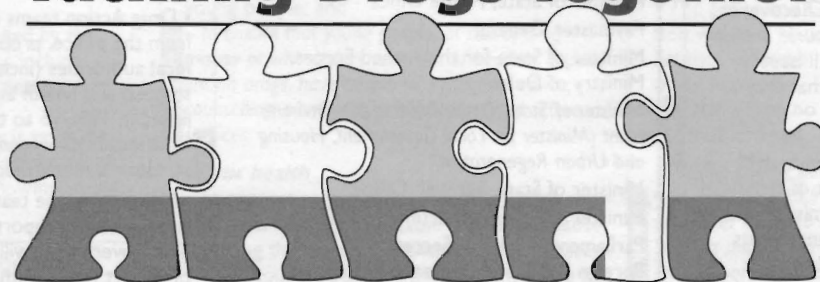


## Tackling Drugs Together



### The drug strategy White Paper for England

OVERLEAF Druglink's reprint of the White Paper's foreword and executive summary

On 10 May 1995 it happened – England had an operational drug strategy that was more than a repackaging of the agendas of government departments and statutory agencies. Joined through national and local coordinating structures, for at least the next three years these varying agendas are to be harnessed to the common set of national objectives set out in the Tackling Drugs Together White Paper. Overleaf is Druglink's reprint of the White Paper's foreword and executive summary, showing where these differ from the draft strategy issued last October. On page 6 our news report explores what these differences mean and the prospects for the next three years.



## Executive summary

### AIMS OF THE NEW STRATEGY

The Government is introducing a new strategy for the period 1995-98 to tackle drug misuse. While fully maintaining the emphasis on law enforcement and reducing supply, the strategy recognises the need for stronger action on reducing the demand for illegal drugs. The strategy will apply to England only; separate action is under way in Scotland, Wales and Northern Ireland that will be consistent with what is proposed for England, but will be tailored to the particular needs of those countries.

Illegal drugs are those controlled by the Misuse of Drugs Act 1971. These include heroin, cocaine, amphetamines, ecstasy and cannabis.

The focus of the new strategy is on three areas: crime; young people; and public health. The strategy is driven by the following Statement of Purpose:

To take effective action by vigorous law enforcement, accessible treatment and a new emphasis on education and prevention to:

- increase the safety of communities from drug-related crime;
- reduce the acceptability and availability of drugs to young people; and
- reduce the health risks and other damage related to [caused by] drug misuse.

Multi-agency coordination, both at national and local levels, will be required in order to make systematic progress towards these aims.

### OBJECTIVES

The Government's main objectives in these three areas are:

#### Crime

- to see that the law is effectively enforced, especially against those involved in the supply and trafficking of illegal drugs;
- to reduce the incidence of drug-related crime;
- to reduce the public's fear of drug-related crime; and
- to reduce the level of drug misuse in prisons.

## Foreword

This White Paper is the Government's new drugs strategy for England. It is a revised version of the Green Paper, *Tackling Drugs Together*, issued for consultation in October 1994.

The Government is committed to reducing both the supply of illegal drugs and the demand for them through a wide range of action and programmes. We are also committed to reducing the prevalence and incidence of drug misuse. To do this, we need the help of many organisations and individuals. Those in the voluntary and private sectors, local authorities, schools, parents, health professionals and the criminal justice agencies have a crucial role to play.

The new strategy will be driven by the following Statement of Purpose ... (see above). These elements [of the statement] are all of equal importance. They are interdependent and we are addressing them together. Tackling drug misuse is a long-term process. Nonetheless, it is the Government's view that systematic progress to-

### Young people

- to discourage young people from taking drugs;
- to ensure that schools offer effective programmes of drug education, giving pupils the facts, warning them of the risks, and helping them to develop the skills and attitudes to resist drug misuse;
- to raise awareness among school staff, governors and parents of the issues associated with drug misuse and young people;
- to develop effective national and local public education strategies focusing particularly on young people; and
- to ensure that young people, at risk of drug misuse or who experiment with or become dependent on drugs, have access to a range of advice, counselling, treatment, rehabilitation and aftercare services.

### Public health

- to protect communities from the health risks and other damage associated with drug misuse, including the spread of communicable diseases;
- to discourage people from misusing drugs and to enable those who do so to stop;
- to ensure that individual drug misusers have access to a range of advice, counselling, treatment, rehabilitation and aftercare services; and
- to ensure that families of drug misusers have access to advice, counselling and support services.

### PLANS FOR ACTION

The main proposals for action in support of these objectives are:

#### Increasing community safety from drug-related crime

- In the short term, the police, Customs, probation and prison services will be asked to consider what changes in their operational arrangements they wish to make in the light of the Statement of Purpose and report the results by September [June] 1995.
- The police, probation and prison services will be asked to develop explicit strategies for tackling drug misuse, including appropriate training and participation in local multi-agency partnerships, by March 1996.
- One of the Home Secretary's five key objectives for policing is to target and prevent crimes which are a particular local problem,

including drug-related criminality, in partnership with the public and other local agencies. HM Inspectorate of Constabulary will examine all police force drug strategies by the end of June 1996, to ensure that they are consistent with the key objectives.

- HM Prison Service will include the reduction of drug misuse in prisons as a key performance indicator. Mandatory drug testing, improved security (for example, using dogs to check for drugs) and effective treatment services will be among the measures introduced.
- The police and Customs services, in conjunction with the National Criminal Intelligence Service, will work to improve liaison on operational matters.
- There will be no legalisation of any currently controlled drugs.

#### Helping young people to resist drugs

- An additional £5.9 million will be available to schools in 1995-96 under the Grants for Education Support and Training programme to train teachers and support innovative projects in drug education and drug prevention.
- Schools will be asked to develop their policies on managing drug-related incidents and drug education by the start of the spring term 1996, in the light of guidance from the DfE.
- The Office for Standards in Education will inspect the quality and effectiveness of schools' policies on drug education and the management of drug-related incidents.
- New interdepartmental publicity campaigns coordinated by the Department of Health and involving private sector organisations with advertising and media expertise, and role models, will be aimed at motivating young people to resist drug misuse.
- The Department of Health will make £1 million available in 1995-96 to stimulate the development of services to address the needs of young people at risk of being drawn into drug taking or those at an early stage of drug misuse. Further guidance on early intervention services will be issued in the light of the current review of effective treatment and services for drug misusers.
- The Home Office Drugs Prevention Initiative will expand in 1995 to develop drug prevention work with young people and local communities over a wider area and covering more people.

wards these priorities by 1998 would address the areas of greatest current concern.

The main developments of the Green Paper's proposals are:

- strengthening the plans for local action by providing over £8.8 million over the next three years for Drug action teams, including social services directors on the teams, encouraging the teams to co-opt representatives from the voluntary sector and suggesting more flexible geographical boundaries;
- reinforcing the commitment to reduce the health risks of drug misuse by referring explicitly to accessible treatment in the Statement of Purpose and clarifying the Government's position on 'harm minimisation';
- enhancing consistency in tackling drug-related crime by a shared definition and developing complementary performance measures for police and Customs including targets to dismantle major drug trafficking organisations; and
- confirming the priority of helping young people to

resist drugs by supporting expenditure of £5.9 million in 1995-96 for drug education in schools, providing £1 million in 1995-96 for services for young people at an early stage of drug misuse, and making action against drugs a specific objective for grants to youth services.

Each of us is personally committed to this strategy and determined to lead our Departments towards achieving its demanding objectives. We look forward to working in partnership with others who are ready to contribute their efforts to tackle drugs together.

The Rt Hon Tony Newton OBE MP, Lord President of the Council and Leader of the House of Commons

The Rt Hon Michael Howard QC MP, Secretary of State for the Home Department

The Rt Hon Virginia Bottomley JP MP, Secretary of State for Health

The Rt Hon Gillian Shephard MP, Secretary of State for Education

David Heathcoat-Amory MP, The Paymaster General



# A new government drug strategy for England

## Reducing the health risks of drug misuse

- There will be a national helpline from April 1995 to provide support and advice on drug misuse.
- Treatment policies will be in line with the overall priorities of the national strategy. Their principal objective will be to assist drug misusers to achieve and maintain a drug free state.
- Whilst abstinence remains the ultimate aim, steps will continue to be taken to reduce the spread of HIV and other communicable diseases by drug misusers.
- In the light of the findings of the Effectiveness Review and consideration of any resource implications, the Department of Health will issue guidance to purchasers to ensure that drug misusers have easy access to cost-effective and appropriate services.
- There will be special consideration by HM Prison Service and the Department of Health of the provision of services for drug misusers in prisons [and appropriate local arrangements for purchasing drug service provided in the community for people diverted from custody].

## NATIONAL ARRANGEMENTS

**DRUG LINK** National coordination arrangements are given a higher profile in the executive summary of the White Paper by dealing with them in a separate section, including the full membership of the Ministerial Sub-Committee of the Cabinet on the Misuse of Drugs, and adding a passage emphasising the role of the Advisory Council on the Misuse of Drugs, previously mentioned only briefly as one of a number of sources of information and research. However, much of this material was in the body of the Green Paper so we have only marked passages which differ from the Green Paper as a whole.

At national level, coordination between those Departments involved in tackling drug misuse is being [must be] improved. This will be achieved by the new strategic framework and by the existing Ministerial Sub-Committee of the Cabinet on the Misuse of Drugs, which involves Ministers from all interested Departments (see below). The Lord President of the Council chairs the Sub-Committee and is supported in

his coordinating role by the Central Drugs Coordination Unit. *The Unit will remain in place until March 1996 when its role, for the life of the strategy, will be reviewed.*

## Ministerial Sub-Committee of the Cabinet on the Misuse of Drugs

The composition of the Committee is as follows:  
Lord President of the Council (chairman)  
Solicitor General  
Minister of State, Home Office  
Paymaster General  
Minister of State for the Armed Forces, Ministry of Defence  
Minister of State, Department of the Environment (Minister for Local Government, Housing and Urban Regeneration)  
Minister of State, Scottish Office  
Minister of State, Department for Education  
Parliamentary Under-Secretary of State, Foreign and Commonwealth Office  
Parliamentary Under-Secretary of State, Department of Health  
Parliamentary Under-Secretary of State, Welsh Office

Others, including the Minister for Overseas Development and the Parliamentary Under-Secretary of State, Dept. of Employment, may be invited to attend as appropriate.

TERMS OF REFERENCE: To coordinate the government's national and international policies for tackling drug misuse, and report as necessary to the Ministerial Committee on Home and Social Affairs.

Independent advice to Government is provided by the Advisory Council on the Misuse of Drugs (see below). Its current work programme includes the problems of drugs in prisons and the influence of wider social and environmental factors on drug misuse. An important new commitment is to advise on the Government's research strategy in the light of the Statement of Purpose, objectives and tasks in this White Paper.

## The Advisory Council on the Misuse of Drugs

The Advisory Council on the Misuse of Drugs (ACMD) was established under the Misuse of Drugs Act 1971. Its terms of reference, as set out by the 1971 Act, are:

"to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem"; and to advise Ministers on measures to be taken.

ACMD currently has 36 members comprising academic experts and professional practitioners in the area of drug misuse.

Much of ACMD's work is carried out by its committees and working groups. Recent reports have covered AIDS, drug education in schools, and drug misusers and the criminal justice system. Such reports are highly respected for their authority and play an important part in developing Government policy.

## LOCAL ARRANGEMENTS

A national strategy can only work if it is delivered effectively on the ground. Much excellent work is already being carried out locally by agencies and individuals to tackle the drugs problem. The Government particularly supports initiatives where different agencies work in partnership. The Government wishes to build on existing successes so that there is effective local action throughout England.

The main proposals for action over the next three years are:

- Drug Action teams of senior representatives from the police, probation and prison services, local authorities (including education and social services) and health authorities will be established in 1995-96 to tackle drug-related problems locally. Co-option of voluntary sector representation is encouraged.
- Members of the team will select their own chair, who will report to central government. The Government will call upon chief executives of district health authorities to set up the Teams [one in each district]. There will be some flexibility on the selection of geographical boundaries for the drug action teams as long as all parts of England are covered.
- The team's role will be to make progress in line with the overall priorities of the national drugs strategy and in the light of local needs.

**DRUG LINK** The next paragraph is more detailed than in the Green Paper's executive summary. The marked passage shows where it appears to signify a change in emphasis from the Green Paper as a whole.

- Drug reference groups will be established to provide a source of local expertise to the drug action teams and to harness local communities in action to tackle drug misuse. Membership will include, for example, voluntary and statutory service providers, drug service users, doctors, school governors and local business interests.
- The Government plans to make available over £8.8 million in development funds to support the Teams over the three years of the strategy. Each service represented on the team will be accountable through its own management line for deploying its resources for tackling drug misuse and cooperating with other agencies.

**DRUG LINK** Two sections previously at the end of the executive summary of the Green Paper have been deleted.

- Deletion of the section on monitoring progress reflects the fact that the White Paper no longer has a chapter devoted to this topic. Instead it is dealt with throughout the report under the appropriate chapter, eg, measures to monitor progress on reducing health risks are in the health risks chapter. The main significant change is that the Green Paper's proposal to supplement key performance indicators "through a system of detailed performance indicators" has been deleted, leaving only the key indicators in the White Paper.
- Deletion of the section on coordination and information largely reflects the fact that the White Paper no longer has a chapter devoted to this topic, rather than a retreat from the Green Paper's proposals, most of which are retained.

## Tackling Drugs Together



### Foreword and executive summary

Reprinted here are the foreword and executive summary of *Tackling Drugs Together*, showing where these differ from the Green Paper issued for consultation last October. *Italicised passages marked in the margin as NEW are not only new to the White Paper, but also appear to represent a change in policy or emphasis. In a few places square brackets [ ] indicate passages replaced by new text. Tint panels are explanatory comments from Druglink.*