



Metropolitan Police Authority

Drugs Scrutiny Report

2007

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Chair's Foreword

Drugs can destroy individuals, tear families apart, and create havoc in communities. They are the major commodity for many criminal networks and are traded across the world. Much of the crime on our streets is committed by those needing money to purchase drugs.

The police cannot deal with the problem of drugs alone, either within individual localities or across London. The quality of their work is inevitably dependent on how well the myriad of agencies involved work together. It is often stated, not least by the police themselves, that it is not drugs per se which they should focus on but the crimes committed by those who need to buy drugs, as the courts will then deal with offenders less leniently. As a cause of so much crime, drugs must not be ignored because there is a role for the police in prevention work as well as in alleviating the horrific impact they have on some communities.

This scrutiny is timely not least because it led to the MPS developing its own new strategy, now launched, which is cross cutting and should make a positive difference. We want the whole of the MPS to realise that drugs has to be one of our top priorities and the strategy and this scrutiny will enable that to happen.

We have not dealt with all aspects of drugs policy, for example the classification of drugs, because some issues warrant scrutinies of their own and other organisations are engaged in these debates. We have though, deliberately taken an approach which is to view the role of the police and partner agencies as principally to reduce the harm caused by drugs. We believe this is the most appropriate way forward.

We make a number of recommendations, which we will follow up and in one or two cases debate further where they are contentious. I would like to take this opportunity to thank my colleagues on the panel, the staff of the MPA who supported our work and the many people and agencies who willingly gave up their time to contribute. We hope we will make a difference.

Richard Sumray
Chair, MPA Drug Scrutiny

Summary

The Metropolitan Police Authority (MPA) is an independent statutory body responsible for maintaining an effective and efficient police service for London. Its primary tasks include securing continuous improvement in the way policing is provided in London, monitoring the performance of the Metropolitan Police Service (MPS) and consulting with the people of London.

In July 2004, Members agreed that there was a need to consider, in depth, the approach taken by the MPS to policing drugs. We heard evidence from stakeholders and partners and surveyed local police and crime and disorder partnerships. In summary we found:

- Although tackling drugs is highlighted as a key Home Office priority through its drugs strategy and the national community safety plan, it has not been a clearly articulated priority for the MPS. This has consequences for the priority given to drugs and drug-related crime at a local level.
- The MPS has, in the past, lacked a meaningful strategy to drive activity within the organisation. This has now been addressed. The focus on harm is to be welcomed, although clearly agreed definitions of harm should be developed. Feedback from Safer Neighbourhoods panels highlight drugs and drug-related anti-social behaviour as a concern amongst Londoners
- Approximately 50% of acquisitive volume crime is drugs related, but there is limited focus through local policing on drugs, particularly as there are no specific targets in this area. Feedback from borough commanders indicated that any specific activity aimed at tackling drugs tends to be driven through local partnerships. The developing focus on organised criminal networks and drugs is also welcomed.
- Tackling recreational drug use remains a challenge, not least because of the wide-spread acceptance of this in mainstream society.
- The scrutiny has struggled to identify good practice (either domestically or abroad) in establishing effective, meaningful performance measures. The new MPS drugs strategy addresses this to an extent, but there is still some way to go. Part of the challenge is the difficulty in accurately measuring the levels of activity – generally this is done using proxy measures. Consequently it is unsurprising that there are few targets in place within the MPS.
- The panel heard of a number of examples of good practice operations to tackle drugs at a local level. However, these tended to be short term responses with limited long term impact. Sustainability remains a challenge.
- A number of national schemes are beginning to deliver success such as the introduction of drug intervention programmes, drug treatment orders, prolific problem offenders (PPOs) and the significant increases in treatment places available. Some challenges remain about ensuring these schemes are effectively co-ordinated and targeted.
- There have been significant successes in disrupting large scale cannabis cultivation in London. However concerns remain about young people's

understanding of cannabis classification. There are also concerns about disproportionality with regard to cannabis possession – a report abpit tjos was due to the MPA in July 2007. Finally, there are concerns about the extent to which cannabis warnings are being used to support sanction detections. Again, this issue requires further investigation.

- Problem solving is a critical aspect of the Safer Neighbourhoods model now in place across London. There have been some excellent examples of local approaches to tackling drugs by these teams. They also provide an opportunity to engage communities at a very local level.
- The new strategy identifies the importance of a multi-agency approach to tackling drugs but could be more explicit about how it does this. Crime and Disorder Reduction Partnerships (CDRPs) raised concerns about the competing priorities faced by borough command units and subsequent lack of emphasis on drugs.
- The scrutiny heard about the ongoing work to establish the Met Intelligence Bureau and hopes that this will facilitate more effective targeting of enforcement and prevention activity. Some boroughs have specialist resources to undertake this sort of analysis, but this is not consistent across all boroughs.
- There is scope to improve the use of forensics in the fight against drugs. Similarly, the MPS is not currently using the Proceeds of Crime Act¹ to its full potential.
- The Panel welcomes the pilot drugs court and its focus on providing a multi-agency approach to supporting drug addicted offenders.

We have made 23 recommendations in this review. Arrangements to allocate responsibility and agree timescales for implementation will be established. We are committed to ensuring these recommendations are implemented and will review progress regularly through MPA committees.

List of Recommendations

Recommendation 1:

As a priority, we urge ACPO and the Home Office to agree a definition of harm.

Recommendation 2:

The MPS Drugs Strategy needs to better articulate the relationships between CDRPs/DATs and the MPS to ensure that is a clear understanding of the roles and responsibilities of key partners and that shared priorities are established.

¹ See page 66 of report for full details

Recommendation 3:

The MPS needs to determine, agree and disseminate a set of definitions underpinning their Drug Strategy such as 'open drugs markets' and 'drug related crime'.

Recommendation 4:

We recommend that the MPS facilitate a wide-ranging study aimed at assessing the relative harm caused by cannabis and poly drug use, (particularly with regards to young people) and where necessary, changes should be made to the MPS Drugs Strategy and Delivery Plan.

Recommendation 5:

The MPS Drugs Strategy must reflect the need to address recreational drug use.

Recommendation 6:

The MPS needs to develop a performance framework that highlights the importance of tackling drugs and drug related crime at a local level, but allows sufficient flexibility so that borough commanders can focus on locally agreed priorities

Recommendation 7:

Over time, the MPA and the MPS need to recognise the impact drugs have on overall crime by ensuring that appropriate priorities and objectives are reflected in the annual Policing Plan supported by targets and measures for success.

Recommendation 8:

In order to develop successful, sustainable mechanisms for tackling drugs and drug related crime. The MPS must undertake more detailed evaluation of pilot projects. Such evaluation should include cost effectiveness and transferability to other boroughs.

Recommendation 9:

The MPS needs to develop enforcement strategies that address demand as well as supply so that drug activities are reduced rather than displaced.

Recommendation 10:

As a matter of urgency, the MPA requests sight of the findings of the MPS investigation of the disproportionate use of disposals in relation to cannabis possession. A clearly timetabled action plan aimed at reducing any disproportionality is also requested.

Recommendation 11:

The MPS undertake regular analysis of sanction detections and Offenders Brought To Justice (OBTJ)s to ensure that cannabis disposals are not being used to bolster performance.

Recommendation 12:

The MPS must devise long term strategies for sustained engagement by Safer Neighbourhood Teams, which will target and focus on the young and hard to reach BME communities.

Recommendation 13:

The MPS must clearly identify how its work with local CDRPs supports its overall strategy to tackle drug misuse and drug related crime.

Recommendation 14:

The MPS needs to ensure an appropriate balance is maintained between focusing on prolific offenders with problem drug use and ensuring early intervention with first time offenders.

Recommendation 15:

We recommend that the MPS evaluates whether, there is a business case to extend DIP to all 32 boroughs. If there is, we recommend that the MPA together with the MPS lobby, the Home Office to ensure DIP funding is available in every BOCU.

Recommendation 16:

The MPS should consider how best to engage with community based service providers within boroughs.

Recommendation 17:

The MP urges the MPS to ensure the prioritisation of drugs within the MIB work programme.

Recommendation 18:

The MPS undertakes a proper evaluation of whether dedicated drugs desks should be developed either in the MIB or within boroughs.

Recommendation 19:

The MPS needs to clarify how the priority on POCA in their new Drugs Strategy is to be implemented and assessed at borough level. This should involve a multi agency approach including magistrates, local authorities, housing services, probation, CDRPs/DATs and any other relevant support services.

Recommendation 20:

The MPS examines with key stakeholders the finding of the pilot drugs court to assess how it can be applied to enhance more effective partnership arrangements to tackle drug misuse and drug related crime.

Recommendation 21:

The MPS should revise the prevention material aimed at young people, warning of the harms and dangers of participating in dealing drugs.

Recommendation 22:

The MPS and partners should develop a more proactive, holistic approach to drug prevention.

Recommendation 23:

The panel recommends that further investigation of the findings of the Joseph Rowntree report on drug consumption rooms is required to assess the feasibility of such options to reduce the harm drugs cause to individuals and the community.

Background

1. The Metropolitan Police Authority (MPA) was established six years ago as an independent body to manage and monitor the Metropolitan Police Service (MPS). It is a statutory body made up of twenty-three members, twelve of whom are drawn from the London Assembly, part of the Greater London Authority (GLA). Of the remainder, seven are independently appointed and four are magistrate members. The MPA is responsible for ensuring an effective and efficient police service for the people of London. Since it has been established the MPA has undertaken a number of scrutinies into areas of concern or poor performance, including rape, mental health and stop and search.
2. Reducing drug crime has been an MPA target for a number of years, but it is an area that has had little scrutiny by the MPA. The MPS has, in the past, developed a drug prevention strategy, but it is not clear to what extent this has been implemented. We know that there are initiatives aimed at reducing drug-related crime being delivered across the organisation, but many of these appear to happen in isolation. The report presented to the MPA Planning Performance and Review Committee (PPRC) in December 2005 and the subsequent discussion, indicated that there was a lack of internal co-ordination in the approach to addressing drug-related crime and that the strategic approach taken by the organisation is not as well developed as it could be.
3. The MPS has identified combating organised criminal networks (OCNs) as a corporate priority for 2006/07, and a number of OCNs are involved in drugs. There are challenges in relation to setting targets in relation to drugs, particularly given the pressure to achieve reductions in volume crime. However, drug crime is significant at all crime levels (1-3) and has a significant impact on users, families, victims and communities.
4. In the report submitted to the MPA PPRC in December 2005 the MPS indicated that, *'Many addicts and other problem drug users (PDUs)² rely heavily on money generated by property crime to finance their addiction and use, theft, burglary, selling stolen goods, benefit and other forms of fraud, and 'low-level' drug trafficking, form the mainstay of their criminal activities'*.
5. A further indication of the extent of the drug problem was highlighted in an MPS report submitted to PPRC in May 2006. The report indicated that, *'Fourteen people had been sentenced to over 178 years imprisonment after police smashed a major international crack cocaine and money laundering operation.'* The report went on to say these gangs were believed to have imported some £48m of cocaine into Britain. They were able to do this through the use of women couriers, often single mothers and drug addicts, to act as mules. This highlights the international nature of the drugs problem but also the links that drugs have to other criminal activity.
6. The need for effective prevention and treatment are key issues the Home Office recognises, the drugs.gov website states that *'for every £1 spent on treatment, £9 is saved in the criminal justice system and other social costs.'*
7. The police are increasingly responding to emerging trends such as the chemical manufacture of drugs. The MPS estimate that there are between

² PDU: Problem Drug Users: Home Office term

700 and 800 drugs factories in London³. The emergence of Methamphetamine⁴ is of particular concern as highlighted by a recent report commissioned by the Association of Chief Police Officers (ACPO), *Police Study into Managing the Emergence of Methylamphetamine within England and Wales*, which highlights the significance nationally. The report stressed the need to reclassify this drug to a Class A drug (the drug was reclassified as a Class A drug on 18 January 2007) it also discusses what should be done in order to tackle the problem.

8. In a recent BBC survey published May 22nd 2006 *‘Three-quarters of people in the UK say drugs are a problem in their area,* ⁵ More than half of the 1,190 people surveyed also said they thought the police were not doing enough to combat the drugs problem. The BBC’s survey suggested there were big regional variations in drug use, with 26% in the South East saying they had taken an illegal drug compared with just 6% in Northern Ireland. This data was further validated by the findings of the Drugscope⁶ survey 2005. However, with more and more focus on the negative impact of illicit drug use and drug related crime, it can mean that surveys such as the 2006/07 Local Government Service User Satisfaction Survey, which indicated an 18% reduction from 65% to 45% in public concern across the MPS region. Whilst this reduction relates to Drug Dealing and Use from 2003/04, including significant reductions in many boroughs, it also may reflect public acceptance of the problem rather than any actual reduction. The fluidity of the drugs market means that different drugs become popular for different reasons, and whilst all London boroughs have included further reduction targets in their Local Area Agreements, there will be variations between boroughs in relation to the type and location of drug use. The MPS will need to provide a strategy that tracks these variations, highlights the locations and analyses the trends including the supply and distribution processes.
9. There are limited specific performance targets or indicators for the MPS in relation to drugs. The joint MPA and MPS policing plan’s⁷ *‘Critical 13 performance indicators*’⁸ don’t directly refer to drugs. The Police Performance Assessment Framework (PPAF)⁹ includes one statutory performance indicator (SPI)¹⁰ on public perception of local drug use. There is one Public Service Agreement (PSA)¹¹ target regarding to drugs.
10. The links between poverty, deprivation and drug use are well established. The MPS Specialist Crime Directorate (SCD) strategic analysts are able to indicate that inner London boroughs contain greater numbers of users than outer London. Outer London boroughs have higher concentrations of drug users in their most deprived wards.
11. The Drug Interventions Programme (DIP)¹² is a critical part of the Home Office’s approach to tackling drug-related crime, providing a route out of crime and into treatment for drug misusing offenders. Contact with the Criminal

³ MPS provided figures as at September 2006.

⁴ Methamphetamine – Or *Methylamphetamine* Chemically manufactured drug also known as Crystal Meth

⁵ BBC: Data taken from BBC website.

⁶ DrugScope: Independent organisation focused on policy around drugs.

⁷ Policing Plan: MPA/MPS 2006-2007 plan for service delivery highlighting priority targets for policing.

⁸ Critical 13 Performance Indicators: top 13 priorities in policing plan

⁹ PPAF: Police Performance Assessment Framework – measuring statutory performance targets for Police

¹⁰ SPI: Statutory Performance Indicator – part of the PPAF statutory performance targets

¹¹ PSA: Public Service Agreement – Statutory targets focused on community reassurance

¹² DIP: Drug Interventions Programme – a key Home Office programme introduced in April 2003 to use every opportunity within the Criminal Justice System to move drug misusing offenders out of crime and into treatment.

Justice System is used as an opportunity to engage treatment and support. Alongside DIP, local Drug Action Teams (DATs)¹³ are responsible for delivery of the National Drug Strategy¹⁴ at the local level and tackling drug misuse problems. DATs are partnerships combining representatives from local authorities (education, social services, housing, health, probation, the prison service and the voluntary sector). DATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. Their work includes commissioning services, including supporting structures; monitoring and reporting on performance; and communicating plans, activities and performance to stakeholders.

Methodology of the Scrutiny

12. This scrutiny commenced in July 2006. It had five themed panel meetings with witnesses coming to give evidence. The dates and themes of the panel meetings were as follows:
 - 9 October – Setting the Scene
 - 24 October – Policing Drugs
 - 7 November – Partnership Perspective
 - 23 November - Intelligence and Forensics
 - 11 December – Criminal Justice System
13. In addition to this there were a number of interviews conducted outside the Panel meetings due to timing restrictions. Panel and MPA representatives attended the 2nd ACPO conference on Drugs in November 2006. Two questionnaires were devised and sent out, the first to borough commanders and the other to CDRPs. A workshop event was also held on 20 February 2007 to understand the impact of MPS tackling drug misuse and drug related crime. This included members of the public, community based service providers and partner agencies.
14. This report outlines the evidence gathered during that process and, where necessary, makes recommendations aimed at driving performance improvements. The report has been structured to reflect the three main objectives of the terms of reference with subsections for ease of reference.
15. The review was chaired by Richard Sumray and the other panel members were Aneeta Prem, Richard Barnes, Elizabeth Howlett, Damian Hockney, Joanne McCartney and Rachael Whittaker, all members of the MPA.

¹³DAT: Drug Action Teams can be merged as Drug and Alcohol Action Teams: responsible for the commissioning of local borough based services for drug users.

¹⁴National Drug Strategy: cross-cutting Government strategy which sets out key national priorities for reducing the harms caused by illegal drugs, including drug-related crime. The Home Office has lead responsibility for delivery of the Drug Strategy.

Terms of reference of the scrutiny

The objectives of the scrutiny were to:

- Ensure the MPS has a consistent and coherent strategic approach to combating drugs by undertaking an assessment of the current MPS position with regard to developing and implementing a drugs strategy, including the extent to which it brings together the different levels of drug-related crime. This will include:
 - Clarifying the scale of the problem by looking at drug crime from level 1 including drug taking in communities and crack houses, level 2, including the middle market in relation to supply and distribution, and level 3, including how the MPS links with other organisations to tackle organised criminal networks.
 - Identifying the various approaches, such as tackling the culprit rather than the commodity, to assess the most effective approach in dealing with drug related criminal activity.
 - Identifying any gaps in the current approach to policing drugs that need to be addressed.
 - Understanding the impact drugs have on Londoners and how the MPS can tackle this through policing.
 - Understanding the role and function of the MPA, MPA link members, and the MPS in delivering an effective MPS strategy to tackling drugs and drug related crime.
- Ensuring that the response of the directorates within the MPS to emerging intelligence and performance trends is appropriate. We will do this by:
 - Considering the types of performance targets and measures that would assist and drive the MPS to tackle drug related crime, particularly in relation to use and supply.
 - Identifying examples of good practice and practical examples of how the approach taken by police can be improved, including understanding the impact that intervention has on people's lives (users, victims, communities).
 - Identifying the intelligence requirements and capabilities within the MPS (and other agencies), and understanding how these are used in the fight against drugs.
 - Reviewing the use of forensics in reducing drug related crime and understanding key challenges facing the MPS.
- Ensuring that the MPS's relationship with other agencies (e.g. SOCA)¹⁵ that are active in this area are robust and that there is clarity in the roles and responsibilities of those agencies. We will do this by:
 - Identifying the partnership arrangements in place between the MPA, MPS and statutory partners to reduce demand and prevent drug-related crime.

¹⁵ SOCA: Serious and Organised Crime Agency. The Serious Organised Crime Agency (SOCA) is an Executive Non-Departmental Public Body sponsored by, but operationally independent from, the Home Office.

- Establishing the role and function of CDRPs¹⁶ in tackling drug-related crime in the local community.
- Clarifying the link between MPS and education services to undertake preventative work in relation to drugs.
- Identifying the role and impact of the criminal justice system and probation in tackling drug-related crime including treatment and support programmes that are available, such as through the Drug Interventions Programmes, Drug Treatment and Testing Orders¹⁷/ Drug Rehabilitation Requirements.¹⁸

Equality and diversity implications will be assessed as an integral part of the review and key areas of disproportionality, such as fixed penalty notices (FPNs) for cannabis possession will be investigated.

Key exclusions

Any review of drugs is potentially extremely wide ranging. There is a considerable body of work, undertaken by statutory and voluntary organisations in relation to drugs and related addiction issues, which will provide background and context for this review. The following areas were excluded:

- There was evidence to suggest a link between drug use amongst some women and prostitution. However, this issue has been covered by the recent London Assembly report *Street Prostitution in London 2005*. There are links between drug and alcohol misuse. However, there has been substantial work undertaken by the Greater London Alcohol and Drug Alliance (GLADA) in relation to alcohol. The work by GLADA does provide opportunities for more effective partnership and preventative work.¹⁹
- Drug addiction and the impact it has on families, including babies born with addictions to drugs, is an issue, but it does not come within the remit of the MPS. There has been substantial work undertaken by 'FRANK'.²⁰
- Whilst many prescribed drugs can have addictive qualities, unless these drugs are involved in illegal sale or trafficking they did not come within the remit of MPS and therefore this review.
- Access to and the use of illegal drugs within prisons. This issue was excluded as it came within the remit of HM Prison Service.

Although the review may provide the MPA with an opportunity to support and lobby for changes to improve or amend legislation in relation to drugs, all the

¹⁶ In the context of this objective CDRPs also includes DATs in many instances CDRPs and DATs have merged.

¹⁷ Drug Testing and Treatment Orders: introduced to the UK in 2000 as a new community sentence. These have now been replaced by Drug Rehabilitation Requirements (DRRs). Courts can make an order requiring offenders to undergo treatments either as part of another community order or as a sentence in its own right.

¹⁸ Drug Rehabilitation Requirements are one of 12 requirements, which can be included in a community sentence.

¹⁹ A new Alcohol Strategy is due to be published shortly after the publication of this report. The Alcohol strategy may impact on the roles of CDRPs and DATs

²⁰ The FRANK campaign is the Government's national drug awareness campaign. It targets young people, parents and carers and is a cross-Government initiative including the Home Office to make people aware of the risks and dangers of drugs.

recommendations and any action plan will need to have a identified lead as well as an agreed timeframe for completion within the cost implications identified in the final report of this review.

The Drugs Market: In Context

Worldwide

16. *'A major crisis is now being documented in the official reports on the global drug problem that are produced annually by agencies such as the United Nations Office on Drugs and Crime (UNODC²¹), the International Narcotics Control Board (INCB²²), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)²³ and other regional and national monitoring bodies. This crisis not only impacts on the lives of millions of people worldwide who develop drug misuse problems, but also damages families and children, neighbourhoods and communities, economies and societies.'*²⁴
17. In order to understand the problem it is important to provide some context of the extent of the drugs problem, the drugs that are available and their impact.
- The total number of drug users worldwide is now estimated at 200 million, equivalent to about 5% of the global population aged 15-64.²⁵
 - Over two thirds of the highest rate offenders reported heroin and cocaine use and were responsible for more than half all reported offences. The global drugs market is estimated at US\$13 billion at production level; \$94 billion at the wholesale level and \$322bn at the retail level.²⁶
 - The illicit drug market is now the third most profitable in the world.
 - It is estimated that alcohol, tobacco and illicit drugs contributed to 12.4% of deaths worldwide in 2000, and about 8.9% of total life years lost.²⁷
 - Afghanistan is the source of 70% of the world's heroin supplies and 90% of heroin used in the UK each year.²⁸

United Kingdom

- Direct annual Government expenditure on tackling drugs has risen from over £1.3 billion in 2004/05 to over £1.5 billion in 2007/08²⁹
- The 2005/06 British Crime Survey (BCS)³⁰ indicated 10.5% of all adults (aged 16-59) reporting any drug use in the past. The majority of this is attributed to cannabis.

²¹ United Nations Office on Drugs and Crime (UNODC): Established in 1997. The UNODC is a global leader in the fight against illicit drugs and international crime. HQ in Vienna with 500+ staff globally.

²² International Narcotics Control Board (INCB): is the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961.

²³ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): One of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, the central source of comprehensive information on drugs and drug addiction in Europe.

²⁴ Beckley Foundation drug policy programme: *r e p o r t s i x: facing the future: the challenge for national & international drug policy - non-governmental initiative bringing together senior policymakers, leading academics and practitioners to assess the latest evidence of drug policy effectiveness in arena of objectivity and open debate.*

²⁵ United Nations Office on Drugs and Crime UNODC report for 2006

²⁶ UNODC World Drug Report 2005

²⁷ The World Health Organization: The World Health Organization is the United Nations specialized agency for health. It was established on 7 April 1948.

²⁸ Home Office white paper on organised crime: *One Step Ahead*, March 2004.

²⁹ Tackling Drugs: *Changing Lives: Turning Strategy into Reality*, January 2007, Home Office

³⁰ Drug Misuse Declared: Findings from the 2005/06 British Crime Survey England and Wales. Stephen Roe and Louise Man, Home Office Statistical Bulletin 15/06 October 2006.

- The use of Class A drugs in the last year amongst 16-59 year olds increased between 1998 and 2005/06, from 2.7% in 1998 to 3.4 per cent in 2005/06. This is mainly due to a comparatively large increase in cocaine use between 1998 and 2000. However, between 2000 and 2005/06, the use of Class A drugs overall remained stable.³¹
- The economic and social costs of Class A drug use are estimated to be around £15.4 billion in 2003/04. This equates to £44,231 per year per problematic drug user. The calculations provide an associated confidence range of between £15.3 billion and £16.1 billion.³²
- Problematic Class A drug use accounts for most of the total costs (99%, or £15.3 billion). Viewed from a different perspective, drug-related crime is the domain that accounts for the largest proportion of cost (90%, or £13.9 billion)³³.
- The UK consumes approximately 25 - 35 tonnes of heroin a year.³⁴
- In 2002 the UK had the highest level of drug related deaths in Europe.³⁵
- The active offender population is not static, 20,000 individuals leave this pool every year and are replaced by another 20,000. The most active 5,000 of this group are estimated to be responsible for one in ten offences.³⁶
- Approximately 60% of cannabis consumed in the UK is home grown.³⁷
- Since the onset of the Drug Interventions Programme (DIP) recorded acquisitive crime has fallen by 20%.³⁸
- Treatment works and is cost-effective: for every £1 spent on treatment, at least £9.50 is saved in crime and health costs.³⁹
- The number of individuals receiving structured treatment has increased by 13% from 160,450 in 2004/05 to 181,390 in 2005/06.⁴⁰
- In 2005/06, £30 million of drug related criminal assets were seized.⁴¹

London

- The highest level of Class A drug use was reported in London.⁴²
- In 2005/06 8.8% of London respondents to the British Crime Survey reported Cannabis use.⁴³
- There has been a significant increase in the number of cannabis farms in and around London during the past 6 years.
- London is the central route for Class A drugs in to the UK⁴⁴
- Approximately 1% of Londoners are problem drug users.⁴⁵ London has 74,417, nearly 20%, of national total problem drug users (PDUs).⁴⁶

³¹ Ditto

³² Measuring Different Aspects of Problem Drug Use: Singleton N, Murray R, Tinsley L, Home Office Online Report 16/06, December 2006.

³³ Ditto

³⁴ National Criminal Intelligence Service, UK Threat Assessment 2003

³⁵ Drug Scope report for the European Monitoring Centre for Drugs and Drug Addiction 2002-03

³⁶ Home Office Prolific and other Priority Offenders Strategy

³⁷ MPS: Performance Information Bureau data.

³⁸ Home Office, Drugs Interventions Programme, Project Management Team, 07 February 2007

³⁹ However this is dependent on the quality of the interventions made and should not be seen as an unqualified argument for increasing the resources going into treatment.

⁴⁰ Tackling Drugs. Changing Lives: Turning Strategy into Reality, January 2007, Home Office

⁴¹ The source for the £30 million figure is the HMRC Annual Report 2005/06

⁴² NHS report: Statistics on Drug Misuse Young People and drug misuse 2006

⁴³ GLADA: The Highs and Lows 2 executive summary

⁴⁴ Ditto

- Home Office estimates indicate national economic and social costs of Class A drug use is around £15.4 billion per annum, some £44,231 per year per problem drug user. London has approximately 74,417 problematic drug users therefore an approximate annual cost of problematic drug use in London is £3.3 billion per annum.⁴⁷
- During 2005/06 Westminster, Brent, Lambeth, Hackney, Southwark, Haringey, Newham and Camden accounted for almost half all recorded drug related offences in London.⁴⁸
- In London, there have been significant increases in the number of people engaged in poly drug⁴⁹ use over last 15 years. The effects of poly drug use are hard to predict.⁵⁰
- In London 46% of people in custody or given statutory supervision orders⁵¹ had an alcohol and/or a drug problem during 2005/06.⁵²
- Drugs offences account for 5.85% of MPS total recorded crime in 2006/07.
- In the same period Class A drugs were up 10%, Class C up 30% from 05/6, the majority of Class C offences related to cannabis.⁵³
- In 2004 of all drugs seizures in London (MPS and City of London Police) approximately 32% were for crack, 28% were for cocaine and 25% were for heroin.⁵⁴
- There were 27,692 London residents in contact with structured treatment services in 2004/05, a 25% increase from the previous year.
- In September 2006, 902,124 Londoners were affected by a family member's drug or alcohol use.
- In the financial year 2006/07, the MPS disrupted 172 criminal networks. Of these 66 were involved in trafficking and supplying drugs.⁵⁵
- In 2005/06 the MPS confiscated approximately £25 million through the use of the Proceeds of Crime Act 2002 (POCA).

⁴⁵ Ditto

⁴⁶ Home Office On line Report 16/06– Measuring different aspects of drug use: methodological developments.

⁴⁷ Home Office Online Report 16/06: Measuring different aspects of problem drug use: methodological developments.

⁴⁸ GLADA: The Highs and Lows 2.

⁴⁹ Poly drug use is the use of more than one drug such as cannabis and alcohol or cannabis and crack cocaine.

⁵⁰ GLADA: The Highs and Lows 2 Report.

⁵¹ Statutory Supervision Orders can include Community based drug treatment orders.

⁵² GLADA: The Highs and Lows 2 Report.

⁵³ Monthly And FYTD Statistics On Drug Crime Within The MPS – Performance Directorate Apr 2007 – Definition for recorded crime and drug offences provided in Appendix E.

⁵⁴ MPS – Performance Information Bureau data.

⁵⁵ Ditto.

STRATEGY

Government Strategy

18. In 2004 the Government Spending Review Settlement set a new Public Service Agreement (PSA)⁵⁶, target for the government's action against illegal drugs. The government is required to, *'reduce the harm caused by illegal drugs including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system'*. In this context the government means the harm caused not just to the individual or their families, but also to the wider community. The Home Office considers drugs to be a priority because it is seen as the driver for crime and has enormous social and economic costs to society. This is reflected in the £1.5 billion spent annually by the government to combat drugs.
19. The Home Office estimates that approximately 50% of acquisitive crime is drug-related and would therefore expect tackling drugs to feature prominently in local policing plans. The Home Office has also indicated a reluctance to be too prescriptive and encourages police forces to develop proactive and meaningful strategies, incorporating 'outcome' focused targets' to tackle drugs and drug related crime. It is currently investigating appropriate performance indicators relating to drugs, crime and criminal justice. Integrating these into existing performance indicators would increase the priority currently allocated to drugs.
20. Some respondents to our scrutiny told us that despite this commitment through the PSA, the absence of a ministerial lead and the removal of the national drugs tsar meant, that in reality, drugs lacked strategic priority. Concerns were also expressed over the government's lack of realism, citing its commitment to adhere to the United Nations drugs free world by 2008 particularly as this was not translated in policy or priority
21. The Home Office strategy focus on neighbourhood policing and access to treatment is designed to generate public confidence in efforts to tackle drug misuse and drug-related crime. They expect police forces should emphasise working with partner agencies to provide long-term solutions. Neighbourhood policing structures should combat low-level street dealing, and at the other end of the policing spectrum forces should be developing proactive mechanisms to support organisations such as SOCA to tackle and disrupt supply. Partnership arrangements should also be in place to reduce demand. The MPS has begun to address this challenge but will need to ensure it is incorporated into the delivery framework at every level of the organisation to enable successful implementation.
22. The Home Office is focused on reducing the harms caused by illegal drugs, including harms caused by drug related crime. In it's view, better quality and more accessible treatment programmes are a much more cost effective way of reducing the harm of drugs to the individual, their families and communities. Home Office statistics indicate that, *'for every £1 spent on treatment, £9.50 is saved in the criminal justice system and other social costs.'* Treatment is designed to rehabilitate the individual and remove the need to commit crime to fund drug taking. However, the Home Office recognise that the public expect offending behaviour to be punished. Access

⁵⁶ **PSA:** Public Service Agreement: statutory targets focused on community reassurance. Public Service Agreements reflect the Government's high-level priorities.

to treatment facilities had in October 2006 involved an average wait of three weeks. Whilst this is not a recommendation within this report, given the addictive nature of drugs the Panel felt that this should be reduced to three days. However, as custodial sentences are required for serious offences, getting the balance right between treatment and punishment is difficult to address.

23. Two key objectives of the government's strategy are disrupting the supply of illicit drugs and reducing the demand through greater access to treatment options through DIP. However, some critics such as DrugScope suggest that government strategy is too focused on the criminality of drug taking as a means to access treatment. Government policy indicates the relation between the harms of drugs and crime may be the most practical and appropriate way to engage the individual into treatment other than self-referral.
24. The focus on drugs as a driver for crime is not always clear. The National Policing Plan 2005-2008⁵⁷ indicated five key priorities, the first of which is to reduce overall levels of crime. Drug-related crime was identified as one part of this. However, tackling drugs was not specifically mentioned in any of the three-year key milestones. The PSA target to achieve an overall reduction in crime relates to public perceptions rather than actual impact. There is mention of tackling drugs in the National Community Safety Plan,⁵⁸ (which superseded the National Policing Plan), but this is focused around improving young people's lives so they are less likely to offend or re-offend. Here the focus is on the harm to the individual, it does not reflect drugs as a driver for crime. This lack of priority and ambiguity means that in practice it does not feature significantly in local policing plans.
25. Capturing the 'harm' and articulating it in a way that can drive meaningful activity provides a challenge to organisations working in this area. The Drug Harm Index (DHI)⁵⁹ captures the harms generated by the use of illegal drugs through combining national indicators into a single-figure time-series index. The harms include drug-related crime, community perceptions of drug problems, drug nuisance, and the various health consequences, that arise from drug abuse (e.g. HIV, overdoses, deaths etc). The relative importance of each of the harm indicators in the DHI is captured by the economic and social costs that they generate. The DHI changes from year to year to reflect the growth or reduction in the volume of harms (e.g. the number of new HIV cases or the number of drug-related burglaries) and the growth in the unit economic or social cost (e.g. the rise in the expected cost per new HIV case or the average victim cost of a domestic burglary).
26. Whilst comprehensive, the DHI does not capture all the harms that illegal drugs can cause. There are a number of harms that are not included because they cannot be measured consistently or because of conceptual ambiguities. For example, it is difficult to quantify the links between problem drug use and unemployment, as it is often unclear as to which is the key driver, the drugs or the unemployment. Similarly the impact of illegal drug use on educational attainment, financial stability and homelessness are not captured. Nor is it possible, using the DHI, to isolate the impact of illicit drug use on productivity, absenteeism, poly drug use, social care services, and the children of drug users. Many drug users may not present a danger to the public, particularly if their drug use is recreational. However, their demand for drugs contributes to

⁵⁷ National Policing Plan 2005-2008: Government national framework for policing over the three years.

⁵⁸ National Community Safety Plan 2006-2009: Government national framework for community safety priorities

⁵⁹ Drugs Harm Index: Home Office index information provided in Appendix E to provide more detailed explanation.

the harms caused by the organised criminal network activity behind the drug supply. A recent report by the RSA⁶⁰ (Royal Society for the encouragement of Arts, Manufactures and Commerce) has reviewed the current DHI used by the government and suggests an alternative matrix, which would set out the categories of harm substances may cause. The emphasis shifts from the harms that drugs cause to the harms of substance use, this allows the impact of alcohol and tobacco to be included and put into context. Whilst this is not a recommendation within this scrutiny, the panel encourages the MPS to undertake further analysis of this alternative approach to defining harm particularly in relation to the opportunities it can provide for treatment options.

27. The framework for defining harm is not constructed to enable the easy development of performance targets or measures that have 'smart' objectives for local delivery. Clarification of the definitions of harm is also an issue. Work is still ongoing between the MPS and the Home Office to agree a definition of harm and harm reduction. In our view this should be an urgent priority for the MPS and the Home Office.
28. The Misuse of Drugs Act 1972 provides much of the current legislative requirements to tackling drugs. However, many respondents have indicated that this Act is no longer relevant to current drug problems. This is also reflected in the GLADA report and the findings of the RSA report. The harms drugs have on individuals, families and communities are highlighted in the report *Drugs in the family*:⁶¹ which indicated that, '*Problem drug use is clearly experienced as highly stressful by all close family members. Its intractability and the seemingly relentless chain of negative events set in motion by the development of a drug problem by a son or daughter, brother or sister appear to have severe and enduring impacts on family functioning as well as on the social lives and on the physical and mental health of those family members who struggle to come to terms with and adapt to the effects of the drug problem on all their lives*'. Until the Home Office is able to provide a definition of harm for police services, ambiguity will prevent effective deployment of resources and measurement of performance. In order to focus resources the MPS will need clarity of definition, guidance and understanding of the role they play in tackling drugs both from an enforcement and prevention perspective. The MPS will also require clarification on the resources available as well as what level of involvement the MPS should have, particularly with reference to partnership working.

Recommendation 1: As a priority, we urge ACPO and the Home Office to agree a definition of harm.

29. The Government's interim report, *Tackling Drugs, Changing Lives*⁶², published in November 2004 summarised progress to date with the Updated Drug Strategy. The Updated Drug Strategy published in 2002 reflected on what had been learnt to date, citing prevention, education, harm minimisation, treatment and effective policing as the most powerful tools in dealing with drugs since the original strategy published in 1998. The current strategy outlines four main outcomes:
 - Reduce the availability of illegal drugs;
 - Prevent people from using drugs;

⁶⁰ RSA: Drugs: Facing Facts: The Report Of the RSA Commission on Illegal Drugs, Communities and Public Policy: March 2007 RSA:

⁶¹ *The impact on parents and siblings* by Marina Barnard on behalf of the Joseph Rowntree Foundation

⁶² The Home Office indicate *Tackling Drugs, Changing Lives* was an interim report on progress with delivery of the Updated Drug Strategy

- Reduce and rehabilitate existing users; and
 - Reduce drug-related crime.
30. The complexities of identifying and quantifying harm are reflected in the Government's Drug Strategy, whose objectives do not mention the issue of harm but are based on a more tangible approach to tackling drugs. The strategy emphasises the relationship of drug use to crime rather than health. The current calculations of the DHI appear to place greater emphasis on the harms drug use appears to have in relation to criminality and the impact on communities above the individuals' health. The RSA report suggests the current calculations used in the DHI reflect the bias towards criminality. It cites the use of DIP by the government as having the primary objective of reducing drug related crime through '*coercing into treatment*'.⁶³
31. The Home Office is targeting resources through DIP to tackle prolific and priority offenders (PPOs), by providing access to treatment (and therefore the demand for drugs), and reducing the impact they have on acquisitive crime. Home Office data also refers to problematic drug users (PDUs) but has not provided police forces with a definition for PDUs. This lack of definition means that in practice no data is collected in the MPS of the impact PDUs have on acquisitive crime or drug misuse in London.
32. The Home Office PPO Strategy has recently been evaluated and the findings indicate that 10% of the one million currently active offenders have three or more convictions and are responsible for up to half of all crime.

⁶³ Drugs: facing facts: the report of the RSA Commission on Illegal Drugs, Communities and Public Policy March 2007.

The MPS Drugs Strategy 2007

33. To date, the MPS has not had a meaningful and coherent drugs strategy that has driven activity within the organisation. Many officers we spoke to as part of this scrutiny highlighted this lack of strategy as a concern. The new MPS Drugs Strategy 2007/10 has two main aims, one focuses on reducing the harm related to drug misuse and drug related crime, and the second seeks to tackle the supply side by developing a comprehensive understanding of drugs within communities. This will enable the MPS to respond to community concerns regarding drug offences and reduce the negative impact that drugs have in local neighbourhoods. The strategy also reflects Home Office PSA priorities in relation to increasing access to treatment particularly for PPOs.
34. The two main aims of the strategy will be delivered through seven objectives and an action plan. These seven objectives are:
- Tackling Class A trafficking;
 - Disrupting open markets – tackling blatant use in public places;
 - Closing crack houses/ Drug Premises;
 - Disrupting cannabis cultivation;
 - Arresting and diverting PPO drug users;
 - Working together in partnership – supporting communities; and
 - Seizing assets/disrupting funds.
35. As noted above, the overall focus of the strategy is to reduce the harm and disrupt the supply of drugs in London. However tackling drugs is only included in the joint MPA/MPS Policing Plan as part of the focus on tackling organised criminal networks. There is no mention of drugs specifically in the Critical Performance Areas⁶⁴. Success in the MPS is measured using performance targets, so without appropriate priority, tackling drugs may become secondary to existing performance requirements.
36. The link between organised criminal networks and drugs is acknowledged in both the Policing Plan and the MPS Drugs Strategy. Whilst interdependencies that exist between drugs and acquisitive crime, gangs, prostitution, guns and organised criminal networks are well known, these links are not reflected in the current Home Office strategy or the MPS Drugs Strategy and Delivery Plan. Whilst each one of these areas of work is covered within the MPS it is not clear how they are co-ordinated corporately to ensure consistent and effective links to the Drugs Strategy. SOCA has begun to develop programmes to integrate these interdependencies, which may provide a template for the MPS.
37. The strategic management and co-ordination of the MPS Drugs Strategy is led by the Serious Crime Directorate (SCD). However, the majority of resources and local delivery is provided by Territorial Policing (TP). The success of the MPS strategy is therefore dependent upon effective communication, access to appropriate intelligence and agreed prioritisation of objectives between these two key business groups. Whilst some officers agreed corporacy within the MPS was improving, others indicated there were still considerable parts of the organisation working in silos, both in terms of policing and intelligence. Meaningful performance indicators would help the

⁶⁴ Policing Plan: criteria for measuring performance and success against annual targets.

cultural change required within the MPS to tackle drugs as an element of mainstream activity.

38. The cultural change required by the MPS includes its attitudes towards multi-agency working and the role it plays within partnership work, particularly in relation to education, enforcement and treatment. During this scrutiny we surveyed borough commanders to find out how the corporate commitment to drugs was cascaded to a local level. The findings highlighted the lack of performance targets in this area and confirmed the culture of *'what gets measured gets done'*. A minority did place significant importance on tackling drugs locally but this was either because of specific local concerns or CDRP commitments. The CDRP questionnaire also indicated that these partnerships play a much more significant role in funding initiatives and tackling drugs and anti-social behaviour than the delivery plan would suggest.
39. Establishing an understanding of the drugs picture locally has been identified within the MPS Drugs Strategy, but it is not clear how this information will be disseminated to ensure it is most effectively utilised. CDRPs that are also likely to be involved in case management of local PPOs, for example, may benefit from information sharing at this level.
40. Whilst there is reference within the MPS Drugs Strategy to the part *'key partners'* have to play, there is no indication whether the strategy will be linked into the strategies of these key partners to ensure consistency. It is also not clear in the Delivery Plan whether these partner agencies have made commitments to support the strategy or how objectives will be tasked, managed and co-ordinated between partners. The MPS Drugs Strategy needs to avoid inconsistency particularly for local delivery where borough commanders may be provided with conflicting priorities from corporate MPS and the CDRPs or Local Area Agreements⁶⁵ they are linked to. This finding was underpinned by the feedback we had from our workshop event.
41. During the course of our investigations, MPS officers and other partners raised concerns about the lack of agreed definitions in this area, e.g. there is no clarity on what constitutes an *'open drugs market'* or a *'drug related crime'*. Successful implementation will be partly dependent on an agreed and widely understood set of definitions. We urge the MPS to take this forward as part of its strategic development.

Recommendation 2: The MPS Drugs Strategy needs to better articulate the relationships between CDRPs/DATs and the MPS to ensure that is a clear understanding of the roles and responsibilities of key partners and that shared priorities are established.

Recommendation 3: The MPS needs to determine, agree and disseminate a set of definitions underpinning their Drug Strategy such as *'open drugs markets'* and *'drug related crime'*.

⁶⁵ LAAs set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) it also includes other key partners at the local level.

42. The MPS emphasis on Class A drugs has been criticised by some contributors to this review, who were concerned about the lack of focus on, for example, cannabis consumption and the impact of poly drug use. We were told by partners in the criminal justice system, such as magistrates about their concerns over increasing levels of crime being driven by cannabis use as well as crime as a result of its use. This is supported by the latest GLADA report. The MPS will need to investigate whether these performance trends are supported by crime data and develop appropriate responses where necessary.

Recommendation 4: We recommend that the MPS facilitate a wide-ranging study aimed at assessing the relative harm caused by cannabis and poly drug use (particularly with regards to young people) and, where necessary, changes should be made to the MPS Drugs Strategy and Delivery Plan.

43. MPS Officers indicated the need for consistency in tackling the harm caused by illegal drug use. Most problematic drug use starts as recreational use. Dealers often used the same supply lines. Therefore, there was benefit to tackling recreational use – as one contributor put it, '*there is a blood trail leading all the way back to Columbia*'. Recreational drug use by celebrities reinforces and perpetuates the supply lines and gives the appearance of acceptability for this sort of drug use. The MPS needs to challenge this double standard. The message given out by the Commissioner that celebrities are not above the law in respect of drug use needs to be reiterated. Consideration needs to be given as to how this can be incorporated into the current strategy.

Recommendation 5: The MPS Drugs Strategy must reflect the need to address recreational drug use.

44. Challenges to open market dealing or supporting communities in tackling drug problems are given a high priority within the new strategy. Public perceptions are significant factors in evaluating police performance. However, officers indicated that responses to Safer Neighbourhood Teams (SNT)⁶⁶ local surveys suggested public perceptions were often contradictory. Drug taking was not always seen as a crime though drug dealers were considered to be criminals. Anti-social behaviour was often associated with drugs by the public, although in reality there is little firm evidence to support this perception.
45. It is important to note that in practice, recorded drug offence figures reflect police activity rather than the true incidence of drug crime, and improved drug policing can make drug crime figures 'rise', clashing with public perceptions of improved safety. This is also in conflict with the overriding PSA target of reducing recorded offences. While measuring performance and effectiveness using public perception will indicate the impact on public confidence, robust performance targets are needed to enable identification of the impact to supply chains and levels of demand.

⁶⁶ Safer Neighbourhood Teams: Safer Neighbourhood Teams operate comprising 1 Sergeant, 2 Constables and 3 PCSOs in every ward of every borough in London.

Understanding MPS Performance In Relation To Drugs

46. At the start of our scrutiny we set out to build a picture of performance across London in order to understand what strategic response was required to address the drugs problem successfully. Our findings show that developing this picture and using it to develop appropriate drug targets is highly complex. The MPS Drugs Strategy and Delivery Plan does attempt to develop indicators against which to measure success. However, there is some way to go in developing indicators that will demonstrate the short, medium or long term impact of this strategy. This is in part because it is very difficult to quantify the drugs problem in London in a way that allows effective performance monitoring over time.
47. When developing a picture of drug activity across London, we talk about crime at three levels. At one end of the spectrum, (level1), there is the low level locally based drug dealing and drug-related acquisitive crime that is dealt with on borough by local police. At the next level, level 2, there is the cross borough, more sophisticated drug crime that tends to be related to organised criminal networks. Finally, at level 3 there are the serious and organised supply networks that can only be tackled in partnership with other agencies such as HM Revenue and Customs (HMRC) and SOCA.
48. We know that approximately 50% of acquisitive crime is drug-related. Data is available on specific drugs activity such as arrests for possession, dealing and trafficking. We also know that approximately two thirds of the organised criminal networks targeted by the MPS deal in drugs. Clearly, drugs play a significant factor in crime in London.
49. During the course of our review MPS officers indicated that at level 1, drugs are predominantly tackled as a by-product of other crimes through the use of trigger offences (acquisitive crimes such as burglary and vehicle theft). This is because those crimes have performance targets and are therefore a priority on borough, but, also because it is not always possible to determine whether the crime was drug-related. Officers also highlighted there was little cross borough co-ordination causing gaps in the intelligence and performance picture.
50. As noted above, in respect of specific drug activity it is not possible to quantify the size of the problem, as in practice, recorded drug offences are only a reflection of police activity not the true incidence of drug activity. Additionally, we were told that there is a perverse incentive not to directly address drug activity, as it can lead to increased crime levels in a local borough. This has negative consequences for the overriding targets to reduce crime and increase public safety (and the public's perception of safety).
51. We asked senior officers to outline the drug related objectives and measures currently in use within the organisation and found that there were very few, mainly for the reasons outlined above. We also asked borough commanders how they prioritise and tackle drugs in their locality but found that inconsistent emphasis was put in this area because of the lack of direction from above. There was no incentive to tackle drugs and could sometimes be discouraged, for lack of impact on existing targets. We were also told that seizures in boroughs are not reflected in their performance figures given the focus on volume crime reduction and investigation. However, they also told us that drug use was an issue for their boroughs, therefore in order to ensure success the new Drugs Strategy must be underpinned by targets and objectives that can be operationally delivered at a local level.

52. During our investigations we asked contributors how performance could be measured. We also considered approaches developed by other police forces, both domestically and abroad. It is clear to us that this is a highly complex area, and if targets are too rigid, the fluid nature of the local drugs market may not be adequately reflected. It was also clear any performance framework should address the reduction of both demand and supply.
53. Any performance measurement regime needs to be flexible enough to allow comparison both over time and between different parts of the organisation, and also to reflect local activity/need. The development of SNTs provides an opportunity to develop a much more comprehensive local picture than has been possible to date. Teams, (who are tasked to develop ward profiles), are supported by analysts. This, combined with the wider intelligence profile available through the Met Intelligence Bureau, should allow borough commanders to identify their local priorities and targets, from a basket of centrally agreed indicators that recognise the needs to tackle both supply and demand e.g. Class A seizures, crack house closures, referrals through DIP into treatment. Additionally, targets should reflect the need for longer term problem solving in this area, recognising reducing demand cannot be solved overnight.

Recommendation 6: The MPS needs to develop a performance framework that highlights the importance of tackling drugs and drug-related crime at a local level, but allows sufficient flexibility so that borough commanders can focus on locally agreed priorities

54. During the course of our scrutiny MPS officers indicated their frustration at the absence of a systematic approach for cross borough working to tackle drug misuse and drug-related crime at levels 1 and 2. We were also told by MPS officers that drugs could be found in every ward of every borough.
55. Strategic direction is required at an operational level for a systematic approach to tackling drugs, with one respondent suggesting that “unless MPS targets relating to drugs were ‘SMART’⁶⁷ with an owner and an accountability process, it is unlikely that anything meaningful will be done or achieved.”⁶⁸ While the MPS is responsible for providing corporate direction to ensure operational delivery, we recognise that the MPA should be responsible for driving the development of appropriate performance measures and targets and for prioritising drugs in the policing plan.

Recommendation 7: Over time, the MPA and the MPS need to recognise the impact drugs have on overall crime by ensuring that appropriate priorities and objectives are reflected in the annual Policing Plan supported by targets and measures for success.

⁶⁷ SMART: specific, measurable, achievable, relevant time-related acronym widely used for setting goals.

⁶⁸ MPA questionnaire to borough commanders on issue of drugs see appendix B of this report

Delivery

56. Although there is no strategic focus on drugs, there is considerable activity within the MPS. This ranges from tackling low level or borough based activity such as Class A trafficking and supply, disrupting open drugs markets and closing cannabis factories. Activities relating to tackling drugs at a local level also involve working in partnership with local authorities, health services and other agencies through CDRPs, Local Area Agreements and SNTs to close crack houses and tackle drug related anti social behaviour.
57. Cross borough (level 2) and MPS activity in relation to drugs is conducted principally through the use of the Middle Market Drugs Team (MMDT)⁶⁹. The MPS SCD also plays a major role in supporting this activity with services such as:
- SCD3(3) Controlled Drugs Inspectors (CDIs) frequently tackle level1 drug issues (e.g. diversion of prescription drugs into illicit drug market, addicts database).
 - SCD7(2) Projects Team, SCD7(7) Central Task Force (CTF) and SCD7(8) Middle Market Drug Project (MMDP) operates at level 2 and in some cases level 3 (in conjunction with SOCA).
 - SCD7(12) Serious and Organised Crime and SCD10(4), which incorporates the Controlled Delivery Unit.
 - SCD7(4), Trident⁷⁰ and Trafalgar⁷¹ deal with organised crime - often results in numerous drug seizures.
 - SCD contributes targeted enforcement campaigns such as Crackdown.
 - SCD3(3) has the MPS DIP lead with an overview of intervention activity.
58. As indicated elsewhere in this report, drugs are often a driver behind other criminal activity. Another example of how the MPS needs to acknowledge the scale of the drugs problem is highlighted by the extent to which, drugs crime is addressed by Operation Trident (originally established to tackle gun crime within London's African-Caribbean communities). Although drugs feature as their second highest activity, it is not within their terms of reference. They do provide intelligence and support to other parts of the MPS where necessary, but it is not clear how each of the different divisions dealing with guns, gangs, drugs and organised criminal networks pool their intelligence to avoid silo working. Lack of coordination across the organisation is a missed opportunity for the MPS. A single coordination unit could focus delivery, assist and improve corporacy and communication between business units (this has already been developed in response to gun crime).
59. As noted above, the MMDT focuses on dealers and suppliers who work across borough boundaries. However, resources are limited and borough based officers expressed frustration as their access to these resources is limited by the need to prove the seriousness of the problem to the MMDT. The challenge for the boroughs is to evidence the extent of the problem, but without access to specialist intelligence and surveillance resources provided by MMDT do this. Initiatives aimed at disrupting supply can be resource intensive and do not always lead to convictions or asset recovery. The reality

⁶⁹ The Middle Market Drugs Team is joint initiative made up of some 60 officers and staff from its partner agencies; the Metropolitan Police Service (MPS), the Serious & Organised Crime Agency (SOCA) and HM Revenue & Customs (HMRC).

⁷⁰ Trident: MPS response unit to gun related activity occurring within black communities.

⁷¹ Trafalgar: MPS response unit to shootings I other distinct communities.

of limited resources for both the Borough Operational Command Unit, (BOCU)⁷² and the MMDT impacts on the ability of the MPS to tackle drugs effectively.

60. Level 3 activities are led by SOCA, which acknowledges drugs are a significant factor within organised criminal networks (their primary focus). Although SOCA is only recently established, the agency has mainstreamed tackling drugs within its work programme and is taking a knowledge-led approach to tackling serious organised crime. In practice this means developing an awareness and understanding of the nature, scale, and scope of the problem and producing a strategic response. It is beginning to develop operational working relationships with the MPS to enable better intelligence sharing and tasking but these will take some time to become effective. The MPS should consider developing an equivalent mainstreaming approach to tackling drugs.
61. We were told that SOCA's priorities are to combat the upstream heroin and cocaine trade, and to reduce the levels of synthetic and illegal drugs entering the UK. In practice they aim to do this by focusing on the 30 most dangerous criminal networks operating in the UK. However, during our investigations it was not clear how the links will be made with MPS and whether these OCNs are currently also being targeted by the MPS.
62. Nevertheless, there is an acknowledgement of the need for greater links between SOCA and the MPS, not least because London is a major thoroughfare for drugs in the UK. An example of this acknowledgement is the is the co-ordinated approach provided by the MPS and SOCA to support the ACPO driven Operation Keymer, which was established to tackle cannabis factories and supply. In this instance, the combined intelligence of the MPS and SOCA highlighted the key links to a number of Vietnamese criminal networks.
63. In recognition of the links between OCNs and street level dealing, Camden BOCU engaged with SOCA and others (e.g. MI5, the local authority and SCD) in a Home Office funded pilot 'Street Level Up Approach' (SLUA) aimed at tackling middle market drug dealing and supply.
64. The pilot was focused on Camden town and Bloomsbury. Their drugs analyst identified that figures for acquisitive and volume crime were higher than the rest of London. The SLUA approach is highly complex and it required significant cross agency working and a reliance on tactics usually reserved for serious and organised crime. It was also very resource intensive. Funding for this initiative was provided by the Home Office and at one point nearly half the staff at Camden BOCU were involved. The borough also had to maintain all other targets during this period. As a result of SLUA Camden experienced an 18% reduction in overall crime and 20% reduction in minor acquisitive crime (although it was acknowledged it was difficult to link cause and effect of this reduction). Officers also told us the SLUA initiative had a positive impact on the management of PPOs as they were able to offer, through key partners, more substantial support packages than are usually available. Although the drugs market did return to Camden, it took a long time to re-establish itself. Public perception also improved as a result of the positive news coverage of the initiative.

⁷² BOCU: MPS basic street-level policing of London is carried out by 33 Borough Operational Command Units (BOCU), which operate to the same boundaries as the 32 London borough councils, apart from one which is dedicated to Heathrow Airport.

65. Although there were short term successes as a result of this initiative, it could be argued that it was very resource intensive and would not necessarily lend itself to being applied on a pan London basis. The initiative's impact was limited due to the short time frame of the project and because the focus was on disrupting dealers rather than tackling demand. We anticipate SOCA will develop this approach and make it available to a limited number of command units nationally each year, and this has been integrated into their work programme. Whilst we welcome this, we are concerned that it will not deliver long term results, as Camden has demonstrated.
66. Camden provided another example of good practice, this time involving neighbouring Islington BOCU. This worked well because it involved the local community. Operation Lilac was limited in focus, concentrating on a particular location across the boundaries of the two boroughs. The aim was to tackle cross border street level dealers by developing a community-based approach to tackling drug misuse and drug-related crime. Again, the project was time limited, with limited impact, although community feedback was positive. Less encouraging was the belief amongst those involved, that like many other projects and operations, it was dependent on the enthusiasm and resources available to borough commanders to see projects through. We were also told that because the focus was on the dealers the activity was displaced to other areas. In other words demand needed to be addressed too.
67. Concerns about displacement are often raised in evaluations of projects focused on drugs supply. Therefore it is crucial that any future models for targeting drugs supply consider the consequences of removing local supply chains.
68. A demand led approach has been developed by the Safer Sutton Partnership, although again we heard concerns about the consequences this has had for neighbouring boroughs. In this award winning approach, the focus is on DIP. Officers from the local authority work in the same building as MPS officers with plans for probation to be co-located. The partnership follows the 'Models of Care' approach to tackling drug misuse and drug related crime.⁷³ The approach adopted by Sutton means that all the stakeholders and partners involved are equally responsible for supporting delivery. We recommend that consideration is given to how this could be extended across all boroughs.
69. An example of an integrated co-ordinated and focused allocation of resources to tackle drug misuse and drug-related crime is the Phoenix Programme currently underway in the borough of Lambeth. It is unique in that it is driven by the voluntary and community sectors supported by the police, Lambeth Council, the MPA, and the Greater London Authority. It aims to develop and deliver a comprehensive life changing intervention programme. It has been designed to work specifically with young people who have been, or are at risk of becoming, involved in serious and violent crime. One of the factors under consideration in this risk assessment was drugs. The borough undertook some research and analysis to identify people considered to be most at risk. The interventions are delivered by the community-based projects in the borough, which have formed a consortium. The results of the first round of analysis of the programme have been released recently with some significant success.

⁷³ Models of Care for Treatment of Adult Drug Misusers sets out national frameworks for the commissioning of adult substance misuse treatment in England. Originally published in 2002, Models of Care outlined a four-tiered model for service delivery, with increasing levels of intervention..

70. We know that some boroughs put significant emphasis on addressing drugs activity and have highlighted some good examples above. However, it is noticeable that many of these are short term operations that require extra resources. Whilst this is laudable, it is not clear how these operations will deliver long term success in the fight against drugs. In particular we are concerned at how frequently we were told that displacement was one of the consequences of this high profile activity. A recent Joseph Rowntree⁷⁴ report suggests that, *'the sellers in our study were largely unaffected by the police, only half stated the police activity influences how they conducted their transactions'*.⁷⁵ The report goes on to indicate that sellers began to return to the area shortly after the temporary police efforts. We urge any future operations to consider as a priority how displacement and replacement can be minimised.
71. Focus on more long term solutions to tackle drug misuse and drug-related crime is required for sustainable impact to be delivered, intelligence to be gathered and appropriate evaluation to take place. Some MPS officers indicated that little or no analysis is undertaken by the MPS of such initiatives and projects to understand the impact or potential for further application. Some initiatives are Home Office instigated but this should not prevent the MPS from undertaking its own evaluation to understand more about the impact of their role and the cost effectiveness of the initiative.

Recommendation 8: In order to develop successful, sustainable mechanisms for tackling drugs and drug related crime. The MPS must undertake more detailed evaluation of pilot projects. Such evaluation should include cost effectiveness and transferability to other boroughs.

Recommendation 9: The MPS needs to develop enforcement strategies that address demand as well as supply so that drug activities are reduced rather than displaced.

Crack houses

72. Local distribution of drugs through crack houses was also highlighted as a key concern by many contributors to this scrutiny. Legislative changes now provide police and partners with wide-ranging powers to close crack houses and we found that most boroughs actively target them when they become aware of their existence. In 2005/06, there were 190 crack house closures,⁷⁶ 53 of which were in one borough (Haringey). We welcome this as we know that the use of premises in this way is extremely negative on local perceptions of police activity and on the fear of crime in local areas. The significance of crack houses is recognised in the new strategy and it is our hope that this will enable a more strategic and sustained approach to crack house closures.

⁷⁴ One of the largest social policy research and development charities in the UK, spending millions a year on, research and development to understand the causes of social difficulties and ways of overcoming them. The Report of the Independent working group on Drug Consumption Rooms 2006

⁷⁵ Joseph Rowntree report: Understanding drug selling in communities – insider or outsider trading? 2005

⁷⁶ Respect Unit: Home Office based unit is now monitoring numbers of closures but its initial figures of 177 for London to date seems very low and does not reflect the figures provided by the MPS who now collate closures on a ward and borough bases.

73. The MPS has indicated it is impossible to have a total assessment of the number of crack houses operating in an area at any given time. Intelligence suggests that suppliers are well organised and will shift from one location to another to avoid detection. We were told, for example, that suppliers often have three to four vulnerable users targeted, using intimidation and bribery (with drugs) to gain access to their properties and establish their businesses. Better intelligence is required to address this issue. SNTs are often a key source of intelligence, and we welcome any initiatives aimed at improving this. However, it did become clear, during our investigations, that SNTs were not always informed that their intelligence had been operationalised. In our view this is a missed opportunity, both in using teams to support closures (public reassurance and visibility patrols) but also to enable feedback to be provided to the community via the teams.
74. Experience has shown that cooperation with local partners is also key to success and Operation Crackdown in 2005 led to the development of many productive relationships with local authorities and housing associations. Home Office evaluation of Crackdown highlighted the need for the early involvement of social services to provide support, particularly where children and young people are involved. These relationships need to be developed with a view to developing long-term sustainable strategies aimed at reducing opportunities for crack houses to become established.
75. As noted above, much of the MPS focus on drugs is aimed at reducing demand and supply for Class A drugs. In our view this is appropriate, given the levels of harm caused by supply chain and as a result of the addiction. However, as noted above, there is increasing concern about the use of cannabis, particularly amongst young people.
76. It is not our intention to engage in a political debate about the merits of current legalisation in respect of cannabis. Our focus is on ensuring the MPS is working effectively in respect of current law and a number of issues were raised through the course of our scrutiny. Firstly, there has been a dramatic shift in the supply of cannabis in recent years. Now, over 60% of cannabis available in London is grown in Britain, compared to 10% ten years ago. Police forces have been extremely focused on closing these factories because of their links to organised crime and the public safety risks they pose (these factories are usually reliant on vast amounts of illegally obtained electricity).
77. Intelligence indicates that the number of new factories being established in London is gradually reducing (although there is a suspicion that house prices play a part in this). The MPS has employed a number of tactics, including the use of thermal imaging, training SNTs on how to identify potential factories, and engaging with landlords and electricity companies to build intelligence pictures. The MPS should be commended for this success but should not be complacent.
78. We have recommended elsewhere that the harm associated with cannabis is investigated and, if necessary, strategies are developed as appropriate. Most cannabis is now significantly stronger than it has been historically, and the consequences of this are not well understood. We are also concerned about the general lack of understanding of the legal status of cannabis – as a result of a reclassification in 2003, it became a Class C drug and possession is still unlawful. Nevertheless there is a widespread belief that it has been legalised. It is important that the MPS and others develop communication strategies aimed at addressing this myth, in order to minimise the potential for

conflict between the police and the public when police officers enforce the law.⁷⁷

79. The MPA has concerns about the disproportionate application of charging options in relation to individuals caught in possession of cannabis. Research carried out by the MPS drugs directorate shows that people of African-Caribbean origin are more likely to be charged with possession than their white counterparts (who in turn are more likely to be given a warning or caution). Further work is being undertaken to understand the reasons for this and the results need to be reported back to the MPA as a matter of urgency.
80. As recognised elsewhere in this report, police activity is often driven by targets. There was some concern during the course of this scrutiny that officers focussed on local cannabis users because of a need to improve sanction detections⁷⁸ and to increase the number offenders brought to justice, and that these offenders were 'low hanging fruit'. We found no substantive evidence to support this, and we recognise that any criminal activity has been dealt with appropriately. However, we recommend that regular analysis is undertaken to ensure that figures are not manipulated in this way.

Recommendation 10: As a matter of urgency, the MPA requests sight of the findings of the MPS investigation of the disproportionate use of disposals in relation to cannabis possession. A clearly timetabled action plan aimed at reducing any disproportionality is also requested.

Recommendation 11: The MPS undertake regular analysis of sanction detections and Offenders Brought To Justice (OBTJ)s to ensure that cannabis disposals are not being used to bolster performance.

81. The introduction of SNTs is widely recognised as a ground breaking development in local policing that has increased public reassurance and provided a mechanism for tackling issues of local concern that may otherwise have been neglected. Another positive outcome as a result of this development has been the access to huge amounts of community intelligence and the development of a better understanding of local priorities. For example, nearly a third of safer neighbourhood panels⁷⁹ have identified drugs as a local priority.
82. One of the key objectives of the Safer Neighbourhoods model is long term problem solving and we heard of some excellent examples of how local teams have helped tackle long standing problems in communities, using analysis provided by locally based specialist resources. An example is the work undertaken by local teams in Havering with key partners, which led to changes in the environment for local residents on estates in an attempt to eradicate anti-social behaviour, such as placing additional lighting in communal stairwells to prevent youths from congregating or leaving discarded needles. Another example is the work undertaken by Bethnal Green South SNT, which resulted in a 70% drop in those who feel concerned, or very concerned, about drug misuse near their homes, compared with a poll

⁷⁷ The Government information service FRANK could be utilised to support this objective.

⁷⁸ Sanction Detections: Appendix E of this report provides detailed MPS definition and criteria of what constitutes a sanction detection.

⁷⁹ Safer Neighbourhood Panels: Pan borough panel meeting to highlight generic issues of concern within wards and co-ordinate resources as well as feedback on initiatives.

carried out in December 2005⁸⁰. Provision of material in community languages was a key feature of this initiative. We also heard about the PCSO who, through engaging with local residents, identified how local crack dealers informed their clients of new crack houses. This led to the arrest of a local dealer following a surveillance operation.

83. Although SNTs have delivered some creative solutions to long standing local problems, care needs to be taken to ensure that problems are tackled in their entirety. For example, we heard about an initiative aimed at addressing local concerns about an open drugs market on a housing estate in south west London. A number of solutions were put forward including increased use of CCTV and targeted patrols. The overt drug dealing was dealt with, with positive feedback from residents. However, the dealers and their clients remain active in the area and it is more difficult for MPS officers to mount successful surveillance, as the dealing is no longer overt.
84. SNT also have an increased role in prevention work, particularly in schools with the integration of Safer Schools Officers (SSOs). The MPS has also developed a 'junior citizenship handbook', which is supplied to all children in their first year of secondary school. We were told that drug dealing in schools is given a major priority.
85. The Safer Neighbourhoods programme is still relatively new. Officers have indicated the training requirements have been substantial and it will be sometime before all team members receive specific drugs training. Training is not just an issue for SNTs. There is an ongoing need to ensure that non SNT based officers understand the benefits the teams can bring to the local policing model. Examples of good practice, such as the ones highlighted above, need to be developed and shared across the MPS.
86. Community engagement is an important feature of the model, as is the gathering of local intelligence. An ongoing challenge for the teams and for the MPS will be to ensure that local expectations are effectively managed. If residents do not see action being taken as a result of the information being passed to local teams, their willingness to engage long term will be damaged with consequences for public confidence and satisfaction in policing. We heard from a number of sources that although specialist analysts have been provided in all boroughs to respond to the increased intelligence, they had not been appropriately trained. We recognise that this situation is now being rectified.
87. Responding to the diversity within the local communities is crucial to ensure effective engagement and communication. Language is often seen as a barrier when dealing with local level drug use, not necessarily with the user, but for the parents of the users who are unable to communicate with the services available to provide assistance. This links into the impact that drug misuse and drug related crime have on the family of an offender or an addict. The MPS needs to ensure that officers are representative of the diversity of the community they represent and that sustained efforts are made to ensure engagement of hard to reach communities, particularly in relation to proactive, preventative initiatives around the impact and harms of drug misuse.

⁸⁰ Source: MPS:TP

Recommendation 12: The MPS must devise long term strategies for sustained engagement by Safer Neighbourhood Teams, which will target and focus on the young and hard to reach BME⁸¹ communities

Crime and Disorder Reduction Partnerships

88. As previously mentioned, many respondents indicated that CDRPs were seen as the driver for tackling local drug issues. This reflects the government's emphasis on partnership working to tackle drug misuse and drug-related crime. Including the community as stakeholders is empowering them to take the initiative towards improving their own environment. Priorities for CDRPs will be different to those of the MPS.
89. The creation and establishment of CDRPs has generated closer working relationship with local DATs. The Home Office has recently indicated its intention to bring the two together, although the timescale for this remains unclear.⁸² The focus on drugs in LAAs has meant that CDRPs have become much more sophisticated in their understanding of local drugs problems and their subsequent responses. Local multi-agency intelligence in relation to drug misuse and drug related crime is used to generate initiatives that address community needs. CDRPs are increasingly bidding for funds through LAAs for projects to tackle drug misuse, drug-related crime and anti-social behaviour. Much of this is focused on preventative and rehabilitation work with young people.
90. Feedback from partners indicated the relationship with the MPS in relation to drugs was inconsistent. On the one hand there was proactive support for local initiatives – at a local level, CDRPs were seen as the driver to identifying local priorities. However, we also found tensions in partner relationships with the MPS because police activities were so focused on MPS corporate priorities and performance targets. Examples included CDRPs that were frustrated by the inability of local BOCUs to contribute to their efforts to regenerate deprived areas, by focusing on long term crime problems (often involving drugs). This in turn limits the impact of truly partnership based sustainable initiatives to disrupt or eradicate drug misuse and drug-related crime.
91. The CDRP responses highlight the need for better use of intelligence and analysis by the MPS to understand the extent of the drug problem at a local level. Mapping information from local police officers, drug and outreach workers, caretakers, residents, housing officers and also health services will identify the extent of the problem, where it is taking place, who is involved and potentially the links to middle market suppliers. There was little confidence that the MPS was in possession of this intelligence or likely to apply it as a priority. MPS generated intelligence into local hotspot areas was perceived to reflect police activity rather than the true picture of local drug activity.
92. Communication between the MPS and local CDRPs was also highlighted as a concern. While information sharing of intelligence around PPOs was considered to be good, it was not as prompt as some other partner agencies. There was also no data provided by the MPS in relation to PDUs.

⁸¹ BME: Black and Minority Ethnic groups part of the 6 diversity strands used by the MPS to promote and ensure equality.

⁸² Since approx 2003 DATs and CDRPs have been required if not to be merged to be aligned to a great degree. This is likely to be further affected by the creation of Local Area Agreement Strategies – necessitating reconsideration of links between DATs, CDRPs and LSPs – the MPS plays a significant role in all of these.

93. Responses also highlighted the positive impact of SNTs in supporting local initiatives. Drug misuse is considered a cross-cutting issue linked to crime and disorder and therefore objectives to tackle drug misuse should reflect this connection.

Recommendation 13: The MPS must clearly identify how its work with local CDRPs supports its overall strategy to tackle drug misuse and drug related crime.

Prolific and other Priority Offenders (PPOs)

94. Government policy recognises that a disproportionately small number of individuals are responsible for a large proportion of crime and as a result it has established a national programme aimed at tackling their offending behaviour and, through that, delivering significant reductions in crime. Over time the MPS has become increasingly sophisticated in its ability to make the links between PPOs and drug use. Boroughs with the most successful approaches have good engagement with local partners. The Home Office intends to merge this scheme with DIP.
95. The MPA welcomes this move, given the acknowledged links between prolific offending and problem drug use, although we accept that a number of challenges remain. There are significant intelligence gaps, partly because officers are not required to complete the forms aimed at gathering the data, and analysis focuses on numbers rather than behaviours. Communication problems between partners were also cited as a problem. We also acknowledge that offending behaviour often predates drug use. A better understanding of this is required before appropriate responses can be delivered.
96. The programme is designed to be focused towards targeting prolific offenders rather than first time offenders. This focus does not reflect research, which highlights the need for early intervention. The MPS needs to consider how it responds to this finding.

Recommendation 14: The MPS needs to ensure an appropriate balance is maintained between focusing on prolific offenders with problem drug use and ensuring early intervention with first time offenders.

Drug Interventions Programme

97. The Drug Interventions Programme (DIP) is an important element of the Government's strategy for tackling drugs. It aims to provide a route out of crime and into treatment for drug misusing offenders. Their contact with the criminal justice system provides an opportunity to engage them in treatment and support. There are a number of elements to the programme including drug testing on arrest for key offences and compulsory referral for assessment.
98. Following the implementation of DIP, the numbers accessing treatment continues to grow. Waiting times for treatment in London are lower than the national average. On a national level 78% of clients entering treatment in 2005/06 remained in structured treatment for 12 weeks or more (length of stay is an indicator of success). The Home Office believe this is having a positive impact on acquisitive crime, citing the 20% drop between 2002/03 and 2004/05. DIP intensive boroughs such as Tower Hamlets do appear to

support assumptions that 50% of crime is drug related, but whilst there have been significant reductions in levels of acquisitive crime there has been no conclusive research to confirm to what extent this is directly attributable to DIP.

99. While Home Office analysis suggests DIP has been a successful intervention initiative, MPS officers have expressed concern at the limited range and quality of treatment options available. Many officers welcomed integration of DIP and PPO schemes in the long run to enable identification of better targets to support drug offenders.
100. It should be noted that DIP is a pan London initiative for which all boroughs receive funding and are required to make some provision for services providing drug intervention programmes. However, there are currently only 21 DIP intensive BOCUs in London (out of a possible 32).
101. Home Office funding would be required to extend the programme to all boroughs. We heard mixed views as to whether this would be appropriate, with concerns about whether there would be sufficient clients available to justify the expense. We were also told that some boroughs did not want to be labelled as having a drugs problem that required extra intervention. The MPS Drugs Strategy includes an aspiration to ensure all BOCUs are DIP intensive, but recognises the lack of funding in the short term. The panel recognises the effectiveness of DIP in reducing levels of acquisitive crime and developing a more integrated approach to dealing with offenders. We also acknowledge that the lack of a pan London DIP provision may have a detrimental impact on how the MPS is able to reduce the levels of acquisitive crime, and on the potential access to, and development of, information relating to cross borough drug misuse and drug related crime. Nevertheless, we recommend that some analysis is undertaken to assess the benefits of the extending the programme, including whether there is sufficient activity within the non DIP boroughs to justify the expense. Should such analysis indicate the need for further roll out, we recommend that the MPS lobby the Home Office for extra funds.

Recommendation 15: We recommend that the MPS evaluates whether, there is a business case to extend DIP to all 32 boroughs. If there is, we recommend that the MPA, together with the MPS, lobby the Home Office to ensure DIP funding is available in every BOCU.

102. The effectiveness of treatment was raised by some contributors to this scrutiny as a concern. Evidence gathered suggests there is a need for treatment providers to be better scrutinised for effectiveness, with more work around monitoring offenders and offending behaviour by various agencies in order to provide an understanding of what works best under what circumstances. The National Treatment Agency suggests that, *'full engagement of clients and their retention in treatment is key to achieving more positive treatment outcomes'*.⁸³ It goes on to state that, *'organisations and key workers who prioritise engagement have been shown to retain clients in treatment and achieve positive outcomes with service users considered to have a poor prognosis (due to the severity of their problems) or their lack of motivation to enter treatment'*. The MPA acknowledges that treating addiction is difficult and that reducing failure rates will continue to be a challenge.

⁸³ The National Treatment Agency for Substance Misuse research: 'Engaging and retaining clients in drug treatment.'

103. DIP is intended to create a more integrated approach to dealing with offenders. However, a concern expressed by some MPS officers was the lack of understanding that existed between the different agencies, for example, with offenders being sentenced to less than the minimum 12 weeks needed for effective drug treatment programmes.
104. Communication between probation, police and the courts in relation to PPOs being released from detention is another area that requires tightening, although improvements have been made recently.
105. There is a paucity of appropriate responses to the needs of crack users, black and minority ethnic users (BME) and women, and concerns about the lack of systematic understanding of their needs. It is also widely acknowledged that services may be particularly poor at engaging and retaining BME service users and that this issue must be addressed, not least in line with the requirements and the spirit of the Race Relations Amendment Act 2000. The *GLADA Highs and Lows 2* report indicates that many women perceive *'a lack of women only services as a reason why they do not access these services with mothers reluctant to approach drug services for fear that their children will be taken into care'*. Drug treatment services providing poor childcare facilities are also cited.
106. The feedback on the workshop event also suggested that community-based service provision was not supported by the police as much as it could be. Community-based and voluntary service providers have specialist skills and they also know the community and its needs. Participants felt this was not utilised as an opportunity by the MPS and suggested the police could even display cards or leaflets for these organisations within police stations to ensure services were made more accessible.

Recommendation 16: The MPS should consider how best to engage with community-based service providers within boroughs.

Intelligence

107. The overall aim of the intelligence process is to gather, evaluate, review and assess information to develop the linkages between different sources of information. This enables an interpretation of the problem or emerging trends to inform recommendations and action. Concerns about the inability of the MPS to provide a coherent mechanism for dealing with local drug issues were raised several times during the course of the scrutiny. Officers also indicated the size of the organisation hampered the development of effective mechanisms to evaluate and address level 2 or cross borough activity and displacement. At present MPS intelligence systems were not fit for purpose, and better tasking of existing analysts was needed, rather than more analysts, to meet the needs of the organisation.
108. Coordination of intelligence has historically been an issue for the MPS and the formation of the MIB, a MPS wide intelligence function aims to address this gap. During the course of our investigation we were told of a number of examples that highlight this concern:
- The difficulty, during long term proactive operations, in identifying displacement from one borough to another, so that appropriate action can be taken.
 - The lack of corporate awareness of intelligence methods;

- Verification of issues such as disproportionality in cannabis was hampered by an inability to undertake fieldwork. And
- The lack of budget to support fieldwork because it is not understood to be an aspect of intelligence activity.

109. While we welcome the development of the MIB and the benefits it will bring to policing in London generally, we remain unclear as to whether drugs will be treated as a priority within the new arrangements. It was suggested drugs were not a corporate priority due to a lack of understanding of where drugs fit into the criminal picture. Drugs need to be a corporate crime priority, with a dedicated drugs desk, for benefits to be achieved.

<p>Recommendation 17: The MPA urges the MPS to ensure the prioritisation of drugs within the MIB work programme</p>
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110. The MPS has made efforts to improve intelligence frameworks around drugs and drug-related crime with the creation of a Central Drugs Trafficking Database (CDTD). This has been funded by the Home Office and is based within the Drugs Directorate. It contains detailed information on drug trafficking crimes recorded in the MPS and aims to support the MPS and individual boroughs through the provision of intelligence products, such as strategic and tactical assessments, problem and subject profiles. The primary source for this data is the MPS Crime Report Information System (CRIS) records, although there have been concerns within the Drugs Directorate about the quality of information held on this system. In order to resolve this, the team is working with colleagues to improve the design, supervision, training and knowledge of CRIS.

111. We heard positive examples of how CDTD is providing support to other parts of the MPS, including Operation Trident and the Serious and Organised Crime Unit. It has profiled two boroughs and made links previously unknown to the police. While it is proving useful for strategic use across the MPS, it is not clear at present whether BOCUs will gain from the CDTD, as their own drugs intelligence is either too in-depth or inappropriate. The funding from the Home Office for the CDTD has now ended. However, there are plans to integrate it into the new MIB to ensure the benefits it can provide to the organisation can be maximised.

112. Officers at all levels have suggested that drugs intelligence could be improved by developing dedicated drugs teams at both BOCU and central level. Boroughs such as Lambeth and Camden were able to provide much more detailed knowledge and intelligence in relation to their local drugs problem because of dedicated drugs analysis. Using this approach the MPS can identify hotspots within boroughs where drug misuse and drug related crime is of particular concern. Links can be made to known PPOs and problem drug users. This would enable the MPS, and in particular, BOCUs to focus and target their resources in a much more effective way. Both Lambeth and Camden have also developed good information sharing protocols with local partners, such as probation and drugs workers, through effective DIP enforcement.

113. In developing the MIB, the MPS has found that there is no consistency in the way analysts are deployed, although there is consistent training. Communication and distribution of the intelligence reports was acknowledged by officers to be inconsistent. This in itself makes the intelligence ineffective.

114. Officers also supported the need to move to a harm reduction approach to generate long term solutions. More intelligence was needed to understand the impact of what has been achieved in relation to tackling drug supply and demand. Analysts also supported the need to shift the focus towards analysis of the impact of harm.
115. MPS officers suggested the lack of awareness at a corporate level of the significance of intelligence led policing was reflected in the focus on drugs and its link to criminality. Better intelligence and analysis of how the drugs market operates locally will enable the MPS to tackle other aspects of acquisitive crime that has not been pursued, for example fencing.
116. Another area that needs strengthening is the analysis of emerging threats. Methamphetamine, or 'crystal meth', has been highlighted as a key emerging challenge, both because of the addictive nature of the drug and because of the hazards associated with the production of it. There is significant learning from other countries that have experience of this drug, such as America, Canada and New Zealand. The MPS has reacted positively to the threat e.g. by ensuring it has a team of Chemical, nuclear, biological and radioactive material awareness trained officers. It is becoming more widely available on the club scene in London but intelligence gaps remain. Given the hazards of this drug, it is crucial these gaps are plugged.
117. While an MPS officer has been given the ACPO lead on Methamphetamine, current analysis of the impact it is having in London is based on comparison with other countries, and anecdotal evidence relating to a few addicts or users appearing for treatment indicating it is cheaper than crack and that the affects are longer lasting.
118. This lack of reaction to emerging trends by police forces is also reflected by ACPO, which suggests that forces do not consider tracking precursor chemicals to be a priority. There are no central or force based units specialising in tackling this activity. An ACPO report⁸⁴ recommends that forces develop further intelligence around identifying crystal meth usage, its manufacture and distribution, particularly in relation to the impact it can have on local neighbourhood policing. Training and awareness are also highlighted, as is the significance of the London club scene and its location as a central trafficking source. However, ACPO will need to assist forces, to change the priority currently given to tackling drugs particularly in relation to intelligence gathering and analysis.

Recommendation 18: The MPS undertakes a proper evaluation of whether dedicated drugs desks should be developed either in the MIB or within boroughs.

Forensics

119. On an operational level MPS Forensic Services (SCD4) contributes to drugs policing within the organisation by supporting enforcement and intelligence activity. Operational police officers are supported on a 24-hour basis at all levels of drug criminality through scene examination, photographic and

⁸⁴ ACPO Presentation: 2nd Annual Drugs Conference Manchester November 2006 – presentation on Methyl amphetamine (Crystal Meth)

fingerprint support. Additionally, forensic examination and analysis of items seized are either conducted in-house or submitted to forensic service providers.

120. We were told that a lack of corporate awareness, specifically regarding the significance forensics can have to tackling crime, and in particular drugs, was highlighted as a major factor in limiting MPS effectiveness. The MPS has firearms databases to link crime and identify offenders but has not established a similar one for drugs. This limits the MPS's ability to identify how drugs appear as a feature affecting other criminality.
121. MPS Officers suggested legislation enabling the immediate identification of drugs in custody suites, similar to current alcohol level tests, was needed to make the system more cost effective. We were told that because the MPS struggles to respond to changes in trends and demands, this delay limits the impact to organised criminal networks, particularly, in relation to the financial profitability associated with the drugs market.
122. We were told that there was a lack of corporate support for innovation and the development of resources to improve testing procedures and accuracy. As an example, we were told of the development by the MPS, in partnership with King's College, of a tool for in-house cocaine drug testing. A range of kits is currently being developed to cover the five most commonly encountered drugs of abuse. SCD4 approached the Home Office to incorporate this within the DIP programme but this was not pursued. Reasons for this were unclear.
123. Developing products, which will enhance intelligence capability and respond to changes in technology, is a necessary element of tackling the drugs market. The potential for the MPS to generate additional finances to develop the role of forensics through the marketing and production of these innovative products is another aspect not pursued.

Proceeds of Crime Act

124. POCA sought to incorporate pre-existing money laundering offences and asset recovery legislation into a more accessible framework to provide the police with tools to remove profits gained through criminal activity. It allows the police to apply for confiscation orders in relation to people who benefit from criminal conduct or have a criminal lifestyle. Even if a criminal conviction fails, assets can still be seized with the onus on the individual to prove that these assets are not the fruits of illegal enterprise. We were told that data collated in suspicious activity reports (SARs) made by financial institutions were now accessible to forces on a central database.
125. In July 2006 the threshold for cash forfeiture was reduced to £1000 (from £5000). The aim of this threshold reduction was to target street level dealers and low level borough or cross borough criminal activity, such as money laundering or drug dealing. Under this legislation officers are able to make seizures of cash for up to 48 hours after an arrest, by which time they must apply to the magistrates court for a forfeiture order. Prior to the threshold changes, applications for confiscations or seizures under POCA legislation were covered by the central magistrates' court division for London or crown court, depending on the nature of the application. Orders can now be obtained through any magistrates' court.

126. The members of Independent Advisory Groups IAG⁸⁵ responsible for monitoring MPS action at borough level have for some time suggested that there are a number of negative role models within local communities who appear to be financially profiting from involvement in street level or localised crime. The MPS has made specific reference to POCA legislation in their Drug Strategy and Delivery Plan in order to target borough based asset recoveries and seizures and more specifically these negative role models. We welcome the commitment to do this, but would like to see a specific plan aimed at ensuring all officers are developing an awareness of how this legislation can be used more effectively.
127. The scrutiny was also made aware of the concerns from local borough commanders and community groups that efforts to support local enforcement of asset recovery and seizures required community participation, but that the redistribution of the revenues gained through asset recovery did not appear to benefit these communities. The lack of reinvestment through these funds to support long term sustainable local projects designed to prevent or deter involvement in drugs, particularly for young people, needs to be addressed as the MPS develops its use of POCA. We recognise, however, that the focus on building financial investigation capacity within the organisation is a priority, as indicated in the current strategy.
128. The new MPS Drugs Strategy highlights the use of POCA, but does not make it clear how the MPS is going to communicate this development to other partners, particularly the criminal justice system. Magistrates will need to be aware of what the MPS is trying to achieve through use of this new legislation for it to be more effective. The probation service and other partners may also need to be consulted as the use of POCA may have an impact on other circumstances of the individual, such as housing or their ability to attend suitable treatment programmes.

Recommendation 19: The MPS needs to clarify how the priority on POCA in their new Drugs Strategy is to be implemented and assessed at borough level. This should involve a multi agency approach including magistrates, local authorities, housing services, probation, CDRPs/DATs and any other relevant support services.

Drugs Court

129. We have reported elsewhere on efforts to establish multi agency approaches to tackling drug misuse and drug-related crime. Another initiative from central government to integrate services in tackling drugs is a pilot drugs court operating in Hammersmith.
130. The court has a resident probation officer, consultant addiction psychiatrist, representation from Narcotics Anonymous and district judges and magistrates. The pilot is modelled on dedicated drugs courts operating in some states in America. The court has also procured access to hostel accommodation for some homeless drug users to assist in their rehabilitation and encourages participation in local educational services. The recent RSA report concluded that there could be benefits to using the drugs court process in the UK.

⁸⁵ IAG: Independent Advisory Groups who work with the Police to assist and challenge operational practice. Members attended an MPA Gun Crime Scrutiny workshop event, in 2005 highlighted this view as part of their contribution.

131. The drugs court structure aims to be less formal and intimidating, encouraging engagement and participation through continuity between offenders and the judge. The focus is on encouraging personal development and achievement not only in tackling drugs but through encouraging the individual. There is an appreciation of the underlying issues behind recurring or relapsing drug use and so training, employment and volunteering are encouraged.
132. The pilot drugs court does appear to be delivering results. Early indicators suggest the pilot would be a more cost effective, outcome focused approach than current enforcement strategies. However, it is not running at full capacity and we were told that local police were reluctant to endorse the concept. Whether or not this process can be duplicated to other courts is uncertain, but an evaluation is under way by the Ministry of Justice. Success may be down to the change in culture within the drugs court and the way it responds to and supports the offender through multi agency working.

Recommendation 20: The MPS examines with key stakeholders the finding of the pilot drugs court to assess how it can be applied to enhance more effective partnership arrangements to tackle drug misuse and drug related crime.

Education

133. Initiatives such as the pilot drugs court are opportunities to change and improve working practices, integrate services and develop a better understanding between partner agencies, of the differing priorities and techniques available to deliver services. Enforcement is one aspect of tackling drugs which many respondents to this scrutiny indicated came under the remit of the MPS. Preventative work to tackle the harms associated with drug misuse and drug-related crime is also necessary. But the extent to which the MPS should be involved in preventative work, particularly education, was debated at some length during this scrutiny.
134. According to the Department of Education website, *'All schools should have a drug policy which covers the content and organisation of drug education, the management of drug incidents, and meeting the needs of pupils. The policy should be developed in consultation with pupils, parents, governors and the wider school community'*. ACPO also suggests, *'Demand reduction will be achieved through treatment and harm minimisation programmes for misusers and drug education for young people and their parents and carers'*.⁸⁶ The MPS does target its drugs education in schools through the use of SNTs, (Safer Schools Officers are now linked to these teams), but their involvement in drugs education is usually at the invitation of the school and is therefore not universal. Responses received during this scrutiny have also suggested that whilst the MPS should participate in education programmes in schools it should be in conjunction with other partners, including health and local support services to provide a more holistic approach.
135. It was also suggested to this scrutiny that this could be enhanced by engaging with mentoring groups locally, as these groups tend to have a better understanding of local issues and are able to better engage with young people. Current educational information and material available regarding drugs and the harm they cause, concentrates on the personal health aspects. There is limited material aimed at young people to advise of the harms associated with dealing drugs. The negative or 'anti' role models involved in drug dealing seen by young people on local

⁸⁶ *A Review of Drugs Policies and Proposals for the Future: April 2002* - ACPO publication

estates do not appear to be open to challenge. Awareness of the legislation and the consequences may deter some young people from becoming involved in drug dealing or drug-related crime. This is a missed opportunity for the MPS⁸⁷.

136. The lack of investment by the government in youth services or alternative activities for young people has been criticised by several respondents as a contributing factor. Young people are likely to get involved in gangs, anti-social behaviour, and taking drugs when there is nothing else to do and no provision specifically focused towards young people. Some respondents suggested the government needed to have a holistic view of the factors behind involvement in drug taking, and address these issues to have a more sustainable approach to removing the demand for drugs.

Recommendation 21: The MPS should revise the prevention material aimed at young people, warning of the harms and dangers of participating in dealing drugs.

Recommendation 22: The MPS and partners should develop a more proactive, holistic approach to drug prevention.

Alternative Methods of Treatment

137. At the outset, we were clear about the scope of this scrutiny - we wanted to focus on areas where we could support the MPS to deliver tangible service improvements. Developing an understanding of successful alternative approaches to tackling drugs is an issue that does require much more investigation. While we have no intention of endorsing any of these approaches, we are aware that there is considerable interest in assessing the relative merits of the various experiences and options. Nevertheless, we accept that there is widespread drug consumption in London and it is therefore important to limit the social and personal harm this can cause. There is a need for a multi-agency approach to discuss and understand the potential application of alternative approaches to minimise harm.
138. During the course of our investigations we did test whether our partners were ready to consider such an approach. The Home Office statement below provides some context for the current Government approach to alternative treatment or approaches to tackling drugs;

- *'We do not believe the evidence overall currently supports a change in Government policy on the establishment of DCRs⁸⁸ for the consumption of **illegal** drugs as part of our range of harm reduction interventions. The establishment of such facilities carried significant risk of harm to local communities in terms of an increase in localised dealing, anti-social behaviour and acquisitive crime.*
- *We do not wish to introduce a new policy for which there is limited evidence of overall benefit, and which may be viewed as undermining our commitments and obligations on drug misuse prevention internationally and contravenes our own domestic laws under the Misuse of Drugs Act 1971*

⁸⁷ This area should be covered within the life skills and citizenship approaches advocated by Govt Departments. However this does not appear to be as systematic or as thorough as it could be.

⁸⁸ Home Office response to our draft findings includes reference to DCRs: Drug Consumption Rooms.

- *We do support the use of supervised consumption facilities for **legally** prescribed medications, including heroin. We have actively worked with the Department of Health and National Treatment Agency for Substance Misuse on developing services and facilities for the use of legal heroin. For the first time in England the injecting of pharmaceutical heroin is taking place in existing drug treatment services under the direct supervision of clinical staff, as part of a pilot programme.*
- *The aim of this work is to test different prescribing methods for doctors and to encourage the wider appropriate use of this form of treatment. The recruitment of drug users into the trial is due to be completed around July 2007 and the full analysis of data and evaluation of the trial should be completed early 2008.'*

139. For the MPS, the priority is to enforce current legislation (however old or outdated it might be). Under current legislation, (The Misuse of Drugs Act 1971) puts the focus on prevention of illicit drug use, concentrating on disrupting the supply of illicit drugs as well as reducing the harm they cause to the individual. However, the application or interpretation of this legislation has not always been clear. Whilst needle exchanges have been a central feature of Government drug policy, safe injecting rooms have, as yet, not been deemed acceptable by the Home Office. Regardless of the evidence or concerns over the effectiveness of either method, current legislation requires the police to consider both treatment options as condoning illicit drug use. The need to update legislation on drugs is a predominant theme of the RSA report. A multi-agency debate on alternative approaches would assist in raising awareness of the options available to tackle the harm drugs cause and influence the argument for more relevant legislation. Given that Britain now has the highest rate of drug-related deaths in Europe, the need for alternative approaches is even more urgent.⁸⁹

140. There have been efforts in the UK and abroad to utilise the alternative approaches available, but often these pilot projects are short term, under funded and have little inter-agency co-ordination for the long term benefits to be realised. There are needle exchange projects in a number of boroughs, and officers confirmed the needle exchange project in Tottenham Court Road (Central London) resulted in less drug-related debris but had attracted the heroin market. While research data is inconclusive, it does indicate that in some instances the use of needle exchanges has also led to increases in crime and drug dealing in the immediate vicinity.

141. The Joseph Rowntree Foundation⁹⁰ undertook a review of drug consumption rooms in 2006, which highlighted the barriers to implementation in the UK (this includes an analysis of the legislative barriers). The report suggests that these difficulties could be overcome through proactive multi-agency approaches to establishing specific frameworks of conduct within and around consumption rooms. It recommends that drug consumption rooms should be piloted within the UK with analysis of their impact to users, communities and the local environment. Public engagement was considered a vital aspect of successful implementation. We discussed the report with MPS officers during the course of our scrutiny. They were particularly concerned about how these could be policed, if at all.

⁸⁹ UNODC World Drug Report 2005 However Britain unlike a number of European countries makes much more effort to establish cause of death but figures do not take this into account or reflect this disparity.

⁹⁰ Joseph Rowntree: Report of the Independent working group on Drug Consumption Rooms 2006

142. There are other national or international experiences of initiatives aimed at tackling the drug problem differently including, for example, the liberalisation of drug laws in Zurich, which lead to significant reductions in new heroin users.⁹¹ An analysis of this development published in the Lancet⁹² reinforced the need for UK legislation to reflect the harm drugs cause to the extent that other European countries have. This included challenging the Government on resisting reforms such as the introduction of drug consumption rooms, (safe injecting houses for addicts). Several other countries have already set up such facilities including Holland, Germany and Spain. Access is usually controlled to over 18s and first time users are not permitted. Medical assistance is normally available in close proximity to the drug consumption room. DrugScope indicates that, *'The evidence from Switzerland, Germany, Australia and Holland suggests that they have real potential to bring down the number of drug related deaths as well as reduce nuisance to the public, by getting injectors off the streets'*. Research findings also show that drug consumption rooms are predominantly used by people over 30 and with a history of problem drug use (mainly heroin and cocaine) going back 10 years or more, and that many are homeless. Between 70% and 90% are men, except in facilities targeting sex workers.⁹³
143. Efforts in Amsterdam to tackle drugs are focused on the general acceptance of drug taking and on trying to limit the harm through controlling the access to, and location of, drug taking. Prostitution is high in Amsterdam and increased access to medical health checks and clean needles suggested a reduced health risk and exploitation of sex workers.
144. Turning Point suggests, *'heroin prescribing should be part of the mix of getting people to succeed in treatment. Experience abroad has shown that prescribing heroin helps to stabilise some users who have tried and failed with a methadone prescription and have been in and out of detox and rehab.'*⁹⁴ Where pilot attempts have been made in the UK, such as a clinic in South Maudsley Hospital, (established on the Zurich model), it appears there are not as many people participating in the pilot as anticipated. Reasons for this lack of participation will not be available until the project has been evaluated.
145. While it is not the intention or the remit of this scrutiny to endorse any alternative approach to tackling and treating drug misuse, the Panel has been provided with enough evidence to suggest that an open mind and further discussion on the alternatives available is required. Until legislation is changed specifically to enable such alternative treatments to exist, or open debate takes place on the multi-agency approach to tackling drugs, the police are placed in a very difficult position.

Recommendation 23: The panel recommends that further investigation of the findings of the Joseph Rowntree report on drug consumption rooms is required to assess the feasibility of such options to reduce the harm drugs cause to individuals and the community.

⁹¹ Article -Heroin: the solution published 2 June 2006 by Keremy Laurance, Health Editor The Independent

⁹² The Lancet 2007 - Development of a rational scale to assess the harm of drugs of potential misuse

⁹³ European report on drug consumption rooms, EMCDDA 2004

⁹⁴ The Independent Article: Heroin: the solution published 2 June 2006 by Keremy Laurance, Health Editor

APPENDIX A

Workshop findings

Mpa Drugs Scrutiny Workshop Event 20 February 2007

The workshop event was held at the MPA. Approximately 30 invited representatives from a variety of organisations attended, including the MPS, local authorities, Crime and Disorder Reduction Partnerships, local Drug Action Teams as well as voluntary and support groups with national and local delivery services.

The participants were divided into four groups to ensure there was diversity of representation within the groups, and they were asked to tackle the following three themes:

Theme 1: Is drug misuse and drug related crime given enough priority by the MPS? Particularly in relation to understanding the harm and impact of drug misuse and drug related crime on the individual and on the community.

The main issues highlighted in the discussion were as follows:

- In recent years there has been a massive change in both the nature of the drugs available and the quality. Drug availability: 'If you want it you can get it'.
- Need more knowledge on the exact extent of the problem. Need far more research on treatment agencies available around drug/ alcohol reduction.
- The impact and harm that drugs cause on the individuals include their physical health, financial circumstances through loss of job, getting into debt and causing feelings of being marginalised within the community.
- The psychological impact such as the damage that some drugs do to the individual's mental health but also to their relationships with their family and friends.
- The impact of drugs on the family is not recognised or acknowledged enough; the individual may become withdrawn or steal from the household, and the relationship becomes one of dependency or rejection.
- Potential for the MPS to provide specialists at police stations to work with families impacted by drugs.
- The impact and harm to the community includes dirty needles, public consumption in groups, high crime areas, dealers congregating, creating a critical mass (e.g. King Cross). Police Initiatives may cause temporary dispersal but it is always short term and the problems quickly recur.
- Some felt emphasis was on impact on the individual with not enough emphasis or priority on the impact drug users and their criminality has on others.
- There is a lot of community antipathy and anger towards drug users particularly, because they appear to be using young children.
- The impact on the community includes increased levels of fear, and break down community spirit. People consider drug users and dealers to be violent.

- Individuals don't like the fact that drug users and drug dealers are present in their community, but at the same time there is a reluctance to report them to the police partly for fear of reprisals, partly due to not wanting to appear a 'grass'. There is a perception of danger and fear, due to drugs being controlled by gangs.
- There is a lack of faith in the effectiveness of the criminal justice system in dealing with drugs and dealers.
- A need was identified for 'local champions' to provide information to the community and police around drug use within communities.
- There is a great deal of anger towards the media for portraying recreational drug use by some celebrities as acceptable, giving the wrong message to young people. Recreational drug use is bad and should not be seen as acceptable. Police should do more to tackle recreational drug use.

Theme 2: What is the MPS's role in tackling drugs and drug misuse?

- The primary role for the MPS should be enforcement through disrupting supply.
- The enforcement role needs to be more targeted on the high end of the supply chain to cause the most disruption to the drugs market.
- The MPS needs to provide a careful balance between harm reduction and crime prevention.
- The present priorities and activities of the MPS need to be more coherent, and consistent. The MPS currently lacks an integrated approach.
- Views expressed that the police still tend to see themselves very much apart from other organisations. Attitudes must change in order for improvements in communication.
- A member considered there to be far too many targets for police - this can have the effect of transferring focus from the job in hand to statistical achievement.
- Police focus on targets based on basket of 10,⁹⁵ no prioritisation around drugs. Sometimes it appears work undertaken on tackling drugs is dependent on the priority given by individual borough commanders.
- Cross-borough working needs to improve.
- Police need to provide a greater physical presence on the streets throughout boroughs.
- MPS arrest referral process is a very positive step based on target system. However, cannabis was not picked up by arrest referral process, which meant it was not taken as seriously as other drugs and should be.
- Prevention should not be the primary role of the MPS. The MPS should be supportive of the drugs services in the voluntary and statutory sectors, but not take the lead.
- Families do not know where to take information, related to things like 'crack houses' etc. Need confidence that the MPS will *"actually do something with the information and maintain confidentiality."*

⁹⁵ A list of the top ten priorities against which their performance is measured

Theme 3: Partnership working role for the MPS in tackling drug misuse and drug related crime.

- Partnership structures are in place at the borough level. However, there needs to be greater decision making connections between the senior levels and the front line.
- Partnership working is only as good as the contribution: there is a need for meaningful participation in DIPs, Joint Commissioning Boards, DATs / DAATs and other DIP based Intervention Programmes.
- It is often difficult to promote substance misuse work because communities do not wish the area to be blighted as having a 'drug' problem.
- Importance of early intervention.
- The MPS needs an internal Drugs Czar to give the issue of drugs greater profile and significance.
- Too many performance measurement frameworks track the short term and are not focused on the long term.
- Performance indicators need to focus on outcome measures.
- Better use of qualitative measures, such as fear of crime, in developing effective partnership working, and in contributing to meaningful performance standards and measures.
- A view expressed by commissioning organisations was not enough good quality police data is shared with other statutory, community and specialist partners. In particular what is known about individual perpetrators in the community, and whether they are prolific. There is no discussion with the MPS on what support these organisations could provide or help plan. A partnership approach to holistic local service delivery is required.
- Several references were made to the MPS's ability to quickly initiate and carry out projects, but concern not enough evaluation is done to ascertain the impact of such programmes.
- Restorative justice – need to be open about the role of the police.
- Alternative approaches to treating drug addiction include the use of controlled prescription for drugs, this usually very unpopular with the local community and the necessary clinics are often fiercely resisted. There are considerable problems with the prescription of heroin. Pharmaceutical heroin has a very short half-life and high therapeutic doses would be required, leading to frequent visits to clinics.
- Khat is becoming a considerable problem within certain communities (notably Somali). Not currently controlled under Misuse of Drugs Act 1971. Health risk to individual users. Khat it is also thought to play a part in many social breakdowns. Evidence of dependency developing with continued use.
- The recent Joseph Rowntree Foundation report looking at young people acting as 'drug runners' was cited as a reference. The report states that the 'gang' environment acts as a family for these young people and that though they may disengage from every aspect of mainstream life, they are very much engaged within the drugs market. Communities, including the MPS, need to tackle this attitude collectively for any progress to be made.

Due to the nature of the event and the issues discussed the MPA respects the need for some of the participants to retain their anonymity. We have therefore indicated the organisations or the boroughs that they represent.

MPA DRUGS SCRUTINY – WORKSHOP PARTICIPANTS:

Commander Allan Gibson

MPS lead on Drugs Strategy

Adfam
Barking and Dagenham
Camden
CERT
Cocaine Anonymous Public Information
Crime Reduction Initiatives
Dazl
Ealing
Ealing Primary Care Trust
Families Anonymous
Haringey BUBIC
Haringey
Lambeth CPGG
Narcotics Anonymous.
National Treatment Agency
New Roots
SIRI Mental Health Counselling org
Tower Hamlets Drugs Action Team
Tower Hamlets
Turning Point

APPENDIX B

MPA Drugs Scrutiny questionnaires and their findings

BOROUGH COMMANDERS RESPONSES:

A questionnaire was sent out to all borough commanders in the MPS. The responses received can be summarised as follows:

- There is no priority given to drugs in the MPS therefore boroughs are unable to give a priority to drugs work.
- Work on drugs at a local level is only undertaken if it is driven by the local CDRP, L AA or other community initiatives.
- The use of the DIP and 'trigger offences' has enabled local police to tackle drugs but this is not pan London and not proactive work.
- MPS concentrates on its basket of 10 priority targets. Drugs will not be dealt with until it is in this priority list. Current targets were not seen to be focusing management teams to tackle drug problems both corporately or at borough level.
- Drugs are acknowledged as having substantial impact on acquisitive crime and volume of crime in boroughs. However, it was indicated the predominant way drugs are tackled relies on the use of trigger offences. This means that drugs are tackled as a secondary issue, through testing individuals involved in volume and acquisitive crime and highlights the limited focus specifically on tackling drugs directly.
- Many boroughs had the intelligence to identify drug use as widespread across boroughs, operating on a number of different levels depending on the types drugs being sold and the geographical location they are sold from.
- Some boroughs had undertaken drugs profiles to have a much better understanding of the drug problem in their locality. Some acknowledged the problems of poly drug use and alcoholism.
- Focus on priority problematic offenders was predominantly seen to be driven locally through CDRPs and DATs but the MPS is getting more involved in this process.
- SNTs are seen as having a positive impact in supporting local efforts to tackle drugs.
- Borough commanders were able to provide significant information on crack houses and the negative impact they have on local communities.
- One or two boroughs indicated that the main issue was recreational drug use. Therefore the MPS priority given to tackling drug use was low, and was only focused around anti-social behaviour associated with such drug taking. It was also suggested that this involved a large number of very young boys and men.
- Many boroughs responded by indicating that Class A drug consumption, particularly crack cocaine or heroin, were the primary drugs used. Cannabis, particularly 'Skunk', is also linked to poly drug use. Alcohol was also strongly linked to drug use.

- Some borough commanders indicated the search for cannabis factories or farms in the effort to disrupt supply. However, most initiatives were driven as a result of partnership priorities rather than MPS priorities.
- Many borough commanders indicated that no analysis was undertaken at borough level of the drug situation unless conducted by partner organisations. Some had dedicated drugs analysts: Camden, Lambeth and Haringey. The data they were able to provide on local drug issues and concerns was much more sophisticated.
- Many, if not most, borough commanders responded by indicating that they did not have the resources to tackle drugs and would not be able to give tackling drugs a priority unless additional resources were allocated specifically for this task.
- Some borough commanders suggested that policing drugs should be a corporate objective but only because of its link to acquisitive crime, acknowledging that it is well known that most drug users fund their 'habits' by stealing other people's property. Policed in this way it fits in well with borough tasking for tackling burglary and vehicle crime.
- Many borough commanders indicated that they did not perceive tackling Level 2 or above to be within the remit of borough based delivery.
- Lower tier drug activity was seen by some borough commanders as not being given the corporate priority or resources needed to have appropriate action or effect.
- Some borough commanders indicated they were able to collect large levels of intelligence but unable to process or utilise it due to local resource limitations. Others indicated that they were unable to access corporate intelligence that would have been of benefit. Known drug dealers relocating their activities across borough boundaries are not picked up as quickly as they could if information was more promptly shared or accessible. Particular borough based initiatives which have cross borough significance are not always shared with neighbouring borough commanders.
- Borough based performance targets are driven by LAAs and other local partnerships.
- Some borough commanders were able to provide links between PPOs and PDUs. Significance of chaotic drug using offenders was also included as issue at local level. Most were very confident of their PPO scheme.
- Some borough commanders felt that there should be equal priority given to tackling the commodity and the individual. Others felt that priority should be on the commodity in order to disrupt supply. It was also suggested that tackling the commodity should be the focus of corporate MPS and other national organisations; BOCUs should concentrate on local issues to increase community reassurance. Tackling the individual is much more significant. It was also suggested that by tackling the individual you could also make some impact on the profits individuals are able to generate by supplying drugs at street level. Identifying those most damaging to the local community should be the priority.
- Access to central resources for support was seen as an issue by many boroughs. Some boroughs could not afford to pay for surveillance teams, limiting access even further. The system for getting access to corporate support was also considered to be very inaccessible and time consuming.

Many suggested that borough based delivery was not given a high priority and therefore not likely to get approval.

- Many saw partnership working as a positive aspect of local delivery but also expressed concern to ensure there was appropriate balance between enforcement and support activity.
- One borough was very upset at not being a DIP borough because it prevented valuable work and support that could be provided to tackle the individual drug user.
- Most agreed with the need for additional training in tackling drugs but linked this into partnership working at a local level.
- Not all BOCUs understood the changes in the Proceeds of Crime Act, they did not have the resources available to undertake the operations that would generate this income, and were not able to provide evidence to their local communities of the benefits gained from the seizures.

Respondents To Borough Commanders Questionnaire

Barking and Dagenham

Bexley

Brent

Bromley

City of Westminster

Croydon

Enfield

Hackney

Hammersmith and Fulham

Haringey

Hounslow

Islington

Kensington and Chelsea

Lewisham

Merton

Sutton

Tower Hamlets

Waltham forest

Wandsworth

Responses To Crime And Disorder Reduction Partnership Responses

A questionnaire was sent out to all CDRPs in London. The responses received can be summarised as follows:

- Many believed the merger of CDRPs and DATs was a positive move. Making it more focused, providing greater consistency and communication and avoided duplication.
- The merger also allowed for a more strategic approach to tackling borough issues. Planning was able to take into account short, medium and long term objectives in a more proactive way. Cost benefits are also gained, as is the management capacity for shared practices.
- Local CDRPs were seen as the driver to identifying local priorities. Drugs were often only tackled at a local level if the CDRP had made it a local priority. The relationship with the MPS in relation to drugs was inconsistent: on the one hand they were proactive in their support for local initiatives but at the same time it did not appear to be a corporate priority. Drug misuse is considered a cross-cutting issue that is intrinsically linked to crime and disorder and therefore objectives to tackle drug misuse do not have a theme of their own.
- Whilst communication with probation and other services, particularly through use of drug intervention programmes, was seen by many respondees as positive, communication with the police was not necessarily as effective as it could be, although things were starting to improve.
- Sharing of intelligence about PPOs and PDUs was considered a good thing. Again information from police was highlighted as not being as prompt as it could be to a number of the partner agencies. Improvements have been made: including electronic weekly updates provided to all partner agencies to improve communication.
- Some acknowledged there was a problem with partnership relations with the MPS in that all performance is related to the basket of top 10 priorities. Although the MPS acknowledges that these are drug fuelled, BOCUs are not required to put any intelligence or other resources into targeting the drug markets. This means that there is little direct activity to target the availability of drugs in the community. This lack of knowledge impacts on regeneration in certain deprived areas, limiting the impact of any sustainable initiatives to disrupt or eradicate drug misuse and drug related crime. However, you cannot tackle the drug markets if you do not understand how they work: time and money must be spent on mapping these markets by layering information from police officers locally, drug workers, outreach workers, caretakers, residents, prison intelligence officers, housing officers etc. It also requires linking into corporate MPS dealing with the middle markets and using any of this intelligence to inform localised action targeting key dealers or drug outlets.
- Targets and performance indicators for the MPS were noted to be lacking, however, it was suggested that if further targets or performance indicators were to be provided for the MPS they would need to take into account and reflect DIPs and National Treatment Agency performance management

frameworks to ensure there was consistency and synergy with all the related agencies working in partnership.

- Emphasis on MPS being target driven, therefore it does not perform effectively in relation to tackling drugs because it does not have specific targets in this area. Drug misuse was perceived to be a crime generator at all levels and the MPS needs to give adequate priority and resources to tackling this at all levels.
- Focus of central government appears to be on Class A drugs but at a local level the impact of Class C, especially cannabis, is not reflected. The impact of anti-social behaviour of cannabis consumption, often mixed with alcohol on local communities is significant.
- Some respondents noted the influx of eastern European communities affecting drugs issues locally. Some emerging trends in supply and use were being identified and attributed to this change in demographics.
- Hotspot maps generated by the MPS were seen by some to reflect police activity rather than a true reflection of drug activity locally.
- Most respondents felt that the MPS needed to have a balanced approach to tackling the commodity as well as ensuring the individual has access to treatment, as both were equally significant.
- It was also suggested that the MPS should focus on the crime triangle, the individual, the location and the victim. This may need to be monitored over time to provide information, highlighting movement in any of the three factors.
- Lot of effective focus on PPOs, but the MPS does not focus on, or have a definition for, PDUs. Therefore they do not undertake any intelligence on the impact PDUs have on local crime or anti-social behaviour.
- MPS targeting of identified PPOs has been effective.
- Some felt that DIP was very effective because it provided better data on PDUs. It also highlighted that the relationship between drugs and offending is more complex than the government appears to suggest.
- A proportion of PDUs will commit crime to support their use of illicit street drugs. If you can successfully retain those PDUs in treatment, and providing the necessary wrap around support e.g. housing, then you would expect to see a positive impact on their criminality. However, as the PPO scheme shows, this is a very transient group, so as you successfully engage with one PDU others become known/ active in the borough.
- SNTs were seen to have a valuable role in local drugs strategies.
- Generally the relationship with SNTs was seen as a positive one.
- The Proceeds of Crime Act (POCA) was considered to be a very positive measure. However, it was difficult to be positive about this facility unless some of the assets or funds seized were redirected to the local community. Getting access to these funds and assets was considered to be a resource intensive operation with little financial gain to be seen. Community safety and reassurance was also noted as a good motivator of use of POCA but funds need to be seen to come back to the community. Funds could be used to finance local anti-drugs campaigns.
- Whilst the DIP and PPO schemes have had some effect on reducing crime on an individual level, many respondents indicated more is required to work on prevention i.e. preventing young people and children becoming older

offenders. The media and the MPS have a role to play in this process, as do others with public responsibility. More informed coverage of the real issue of how best to deal with drug related crime. There is no single answer. This will take multiple strategies with multiple agency cooperation all working towards the same aims.

Respondents To Crime And Disorder Reduction Partnerships Questionnaire

Bexley Community Safety Partnership
Camden Borough Council
Ealing Community Safety
Enfield Community Safety
Hillingdon Drug and Alcohol Action Team
Hounslow Community Safety Partnership
Islington Drug and Alcohol Action Team
Newham Substance Misuse Partnership Board
Redbridge Community Safety Partnership
Safer Sutton Partnership Services
Westminster City Council

APPENDIX C

Contributors to the Scrutiny:

The panel would like to extend thanks to the following individuals and organisations for their formal and informal contributions to this scrutiny. As requested we have also been mindful of the need to protect the anonymity of some individuals and therefore indicated just the organisation they represent.

Home Office:

Vanessa Nicholls: Director: Crime and Drug Strategy Directorate (CDSD)

Steve Tippell: Acting Head of Drugs Strategy

Ian Martin: Head of Drugs Strategy Unit

MPS (Formal Evidence Provided)

Deputy Commissioner Paul Stephenson: Home Office National Policy

Assistant Commissioner Tim Godwin: Territorial Policing

DAC John Yates: Director of Serious and Organised Crime

Commander Allan Gibson: MPS lead on Drugs Strategy

Chief Inspector Steve Osborn: MPS lead on Drugs Intervention Programme

Detective Superintendent Paul Hoare: SCD3 Drugs Directorate

Detective Chief Inspector Ian Chiverton: (TP) Lead on Problematic Prolific Offenders

Chief Superintendent Mark Heath: Camden Borough Commander

Lucy Woolcombe: Camden Borough Command Unit

Gary Pugh: Director of Forensic Services

Roger Grainger: Forensic Development Manager: Forensic Services

Professor Betsy Stanko: Senior Advisor: Strategic Analysis

Zoë Adams: (SDC Drugs Directorate)

Det Supt. Martin Stevens: Safer Neighbourhoods

Dr Nina Cope: Director of Intelligence

Other Contributors

Bill Hughes: Chief Executive Serious and Organised Crime Agency

John Fassenfelt: Magistrates Association Chairman Youth Courts Committee

John Grieve: Chair Greater London Alcohol and Drugs Alliance

Roger King: Director of Crime and Drugs Division Government Offices for London

David MacKintosh: Policy Advisor: London Drug Policy Forum

Alison Armstrong: NHS Director: Mental Health, Prison Health & Substance Misuse

Lynn Bransby: London Regional Manager: National Treatment Agency

Martin Barnes: Chief Executive DrugScope

Harry Schapiro: DrugScope

Gareth Jones: Commissioning Manager Hillingdon

Darian Mitchell: Assistant Chief Officer London Probation: substance misuse

Pilot Drugs Court: District Judge Justin Phillips: District Judge Williams Senior
Probation Officer Jonathan Giles: Mrs Fox Magistrate: Rupert Potier Mediator: Dr
G Dhanani Consultant Addiction Psychiatrist
James Taylor: Camden (Street Level Up Approach Initiative)
Martin Seel: Regional Director Legal Services
James Toohill: Lambeth Community Police Consultative Group
Narcotics Anonymous
Cocaine Anonymous
Families Anonymous
Safer Sutton Partnership
Gosine Arsha: Crown Policy Adviser Prosecution Service
Laura Juett: Senior Policy Officer - Alcohol and Drugs GLA
Graham Lettington: Drug & Alcohol Strategy Manager Bexley
John Corrigan: Detective Superintendent Lambeth Borough Police

MPS (Support Information)

Chief Superintendent Stephen Bloomfield: TP lead on Safer Neighbourhoods
Ajoke Falase: Higher intelligence analyst (Drugs intelligence)
Detective Inspector Jason Ashwood: Controlled Drug Intelligence and
Inspection Unit
Alistair Fletcher: Strategic Analyst ACPO National Drugs Coordination Office
Simon Tee: Information and Planning Manager (SCD)
Ray Marshall: Performance and Information Unit (SCD)

Other Contributors

Melissa Wagstaff: MPA Research Analyst
Gemma Deadman: MPA Performance Analyst
Laura McCartney: MPA Administrator
Ruth Hastings Iqball: MPA Committee Administrator

APPENDIX D

Bibliography And List of Abbreviations

ACPO: Association of Chief Police Officers

CDRP: Crime and Disorder Reduction Partnerships: Statutory community based partnership

CDTD: MPS Central Drugs Trafficking Database: funded by Home Office.
Critical 13 Performance Indicators: top 13 priorities in policing plan

DAAT: Drug and Alcohol Action Team can be merged with DATs/CDRPS

DAT: Drug Action Teams can be merged as Drug and Alcohol Action Teams: responsible for the delivery of local drug services

DIP: Drug Interventions Programme: Home Office initiative providing a route out of crime and into treatment for drug misusing offender

DTTOs: Drug Treatment and Testing Orders (DTTO's) are legislated for within the Crime and Disorder Act, 1998 Section 89-95. This community disposal will be targeted at specific drug users engaged in offending with the expectation that there will be a reduction in both drug use and offending.

DrugScope: Independent organisation focused on policy around drugs.

EMCDDA: Monitoring Centre for Drugs and Drug Addiction

GLA: Greater London Authority run by Mayor of London

GLADA: Greater London Alcohol and Drugs Alliance

INCB: International Narcotics Control Board (INCB) is the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions, established in 1968

LAA: LAAs set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) it also includes other key partners at the local level. LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances.

MPA: Metropolitan Police Authority: independent authority responsible for overseeing the performance of the MPS: Metropolitan Police Service on behalf of Londoners

MMDT: The Middle Market Drugs Team is joint initiative made up of some 60 officers and staff from its partner agencies; the Metropolitan Police Service (MPS), the Serious & Organised Crime Agency (SOCA) and HM Revenue & Customs (HMRC).

MPS: Metropolitan Police Service

Methamphetamine: Chemically manufactured drug also known as Crystal Meth

OCN: Organised Criminal Networks

PDU: Problem Drug Users: Home Office term

PPAF: Police Performance Assessment Framework: measuring statutory performance targets for Police

PIB : MPS : Performance Information Bureau

PPO : Persistent Prolific Offender

Policing Plan: MPS plan for service delivery highlighting priority targets for policing.

PPRC: A committee of the MPA

RSA: Commission Report: Royal Society for the Encouragement of Arts, Manufactures and Commerce

SPI: statutory performance indicator: part of the PPAF statutory performance targets

PSA: Public Service Agreement: statutory targets focused on community reassurance. They set out the specific improvements that the Government wants to achieve and the performance indicators which will be used to measure progress. Each PSA is underpinned by a Delivery Agreement which outlines how improvements will be achieved, and who will be accountable for delivery.

SOCA: Serious and Organised Crime Agency

SCD: Specialist Crime Directorate: Directorate within the MPS

SMART: specific, measurable, achievable, relevant time-related acronym widely used for setting goals.

TP: Territorial Policing

UNODC: United Nations Office on Drugs and Crime Established in 1997

WHO: The World Health Organization - The World Health Organization is the United Nations specialized agency for health. It was established on 7 April 1948.

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APPENDIX E

Legislation and Definitions

MPS Definition for recorded crime and drug offences

DRUGS as % of Recorded Crime as at, 02 May 2007

Recording a crime: the police decide to record the report of a crime and now determine how many crimes to record as well as what their offence types are. The Home Office rules to police forces on the counting and classification of crime. These 'Counting Rules for Recorded Crime' are mostly straightforward, as most crimes are counted as 'one crime per victim' and the offence committed is obvious (e.g. a domestic burglary).

Drug Offences

92A Trafficking in Controlled Drugs

92C Other Drug Offences

92D Possession of Controlled Drugs excluding Cannabis

92E Possession of Controlled Drugs (Cannabis)

Source Doc:

<http://www.homeoffice.gov.uk/rds/pdfs06/hosb1206.pdf>

Crime in England And Wales 2005/6

Criteria applied to require drug testing of a suspect?

Section 63B of PACE 1984 (as amended by Section 7 of the Drugs Act 2005) provides for a sample of urine or a non-intimate sample to be requested by a police officer and taken from persons 18 or over in police detention for the purpose of ascertaining whether they have a specified Class A drug (heroin or cocaine) in their body if:

a) **The person concerned has been arrested or charged with a 'trigger offence'** (see below for list of trigger offences)

or

b) The person concerned has been arrested or charged with an offence and a police officer of **inspector rank or above**, who has reasonable grounds to suspect that the misuse by the person of any specified Class A drug caused or contributed to the offence has **authorised the taking of the sample**.

Under the Drug Interventions Programme (DIP), the sample taken is saliva. The test is conducted in the custody office. The result is available there and then and a positive test can be for cocaine, opiates or both.

Young People's drug testing takes place as part of a national pilot in three MPS boroughs, Camden, Newham and Southwark. People aged between 14-17 are drug tested after charge only for trigger offences to ascertain whether they have a specified Class A drug in their body.

List of Trigger Offences

1. *Offences under the following provisions of the Theft Act 1968 are trigger offences:*
 - section 1 (theft)
 - section 8 (robbery)
 - section 9 (burglary)
 - section 10 (aggravated burglary)
 - section 12 (taking motor vehicle or other conveyance without authority)
 - section 12A (aggravated vehicle-taking)
 - section 15 (obtaining property by deception)
 - section 22 (handling stolen goods)
 - section 25 (going equipped for stealing, etc.)
 2. Offences under the following provisions of the Misuse of Drugs Act 1971 are trigger offences if committed in respect of a specified Class A drug:
 - section 4 (restriction on production and supply of controlled drugs)
 - section 5(2) (possession of controlled drug)
 - section 5(3) (possession of controlled drug with intent to supply)
 3. *An offence under section 1(1) of the Criminal Attempts Act 1981 is a trigger offence, if committed in respect of an offence under any of the following provisions of the Theft Act 1968:*
 - section 1 (theft)
 - section 8 (robbery)
 - section 9 (burglary)
 - section 15 (obtaining property by deception)
 - section 22 (handling stolen goods)
 4. *Offences under the following provisions of the Vagrancy Act 1824 are trigger offences:*
 - section 3 (begging)
 - section 4 (persistent begging)
- Source: MPS – TP.

Drug Harms Index: Home Office On Line Report 2005 24/05

Ziggy McDonald, Louise Tinsley, James Collingwood, Pip Jamieson and Stephen Pudney

<http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr2405.pdf>

Measuring the harm from illegal drugs using the Drug Harm Index

The Drug Harm Index (DHI) has been developed to monitor the new PSA target to '*reduce the harm caused by illegal drugs*', which was agreed in the 2004 Spending Review.

The DHI incorporates the harms that individuals and society suffer due to drug-related crime, the health impacts arising from drug abuse, and the impact of drug use and dealing on communities. This is achieved by using readily available published data for each of the harms, which are then combined into a single-figure time-series index. The relative importance of each of the harms in the DHI is captured by the economic and social costs they generate.

Whilst the DHI is the primary measure for monitoring progress with the new PSA target, it is not the sole measure. The DHI will be considered alongside a 'basket' of other indicators, including the numbers entering treatment via the criminal justice system, estimates of the number of problematic drug users, and the total economic and social costs of Class A drug use.

Key points

- The Drug Harm Index captures the harms generated by the problematic use of any illegal drug by combining robust national indicators into a single-figure time-series index. The harms include drug-related crime, community perceptions of drug problems, drug nuisance, and the various health consequences that arise from drug abuse (e.g. HIV, overdoses, deaths etc.).
- The relative importance of each of the harm indicators in the DHI is captured by the economic and social costs that they generate. This follows from work to estimate the economic and social costs of class A drug use, published by the Home Office in 2002.
- From year to year, the change in the DHI will be due to the growth in the volume of harms (e.g. the number of new HIV cases or the number of drug-related burglaries) and the growth in the unit economic or social cost of the harms (e.g. the rise in the expected cost per new HIV case or the average victim cost of a domestic burglary).
- Interpreting changes in the DHI requires care, as it is a single measure that summarises much detail. Different categories of harm may evolve differently over time and no single index can fully capture this diversity. It is recommended that the DHI should be considered alongside a 'basket' of

individual indicators in order to determine which particular types of harm are becoming dominant, or are being moderated.

- The DHI does not capture all the harms that illegal drugs might possibly generate, but rather a subset of harm for which robust data are available. As such, this measure is an index indicating change over time, rather than an estimate of the absolute level of harm at any one time.
- Development of the DHI will be ongoing, as more data and information become available. By the time the DHI is used to monitor the new PSA target it is likely that the drug-related crime indicators will be revised (which might have some impact), and quarterly data will be incorporated. Work to further develop the unit costs of the health indicators and public nuisance is also ongoing.
- There are a number of harms that are not included mostly because they cannot be measured consistently or because of conceptual ambiguities such as academic research suggested links between problematic drug use and unemployment however it is difficult to quantify whether the unemployment came first or the problem drug use. Similarly the impact of illegal drug use on educational attainment, financial stability and homelessness are not captured. Nor is it possible using the DHI to isolate the impact of illicit drug use on productivity, absenteeism, social care services, and the children of drug users.

Criminal Lifestyle: Section 75 Proceeds of Crime Act 2002

The criminal lifestyle regime is based on the principle that an offender who gives reasonable grounds to believe that he is living off crime should be required to account for his assets, and should have them confiscated to the extent that he is unable to account for their lawful origin. The criminal lifestyle tests, therefore, are designed to identify offenders who may be regarded as normally living off crime.

The first test is that the defendant is convicted of an offence specified in Schedule 2:

- Drug trafficking
- Money laundering
- Directing terrorism
- People trafficking
- Arms trafficking
- Counterfeiting
- Intellectual property
- Prostitution and child sex
- Blackmail
- Acting as a gangmaster
- Inchoate offences

The second test is that the defendant is convicted of an offence of any description, provided it was committed over a period of at least six months

and he obtained not less than 5,000 from that offence and / or any others taken into consideration by the court on the same occasion.

The third test is that the defendant is convicted of a combination of offences amounting to "a course of criminal activity". The third test is more complicated than the other two. The defendant satisfies it if he/she has:

- (a) been convicted in the current proceedings of four or more offences of any description from which he/she has benefited, or
- (b) he/she has been convicted in the current proceedings of any one such offence and has other convictions for any such offences on at least two separate occasions in the last six years. In addition, the total benefit from the offences and / or any others taken into consideration by the court on the same occasion (or, in the case of (b), occasions) must be not less than 5,000.

The first test is based on the earlier drug confiscation, where conviction of a drug trafficking offence is always regarded as indicative of a criminal lifestyle (although the term itself is not used in the earlier legislation). The second test is new. The third test is similar to that in the earlier non-drug legislation, where an enquiry may be launched into benefit from a person's entire past criminal conduct (other than drug trafficking) where the person is convicted in the current proceedings of two or more offences from which he has benefited, or of one offence in the current proceedings and another one in the last six years. However, the number of triggering offences is greater in the Act because, under section 10, the application of the assumptions is mandatory where a criminal lifestyle is identified, whereas it is discretionary in the earlier non-drug legislation.

Proceeds of Crime Act 2002 Schedule 2 as amended LIFESTYLE OFFENCES: ENGLAND AND WALES

1. Drug Trafficking

- (1) An offence under any of the following provisions of the Misuse of Drugs Act 1971 (c.38)-
 - (a) section 4(2) or (3) (unlawful production or supply of controlled drugs);
 - (b) section 5(3) (possession of controlled drug with intent to supply);
 - (c) section 8 (permitting certain activities relating to controlled drugs);
 - (d) section 20 (assisting in or inducing the commission outside the UK of an offence punishable under a corresponding law).

- (2) An offence under any of the following provisions of the Customs and Excise Management Act 1979 (c. 2) if it is committed in connection with a prohibition or restriction on importation or exportation which has effect by virtue of section 3 of the Misuse of Drugs Act 1971-
 - (a) section 50(2) or (3) (improper importation of goods);
 - (b) section 68(2) (exploration of prohibited or restricted goods);
 - (c) section 170 (fraudulent evasion).

- (3) An offence under either of the following provisions of the Criminal Justice (International Co-operation) Act 1990 (c. 5)-
- (a) section 12 (manufacture or supply of a substance for the time being specified in Schedule 2 to that Act);
 - (b) section 19 (using a ship for illicit traffic in controlled drugs).
- 2. Money Laundering**
An offence under either of the following provisions of this Act-
- (a) section 327 (concealing etc criminal property);
 - (b) section 328 (assisting another to retain criminal property).
- 3. Directing Terrorism**
An offence under section 56 of the Terrorism Act 2000 (c. 11) (directing the activities of a terrorist organisation).
- 4. People Trafficking**
- (1) An offence under section 25, 25A or 25B of the Immigration Act 1971 (c. 77) (assisting unlawful immigration etc.) Nationality Immigration & Asylum Act 2002 Sch 7 para 31
 - (2) An offence under any of sections 57 to 59 of the Sexual Offences Act 2003 (trafficking for sexual exploitation). Sexual Offences Act 2003. Sch 6 para 46(2)
 - (3) An offence under section 4 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004 (exploitation). Asylum & Immigration (Treatment of Claimants etc,) Act 2004. Section 5(7)
- 5. Arms Trafficking**
- (1) An offence under either of the following provisions of the Customs and Excise Management Act 1979 if it is committed in connection with a firearm or ammunition-
 - (a) section 68(2) (exportation of prohibited goods);
 - (b) section 170 (fraudulent evasion).
 - (2) An offence under section 3(1) of the Firearms Act 1968 (c. 27) (dealing in firearms or ammunition by way of trade or business).
 - (3) In this paragraph "firearm" and "ammunition" have the same meanings as in section 57 of the Firearms Act 1968 (c. 27).
- 6. Counterfeiting**
An offence under any of the following provisions of the Forgery and Counterfeiting Act 1981 (c. 45)-
- (a) section 14 (making counterfeit notes or coins);
 - (b) section 15 (passing etc counterfeit notes or coins);
 - (c) section 16 (having counterfeit notes or coins);
 - (d) section 17 (making or possessing materials or equipment for counterfeiting).
- 7. Intellectual Property**
- (1) An offence under any of the following provisions of the Copyright, Designs and Patents Act 1988 (c. 48)-

- (a) section 107(1) (making or dealing in an article which infringes copyright);
- (b) section 107(2) (making or possessing an article designed or adapted for making a copy of a copyright work);
- (c) section 198(1) (making or dealing in an illicit recording);
- (d) section 297A (making or dealing in unauthorised decoders).

(2) An offence under section 92(1), (2) or (3) of the Trade Marks Act 1994 (c. 26) (unauthorised use etc of trade mark).

8. Prostitution and Child Sex

- (1) An offence under section 33 or 34 of the Sexual Offences Act 1956 (keeping or letting premises for use as a brothel). Sexual Offences Act 2003. Sch 6 para 46(3)
- (2) An offence under any of the following provisions of the Sexual Offences Act 2003- Sexual Offences Act 2003. Sch 6 para 46(3)
 - (a) section 14 (arranging or facilitating commission of a child sex offence);
 - (b) section 48 (causing or inciting child prostitution or pornography);
 - (c) section 49 (controlling a child prostitute or a child involved in pornography);
 - (d) section 50 (arranging or facilitating child prostitution or pornography);
 - (e) section 52 (causing or inciting prostitution for gain);
 - (f) section 53 (controlling prostitution for gain);

9. Blackmail

An offence under section 21 of the Theft Act 1968 (c. 60) (blackmail).

(9A) Acting as a Gangmaster

An offence under section 12(1) of (2) of the Gangmasters (Licensing) Act 2004 acting as a gangmaster other than under the authority of a licence, possession of false documents etc). Gangmasters (Licencing) Act 2004. Section 14(4)

10. Inchoate Offences

- (1) An offence of attempting, conspiring or inciting the commission of an offence specified in this Schedule.
- (2) An offence of aiding, abetting, counselling or procuring the commission of such an offence.

Proceeds of Crime Act 2002

Section 75: Criminal lifestyle

- (1) A defendant has a criminal lifestyle if (and only if) the following condition is satisfied.
- (2) The condition is that the offence (or any of the offences) concerned

satisfies any of these tests-

- (a) it is specified in Schedule 2;
 - (b) it constitutes conduct forming part of a course of criminal activity;
 - (c) it is an offence committed over a period of at least six months and the defendant has benefited from the conduct which constitutes the offence.
- (3) Conduct forms part of a course of criminal activity if the defendant has benefited from the conduct and-
- (a) in the proceedings in which he was convicted he was convicted of three or more other offences, each of three or more of them constituting conduct from which he has benefited, or
 - (b) in the period of six years ending with the day when those proceedings were started (or, if there is more than one such day, the earliest day) he was convicted on at least two separate occasions of an offence constituting conduct from which he has benefited.
- (4) But an offence does not satisfy the test in subsection (2)(b) or (c) unless the defendant obtains relevant benefit of not less than £5000.
- (5) Relevant benefit for the purposes of subsection (2)(b) is-
- (a) benefit from conduct which constitutes the offence;
 - (b) benefit from any other conduct which forms part of the course of criminal activity and which constitutes an offence of which the defendant has been convicted;
 - (c) benefit from conduct which constitutes an offence which has been or will be taken into consideration by the court in sentencing the defendant for an offence mentioned in paragraph (a) or (b).
- (6) Relevant benefit for the purposes of subsection (2)(c) is-
- (a) benefit from conduct which constitutes the offence;
 - (b) benefit from conduct which constitutes an offence which has been or will be taken into consideration by the court in sentencing the defendant for the offence mentioned in paragraph (a).
- (7) The Secretary of State may by order amend Schedule 2.
- (8) The Secretary of State may by order vary the amount for the time being specified in subsection (4).

**92A Trafficking in Controlled Drugs
 Classification (1 of 3)**

77/50 Manufacturing a scheduled substance.
 Criminal Justice (International Co-operation) Act 1990 Sec 12.

- 77/51 Supplying a scheduled substance to another person.
Criminal Justice (International Co-operation) Act 1990 Sec 12.
- 77/52 Failure to comply with regulations made by the Secretary of
State as regards documentation, record keeping, labeling etc.

*Criminal Justice (International
Co-operation) Act 1990 Sec 13.*
- 77/53-55,
59 Possession on a ship of a controlled drug
intended for trafficking:
77/53 - class A drug
77/54 - class B drug
77/55 - class C drug
77/59 - class unspecified
*Criminal Justice (International
Co-operation) Act 1990 Sec 19.*
- 77/56-58,
60 Carrying or concealing on a ship
a controlled drug intended for trafficking:
77/56 - class A drug
77/57 - class B drug
77/58 - class C drug
77/60 - class unspecified
*Criminal Justice (International
Co-operation) Act 1990 Sec 19.*
- 92/1, 3-5 Unlawful importation of a drug controlled
under the Misuse of Drugs Act 1971:
92/1 - unknown class of drug
92/3 - class A drug
92/4 - class B drug
92/5 - class C drug
*Customs and Excise Management
Act 1979 Secs 50(pt), 170(pt).*
- 92/2, 6-8 Unlawful exportation of a drug controlled
under the Misuse of Drugs Act 1971.
*Customs and Excise Management
Act 1979 Secs 68(pt), 170(pt).*
- 92/10-15,
19,20,
25-29,
93/59-60 Production or being concerned in
production of a controlled drug
(see table below for detail of individual
offence classification).
Misuse of Drugs Act 1971 Sec 4 (2).
- 92/30-35,
39-40, Supplying or offering to supply a
of controlled drug (see table below for

45-49, detail of individual offence classifications).
93/65-66 *Misuse of Drugs Act 1971 Sec 4(3).*

92/70-, Possession of a controlled drug
75, with intent to supply (see table below for
79-80, detail of individual offence classifications).
85-89, *Misuse of Drugs Act 1971 Sec 5(3).*
93/77-78

(extract from Home Office Counting Rules, April 2006)

Contact details

If you would like further copies of this report or information about this scrutiny, please contact:

Fauzia Ashraf-Malik
Scrutiny and Review Officer
Metropolitan Police Authority
10 Dean Farrar Street
London
SW1H 0NY
Tel 020 7202 0120
fauzia.ashraf-malik@mpa.gov.uk

Further information about the MPA can be found on our website: www.mpa.gov.uk