developing local drugs prevention strategies

overview guidance to drug action teams
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## Drugs Prevention Initiative

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This Drugs Prevention Initiative (DPI) guidance is aimed primarily at Drug Action Teams (DATs) to help:

- produce the prevention element in the action plans required under the Government’s anti-drugs strategy, *Tackling Drugs to Build a Better Britain*
- inform their decisions on how to address drugs prevention work at a local level.

It is a summary of learning from the Home Office DPI over the last five years, including a review of wider research evidence where available. It is produced at this time for the convenience of DATs as they consider what needs to be done in responding to the UK Anti Drugs Coordinator’s template for action plans. There is much more to report on and a further update, taking on board outstanding research reports, will be made available as soon as possible next year.

For convenience, the guidance is concerned with the prevention principles and the key messages which we believe will be helpful to DATs as they address their action plans. It is supplemented, however, with separate guidance on good practice points picked up so far from our involvement in various drugs prevention projects – again backed up with research evidence where available.

Ministers have agreed that from 1 April 1999 the DPI should be replaced by the **Drugs Prevention Advisory Service (DPAS)** established on a national basis and organised around the nine Government Office regions. There is more on this in section 1 of this report. We look forward to working closely with DATs and others (statutory and voluntary) in the drugs prevention field. We anticipate close working relationships between DPAS and other Government Departments, including the UK Anti Drugs Coordination Unit, in helping to ensure that drugs prevention is properly positioned within the national strategy. We aspire to provide a comprehensive service informed by an understanding of the relevance of related Government policies in areas of health, education, social exclusion and criminal justice.

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Further copies of this booklet, the related good practice booklet, and all DPI Papers may be ordered from the Central Drugs Prevention Unit, as above.
background to the work of the drugs prevention initiative

**General**
The DPI has been involved in Government strategies for tackling drugs misuse in parts of England over the last eight years. During this time, DPI teams have engaged with a wide range of groups and agencies to ensure that prevention is fully integrated into local drugs strategies and programmes, and to demonstrate what communities can do to reduce drugs misuse.

Phase II of the DPI’s work began in 1995. It saw 12 drugs prevention teams develop and evaluate within a corporate programme, a variety of community based drugs prevention approaches. These were designed to identify which approaches worked best in terms of their impact on young people’s knowledge, attitudes and behaviour in relation to drugs misuse.

**DPI approach to drugs prevention**
Prevention can be defined in different ways. The Advisory Council on the Misuse of Drugs considered that drugs prevention encompassed those measures which reduced:

a) the risk of an individual engaging in drug misuse
b) the harm associated with drug misuse

The DPI approach has been entirely consistent with that definition. It embraces all the levels of prevention - preventing first use, encouraging those involved to stop, adopting systems for referring problematic users into appropriate treatment and help programmes.

The impact sought has been either:
- continued abstinence
- delayed onset or avoidance of escalation
- reduced misuse (including a return to abstinence)

**Future of the DPI**
Phase II of the DPI comes to an end on 31 March 1999. The national drugs strategy set out in *Tackling Drugs to Build a Better Britain* recognises that there should be successor arrangements to support the strategy and promote community-based drugs prevention across England. Those arrangements must be focussed on the sensible direction of prevention resources and the development of good quality, effective programmes across the country, in line with the national strategy.

From 1 April 1999, the DPI will be replaced by the **Drugs Prevention Advisory Service**. Our broad functions will be:

- **Local**
  Supporting individual DATs in their development of prevention strategies; encouraging good practice; helping to facilitate links between government policies on the ground; maximising use of government and non-government resources and promoting effective and purposeful partnerships.

- **Regional**
  Helping to establish and maintain effective prevention resourcing; creating supportive links between DATs;
capacity building through the provision of information; identifying and promoting economies of scale; attempting to reduce duplication of effort; supporting and enhancing policy formulation and delivery; identifying demonstration programmes in which we may wish to invest to promote learning.

- **National**
  Contributing to consistent and coherent prevention policy across government; establishing policy and practice with other government departments and other government policies; and providing evidence of effective prevention.

The DPAS will cover the whole of England, unlike the DPI, and will have one team per government region. The resources previously spread across twelve teams will be refocused to enable the new teams to carry out their new strategic responsibilities.

Teams will be located in London, Manchester, Cambridge, Guildford, Bristol, Newcastle, Birmingham, Nottingham, Leeds. For the most part, the DPI is already in these locations but there will be accommodation changes across the board over the next 8 months or so. Information on current arrangements is set out in Annexes 1 and 2 to this guidance.

The DPAS will have grant giving capacity of about £2 million per annum to help support a national programme of work, primarily on demonstration projects. This will be implemented in local areas and is designed to draw out learning across a number of linked themes. It will be supplemented by a research budget of £0.4 million to help evaluate those projects. It will be working closely with other government departments in ensuring that an agenda is pursued which adds value at local, regional and national level.

The DPAS will wish to engage with DATs in identifying innovative work which, in partnership, it might help support and evaluate across England.

Currently such an agenda might include:-

- A longitudinal and robust evaluation of the impact of school based drugs education at primary level. The DPI has carried out work here already and there is a strong argument which supports the focusing on life skills provision in primary schools. However, this could benefit from further evaluation.

- There are concerns about the adequacy of interventions for vulnerable groups. More information is needed about patterns amongst these groups which includes those in the youth justice system, excluded from school, in care or homeless. We believe that we have just begun to scratch the surface in terms of identifying effective drugs prevention interventions.

- The DPI has begun work on integrated community involvement approaches and some positive results are emerging in terms of increasing the
community’s resilience to drugs. The DPAS will want to test these in more areas and over longer time scales than has so far been possible. There are links here with Youth Offending Teams and Crime and Disorder partnerships which it would be valuable to draw out.

The DPAS will be keen to engage with DATs in planning such programmes and research.

While the DPAS, like the DPI, will have grant and research money, we believe that the main resource to DATs will be through the expertise of our team members. The DPI enjoys a constructive relationship in those areas where it has been active in recent years. We hope for a constructive and developing relationship where the DPAS will be expanding into the wider regions.

The principal messages and findings from the DPI programme are set out in the following sections of this guidance, aligned to Aims (i) and (ii) of the national drugs strategy:-

Aim (i) Young People: to help young people resist drug misuse in order to achieve their full potential in society

Aim (ii) Communities: to protect our communities from drug-related anti-social and criminal behaviour

In addition, we are providing a supplementary paper with good practice points backed up with relevant research evidence where available, based on the themes contained within the DPI corporate programme. The good practice points obviously do not represent the complete picture. Our practice learning will be supplemented by the outstanding evidence based research material which is due to report over the next 6-9 months.
This section summarises the key messages for the development of local drugs prevention strategies and highlights the evidence basis for such conclusions. It is supplemented by the information contained in the related good practice guidance document.

### GENERAL

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<th>Key Messages</th>
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<tr>
<td>- There is an evidence base for prevention which, while not yet fully evaluated, can guide prevention action at DAT level.</td>
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<td>- Strategies for drugs prevention work should be based on a range of consistent, integrated and comprehensive approaches appropriate to local needs.</td>
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<td>- Primary prevention programmes should target alcohol, tobacco and solvents as well as illicit drugs.</td>
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<td>- All who deliver drugs programmes - teachers, youth and community workers, peer educators etc - need appropriate training, support, resources and material.</td>
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<td>- Strategic planning should recognise the importance of including effective monitoring and evaluation components in drugs prevention approaches.</td>
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<td>- Prevention is not a cheap or easy option but offers potential for financial savings and long term reduction in drugs use and other anti-social/environmental problems.</td>
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YOUNG PEOPLE

A key aim in the new national drugs strategy is to help young people resist drug misuse in order to achieve their full potential in society. The DPI has been involved in this area of work, the main themes of which are:-

- drugs education
- parents
- vulnerable groups

Drugs Education

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<tr>
<td>• Young people want drugs information delivered through credible sources including peers and youth services and media</td>
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<td>• Providing drugs education programmes for young people at all key stages of the national curriculum is vital</td>
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<td>• Drugs education is most effective as part of wider personal, social and health education programmes that begin in primary school, involve parents and continue through to further education</td>
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<td>• Life skills approaches should be emphasised and integrated within the school curriculum</td>
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<td>• Schools require help and support in giving drugs education greater priority and in formulating and delivering policies and programmes</td>
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<tr>
<td>• Community based agencies and youth services can also contribute, but content, co-ordination and consistency are crucial to success</td>
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<td>• Many youth services lack clear policies and guidelines on drugs education, handling drug related incidents, and directions on legal issues</td>
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<td>• Drugs education should be built into general youth service provision and service training needs</td>
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<td>• The personality, skills and credibility of staff are vital to success in youth work, particularly in the challenging area of outreach/detached work</td>
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<td>• Peer approaches can help consolidate anti drugs views</td>
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Evidence Base

- While there has been a significant increase in drug use among young people over the last decade, around fifty per cent of young people never use illicit drugs (Ramsay and Spiller, 1997). Of 16 to 19 year olds who have used, approximately half will have used in the past month (Ramsay and Spiller, 1997), but few even of this group would perceive their use as problematic (Perri 6 et al, 1997; Parker et al, 1995).

- Young people are increasingly exposed to drugs at young ages (Balding, 1997; Wright and Pearl, 1995) but there is significant local variation in the level and nature of drug use amongst the young (Plant and Plant, 1992; Parker et al, 1995; Miller and Plant, 1996; Balding, 1997).

- There is a strong correlation between early onset of drug use - including tobacco, alcohol - and later substance abuse (Robins and Przybeck, 1985; Anthony and Petronis, 1995; Kandel and Yamaguchi, 1993; Newcomb et al, 1987; Ferguson and Horwood, 1997).

- Young people of all ages want credible and reliable information about drugs, including good quality drugs education in primary and secondary school (O’Connor et al, 1997; Blackman, 1996; Roker and Coleman, 1997).

- There is some evidence to suggest that drugs education based on life-skills training and delivered in primary school, prior to experimentation, can delay onset (Wragg, 1990; Wragg, 1992; Hurry and Lloyd, 1997).

- Primary school offers the potential to reach vulnerable young people who are likely to develop serious substance abuse problems, and who are likely to be truanting or excluded from secondary school. Delaying onset of drug use may reduce the potential for future problems (Hurry and Lloyd).

- Research has shown interactive teaching approaches to be more effective than didactic techniques (Tobler, 1997; Kumpher, 1997).

- Drugs education needs to be continued into adolescence if impact is to be sustained (Wragg, 1992; Ellickson, 1995).

- Schools want and value help in planning and delivering drugs education but there are constraints on time, pressures, priorities, training and resources (Blackman, 1996).

- Primary schools are probably less constrained in this respect than secondary schools (Greer, 1989; HMCIS, 1997).

- School-based drugs education is more effective if supported by consistent messages and interventions outside the school gates, involving parents and communities (ACMD, 1998; Hurry and Lloyd, 1997; Kumpher, 1997; Johnson et al, 1990; Botvin, 1990).
Parents

Key Messages

- Parents have significant needs of their own in relation to parenting skills, drugs education and information, confidence, and coping skills
- The processes of assessing parental needs and of recruiting parents to prevention work are connected, lengthy, and resource intensive
- Parental support is fundamental to the delivery of effective drugs prevention work in schools
- Significant barriers remain over parental involvement in drugs prevention activity and innovative methods may be required to overcome these

Evidence Base

- The role of parents is crucial (ACMD 1998).
- Various aspects of parenting skills, family communication, and parental drug use, have an important impact on young people’s drug use (Shapiro, 1998; Mistral and Velleman, 1997; Lloyd, 1998).
- Many parents are keen to increase their knowledge about drugs (Velleman et al).
- It is possible to increase parental knowledge and confidence and to improve communication about drugs with their children (Velleman et al).
**Vulnerable Groups**

**Key Messages**

- Young people in particular groups, including the homeless, and those in care, are most likely to experiment earlier and to go on to problem drug use.
- Young people in vulnerable groups often have a range of interlinked problems, of which drug use may be one. Responses need to be comprehensive.
- Interventions for those in such groups need to start early, be intensive and be sustained over a longer period.
- Since such young people will be dealt with by different agencies at different times, there is a strong need for effective partnership working and multi-agency response.

**Evidence Base**

- Some young people are at risk of involvement with drugs - and in particular, the development of problematic drug use. Factors associated with problem drug use include those relating to the family, school, peers, conduct disorder, delinquency, mental disorder, social deprivation and age of drug use onset (ACMD, 1998; Lloyd, 1998; Health Advisory Service, 1996).
- Vulnerable young people can be assessed, often at relatively early stages of their developing drugs careers, through existing services (youth justice system, Pupil Referral Units, residential care).
- Secondary prevention and harm minimisation approaches which are focused on vulnerable groups, must be appropriate to their circumstances and linked to interagency responses to their other needs (Lloyd and Griffiths, 1998).
- Primary prevention of problem drug use may best be undertaken as part of broader, multi-focused prevention programmes, which focus on crime, health (including mental health), education and other issues. Such approaches need to be intensive and start early with parenting and pre-school work (Hall and Zigler, 1997; Graham and Bowling, 1995; Utting, 1996; Shedler and Block, 1990; Lamine, 1993; Lloyd, 1998).
COMMUNITIES

The second main strategic aim in *Tackling Drugs to Build a Better Britain* relates to protecting communities from drug-related anti-social and criminal behaviour. DPI work has focused on two main themes within that aim which are:-

- community involvement
- criminal justice

Community Involvement

**Key Messages**

- Drugs are generally only one of many community problems, but can be tackled effectively by communities in the context of broader, community development/regeneration programmes
- Community involvement approaches need to be developed, delivered and sustained in ways which are sensitive to the changing nature and needs of individual communities, including young people's groups
- Such approaches are dependent on the provision of adequate resources and the effective management of local strategic partnerships
- There needs to be a genuine commitment to such partnerships, effective consultation with local players and good communication
- Drugs are widely used in rural communities but reluctance to acknowledge drugs problems can create powerful barriers to community involvement in rural areas

**Evidence Base**

- Community involvement provides a broader context within which drugs prevention can be developed alongside other consistent and mutually reinforcing approaches which address local problems, needs and priorities (Dukes et al, 1996; Henderson, 1995).
- Community-based responses must be relevant to the needs of the community. For example, rural communities have a less developed infrastructure of key services, and the community dynamics will be different to those of the inner cities (Henderson, 1998).
- Drugs prevention projects must always be sensitive and relevant to the cultures and values of the targeted population. In some cases, separate projects will need to be developed to target ethnic minority groups (Johnson and Carroll, 1995).
- There is evidence that multi component programmes that bring together in a coordinated manner school programmes, parental programmes, local information campaigns and leisure and employment projects, while at the same time effectively harnessing the energy and enthusiasm of local communities and agencies, may prove the most successful (ACMD 1998).
**Criminal Justice**

**Key Messages**

- Interventions work. They reach the right target group - offenders with serious drugs problems
- They address an unmet need. Less than one quarter of such offenders are currently in touch with drug services
- They have a real impact - many users can be referred for treatment
- They lead to significant reductions in reported levels of drugs use and in drug related crime

**Evidence base**

- Arrest referral schemes can be effective in reducing drug use and drug related crime (Hough et al 1998).
- The evidence from Get It While You Can suggests that its impact was considerable and that the scheme has helped put a substantial number of substance using offenders in touch with services offering assistance (Turnbull, Webster, Stillwell).
- Costs to victims of drug related crime and to the criminal justice system amount to hundreds of millions of pounds (Hough 1996).
- Some of those passing through referral schemes to treatment agencies might never have received treatment if they had not been referred (Hough et al 1998).
- When they are successful, they draw forward in time the reduction and cessation of drugs use which will inevitably occur at some time in drug users’ careers (Hough et al 1998).
planning an effective local drugs prevention strategy

Some people will never try an illegal drug, some will experiment and, at the extreme, some will begin to experiment early and go on to problematic misuse. Current evidence is that age of first experimentation is falling and that the earlier the experimentation begins the greater the likelihood of serious drugs problems developing later. The diagram below offers a simplified representation of a problematic drug using career and the potential role of prevention in influencing it. In general terms, the aim of prevention programmes should be to provide a series of consistent and linked interventions throughout a drug using career with particular emphasis on:

- Point A to delay onset,
- Point B to advance the point at which the career comes to an end; and
- Point C to exert pressure once experimentation has begun to avoid escalation and reduce harm.

The diagram distinguishes legal and illegal substances in order to emphasise the point that early experimentation with legal substances increases the likelihood of problematic abuse of illegal substances. It is an example of a drug using career but one example of drug use.

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**Level of drug use**

![Diagram showing drug use levels with points A, B, and C labeled.](image-url)
A recommended strategy would include:

**Primary prevention interventions**
These are most relevant at primary school level. The evidence suggests that life skills approaches can have an impact on delaying the onset of experimentation.

**Coherent drugs education programmes**
These build on and follow through the start made at primary school across the transition to secondary and on into further education.

**Supporting community based interventions**
These include youth work and work with youth services; parental involvement, addressing both the needs of parents and their role in influencing their children’s attitudes and behaviour; and wider community involvement interventions to engage local people in addressing local problems, reversing community decline and creating an environment in which drugs use and availability is less likely to flourish.

**Specific focus on vulnerable groups**
It is possible to identify those at greatest risk of problematic drugs misuse because of social, family or environmental circumstances at relatively early stages in their drugs careers; to target interventions appropriately, and to divert them from a drugs and crime career. It would be consistent with planned approaches on crime reduction to explore earlier targeting of such children before they risked developing problematic drug abuse.

**Criminal justice interventions**
These can be effective in getting those with the greatest problems into treatment with resulting reductions in levels of drugs misuse and related offending.

To help inform and develop local strategies we have aligned DPI experience to the national strategy aims relating to Young People and Communities. In addition, we have included guidance on a number of Cross Cutting Issues which are crucial to the effectiveness of any drugs prevention strategy.

**YOUNG PEOPLE**

**Drugs Education in Schools**
Providing drugs education programmes for young people in all key stages is central. The available evidence suggests that to be most effective, education should start at primary school as part of wider personal, social and health education programmes which include parents and then continue throughout secondary school. It should be based on a life skills approach and integrated with the overall curriculum. Such programmes should be in line with the policies and procedures set out in DfEE guidance. The statutory position on drugs education in schools, together with advice and guidance, is contained in DfEE Circular 4/95 “Drug Prevention and Schools”.

Our review of research evidence, including experience of projects, suggests that primary education should receive greater attention for the future and that involving parents is critical. Delivering drugs education in secondary schools is more problematic. There is no question as to need. How it is delivered is more difficult.
this age group are receiving conflicting messages about drugs. They will be at different levels of knowledge. Drugs education may have lower priority in competition with other curriculum subjects. Teachers may find it more difficult to deliver the drugs prevention message if their own knowledge is deficient, including their own understanding of cultural issues. In any case, as the students grow older, teachers can lose credibility as others become more important influences on their attitudes and beliefs. Given these difficulties, schools need and value assistance in formulating policies and in finding ways to give drugs education priority.

Young people want support and this is available. Community based agencies (including the police, drugs agencies, theatre in education groups, peer education projects) offer schools an important resource, but content, co-ordination and consistency are vital.

Peer education in the classroom; i.e. using students who have benefited from training in how to become a peer educator, is an option though it is expensive.

**Good practice points emerging from our involvement in schools education projects can be found in the accompanying good practice guidance booklet.**

**Out of School Work**
Young people want reliable information about drugs but they do not need to be overpowered by it. We should remember that they do not always see drug taking as a problem. There are doubts about engaging young people in diversionary activities solely as a means of preventing drugs use. However, this type of activity can be a vehicle for engaging with young people on drugs issues and is an important part of wider approaches to addressing the social / personal needs of young people.

The recent ACMD Report, “Drugs Misuse and the Environment” recommends a new reliance on youth services in providing drugs education. Our project experience is that drugs education can be delivered effectively both in structured programmes and as the subject arises in day to day work. Youth workers need to have access to training on drugs awareness and policies which support their work. Outreach work, while difficult, can be effective in working with young people. Detached youth work may be necessary for accessing hard to reach groups. Attracting young people to centres is again not easy, but it can provide additional opportunities for engagement.

The use of peer educators is valid, if difficult and probably more useful in dealing with vulnerable persons. Experience in centre based and outreach work indicates that while group activity is often popular, one to one working, mentoring and peer work are worth considering.

**Good practice points emerging from our involvement in out of school work can be found in the accompanying good practice guidance booklet.**

**Vulnerable Groups**
There are risk factors associated with problem drug users and we can anticipate
that high risk profiles will be found in certain categories of people:

- the homeless
- those in care or leaving care
- sex workers
- non or poor attenders at school
- people excluded from school
- abused children
- those in contact with the criminal justice system or mental health services
- offspring of parents with alcohol and drugs problems
- young people with conduct attention deficit or depressive disorders

These groups are more likely to experiment earlier and go on to problematic drug use which in turn can lead to involvement in crime. They may not see drug use as problematic. Interventions to respond to their drug usage will be required early, and will have to be sustained over a longer period at more intensive levels.

Our review of the evidence, and experience with projects, confirms that not much is known about the drugs problems of these young people and that little is done for them. Many such young people are reluctant to approach conventional services and there are virtually no treatment services targeted to meet their needs.

We have not been involved in project work with all of these categories, though we have worked with young people in care, pupils in Referral Units, prostitutes and young people dealt with through youth justice. Vulnerable young people will be dealt with at various stages by different agencies and the need for partnership working is obvious. This is addressed, for example, in the guidance covering the setting up of Youth Offending Teams.

Given the scarcity of information on effective interventions with young people, we are keen to co-operate with DATs in evaluating initiatives.

**Good practice points emerging from our involvement in work with vulnerable groups can be found in the accompanying good practice guidance booklet.**

**Parents**

Research emphasises the importance of parenting styles; their own drug taking behaviour and attitudes to drugs; their influence on young persons’ drug use and abuse.

Parental support is fundamental to the delivery of drug prevention programmes in primary and secondary schools.

They need information to reassure their own concerns as well as to help their children. Their needs revolve around:

- basic drugs education
- information on coping with children’s use of drugs
- an understanding of their own role and the confidence to fulfil it
- general parenting skills
- awareness of support structures

It is difficult nevertheless to get this involvement, though it is easier in terms of children’s primary education. It is also
difficult to engage the parents of young persons who are particularly vulnerable to drug abuse, fathers and parents from racially and culturally diverse groups.

*Good practice points emerging from our involvement in work with parents can be found in the accompanying good practice guidance booklet.*

**COMMUNITIES**

The DPI’s work with communities clearly falls within Aim (ii) of the Government’s national strategy. However the criminal justice aspect of our work is equally relevant to Aim (iii) - enabling people to overcome their drug problems and helping them live healthy and crime free lives. Our community work also impacts on Aim (iv) - stifling the availability of illegal drugs on the street - through community action to disrupt local drug market areas.

**Drug Interventions in the Criminal Justice System**

The template for the drug action plan asks what action has been taken to increase the number of offenders referred to and entering treatment programmes as a result of arrest, court, probation and prison referral schemes.

DPI research and project work are demonstrating clearly the effectiveness of properly resourced criminal justice drug interventions in reducing drugs misuse and related offending among adult offenders. Lessons learned will be valuable to DATs in planning and meeting the UK Anti-Drugs strategy’s key objectives under both Aim (ii) and Aim (iii). The DPI experience has also produced lessons and tools for monitoring the efficacy of local schemes which will assist DATs in addressing performance indicators set out in the strategy. Practice guidance for setting up and sustaining local projects has been drafted and is currently being circulated for consultation with a view to producing a guidance manual by February 1999.

The DPI research to date shows that, at the arrest stage, people do take up and participate in programmes of help which address their problem drug use. It is therefore probable that this would be the case when interventions are provided at all stages of the criminal justice process.

DPI project work and the experience of others, shows that to be effective, local schemes should:-

- be pro-active, use dedicated drugs worker/s who are either co-located with or on-call to, criminal justice agencies, have the full support of the custody officer;

- provide quick access to client assessment and appropriate treatment and other help;

- provide comprehensive programmes of help;

- provide a comprehensive programme of interventions.

DATs will also want to consider the DPI experience which indicates the continued need for evaluated approaches in some
areas, for example, the comparative effectiveness of more coercive models (caution plus/deferred cautioning, a UK drugs court approach etc.).

Relationship with the Community and Crime Prevention Partnerships

The recent ACMD report “Drugs and the Environment” concluded that, while there was little definite about what works in terms of community-based drugs prevention, there was evidence that multi-component programmes held out the best prospect of success.

A fundamental message from our experience of the community involvement programme is that effective prevention is best delivered at community level, taking account of communities’ concerns, problems and strengths, and should involve community members. There is considerable scope for building drugs prevention into wider social and economic regeneration programmes.

DPI Paper 17, on drugs prevention in rural areas published in July, identified that drug misuse is much the same in rural communities as in urban areas, though the former were less likely to admit or recognise this. It is less visible and more difficult to counter. Confidentiality issues are important. Services are poor and poorly used. Projects to address drugs misuse are patchy and difficult to finance.

It is possible to overcome this by merging drugs prevention initiatives with other rural concerns e.g. family problems, community safety, and making use of existing structures and support networks.

Good practice points emerging from our work on community involvement, rural communities and in the criminal justice system can be found in the accompanying good practice guidance booklet.

CROSS CUTTING ISSUES

The DPI’s work within the two strategic aims of young people and communities has also had to address a number of cross cutting issues which will be significant in developing effective local drugs strategies, namely:

- Integration
- Equal Opportunities
- Training
- Information and communications

Integration

DPI work is testing the effectiveness of concentrating a number of different drugs prevention approaches in particular communities. Full evaluations are included in this work.

US research confirms the importance of developing integrated responses to drug misuse in the community and the mutual dependence, in particular, of education provision and the involvement of parents.

DPI practice suggest that the integrated model can be effective and that the benefits of local integrated programmes can spread further afield and influence the delivery and structure of services. Good strategic frameworks and DAT support can increase effectiveness.

Equal Opportunities

Our involvement has been with projects addressing race and gender issues,
including information material for gay men, who use recreational drugs. Gay men and women may not find drugs awareness information produced for heterosexual people particularly relevant. Materials can be produced which do meet their needs.

There is an onus in all drugs prevention work to deal sensitively with issues relating to racial and cultural diversity. It may be imperative to do so when working with specific groups. Some services may be seen as unwelcoming or irrelevant to the needs of some groups. Within those groups, there may be a diversity of needs between young people, their parents and community leaders.

The findings from our project work suggest that commissioners and agencies are nervous of their ability to address the above needs. This can result in inaction or an overfocus on needs assessment at the expense of establishing appropriate services.

Training
There is a large and often unmet need for effective training of professionals involved in drugs prevention activity. Training is a prerequisite for effective delivery of all prevention approaches, yet it is not always available. Training of staff varies and training needs are not always recognised by managers. There is no national body responsible for addressing issues like training standards and accreditation of training courses, despite the growing demand from organisations.

The work of the DPI has helped to highlight the gaps in training provision. It can provide pointers for DATS which will help them to develop effective local training strategies and to recognise the range of practical difficulties to be overcome in raising the profile of drugs prevention training.

Helpful guidance can be found in these recently published documents by the Standing Conference on Drug Abuse (SCODA):-

- A Quality Framework for Drug Training
- A Handbook of Training Tools
- A Directory of Drug Training

Information/Communications
Media, in all forms is very influential but there is a need to improve the effectiveness of media based drug communications. National campaigns are less likely to change behaviour, but when linked to other interventions, media interventions can play an important role if tailored to local audiences. Linking drug issues to other health and safety messages can be useful.

Scare tactics do not work, young people want honesty and credibility. Social marketing principles can increase the effectiveness and focus of media based interventions. There may be limited local capacity to develop media based approaches to drugs prevention work. Co-ordinating strategies across regions may help enhance delivery.

_Good practice points on all of these issues can be found in the accompanying good practice guidance booklet._
list of names, addresses & telephone numbers of home office local drugs prevention teams

<table>
<thead>
<tr>
<th>AVON and SOMERSET (covering the former county of Avon and Somerset)</th>
<th>PRUDENTIAL BUILDINGS 2ND FLOOR WINE STREET BRISTOL BS1 2BQ</th>
<th>Team leader Mike Carr</th>
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<tr>
<td>BIRMINGHAM, DUDLEY, SANDWELL, WALSALL AND WOLVERHAMPTON (covering the districts of Birmingham, Wolverhampton, Dudley, Sandwell and Walsall in the West Midlands)</td>
<td>WEST HOUSE 3RD FLOOR LOMBARD STREET WEST WEST BROMWICH B70 8EG</td>
<td>Team leader Kevin White</td>
</tr>
<tr>
<td>EAST MIDLANDS (covering the cities of Nottingham, Leicester and Derby and surrounding areas in the East Midlands)</td>
<td>ALBION HOUSE 3RD FLOOR CANAL STREET NOTTINGHAM NG1 7EG</td>
<td>Team leader Barry North</td>
</tr>
<tr>
<td>ESSEX (covering the county of Essex)</td>
<td>FRENCH’S GATE 1ST FLOOR 20 SPRINGFIELD ROAD CHELMSFORD CM2 6FA</td>
<td>Team leader Sue Lowe</td>
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</table>
BOLTON, MANCHESTER, ROCHDALE, SALFORD AND STOCKPORT
(covering the districts of Manchester, Salford, Bolton, Rochdale and Stockport in Greater Manchester)

3 ACTON SQUARE
GROUND FLOOR
THE CRESCENT
SALFORD M5 4NY

Team leader
Vacant – team’s activities currently being overseen by Mike Ryan-Merseyside

MERSEYSIDE
(covering the county of Merseyside)

SILKHOUSE COURT
SUITE B
GROUND FLOOR
TITHEBARN STREET
LIVERPOOL L2 2LZ

Team leader
Mike Ryan

NORTH EAST LONDON
(covering the boroughs of Newham, Tower Hamlets, Camden, Islington, Hackney and Haringey)

UNITS 8/9
ANGEL GATE
CITY ROAD
LONDON ECIV 2PT

Team leader
Steve Tippell

NORTH WEST LONDON
(covering the boroughs of Westminster, Kensington and Chelsea, Hammersmith and Fulham, Brent and Ealing)

1ST FLOOR
4-6 YORK STREET
LONDON W1A 1FA

Team leader
John Dunworth

NORTHUMBRIA
(covering the counties of Northumberland and Tyne and Wear)

LOMBARD HOUSE
GROUND FLOOR
4 LOMBARD STREET
NEWCASTLE UPON TYNE NE1 3AE

Team leader
Tony Regan

TEL: 0161 736 9540
FAX: 0161 736 9750

TEL: 0151 236 4434
FAX: 0151 258 1387

TEL: 0171 837 7477
FAX: 0171 837 7455

TEL: 0171 224 7229
FAX: 0171 224 7237

TEL: 0191 233 1972
FAX: 0191 233 1973
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<th>Region</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
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<tr>
<td>South London</td>
<td>County House, 1st Floor, 190 Great Dover St.</td>
<td>TEL: 0171 378 1488</td>
<td>FAX: 0171 403 4867</td>
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<td></td>
<td>(covering the boroughs of Wandsworth, Lambeth,</td>
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<tr>
<td></td>
<td>Southwark, Lewisham and Greenwich)</td>
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<tr>
<td>Sussex</td>
<td>Castle Square House, 4th Floor, Castle Square</td>
<td>TEL: 01273 722221</td>
<td>FAX: 01273 748813</td>
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<td>Bognor BN1 1DZ)</td>
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<td>Team leader</td>
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<td></td>
<td>Jud Barker</td>
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<tr>
<td>West Yorkshire</td>
<td>Metrochange House, 3rd Floor, Halls Ings</td>
<td>TEL: 01274 741274</td>
<td>FAX: 01274 732846</td>
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<td>Bradford BD1 5SG</td>
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<td>Mick Chambers</td>
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overview of government office boundaries with current DPI boundaries in pink
Reference sources


Health Advisory Service (1996). Children and young people; substance misuse services; the substance of young needs. London: HMSO.


