



## **MOPAC consultation on draft Police and Crime Plan 2013-17 Response from DrugScope/London Drug and Alcohol Network (LDAN)**

**March 2013**

### **Introduction**

1. DrugScope/LDAN welcomes this opportunity to comment on the Mayor's Office for Policing and Crime (MOPAC) draft Police and Crime Plan 2013-17. Our comments have a particular focus on the proposals for addressing drug and alcohol-related crime in London.
2. DrugScope is the national membership organisation for the drug sector and the UK's leading independent centre of expertise on drugs and drug use. We represent around 450 plus members and member organisations, predominantly (but not exclusively) voluntary, community and social enterprise sector (VCSE) agencies delivering drug and alcohol services, including many working with offenders.
3. LDAN is a DrugScope membership network providing support and representation for the substance misuse sector in London. It facilitates a bi-monthly pan-London forum for service providers in partnership with the National Treatment Agency's London team, as well as a quarterly Senior Managers Group. It is currently delivering two four-year London Councils funded projects on the issues of domestic violence and homelessness respectively and a Trust for London funded initiative to improve access to employment for people in drug and alcohol treatment. LDAN was a member of the Greater London Alcohol and Drug Alliance (GLADA) until it was discontinued in 2011 and provided secretariat support for the GLADA Joint Action Group for Alcohol in London (2009-2011). DrugScope incorporated LDAN in March 2009.
4. DrugScope is a partner in the Home Office funded Safer Future Communities (SFC) initiative, which is supporting VCSE organisations in England and Wales to work effectively with elected Police and Crime Commissioners and to contribute to reducing offending locally. (We are also members of the

London SFC network, which is facilitated by the London Voluntary Sector Council). DrugScope's Chief Executive is a member of the Ministry of Justice's Criminal Justice Council and the Association of Chief Police Officers (ACPO) Drugs Committee. DrugScope is a member of the Making Every Adult Matter (MEAM) coalition, in partnership with Clinks, Homeless Link and Mind. MEAM is influencing policy and practice for adults facing multiple needs and exclusions, including contact with the criminal justice system. (The MEAM site is at [www.meam.org.uk](http://www.meam.org.uk))

5. DrugScope's Director of Policy and Membership gave oral evidence to the GLA Police and Crime Panel at City Hall on 6 December 2012, with a particular focus on the Drug Interventions Programme (DIP). A full transcript is at <http://www.london.gov.uk/moderngov/documents/b7242/Minutes%20-%20Transcript%20-%20Appendix%201%20Thurs.pdf?T=9>

## **Background and context**

6. We welcome the Mayor's identification of 'smarter solutions to alcohol and drug crimes' as one of five priorities for cutting crime in London.<sup>1</sup>

### Substance misuse, offending and community safety

7. Effective interventions to tackle drug and alcohol problems in London will be critical if crime is to be reduced and community safety improved. Substance misuse contributes to those forms of offending that have the greatest impact on the public, including violent crime and offences such as theft from vehicles and bag snatches.
8. The National Treatment Agency (NTA) estimates the annual cost of drug-related crime in England as nearly £14 billion.<sup>2</sup> Most of this crime is committed by a minority of people with drug dependency problems to pay for drugs, with heroin, cocaine and crack users committing up to half of all acquisitive crimes, such as shoplifting, burglary, robbery, car crime, fraud and drug dealing.
9. The National Audit Office (2010) states that £1 invested in evidence-based drug treatment saves £2.50, particular in subsequent costs of drug-related offending.<sup>3</sup> The NTA states that drug treatment prevents an estimated 4.9 million crimes every year, with a saving of £960 million in costs to the public, businesses, the criminal justice system and the NHS.

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<sup>1</sup> We also note the important role of drug and alcohol services in delivering other Mayoral priorities, particularly creating 'a safer London for women' and helping 'London's vulnerable young people'.

<sup>2</sup> Figures from the NTA's 'Why Invest?' resource (2012) at <http://www.nta.nhs.uk/uploads/whyinvest2final.pdf>

<sup>3</sup> NAO (2010), 'Tackling Problem Drug Use' at [http://www.nao.org.uk/publications/0910/problem\\_drug\\_use.aspx](http://www.nao.org.uk/publications/0910/problem_drug_use.aspx)

10. The Government's Alcohol Strategy 2012 states that around 1 million alcohol-related violent crimes were committed in the UK in 2010-11 (44 per cent of all violent crime) with 24 per cent of the public identifying drunk or rowdy behaviour as a problem in their local area.<sup>4</sup> As well as the strains on the police and other criminal justice services, this puts severe strains on health services. Overall violence is estimated to cost the NHS £.2.9 billion a year, to which alcohol-related (and drug-related) violence will make a significant contribution (for example, the pressure on A and E Departments as a result of alcohol-related problems on weekend nights).<sup>5</sup>
11. The NHS (2012) explains that victims of violence 'may turn to alcohol or other drugs as a form of self-medication or coping mechanism'.<sup>6</sup> It also states that exposure to violence in childhood is associated with increased drug use and alcohol consumption and risk of developing substance misuse problems. For example, an analysis of data from the 2007 Adult Psychiatric Morbidity Survey in England concluded that 9.8% of drug dependence disorders and 7.0% of alcohol dependence disorders could be attributed to childhood sexual abuse.<sup>7</sup>
12. DrugScope has been researching the relationship between drugs and prostitution, and is currently completing a project funded by the Pilgrim Trust on service provision for women with substance misuse problems who are involved in prostitution. The Home Office consultation paper 'Paying the Price' (2004) suggested that up to 80 per cent of street level sex work in the UK was driven by the need to support drug dependency, and that as many as 95 per cent of outdoor sex workers were problematic drug users. There is therefore a clear link to the Mayor's strategy to address Violence Against Women and Girls.
13. Drug markets are a serious problem for many communities in London, with the presence of illicit drug markets being associated with nuisance and anti-social behaviour, increased risk of violence and the involvement of gangs.

#### The 'bigger picture' – planning, commissioning and delivery of services in London

14. MOPAC's ambitions for a safer London will depend significantly on the availability of evidence-based and recovery-oriented drug and alcohol services. It has only a limited budget to contribute directly to commissioning these services (see below) and will therefore be reliant on the decisions of

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<sup>4</sup> The Alcohol Strategy 2012 is at <http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy>

<sup>5</sup> NHS (2012), 'Protecting people, promoting health – A public health approach to violence prevention in England' at <https://www.wp.dh.gov.uk/publications/files/2012/11/Violence-prevention.pdf>

<sup>6</sup> Ibid.

<sup>7</sup> Ibid. The study cited is Bebbington P, Jonas S, Kuipers E, et al. 'Childhood sexual abuse and psychosis: data from a cross-sectional national psychiatric survey in England'. British Journal of Psychiatry 2011;199:29-37.

other London commissioners and strategic bodies during a period of fundamental change.

15. In particular, MOPAC will need to take account of:

- The abolition of the National Treatment Agency (NTA) and the transfer of its functions into Public Health England (PHE) from April 2013, including absorption of the NTA London Regional Team into the London region PHE centre;
- The removal of the nominal 'ring-fence' from the 'pooled drug treatment budget' and its absorption into the public health budget, along with other drug and alcohol funding (e.g. from PCTs);
- The increased role of London boroughs in planning and commissioning substance misuse services, with lead responsibility for drug and alcohol services transferring to Directors of Public Health employed by local authorities and a key role for Health and Wellbeing Boards (HWBs);
- The transfer of responsibility for prison drug and alcohol services to 'offender health' teams under the aegis of the NHS Commissioning Board.

16. DrugScope/LDAN members welcome the potential for more collaborative approaches to substance misuse that engage with the community at London borough level and address local issues, concerns and priorities. However, there are concerns about the potential for disinvestment in drug and alcohol services, particularly during a period of financial austerity. We note, for example, that while former substance misuse budgets will comprise a third (34 per cent - source NTA) of new local public health budgets, drug and alcohol treatment is only one of 17 public health responsibilities for HWBs.<sup>8</sup>

17. The impact on crime reduction and community safety is one of the key reasons for investment in drug and alcohol services and speaks directly to the concerns and priorities of Londoners (for example, on anti-social behaviour, violence and acquisitive offending). We therefore urge MOPAC to champion the contribution of our members and their services to a safer and healthier London within these new commissioning structures – for example, by engaging with HWBs in London boroughs and developing a collaborative relationship with the London Health Board at a pan-London level (for example, on alcohol policy).

### Drug offences and policing

18. The policing of drug offences places significant demands on police resources in London. In 2010/11, the London Region police forces (City and Met) made

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<sup>8</sup> See Annex A of Department of Health (2011), 'Healthy lives, healthy people – update and way forward' at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129334.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129334.pdf)

281,713 stop and searches where drugs were the reason for the search.<sup>9</sup> The number of arrests resulting from these searches was 17,417, with the London Region police forces making a total of 27,796 arrests for drug offences.<sup>10</sup> The total number of drug seizures by London Region police forces was 60,478. Of these, 7,700 were for Class A drugs, while 53,123 were for cannabis.<sup>11</sup>

## Comments on the MOPAC draft Police and Crime Plan

### Building on the Drug Interventions Programme (DIP)

19. DrugScope/LDAN welcomes the recognition in the MOPAC Plan of the contribution that DIP has made to reduction of acquisitive crime in the past decade. We note that Home Office figures for 2010-11 show that DIP:
- helped manage over 62,000 offenders into drug treatment;
  - led to 8,530 restrictions on bail requiring drug users to attend treatment;
  - led to 667 DIP conditional cautions diverting people from the criminal justice system and into treatment; and
  - ensured that 9,647 short sentence prisoners were picked up on release and managed into treatment.<sup>12</sup>
20. DIP has been discontinued as a nationally managed or mandated programme, with the future of DIP-style interventions a matter for local discretion, including in London. Former DIP budgets are no longer protected and are divided between Police and Crime Commissioners and Directors of Public Health.<sup>13</sup> We note that £12.8 million (60%) of MOPAC's Crime Prevention Fund for 2011-12 is former DIP funding.<sup>14</sup>

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<sup>9</sup> Home Office Stops and searches tables (Police Powers and Procedures England and Wales 2010/11) <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/police-research/immigration-tabs-q4-2011/stops-searches-1011-tabs>

<sup>10</sup> Source: Home Office Arrests tables (Police Powers and Procedures England and Wales 2010/11) <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/police-research/immigration-tabs-q4-2011/arrests-1011-tabs>

<sup>11</sup> Home Office Statistical Bulletin: Seizures of drugs in England and Wales, 2011/12 <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/police-research/hosb1212/hosb1212?view=Binary>

<sup>12</sup> Figures from Home Office 'Meeting the needs of offenders with a drug dependence' presentation at <https://www.wp.dh.gov.uk/recoverypbr/files/2012/06/Provider-event-cross-government-presentations.pdf>

<sup>13</sup> With PCCs holding about one third of former DIP budgets as part of their community safety fund (which will be absorbed into a single PCC budget from 2014-15) and Directors of Public Health receiving the remaining two thirds subsumed into their overall public health budgets. In e-mail correspondence (February 2013), the Home Office has confirmed to the SFC partners that 'The Community Safety Fund is un-ring-fenced, which means PCCs have total freedom to use it as they wish. However, the PCC role is much wider than just policing, and PCCs will be seeking to establish their wider crime prevention role. This is evidenced through the announcements many have made already on community safety priorities and ideas.'

<sup>14</sup> See MOPAC guidance at [http://www.london.gov.uk/sites/default/files/london\\_crime\\_prevention\\_fund\\_guidance\\_notes.pdf](http://www.london.gov.uk/sites/default/files/london_crime_prevention_fund_guidance_notes.pdf)

21. The MOPAC Plan states that ‘in those areas where there is still a problem with acquisitive crime stemming from opiate and crack use, funding will remain available to help boroughs maintain pathways into drug treatment. In other areas, the focus may be on alcohol-related violent crime’. The process for allocating MOPAC’s Crime Prevention Fund (CPF) is for each London Borough to apply for CPF funding, creating an opportunity to pool this resource with other budgets (e.g. public health) in order to develop services to address issues like substance misuse.<sup>15</sup>
22. DrugScope/LDAN supports this approach and the encouragement it gives to London boroughs to pool budgets, match-fund and develop integrated approaches to issues like substance misuse. We also welcome the clear intention to fund DIP-style drug and alcohol interventions in boroughs (including the inclusion of drugs/alcohol as the first of the five specific funding areas identified on the CPF application form).
23. However, while almost two thirds of the CPF is from former DIP funding, the MOPAC Plan guarantees only that ‘funding will remain available’ for DIP-style interventions. Depending on how proposals from boroughs are assessed and evaluated, this opens up the potential for disinvestment. Given the likely impact of disinvestment in DIP-style interventions on crime and community safety in London, DrugScope/LDAN believes it would be appropriate for MOPAC to have a designated budget for DIP-style interventions within the CPF (and future MOPAC budgets). This is compatible with London boroughs developing proposals that address their needs and priorities, and with a degree of flexibility about levels of investment. It would provide MOPAC with increased leverage across London over planning and commissioning in a policy area that is of critical importance for its crime prevention responsibilities and where key decisions will be taken at borough level.
24. Our understanding is that community safety funding will be absorbed into a single PCC budget from April 2014. We urge MOPAC to continue to identify and protect a distinct community safety pot, recognising the critical contribution of services such as drug and alcohol treatment to crime reduction in London.
25. We are aware that MOPAC will need to take account of the Ministry of Justice proposals for ‘Transforming Rehabilitation’, including the proposed introduction of new offender management services in 16 Contract Package Areas (with London potentially comprising a single Area) delivered

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<sup>15</sup> MOPAC guidance for London Boroughs on the CPF highlights ‘potential sources for supplementary funding’ (particularly with HWBs, where substance misuse is identified as a ‘cross over’ area). It explains ‘matched funding could also be obtained across public health, children’s services, adult care, housing and environmental services’.

independently on a payment by results basis, and with a particular focus on short-term prisoners and offenders in the community.<sup>16</sup> The 'Transforming Rehabilitation' consultation document suggests that Contract Package Areas should be aligned to Police and Crime Commissioner boundaries to promote co-commissioning and integration. As stated in our response to the Ministry of Justice consultation, DrugScope/LDAN is unclear how the various pieces of what is potentially a complex commissioning 'jigsaw' will fit together.

### Abstinence-based interventions

26. DrugScope/LDAN notes the focus on particular abstinence-based programmes in the draft MOPAC Plan. It says that 'MOPAC will look to impose enforced sobriety on substance-misusing offenders, combined with an intensive testing regime and a swift and sure punishment for those who fail to remain abstinent'. In particular, it highlights plans to pilot the Alcohol Abstinence Monitoring Requirement (AAMR) in the London Boroughs of Croydon and Sutton and to pilot a version of the HOPE probation programme pioneered in Hawaii. Offenders on the HOPE programme are subject to random drug tests and can expect immediate prison terms if they fail tests. Other treatment is available to help them to maintain abstinence.
27. DrugScope/LDAN would urge MOPAC to proceed with caution in piloting these abstinence-based approaches. It is important to distinguish between the role of the criminal justice system in requiring offenders to engage with drug and alcohol treatment (for example, the use of Drug Rehabilitation Requirements) and what are properly clinical decisions about the treatment needs of a particular individual. For example, while an AAMR may be appropriate for an offender convicted of drink driving or a public order offence as a result of a night of binge drinking, imposing an abstinence requirement would be literally life threatening for someone with severe alcohol dependency.
28. The MOPAC Plan does not define 'abstinence'. DrugScope/LDAN would be concerned if this was interpreted to exclude the use of medications to support recovery from drug dependency, including methadone and buprenorphine, and we assume that this is not envisaged. We welcomed the recognition of the continuing role for 'medically assisted recovery' in the Drug Strategy 2010 and the goal of a balanced treatment system. We note the conclusion of the NTA's expert group on recovery-orientated drug treatment (2012) that 'medication to support abstinence from illicit drugs will remain a necessary component of treatment for many but medication alone is unlikely to be

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<sup>16</sup> See <https://consult.justice.gov.uk/digital-communications/transforming-rehabilitation>

sufficient to support an individual achieving recovery. Neither is abstinence alone’.

29. Abstinence-based approaches are available and used within existing drug and alcohol treatment systems, including in residential rehabilitation settings, but as part of a structured care and treatment package. DrugScope/LDAN actively supports improved access to such support.
30. Relapse is a common feature of recovery from drug and alcohol dependency. From a treatment perspective, it is important to support and encourage people who experience relapse to continue on the path to recovery, rather than to punish or sanction them. In addition, people with drug and alcohol dependency will often have related problems that need to be addressed if they are to achieve abstinence in the longer term, such as mental health problems, a history of trauma or abuse and homelessness. For these reasons, the HOPE programme approach is not in our view suitable for offenders with drug or alcohol dependency, who would be better supported using existing orders to engage them with treatment, such as restrictions on bail, conditional cautions and Drug Rehabilitation Requirements. We note that the HOPE probation programme in Hawaii was primarily targeted at offenders using methamphetamines who had repeatedly violated parole.
31. In addition, abstinence-based orders (at least, in isolation) will not be appropriate for crimes where drug or alcohol use is only one of a number of factors contributing to offending behaviour. For example, while alcohol consumption often contributes to incidents of domestic violence it would be dangerous to conclude that the relationship is a straightforwardly causal one and that abstinence from alcohol will necessarily reduce the risk of further offending. Enforced sobriety could increase the vulnerability of the victim in some circumstances – for example, by contributing to a sense of grievance and frustration for which they are blamed.
32. DrugScope/LDAN does not oppose plans for piloting abstinence-based approaches in London - and is aware, for example, that there is independent evidence from the USA for the effectiveness of the HOPE probation programme. However, we believe these approaches should only be trialled for particular forms of drug and alcohol-related offending, and are unlikely to be appropriate for offenders with drug and alcohol dependency problems.

### Policing issues

33. The MOPAC plan asks what ‘could be done to address police performance and resource issues?’ DrugScope/LDAN would invite MOPAC to consider innovative approaches to policing drug offences in London, based on



evidence of effective enforcement strategies and targeting those offences that are of the greatest concern to the public.

34. We would support a review of the approach to the policing of 'lower-level' drug offences, particularly possession for personal use. Research from the Joseph Rowntree Foundation estimated that in the first year after police moved to issuing street warnings for most cannabis possession cases in 2004, nearly 270,000 officer hours were saved across the 43 forces of England and Wales, with cash savings of over three and a half million pounds.<sup>17</sup> This frees up police resources to focus on other crimes that are a greater priority for the public, including more serious drug trafficking offences.
35. It is important to consider the most effective approaches to policing drug offences, particularly at a time when there are significant pressures on police budgets. For example, the UK Drug Policy Commission report 'Refocusing drug-related law enforcement to address harms' (2009) highlighted the opportunities for different approaches to enforcement to impact on reducing drug-related harms, even where drug markets were entrenched and it was proving difficult to have an impact on drug availability. It explained that 'this is because not all drug markets are equally harmful, and the very adaptability of drug markets that frustrates efforts to eradicate supply can provide enforcement with the potential to reshape the market into less "noxious" forms'. The UK Drug Policy Commission suggested that there should be a particular focus on:
- drug markets associated with particularly harmful behaviours such as gun violence, sexual exploitation or use of children;
  - flagrant drug markets that erode community confidence;
  - pushing markets out from particularly damaging places, such as residential areas; and
  - ensuring addicted users and dealers get treatment and support.<sup>18</sup>

#### Voice, representation and co-ordination

36. DrugScope/LDAN notes that current Home Office funding for the Safer Future Communities initiative will end in April 2013, and that the Greater London Alcohol and Drug Alliance was discontinued in 2011. Against this background, we would welcome further consideration of how organisations like DrugScope/LDAN can effectively contribute to the development of MOPAC policy, and represent our members who are involved in delivering drug and alcohol services in London. We would, for example, welcome opportunities to contribute to the development of the Drug Strategy for London and the

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<sup>17</sup> See May T et al (2007), 'Policing Cannabis as a Class C drug', Joseph Rowntree Foundation at <http://www.jrf.org.uk/publications/policing-cannabis-class-c-drug>

<sup>18</sup> See UK Drug Policy Commission (2009), 'Refocusing drug-related law enforcement to address harms' at <http://www.ukdpc.org.uk/publication/refocusing-drug-law-to-address-harms/>

alcohol-related crime strategy for London proposed in the MOPAC plan and to provide representation for our sector in relevant MOPAC structures.

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**DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use. We represent around 450 member organisations involved in drug and alcohol treatment, young people's services, drug education, criminal justice and related services, such as mental health and homelessness.**

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