

BUILDING CONFIDENCE IN OUR COMMUNITIES

empowering, planning, delivering and evaluating
– local responses to drug problems

report of the conference 25 September 2003

LONDON
DRUG
POLICY
FORUM



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FOREWORD

This conference was my second as Chairman of the London Drug Policy Forum and I was delighted that it proved so successful and was clearly appreciated by those present. In policy terms, issues around community have moved centre stage where, I would argue, they should always be in any area of social policy. It was also a relief that our reputation as organisers of some of the most interesting, challenging and accessible conferences in the drugs field was maintained.

The input of our speakers from the United States of America helped provide a unique insight and angle into the issue of communities and drugs. In particular the examples of mass media being utilised in the USA provoked strong interest. Whatever your position on some of the issues raised it is impossible not to admire the quality of USA media approaches and we should certainly look to see how lessons learnt on the other side of the Atlantic can benefit us here. However, this is not one way traffic and we have ensured that some of the good work conducted in London and the United Kingdom has been given an American audience. Sharing of information and experience is extremely valuable at both regional, national and international levels and the LDPF will continue to support this work.

During the conference we heard some very clear messages from both the Minister and senior policy makers on how Central Government recognises the role of local people and communities and how this links to the reintegration agenda. Lee Jasper provided a distinct and lively contribution on what can be achieved in tackling crime when local communities are engaged and this linked powerfully to the presentation from the Metropolitan Police on the work of Operation Trident. From the USA we were given an oversight of their approaches in getting messages to parents and other groups as well as looking at factors which can influence use of both licit and illicit substances. There was a fascinating session on the use of the word community and what role restorative justice might have in repairing the damage caused by drug misuse. We also heard from individuals with first hand experience of working at the community level and how they had developed appropriate responses for local needs. Haringey Peace Alliance delivered a powerful and memorable contribution reminding us of just how devastating problems associated with drugs can become but also demonstrating how things can be improved.

The LDPF – with its partners in the boroughs, regionally in the Greater London and Alcohol Drug Alliance and nationally, will continue to support those tackling the damage, harm and misery drugs can cause. If you would like more information about the work of the LDPF please contact the Policy Adviser (details on the back of this report).

Lastly I must record my thanks to all those who contributed to the success of this conference and to the publication of this report. I hope you find it of real use.



Roger Daily-Hunt
Chairman of the London
Drug Policy Forum



INTRODUCTION TO THE CONFERENCE

Roger Daily-Hunt opened the conference by extending a warm welcome on behalf of both the London Drug Policy Forum and the Corporation of London. He announced the theme of the conference: how to build confidence in London's communities to tackle drug use and drug dealing. The conference would cover the empowerment of communities to plan, deliver and evaluate local solutions to local drug-related problems. He went on to invite the Lord Mayor to formally open the conference.

Gavyn Arthur, Lord Mayor of the City of London, duly performed the formal opening of the conference. He welcomed the large number of delegates and stated that the London Drug Policy Forum has a tradition of holding key conferences which have succeeded in developing the agenda around substance misuse in the Capital. He also made the point that the City has been involved for many years in supporting the deprived communities which surround it. The Mayoral charity in the present year is Save The Children, which, among its many projects, runs an initiative to tackle drug problems in the East End.

The Mayor concluded his address by hoping that the discussions which took place at the conference would promote healthy debate and give rise to innovation and new practice. He then invited John Grieve to chair the conference proceedings in the morning with Lee Wilson assuming that mantle in the afternoon.

John Grieve announced that the conference would hear from a wide range of speakers from both the United States and the United Kingdom. The conference would be addressed by academics, politicians, policy makers and those delivering responses on the ground. All presentations would focus on the importance of fully involving communities in tackling local drug problems.

regeneration work is vital in addressing the despair that many communities feel that things are out of control and drugs are taking over



Taking communities with us

Caroline Flint, MP is the Parliamentary Under-Secretary at the Home Office responsible for co-ordinating the national anti-drugs strategy. She started her speech by saying that the involvement of communities in tackling drugs locally was not a new idea, but one that was enshrined in the Government's 10 year drug strategy¹.

She stated that the Government's current key objectives were the right ones:

- Ring fencing significant resources for drug treatment and enforcement against drug dealing
- Identifying the link between crime and drug use
- Tackling the revolving door syndrome whereby drug using offenders go in and out of prison without getting treatment to reduce their drug use and associated crime.

The minister highlighted the Criminal Justice Intervention Programme (CJIP) which aims to join up initiatives in the criminal justice system more effectively and develop an 'end to end' approach from arrest through to sentence and beyond. CJIP is currently being piloted in 25 Drug Action Team areas, 12 of which are in London boroughs.

Tackling drugs and regeneration

Ms Flint stated that drug problems impact most on those communities which live in the areas of worst economic and social deprivation. The challenge for Government is not only to get support to these communities but to communicate what the Government is trying to do and engage members of those communities in efforts to tackle local problems.

She stated that it was important to link the efforts to tackle drug use and drug dealing with long term regeneration work. The regeneration work which is

taking place under the banner of New Deal for Communities² and the Neighbourhood Renewal Unit³ is vital in addressing the despair that many communities feel that things are out of control and drugs are taking over.

Similarly, the minister stressed that part of the response to tackling drugs must be to make sure that people from all parts of the community took up the employment, training and educational opportunities that were on offer. It was also important to convince long term drug users that treatment has improved and can work for them.

Ms Flint also highlighted the Positive Futures programme which tries to reduce drug use and crime in 10-16 year olds by engaging them in sporting and recreational activities⁴. Positive Futures operates in eighteen London boroughs.

Local people are the answer

She stated that in order to capitalise on this raft of initiatives, the Government must deliver on its commitment to engage with ordinary people and local voluntary groups to build local confidence and further develop local services. Local projects which are owned locally are often found to be the most effective.

The Minister concluded by stating that local people have drug dealers on their streets and crime in their face, and that the only way to get their support for drug treatment to break the links with crime and social chaos was to get their confidence and trust. Only in this way, could the national anti-drug strategy make a difference. Ms Flint concluded by re-emphasising how important it is to build on what has already been achieved and re-stated her conviction that, ultimately, communities must be a significant part of the solution to the drugs problem.

1. *Tackling drugs to build a better Britain: The Government's 10 year strategy for tackling drug misuse.* (1998) HMSO Cmnd 3945, London.

2. www.neighbourhood.gov.uk/ndcomms.asp

3. www.neighbourhood.gov.uk

4. www.drugs.gov.uk/NationalStrategy/YoungPeople/PositiveFutures



Experience in the USA of mass media approaches

Robert W. Denniston, Deputy Director of the National Youth Anti-Drug Media Campaign, at the White House Office of National Drug Control Policy (ONDCP), gave a presentation about the ONDCP media campaign against marijuana use by young people in the United States.

The media campaign

Mr Denniston explained the rationale of the campaign which utilised the theory of reasoned action and was based on best advertising practice.

The decision to target marijuana use was based on threezy factors:

1. Marijuana is the most widely used illicit drug among America's youth
2. Among users, nearly 60% use marijuana only
3. The number of 8th graders who tried marijuana doubled between 1991 and 2001, from one in 10 to one in five.

The media campaign set three key goals:

1. Enable America's young people to reject illicit drugs
 2. Keep young people from starting to use illicit drugs
 3. Convince occasional users to stop.
- and four key messages:

1. Negative consequences – drugs can mess up your life
2. Normative education – being drug free is cool
3. Positive consequences – not using drugs gives you the power to shape your identity, reach goals, and earn the respect of peers and adults
4. Resistance skills – refusing to do drugs doesn't make you foolish or 'uncool.'

The media campaign targeted two key groups: young people and their parents. In particular it wanted to tackle the key issue that parents are the biggest single influence on their children, but that many parents did not believe this.

Uncovering the negative effects of marijuana

The first step was to review media coverage of marijuana which found that only 6% of coverage across all media focused on the negative effects of use as illustrated on page 5:

Therefore it was decided to send out the message that marijuana is a serious drug with serious consequences. A great deal of attention was paid to ensuring that the messages given were the right ones and that the advertisements devised were being interpreted in the intended way. Several advertisements were cut following initial research which found they had a perverse or boomerang effect.

The advertising campaign was supported by a number of online resources which provided fact sheets and information material which could be adapted to meet local situations. The campaign also secured the support of major national health, educational and scientific bodies to ensure that advertisements were seen as being truthful, accurate and trustworthy.

The campaign also established a key brand which was the concept of an 'anti-drug' whereby a wide range of activities and relationships were adopted as positive alternatives to drug use.

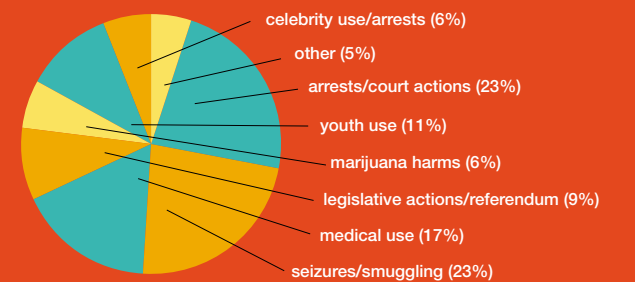
Evaluation

Ongoing evaluation was a key component of the campaign. There were six elements to the evaluation:

1. Concept testing – exploring the area with target groups to decide the key messages
2. Test messages – making sure that the messages are the right ones
3. Track messages – ensuring that the advertisements are well understood
4. Response monitoring – the number of helpline calls and web hits
5. Campaign specific outcomes – this found that the proportion of media coverage in tune with the campaign goals had increased significantly to an average of more than 50%
6. National trends – levels of marijuana use nationally amongst young people were found to be dropping, particularly amongst 14 year olds.



Marijuana coverage across all media



Building confidence in London's communities

Lee Jasper, Policy Director for Equalities and Policing to the Mayor of London at the Greater London Authority, gave a presentation on building confidence in London's communities.

Mr Jasper started his presentation by declaring that it was the strong conviction both of Ken Livingstone, Mayor of London, and himself that community involvement was the only effective way to tackle drugs. He went on to ask the question:

What does successful community involvement look like?

The Trident experience

As a way of answering this question, Mr Jasper described the experience of Operation Trident, the Metropolitan Police's response to tackling serious, often drug-related, black on black violence. Mr Jasper took the lead in

campaigning for the police to take the issue of the violent deaths of several young black men in London seriously. This led to the establishment of Operation Trident which was guided by the Independent Advisory Group (IAG) on which Mr Jasper and several other leaders of London's black communities served.

Mr Jasper described the role of the IAG as being a critical friend to the Metropolitan Police. He stated that the McPherson report into the death of Stephen Lawrence and the police service's positive response to the report created the space and opportunity for Operation Trident to work successfully.

The key to Trident's success has been the police's ability to listen to and engage the participation and co-operation of London's black communities in tackling gun crime. Mr Jasper felt that black communities were now working effectively with the police to tackle violent drug-related crime.

He listed a number of successful initiatives such as Lambeth's 'No room for crack and smack' campaign; Bexley and Bromley's Community Chest for funding community drug initiatives and the anti-gun campaign currently running in London schools.

Drug use and deprivation

Mr Jasper also described a multi-agency initiative aimed at tackling drug dealing in Brixton. Although, initially successful in driving dealers from Brixton's streets, most only moved into neighbouring areas and eventually returned to Brixton because the fundamental issues of deprivation could not be successfully tackled by the local authority with its limited resources. The next challenge is to address the environment of deprivation in which many young black men grow up and opt to become involved in drug dealing, partly from a lack of positive opportunities.

In order to have sustained success in tackling drug use and drug dealing, Mr Jasper urged Government to commit resources to invest in communities and empower them. He drew a comparison between the resources available to drug dealers and those available to fund anti-drug messages. Unless we can substantially increase the rate at which we empower communities and build the capacity of local voluntary organisations, we will not succeed in tackling drugs and the harm drug use and drug dealing inflict on local communities.

Mr Jasper conceded that this was not a simple task, but that it was vital that substantial community development work took place to consolidate the good and true people who are currently living on deprived estates in a state of fear of drug dealers. In addition to significant investment, it is vital to listen to communities and ensure that local statutory agencies do their jobs and provide good quality services.

More resources needed

Mr Jasper called for a direct link between assets confiscated from drug dealers and investment in communities. He stated that although there are a wide range of funding mechanisms, these are too various and complicated for many community groups to access. Using confiscated assets would enable greater risks to be taken in establishing innovative and cutting edge projects based on local ideas to tackle drugs.

Mr Jasper ended with a plea, stating that there is an urgent need for a Pan-London drug strategy, funded by Central Government, to cut a swathe through bureaucracy and drive forward on-the-ground responses to drug use and drug dealing.

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community development work is long term in nature and needs to be continuous to be effective



BENEFITS

- Helps prevent community objections
- Raises awareness of drug issues
- Raises specific groups' knowledge
- Gets information on the real scale and nature of the local drug problem
- Helps deliver outcomes

DRAWBACKS

- Stirs up opposition
- Engages mainly people with an axe to grind
- Prevents service development



Engaging communities in supporting the drug strategy

Robin Burgess, policy lead for the Home Office Drug Strategy Directorate on Communities and Reducing Supply, gave a presentation on the importance of engaging the support of communities for the drug strategy.

The drugs field and community involvement

Mr Burgess started by stating that the drugs field does not have a great tradition of engaging with communities. Much of this stems from battles with local residents to establish new treatment centres where the community was seen as the enemy as it blocked aspirations. However, it is clear that the drug strategy cannot succeed in the long-term without the active participation of communities.

He went on to detail the benefits and drawbacks of community development work.

Mr Burgess stressed that community development work is long term in nature and needs to be continuous to be effective. Many communities are becoming resentful of being consulted without having meaningful participation in decision-making and developing solutions to problems.

There are a number of clear issues where the involvement of communities significantly improves the successful implementation of the drug strategy. For instance:

- The involvement of local communities in informing and shaping services often results in services more closely targeted on local need and more heavily used. The Home Office pilot in Middlesbrough described on pages 14-15 of this report is a successful example of this approach.
- The development of community can have an impact on the ways in which drugs are dealt within localities.

- Drug education with local community groups can change attitudes to local drug users, prevent scapegoating and enhance the use of local treatment services.

The principles of community involvement...

Mr Burgess set out seven key principles for effective community development:

1. Dedicated staff time and resources
2. Returns must be delivered to consultees
3. A pro-active approach is vital
4. It is important to be inclusive and not just consult self-appointed community leaders
5. A range of methods should be employed
6. A sustained approach is important
7. Communities should be engaged in resource allocation, and at least some budgets should be delegated.

...and the practice

He then went on to suggest different ways in which community consultation could be undertaken including:

- Standing resident consultation groups selected on a ward basis from existing resident associations, community groups, neighbourhood watch etc., who are regularly consulted, asked for ideas and priorities, and given feedback on success
- Regular proactive Councillor forums where elected members receive updates and can offer views
- Representation on DAT from key community groups, or the establishment of a regular sub-group

- Presentations to groups on treatment or policing methods, controls and successes
- Educational sessions on the nature of local drug taking
- Sessions for young people or parents and/or carers.

Mr Burgess suggested that visible, localised community level activity – such as needle clearance or environmental work – can foster the sense that the DAT is active at community level and can make a difference to people's lives. This demonstration of activity can give local people the confidence to become engaged in helping.

Mr Burgess admitted that community development can be hard work and in the initial stages there can be few concrete results to enter against key performance indicators and targets. However, in the long run, the results can be substantial and include:

- Community confidence
- New ideas for service delivery
- Flourishing social enterprise
- Improved accountability
- Services grounded in the local community
- Democratic gain
- Benefits for individual service users.

The Home Office is eager to hear of successful community development around drug issues.

Please contact Robin Burgess by telephone: 0207 273 2944 or e-mail: robin.burgess@homeoffice.gsi.gov.uk

Operation Trident's work with black communities

Detective Chief Superintendent John Coles gave a hard-hitting presentation on Operation Trident's work with Black Communities in London.

The presentation opened with a series of photographs of young black men shot dead in London often because of their involvement in drug dealing. The photographs were displayed against the soundtrack of a real emergency telephone call involving a traumatized young woman trying to summon an ambulance to her boyfriend who had just been shot 10 times in front of her.

The history

The Chief Superintendent started by giving the historical background to the creation of Operation Trident.

Operation Trident was set up in March 1998 as an intelligence-based initiative in response to a series of shootings and murders in and around the areas of Lambeth and Brent. The majority of these crimes were being perpetrated by black criminals on members of the black communities. The incidents were made harder to investigate because of the unwillingness of witnesses to come forward through fear of reprisals from the criminals involved.



In August 1999, following a continuation of the shootings and murders, Operation Trident was implemented on a London wide scale to co-ordinate resources and intelligence for local officers investigating shootings across the capital.

Community support was identified at an early stage as being vital. The Trident Independent Advisory Group was formed to harness the support of the community and to help police operations to be better informed. It has remained at the heart of the Trident strategy.

Operation Trident is a dedicated team which currently consists of 267 police officers and 75 civil staff. The team was expected to continue to expand over the next 12 months.

The staff at Operation Trident have worked hard at building trust with local black communities primarily through the good offices of the Independent Advisory Group. Mr Coles emphasised that trust takes a long time to build but it is the most important aspect of the whole operation.

Success so far and future plans

Over the last five years, Operation Trident has gained the confidence of London's black communities. Recent surveys commissioned by Trident have found that although many black people still do not have confidence in the Metropolitan Police, they do trust Trident.

This confidence is reflected in two very important areas. Firstly, the numbers of murders and serious shootings have started to go down. In the first eight months of 2003, there were 31% less murders and 40% less attempted murders when compared to the previous two years. Secondly, the proportion of murders successfully investigated (clear-up rate) has increased dramatically from 31% in 2001 to 80% in 2003. The Chief Superintendent attributed this mainly to the willingness of witnesses from the black community who have been willing to come forward and testify in court. Trident is very proud of its witness protection scheme which provides support all the way through, and after, the legal process.

Mr Coles concluded by looking at the future. The Operation Trident team would continue to expand with staff more involved in pro-active work, targeting gun and drug dealers to try to prevent murders as well as solve them. It was likely that Operation Trident would also take on shooting investigations in other communities. Public relations was a big part of the team's work and the new campaign is aimed at women members of the black community encouraging them to seek help in preventing their sons, partners and brothers from carrying guns.



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Insights from across the pond

Robert Reynolds, Director of the Pacific Institute's Centre for Policy Analysis and Training, gave a presentation on tackling the availability of alcohol, tobacco and other drugs from a North American perspective.

Prevention does work

Mr Reynold's presentation was based on the thesis that unless we can constrain the availability of addictive products, we will have no success in addressing substance related problems. He started by countering the prevailing myth that prevention efforts don't work and that substance use is an immutable fact of life. In fact, the American experience is very different. Over the last twenty years, the use of tobacco, alcohol and of other drugs have all decreased markedly as the tables opposite show.

Three key factors

Mr Reynolds identified three critical success factors across the decrease in use of all three substances:

- 1 Changes in social norms
- 2 Policy interventions
- 3 Deterrence and enforcement.

In order to demonstrate how such changes can be achieved, Mr Reynolds presented a case history of how alcohol use had been tackled in the United States. A key component of this change had been the policy decision to raise the legal drinking age to 21 years.

Change in social norms

Mr Reynolds stated that policy interventions are normally only successful when there is sufficient public outcry and strong public opinion that 'something must be done'.

Policy interventions

To prevent substance related problems, availability must be tackled. Effective policy interventions in this area must address the 'Four Ps':

- 1 Price
- 2 Place
- 3 Product
- 4 Promotion.

In the case of alcohol, a wide range of initiatives were used to tackle the Four Ps including taxing alcohol, restricting the places in which it can be bought, giving incentives to retailers to ensure they do not sell to under age purchasers, and ensuring that an attractive range of alcohol-free drinks is available at all social events.

Deterrence and enforcement

Scientific evidence suggests that effective deterrence requires the perception of both a certain and a swift response. Active enforcement is a requirement for effective deterrence. An example of such deterrence in action is where regular checking of drink drivers takes place and, as happens in many US States, a police officer instantly removes the driving license of any driver who is breathalysed and found to be over the alcohol limit.

Mr Reynolds went on to say how important it is that public health organisations retain control of advertising. The alcohol industry in America ran a very successful campaign ostensibly aimed at preventing drink driving by ensuring that one member of a group was the 'designated driver'. However, analysis of that campaign revealed that the message heard by many people was not so much 'don't drink and drive' but 'get drunk but don't drive'. Although the campaign was successful in preventing drink driving, it was also encouraging binge alcohol use.

A mixed picture

Although America has been successful in reducing the proportion of its population who smoke, drink and use other drugs, there remains much to do. As in the UK, there has been a substantial increase in binge drinking (measured as the consumption of five units of alcohol or more on one occasion) over recent years, with an overall increase of 35% over the six year period 1995-2001, with a particular worrying increase in the number of young people aged 18-20 years from 8.8% to 15.3% of the population.

Conclusion

Mr Reynolds concluded by stating that the work of the Prevention Research Centre of the Pacific Institute for Research and Evaluation has found that scientifically-based targeted prevention campaigns can work. He reiterated that to prevent substance related problems we must:

- Change Social Norms.
- Adopt Policies impacting the Price, Place, Product and Promotion of the availability of alcohol and drugs.
- Increase Deterrence and Enforcement.

He ended with an inspirational message from Margaret Meade: 'Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.'

never doubt that a small group of thoughtful, committed citizens can change the world

Reductions in monthly tobacco use by age group

Age	1985	2000	Percent reduction
12-17	29.4%	15.6%	47%
18-25	47.4%	42.9%	9%
26-34	54.7%	35.6%	35%
35-up	35.5%	27.3%	23%

Reduction in per capita alcohol consumption 1980-1999 (gallons of pure ethanol)

	1980	1999	Percent reduction
Beer	1.38	1.25	9%
Wine	0.34	0.32	6%
Spirit	1.04	0.64	38%
All beverages	2.76	2.21	20%

Percent reductions in monthly illicit drug use by age group (1979 to 2000)

Age	1979	2000	Percent reduction
12-17	16.5%	9.7%	41%
18-25	38.0%	15.9%	58%
26-34	20.8%	7.8%	63%
35-up	2.8%	3.4%	(21)%



Community involvement in West Middlesborough

Craig Waite, neighbourhood drug co-ordinator, gave a presentation on his work engaging communities in West Middlesborough. Mr Waite is the sole worker in a Home Office funded national pilot scheme which aimed to engage communities in tackling local drug problems.

The specific aim of his work was to develop and co-ordinate drug prevention work with the main focus on getting people into treatment, and to involve the local community to achieve this aim.

Knowing your community

Mr Waite started by giving a pen picture of the community in which he was working. The area suffers from three generations of high unemployment and high levels of social and economic deprivation. When he started work, there was open drug dealing and people could be seen injecting drugs in public spaces. Residents tended to scapegoat local drug users for all the area's problems and it was not unusual for drug users to be attacked and beaten.

There were very few local drug services and the closest was a five mile journey away. Many users opted to buy a £5 bag of heroin locally, rather than travel to get a methadone script.

Mr Waite outlined his plan of action:

- Study drug strategies (local, regional and national)
- Walk the patch
- Listen to drug users
- Listen to the wider community
- Act on findings
- Involve residents
- Set up forums for resident involvement.

Mr Waite was not a drug specialist so he started by reading all the relevant drug strategies and then walked the patch to get a sense and understanding of the area. As he went, he stopped to talk to local drug users and listened to their views on treatment and other issues. He then set out to talk to members of the local community. He started by knocking on doors but was frequently

met with a profanity and slammed door. He therefore decided to target different sections of the community in different ways. He set out to talk to mothers at schools at the start and end of the school day; he accosted pensioners at the post office on pension day, spoke to young people at youth clubs and struck up conversations in local pubs with male members of the community. This process demonstrated commitment and Mr Waite started to build up confidence within the local community.

More than consultation

However, many people were very wary. As part of a New Deal for Communities area, the community in West Middlesborough had been consulted many times and had seen very little change. Mr Waite consistently got over two key messages: drug users are part of the community and normally became dependent users because of underlying problems rather than because they enjoyed dependency; and that he was willing to take concrete action with residents' help.

He succeeded in getting local people involved in a drug issues committee. At initial meetings, local people were often very angry. Mr Waite empathised with the anger, but said that it was no good going to the authorities angry, they would only shut the door in your face. Instead, he invited professionals from different agencies to attend the committee meetings every week. Mr Waite and members of the community pledged to make local projects work if they were funded.

Successes to-date

A great deal has been achieved through this method:

- A local drug treatment service was established which has become heavily used and which has a retention in treatment rate of 98%
- Housing, employment, training and education workers have come to the area to help drug users to improve their living and work situations, to date 17 drug users have found gainful employment

- A new counselling service has been established
- Recently a family support worker has been appointed
- A prison project has been set up to help local drug users being released from prison
- Youth workers and other professionals working locally have been trained so they know how and where to refer drug users for treatment
- A volunteer outreach project has been established, volunteers buddy recovering drugs users and staff drop-ins and telephone Helplines.

The drug issues committee and other resident forums have now become vibrant and there is a steady flow of information to the police about drug use and dealing. Instead of protesting about the development of a new local drug treatment centre, local residents are involved in running it. In 2001, there were 39 local drug users in treatment at the time of this conference there are 80.

Mr Waite concluded by saying that every deprived community contains people who want to help but don't know how. The outcome from this pilot project has been that local services are now being run by local people, and local problems are being actively tackled with local solutions.



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Drugs, hopes and dreams

Dr Mirza, Senior Clinical Lecturer in the Institute of Psychiatry at the Maudsley, gave a presentation on a North American systems approach to working with drug issues.

The Doctor started by giving a brief overview of historical views of substance misuse through the ages, summarising by saying that attitudes towards drugs have oscillated between outright condemnation and unbridled enthusiasm. He went on to describe a systems view of substance use summarised in the diagram below:



The 'Choices' programme

Dr Mirza then gave a detailed description of a systemic intervention designed to tackle drug problems in Halifax, Nova Scotia in which he had been involved. The initiative had been a partnership between the drug dependency service and the child and adolescent mental health services, named 'Choices'. The agencies worked hard to become an effective partnership whose key features were:

- Holistic / Systemic perspective
- Multi-Disciplinary Team including therapists, counsellors, teachers, psychiatrists, psychologists, family therapists, and GPs
- Provision of a range of services under one roof
- Celebration of different theoretical models
- Close liaison with other agencies
- Active client participation in decision making

The problem

The agencies were responding to concerns about widespread substance use in a deprived inner city community where the local secondary school had become a haven for drug dealers. Teachers were terrified, guilty and confused; parents did not know what to do and there was a high number of referrals of young people with drug problems. The community had lost its hopes and dreams and were described by Dr Mirza as a 'marginalised tribe'.

The approach

The Choices partnership decided to adopt an approach known as 'appreciative inquiry' developed by David Cooperrider and colleagues⁵ and defined as:

A collaborative way of working with individuals and whole communities to focus on their capacities and opportunities to make a difference as they:

- Understand and appreciate what is
- Imagine what can be, and
- Create what will be.

There are four key stages to the appreciative inquiry approach, the Four Ds:



To implement this approach in practice, the Choices team created networks which involved the whole community and asked key questions to teachers, young people and parents:

- What do **you** imagine and hope for your school
- What will **you** work to create?
- Who can work **with** you to bring your vision to life?

Throughout this process, there was a strong emphasis on affirmative words so that a new positive future could be visualized and dreamed of.

The workers from the Choices partnership and members of the local community worked together to deliver the following key components aimed at tackling local drug misuse:

- Over a period of 8-9 months the parents formed self-help groups to support and protect the teachers and children from drug dealers
- The police supported the parents to deal with drug dealing on school premises
- Young people formed support groups within the school to help drug using peers
- Drug information, advice and treatment to young people was provided in school and at a clinic. Crucially, a drop-in centre was set up at the local shopping mall which proved to be an attractive and accessible venue for young people to get help.

Success factors

This initiative succeeded in making considerable impact on the local drug problem, tackling drug dealing in school and engaging many young people in treatment. Mr Mirza concluded by affirming the key points which could be learnt from the Choices initiative:

- Substance use does not occur in a vacuum
- Substance use is often just one of the problems
- Clinic based services are often not useful for marginalized young people
- Sustainable change can only be attained by large system change
- Therapeutic nihilism is our worst enemy
- **Don't let go of your hopes & dreams!**

5. For appreciative inquiry resources, see: <http://connection.cwru.edu/ai/>



From control talk to restorative justice

Mike Shiner, senior research fellow in the Mannheim Centre for Criminology at the London School of Economics, gave a presentation entitled 'From control talk to restorative justice'. The aim of the presentation was to encourage the audience to re-think the relationship between drugs and the community.

Control talk

Mr Shiner started by explaining that 'control talk' was a term coined by Stan Cohen, a well known British criminologist, in the mid 1980s to describe the ways in which politicians and policy makers articulated the ideology of control. Mr Cohen paid great attention to the way in which these groups used the term 'community'. He suggested that in political parlance, 'community' has no negative connotations and attaching it to a policy made it difficult to oppose. He argued that 'community' was often used to re-brand old practise which had fallen into disuse or disrepute. It is interesting to note that the strand of the Government drug strategy which is designed to tackle drug-related crime is known as 'communities'⁶.

Talking about drugs

Mr Shiner went on to discuss the way in which the discourse on drugs has changed. He argued that there has been a major change in the way in which we talk about drug users. Drug users are no longer talked about as 'them', a scapegoated subculture, but as part of us. We now acknowledge that anyone can become drug dependent. This attitude has led to a more liberal and pragmatic approach to drug users. There is a general acceptance that a war on drugs is possibly misguided and certainly un-winnable and that providing good quality, accessible treatment is the best hope. It is interesting to note that many parts of the police service have championed drug treatment.

However, Mr Shiner noted that drug dealers are discussed very differently. They are seen as the enemy and drug users as innocent victims of evil drug dealers. He stated that we see a more ideological, punitive response to drug dealers.

Mr Shiner averred that this political ideology is very effective and drew an analogy between the 'treat the users, imprison the dealers' message and the general current principle underpinning criminal justice policy of: 'tough on crime, tough on the causes of crime'.

Mr Shiner pointed out that it is possible to read the national drug strategy⁷ and believe that everyone opposes all drug use. This is an unrealistic consensus and many groups within society have more ambivalent attitudes towards drugs and drug use.

He contested that this division between drug users and drug dealers is unrealistic; that many drug dealers are not motivated primarily by profit, but sell drugs mainly to their friends or to fund their own habit.

Mr Shiner questioned why policy makers did not apply the same logic to drug dealing as they currently do to drug use. Drug use is seen as impossible to eliminate and not as harmful as some older laws suggest. Similarly, it can be argued that drug dealing cannot be eradicated and that many forms of dealing are not the ones that offences of drug supply are set up to punish. In addition to the practical difficulties of successful enforcement, drug use can be seen as a consensual crime where there is no victim – or at least no victim who wants the person who has caused them harm to be punished.

Mr Shiner argued that this inconsistency leads to policy problems. He did not deny that communities have legitimate grievances about drugs and suggested that the focus of policing drug markets should be more on ordered management than elimination. In other words, he suggested that we apply the same harm reduction approach to drug dealing as we do to drug use.

Re-thinking community

Mr Shiner argued that 'community' is often used as window dressing for new policies and initiatives. In practice, community often means professional networks and where local communities are involved, it is rare that contact goes beyond initial consultation. What is needed is democratisation and meaningful engagement. Mr Shiner suggested that a way forward might be to test out the concept of restorative justice in the drugs environment.

Restorative justice

Restorative justice is usually considered to:

- be a different way of thinking about crime and our response to crime
- focus on the harm caused by crime: repairing the harm done to victims and reducing future harm by preventing crime
- require offenders to take responsibility for their actions and for the harm they have caused
- seek redress for victims, recompense by offenders and reintegration of both within the community
- be achieved through a co-operative effort by communities and the government.

Perhaps the key concept is 're-integrative shaming'. Low crime societies, such as Japan, are often high shame societies. However, the concept of shame is not our stigmatising/excluding shame, but a healing, re-integrative shame. The focus is on the crime, not the criminal, and the offender is symbolically re-accepted into society by making some sort of appropriate atonement for the wrong they have committed.

Restorative justice has been practiced in many countries for 15 years and there is a growing body of evidence that suggests it can work. Some of the most common methods used are:

- Family group conferencing (family members of offenders may also be victims of their criminal actions)
- Healing and sentencing circles
- Victim-offender mediation
- Citizens' panels and community boards.

Restorative justice and drugs

The key concept is reparation where an offender makes up for what they have done in a way that is related to their offence. Mr Shiner gave a real life example of this he had come across recently where a long term drug user in treatment wanted to put something back into the community he felt he had hurt while he was a drug user. He chose to become involved in removing needles from a local park to enable children to play safely. As well as being a form of reparation, doing this enabled the ex-user to move on and leave his past behind.

Mr Shiner cautioned that to be effective, restorative justice needs there to be a public consensus which is currently easier to reach on crime than on drug use. Nevertheless, he concluded by looking at some of the ways in which the principles of restorative justice could be usefully applied to the arena of drug misuse.

- Looking at more social (rather than medical) models of treatment, would help address the stigma of drug use and help restore full social membership to recovering drug users who have made some atonement for their actions.



- Involving restorative justice into substance misuse treatment could include contact with community panels made up of local people and drug users who could contribute to such issues as the planning of drug services, the development of peer education schemes and removing dirty needles from public spaces.

He ended his talk by suggesting we need a more subtle public debate of drugs which accepted that the same person can oppose prohibition of alcohol and drunk driving.

Resources

The Centre for Restorative Justice <http://crj.anu.edu.au/index.html>
Braithwaite, J. (2002). Restorative Justice and a new criminal law of substance abuse (can be downloaded from <http://crj.anu.edu.au/people.braithwaitej.html>)

6. The full title of this objective of the national drug strategy is: 'to protect our communities from drug-related anti-social and criminal behaviour'.

7. *Tackling drugs to build a better Britain: The Government's 10 year strategy for tackling drug misuse.* (1998) HMSO Cmnd 3945, London.



Strengthening community initiatives

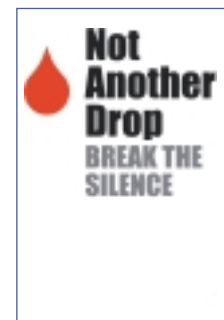
The Reverend Nims Obunge and Enakeno Ogbo of the Haringey Peace Alliance jointly made the last presentation of the conference.

Enakeno Ogbo started the presentation by stating that the Haringey Peace Alliance had been in operation for three years, starting from the church and building a large network of support between many different faiths, embracing the local council and the voluntary sector. She set out the four stage strategy which was the basis of the Alliance's approach:

1. Using a bottom-up approach
2. Understanding local drug plans
3. Getting engaged in local strategies
4. Developing and delivering grassroots initiatives.

Ms Ogbo emphasizes that it was very important for local people to understand what the drug strategies meant in plain terms, so that they could see where they fitted in and could make a difference. The aim of the Peace Alliance was not just a confident community but an active one, they tried not just to engage with communities but empower them.

Pastor Nims started his presentation with a plea for personal commitment to combat drug use and drug dealing. He stated that community action started at home. The vast majority of people don't want their children to become involved in drugs. There is a great deal of untapped energy to make a difference.



When people look around within their local communities and see the damage that drugs and the violent crime that accompanies them wreak, they do not want their family affected.

Pastor Nims could not ignore what was going on in Haringey, it had been his sad duty to bury children only sixteen years old who had been shot dead because of drugs. He described his approach to getting local people involved to tackle drug problems.

The Reverend talked about developing a community network, part of this was through community breakfasts where leaders from different communities met together. They shared problems and looked to common solutions. Together they strengthened local partnerships and found a lot of willingness – the churches wanted to be involved as did the mosques. There are thousands of local people, young and old, who worship regularly. When these people come together, they can make a difference. Pastor Nims emphasized the importance of community action being linked in with the work of the local authority and the police so that everyone was pulling in the same direction. He emphasised that this was not an easy task.

Pastor Nims spoke of the Week of Peace; an annual event consisting of community-orientated activities promoting peace, community safety and racial harmony. Each year the Week of Peace has involved up to 2,000 people, young and old, attending various events including community competitions for young people, talent shows and concerts, praying at known crime hotspots, and a much celebrated Peace Walk involving different community groups with speeches given by well known leaders of the Community and national and local politicians touching on the issues of violent crime, drug use and community safety.

we need to spend more time with young people and help them get involved in a wide range of healthy activities

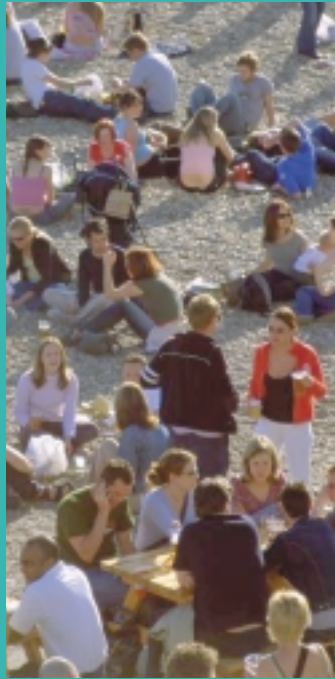
The Week of Peace has proven to be a community binding event and positively influences levels of crime during the build up to the week. The 2002 Week of Peace also marked the launch of the community led 'Not Another Drop' anti gun-crime campaign supported by Operation Trident, that focuses on reducing gun crime in Haringey.

The Reverend also spoke of the need to spend more time with young people and help them get involved in a wide range of healthy activities. He concluded the presentation by presenting his view of what empowering communities should mean in practice:

- E**ncourage our communities to understand and address key issues
- M**otivate and mobilise communities by securing adequate support and funding
- P**romote relevant initiatives and share best practice ideas
- O**rganise seminars and workshops to support parents, schools and youth clubs
- W**ork in partnership with relevant agencies from all sectors
- E**ducate and equip our communities with a strong focus on families
- R**estore a sense of community ownership and civic pride



it is important to build on what has already been achieved and ultimately, communities must be a significant part of the solution to the drugs problem



Caroline Flint MP



Robin Burgess is policy lead for the Home Office Drug Strategy Directorate on Communities and Reducing Supply, leading on all matters relating to communities, regeneration, housing, and the supply of drugs. Robin works closely with the Police and with ACPO, and with them is responsible for driving DAT and police performance and delivery to disrupt drug markets. He is the author of several recent guidance documents produced by the Home Office including Neighbourhood renewal, Disrupting Crack Markets and the Drugs crime toolkit on the Crime Reduction Unit web-site. He also manages a large multi-site action research programme on what works in tackling supply and use in New Deal areas. Robin Burgess was previously Regional Manager for the East Midlands team of the then Drug Prevention Advisory Service (DPAS). From 1990-1999 he was Chief Executive of CAN: changing people's lives, a large non-statutory provider of drug and homelessness services in the south midlands. He has worked in drug services since 1986. He was also deputy chair of SCODA, the national co-ordinating body for drug services, now Drugscope. Robin has published widely on many aspects of drug prevention and is the co-author of two resource manuals for schools, a group work pack for offenders, plus work on many other aspects of drug services.

Detective Chief Supt. John Coles was promoted to that rank in January 1999, and in December of the same year took on the role of Operational Command Unit Commander. Since joining the Metropolitan Police Service in 1976 as a PC in the Twickenham division he has overseen the successful prosecution of a number of high profile criminals as well as the conclusion of sensitive anti-corruption investigations. In 2003 he was appointed Commander of Operation TRIDENT a special Metropolitan Police initiative to tackle gun crime amongst London's black communities. It operates within the Serious Crime Group and has maintained a high level of community involvement from the start.

Roger Daily-Hunt has been a member of the London Drug Policy Forum for six years and became Chairman in 2002, he is also Chairman of East London and The City Mental Health NHS Trust, as well as Vice-Chairman of The Cripplegate Foundation, a large grant giving trust. Formerly a Chartered Surveyor and Construction Consultant, Roger has been a Common Councillor in the City of London for 13 years. Prior to taking up his current positions, he had some 12 years experience in voluntary work in East London, mainly concerning health issues with a particular focus on mental health. A father of four and grandfather of six, he enjoys skiing and sailing when he can find the time.

Robert W Denniston currently serves as the Deputy Director, National Youth Anti-Drug Media Campaign, at the White House Office of National Drug Control Policy. He previously served as director of the HHS Secretary's Initiative on Youth Substance Abuse Prevention, within the Substance Abuse and Mental Health Services Administration (SAMHSA). Mr. Denniston previously held the position of director, division of prevention application and education, Centre for Substance Abuse Prevention (CSAP). His particular interests are in social marketing, knowledge transfer, and the application of environment approaches to prevention, with special focus on underage drinking.

Caroline Flint MP joined the Labour party at the age of 17. She later studied at the University of East Anglia where she gained a BA Hons in American Literature and History. Caroline worked in local government and was political officer for the GMB trade union before becoming an MP. In parliament, Caroline served on the Education and Employment Select Committee before being made Parliamentary Private Secretary to Rt Hon Peter Hain MP working at both the DTI and FCO. In 2002, she became Parliamentary Private Secretary to Rt Hon John Reid MP who is currently Secretary of State for Health. Caroline's ministerial responsibilities include support to the Minister of State for policing and crime reduction; co-ordination of the national anti-drugs strategy; overall responsibility for organised crime, international and European law enforcement. Caroline also has responsibility for policy on high-tech crime, firearms, raves, road safety enforcement, science, and better regulation.

Professor John Grieve CBE QPM is the Independent Chair of the Greater London Alcohol and Drug Alliance. John Grieve joined the Metropolitan Police in 1966 at Clapham. He served as a Detective throughout South London, in every role from undercover officer to policy chair on drug squads. His duties also involved the Flying Squad, Robbery Squad and Murder Squad senior investigator. He was a Divisional Commander at Bethnal Green in East London. John Grieve has worked in Europe, America, South East Asia and Australia. He introduced asset seizure Investigation in the United Kingdom. As head of training at Hendon Police College, he organised the 'Community Fairness, Justice' Conference. As the first Director of Intelligence for the Metropolitan Police, he led the MPS intelligence project and the anti-terrorist squad as national co-ordinator during the 1996-1998 bombing campaigns. In August 1998, he became the first director of the racial and violent crime task force, until retiring in May 2002. He is now Senior Research Fellow at Portsmouth University and Honorary Professor at Buckingham Chiltern University College.

Lee Jasper is the Policy Director for Equalities and Policing to the Mayor of London at the Greater London Authority (GLA). He is responsible for the development, enactment and promotion of equalities policies, procedures and practice for the GLA and its functional bodies. He has corporate responsibility for the development and delivery of anti-discriminatory policies aimed at ensuring equality in employment practice and service delivery. He is also responsible for advising the Mayor on policing issues and is considered to be a leading expert on policing and race relations. As a member of the Mayor's Advisory Cabinet, he is responsible for political advice regarding equality matters in London. He sits as chair on many independent committees and organisations, including the National Black Alliance, National Black Caucus, Operation Black Vote and the Lambeth Police Community Consultative Group. He is also the Chair of Scotland Yard Operation Trident Lay Advisory Group, which combats the distribution of hard drugs in black communities, and is a member of Trident Lambeth Independent Advisory Group. Director of The 1990 Trust between 1995 and 2000, he won an EMMA (Ethnic Minority Media Award) for the organisation's joint campaign with Charter 88 - Operation Black Vote. In 1998, he was awarded the Premier Community Award by *The Voice* for his work in race relations.

Dr K A H Mirza is a Senior Clinical Lecturer in the Institute of Psychiatry at the Maudsley, Kings College, London as well as a consultant psychiatrist at the South London and Maudsley NHS Trust. He leads a community based substance misuse team for young people in Lambeth. Trained at the National Institute of Mental Health and Neurosciences in Bangalore, India and Trinity College Dublin, he acquired higher specialist training at the University of Cambridge and Institute of Psychiatry. Dr Mirza has over 20 years of experience in working with people with substance misuse and mental health problems. He has worked in India, Ireland, Canada and UK, and has published widely on substance misuse. Research interests include: substance misuse in young people, drug therapies, trauma in young people and narrative therapies.

Rev Nims Obunge is a graduate in Politics and International Law, the senior pastor of Freedom's Ark Church in Tottenham. As the Chief Executive of the Peace Alliance, he works in various council and national capacities, these include: chair of the 'Not Another Drop' anti-gun campaign in Haringey; executive board member of the council's Crime Reduction Partnership, member of the Home Office Round Table on gun crime, member of the National Advisory Board on Crack, Chair of the Committees and Availability task group on Drugs (a sub-group of the Haringey DAAT); and member of the MPA scrutiny panel on Stop and Search. He is also a Police Chaplain and member of the Ecumenical Deans in Haringey.

Miss Keno Ogbo is the Strategy Development Manager for The Peace Alliance and works on various community based projects around crime reduction and substance misuse issues.

Robert Reynolds has worked as a policy advocate, researcher, and programme administrator at the community, county, state, and federal levels during his 34-year career in the alcohol, tobacco, and other drugs field. For the past 8 years Bob has been Director of Pacific Institute's Centre for Policy Analysis and Training in Washington, DC. This Centre is devoted to translating the lessons of prevention science into practice. Among other activities, the Centre provides national training and technical assistance services for the US Enforcing Underage Drinking Laws Program as well as secretariat support for the National Liquor Law Enforcement Association. In his preceding position, Bob was Manager of Community Prevention Services for the Prevention Research Centre in Berkeley, California. In this role, Bob was responsible for the interface between community activists and prevention researchers in a major national three-city controlled study that successfully reduced alcohol-related injuries and death. Mr. Reynolds also served for fourteen years as the Chairman, Planning Commission, for the City of Lemon Grove, California. During his tenure, the City of Lemon Grove adopted comprehensive zoning ordinances regulating sales and service of alcoholic beverages within the City.

Michael Shiner is a Senior Research Fellow in the Mannheim Centre for Criminology at the London School of Economics. He has been involved in the drugs field for 10 years and is currently working on a study of Community Responses to Drug and Alcohol Issues funded by the Joseph Rowntree Foundation. He is also a member of a Home Office Expert Panel, which is reviewing young people's drug use.

Craig Waite was employed as an apprentice plater before being made redundant due to the decline in heavy industry. He had various short term jobs and long spells of unemployment and experienced all the problems associated with this. He moved on to become a scaffolder and steel erector and whilst doing this moved into community work and became involved in local politics. Craig then worked as a Volunteer Substance Misuse Counsellor for the local provider of Counselling Services. He is also a qualified Youth and Community Worker and has worked for Middlesbrough Youth Services as well as the West Middlesbrough Youth Inclusion Project, before successfully applying for his current post of Drug Co-ordinator. In this role Craig has developed successful projects along with the residents of West Middlesbrough which has increased the numbers of drug affected people accessing drug treatment services. All projects have been developed by involving the Community from the consultation stage through to the delivery stage.

Lee Wilson is currently the Chief for Tobacco Control Programs within the Centre for Substance Abuse Prevention in the US Department of Health and Human Services. Mr. Wilson recently completed a 10-month Atlantic Fellowship with the London Drug Policy Forum, sponsored by the British Council, during which time he compared US and UK drug misuse strategies and messages. His previous experiences in the field of alcohol, tobacco and drugs prevention includes drafting the Federal regulations that require States to make the sale of tobacco products to minors in the US illegal, working with States and communities in the development and delivery of drug prevention programs and services, and delivering technical assistance and support services to rural, Hispanic and Native American communities. Mr. Wilson entered the US Government as a Presidential Management Intern with the National Institutes of Health, he has a Master of Arts in Public Policy from Duke University and a Bachelor of Arts from Gordon College



The London Drug Policy Forum was established in 1991 to co-ordinate London local authority policy and practice and to encourage joint working. It is funded by the Corporation of London.

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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 Corporation of London.

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