to cause conflict and require clear thinking and leadership:

- providing recovering drug users with appropriate accommodation;
- supporting current and ex-drug users to maintain their tenancies;

- tackling drug-related anti-social behaviour including drug dealing from homes.

Homelessness

Rates of drug use are very high amongst homeless people and the partnership may need to lead work which ensures that homeless drug users are treated as a distinct group when local drug and local homelessness strategies are developed. Joint commissioning and provision of services by both drug agencies and homelessness agencies will be important.

Useful initiatives might include:

- commissioning drug services to train homelessness workers on substance misuse screening and referral procedures;
- commissioning satellite work by drug services at homelessness agencies;
- commissioning street outreach services aimed at drug using homeless people, providing harm reduction work and encouraging the stabilisation of drug use and entry into treatment and accommodation.

Any initiatives addressing drug use and homelessness should be integrated with ongoing work within the Government's 'Supporting People' programme led by the Office of the Deputy Prime Minister.

Housing and homelessness resources

The Drug Strategy Directorate has made available a number of drugs and communities toolkits on its website:
www.drugs.gov.uk/DATWorkPages/Communities/Toolkits.

These toolkits are designed to help plan effective services under the communities aim of the ten-year national drugs strategy and give advice on:

- identifying the current evidence base for effective practice;

- identifying the elements of effective practice;
- planning, or assisting others with planning effective services for these domains;
- assessing proposed plans for spend against a measure of what has been tried with some effectiveness in other areas.

At the time of publication (June 2003) toolkits are available on the following areas of work, many relating directly to housing and homelessness issues:

- estate and housing management;
- community development;
- supported housing;
- homelessness;
- sex work, sex markets and drugs.

The Office of the Deputy Prime Minister has produced a guide to drug services for homeless people:

Randall and Drugscope (2002) **Drug services for homeless people: a good practice handbook**. London, ODPM

For further information on supporting people, see the Government's website: www.spkweb.org.uk

National Treatment Agency

Models of Care

Joint commissioning

The evidence base

Addressing gaps in provision

TREATMENT

The principal objective of this theme of the National Drug Strategy is to: 'Enable people with drug problems to overcome them and live healthy and crime-free lives'. The theme is central to the overall success of the strategy – treatment can clearly break the cycle of drug misuse and crime, with positive results for the individual and society at large. The Department of Health is the lead Government agency for all work undertaken under this theme.

Perhaps the most quoted of the National Drug Strategy's targets is to double the number of drug users in treatment by the end of the strategy's 10 year time span, this translates into a 8% year on year increase of the numbers of people attending treatment. It is the job of Drug Action Teams to lead the expansion of drug treatment services and to ensure that the needs of all local drug users are met.

Another key objective in urgent need of attention is reducing the number of drug-related deaths which has been rising steadily in recent years with 854 such deaths recorded in London between 1998 and 2000 [6].

There have been very large increases in the amount of funding made available for treatment and in 2001 the Government established the National Treatment Agency to increase the availability, capacity and effectiveness of treatment for drug misuse in England. In the financial year 2003/4, London has 23% of the pooled treatment budget, totalling £55 million. Mainstream funding from health and local authorities totals an additional £44 million.

National Treatment Agency

The National Treatment Agency's role is to lead the improvement in quality of drug treatment services by focusing on three key issues:

1. **Commissioning** – Supporting local partnerships and their Joint Commissioning Groups (JCGs), on all aspects of the commissioning process and helping them performance manage providers.

2. **What works** – Promoting practice which is evidence-based, appropriately

6 Greater London Alcohol and Drug Alliance (2003) 'London: The highs and the lows - A report from the Greater London Alcohol and Drug Alliance incorporating the findings from the London Drug Indicators Project'. Greater London Authority, London.

delivered, outcome focused, and integrated into a system of co-ordinated drug treatment and care.

3 **Managing performance** – the NTA's Regional Managers work with local partnerships/JCGs and service providers locally to improve the quality and effectiveness of treatment available to their communities.

The role of the London NTA Regional Manager is to performance manage London Drug Action Teams in relation to treatment. The role of the Government Office for London Drug Team is to support London DATs in implementing the national drug strategy within their local area. All DATs submit an annual treatment plan which is approved by the NTA and monitored quarterly.

Models of Care

One of the first major acts of the NTA was to publish 'Models of Care', a national framework for the commissioning of adult treatment for drug misuse in England. Models of Care advocates a systems approach to meeting the multiple needs of drug and alcohol misusers. This is achieved through the development of local systems that maximise the gains achieved through drug and alcohol treatment by having explicit links to the other generic health, social care and criminal justice services, including through-care and aftercare. One of its principal aims is to ensure that a range of high quality drug treatment services are available in every part of the country.

Joint commissioning

All local partnerships in London have Joint Commissioning Groups (JCGs) to oversee the commissioning of drug treatment services locally. The establishment of a JCG requires careful consideration; particularly with regards to membership, relationship to the partnership and terms of reference. It is suggested that partnerships engage the help of the Government Office Drug Team or NTA London team. JCGs enable the key agencies involved in the planning, purchasing and monitoring of drug treatment services (usually Primary Care Trusts, social

services, and the police and probation services) to work together to develop services strategically. It is expected that partnerships pool drug treatment budgets in order to have coherent services with no duplication or gaps.

The evidence base

It is very important that the form of drug treatment provided is as effective as possible. Although new forms of drug treatment are being developed all the time, there is a growing evidence base of 'what works'. It is the NTA's job to keep partnerships and JCGs informed of the latest research. However, it is worth drawing attention to the National Treatment Outcomes Research Study (NTORS). The most extensive evaluation of drug treatment to date in the UK, NTORS has shown that treatment leads to reductions in both drug use and offending for at least five years. The study has shown 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.

A useful snapshot of the current effectiveness of drug treatment in the UK can be found in the Audit Commission's 2002 report, 'Changing Habits' which can be found at: ww2.audit-commission.gov.uk/publications/brchanginghabits.shtml

Addressing gaps in provision

A number of national and local research studies point up significant gaps in the provision of drug treatment services. Although these will vary from area to area, dependent not just on current provision, but also local patterns of drug misuse and the diversity of local communities, there is particular concern about the lack of provision for, and uptake of treatment by:

- crack cocaine users;
- black and minority ethnic drug misusers;
- women drug misusers.

In addition, many areas suffer from a lack of treatment capacity and consequently waiting lists for services. The NTA has set targets for waiting times for all forms of treatment and local partnerships are help accountable for their progress towards these targets on a quarterly basis. In London this lack of treatment capacity is often exacerbated by difficulties in recruiting and retaining skilled staff. Again, the role of the NTA is to take a national lead in addressing staff shortages. The London manager and the Government Office London Drugs Team should offer support in developing local recruitment and retention strategies.

Resources

National Treatment Outcome Research Study reports are available at:
www.ntors.org.uk

The Models of Care blueprint for national drug treatment is available on the National Treatment Agency website: www.nta.nhs.uk. There are three key documents available, **Models of Care Part One** is a summary document for commissioners and managers of treatment services. **Part Two** is a full reference document with detailed description of treatment modalities and service specifications. There is also a guide to implementation.

NTA guidance and briefings area also available from the same website – www.nta.nhs.uk. They are a good source of up-to-date research findings in addition to clear statements of requirements on DATs on key issues such as waiting times.

Tackling markets at all levels

Middle markets

Low level dealing

Reclassification of cannabis

AVAILABILITY

The principal objective of this theme of the National Drug Strategy is to reduce the availability of drugs. Although there have been some local successes, this has proved one of the hardest themes to tackle; most commentators share a consensus that illegal drugs remain readily available. This view is based on a range of factors, one of the most significant being the price of heroin and cocaine.

Tackling markets at all levels

The Home Office is the lead Government agency in pursuing work under this theme. The National Strategy sets out an approach which tackles drug markets at all levels including:

- work with foreign Governments to reduce the amount of drugs produced, including work with Afghanistan on heroin production;
- co-operating with other countries to target known supply routes and seize drugs abroad and as it enters the UK;
- tackling the production, supply and distribution of drugs in the UK;
- targeting street level dealing.

Middle markets

For the first years of the strategy, efforts were restricted to large scale operations by Customs and Excise and local police operations against street level dealers. Although Customs have succeeded in increasing the number and size of seizures made, it is clear that they only intercept a small proportion of the drugs coming into the country. Research studies show that even co-ordinated police action such as the Metropolitan Police's crackdowns, do not arrest sufficient street dealers to affect the cost or availability of drugs – front-line operatives are swiftly replaced.

Throughout this time there was little targeted action at the middle market. The middle market is defined as 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 between 1 and 5kg. The

updated drug strategy has made the tackling of middle level dealers a priority. Such work will require collaboration between local areas.

Resources

Pearson, G. et al. (2001) **Middle market drug distribution**. HORS 227 London: Home Office.

Low level dealing

Drugs are bought and sold in different ways in different areas. Research studies have distinguished between so-called open and closed markets. Open markets are often specific places where drugs are sold to anyone who looks like a plausible buyer. The main advantage to participants of this type of market, the ease of locating buyers and sellers, is also its biggest drawback – rendering it vulnerable to both overt and undercover policing.

Increased policing combined with the emergence of mobile phones has led to the transformation of many open street based markets into closed ones. In these markets sellers will only do business with buyers whom they know, or for whom another trusted person will vouch. Increasingly contact is now made by the buyer ringing the seller's mobile phone and making an appointment to meet at an agreed place.

Increasingly, crack cocaine and sometimes heroin and other drugs are also sold from crack houses, which can be considered a semi-open form of market.

Another significant part of the drug selling system is through pub- or club-based retail markets. These venues should be regarded as semi-open retail outlets and many researchers argue that most illicit drug buying takes place in such venues. However, there is also a consensus that problem users who account for the majority of drug expenditure are unlikely to buy from these sources – their needs for very regular and dependable supplies of drugs locks them into street markets or phone-based markets serviced by sellers who operate on a full-time basis.

Illegal drug markets are known swiftly to change the ways they operate in response to enforcement activity. Crack houses which are shut down often re-open within a few days in an adjacent location. Street dealers who are arrested are often replaced swiftly. If closed circuit television cameras are installed to provide surveillance in a known drug dealing area, the market will swiftly relocate out of range of the cameras.

It is suggested that to tackle local drug markets it is important to:

- understand and profile the ways in which drugs are sold locally;
- adopt a multi-agency response to enforcement which goes beyond policing;
- ensure that treatment agencies are adequately resourced and provide appropriate resources so that drug users have a viable alternative to buying drugs.

Resources

Lupton, R., Wilson, A., May, T., Warburton, H. and Turnbull, P.J. (2002) **A rock and a hard place: drug markets in deprived neighbourhoods**. Home Office Research Study no.240. London: Home Office

May, T., Harocopos, A., Turnbull, P.J. and Hough, M. (2000) **Serving Up: the impact of low-level police enforcement on drug markets**. Police Research Series Paper 133. London: Home Office

The Government Office London Drugs Team organised a seminar on 'Tackling local drug markets for London Drug Action Teams' in Spring 2003 run by the Criminal Policy Research Unit at South Bank University. Further information can be got from either CPRU: www.sbu.ac.uk or The Government Office London Drugs Team.

Reclassification of cannabis

In summer 2002, the Home Secretary proposed reclassifying cannabis to a Class C drug under the Misuse of Drugs Act. In many areas, this has been wrongly interpreted by young people as making all drugs legal. From 2003 onwards, the police will be able to give warnings on the street to those found in possession of cannabis, although the power of arrest will be retained in certain circumstances. The Drug Strategy Directorate suggests that local partnerships launch an information campaign that reinforces the message that while the consequences for possession of cannabis are being lessened, the possession and use of other drugs, particularly heroin and cocaine, will not be treated in the same way and legal sanctions will continue to apply.

Resources

The Drug Strategy Directorate has produced a leaflet on the reclassification of cannabis: www.drugs.gov.uk/ReportsandPublications/Communications/1034866081

The Metropolitan Police have also developed information material following the Lambeth cannabis pilot policing project:
www.met.police.uk/drugs/announcement.htm

A recent report examines the growing importance of home grown cannabis:

Hough et al. (2003) A growing market: The domestic cultivation of cannabis. Joseph Rowntree Foundation, York.

Drugs in London

London drug challenges

THE LONDON CONTEXT

THE LONDON CONTEXT

This chapter briefly considers specific issues and challenges faced by Drug Action Teams in London before giving information about key London drug agencies.

Drugs in London

London is, in common with most other capital cities, the national centre of illicit drug taking and dealing. London confronts not only high levels of problem drug use amongst Londoners themselves but also a steady flow of users from other parts of the country. Furthermore, the Metropolitan Police Service has estimated that three-quarters of all drug trafficking takes place within London although most consignments are en route elsewhere.

Drug use in London

Levels of drug use in London are consistently higher than the national average as the following key facts from the 2003 Greater London Alcohol and Drug Alliance inaugural report, Highs and Lows[7] spell out:

- thirty-one per cent of 16-29 year olds in London claim to have taken an illegal drug in the previous year. This equates to well over half a million young people;
- Londoners are the most likely people in the country to use Class A drugs (Class A drugs include heroin, methadone, cocaine, LSD and Ecstasy and amphetamine prepared for injection);
- cocaine use in London has increased sharply in recent years and levels are more than double those in other parts of the country. In 2000, 12per cent of Londoners aged 16-29 reported having used cocaine in the previous year, equivalent to over 200,000 people.

7 Available from the London Drug Policy Forum.

Drug dealing in London

There are five key reasons why London is the focal point for distribution of drugs throughout UK and Eire:

1 *Geography – London has its own port and several airports, it is also close to the South Coast, giving a range of importation opportunities;*

2 *Diversity – the diversity of communities living in London means that there are potential contact points with a very large number of countries, in both drug producing countries and countries which lie along supply routes;*

3 *Employment – there are large numbers of people willing to take advantage of the opportunity to earn money from drug trafficking;*

4 *Money (there is a great deal of legitimate money which affords unscrupulous wealthy people the capital to make illegitimate profits from trafficking); and*

5 *Transport – London is the hub of an extensive rail and road network which facilitates distribution of drugs throughout the country.*

Again, Highs and Lows *provides key facts about drug dealing in the capital:*

- *in 2000 the rate of seizures of Class A drugs in London (one per thousand population) was double the rate of seizures of Class A drugs in the rest of England as a whole;*
- *seizures of Class A drugs in London accounted for nearly 30 per cent of all Class A seizures in England;*
- *there has been a recent proliferation of crack houses in the Capital, in Lambeth in 2002, the police and partner organisations identified over 80 operating crack houses.*

London drug challenges

There are a number of key challenges faced by London Drug Action Teams particular to the capital. Some of these are listed below; again, all statistics are taken from **Highs and Lows**:

- the incidence of AIDS and HIV positive tests is much higher in London than the rest of the country. The percentage of injecting drug users testing positive for HIV in London in 2001 was ten times the national average. It is important for commissioners to ensure that specialist Tier 4 services catering for drug users with AIDS are provided;
- needle and syringe sharing by injecting drug users is significantly higher in London – co-ordinated harm reduction campaigns to tackle this practice, which is of course linked to the spread of HIV and other blood-borne viruses, are vital;
- London's homelessness rates are the highest in the country and we know that the prevalence of problem drug taking amongst homeless people is very high. Targeted drug outreach services need to be provided for this population;
- London has an extensive and vibrant club culture and recent concerns about drug use and drug dealing in clubs require a targeted response.

The following London-based organisations are well-placed to advise Drug Action Teams on the challenges listed above and most other drug issues.

The Government Office for London Drugs Team

GOLDT's team of advisors provide London's 33 Drug Action Teams with information, advice and support to implement the national drug strategy. The team works closely with other units within GOL, and in particular the Crime Reduction Team, providing intelligence, advice and briefing. The GOLDT facilitate a range of regional fora in response to DAT need; for example DAT Co-ordinators meetings, YP Co-ordinators Forum and Criminal Justice workers forum. These aim to encourage the development of best practice through networking, briefing and

support. Within the team there are advisors with lead responsibility for each of the themes of the NDS as well as cross cutting themes such as Diversity; their support and advice can be easily accessed.

The Government Office London Drugs Team
Government Office for London
4th Floor, Riverwalk House
157-161 Millbank, LONDON, SW1P 4RR
Tel: 020 7217 3446

The London Drug Policy Forum was established in 1991 and is funded by the Corporation of London to assist, support and advise policy makers on drug issues affecting the capital. The Forum works with the London boroughs, Drug Action Teams, Government Departments, drug agencies and others to promote good practice on education and prevention, community safety and improving drug treatment services. Its independence allows the LDPF to pursue matters of concern to those in London involved in dealing with drugs and their consequences.

London Drug Policy Forum,
Town Clerk's Office,
PO Box 270, Guildhall,
London EC2P 2EJ
Telephone: 020 7332 3708/3084.
Email: David.Mackintosh@corpoflondon.gov.uk
Website:www.cityoflondon.gov.uk/our_services/social_services/ldpf/london_drug_policy_forum.htm

The Greater London Alcohol and Drug Alliance is a unique network of networks, bringing together a wide range of agencies and organisation concerned with substance misuse in London. It seeks to promote a shared understanding of issues and identify strategic priorities for reducing the harm caused by alcohol and drugs in London.

Initial contact via the London Drug Policy Forum.

The Association of London Government *is committed to fighting for more resources for London and getting the best possible deal for it's 33 councils. It is part think-tank, part lobbying organisation and part service provider. The ALG runs the system distributing nearly £30 million in grants to cross-London voluntary organisations.*

The Association of London Government
59 Southwark Street
London SE1 0AL
Tel: 020 7934 9999
Email info@alg.gov.uk
Website: www.alg.gov.uk

National Treatment Agency London Region

The NTA London Region is located in the Government Office which promotes good working relationships with both the Government Office Drug Team and the Government Office Crime Reduction Team. The NTA leads on treatment and treatment planning, expanding the workforce, reducing waiting times, developing the evidence base, improving commissioning and implementing the national minimum data set.

National Treatment Agency London Region
4th Floor, Government Office London
Riverwalk House
157-161 Millbank, London, SW1P 4RR
Tel: 020 7217 3307

Drug Strategy Directorate

The Home Office Drugs Strategy Directorate oversees the delivery of the National Drugs Strategy's aims through the work of drug action teams. The Directorate works closely with, the Department of Health, the Department for Education and Skills and the Treasury as well as with key agencies.

London resources

Greater London Alcohol and Drug Alliance (2003) London: The highs and the lows – A report from the Greater London Alcohol and Drug Alliance incorporating the findings from the London Drug Indicators Project. Greater London Authority, London – available from the LDPF.

The London Drug Indicators Project, a partnership between the London Health Observatory, the Centre for Research on Drug and Health Behaviour at Imperial College and the Greater London Authority, collates and analyses information about drug use in London and disseminates it via its website: www.lho.org.uk/hil/drug.htm

Common terms and acronyms

GLOSSARY

GLOSSARY

Advisory Council for the Misuse of Drugs (ACMD) – independent body which advises the Government on drug related matters. Its reports are impartial and influential.

Association of Chief Police Officers (ACPO) – the trade association for chief police officers, ACPO holds an influential annual conference on drug issues.

Annual return – DATs have to report on their progress implementing the National Drug Strategy on a yearly basis.

Arrest Referral Scheme – drug workers based in police cells making contact with arrestees and referring them to treatment.

Availability – short-hand for one of the four themes of the National Drug Strategy whose main objective is to 'stifle the availability of illegal drugs on our streets'.

Child and Adolescent Mental Health (CAMH) – provide a range of mental health treatment services for young people.

Communities – short-hand for one of the four themes of the National Drug Strategy whose main objective is 'to protect our communities from drug-related anti-social and criminal behaviour'.

Community Against Drugs Initiative (CAD or CADI) – a three year funding initiative starting 2001 with three key aims: Tackling drug availability through work which is owned locally and directed strategically; Creating resilient communities that can resist drugs; and Working through community partnerships involving key local agencies.

Community Drug Team (CDT) – common name for (usually) a statutory drug service providing drug treatment frequently including advice, information and substitute prescribing as well as referral to day care and residential rehabilitation.

Connexions Service – the new national youth support service for teenagers.

Counselling, Assessment, Referral, Advice and Throughcare services (CARAT) – National network of prison-based drug teams.

Crime and Disorder Reduction Partnerships (CDRP) – local multi-agency partnerships in charge of community safety, close co-operation or merger with DATs in encouraged by Government.

DAT template – shorthand for annual return which DATs have to complete yearly to demonstrate their progress in implementing the national drug strategy.

Drug Reference Group (DRG) – sub-group of the DAT, often based on one of the four themes.

Drug Strategy Directorate (DSD) – unit of the Home Office which oversees the delivery of the National Drugs Strategy's aims.

Drug Treatment and Testing Orders (DTTO) – court order where offenders are sentenced to drug treatment supervised by the probation service, enforced by (at least) twice weekly drug testing and monthly court reviews.

Identification, Referral and Tracking (IRT) – multi-agency system to ensure that vulnerable young people are identified, provided with appropriate services and not left to 'fall through the net' – implementation target date is September 2003.

Integrated Care Pathways (ICP) – concept from Models of Care – every area should have clear routes to different services which mean that drug users get the services they require no matter at what point they enter the treatment system.

Joint Commissioning Group (JCG) – group with senior representatives from key agencies (usually health, social services, DAT and probation) who collaborate to decide what treatment services to purchase.

The Government Office London Drugs Team (GOLDT) – the London team whose job it is to support DATs in their work.

Models of Care (MOC) – the National blueprint for drug treatment.

National Drug Treatment Monitoring System (NDTMS) – National system for recording numbers and demographics of people in drug treatment.

National Treatment Agency (NTA) – special health authority whose remit is to increase the availability, capacity and effectiveness of treatment for drug misuse in England. There is a London regional manager whose job is to performance manage DATs in respect of their work on drug treatment.

National Treatment Outcome Research Study (NTORS) – largest UK research study into the effectiveness of different forms of drug treatment.

National Drug Strategy (NDS) – the Government's 10 year strategy for tackling drug misuse launched in 1998.

Neighbourhood Renewal Fund (NRF) – The NRF provides extra resources for 88 of the most deprived local authority districts, 19 of which are in London. The fund boosts Government departments' main spending programmes, and gets neighbourhood renewal strategies underway.

New Deal for Communities (NDC) – NDC has established partnerships in 39 of the most deprived communities in Britain and is investing £1.9 billion over 10 years to try to foster long-term improvements. Nine of these partnerships are in London.

Outcome monitoring – measuring drug treatment by its effects – i.e. how many people reduce or stop drug use, have better health, reduced offending etc., rather than by counting the number of people seen (outputs).

Pooled budgets – joining budgets together (typically health, social services, probation, police) to maximise the effectiveness of local monies.

Positive futures – tries to reduce drug use in 10-16 year olds by engaging them in sporting and recreational activities; operates in eight London boroughs.

Primary Care Trust (PCT) – PCTs are organisations which have the potential to integrate primary, secondary and community health services and social services. They have their own budget for delivering health care, they are able to employ staff (district nurses/health visitors etc), and to develop new integrated services for patients. Most of the NHS' budget is now held by PCTs.

Prospects – pilot projects aimed to help those leaving prison stay off drugs launched in February 2003, no pilots in London.

Social Exclusion Unit (SEU) – leads the Government's cross-department campaign to tackle social exclusion and promotes joined up solutions to problems which fall between Government departments.

Tackling Crack: A national plan – a significant increase in the use of crack cocaine led to a specific national plan published in December 2002.

Tackling drugs to build a better Britain – the National Drug Strategy.

Treatment – short-hand for one of the four themes of the National Drug Strategy whose main objective is to 'to enable people with drug problems to overcome them and live healthy and crime-free lives'.

Triage *– term used in Models of Care, a level of assessment which determines what treatment is needed for an individual or whether a more comprehensive assessment is required.*

Updated Drug Strategy
– supplement to the National Drug Strategy published in December 2002, which prioritised a tougher focus on Class A drugs, committed more resources to tackle each of the four aims, promised more support for the families, parents and carers of drug misusers, set out plans for expanding treatment services and launched the National Crack Action Plan.

Young People *– short-hand for one of the four themes of the National Drug Strategy whose main objective is to 'help young people resist drug misuse in order to achieve their full potential in society'.*

Young People's Substance Misuse Plans *– planning mechanism for young people theme.*

Youth Offending Team (YOT)
– multi-agency teams (involvement from local authority social services and education departments, the police, probation service and health authorities) whose remit is to tackle youth crime.