

Updated Drug Strategy 2002



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.