



Reflecting on the future

A report of the 16th
Annual Conference of the
London Drug Policy Forum
February 2007

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Foreword

As I am sure that you are aware, this is a very important year for the drug field as we are coming to the end of the 1998 ten year strategy. Over that time there has been a very significant level of investment and we have seen a big increase in the number of people entering treatment. However, now is the time to reflect on what we have learnt over this period and to look forward and consider what the future may hold.

It is a certainty that there will be no shortage of challenges in the future. Mainstreaming and an increase in localism are generally welcome, but they do pose their own problems. Not least in ensuring that we do not lose the gains of recent years such as funding and an understanding that will be essential for effective delivery.

The London Drug Policy Forum has a core purpose of supporting those working at a local and borough level to deliver services to their communities. We therefore need to work together and draw upon each other's experience and knowledge to move forward. This event was part of a process and we believe that all those interested in drug policy should contribute to determining future policy.

This year's conference therefore sought to explore these themes by providing a broad range of speakers to enable delegates to gain an insight into the challenges faced by colleagues working in areas outside of their own specialist knowledge. Representatives from the Home Office and the National Treatment Agency (NTA) were able to consider the future from a national viewpoint whilst GPs and DAAT coordinators provided a more local perspective. As well as considering issues at different geographical levels, the effect of drugs on different sections of society was also explored through presentations from Jimi Grieve of the National User Network and Viv Evans from Adfam, which is a charity set up to support the families of drug users.

On behalf of the London Drug Policy Forum I would like to thank all of the speakers for their effort and time. You gave us a breadth of knowledge and experience which is very important. I hope that the conference has helped to maintain a process which will not only continue for the coming months, but will help leave an imprint on the next decade in terms of drug policy and the way we effectively work to tackle drug related problems.

Maureen Kellett

Chairman of the London Drug Policy Forum

Introduction to the Conference



Maureen Kellett, Chairman of the London Drug Policy Forum (LDPF) opened the conference by extending a warm welcome on behalf of the Forum and expressed her thanks to the European Bank for Reconstruction and Development for hosting the event.

She reminded delegates that the core purpose of the London Drug Policy Forum when it was founded in 1991 was to support those working in the drugs arena at a local and regional level and that this remained the key function of the forum today.

She informed the conference that this was the 16th Annual LDPF Conference and that the Forum had decided to extend this year's conference over two days for the first time ever. This was because 2007 was such a significant year in the drugs world; being the last year covered by the current ten year Government strategy: *'Tackling Drugs to build a better Britain'*¹.

Mrs Kellett announced the theme of the conference as looking back on developments in the drugs field over the lifetime of the strategy in order to set priorities for the next strategy, giving the conference its title of *'Reflecting on the future'*.

She encouraged delegates to participate actively in discussions throughout the conference and said that the conference report would be shared widely with policy makers in order to contribute to the debate about the aims and objectives of the next ten years.

Organisation of this report

Previous LDPF conference reports have merely summarised key note presentations in the same order as they were made on the day. However, owing to the number of presentations at this conference and in order to capture the discussions and debate which took place at the five question and answer sessions over the two days, this report groups the presentations into five distinct areas:

Reflecting on the future

Treatment

Enforcement

Effective practice

Communities, families and Service Users

The report concludes by presenting the main issues which delegates agreed at the last plenary session of the conference that they would like to see reflected in the next national drug strategy.

¹ Cabinet Office (1998) *Tackling Drugs to build a better Britain*. The Government's ten-year strategy for tackling drugs misuse. London HMSO CM 3945



Reflecting on the future

6 speakers made presentations looking back at the lifetime of the existing strategy and setting out the case for specific priorities to be included in the next one

The ten year strategy – highlights and lowlights



The first speaker was **Mike Trace**, the Chief Executive of RAPT – a significant provider of drug treatment services in prisons

Mr Trace was able to give an insider’s view of the strategy, having been the Deputy UK Anti-Drug Co-ordinator (known as the Deputy Drug Czar) between 1997 and 2001 and one of the strategy’s main architects.

He started by saying that the original strategy betrayed the speed with which it had been required to be produced and that the updated strategy published in 2002¹ did a good job, both in writing himself and the Drug Czar out of history, and in tidying up the original version. In particular it improved the systems for measuring the impact of the strategy at a local level.

Mr Trace examined how three of the strategy’s key themes had fared over the years:

Focus on drugs that cause the greatest harm

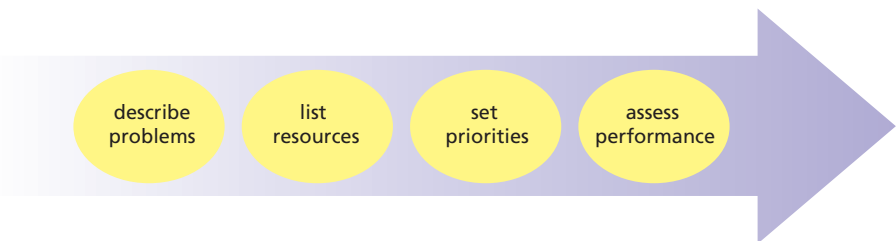
One of the strategy’s main ambitions was to ensure that activity was mainly directed against those illegal drugs which caused the most harm to individuals and communities. Mr Trace concluded that although political rhetoric had ranged over many areas, generally the allocation of resources had been routed away from enforcement and towards treatment. He noted two continuing difficulties: the lack of consistent, high quality, targeted drug prevention work and the fact that the overwhelming majority of drug arrests are still for the possession of cannabis.

Money follows objectives

Mr Trace felt that generally, investment had followed the key objectives of improving the capacity and quality of treatment. He stated that there had occasionally been too much money given to short-lived political gimmicks and felt that harm reduction work had been under-funded.

Evidence-based commissioning

The ex-Deputy Drug Czar stated that his original aim had been for local teams to be able to describe the local drug problems in good detail, list the resources available to tackle them, set key priorities and be in a position to know which interventions were working and delivering value for money. He felt that only a minority of Drug Action Teams (DATs) had achieved this aim.



Mr Trace went on to review the effectiveness of the strategy in achieving its prime objectives. He stated that although a considerable amount of good work had been done on tackling the supply of drugs, it had failed – currently there are more drugs available at a lower price and with purity levels unaffected. He felt that school-based drug education had improved considerably, but there was still no national cohesive approach to targeted prevention. He reiterated that there was a lack of investment in harm reduction work. Mr Trace argued that we have contained levels of drug use and left it open to conference delegates to decide whether this was a success or not.

The next strategy

Mr Trace concluded by arguing that the next national drug strategy needs a sharper focus, with better objectives, and clearer investment and measurements. He shared a concern that the Home Office was going into the strategy review process with the aim of making it as uncontroversial as possible. He ended by expressing the wish that politicians of all parties would start to trust the public on drugs and develop a more sophisticated debate on the issue which acknowledged that it was not a simple matter to control drug use in the UK or any other country.

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¹ Home Office et al. (2002) *Updated drug strategy 2002*. HMSO

Less is more

Paolo Pertica, the head of Blackpool's Community Safety and Drugs Partnership – known as BSafe - made a presentation which gave his analysis of the progress made in the drugs field of the last decade, highlighted the areas of under-achievement and set out his priorities for the future



Positive achievements

Mr Pertica launched his presentation by saying that the strategy had been effective in giving some consistency to the quality of work done in the drugs arena which had been sorely lacking previously. He acknowledged the demands of having to produce an annual treatment plan – to a different template every year – but still maintained that the plan was a useful tool. Mr Pertica expressed doubt that drug treatment would have received the high levels of investment without the creation of the National Treatment Agency.

In addition to the increase in the number of drug users in treatment and the reduction in drug-related crime, Mr Pertica drew particular attention to the real improvements in partnership working which he felt had gained considerable momentum following the introduction of pooled treatment budgets and joint commissioning groups. He also praised the introduction of clear targets and the fact that we now have much better data on which to base commissioning decisions.

Areas for improvement

Moving on to less satisfactory areas, Mr Pertica highlighted four key areas:

Targets

Despite acknowledging the importance of targets, he drew attention to the fact that some major targets (particularly those relating to communities and availabilities) lacked robust baselines against which progress could be measured. He also identified a problem in the regular changing of targets for all key agencies involved in drugs and crime reduction partnerships.

Bureaucracy

Mr Pertica went on to cite the proliferation of bureaucracy and reporting requirements as real impediments to effective working, with too much time spent on recording work and not enough on delivering it.

Mergers

He then lamented the merger process between DATs and Crime and Disorder Reduction Partnerships (CDRPs), saying that the naming of the newly merged bodies is often confusing, especially to those who

are not local. He felt that there are too many local multi-agency meetings with considerable duplication.

The accountability of doctors

The final area which Mr Pertica criticised was the independence of doctors who, in his view, appeared not to be constrained by strategic and policy decisions which co-ordinated the work of other professionals. He said it was frustrating that it was not possible to influence the working practice of doctors as a professional group.

The future

Mr Pertica then moved on to identify the five key issues which he felt required serious consideration in any future drug strategy:

Funding

Funding must remain ring-fenced or progress will be at risk

Young people

Drug education at school should be made a mandatory part of the curriculum

Drug related deaths

The large incidence of Hepatitis C and overdose prevention work must be addressed

Alcohol and dual diagnosis

The needs of drinkers and of those with substance misuse and mental health needs should receive more attention

Less change

Give new initiatives the time to bed down to become effective – beware 'initiativitis'

Mr Pertica concluded by encouraging delegates not to forget the contribution of the many individuals who drove the development of drug treatment forward by their passion and commitment. Several of these people have passed on, and the field needs to honour and remember them by keeping alive the same levels of passion and dedication.

The criminal justice agenda ten years on



Professor Mike Hough of the Institute for Criminal Policy Research, King's College London organised his presentation into three sections: 1. Look back over ten years 2. Offer a balance sheet 3. Recommendations for the future

Looking back

Professor Hough started by looking at systems referring drug using offenders into treatment which he stated had improved considerably over the last decade with better, faster access to treatment although there remained some gaps and glitches in certain processes. He said that we are now clear that significant numbers of drug using offenders who are referred into treatment from the criminal justice system achieve considerable benefits. He noted that referral work had improved most in police stations but remained problematic for those leaving prison. He entered a note of caution by stating that the downward trend in drug-related crime is not solely attributable to the advent of the Drugs Intervention Programme (DIP).

Professor Hough went on to look at the progress in treatment ordered by the courts and found that there were disappointingly high rates of breach and reconviction for those sentenced to Drug Testing and Treatment Orders and their successors, community orders with drug rehabilitation requirements. He noted that similar

systems in Scotland were more successful and attributed this to a more pragmatic approach to enforcement by the Scots. He went on to advance the following reasons for these disappointing outcomes:

- ★ **Target population is socially excluded, has limited personal resources**
- ★ **Drug dependence is a relapsing condition Drug using offenders often have complex problems and multiple needs**
- ★ **The quality of treatment services varies considerably**
- ★ **The reputation of treatment services can mask progress and put off offenders**
- ★ **The pace of constant reform makes it hard to implement new systems well**

A balance sheet

Professor Hough stated unequivocally that these mixed results should not lead to the demise of initiatives to get drug using offenders into treatment. He argued that using the criminal justice system to locate and help criminally involved drug users is a basically sound theory which needs implementing properly – although not at the expense of taking funding from the mainstream treatment system. He suggested that if this policy were abandoned, the most likely replacement would be greater use of imprisonment – which is much more expensive and would suck investment from the police and probation services.

Recommendations

Professor Hough prefaced his recommendations by reminding delegates that helping drug users is a human, not a bureaucratic, process and it requires difficult work with a challenging clientele to develop the trust and empathy necessary for success. He cautioned against too rigid central control with too many initiatives and targets which change too frequently.

At a practice level, he advocated honouring the contract in coerced treatment which provides close support in exchange for close supervision. Professor Hough cited the skill involved in securing compliance and stressed the importance of referral workers operating as case workers, providing continuity and support for the whole range of an individual's difficulties. The order in which help is offered for multiple problems is likely to be critical – sequencing is an area which requires more attention from researchers and practitioners.

Professor Hough concluded by stating that drug-related crime is a tough nut to crack and that the main current approach of prioritising drug prevention and drug treatment is imperfect. However, he finished by stating that it is much less imperfect than the alternatives and deserves persistent effort at a local level to maximise its chances of success.

Moving forwards, looking backwards

Sara McGrail, a freelance drug policy specialist with a considerable background in drugs policy, introduced her presentation by asking us to consider what the future might hold for the drugs field

She expressed the view that it was important to learn the lessons of the last ten years and read the signals from Government in order to prepare a response to consultation around a new drug strategy. It was also an opportunity for us all to consider what we did and why we did it

Sara started by setting the scene on what the drugs arena might look like in 2012; highlighting three key areas:

The strategy is founded on the belief that people with drug problems are part of the community and drug use is a major issue for society.

We believe that only by working on a local level to mainstream and individualise approaches to substance use can we hope to have any impact on the related problems of crime, health inequalities and community decay.

She then moved on to describe a separate, but in many ways complimentary piece of work – the consultation exercise being run by Drugscope. She announced the ways in which Drugscope are consulting:

- ★ **Regional events for Drugscope members in March and April 2007**
- ★ **National conference in July 2007**
- ★ **Conference presentations and networking**
- ★ **Online consultation**
- ★ **Membership area of the Drugscope website www.drugscope.org.uk**

Sara concluded by exhorting everyone to get involved in the process of developing the next strategy, saying that: ‘a better conversation, more discussion, more challenge, and more engagement equals better outcomes for all’.

<p>1 A shift in power and funding from central to local government</p> <p>There is a consensus that current very high levels of investment cannot be sustained. It will be important to try to access mainstream sources of funding from DAAT partners for drugs work. Local relationships and localism will be at the heart of social and personal care. Local people should hold us more accountable.</p>
<p>2 The re-prioritisation of health and a sharper targeting of criminal justice work</p> <p>Health has been de-prioritised, perhaps in investment, and certainly in emphasis. Blood borne viruses and the general health care of drug users are becoming critical issues. PPOs are important - the best way to impact on local crime is to target local prolific offenders.</p>
<p>3 Consider the impact of an economic downturn</p> <p>A change in the economy could bring about big changes in patterns of drug use from poly-drug use to the primary use of heroin and benzodiazepines. If treatment penetration rates continue to improve, those outside treatment will mainly have very complex needs. It will be a real challenge to engage and retain this group in treatment.</p>

Sara then turned to consider the processes that would inform the next drug strategy (due to come into operation from April 2008). Noting that the Government had not yet started its consultation exercise, she drew attention to the forthcoming comprehensive spending review and the linkages to the new Public Service Agreements (PSAs). While it was not yet clear whether there would be a drug specific PSA, the conference was urged to be proactive in promoting debate and developing new ideas. Sara then moved on to inform the conference of two initiatives which had aimed at doing just this.

The first is known as the Goodenough Drug Strategy (named after the college where the event was held) and involved taking 30 people who had experience of drug issues, placing them in a real world environment and giving them time to develop a new strategy costed on the current annual drugs budget (calculated to be £1.3 billion). This simulation process developed a strategy established upon the following principle:

Those involved in developing the Goodenough Drug Strategy expressed the belief that any new strategy should focus on the people and communities who experience the greatest problems. The Goodenough process developed four elements to underpin a new strategy: (copies of the Goodenough Drug Strategy are available from the LDPPF)

The four elements

- 1 Honest and credible information about drugs for all**
- 2 Improvement of mainstream educational attainment in the poorest communities**
- 3 Protection of vulnerable communities and individuals – communities to act as commissioners**
- 4 Wider range of community treatment options with an emphasis on primary rather than specialist care**

Shake, Rattle and Roll: Ten Years of a drug strategy

Harry Shapiro, head of publishing at Drugscope, editor of Druglink, and drummer for the Harm Reduction All-Stars, gave a presentation on the history of drug strategy and policy in the UK over the last 30 years

Mr Shapiro started by comparing 1966 when there was no drug strategy, treatment system nor drug squads with the current day. There were 1349 known heroin users in 1966 compared to 300,000 today. In 2004, 2.1 metric tons of heroin were seized compared to none at all in 1966.

He argued that the tipping point in the UK developing a serious national drug problem was the year of 1979 when two key things happened. Margaret Thatcher was elected prime minister and launched policies which resulted in economic devastation for some communities causing a social vacuum which heroin helped fill. In the same year, the Ayatollah Khomeini came to power in Iran causing many Iranians to flee the country, bringing with them a new form of smokeable heroin not previously seen in the UK.

Mr Shapiro charted the development of Government thinking throughout the 1980s, often led by publications from the Advisory Council on the Misuse of Drugs, which

gradually acknowledged both the scale of the drugs problem and the need for Government to tackle it by co-ordinating work across departments.

He then charted the development of the strategy using selected front covers from Druglink.

Mr Shapiro then highlighted the main issues he considered would need to be discussed for inclusion in the next drug strategy, while taking the opportunity to remind the conference that it was not definite that there would be a follow-up strategy. These issues included whether drugs work would be mainstreamed so that treatment routinely went beyond clinical interventions and looked at housing, employment and other issues. There was also the issue of balancing central Government policy directions with the flexibility of local decision making. He stated that it seemed probable that the new strategy would not attract current high levels of funding.

Mr Shapiro concluded by stating that Drugscope, the UK's main drug information charity and largest drug sector membership organisation, was keen to promote discussion and gather views on the content of any future drug strategy. It intended to do this in a number of ways:

- ★ **Regional events for Drugscope members in March and April 2007**
- ★ **National conference in July 2007**
- ★ **Conference presentations and networking**
- ★ **Online consultation**
- ★ **Membership area of the Drugscope website www.drugscope.org.uk**

Beyond 2008



Steve Tippell, acting head of the Drugs Strategy Unit at the Home Office, reminded the conference that the national drugs strategy comes to an end in March 2008

He reflected on the progress over the life of the strategy before looking ahead to the future when, he acknowledged, resources will be more limited.

Achievements so far

Mr Tippell identified five key achievements of the strategy so far:

- ★ **The Drug Harm Index fell by 9% between 2002 and 2003 and a further 6% between 2003 and 2004**

- ★ **Class A drug use by young people is stable, with the use of other drugs falling**
- ★ **The target of doubling the number of drug users in treatment was achieved two years early**
- ★ **Recorded acquisitive crime has fallen by 20%**
- ★ **There was record investment in the drugs field of £1.4 billion in 2005/6**

Looking to the future

He argued that the next strategy needs to build on this success and take account of the changes since 1998, in particular acknowledging the different patterns of drug use and the many changes that had taken

place within the wider policy arena. Mr Tippell stated that the improved data and research evidence gave us the opportunity to identify which elements of the strategy have been successful and which need to be improved upon.

Like several speakers, he acknowledged the political reality that the drugs field will need to achieve more without large increases in resources and concluded by making a plea for delegates to get involved in discussions on the future of drugs strategy in the UK.



Treatment

3 speakers made presentations on treatment issues, starting with a representative of the National Treatment Agency

So far, so good – but what next?

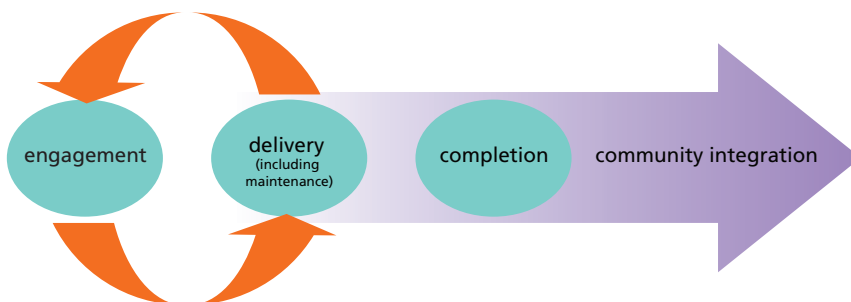
Annette Dale-Perera, Director of Quality at the National Treatment Agency, started by emphasising the significant gains in drug treatment that had taken place since 1998



She claimed that treatment is the only element of the strategy that is rooted in an evidence base and that the UK had achieved one of the best treatment penetration rates in the world with an estimated 43% Class A drug users and 67% intravenous users in treatment.

She identified key areas which required addressing as tackling the variable quality of provision; improving outcome rates and more fully involving service users in the design and delivery of services.

Ms Dale-Perera identified a central ambition as getting more drug users to complete treatment successfully. In the last year, almost half of those in treatment left, with over two thirds leaving in an unplanned way. She cited the need to integrate the community and prison treatment systems as critical in fulfilling this ambition.



Quality

Ms Dale-Perera took up the theme of outcomes, saying that we know that quality treatment works sometimes for some people but we need to measure this better and announced the advent of TOP – a simple outcome measurement tool that all providers would be required to use. She went on to say that it would be important to implement the evidence-based practice enshrined in the new NICE and Clinical Guidelines, and to develop more effective harm reduction interventions. Ms Dale-Perera plainly stated that future treatment would need to be cost effective and that overly expensive services would not be funded.

to keep drug treatment resources safe, and ensure that treatment remained a priority.

Ms Dale-Perera outlined what she saw as the key challenges for the next decade:

- ★ **The population requiring treatment is likely to grow**
- ★ **That population will be more diverse: more people will use a variety of drugs including alcohol and will come from a range of different communities**
- ★ **Deaths will rise: the impact of the high rates of Hepatitis C infection will hit by 2015**
- ★ **There will be an increase in blood borne viruses, especially amongst injectors**
- ★ **There will be more people with drug related psychosis related to increased use of cocaine and skunk**
- ★ **More people, especially from BME communities, will want abstinence-focused treatment**

Ms Dale-Perera summed up by asserting that it was important to retain a national organisation to champion the cause of drug treatment and to fight to keep the current critical mass of treatment provision. She outlined the challenges if drugs became less of a political priority with a consequent removal of cross-government targets and the loss of ring-fenced monies. She also warned delegates that the NHS devolution agenda was not likely to favour the commissioning of drug treatment services. Ms Dale-Perera concluded by stating she still felt that there were real opportunities to advance drug treatment if Government could be persuaded to see the potential not just of reducing the harm to current users but to reduce the overall numbers of problem drug users.

The future of drug treatment

She reminded the conference that the National Treatment Agency was created because the NHS could not be trusted to look after money and deliver treatment especially to drug using offenders. Her personal view was that if the NHS was entrusted solely with drug treatment with no targets or cross-Government agreements then, money would drain away from drug treatment with offenders and young homeless men with complex needs in particular losing out.

Equally, she felt that the Home Office was not able to deliver effective treatment to non-offenders without the input of the NHS. She concluded that only by maintaining the “unholy alliance” between these two Government departments was it possible

DAAT, The Devil and DAVE a whole systems approach

Gary Wallace, the DAAT manager for Plymouth, and Alison Battersby, Consultant Psychiatrist in Addictions, gave a joint presentation which picked up Ms Dale-Perera's theme of needing to provide more services with the same resources

The situation

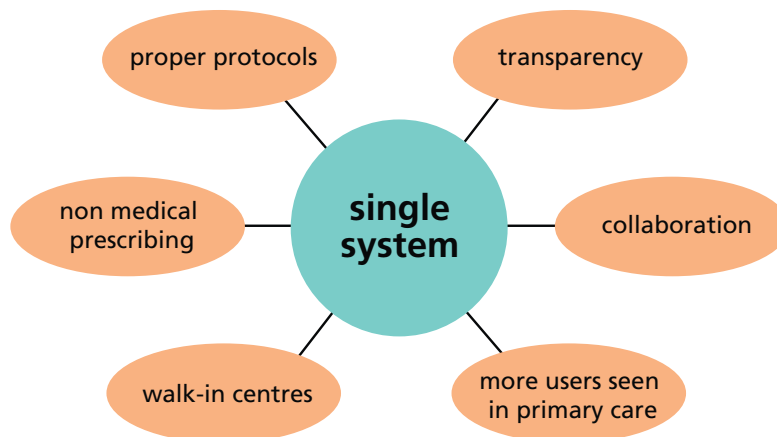
They started by painting a picture of service provision when Dr Battersby took up her post in Plymouth. At this time the local treatment system was piecemeal, expensive and full to bursting. There was little throughput of clients and a lack of focus on service users and genuine engagement. The Council were starting to engage with the crime agenda and the PCT were only marginally involved in the planning and commissioning of services. When Dr Battersby arrived, she found the service very unstructured and not governed by clear policies and procedures resulting in treatment that was both over-indulgent and over-punitive by turns. The various teams and services did not work together in a coherent fashion. Despite these problems, many staff were of good quality (if undirected) and key people were willing to change.

The trigger

The change process was triggered when Mr Wallace, a well-respected DAAT manager, announced that if the treatment system did not improve, providers would be decommissioned. A change process was established which included the appointment of a Chief Executive who was a management consultant and was able to operate flexibly – applying business practices while maintaining clinical principles. A whole system strategy group was set up – known as DAVE – in which initially all the participants sat together and talked openly about their motivation for choosing careers in the substance misuse field and how they would like to see treatment shaped in the future.

The changes

The key framework within which changes took place was the move towards a single system of treatment provided by a range of agencies. There was a change of emphasis from specialised to primary care. Some of the key changes were:



she has a much more interesting and fulfilling role and that service users are receiving a better service. Perhaps the most important achievement is the fact that so many more drug and alcohol users are receiving a service without additional costs. Plymouth was set a target of treating 1600 drug users under the strategy and

Key to this change process was the role of the consultant psychiatrist who held a very small case load and acted as a consultant to GPs in particular who ended up managing 75% caseload. In order to achieve this, the consultant was careful to treat GPs as equals rather than lower down the medical hierarchy. The providers were moving towards having a single electronic record for each service user irrespective of where they are receiving treatment.

Outcomes

There have been a number of very positive outcomes from this process; chief among these have been a significant improvement in the working relationships between providers and commissioners and amongst providers themselves. Dr Battersby feels

currently has 2500 individuals in treatment. This success has been recognised by other partners and the police and council are now more involved in developing and funding relevant strategies. There are four key aims for the future:

- 1 Continue to normalise the treatment experience**
- 2 Give users more informed choice of a greater range of interventions**
- 3 Impact on the drug market by making treatment as attractive as possible**
- 4 Treat service users as partners in the treatment process with both rights and responsibilities.**

Service providers and the new drug strategy



Shona Beaton, the Chief Executive of the London Drug and Alcohol Network, reflected on the achievements under the current drug strategy

Having reminded the conference of the key documents and objectives, she noted that there had been a 280% increase in the pooled treatment budget since 2001 and that drug treatment was now widely available in prisons. She then went on to look at the key challenges facing drug and alcohol providers in London.

Ms Beaton drew attention to the fact that treatment budgets are no longer increasing and that some London Boroughs are having their budgets cut; she noted the expansion of the criminal justice agenda with some concern. Although this had helped to highlight drug treatment and increase resources, it also meant that less emphasis was being placed on health issues, and highlighted the concerns of LDAN that drug funding may not be ring-fenced in the future.

She advanced five key issues that LDAN's members would like to see receive attention in any new drug strategy:

1 Less red tape
Providers felt that too much time and money was spent on bureaucratic tasks. While they accepted the importance of monitoring, there was a consensus that if standardised definitions and recording practices were introduced, more emphasis could be placed back on service delivery.

2 Better commissioning
LDAN would like to see substance misuse commissioning take place more in line with the principles established in the Voluntary Compact (www.thecompact.org.uk for more information) including a more equal partnership with open relationships and more long term funding.

3 Alcohol work
The network would like to see increased resources for alcohol treatment and the legitimate incorporation of alcohol work into drug work, possibly achieved through a combined drug and alcohol strategy. It would like to see increased alcohol training for drug workers and other stakeholders.

4 Continued service user involvement
LDAN was very much committed to service user involvement in the planning and delivery of treatment services. They would like to see this extended and for users in every area to have a full choice of different treatment modalities.

5 Mainstreaming
Ms Beaton also said that LDAN was keen for drug treatment to be mainstreamed with more tie-ins with other services particularly primary care, education and training and housing.

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London Drug & Alcohol Network

LDAN is a membership network for drug and alcohol agencies in London. They provide advice, information and support services to member agencies and represent their views on advisory and strategic bodies. They also work with other stakeholders on a regional and national level within the drug and alcohol field.

LDAN currently has over 260 member organisations, primarily drug and alcohol treatment providers.

www.ldan.org.uk



Enforcement

3 speakers made presentations on drug enforcement issues from a police perspective

Policing drugs – are we being priced out of the market?

Paul Richards, an Inspector in the Metropolitan Police Drugs Directorate, started by stating that the Home Office estimated that the annual illegal drug market in the UK is worth approximately £5 billion and that £3 million worth of illegal drugs are sold in London every day

He also stated that the main economic cost of illegal drug use stems from drug-related crime which is estimated at £13.2 billion per year.

He went on to say that the Metropolitan Police Service (MPS) fully supports the Drugs Intervention Programme (DIP), holding the view that drug testing on arrest and court ordered treatment are particularly valuable. MPS would like to see intensive DIP schemes extended from the current 21 London boroughs to all 32 but recognises that this is an expensive option for the Home Office.

Inspector Richards presented the data on arrests for drug offences over the last three years. He attributed the large number of cannabis possession offences to the legal processing of arrestees picked up with small amounts of cannabis on their person. He drew attention to the drop in arrests for drug trafficking despite the large scale of the problem in London. He gave two reasons for this: firstly, drug trafficking offences are low priority for the police because there are no relevant performance measures to provide incentives for this work and secondly, drug enforcement operations are very costly.

	2004	2005	2006 est
Trafficking	4,571	5,134	4,331
Possession	26,837	34,045	44,252
Unspecified		270	264
Possession Cannabis	20,569	29,010	39,263
% Possession Cannabis	76.6%	85.2%	88.7%
Possession non-Cannabis	6,268	5,035	4,989
Total	31,408	39,449	48,847

He went on to argue that effective intelligence is the key factor in tackling drug supply. Although the MPS has a central drug intelligence database, it is not a police priority and there is not a good flow of information between different police units.

Inspector Richards concluded by arguing that police should concentrate on the enforcement of drug laws which affect young people, saying that: 'reducing opportunity through enforcement is good prevention'.

there are no relevant performance measures to provide incentives for drugs work

What impact does police intervention have on illegal drug markets?

Chief Inspector Bob Platt of Kent Police gave a presentation on work he had done for the Government Office South East to research the recovery of illegal drug markets after police interventions

He started his speech by setting out the original three questions he had sought to answer:

- ★ Do drug markets reform after police intervention?
- ★ What action could be taken to prevent or delay this reformation?
- ★ Could it be possible to measure reformation using historic data?

Measuring success

The Chief Inspector analysed what success in tackling drug markets looks like from a police viewpoint and concluded that it is normally measured by the number of arrests and amount of drugs seized. He tried out an attempt to measure success by public perception - carrying out door-to-door surveys on a local estate before and after an operation to close down a public house that had been a centre for drug dealing. The findings were disappointing: twice as many people surveyed after the event listed drugs as their number one concern, compared to before.

Mr Platt then studied an action research project which Brighton police had conducted on their local sea front drug market. They ran a series of test purchase operations, sending the drugs seized away for laboratory analysis. They found that the purity of drugs did decrease immediately after an operation only to increase again until another test purchase operation when a fall in purity was again measured. The drop in purity for both crack and heroin was noticeable.

twice as many
people surveyed
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drugs as their number
one concern

In a similar operation in Thames Valley, police saw the purity of crack cocaine drop but that of heroin remain the same. The Chief Inspector therefore advanced the purity of drugs as a potential indicator of the success of police operations. However, a delegate had experience of the opposite effect. After a police operation in the Blackpool area, purity levels had gone up, causing concerns about potential overdoses, when dealers from neighbouring areas had been attracted in to fill the vacuum left by the arrest of local dealers.

Crack house closures in Haringey

Detective Sergeant Ian Baker made a presentation relating to his work in charge of the proactive drugs unit in Haringey. Using legislation enacted in the Anti-Social Behaviour Act 2003, this unit has succeeded in closing 100 local crack houses

The unit worked in partnership with the Drug and Alcohol Action Team, local authority and local treatment provider – the Drugs Advisory Service Haringey (DASH) - to try to achieve more than the temporary closure of crack houses. (The unit had its own dedicated drug support worker based at DASH who tried to engage crack users in treatment and those found at their premises which were being closed).

The unit also agreed a protocol with the local authority housing department to re-house tenants who were vulnerable and whose properties had been taken over by drug dealers.

Through working as a closely knit unit, the team were able to obtain and execute a closure order from 7-14 days and therefore to have a significant impact on the use of crack houses as a dealing method in Haringey.

The Detective Sergeant concluded his presentation by setting out the process for effecting a successful crack house closure:

- 1 Obtain intelligence from Crimint
- 2 Research, plan and execute search warrant
- 3 Obtain evidence of Class A usage/supply or manufacture within premises
- 4 Obtain evidence of anti social behaviour through statement taking/letters of complaint
- 5 Book Magistrates court hearing before District Judge once the full file is completed
- 6 Book boarding up team to be on standby
- 7 Have sufficient Officers (uniform) to assist in enforcing the Order
- 8 If Order is contested E-mail MPS solicitors and take a copy of the full file straight to Wellington House
- 9 Arrange boarding up team and Officers for day of contested Closure Order application
- 10 If Order granted at contested trial, clear property of any occupants and seal property displaying court Orders
- 11 Hand keys to housing manager for LBH or Housing association manager
- 12 Provide another copy of Closure file to legal team for LBH or House association to use at the County Court repossession hearing
- 13 Attend Edmonton County Court to support legal team in the repossession hearing
- 14 Refer all drug users to Outreach worker (DASH team)



Effective practice

4

speakers made presentations about practical interventions that can contribute towards successful outcomes

From Washington to Sunderland: Successes and failures



Dr Martin Weatherhead, gave a presentation on his experience of leading an intervention aimed at getting drug using offenders into treatment. Dr Weatherhead emphasised that as a GP his first priority was healthcare with any reduction in crime a ‘happy side effect’

The Washington Integration Project was started when the local Chief Inspector said that if he could get ten specific local drug using offenders into treatment, this would make a big reduction in the local crime rate. The project was staffed by a full-time experienced drug worker, a full-time detective constable and a part-time administrative worker and Dr Weatherhead provided a weekly prescribing session. Originally there was a full-time social worker post but funding was subsequently withdrawn. The project was situated locally on a drug agency premises and was co-located with a structured day care and employment and training schemes.

Local success

Despite the small scale of the project, it had significant impact on local crime figures. 54 local drug users were identified over a period of two years with approximately 40 in treatment at any one time. The table below shows the reduction in different crime rates over this two year period:

Crime type	Percentage reduction
All crime in Washington Area	-41%
All arrests	-31%
Drug-related arrests	-54%
Domestic burglaries	-77%
Theft from motor vehicles	-81%
Shoplifting	-44%

These impressive figures were matched by the fact that over 90% of these drug users were retained in treatment and 30% found jobs. All the partners contributed to the effective operation of the project.

Dr Weatherhead said that he tried hard to meet the wide range of general health needs that these individuals had, undertaking a lot of screening and vaccinations for Blood Borne Viruses. Nevertheless, he still estimated that in 30% of cases there remained unmet physical and mental health needs.

The police targeted individuals who they were aware were actively involved in drug-related crime, irrespective of their current legal status. They regularly gave drug users lifts to the GP surgery and Dr Weatherhead was happy to see patients outside the one dedicated prescribing slot per week. Information exchange was very good between the partners and if the police had intelligence that someone had started offending again, they were swiftly offered the opportunity of being prescribed again.

The drug worker became very well known locally and actively recruited pharmacists and users to the scheme. He took on an advocacy role, helping users with their housing, benefits, employment and legal problems as well as giving them support with their drug use. When the drug worker was not available, the administrative worker or drug workers from the host agency provided the same role ensuring that a service was always on offer.

Difficulties in replication

The advent of the Drugs Intervention Programme (DIP) led to an attempt to replicate the Washington scheme city-wide. However, this has proved problematic with difficulties in recruiting drug workers and the siting of premises in Sunderland City Centre, necessitating up to a one hour journey for people in outlying areas. The identification of appropriate drug users and the communication with the treatment provider have also not worked as effectively in the city-wide scheme. The difficulties in rolling out such a successful scheme across the city have been very frustrating.

over 90% of these drug users were retained in treatment and 30% found jobs

Better employment, training and education provision for drug users

Mike Stewart, Director of the Centre for Economic and Social Inclusion, and Jamie Deas from the Coventry and Warwickshire Partnership Trust, gave a joint presentation on a model to improve the delivery of employment, training and education (ETE) services for drug users



Mr Stewart started by telling the conference that however effective drug treatment was, it was limited without the provision of help to get drug users into employment, training or education. He lamented that there was very little reference either to ETE or to resettlement generally in the drug strategy. Mr Stewart spoke about the Government's Progress 2 Work scheme which is highly effective in some areas of the country but lacklustre in others. He reported that this scheme had worked with 50,000 people and got a quarter of them into jobs and 40% of the remaining three quarters into training or further education. Despite these very positive outcomes, Progress 2 Work was being allowed to wither on the vine with good practice not being shared and bad practice not challenged.

Mr Deas then took over and spoke about the ETE service which is offered to drug users within two DAT areas in Coventry and Warwickshire. The service he works for is contracted with Job Centre Plus to provide an ETE service for 300 drug users per year. He focused his presentation on how to plan strategically to maintain this service when the current drug strategy ends in 2008 and funding is likely to be limited. He started by setting out six principles for successful ETE provision for drug users:

Principle 1
Partnerships realise synergy

Principle 2
ETE services for drug users offer value for money

Principle 3
High quality ETE services are available for all service users

Principle 4
All users receiving treatment have a care plan that covers "follow on" services

Principle 5
ETE services for drug users should be mainstream funded

Principle 6
ETE services for drug users facilitate real, sustainable and meaningful change for service users

Mr Deas set out three key objectives to try to ensure that ETE provision would be available to all drug users in treatment in the future:

1 Develop a benefits realisation tool through more effective measurement of the evidence of impact

It will be important to demonstrate to the wider partnership the benefits of getting drug users into jobs in terms of health, re-offending, social inclusion etc.

2 Optimise the care planning process to recognise ETE as one of the primary drivers towards treatment effectiveness

Ensure that all workers are integrating ETE work into their care planning

3 Reduce reliance on short term funding by developing strategies for mainstreaming

Make connections with ETE providers and Department of Work and Pensions

Mr Deas concluded by saying that although a strategic direction had been worked out there was still considerable work to be done to achieve the aim of integrating ETE provision into work with drug users and encouraged delegates to be involved in lobbying for the inclusion of this issue in the next drug strategy.

however effective drug treatment, it was limited without helping drug users into employment, training or education

A passport to work

Dan Taylor, Commercial Director at Medscreen, presented information about his company which focuses on drugs and alcohol in the workplace, providing policy guidance, education and training, support and employee assistance as well as drug testing programmes

He gave the conference information about trends in the results of workplace drug testing over the last ten years. The results show significant increases in cocaine, in particular, as well as cannabis and barbiturates with reductions in the proportion of people testing positive for alcohol and benzodiazepines.

Drug group	% change
Alcohol	-25%
Amphetamines	+10%
Barbiturates	+53%
Benzodiazepines	-54%
Cannabinoids	+30%
Cocaine metab	+3000%
Opiates	-2%

He went on to present an idea about how to manage and support people who have gone through treatment and want to get jobs, suggesting a three-pronged approach:

- 1 Engage employers very early on**
 - Involve senior managers and human resources, and health and safety departments
 - Sell the ideas as part of Corporate Responsibility
- 2 Individual Passport to Work**
 - Ongoing treatment
 - Testing and monitoring
 - Certification and awards
- 3 Funding**
 - Look for funding from central Government or via commercial sponsorship

Mr Taylor went on to suggest that there were benefits for both the client in providing support in the next stage of a resettlement process and for employers in keeping workers and promoting a high level of commitment to the company in them. He gave an example of having employed a similar approach within Medscreen where because the company was aware of the issues, they identified an employee with a substance misuse problem. They were then able to overcome the employee's resistance to acknowledge their problem and offer a tailor-made support package backed up by random urine and hair testing.

Mr Taylor concluded his presentation by stating that this was very much an idea in progress and invited delegates to contribute to the debate in taking the passport to work forwards.

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employers



Communities, families and service users

4

speakers made presentations relating to the issue of communities, families and service users

Families – the neglected resource

Viv Evans, the Chief Executive of Adfam, spoke on the subject of the families of drug users, starting off by outlining the numbers of people affected by others' drug use in the UK



7,000,000
people affected by other's drug use in the UK

300,000
children affected by parental misuse

200,000
grandparents looking after children because of parental misuse

150,000
people affected by having a family drug user in prison

Ms Evans went on to detail the social, psychological and economic impact of having a problem drug user in the family. A common problem is that family members caring for the children of drug users often have to give up work. She also noted that the stigma of being a problem drug user applies to families as well and that this difficulty is often compounded for people in BME communities, who can feel very isolated and don't know where to get support from. Families require a great deal of support to deal with the range of problems that comes with having a problem drug using member.

Improving outcomes

There is also clear research evidence that if family members are involved in the support of problem drug users, there is an improvement in treatment outcomes; it is more likely that users both enter and stay in treatment, and sustain progress on discharge. Work with families can improve communication and family functioning; it is possible to create a common goal and realistic expectations of treatment – although of course it will not be positive to involve family members in every case.

Ms Evans went on to list the strategic benefits of involving family members:

Families are a huge unpaid workforce providing support etc

Families are in abundant supply and are available 24/7 – a truly open access service

Not constrained by bureaucracy, families can concentrate on service delivery, offer long term commitment

They have specialist knowledge of the drug user, a high degree of investment and are highly motivated in a successful outcome

If families are supported, their health and welfare improves, and they are less likely to use health and social support services.

If there are all these benefits, why don't we do more of it?

Ms Evans went on to say that Adfam's experience is that although many policy makers and DATs pay lip service to the importance of families - which is cited in the updated drug strategy, Models of Care and the National Offender Management Service resettlement strategy - this rarely translates into money and resources. In Adfam's experience, local commitment and commissioning often depends on local champions. She argued that the next drug strategy needed to acknowledge that families (including children) need support in their own right. Ms Evans advocated strategic planning that ensures families get the services they need, in particular information (about drug use and available treatment), buddying, counselling, self-help, and therapeutic interventions. It will be important to involve families and carers in planning local services. She also drew attention to the fact that considerable workforce development is needed – drug services need to know more about children's services and vice versa.

Ms Evans concluded by insisting that there must be a clear target about family support, including a clear definition of what support is, in the next drug strategy.

families (including children) need support in their own right

Bringing unity back into the community

Marion Morris, DAAT Strategy Manager, Kelvin O'Mard, Project Manager, Lanre Babalola, Senior Peer Support Facilitator and Ronald Duberry, Peer Support Facilitator, combined to give a presentation on Bringing unity back into the community (BUBIC) a user-led organisation based in Haringey



Early stages

Ms Morris launched the presentation by providing the background to the development of BUBIC. BUBIC was set up in 2003; it grew out of a peer support group of crack cocaine users from the local drug service - Drug Advisory Service Haringey. Individuals worked on a voluntary basis; members of the group wanted to give something back to the community, and help other users. The police initially funded a pilot scheme which ran weekly open access peer support groups in the local community. The pilot was successful and a steering group of the DAAT, Police, NDC and Health was established to support the future development of BUBIC. BUBIC also worked with the North London Partnership consortium which provided business start-up advice. The organisation is currently in the final stages of becoming a charity.

Ms Morris then went on to talk about some of the challenges of commissioning services such as BUBIC when so much of the drug monies are tied into commissioning Tier 3 drug treatment and targets for numbers in and out of treatment. These very targets could stifle the commissioning of innovative services to meet the needs of diverse populations. Marion contended that DAATs could end up commissioning services to meet targets rather than need and argued that greater flexibility on how drugs monies could be spent was needed. She maintained that the key to good commissioning is to listen more to service users. She ended by stating that her hope for any future drug strategy would be that it recognised problematic drug use as a cross cutting issue. Solutions would therefore need to address issues of social exclusion, such as unemployment, poverty, discrimination and homelessness alongside substance misuse. In summary, drug policy needs to be brought into the mainstream and viewed as just one of the many facets of social exclusion.

The work

Mr O'Mard took up the story, telling the conference that BUBIC remains a user-led initiative, currently runs five self-help groups and has won national awards. It also provides voluntary training – assisting service users to move from rehabilitation to employment via a comprehensive training programme. The programme has been designed in line with the DAAT's local Work Force Strategy. BUBIC also provides advice and information on drug and alcohol services, explaining what treatment is; giving support before users enter treatment as well as providing treatment in their own right.

Mr Babalola explained how BUBIC works; providing one-to-one support and a 24 hour help line. BUBIC runs an outreach programme for those people who would not otherwise access services. The programme runs between 10-12.00 p.m. and focuses on community members as well as users, putting information and condoms in local shops where people can access them directly. BUBIC is also keen to engage with family members, carers, friends and members of the local community to empower them to deal with drug users. It runs regular social evenings where hot food, games tournaments and other social and leisure activities can be accessed by service users. This has been found to be very successful in attracting parents and grandparents as well as drug users. Finally, BUBIC participates in local community events, festivals and within the College of North East London providing drug awareness work.

Mr Duberry then took over and set out the critical success factors for BUBIC:

- ★ **Some staff are ex-users and act as role models**
- ★ **Culturally specific service**
- ★ **Passion, commitment and energy**
- ★ **FastTrack into services**
- ★ **Honesty based on trust and empathy allows users to provide information on themselves at their own pace**
- ★ **Immediate help that does not include form filling**

The presentation concluded by detailing the principal outcomes of the project to date:

- 1 Many people remain drug-free**
- 2 People are able to minimise their drug use or switch to less harmful drugs and lead meaningful lives**
- 3 People enter education, voluntary work and employment, in or out of BUBIC**
- 4 Communities feel empowered to deal with drug problems in the family, the local shop and other parts of their lives**
- 5 Local agencies have confidence to encourage and support active service-user involvement.**

Beyond the service door – identifying and meeting local needs



Harrinder Singh Dhillon, Service Director of the Drug and Alcohol Service for London (DASL), gave a presentation on his organisation's work in meeting the needs of local diverse communities

Mr Dhillon started by emphasising that diversity was integral to all the work that DASL delivered, not an optional add-on. DASL considers itself to be part of their local community and takes pride in knowing that community. He went on to give examples of the way DASL works to meet the needs of the range of individuals and communities it serves.

Firstly, DASL works from places other than their office to ensure that services are easily accessible; locations include hospitals, GP surgeries, community centres and the Youth Offending Team, DASL also makes home visits. The service is also open evenings and weekends as well as office hours.

Secondly, DASL has developed a number of gender and culturally specific methods of promoting its services and providing drug and alcohol education. These include Eid cards with prayer times and service information and pocket sized discs with alcohol and drug education facts. They also provide a Girls Talk service specifically for young Asian women which is delivered in a school setting as it may be hard for many Asian women to go outside the home in the evening.

Research

Mr Dhillon went on to detail research that DASL had undertaken as part of the process of getting to know its local communities. Although not all the research projects had been successful, they had still resulted in useful lessons learnt. Work with the Tamil population in Manor Park and the Gujarati community in Forest Gate revealed that people wanted an anonymous and confidential service, not one mediated by well-known local people.

Critical success factors

Mr Dhillon emphasised that DASL's workforce was very diverse and reflected the communities they worked with. He acknowledged that closer relationships with local communities was a two-way street with communities wishing to participate in the running of the agency – at the last DASL AGM, local Gujarati dancing was performed. He concluded by saying that meaningful community work requires patience, dedication and resources.

**our workforce
reflects the
communities we
work with**

Service users and advocacy



Jimi Grieve, Chairman of the National User Network, told of his poor experiences of unsupported detoxification in prison

He argued that it was vital for the quality and consistency of prison drug treatment to be improved because prison was the first place where many drug users had the opportunity to get stabilised and to learn about treatment options.

He highlighted seven key areas that need to be addressed to improve prison-based drug treatment:

- Better quality treatment
- More treatment capacity
- More staff involved in drug treatment
- More training for staff
- Prisoner support groups
- Care planning
- Advocacy

Service user involvement and advocacy

Mr Grieve went on to talk about service user involvement generally. He started by saying that he was concerned that the recent impetus towards user involvement and advocacy driven by the National Treatment Agency may disappear. He made the point that user involvement can be very cost effective, supporting individual treatment and improving treatment services generally. He also made a strong point that there is a real need for advocacy work, not just in terms of ensuring that individuals receive appropriate drug treatment, but also in relation to more general issues such as housing, benefits etc.


In his view, user involvement work was sometimes made too difficult. He had experience of getting many support groups going – the main requisites were only a room, tea and biscuits, some flyers and a facilitator.

Most support groups would gain momentum if they focused on key areas of concern to users themselves such as Blood Borne Viruses, treatment options, post-treatment support, parenting and families and friends. Information is key to helping users get the right treatment at the right time.

Conclusion

Mr Grieve argued that treatment is a partnership, and the more individuals get involved in their own treatment, the more likely they are to be successful – he stated that this is even more important for those sentenced to treatment by the courts. He concluded by saying that improving treatment in prison is a priority. At present, prison treatment is letting down community treatment with many people being released from prison with more contacts for buying drugs rather than having had a real opportunity to change for the better.

user involvement work was sometimes made too difficult



Public
Footpath

Priorities for the next drug strategy

Priorities for the next drug strategy

David MacKintosh, LDPF Policy Advisor, chaired the final session of the conference which invited delegates to develop a consensus of key issues that they would like to see prioritised in the next national drug strategy



Four key issues emerged:

1 A focus on people not problems

There was a strong feeling that the language of the next strategy should not discuss drug users as if they are 'the problem'. Rather there should be a focus on treating users as people and a drive to engage them in leading service development. Advocacy on both drug specific and more generic (housing, education, health care etc.) issues was seen as critical. As part of this emphasis on people, the next strategy was seen as an opportunity to start addressing properly the needs of families – including the children – of problem drug users.

2 Funding

There was an acknowledgement that it was unlikely that recent increases in investment could be sustained. However, there was a strong plea for drugs to remain a Government priority – it was felt that a drug-specific Public Service Agreement would be critical to maintain recent investment and drive up the quality of current provision. This would also bring much needed pressure to mainstream drug treatment provision; ensuring that drug users get access to quality housing, employment and training opportunities and health care. It was felt that harm reduction work had not received sufficient attention owing to the primacy of criminal justice objectives over the life of the current strategy. Delegates were very concerned about the possible loss of ring fencing from drugs money with many warning that Primary Care Trusts in particular would find it hard to resist the temptation of raiding the drugs pot to fund other priorities. However, delegates recognised that it would be difficult to mainstream provision and maintain ring fencing at the same time.

3 Local control

Several speakers and delegates drew attention to the view that for a drug strategy to be effective on a local level, it will be important to truly engage communities and for Drug and Alcohol Action Teams to become accountable to local people.

4 The neglect of alcohol

Again many participants drew attention to the fact that alcohol work continues to be substantially under-funded despite the final advent of a national strategy. Some delegates expressed the view that there should be one national substance misuse strategy covering alcohol and drugs, although there was not a consensus on this issue. There was, however, agreement that Primary Care Trusts and GPs have a key role in driving forwards alcohol work from a public health perspective.

Dissemination

These conclusions and the contributions made by speakers and the audience will be forwarded to policy makers in the Home Office and National Treatment Agency and this conference report will be widely distributed.

The LDPF was keen to maintain a debate relating to policy development. Readers of the report who are interested in being involved are invited to contact the forum at ldpf@cityoflondon.gov.uk

there should be one national substance misuse strategy

Biographies of the speakers

Lanre Babalola

Lanre is one of the founder members of BUBIC. A drug user for 15 years, after coming out of prison and going into rehab, Lanre attended DASH where he was a regular attendee of the peer support group. Lanre became a volunteer for BUBIC in 2003. In 2005 Lanre was employed as a peer support facilitator for BUBIC and remains one of main driving forces behind the organisation's development.

Ian Baker

Detective Sergeant Ian Baker joined the Metropolitan Police Service 16 years ago. Initially posted to Kings Cross Road Police station, he moved to Islington where he joined the CID. Since October 2004, he has been running the Drugs unit in Haringey. He is responsible for proactive and reactive investigation for: Crack houses; Class A dealers and Cannabis factories.

Alison Battersby

Alison Battersby is still pleased to be a consultant addiction psychiatrist working in Plymouth. She balances her working life with the rural idyll of Cornwall's Tamar Valley.

Shona Beaton

Has been the Chief Executive of the London Drug & Alcohol Network (LDAN) for the past 3 years. Previously Shona was Operations Director for the drug agency Release, with special responsibility for the Forward Thinking on Drugs project, and she also spent several years at RAPt. She sits on various committees within the field, and is a Trustee of the newly formed UKDPC, reviewing the UK's drug policy.

Annette Dale-Perera

Annette has been Director of Quality at the National Treatment Agency (NTA) since its inception in 2001. She has authored over 60 research and policy publications on drug related topics, including: developing and promoting the NTA Treatment Effectiveness Strategy (2005), Models of Care documents (for Drug and Alcohol Misusers 2001, 2006) and QuADS (1999).

Jamie Deas

Jamie Deas has been employed in the substance misuse field for the past 10 years. He has worked both as a frontline drug worker specialising in Employment, Training and Education and, for the past 4 years, in the capacity of Service Manager responsible for a range of employability programmes for substance misusers and offenders in Coventry & Warwickshire.

Ronald Duberry

Ronald is a founder member of BUBIC, having triumphed over a long addiction to drugs. With the spirit of wanting to 'give something back to the local community', Ronald became a BUBIC volunteer in 2003 and has been instrumental in helping to set up 5 peer support groups. Ronald now works for BUBIC as a Peer Support Facilitator and most recently has taken a lead role in developing the newly formed outreach programme.

Vivienne Evans

Vivienne Evans joined Adfam as Chief Executive in 2002 with almost 30 years experience in health and drugs education. She is a member of the Advisory Council on the Misuse of Drugs (ACMD) and chaired its working group on the implementation of Hidden Harm. Formerly, Vivienne was Head of Programme Development at DrugScope, leading on education and prevention work.

James Grieve

A drug user for 32 years, Jimi experienced most treatment modalities, gaining a comprehensive understanding of the problems in accessing appropriate treatments and issues that arise during treatment. He is keen to redress treatment issues in the criminal justice system. He is currently a substance misuse service user advocate and Chairman of National User Network. www.nationalusernetwork.org <mailto:jamesgrieve@ntlworld.com>

Professor Mike Hough

Professor Mike Hough is Director of the Institute for Criminal Policy Research, School of Law, King's College London. He has written on many topics including policing, crime prevention and community safety, anti-social behaviour, probation and drugs. His current work includes research on sentencing, on drugs, on youth justice and on community engagement and public attitudes to crime and justice.

Mrs Maureen Kellett JP, CC

Maureen Kellett was appointed Chairman of the London Drug Policy Forum in 2004. She was elected to Common Council for the Ward of Tower in 1986 and in 1988 became a Magistrate on the City of London bench. Maureen was also Chairman of the City of London Drug Action Team and Drugs Reference Group and has a particular interest in drug education and prevention.

David MacKintosh

David MacKintosh has been the Policy Adviser to the London Drug Policy Forum (LDPF) since 2001. Prior to this post David worked for the United Kingdom Anti Drug Co-ordination Unit, primarily on young people and treatment policy issues. Previously he worked in the Department for Education and Skills in a number of areas including international relations and higher education policy.

Sara McGrail

Sara is a freelance drug policy specialist with 18 years experience in the drugs field. She is currently leading national policy realignment for the major charity DrugScope. Sara is the author of numerous articles and publications including the Guide to the Local implementation of the National Drug Strategy (2005) and in partnership with the LDPF, is a co-author of The Goodenough Drug Strategy published in early 2007. Sara can be contacted at sara.mcgrail@btinternet.com

Marion Morris

Marion is the Drug and Alcohol Strategy Manager for the London Borough of Haringey. She has over 20 years experience in the drugs field and previously worked extensively in the homelessness field both in the UK and Australia. She is passionate about social justice, social inclusion and women's issues.

Kelvin O'Mard

Kelvin came into the drugs field in 2001 to provide employment and resettlement support to DASH (Drug Advisory Service Haringey) service users. Prior to this Kelvin worked with homeless people in central London. With the inspiration and support of a number of service users, he helped to establish BUBIC as an organisation in its own right and is the current project manager.

Paolo Pertica

Paolo has worked in the drug field since 1990, initially in needle exchange and residential rehabilitation services, and then specialising in delivering and managing work with prisoners. He worked as an Area Manager with Cranstoun Drug Services until 2001 when he moved to Blackpool as Drug Action Team Coordinator. He is currently Head of BSafe Blackpool, the Blackpool Community Safety and Drugs Partnership.

Bob Platt

A Kent police officer for 18 years, in 2005 Bob was commissioned by Government Office South East to research the recovery of illegal drug markets after police intervention. This was done as part of his MA, which he has just completed. In order to conduct his research Bob travelled to a number of Forces in the UK and USA. He is currently a Chief Inspector.

Paul Richards

Paul is an Inspector in the MPS with operational experience of policing drugs dating back to the mid-1980s when he was a Police Sergeant on Notting Hill's All Saint's Road Unit. In 2001/2 he was seconded to the Home Office Drug Strategy Directorate. For the last 3 years he has worked in the MPS Drugs Directorate on the prevention side, though he has also been involved with enforcement and intelligence policy at Force and ACPO level.

Harry Shapiro

Harry Shapiro has worked at DrugScope (formerly ISDD) in London as an information officer, researcher, writer and editor since 1979. He is also editor of Druglink, the 'trade' magazine for the UK drugs field. He is a regular contributor to TV and radio broadcasts and the author of many articles and books on the subject of drugs and related issues.

Harrinder Singh Dhillon

Service Director, Drug & Alcohol Service for London (DASL), Harrinder has worked in the drug and alcohol field for a number of years. He currently sits as a Trustee of Alcohol Concern, the national charity on alcohol issues. He has a MSc in Group Analysis and an interest in working with diverse communities.

Mike Stewart

Mike is a founder and Director of the Centre for Economic and Social Inclusion, an independent, not for profit research and consultancy organisation. He has a background of senior management in the national voluntary sector specialising in crime, criminal justice and the resettlement of offenders. His particular interest is in connecting welfare to work and social policy.

Dan Taylor

Dan joined Medscreen in 2005 as Commercial Director. Prior to this he held a range of roles for both large and small organisations in the private sector. He started his career in the British Army. Dan has a Sociology Degree from York University and an MBA from Henley Management College.

Steve Tippell

Steve is Acting Head of the Drugs Strategy Unit at the Home Office. His previous roles include policy responsibility for drug treatment and for young people and drugs. Steve originally trained as a social worker and came to the Home Office via the voluntary sector where he managed community based and residential agencies for young people and prisoners.

Mike Trace

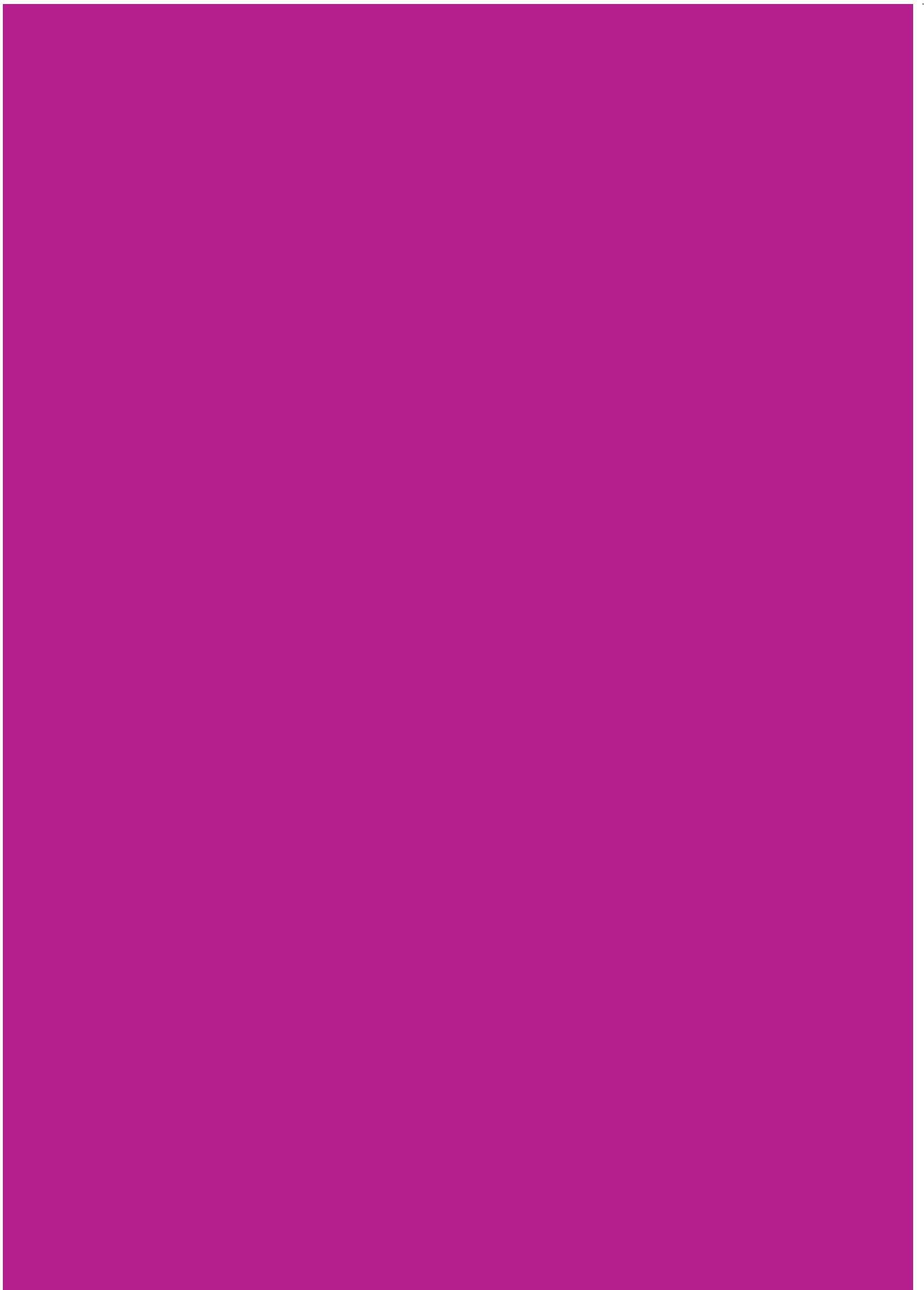
Mike Trace has a wide range of experience in the field of drug treatment and policy, from direct work with problem drug users, to senior positions in national government and international agencies; his current post is Chief Executive of RAPt, one of the biggest providers of drug treatment services in the UK prison system. He is the co-ordinator of the International Drug Policy Forum.

Gary Wallace

Gary Wallace has been working in the drug and alcohol field for far too long. He has had a variety of roles and some unusual job titles. He is currently the DAAT manager for Plymouth and his hobbies are sloth and gluttony.

Dr Martin Weatherhead

Martin has been an Inner City GP since 1997. He started as a single-handed GP and there are now 3 doctors working in the Practice - GPwSI Substance Misuse. Martin is Clinical Director of Wearside Substance Misuse Team which is a city-wide prescribing service currently looking after over 350 patients. Martin is also a Named Doctor for Sunderland Teaching Primary Care Trust (Safeguarding role).





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The views expressed by the speakers at this conference are not necessarily those of the London Drug Policy Forum or the City of London Corporation.

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