CONTENTS

3. Summary

8. Reducing availability: putting drug dealers out of business

11. Preventing people from using drugs

14. Reducing and rehabilitating existing users

17. Out of crime, into treatment

20. Targets and resources

21. What next?
The Government’s Drug Strategy, established in 1998 and updated in 2002, sets out the range of policies and interventions to reduce the harm caused by illegal drugs by 2008. This cross-Government report summarises the progress to date and future planned action.

The Government is committed to reducing the harm caused by drug misuse throughout the UK. In areas where responsibility has been devolved, it recognises the powers of devolved administrations to address the problems of drug misuse as they see fit. Accordingly the data used in this report primarily reflects the position in England.

The respective strategies in Wales, Scotland and Northern Ireland are:

- Tackling Substance Misuse in Wales: A Partnership Approach
- Tackling Drugs in Scotland: Action in Partnership
- Drug Strategy for Northern Ireland
The Challenge – globally and within communities

“Illicit drugs have profound effects on individuals and societies worldwide … illicit drug markets know no borders and their trans-national nature puts them beyond the reach of any single government.”

(United Nations Office on Drugs and Crime, 2004 World Drug Report)

The misery caused by drug misuse must never be underestimated. It damages the health and ruins the lives of individuals; it undermines family life; it turns law-abiding citizens into thieves, including from their own parents and wider family. The costs to society are enormous. Tackling drug misuse is both a challenge worldwide and at a local community level. It is a complex problem and requires integrated solutions and co-ordinated delivery of services involving education, health and social care, intelligence and enforcement, and economic policy.

Where we were: what we have done

Reducing the harms caused by illegal drugs is one of the Government’s top priorities. In 1998, the Government introduced the first cross-cutting strategy to tackle drugs in an integrated way. In December 2002 we published the Updated Drug Strategy. Building on the foundations laid and lessons learnt, the Updated Drug Strategy 2002 set out action to tackle drug misuse – recognising the inherent complexities of the challenge.

Since 1998 consistent and focused action has been undertaken to tackle drug misuse. We have already advanced far beyond a time when there was little or no drugs education in schools, a lack of accessible and credible advice, limited treatment provision and long waiting times. Backed by unparalleled investment since 1998:

- Substantial quantities of heroin and cocaine, destined for the UK market, are successfully being taken out and organised crime groups disrupted. Between April 2002 and December 2003, 26,079 kgs of cocaine and 11,044 kgs of heroin were seized and over 330 organised crime groups disrupted. Working with colleagues overseas, UK enforcement agencies have combined disruption activity in the key source countries and transit regions with action in the UK.

- We are bearing down on the criminals who do not recognise national boundaries, through the partnerships we have established with our international and European counterparts. To support that, we are using the combined strength of Europe: through Europol and EUROJUST; through new European instruments to agree pan-European minimum penalties for drug trafficking; to facilitate action against money laundering; to support joint investigation teams and mutual legal assistance; through joint customs operations and maritime cooperation. We are also bearing down on the dealers operating at a regional level in the UK, as we have strengthened our cross-boundary middle market enforcement capacity.

- Enforcement powers to tackle drug dealing have been strengthened. Around 150 crack houses were closed between January and September 2004. New powers, to tackle anti-social behaviour and close crack houses, are enabling the police to better focus on the dealers and drug users whose actions devastate their own lives and those of their families and communities. Strengthened powers to confiscate assets and seize street cash are depriving criminals of their financial lifeblood. £84 million has been seized since 30 December 2002. Recovered assets are being pumped back into communities who are victims of crime, as well as being used by law enforcement agencies to track down and recover more criminal money.

- Class A drug use by young people has been stable over the last seven years. Educational programmes in schools and the ground-breaking FRANK information campaign have succeeded in reaching many more young people. FRANK now provides a credible source of advice for drug users, worried parents and carers. Since May 2003, the website has received over 3.5 million visits and the helpline over 657,000 telephone calls. Programmes, such as Positive Futures, are equipping young people with healthy alternatives to drug misuse. More than 50,000 young people have participated in Positive Futures since the programme began in 2000.

- Over fifty thousand more people are in drug treatment. The drug treatment workforce has expanded to 9,000 – an increase of 50% since 2002 – and waiting times are at their lowest level ever.
Crime is falling

Trends in recorded acquisitive crime

- Crime, and the fear of crime, have fallen substantially. Between April 2003 and June 2004, there was a fall, in England and Wales, of 12.9% in recorded acquisitive crime, to which drug-related crime makes a significant contribution. The Drug Interventions Programme, formerly known as the Criminal Justice Interventions Programme, has begun to provide a route out of crime and into treatment for the chaotic drug users who are responsible for most volume crime. With end-to-end case management a key feature of the programme, we are also addressing the associated issues – such as housing, education, employment and social needs – that many drug-misusing offenders need to resolve if they are to fully realise the benefits of treatment. Between April 2003 and September 2004, some 8,000 drug-misusing offenders entered treatment specifically through the Drug Interventions Programme. This has resulted from much more effective and joined up delivery.

- At a national level, tackling drugs is a top priority for this Government. The Prime Minister and the Ministerial Sub-Committee on Drugs, chaired by the Home Secretary, carry out regular assessments of progress against the Action against Illegal Drugs Public Service Agreements. Ministers, supported by a senior official cross-Government group, actively drive performance, identifying key risks to delivery and putting in place action to address them. All of this is done in consultation with frontline personnel.

- Real strides have been made in the local delivery of the Drug Strategy. We have introduced a new drugs Performance Management Framework and have made the 149 Drug Action Teams at a local level directly accountable for delivery. This has been underpinned by ongoing work by the National Treatment Agency and the newly enhanced role we have agreed for the nine Government Offices in the performance management of local partnerships working across the crime and drugs agenda.

- We have streamlined funding for both young people and treatment and are on track to implement the new Safer and Stronger Communities Fund, delivering simplified processes and reduced burdens on local partnerships.
What next: where we aim to be by 2008

We want the people of this country to have seen a further sustained reduction in the harms caused by illegal drugs. This means safer communities with fewer crimes, fewer lives destroyed by drug misuse, more young people, especially the most vulnerable, achieving their full potential free from drugs, with effective treatment available promptly to all who need it.

In order to succeed, we must continue to:

- **Reduce availability – putting drug dealers out of business:** by helping source countries tackle production, taking action to disrupt international traffickers, regional drug barons and local street dealers. There will be an increased emphasis on joint working between enforcement agencies, intelligence development and sharing, effective policing and confiscating the proceeds of drug dealing.

- **Preventing people from using drugs:** stopping young people and others from taking drugs, through a range of measures including prohibition, education, support and targeted interventions for them and their families. In particular, help will be made available early for those young people most at risk of developing long-term drug misuse.

- **Reduce and rehabilitate existing users:** focussing on those who have the most serious problems, prompt, effective treatment, aftercare support and rehabilitation will be made available to break the cycle of addiction whilst minimising the harm drugs cause.

- **Out of crime, into treatment:** using every opportunity within the Criminal Justice System and within the community, to provide those committing crimes to finance their habit with treatment and rehabilitation, reducing the damage caused to communities through drug-related crime.

Building on the significant progress already made, we will continue to implement the policies and interventions set out in the Updated Drug Strategy 2002. In addition, we will:

- **further extend the Drug Interventions Programme to around 30 more areas from April 2005;**

- **introduce legislation to help steer more of those who commit crime to finance their drug addiction into treatment and away from a life of crime;**

- **introduce legislation to provide tougher powers for the police and the courts in tackling drug dealers so that more of them will be brought to justice;**
- launch a three month enforcement campaign early in January 2005 focussing on crack house closures and associated gun crime;

- enhance our programme of prevention and education for all young people and expand the routes into support and treatment services for the most vulnerable;

- further expand the provision of treatment, including prison treatment and improve its quality and effectiveness.

The following sections of this report set out in more detail the considerable progress already made and what more we are doing to make a real impact on the ground.

Tackling Drugs. Changing Lives

Tina started taking heroin in her early 20s, and used it for ten years. For seven of these she used crack as well, four years of which she terms as ‘excessive use’. Her use was funded mainly by begging, but also by shoplifting and fraud. At its worst her habit was costing in excess of £160 per day.

After a while she became depressed and sought help for her depression, but her drug use went untreated. This was mainly because she did not like the regime of a number of agencies she tried, or she felt that she was not getting enough of the substitute drugs. She attended a group which allowed attendance whilst still using drugs. Run with clear boundaries, this allowed Tina to reflect on her use and to consider different treatment options. She was successful by being prescribed substitute drugs and by attending a Relapse Prevention Group. She has been off drugs since March 2002 and works closely with national agencies giving advice, from a drug and service user’s perspective, to inform their policy and practice.
## Reducing the harms caused by illegal drugs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enforcement activity shows little impact on drugs in our communities</strong></td>
<td><strong>Revised supply strategy in place focussing on activities, internationally as well as locally, which will impact on our streets</strong></td>
<td><strong>Evidence of reduced availability of drugs on our streets</strong></td>
</tr>
<tr>
<td>• Between April 2002 and December 2003, 26,079 kgs of cocaine and 11,044 kgs of heroin were seized and over 330 organised crime groups disrupted</td>
<td>• New powers to close crack houses within 48 hours and to seize assets. 150 crack houses closed January to September 2004. £84 million worth of assets seized since 30 December 2002</td>
<td></td>
</tr>
<tr>
<td>• Increased capacity to target regional dealers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lack of quality drug education</strong></td>
<td><strong>Drug Education part of the National Curriculum, supported by a certificate for teachers and the Healthy Schools programme</strong></td>
<td><strong>Every child receives the help and support they need to not take drugs</strong></td>
</tr>
<tr>
<td>• FRANK information campaign launched providing credible advice to young people and their families</td>
<td>• Early interventions, such as Positive Futures, for young people most at risk. 50,000 young people involved since programme began in 2002</td>
<td></td>
</tr>
<tr>
<td><strong>An estimated 100,000 contacts made with drug treatment services, with long waiting times for access to structured care</strong></td>
<td>• 54% increase in the numbers in treatment</td>
<td><strong>Double the number of drug misusers in contact with drug treatment services and to increase year on year the number successfully sustaining or completing treatment, with access within 24 hours for the most serious cases</strong></td>
</tr>
<tr>
<td>• 9,000 strong workforce – ahead of target</td>
<td>• Waiting times at their lowest ever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Double the number of drug misusers in contact with drug treatment services and to increase year on year the number successfully sustaining or completing treatment, with access within 24 hours for the most serious cases</td>
<td></td>
</tr>
<tr>
<td><strong>No grip on drug-using offenders</strong></td>
<td><strong>15,090 Drug Treatment and Testing Orders (DTTOs) made between January 2003 and September 2004</strong></td>
<td><strong>Around 1,000 drug-misusing offenders entering treatment each week</strong></td>
</tr>
<tr>
<td>• Drug Interventions Programme in place in 66 high crime areas with:</td>
<td>• 5,000 offenders being tested each month for Class A drugs</td>
<td></td>
</tr>
<tr>
<td>- 5,000 offenders a month entering treatment</td>
<td>- Nearly 1,500 offenders a month entering treatment</td>
<td></td>
</tr>
</tbody>
</table>
Reducing availability: putting drug dealers out of business

The availability of drugs and drug dealing on our streets is often accompanied by violence, disruption, harassment and intimidation within the communities where it takes place. It can seriously damage the quality of life in some of our most deprived communities. Ready availability makes it easier for young people to develop into problematic drug users, and harder for ex-drug users to stay clean. It also sustains problematic drug users, who in turn damage themselves, their families and their communities, as well as society more widely. The Government’s action to reduce the supply of drugs is therefore directed to generate a sustained impact on the supply of Class A drugs to the UK, and availability within its communities.

Key achievements

✓ Continued action against drug traffickers. In the first nine months of 2003/4 enforcement agencies disrupted 121 organisations responsible for supplying substantial amounts of Class A drugs. They also seized 18,456 kg of heroin and cocaine targeted at the UK. We work very closely with each of those countries, notably Pakistan, Iran, Turkey and the Balkans, to help build up their capacity to interdict the shipments and target those gangs responsible.

✓ Tackling the supply of illegal drugs at source and in transit countries. In Latin America and the Caribbean, we work very closely with the law enforcement agencies to target those gangs involved in the trafficking of cocaine. We also offer extensive training, mentoring and other support to help those countries improve their own law enforcement capacity. We actively encourage their governments to pass the right laws and increase their own investment, for example in the police and customs, in order to make the environment for criminal gangs as inhospitable as possible. The UK has committed more than £70 million over three years towards activities linked to the Afghan Drug Control Strategy, in addition to significant development funding and support for alternative livelihoods. Heroin produced in Afghanistan passes through a large number of countries before it reaches the UK.

✓ Strengthened powers to investigate and confiscate criminal proceeds from drug dealing. Since 30 December 2002, £84 million has been seized, representing a huge loss of working capital for drug traffickers.

✓ Increasing the capacity of police forces to deal with regional drug dealers. With the result that dealers operating across force boundaries are brought to justice. Cross-boundary enforcement capacity has been strengthened in South Wales, London, Merseyside, the Midlands, the North East and Bristol.

✓ Using new powers introduced in the Anti-Social Behaviour Act 2003. Around 150 crack houses were closed in the nine months between January and September 2004.
Tackling gun crime. Not all gun crime is drug related and not all drug crime involves firearms. But firearms are used in turf wars between gangs who often deal drugs, and to enforce payment. Hence the emphasis we place on tackling serious and organised crime, including the planned establishment of the Serious Organised Crime Agency and the creation of specialist teams and operations by Police Forces. Operation Trident in London is an excellent example of what is being achieved. Our Connected Fund supports many initiatives across the country to turn young people away from gangs, as well as local initiatives through Drug Action Teams.

Focusing efforts against Class A drugs by reclassifying cannabis. Arrests for cannabis possession have fallen by 30% since reclassification, enabling police time to be released to deal with Class A drugs.
Future actions

- **Creation of the Serious Organised Crime Agency.** We will become better organised, more sophisticated and more technologically capable than the criminals. We must not just keep pace; we have to get ahead of them. We will introduce new powers to better disrupt organised crime activity and convict those responsible. We are also bringing together into a single, powerful new body – the Serious Organised Crime Agency – the previously separate work of the National Crime Squad, the National Criminal Intelligence Service, and the drugs enforcement arm of HM Customs and Excise.

- **A street level up approach.** Initially in four pilot areas, this approach will target enforcement activity against the whole drug supply chain in each area from street level to importation and international supply. The focus will be on identifying enforcement approaches and ways of working that will have the most impact on particular local communities.

- **Tightening of the law.** We are taking powers to ensure that drug dealers who swallow or conceal drugs to avoid detection do not slip through the net, and to require convicted drug dealers to report their financial dealings for a period of up to ten years.

- **Closing drug dens and crack houses.** A three month nationwide enforcement campaign will begin in January 2005. The police will use the new powers introduced in the Anti-Social Behaviour Act 2003 to close drug dens and crack houses, target dealers and seize assets and firearms.

Tackling Drugs. Changing Lives

A pioneering new unit was launched on 9 November 2004 to tackle the supply of Class A drugs by organised criminal networks in London. The unit aims to smash the links between suppliers and dealers.

A 70-strong team of officers from the Metropolitan Police, HM Customs and Excise, National Criminal Intelligence Service and City of London police has formed the Middle Market Drugs Project to tackle these wholesale dealers.

The unit has already achieved excellent results during a two month transition period. In these two months, it is estimated that the Middle Market Drugs Project has stopped the equivalent of 200,070 Class A deals reaching the streets of London. (This figure is based on the total number of seizures made by the unit and each deal being one gram.) So far the Middle Market Drugs Project has seized:

- 96.5 kg of cocaine, with an estimated street value of £9,039,040
- 1 kg of crack cocaine, with an estimated street value of £71,250
- 4 kg of heroin, with a street value of £176,000
- 50 kilos of cannabis, with a street value of £200,000
- £35,000 in cash
- A total of 25 people have been arrested and charged with various drug trafficking-related offences and offences under the Proceeds of Crime Act.
Preventing today’s young people, especially the most vulnerable, from becoming tomorrow’s drug misusers is a key target within the Government’s Drug Strategy. If we are to be effective in helping young people avoid drug problems, and reach the five outcomes for wellbeing outlined in Every Child Matters, we need a new approach. We need to ensure that effective universal services are provided and focus on early intervention and support for the key risk groups – the children of drug-misusing parents; school excludees and truants; young people who are looked after by social services; and young offenders. This means not only developing specialist drugs provision but ensuring that generic children and young people’s services are fully committed to identifying and intervening, in order to tackle drug misuse problems before they become acute.

Most young people do not use illegal drugs. Serious drug use by young people has been stabilised after years in which it had steadily increased. This is encouraging, but a real downward shift has still to be achieved. Early substance misuse interventions are strongly embedded as a core priority in the work of Youth Offending Teams. We need to build on this to improve the provision of early intervention through the Change for Children programme so that mainstream agencies can do more to prevent drug misuse earlier on.

Key achievements

✔ Use of the most serious drugs by all young people has been stable since 1998, following sustained increases in the early 1990s. The use of ecstasy, amphetamines and LSD has recently decreased. There are early indications of a fall in the use of cannabis by 16-25 year olds.

✔ Launch of FRANK, providing better information about drugs to young people and their families. Since May 2003, the website has received over 3.5 million visits, and the helpline, over 657,000 telephone calls. Awareness of FRANK among young people is extremely high at 83%. Satisfaction with the FRANK campaign stands at 92% among stakeholders.

✔ Improved drugs education programmes in place in schools as part of the National Curriculum, supported by comprehensive guidance for schools; and the Personal, Social and Health Education Certificate for teachers from which up to 3,000 teachers will benefit this year and next.

✔ Blueprint, the biggest drug education research programme ever run in this country, is finding out what works in educating 11-13 year olds about drugs.

✔ More than 50,000 young people have participated in Positive Futures projects since the start of the programme in 2000.

✔ Better support for young people at risk of getting involved in serious drug use, including more specialist drug workers in the youth justice system.

✔ £18 million in 2004/05 being made available to Drug Action Teams specifically for young people’s drug treatment, as part of the Young People Substance Misuse Grant.
Future actions

- **Improved identification and assessment of children and young people’s substance misuse related needs, especially for young people in known risk groups** (such as looked after children, truants, school excludees, young offenders and the children of those who misuse substances). Where they need it, they will receive rapid access to appropriate support.

- **We will increase services to vulnerable young people at risk** of getting involved in drug misuse, including programmes like Positive Futures, which uses sports and the arts to engage young people. The forthcoming Youth Green paper will set out the Government’s plans for improving the opportunities and support available to young people.

- **Support all schools in the most disadvantaged areas to become a Healthy School by 2006 and all schools by 2009/10.** Criteria include all schools to have a drug prevention policy, and member of staff and governor for drug education.

- **Through schools and building on the success of FRANK, we will do more to provide information about drugs to young people**, including younger teenagers. We will also do **more to provide parents with information** they can trust about drugs.

- **People working with children and young people will be expected to gain the skills they need to identify drug problems early, alongside other risk factors, as part of their core professional training.**

- **We will provide extra support in the areas of highest need, so that local communities and agencies working together can go faster and further. Our ambition is to double the number of vulnerable young people supported.**
Tackling Drugs. Changing Lives

There is a history of substance misuse in 17 year old Neil’s family. His grandparents referred him to Positive Futures after a meeting at a boxing event. Although he was not actually using drugs himself, his family had previously had contact with NORCAS, the local Substance Misuse Agency, and Neil was deemed to be ‘at risk’.

Neil initially was very quiet and withdrawn and lacked confidence and self-esteem. Positive Futures staff took him to the local boxing club, as he had always been interested in the sport. Neil had a natural talent for boxing and enjoyed the sessions at the club. With constant encouragement he joined the club and after training hard for three months, he competed in six bouts, winning three of them.

Neil wanted to help train younger members of the club. Positive Futures arranged for him to join the Millennium Volunteer Scheme and helped the boxing club put him through first-aid and child protection training. When he is 18, Neil will be able to take his Amateur Boxing Association Assistant Coach Qualification. In recognition of his outstanding voluntary work, the County’s Clubs for Young People awarded him a bursary of £200.

Neil has now left school and has enrolled at college. He is re-taking his English GCSE and hopes to pursue theatre studies. In the meantime, he is continuing his voluntary training at the boxing club and Positive Futures is arranging for him to be paid through a local Youth Volunteer Initiative.

Tackling drugs from early years to adulthood

Objectives:
- Reduction of underlying risk factors
- Reinforced attitudes
- Delayed onset
- Reduced harm
- Greater social engagement
- By risk groups
- Earlier identification/ intervention
- Specialist medical/social intervention in complex cases
- Successful reintegration in community

Pathway:
- Parents/family support
- Drugs education/advice awareness
- Social inclusion programmes
- Intervention with risk groups
- Specialist treatment
- Community-based support

Services:
- Sure Start etc.
- Schools Connexions
- FRANK Health services
- Positive Futures etc.
- SSDs YOT(DIP)* Education support
- Health settings
- Drugs service providers
- Housing
- Employment
- Training
- Education

Vision for young people and their families

The joint vision of the Department for Education and Skills, the Home Office and the Department of Health is of local and targeted services for young people that will prevent the harms associated with drugs and ensure that all young people have the opportunity to reach their potential. To deliver this vision, services need to identify all vulnerable young people at risk of becoming involved in serious drug misuse and provide early support to them and their families.
Reducing and rehabilitating existing users

Treatment works. Effective treatment helps individual drug misusers escape from addiction and crime, and improves their health and their lives. Effective treatment helps communities as the link between drug misuse and offending is broken and fewer crimes are committed. Effective treatment helps society as the costs of drug misuse are reduced.

Key achievements

✔️ 54% more drug users in treatment than in 1998.

✔️ Waiting times down by 72% compared to 2001. Average waiting times currently 2–4 weeks, and less in the highest crime areas, compared to 6–12 weeks three years ago.

✔️ 9,000 strong drug treatment workforce, up 50% since 2002, with delivery of dedicated substance misuse training for general practitioners and the development of a support network for addiction psychiatry specialists.

✔️ Government commitment to make heroin prescribing more consistent across the country through guidance by the National Treatment Agency (NTA). On track to commence three heroin prescribing pilots by the end of 2004.

✔️ Better and more accessible treatment for crack cocaine users as a result of improved guidance, dedicated training and the promotion of good practice.

✔️ Drug treatment services available in all prisons. The Counselling, Assessment, Referral, Advice and Throughcare service provides treatment services to prisoners and manages further interventions in custody. They are the key link for case management teams operating across the Criminal Justice System. Drug Rehabilitation Programmes provide a total of 77 programmes, including an innovative high intensity short duration programme, across the prison estate. This number will rise to 117 by March 2006.

✔️ Drug related deaths down by 4% between 2001 and 2002 (the latest data available) and now at their lowest level since 1998.
Future actions

- Continued expansion of drug treatment services so we can further increase capacity and double the number of problem drug users in treatment by 2008.

- Continued investment in drug treatment services, including the treatment of offenders with drug misuse problems.

- Concentration on the 50,000 hardest to engage drug users, many of whom also have mental health problems. Strong links with the Government’s Prolific and other Priority Offenders programme focussed on the 5,000 most prolific criminals nationwide – many of whom are drug misusers.

- Expanding and improving treatment for young people and for parents with substance misuse problems.

- Improving access to treatment for particularly hard to reach groups. For example, by ensuring homeless people can access and sustain treatment through better alignment of treatment plans with homelessness strategies.

- Delivering the shared Prison Service and Department of Health vision for more effective prison treatment services so that 78,000 prisoners receive effective treatment services based on NTA Models of Care by 2008.

- Enhancing the quality of treatment by:
  - improved and expanded case management of drug misusers, including support with housing, finance, new skills and job opportunities.
  - meeting the needs of women and black and minority ethnic users with far stronger community involvement.

- Improving the effectiveness of drug treatment so that, year on year, the proportion of users successfully sustaining or completing treatment increases. The Department of Health and the NTA have developed a work programme to improve the effectiveness of drug treatment. The programme is based on evidence which shows that those problem drug users who complete treatment programmes, or are retained in treatment for more than 12 weeks, have increased chances of successful outcomes.

- Close monitoring of the delivery of targets and quality standards by the NTA working in partnership with the Healthcare Commission.
Tackling Drugs. Changing Lives

Abdul started to work in a restaurant where he met a heroin user and started to use heroin. He left home and lived on the street for a while. Found by his parents he was taken home but his parents had no idea where to seek help. He left home again, this time moving into a hostel. The hostel referred him to the local community drugs team. He had problems making himself understood so the drug team referred him to Nafas, a specialist Bangladeshi drug project.

He is progressing well on a 12 week programme and is now on a substitute drug. Nafas are also helping him with English classes which will help him to further establish his life in the local community.
Out of crime, into treatment

Nothing harms communities more than drug misuse, drug-related crime and the fear of such crime. The link between drug misuse and crime is particularly strong for users of heroin and crack cocaine, who account for very high proportions of all burglary, robbery and theft.

The Government’s Drug Interventions Programme, formerly known as the Criminal Justice Interventions Programme, is at the heart of delivering reductions in drug-related crime. It takes advantage of every opportunity in the Criminal Justice System to direct drug-misusing offenders out of crime and into treatment.

Key achievements

✔ The intensive Drug Interventions Programme is now in place in 66 areas with highest levels of drug-related crime.

✔ In these areas, numbers entering treatment are rising fast. Over 1,400 offenders entered treatment in September 2004 – substantially ahead of the aim of 1,250 a month by March 2005. Waiting times for treatment have fallen significantly and are ahead of national targets.

✔ Acquisitive crime is now falling faster in the areas where the programme is operating compared with the rest of the country.

✔ Drug testing is now in place in these areas. Between April and September 2004, nearly 5,000 drug tests were completed each month on people charged with a trigger offence (the offences most closely associated with drug-related crime).

✔ Arrest referral available across all police force areas in England and Wales. Under the Drug Interventions Programme, arrest referral has become part of the integrated package of interventions.

✔ 289 people bailed with Restrictions on Bail in first five months of pilot.

✔ Testing on charge and arrest referral for young people (14-17 year olds) with dedicated wraparound services being piloted in ten of the intensive programme areas from August 2004.

✔ Almost 26,000 Drug Treatment and Testing Orders (DTTOs) have been commenced in England and Wales to September 2004, since they were first introduced. A completion target has been introduced this year, as one of the range of measures to improve DTTO retention.

✔ Throughcare and Aftercare now being implemented across England and Wales.
Future actions

- Further expansion of the intensive Drug Interventions Programme to around 30 more areas from April 2005.

- **Restriction on Bail.** The current scheme will be extended to around 39 new areas by April 2005, with 10 going live in January 2005.

- New legislation to require drug testing on arrest and require drug assessments for those who test positive.

- Introduction of a new civil order that will run alongside Anti-Social Behaviour Orders (ASBOs) for adults to tackle drug issues.

- Further increases in the size and skills of the drug treatment workforce to cope with demand.

- Further increases in the numbers entering treatment with the aim of reaching 1,000 drug-misusing offenders a week by 2008.

- Launch of five pilots in December 2004 requiring young offenders to attend drug treatment as part of a community sentence.

- Develop a co-ordinated strategy to tackle the issues arising from prostitution and the links with drugs. 90% of street prostitutes use Class A drugs and prostitution is linked with drug dealers and organised crime.
The Drug Interventions Programme comprises the following:

- **Conditional cautioning** targets offenders who admit a first-time minor offence. A caution can be issued with a condition conducive to restoration or rehabilitation. In the context of the Drug Interventions Programme this will normally be a referral into treatment, and the offender may be prosecuted if the condition is not met.

- **Throughcare** is concerned with ensuring that continuous care is provided to a drug misuser from the point of arrest through to sentence and beyond. Delivery is through Criminal Justice Integrated Teams (CJITs) who manage individual cases to offer/ensure access to treatment and support.

- **Prolific Offenders** – The Drug Interventions Programme is working collaboratively with the Prolific and other Priority Offenders Implementation Team to reduce crime amongst the 5,000 prolific criminals identified as causing the most harm to their communities. The Drug Interventions Programme will play a key role in dealing with the drug treatment needs of this group of offenders.

- **Drug testing** – Offenders charged with a trigger offence (property crime, robbery, begging and Class A offences) can be required to produce an oral fluid sample for a drug test, checking for use of heroin and crack cocaine. The results can be used to inform bail and sentencing decisions at court. Following a positive test result, an offender is given an opportunity to see a specialist drugs worker as part of a case management approach that bridges the gap between referral and entry into treatment.

- **Restrictions on Bail.** Access to court bail may be withdrawn if defendants refuse a drugs assessment and any recommended follow-up treatment after testing positive for the use of heroin, cocaine or crack.

- **Community sentencing**, currently a stand alone community sentence called the Drug Treatment and Testing Order (DTTO), will be replaced with a community order, more closely tailored to meet the treatment needs of the individual offender. It obliges the offender to undergo treatment for a set period and requires regular drug testing and court reviews to monitor progress.

- **Prison drug treatment.** A key element in providing treatment and services in custody, as well as links to the case management teams in the community. Drug treatment includes: clinical services (which include detoxification and some maintenance programmes) available in all local and remand establishments; and Counselling, Assessment, Referral, Advice and Throughcare service (CARATs), available in all establishments.

- **Aftercare** is the package of support that needs to be in place after a drug misusing offender reaches the end of a prison-based treatment programme, completes a community sentence or leaves treatment. It is not one simple discrete process involving only treatment but includes access to additional support with issues such as housing, managing finance, family issues, learning new skills and employment.

- In conjunction with the Youth Justice Board, we are also developing a range of **targeted interventions for young people** who are in contact with the Criminal Justice System. The range includes arrest referral (assessing the needs of young arrestees and directing them to appropriate support and treatment services), drug testing on charge, a named substance misuse worker in each Youth Offending Team, drug treatment and testing as part of a community sentence, drug treatment programmes in the secure estate and a new resettlement and aftercare programme.
The Government’s targets for its Drug Strategy are set out within its overall framework of Public Service Agreements, which show the public what they can expect for their money.

The Public Service Agreement targets for delivery of the Drug Strategy have a clear focus on reducing the harm caused by illegal drugs. They are backed by clear cross-Government agreement on responsibilities for delivering the targets themselves.

The Drug Strategy is backed by significant Government investment. This financial year, planned direct expenditure on the Drug Strategy is £1.3 billion. In 2005/06, this will rise to nearly £1.5 billion.

The Department of Health has already announced £219 million of additional funding for drug treatment, which includes £40 million for the clinical treatment of substance misusers in prison. Further announcements on investment by the Home Office over the period to 2007/08 will be made shortly.

Drug Strategy Public Service Agreements (Spending Review 2004)

- Reduce the harm caused by illegal drugs (as measured by the Drug Harm Index, encompassing measures of the availability of Class A drugs and drug-related crime), including substantially increasing the number of drug-misusing offenders entering treatment through the Criminal Justice System.

- Increase the participation of problem drug users in drug treatment programmes by 100% by 2008 and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

- 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.

- To have a sustained impact on the supply of Class A drugs to the UK, and availability within its communities, to reduce the harm that drugs cause.

Tackling Drugs. Changing Lives

Kirklees Drug Action Team (DAT) covers a population of 209,557 between the ages of 19-59. There are an estimated 3,397 problem drug users in the area. The National Drug Treatment Misuse System ‘census’ for 2003/4 showed 1,172 in structured treatment – 35%.

The DAT has set realistic achievable targets for increasing the numbers in treatment for 2004/5 and 2005/6 and should be on track to achieve the National Treatment Agency (NTA) target of around 64% of drug users in treatment by 2008. Currently an estimated 50% of clients are retained in treatment for 12 weeks or more and this percentage will increase. The total drug funding available to the DAT for treatment during 2004/5 is around £3.7m. All funding via the Pooled Treatment Budget and mainstream partner investment is managed and operated as a virtual local ‘pool’ with an effective Joint Commissioning structure in place to plan, commission and performance manage contracts. The partnership works well with good engagement from statutory bodies.

All elements of the local treatment system and also criminal justice activity have been ‘traffic lit’ using red, amber and green to indicate its effectiveness in delivering.

The Joint Commissioning Manager focuses on delivery and ensures that all new Department of Health/NTA/Home Office initiatives are addressed and incorporated into DAT strategy. Their annual Treatment Plan has clear objectives, milestones, allocation of delivery responsibility, and costed services. Their diversity policy ensures that the needs of under-served groups are reflected within service development.
Much has been achieved in recent years as set out in this report. But there is more to be done if we are to succeed in delivering our vision for 2008. In summary, we will:

- **Continue the real progress already made in reducing the harm caused by illegal drugs.** Strengthened by a new Public Service Agreement, delivery of this aim remains a top Government priority. Progress will be measured by the Drug Harm Index, which measures a range of the key harms associated with drug misuse. The Index will be updated annually and details will be published.

- **Further extend and strengthen the Drug Interventions Programme so that more drug-misusing offenders are taken into treatment and out of crime.** From April 2005, the programme will be extended to around 30 more areas. Action under the Drug Interventions Programme will be closely aligned with the Government’s Prolific and other Priority Offenders programme, the creation of the National Offenders Management Service and the Government’s review of prostitution.

- **Introduce legislation to help steer more of those who commit crime to finance their drug addiction into treatment and away from a life of crime.** New measures will include drug testing on arrest and mandatory assessments for those who test positive.

- **Introduce legislation to provide tougher powers for the police and the courts in tackling drug dealers so that more of them will be brought to justice.** New measures will include powers for the police to detain those suspected of swallowing or concealing drugs, tougher sentences for those dealing outside schools or using children as couriers, and the requirement that convicted drug dealers report their financial dealings for a period of up to ten years.

- **Implement a better approach to drug supply and enforcement** with the aim of taking more drugs off our streets, including through the creation of the Serious Organised Crime Agency.

- **Launch a three month nationwide enforcement campaign in January 2005** focusing on drug den and crack house closures and associated gun crime.

- **Enhance our programme of prevention,** so that all young people and their families can get advice on drugs and drug taking in a language, and via a means, that makes sense to them.

- **Expand routes into treatment for vulnerable young people,** including by requiring young offenders to attend drug treatment as part of a community sentence. This will be piloted in five areas from December 2004.

- **Further expand the provision of treatment and improve its quality and effectiveness** so that its benefits are fully realised. By 2008, we will have the capacity to double the number of problem drug users in treatment compared to 1998.

- **Link up our approach to local delivery more firmly with our wider approach to crime and disorder.** This includes holding local delivery partnerships clearly to account for what they are expected to achieve and by when.

- **Link our approach to drug prevention amongst young people more firmly with the reform of children’s services through the Change for Children programme.**

- **Rationalise funding streams and reporting arrangements** to further reduce the burdens of bureaucracy on local partners and partnerships, including in the voluntary sector.
Two weeks before Jim’s arrest

At the time of his last arrest he needed help with benefits, accommodation, employment options and drug treatment. He was also estranged from his wife and children. Jim had finally had enough of his lifestyle which included frequent prison sentences. A timely intervention from the local Drug Interventions Programme Team ensured that Jim’s enthusiasm to address his drug problem could be capitalised on. He was visited in the cells after requesting help and he has now started on a local Drug Interventions Programme. His principal goal is to become drug free and to be reunited with his wife and children.

Tackling Drugs. Changing Lives
Jim had been injecting Class A drugs for over seven years. A prolific offender, his offences had included 107 burglaries, 12 vehicle crimes, and two offences of handling stolen goods. His criminal activity was having a significant impact locally, until his arrest on 2 October which resulted in a dramatic reduction in burglaries in a small geographical area. In the two weeks before his arrest there were 16 burglaries recorded in his locality. In the two weeks following his arrest there were just four.
Two weeks after Jim’s arrest