

Crime Detection and  
Prevention Series  
Paper 89

# **Police Anti-Drugs Strategies**

## **Tackling Drugs Together Three Years On**

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## Foreword

In May 1995 the White Paper *Tackling Drugs Together* set out the previous Government's anti-drugs strategy. This report examines the progress of work within the police service on drug misuse since the publication of the White Paper.

It is clear from this report that the past three years have seen considerable activity in the drugs field among police forces. All forces have now published drugs strategies, and many are in the process of revising them in the light of their experiences. Forces are tending to broaden their approach to drugs work, in that they are balancing enforcement with prevention and harm reduction activity. It is also clear that forces are strongly committed to multi-agency work – the importance of which was stressed by the White Paper – and particularly to participation in Drug Action Teams.

One issue which this report highlights as in need of further development is that of measuring drug-related crime, and the impact of local initiatives upon drug activity. The recent Home Office report on drug testing and interviewing of arrestees adds significantly to the prospect of being able to fill this gap in future.

**S W BOYS SMITH**

*Director of Police Policy*

*Home Office*

*April 1998*

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## Executive summary

The White Paper *Tackling Drugs Together* (Lord President *et al*, 1995) was published in May 1995. It set out the Government's plans for tackling drug misuse over a three year period. At its core was a 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 drug misuse.

This report examines the police role in, and contribution to, these aims in the three years since the strategy was introduced.

The study was divided into two stages. The first involved a review of relevant documentary evidence and two postal surveys: one of Chief Constables and one of Drug (and Alcohol) Action Teams (henceforward DATs) in England and Wales. The focus of this stage of the research was on the ways in which drugs strategies had been developed by forces in response to the White Paper, and on the views of forces and DATs on the nature and effectiveness of these strategies and the police role in implementation.

The second element of the research was six case studies in: Avon and Somerset, Cumbria, Thames Valley, West Midlands, West Yorkshire, and – rather more briefly – the Metropolitan Police. These studies focused on the implementation of anti-drugs strategies on the ground, the ways in which this had been achieved, the creation and maintenance of partnerships, and the setting of targets and performance indicators. The case studies had two aims: first, to look in greater detail at the issues raised by the surveys and the analysis of documentary evidence and, secondly, to attempt to identify and document examples where work of an innovative or particularly positive character appears to be taking place.

The first and perhaps most important conclusion from the study is that the three years since the publication of *Tackling Drugs Together* have seen considerable activity by police forces in England and Wales. **All have now published anti-drugs strategies, and many are in the process of producing and publishing revised strategies. In itself this represents considerable progress.**

**In relation to enforcement, it is clear that in general forces have been broadening their approach,** reorienting enforcement activities and balancing them with an emphasis on non-enforcement aspects of drug work. In relation to enforcement itself, there appears to have been a fairly widespread reorienting of practice, away from possession offences and towards higher level traffickers. In addition, **the importance of drugs education and of harm reduction are now clearly recognised by forces,** and are linked with enforcement. Forces have responded with some vigour to the White Paper's emphasis on multi-agency approaches to drugs and drug-related crime. **The police have become a central factor in the work of the majority of Drug Action Teams,** and play a full and important part in the work of Drug Reference Groups.

Participation in the new DAT structures and providing drugs prevention work within schools were identified by most forces as the greatest strengths of their drugs strategies. The importance of the former was confirmed by DATs, where it was felt that the police were indeed among the key players. In relation to education, and to the publication of information about drugs, there remained some scepticism. It appears that as a result of the White Paper and circular guidance **the police are now much clearer about their role within school-based drug education.** However, some officers and representatives of outside agencies remained unconvinced that the amount of effort and resources committed to these and related informational activities was having much impact.

Forces indicated that **success was least evident in the area of liaison, sharing and planning with Customs and Excise and Regional Crime Squads, and in the running of arrest referral schemes,** although there was also criticism of force drugs training in some areas. The inclusion of arrest referral schemes in this list is particularly interesting as it appears that in some ways this is one of the areas where the greatest progress is now being made. The study found that over half the country is now covered by some type of scheme. We found that forces that had been running – even for a relatively short time – arrest referral schemes involving the direct participation of drugs workers (either in the custody suite, or as part of the cautioning or probation programmes) generally felt that they were working well. Those forces running information-based schemes, however, tended to a less optimistic view.

**Among the difficulties cited by forces, the issue of resources – or their lack – was frequently raised.** Concerns were expressed in many different ways: reference was made to internal force shortages in terms of cash, staffing, time or training; and to external shortages of treatment facilities or resources from other 'partners'.

**There was also mention of structural problems related to force reorganisation and local government reorganisation which were felt to hamper new initiatives.** Finally in this regard, **many forces suggested that issues of assessment and measurement were very problematic.** They highlighted the absence of means by which local drugs problems could be measured or assessed, and also the absence of means of assessing the impact of local initiatives. With regard to the latter, forces wished to see both the development of independent means of assessment and more subtle performance indicators in relation to drugs work. One of the key absences around the country was of anything resembling rigorous evaluation. Whilst many people – in forces, DATs, DRGs and drugs agencies – felt or claimed that they were doing innovative work, few were monitoring activities except in relatively superficial ways. The key problem resulting from this is that it makes identifying successful practice extremely difficult. Related to this, it appears that a central clearing house for the dissemination of information about good practice in the fields of enforcement, education and harm reduction would be valuable.

Four main themes dominated suggestions for possible inclusions in future anti-drugs strategies:

- the need to establish better or more inclusive forms of drugs training for officers (perhaps multi-agency training);
- the need to develop more sophisticated arrest referral schemes;
- the need to ensure that drugs strategies filtered down to divisions and are fully implemented at that level; and
- the need to develop more effective measures of drug-related problems and performance.

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## 1. Introduction

### Background

During the 1980s increasing attention was paid to the development of inter-agency cooperation in community responses to 'problems' at the local level (Crawford, 1997). These included crime prevention and community safety, issues of HIV/AIDS, urban regeneration, and drug misuse. In many areas inter-agency initiatives appeared to be beset with difficulties of implementation, of unnecessary replication and of agency conflict. Work in the drugs field was no exception. Progressively, government and others sought ways of managing these processes and of developing structures to mitigate some of the difficulties.

The White Paper, *Tackling Drugs Together* (Lord President *et al*, 1995), was published in May 1995. It set out the government's plans for tackling drug misuse over a three year period. At its core was a 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 drug misuse.

In relation to policing, one of the Home Secretary's five key objectives was, and remains, to target and prevent crimes which are a particular local problem, including drug-related criminality, in partnership with the public and other local agencies. Chief Constables were asked to establish formal drugs strategies for their forces and report to the Home Secretary by September 1995. These strategies were to be developed during 1995/6 and implemented, with appropriate targets set, during 1996/7. The purpose of this research was to provide a national view of the progress police forces had made in devising, implementing and monitoring their drugs strategies, and to attempt to identify examples of good practice around the country.

### The study

The study was divided into two stages. The first involved a review of relevant documentary evidence and two postal surveys: one of Chief Constables and one of Drug (and Alcohol) Action Teams (henceforward DATs) in England and Wales. The documentary evidence included the anti-drugs strategies of all police forces in England and Wales (together with revised strategies where they were available), official publications, centrally-produced guidance to police forces and DATs issued by the Home Office and the Central Drugs Coordination Unit, together with the available unpublished and 'grey' literature at the local level. This review of

## INTRODUCTION

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*These have been printed separately and are available on request from PRG.*

materials had three key functions: first, as background information for the study; secondly, as a source of information about the nature of anti-drugs strategies nationally; and, thirdly, as a source of guidance in the design of other research instruments. In addition, two postal surveys were undertaken. The questionnaires were designed to collect information on the nature of anti-drugs strategies and how strategies had been developed in response to the White Paper<sup>1</sup>. A series of questions was also asked about the perceived effectiveness (or otherwise) of force strategies, and the experience of working alone or in partnership in connection with different aspects of the strategy. The survey of DATs was also designed to elicit chairs' views of the nature and effectiveness of local drugs strategies and the police role in implementation. The surveys focused on the seven key elements of force anti-drugs strategies highlighted in *Tackling Drugs Together*

- effective action to enforce the law and, in particular, to combat drug traffickers and dealers, in conjunction with regional crime squads;
- a system of regular liaison, sharing of intelligence and planning of joint operations with HM Customs and Excise, in conjunction with regional crime squads and with the support of the National Criminal Intelligence Service;
- participation in local Drug Action Teams and local multi-agency partnerships to tackle drug misuse in general and, in particular, to prevent young people from misusing drugs;
- a training programme to ensure that officers are familiar with drugs issues, with more advanced training for officers who specialise in drugs work;
- an 'arrest referral scheme' by which the police can refer drug misusers to appropriate treatment services;
- a commitment to ensure that the force's existing equal opportunities policies are reflected in work with drug misusing offenders and in drug education and prevention work undertaken by the force; and
- a commitment to increase public awareness of the police role in prevention as well as in enforcement.

The response rates to the two surveys were high. Replies were received from 41 of the 43 constabularies in England and Wales (a response rate of 95 per cent), together with returns from 86 of the 106 DATs (81 per cent). Scrutiny of the distribution of returns from DATs shows all the main health authority regions to be adequately represented, and therefore does not suggest that there was any systematic bias introduced as a result of the 20 non-responses.

The second element of the research was six case studies in selected force areas. The sites were selected using a number of criteria. These included: evidence of particular progress or innovation in meeting the targets set in the White Paper; and the 'type' and location of the force, so that there was a spread of urban and rural locations, differing levels of social deprivation, and differences in local drugs problems. The six case study forces were: Avon and Somerset, Cumbria, Thames Valley, West Midlands, West Yorkshire and, rather more briefly, the Metropolitan Police. The focus of each case study was the implementation of anti-drugs strategies on the ground, the ways in which this had been achieved, the creation and maintenance of partnerships, and the setting of targets and performance indicators. In each of the case studies we sought to analyse local documentary evidence on force and divisional anti-drugs strategies and, where possible, to conduct interviews with:

- the ACPO rank officer with responsibility for implementing the anti-drugs strategy
- the head of the anti-drugs enforcement unit
- two divisional commanders and selected front-line officers
- chair or other representative of the local police authority
- chair or other representative of the DAT(s)
- other key members of local DATs and DRGs
- local authority officials with responsibility for community safety
- representatives of local drugs agencies

The case studies had two key aims. First, to look in greater detail at the issues raised by the surveys and the analysis of documentary evidence and, secondly, to attempt to identify and document examples of work of an innovative or particularly positive character. Where possible, the aim was also to document the impact of particular strategies on local drug misuse.

The structure of this report follows the general pattern of the key items included in the White Paper. We begin by looking at drug-related crime and public attitudes to it, and then move on to consider enforcement strategies, arrest referral schemes, drug use and young people, issues of partnership, training, and performance indicators. We conclude by examining other central issues raised by the surveys and case studies.

## 2. Assessing drug-related crime and public attitudes to it

In its discussion of community safety and drug-related crime, the White Paper says that

the extent to which crime is connected to drug taking is very difficult to determine with any accuracy, not least because both drug taking and crime tend to be covert. But there is public concern about drug dealing and trafficking and about the commission of acquisitive offences such as theft and burglary by those addicted to drugs in order to fund their habit. The Government believes that more focused efforts against drug-related crime will help to make communities safer and reassure the public.

We will return to the subject of measurement at several points in this report. The points raised by the White Paper are well made and continue to prove highly problematic. All of the forces in the case study areas complained of the difficulty of assessing levels of drug-related crime locally. All recognised that defining and then measuring such activity remained something that they felt they were not really able to achieve to their satisfaction and that, as a consequence, assessing their performance (in the absence of what might be thought of as ‘benchmark data’) was itself a considerable problem. Indeed, monitoring levels of drug-related crime was cited quite spontaneously by officers in three of the six case study forces as the key issue hampering the further development of police anti-drugs work. Related to this was the problem of designing realistic and appropriate performance indicators for such work (we return to this below).

In the survey, forces were given a list of information-gathering methods and were asked to indicate which among them they used in assessing levels of drug-related crime. The results are given in Table 1.

Table 1: How is local drug-related crime assessed?	
	Per cent
Monitoring drug seizures	95
Monitoring seizure of assets	87
Force performance indicators	77
Feedback at public meetings	72
Assessing drug involvement at arrest	69
Public attitude surveys	49
Information from the Prison Service	41
Focus groups	33
Information from the Probation Service	31
Custody-based surveys	28
Surveys of officers	26
Other methods	26

Monitoring seizures (of drugs and assets) has become a fairly standard method of assessing levels of drug-related crime. Using custody records is becoming increasingly common, with a small number of forces indicating that they had developed, or were developing, computerised crime information systems which would, *inter alia* log the incidence of drug offences and other drug-related crimes. Interestingly, performance indicators were cited by a large majority of forces as a key method of assessing levels of drug-related crime. As we shall see, however, there was a widespread feeling among forces that current performance indicators in this general area were significantly underdeveloped. Although still relatively rare, some more innovative approaches such as the use of focus groups and public attitude surveys and surveys of self-reported drug use are also increasingly used by forces. Both North Wales Police (Waddon and Baker, 1997) and Hertfordshire DAT had been involved in the commissioning of surveys of young people's drug use in their areas for use as a basis for, and baseline for the assessment of the impact of, future work. In the 'other' category, forces included such approaches as using information from arrest referral schemes, developing 'network analysis' (in Hampshire), and monitoring informant payments and PACE searches.

In relation to public attitudes to drug-related crime, over four fifths of forces (85 per cent) said that feedback from public meetings was a key source of information. Seventy two per cent said that they had used a public attitude survey for this purpose on at least one occasion (one example is outlined in the box below). Focus

**Victim of Crime Survey for Oct-Dec 1995 – Dyfed Powys Police/Heddlu Dyfed Powys**

Questionnaires were sent to all victims of crime (excluding some who had suffered particularly traumatic or sensitive crimes) for the period Oct-Dec 1995. Although the response rate was low (24%) the survey nonetheless incorporated 663 separate victimisations. Of these, the majority were theft and burglary (being about 35% and 25% respectively), with the next largest category being criminal damage (comprising approximately 17% of the total). The remainder comprised car crime, other wounding and a residual group of uncategorised crimes.

The survey asked about experiences of crime, contact with the police, levels of satisfaction, the provision of information, support and advice, crime prevention measures, together with more general attitudinal questions. Thus respondents were asked, for example, how much crime in Dyfed and Powys they believed was drug-related. Overall, 98% thought that some crime was drug-related and three per cent thought that all crime was drug-related (with a similar proportion suggesting virtually none was drug-related). Respondents were also asked ‘if more resources became available, to which two areas would you like to see Dyfed-Powys Police devote those resources?’ Predictably as with so many other surveys (see Morgan and Newburn, 1997) increasing foot patrol came top of the list. Second, however, came the investigation of drug offences with about 45% of respondents nominating this category.

groups were less common, but nearly two-fifths of forces had used them. Among the other methods listed by forces were: ad hoc surveys; inter-agency meetings; feedback from DRG meetings; feedback from officers; and information from the local media.

Most forces did not have access to the kind of data which would allow them to determine whether there had been any noticeable change in public fear of drug-related crime. In two forces, surveys had been conducted which indicated a drop in public fear over the past twelve months, and in two forces surveys had recorded a rise – although in none of these cases was the force clear about the reason(s) for the changes measured. For most forces, however, it was not possible to judge whether there had been any change. More forces will be conducting surveys in future with the aim of monitoring public opinion and public views in relation to drugs and crime.

A broad range of largely enforcement-oriented initiatives had been adopted by forces which had as at least part of their focus tackling public fear of drug-related crime. These included ‘Operation Rover’ (a twice-yearly crackdown in Leicestershire), the ‘zero tolerance’ initiative in Cleveland, ‘Operation Crackdown’ in the Metropolitan Police District and ‘Operation Jigsaw’ in Manchester (described in section 5, below). In addition, the majority of forces either of their own initiative, or in conjunction with local DATs and drugs agencies, had produced a broad variety of documents, leaflets, information packs, cards and posters – all aimed at increasing public awareness of, and knowledge of, drugs.

Again, however, significantly more effort went into the production of such materials than into monitoring their impact. Finally, a number of forces had also specifically tailored drugs education courses aimed at adults (some of which are detailed in section 5).



### 3. Enforcement

Police anti-drugs strategies have traditionally been enforcement-oriented. It should not be a surprise, therefore, that enforcement is perhaps the area in which the least change has taken place in the last three years, though anti-drugs strategies have increasingly emphasised the importance of considering cautioning for many possession offences. Enforcement is an area where police forces feel they may need to focus greater attention in the new strategies. Part of the rationale of *Tackling Drugs Together* however, was to broaden the approach taken by police forces (and others) to the problem of drug misuse, with the consequence that considerable emphasis was placed on the importance both of education and harm reduction measures. So far as the police were concerned, the first requirement of the White Paper was that all forces should develop and publish drugs strategies. By the time of the research all 43 forces had done so and a considerable number had also either published, or were in the process of formulating, revised drugs strategies.

An analysis of force anti-drugs strategies shows that all 43 included all the main elements as outlined in the White Paper. Though a considerable number continued to place primary emphasis on enforcement, this was far from universally being the case. Indeed, the majority specifically talked of the need to balance enforcement with other approaches.

In the survey, forces were provided with a list of potential components of a police anti-drugs strategy, and were asked to indicate how important each was in their

**Table 2: How important is each of the following elements in force drugs strategies?**

	% saying element was:			
	Very important	Fairly important	Not at all important	Don't know
Increased use of informants	84	13	3	
Increasing financial investigation	66	18	8	8
Establishing specialist units	47	34	16	3
Increased prison visiting	37	51	13	
Improving liaison with HMC&E	33	60	8	
Improving liaison with RCSs	33	68		
Establishing new cautioning policies	30	35	27	8
Introducing licensing of bouncers	24	60	13	3
Improving liaison with NCIS	23	72	5	
Publishing new enforcement information	18	42	18	22

strategy to enforce the law to combat drug traffickers and dealers. The results are shown in Table 2.

Enforcement strategies operated by police forces have been influenced to a considerable extent by the recommendations made in the Audit Commission report, *Tackling Crime Effectively* (Audit Commission, 1993). The management handbook (Audit Commission, 1996), for example, states that: 'To make optimum use of resources and ensure that those engaged in trafficking of controlled drugs are discovered and pursued to the point of arrest and prosecution, drug enforcement initiatives should be intelligence-based.' One of the key strategies here has been the use and management of informants, and this has clearly formed a central part of the enforcement strategy of many forces in connection with drugs-related crime (Maguire and John, 1995; Chatterton *et al*, 1998). All but one force rated this a 'very important' or 'important' part of their work. Increasing emphasis is also being placed on financial investigation and on asset confiscation as part of this work. Respondents in all five case study forces suggested that this was an area in which there was still much progress to be made. In particular, it was felt that asset confiscation was an effective enforcement measure in itself and that much more would be achieved if there were greater 'rewards' for forces for so doing.

The establishment of specialist units was favoured by almost four fifths of forces, and increased prison visiting and related forms of intelligence gathering by over four fifths. Indeed few of the listed activities were not considered by forces to be central to their drugs strategies. Publishing new enforcement information and action against drugs possession offences were not listed as important by a significant minority of forces. Establishing new cautioning policies was also not high on the agenda of one third of forces, though in the main this reflected the existence of well-developed cautioning policies already in many forces. With these exceptions, all the other listed elements were generally considered to be important to a modern anti-drugs strategy.

Not only has enforcement been a key aspect of police strategies against drugs, it has also been the aspect which tends to be at the forefront of the public mind when thinking about the role of the police in this regard. With the approach outlined in the White Paper giving equal emphasis to drugs prevention and harm reduction work, raising public awareness of the police role in these areas is also highlighted as an important priority, and as something which should be included in anti-drugs strategies. The survey sought to identify the methods forces had used to increase public awareness, and found that the most frequently used method for communicating about this part of a force's role was via schools liaison and education (see Table 3).

	<b>Per cent</b>
Schools liaison/education	97
Media campaigns/publicity	89
Briefing guidelines/published materials	71
Measurement/monitoring of public awareness	29

In addition, individual forces mentioned using Drug Reference Groups, publishing a summary of the drugs strategy for public dissemination, and sponsoring or otherwise backing particular drugs prevention initiatives in their local area as ways in which they had attempted to heighten awareness of their preventative work. Again, while most force representatives interviewed generally accepted that such work was worthwhile, some were sceptical about the amount of effort that went into producing documents, leaflets and posters, and there was a widespread absence of any evidence of impact.

Although forces frequently felt that the work they were undertaking in the enforcement area contained elements of good practice, in most cases the examples concerned contained material of a highly sensitive nature, making descriptions of particular operations problematic. In addition, the problem of measurement compounded this difficulty. Forces were generally in agreement that one of the greatest difficulties they faced in the area of enforcement was measuring 'success'. In the absence of reliable ways of judging the impact of such work it is also difficult to outline 'good practice'. However, there is concern that experience should be shared between forces on specific operational strategies, and the Home Office and ACPO are actively seeking ways in which the sharing of such information might be facilitated.

## 4. Arrest referral schemes

For many years drugs policy placed primary emphasis on tackling supply through enforcement and demand through primary prevention (trying to ensure that people do not use drugs). The broadening of drugs policy has not only moved the emphasis away from enforcement to include education, but has also seen greater attention paid to secondary prevention – attempting to reduce the risks and harms associated with drug use (to individuals and more widely). In outlining the putative content of force anti-drugs strategies, the White Paper attempted to balance recommendations in the areas of enforcement, education and harm reduction. Indeed, one of the few specific recommendations for action was in this latter area. It was that forces should include in their strategy ‘an arrest referral scheme by which the police can refer drug misusers to appropriate treatment services’. It was through the introduction of such schemes, it was felt, that the police might make the greatest impact in the areas of harm reduction and more broadly in connection with drug use and community safety. The recommendation was not specific about the nature of such schemes. Both the survey of forces and of DATs contained questions about arrest referral schemes, focusing upon the extent and nature of such schemes and the role of forces and DATs in their establishment and operation.

Over the past ten years police forces have begun to experiment with a range of referral schemes which provide arrestees with information about drug services. Though Dorn (1994) has documented a range of responses by officers to such schemes, including indifference and active opposition, there is increasing evidence that this approach to accessing drugs services is gathering momentum. Our survey shows that arrest referral schemes now run in all or part of 37 of the 43 police force areas in England and Wales. In a significant proportion of cases these are still at the planning or pilot stages, but there are few forces that do not have any plans for such schemes (some schemes have, however, already disappeared). The first point to note is that the White Paper has stimulated a considerable amount of activity in this area, as the bulk of schemes are relatively new.

As a means of providing a rough estimate of the proportion of the country now covered by such schemes, we asked forces what proportion of their force area, if any, was covered by an arrest referral scheme. As we have already indicated, six forces currently have no such scheme in operation. A further twelve claim that their whole force area is covered by the scheme(s). Among the remaining 25 forces there is considerable variation (from under 10% of the force area to others approaching 90%), the average coverage being 45%. On the basis of these necessarily rough figures, we estimate that currently just over half of England and Wales (54%) is covered by an arrest referral scheme.

## ARREST REFERRAL SCHEMES

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Arrest referral schemes may take a number of different forms. Edmunds *et al* (1997a) characterise them in three main ways:

- The ‘information model’ – generally involving the provision of information by the police to people passing through custody;
- The ‘pro-active model’ – usually involving drug workers in close cooperation with the police, often with direct access to prisoners in custody suites; and
- The ‘incentive model’ – using coercion either in the form of court-based referral as part of the conditions of a probation order or, though this is more problematic, linked to cautioning.

Clearly, the information model – which usually involves little more than the production of cards, posters etc. – is relatively cheap to run. The second and third models are both more resource intensive and, certainly in the case of the ‘incentive model’, require considerable planning and cooperation between agencies. In order to develop a picture of progress since the publication of the White Paper, we asked forces which approaches they used in their schemes (see Table 4).

	<b>Per cent</b>
Access to a drugs worker	88
Posters in the custody suite	58
Leaflets for some arrestees	58
Leaflets for all arrestees	55
Confidential phone facilities for prisoners	39

On the surface this a very surprising outcome. The expectation, given what is already known about arrest referral schemes, was that many, if not most, schemes would use leaflets for arrestees rather than the more labour- and resource-intensive approach of using drugs workers within custody suites. Indeed, a majority of schemes do appear to use leaflets and/or posters as part of their approach. Interestingly, about two in five schemes have confidential telephone lines providing access to drugs services. Most unexpectedly, almost nine-tenths of forces report having schemes providing access to a drugs worker, although further scrutiny of the returned questionnaires reveals that ‘access to a drugs worker’ was interpreted as meaning anything from providing a leaflet with details of how to contact a drugs agency, to outreach work in the custody suite.

In fact a closer look at arrest referral schemes suggests that in the 34 forces in which they operate the tendency now is for forces/DATs to be moving towards the more intensive and coercive forms of scheme. In all, there are now 12 arrest referral schemes which have drugs workers – and in one case psychiatric nurses – in the cells, providing advice to arrestees. There are a further ten schemes which are based around (supported) cautioning (including two of the case study forces), and three schemes which used probation order conditions as a means of referral. There are now only eight force areas in which leaflets or access to a telephone line are the sole basis of arrest referral. Of the more intensive or coercive schemes at least six are still at the pilot stage and the majority are limited in their geographical coverage and are not force-wide. There is considerable concern within some forces that the way in which cautions are being administered in drugs referral schemes may not be legal. By linking cautioning with referral to drugs agencies or workers, some forces are concerned that their arrest referral schemes may appear to be offering an inducement to an admission of guilt or agreement to a caution. Currently, conditions cannot be attached to a caution (for example accepting an appointment with a drugs agency) and any additional support must be on a *voluntary* basis. The Home Office has provided guidance to the ACPO Crime Committee Drugs Sub-Group on ‘caution plus’ schemes, which has been circulated to all police forces and clarifies the processes by which forces can deliver cautions.

There now appears to be a general acceptance within forces and DATs that information-based schemes are insufficiently effective and that more will be achieved by allowing drugs workers access to custody suites and utilising cautioning and sentencing as a means of referral. In Thames Valley, for example, an information-based arrest referral scheme was set up in early 1997 in High Wycombe. Using cards and a freephone, only four calls had been received in almost a year. The force was in the process of considering extending SMART (see below) to the area. In general, it is clear that considerable progress has been made in this area in the past two to three years and that there is a widespread desire to learn more about ‘what works’ in arrest referral<sup>2</sup>.

Two schemes operating in case study forces are outlined below. The first, SMART in Thames Valley, is referred to above. The second, STEP in West Yorkshire, which was in the planning stage at the time of the study, included both standard arrest referral using drugs workers, but also more innovatively the creation of a Drug Court in Wakefield.

About half of referral schemes are joint-funded by a combination of agencies (generally health and one or more of police, drugs agencies, DAT and

<sup>2</sup>In part stimulated by guidance and advice from the Central Drugs Coordination Unit and the Home Office Central Drugs Prevention Unit.

probation/social services). Of the remainder, four are funded solely by health, four by DATs and the others by the Single Regeneration Budget (SRB), the Drugs Challenge Fund, the Drugs Prevention Initiative, the police and voluntary agencies.

The majority of forces claimed that the levels of referrals were being monitored, but only a very small minority could give any figures for the previous year. The majority of schemes were also reported to be being evaluated, though only a small number appeared to be subject to published reports (for example Edmunds *et al*, 1997b). The location of the evaluation varied considerably. About one quarter were being evaluated internally within the force, a small number by the DAT, and some by probation and referral agencies. Five force areas had independent evaluations underway, including those funded by the Home Office in London and Derby.

In relation to good practice there already appear to be strong messages coming from arrest referral schemes. Crudely summarised the key message is that information schemes very rarely result in any successful referrals (Hough, 1996; Edmunds *et al*, 1997b). They are very cheap to run and may be worth doing even with low take-up, but they tend not to lead users into treatment. There are a number of reasons why this might be so. One arrest referral worker suggested:

We could have had more referrals from the police. We have had lots of reports that they haven't given out our cards. I think that there is probably an element of police giving the cards out to people they think deserve it.

More generally, it was felt that there needed to be an element of direct contact between agencies and offenders at a point at which the message was most likely to be heard. Arrest referral schemes which involve direct contact with drugs workers appear to be significantly more successful. This message is being taken on board by some forces. Several of those which had been running information schemes reported that they were actively considering setting up, or piloting, arrest referral schemes based either on the proactive model, the coercive model, or some combination of the two. Forces should, however, be aware that there is no statutory basis for attaching compulsory conditions to a caution. Forces that were in the process of revamping their schemes or their plans frequently made mention of arrest referral schemes in other areas, such as Get It While You Can (GIWYC) in Brighton, which were believed to be successful. What was less clear was how such lessons were being learned. While GIWYC is one of the schemes that has been evaluated, in some cases there was little evidence that the evaluation materials had been studied prior to a decision to take this new model on board. One conclusion, therefore, is that the establishment of a central clearing house for information about good practice (based on successful evaluation) would be valuable.

### **STEP: Substance misuse Treatment and Enforcement Programme (West Yorkshire)**

Following a visit by the chief constable to the Miami Drug Court in 1995, and a subsequent visit by members of Wakefield Health Authority, W. Yorkshire Probation Service and W. Yorkshire Police, funding for a pilot drug court was secured from the W. Yorkshire Police Authority. The aims of the STEP Programme are:

- To reduce offending
- To protect the public
- To provide a comprehensive range of treatment interventions.

The pilot project, which is due to begin in April 1998, will operate on the following basis. Custody sergeants in the participating stations will use standard assessment criteria provided by the programme, together with information provided by the arrestee, arresting officer or defence solicitor, to determine whether a 'drug-crime link' exists. If the sergeant is satisfied the arrestee has committed a drug related offence then a referral to a STEP project worker – of whom there are three providing 24 hour cover – will be made. Such referrals may also be made by the arrestee him/herself or by the defence solicitor. All referrals require the consent of the individual concerned.

Once a referral is made the STEP project worker will offer an appointment and make a full assessment within 24 hours. The assessment will involve evaluations of drug use, criminal involvement, physical and mental health, personality, motivation and so on. At this stage, i.e. prior to any court appearance, contact with STEP is voluntary. A GP will be attached to the project and may make medical assessments. The liaison probation officer working in the project will make an assessment for the drug court which, it is anticipated, will sit at least once a week. Should magistrates, crown prosecutors, defence solicitors or project staff deem at any point that the individual is unsuitable for STEP then the accused will be dealt with under current provision. If there is support for the person starting a treatment programme, then a probation order with a Schedule 1A, paragraph 6 requirement for treatment for drug or alcohol dependency will be made and STEP's formal intervention will begin. The programme is designed for offenders aged 17 or over:

- whose offences are related to problematic drug use;
- whose offences are serious enough to warrant a community sentence;
- who are willing to accept treatment and address their drug use and offending;
- who are willing to adhere to their treatment plan and comply with a 1A condition of a probation order.

There are three phases to the STEP Programme. The first involves detoxification (GP supervised along with specially selected pharmacists) or 'scripting' on a maintenance programme until detoxification is appropriate. The second phase, stabilisation, involves individual and cognitive-behavioural group work. The final phase, aftercare, will include both the development of a 'wellness curriculum' and referral into further education/employment initiatives. As part of the latter, an employment/benefits worker will be employed in the project.

In the initial stages of the programme supervision will be intensive. The progress of individuals on the project will be monitored and reviewed regularly in the drug court. Successful progress can lead to 'graduation' with the probation order being terminated or left to expire. Urine testing will be frequent and random and is described as being an integral part of the programme. Where problems are encountered – where for example there are positive urine tests – again the case may be taken back to the drug court and further reviewed. A system of graduated sanctions (including increasing the frequency of supervision and/or urine testing) will be available to the court.



### **SMART: Arrest Referral Project (Thames Valley)**

SMART is perhaps more typical of many arrest referral schemes in operation around the country. Established in 1996 with two staff, it is a relatively small-scale project based in police stations in Oxford, Witney and Banbury, but which tends to take the bulk of its referrals from the city of Oxford.

Originally, SMART simply used information cards but then moved on to having a SMART worker in the custody suite. The worker having made contact will then attempt to arrange to meet the prisoner somewhere outside (GPs' surgeries, community centres, even McDonalds, but not at home). Money came from Oxford Social Services and Health for three years.

Prisoners are given a card by custody staff which contains details of drugs services locally and has an offer of help and an assurance of confidentiality. Take-up is voluntary. In the first year of operation 105 people were referred to the SMART team, of whom 87 completed their involvement with the programme. Of those 87, 36 referrals came while prisoners were in custody and a further 19 people made contact later after release. According to the project team, 'the most common reasons given for this by arrestees are that they didn't want to draw the attention of the police to their drug use and their belief that taking advantage of the scheme while they were in police custody would delay their release'. Referrals were also made by friends and family, by probation and social services and by legal representatives.

The bulk of referrals were white (83 of 87), male (68 of 87) and aged between 16-30 (66 of 87). Most referrals come from people using opioids (mainly heroin), often supplementing it with methadone, alcohol and crack cocaine. The bulk of referrals are thought to be polydrug users. Three fifths of clients had been arrested for acquisitive crimes and one fifth for drugs offences. Of the 87 successful referrals, approximately 70% resulted in a new referral to a programme of help, including 16 who entered residential rehabilitation.

Although the original idea was to provide support for custody officers and users in the custody suite, it has now expanded and operates in one Young Offender Institution and in Bullingdon Prison where prisoners with sentences of less than 20 months and those on remand are specifically targeted. A drugs worker from SMART visits the prison to make contact with the prisoners directly. The idea is to stay with the prisoner when they come out and help them find accommodation and specialist services.

The project is considered to be a success locally; it has increased its staff numbers and plans are being considered to extend it eventually to cover the whole of the Thames Valley Police area.

## 5. Education: drug use and young people

It is in the areas of drugs education and work (in partnership) with young people that there has perhaps been greatest new activity over the past two to three years. There is considerable emphasis within the White Paper on 'helping young people to resist drugs'. *Tackling Drugs Together* requires police forces to assess their role in drug prevention in schools in close liaison with local education authorities (LEAs) and school governing bodies. As the survey results in relation to liaison with LEAs and schools indicate (to be reported below), this is one of the areas where many forces consider that they have made significant progress. All forces but one said that they were involved in providing drugs education in schools. Indeed, as many respondents across our case study forces commented, in recent years many of the barriers to involving the police in drugs education which they had experienced previously had begun to break down.

Not only were the police increasingly willing to become involved in such work but, it was argued, they tended to be clearer about their role – a role outlined in guidance from the Department for Education (Circular 4/95). Thus, for example, in the Trident training materials, Avon and Somerset Constabulary state that:

in seeking to contribute to drug education ... our fundamental aim will be to support – not supplant – teachers and education professionals.  
Accordingly ... the force will:

- concentrate on the core police issues upon which we can speak with certainty
- not speak on issues outside our area of expertise
- support partnership delivery of drug education.

The comments of DAT chairs reinforced this general message, suggesting that local police input into drugs education is now more generally limited to 'policing' issues, and is part of a coordinated multi-agency effort:

Now there is a policy that [the force] will only deliver output to schools which relates specifically to drugs and the law.

We have moved from a police-led to a teacher-led approach.

The police role is now to be part of a drugs education programme.

In order to examine police input into drugs education, in our survey of forces we asked what elements they included in such work. The results are contained in Table 5.

	Per cent
Criminal consequences of drug use	95
Law relating to drugs	92
Personal/social consequences	82
Recognition of different drugs	79
Health consequences	74
Police view of drug use	55
Information about drug agencies	39
Information about drugs strategy	39

In addition, and reflecting the emphasis that forces now place on this area of work, all but two forces said that they were also involved in the provision of drugs education for parents of school-age children and school governors, and all but one reported providing input for teachers.

What is interesting about Table 5 is that it does not entirely support the contention that the police role in drugs education is now better defined and is limited to those areas in which the police can claim professional expertise. Thus, the personal, social and health consequences of drug use still come very high on the list of course contents (though it is possible that this simply reflects the content of courses to which the police contribute, rather than their actual contribution), whereas an explanation of police anti-drugs strategies figures much less prominently.

Despite the suggestion of generally increased clarity around role, it is clear that difficulties remain in relation to implementation. There is an occasional tendency for some forces still to take control of education programmes whereas, as one DAT chair expressed it: 'this work should be led through the LEA and Young People's DRG, but the police still introduce the initiatives independently'. In relation to Trident, the Avon and Somerset drugs strategy mentioned above, although considerable emphasis was placed on the training of officers, and some considerable success was achieved (Avon and Somerset Constabulary, 1997), those working in

drugs and other agencies in the region remained critical on occasion of the way in which training had been provided. Furthermore, an evaluation of RIDE in Somerset pointed out that although

it is asserted in Trident that appropriate training should be provided to all police officers contributing to drug education in schools ... training for RIDE consisted of a one-day briefing session in which the approach to each lesson was described in detail, following the instructor's training manual ... RIDE requires police officers to manage a class for three and a half lessons, and yet none of the local officers involved had any teaching experience. It could therefore be suggested that the programme neglected to equip officers with the facilitation skills necessary to deliver RIDE. This inadequate preparation may account for the variation in standards of delivery by police officers reported by teachers (Starkey and Orme, 1996).

Finally, there is the continuing problem, detected in a number of force areas, of officers at 'street-level' perceiving education and harm reduction measures to be an indication of their force 'going soft on crime'. While there was no suggestion in any of the case study forces that this was especially widespread, nonetheless there was evidence of continuing scepticism in some quarters.

The 42 forces involved in drugs education identified a total of 89 initiatives aimed at young people's drug use, of which they felt 23 might contain elements of good practice for other forces/ agencies. A large number of initiatives came under this general rubric. They included elements of such large-scale operations or initiatives as Operation Jigsaw (described below), equally well-publicised approaches such as RIDE (Durham, Metropolitan Police), and DARE (Nottinghamshire), together with more localised and specific initiatives with regard to the development of drugs in the workplace policies (Cumbria, North Wales), primary schools programmes (Lincolnshire), peer education programmes (South Wales, Durham, Dyfed-Powys) and guidelines for further and higher education (Hertfordshire). Other work cited included:

- HEAT initiative in Leeds;
- Multi-agency primary school resource team in Northamptonshire;
- The work of youth crime reduction officers (x16) as part of a multi-agency package in Kent aimed at reducing school exclusions;
- The Drugs Prevention Education for Adults Project (see below).

### **Operation Jigsaw: Greater Manchester Police**

Operation Jigsaw illustrates both the breadth of many police anti-drugs initiatives as well as a particular approach to enforcement now increasingly common in forces.

GMP's drugs strategy was originally published in 1993 and anticipated many of the components of *Tackling Drugs Together*. With the publication of the White Paper GMP sought an initiative which would put their strategy into practice. Operation Jigsaw was launched on 9 April 1996 and ran until 21 October 1996. The operation had three 'phases'.

#### *Phase I – Education and awareness initiatives*

During the course of the operation over half a million individual publicity or educational items were produced and distributed. These included:

- newsletters for distribution within and outside the force;
- a sports poster (The Might of Greater Manchester Sport) and video (shown on national television and at sporting events);
- seminars and presentations in schools;
- a football competition in conjunction with the County FA to promote awareness;
- '999 challenge' – leadership training for young people run in conjunction with the other emergency services.

#### *Phase II – 'Drugs Dump'*

Launched by the Home Secretary, the second phase aimed to encourage people to empty their medicine cabinets of unwanted prescribed drugs and provide a safe means of disposal. Disposal containers were placed in the foyers of police stations and in local chemist shops. Five thousand leaflets publicising the scheme were distributed. In total, 3.28 tonnes of drugs were handed in.

#### *Phase III – Enforcement*

As would be the case in other forces the enforcement element in the operation was conducted in the context of a financial climate in which there was no obvious 'spare capacity' for running new initiatives. It was decided that the enforcement operation should be force-wide including all divisions and the majority of departments in the force. Divisional drug coordinators acted as the liaison point between divisional management and the staff of Operation Jigsaw. In all 122 drug-related operations were undertaken during the 12 weeks that the enforcement phase ran. These included:

- five surveillance operations involving test purchasing;
- a 'dealerspotting' campaign to encourage people to report dealers to the police (During September/October 1996 365 calls were made to Crimestoppers regarding drugs compared with between 60-70 in 1994 and 1995);
- Operation Alloy – a campaign in Salford aiming to disrupt the local drug trade which resulted in 75 arrests, 250 reports for summons and seizure of drugs and property worth £40,000;
- a covert operation by the force licensing department in public houses where dealing was suspected. Two pubs had their licenses revoked.

During the 12 weeks of Operation Jigsaw a total of 621 adults and 48 juveniles were charged with drugs offences, and a further 504 adults and 102 juveniles were cautioned.

### **Drugs Prevention Education for Adults Project (DPEAP): Buckinghamshire County Council/Thames Valley Police**

Initially developed by the local authority Youth and Community Department as a pilot project to provide information and support for parents who were concerned that their children were either involved or at risk of becoming involved in drug taking, DPEAP has expanded significantly in recent years. After the pilot those running the programme became aware that young people were often better informed than adults. A parallel programme was set up for adults with two elements: (i) training for adults which can cascade down to children and other interested parties, and (ii) a support network for parents of users. Beginning on a small scale, the project has run at 350 parents evenings in three years, delivering training to approximately 6000 parents.

Now working as part of the partnership approach advocated by Tackling Drugs Together, DPEAP is actively involved in local DRGs, in diversion and caution plus programmes and in the training of volunteers and professionals (including teachers, housing officers, youth workers, social workers and those involved in youth justice). It also offers a two stage drugs awareness training package.

Stage 1 is a 30 hour training course covering information about:

- substance abuse
- the effects of drugs
- drugs and the law
- drugs education
- harm reduction
- resources and materials.

After an initial presentation adults are invited to join this course to improve their understanding of drugs. At the end of this 30 hour course the participants are each asked to give a presentation to the group which mirrors the presentation initially received at the parents evening. The course is fully accredited by the Open College, increasing its attractiveness to those who are keen to get a recognised qualification in providing drugs education. Perhaps most interestingly of all, all police officers wishing to become involved in the provision of drugs education in schools are required to attend this course; this was the one example found by this study of outside accreditation of police drugs training.

Stage 2, which is a more recent initiative is a more academic course (at A level standard) and of approximately 90 hours duration.

What does appear to be working much more efficiently in relation to drugs education since the publication of the White Paper is the ability of agencies to work together in the delivery of education programmes, and in linking educational messages with operational activities. As one example, a multi-agency strategy aimed at young people's alcohol and drug use instituted in Solihull in the West Midlands during the summer of 1997 aimed both to educate (young people and adults) and to enforce the law more effectively (see below). The strategy is considered to have been successful both in its primary aim of impacting on alcohol abuse and misbehaviour among young people, and also in illustrating the efficacy of multi-agency partnerships.

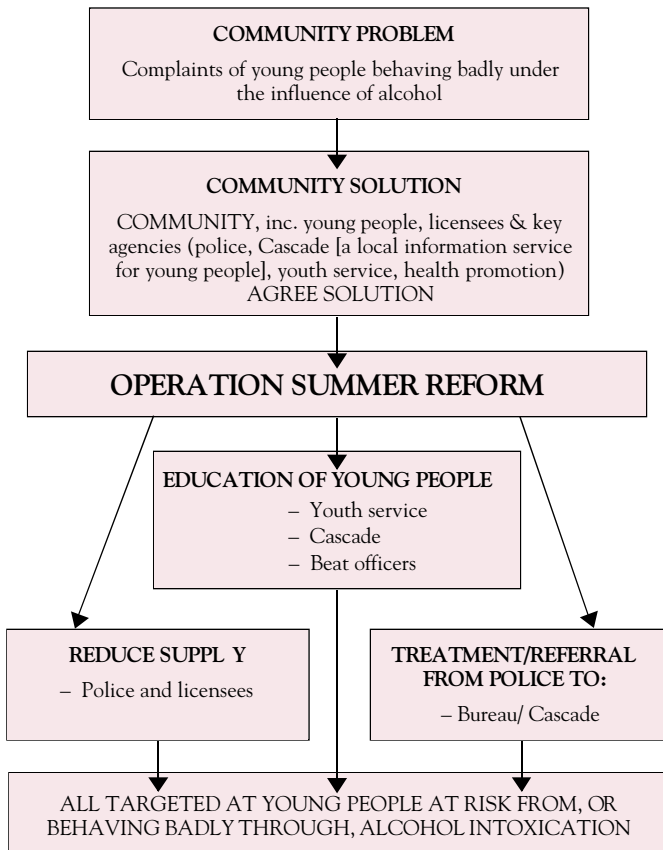
**SOLIHULL MULTI-AGENCY OPERATION – ‘SUMMER REFORM’**

The operation arose out of a number of concerns in one police sector in the West Midlands:

- the sale and consumption of alcopops to and by young people;
- community safety and young people causing a public nuisance; and
- associated problems of drug dealing.

An official meeting was organised at a local ice rink and staff from local off-licences and other key agencies were invited to attend. A campaign was initiated, and a campaign poster was designed and distributed to 24 local retail off-licence premises. Sector officers visited off-licences on 39 subsequent occasions. Officers also visited local schools to talk with staff and pupils.

During the campaign young people found to be inebriated and/or misbehaving were taken home by a police officer. On only one occasion was a parent unresponsive of the action that had been taken. No youth was dealt with in this way more than once during the course of the initiative. The programme was followed up by an initiative from the DAT involving detached youth workers targeting youths in the street re: drugs and alcohol.



## 6. Partnership

At the very heart of the White Paper – from its title onward – is the idea that agencies must work together to tackle drug misuse. As a consequence of this, and related developments, ideas of inter- and multi-agency working and partnership have become commonplace in criminal justice in general and in relation to drugs initiatives in particular. The White Paper makes specific mention of the need for close cooperation between forces and DATs and between forces and the National Criminal Intelligence Service (NCIS), Regional Crime Squads (RCSs) and Customs and Excise (HMCE). There are, of course, a broad range of potential partners for the police service in such work, with some of whom the service does not have a history of close cooperation or joint working.

### Drug Action Teams

In relation to partnership, clearly one of the main developments in the drugs field since the White Paper has been the establishment of Drug Action Teams (DATs). Previous research (Duke and MacGregor, 1997) found that DAT chairs and members identified the health service and the police as the ‘key players’ in their local partnership arrangements. Duke and MacGregor found that almost four fifths of DAT chairs identified the police as a key player on the DAT (compared, for example, with just over half who said the same of either education or social services representatives). By way of comparison, our postal survey asked Chief Constables who they thought had emerged as the ‘key players’ in each of the DATs in their area (they were asked to nominate three key players in each). The results, broadly mirroring those of Duke and MacGregor, are shown in Table 6.

**Table 6: Key players on DATs as perceived by the police service**

	% of respondents mentioning agency as key player
Health	94
Police	63
Social Services	50
Education	33
Probation	31
Voluntary Sector	9
Others	6



In setting out the structure of DATs, the White Paper indicated that they should comprise ‘senior representatives’ from health and local authorities and the criminal justice agencies. For the police this was to be the chief constable/ assistant chief constable or equivalents or superintendent. We asked forces to indicate the rank of the representative(s) on each of the DATs in their area; their responses are outlined in Table 7.

Table 7: Rank of force representative(s) on DATs	
	Number*
Chief Constable	6
Deputy/Assistant Chief Constable	26
Chief Superintendent/Superintendent	80
Inspector**	11
*There is some overcounting as a small no. of DATs have more than one police representative. **In each of these cases an officer of higher rank acted as ‘lead representative’	

The likelihood of the DAT representative being of ACPO rank is greater in those forces where the force has only one DAT. In those force areas where there are several DATs, it is generally impractical for one of the force senior command team to attend DAT meetings on a regular basis. As a consequence, it is increasingly common for forces to use local divisional commanders as DAT representatives. At the level of Drug Reference Groups (DRGs) it is most common for force representatives to be at inspector level, though a significant number are attended by sergeants and (detective) constables (see Table 8).

Table 8: Rank of force representative(s) on DRGs	
	Number*
Chief Superintendent/Superintendent	37
Inspector	112
Sergeant	37
PC/DC	59
Press officer	1
*There is some overcounting as a small no. of DRGs have more than one police representative.	

The frequency with which DATs meet is variable with most meeting between four and six times a year and a very small number eight or more times (see Table 9).

	Per cent
Two	2
Three	9
Four to six	78
Seven to nine	9
Ten or more	2

The DAT survey produced a generally positive view of police involvement in both DATs and DRGs. DAT chairs were asked how regular police attendance at DAT meetings had been. Overwhelmingly (86%), they reported it to have been 'very regular', with a small minority 'fairly regular' (12%) and only four per cent suggesting that police attendance was 'not at all regular'. In addition, 90% of chairs were satisfied with the seniority of the police representative on either DATs or DRGs and 87% were satisfied with the consistency of police representation. Complaints were rare, though where they occurred they tended to be along the following lines: 'It is fine at local level except that we have one District Commander representing three districts and information does not always get disseminated. There seems to be constant change and confusion at [force] level'. Seventy eight per cent of DAT chairs rated the police contribution to the work of the DAT 'very important', with the remainder rating it 'quite important'. There were no cases in which the police contribution was felt to be 'not at all important'. Half of all DAT chairs felt that the police contribution to the work of the DAT had 'improved significantly' (23%) or 'improved marginally' (27%), with only five per cent suggesting that the police contribution had deteriorated. The figures were very similar in relation to DRGs, with 72% of chairs rating the police contribution 'very important', 25% 'quite important' and three per cent 'not at all important'.

DAT chairs were asked what they thought had been the most significant contribution their local force had made to the work of their DAT. A range of fairly specific initiatives were cited. Among the most common were the setting up of arrest referral schemes and working in partnership in schools. The most common theme of all, however, was the willingness of the police to place themselves at the centre of most, if not all, that the DAT was attempting to achieve. These included hosting events, contributing funds and chairing the DAT itself (in such cases it was

the DAT coordinator who completed the questionnaire). The following quotes illustrate the central themes:

The police are regular attenders at a senior level of the DAT and DRG. The working relationship between the police and other agencies on the DAT are much more effective since the commencement of the DAT. The police regard their membership of the DAT as an equal membership and seek to support the other aspects of the DAT's work in education and harm reduction. (DAT chair)

Their commitment to a multi-agency approach to drugs issues, their understanding of the notions of demand reduction and supply reduction, and their support in applying for project funding have all contributed to the development of a balanced strategy. (DAT coordinator)

The police were in 'Year 2' of the *Tackling Drugs Together* strategy when Welsh DAATs were launched. They immediately informed us of their strategy, briefed us on local action groups, helped create links with those groups, and sent representation to every local advisory and implementation team. (DAT coordinator)

Though the general impression was extremely positive, we also asked DAT chairs to outline in what ways, if any, the police contribution could be improved. About one third were unable to suggest any. From the responses made by the others, five main themes emerged – some of which concerned the general working of DATs. The first theme, perhaps predictably, was funding:

There should be greater investment of resources [from the police].(DAT coordinator)

Providing additional funding for multi-agency projects. (DAT chair)  
They should provide resources for treatment. (DAT coordinator)

A greater willingness to consider a shift of resources into demand reduction initiatives. (DAT coordinator)

Need to be more innovative re: resource collaboration. (DAT chair)

I would like to stress that unless there is additional centrally-provided, ring-fenced strategic funding, all of this will fail because it is too reliant

financially on what the individual players are prepared to contribute at any one time. The members of the DAT are generally not prepared to provide any long-term funding. (DAT chair)

In this connection one of the most frequently voiced criticisms of DATs (or of the agencies that make up DATs) was that joint commissioning remained a significant problem. This has long been recognised as an issue (Duke and MacGregor, 1997) and the new Government has explicitly undertaken to tackle it in the context of a new anti-drugs strategy (Rimmer, 1997). There was a strong feeling amongst those interviewed for the case studies that the Central Drugs Coordination Unit could play a greater role in ensuring consistency across DATs and DRGs. There was a perceived need for leadership on issues such as the membership of these bodies and what members should contribute to the group, including central direction on members' responsibility for commissioning services.

The second theme concerned police anti-drugs strategies themselves and, more particularly, the perception among some DATs that the opportunities for input were insufficient. The survey of chairs asked to what extent the DAT had been able to influence the content of the local police drugs strategy. The responses are outlined in Table 10.

**Table 10: How chairs rate DAT influence on local police drugs strategies**

	Per cent
To a great extent	23
To a limited extent	55
Not at all	22

The specific comments made by chairs and coordinators in connection with the potential for improved contribution to drugs strategies included:

Consulting on draft strategies, not the final item only. (DAT chair)

More openness in the development of strategy and priorities. (DAT chair)

The police produce the strategy and then give it to the DAT so that we can fit in with it. They could put that in reverse. They do not necessarily think of DAT priorities when setting their own. (DAT coordinator)

[The force] produced a strategy in April 1996 and didn't bother to send it to the DATs. It's a very weak document. Divisions have considerable autonomy. None of our divisions have presented a written strategy. It is difficult to know what the police actually do. (DAT coordinator)

Only a minority of DATs were quite so specific in their criticism, but the relative lack of connection between DATs and police force anti-drugs strategies did emerge as a more general issue from the findings of both the survey and the case studies. In a number of cases it appeared that relatively little thought or planning had gone into ensuring that the DAT had an opportunity to contribute to, comment on, or suggest revisions to, local policing strategies. Furthermore, the action plans produced by DATs often seemed to be quite independent of, and to make little reference to, local police anti-drugs strategies.

The third theme concerning possible areas of improvement was that of representation. Whilst the general view of DATs was that all the key agencies were represented and, in the main, did attend, some gaps were identified. One drugs worker summarised the view of many others in the case study areas in saying:

I do sit on the DRG and I have asked the DAT time and again to consider having someone from the voluntary sector (not necessarily me) sitting on the DAT but this has always been refused. I don't see why they are so resistant ... The Health Authority has three people sitting on the DAT. What's the point of that? ... [In addition] there is no representative of service users on the DAT or the DRG although again it's something I've been saying time and again. There was someone from Narcotics Anonymous who came along for two meetings and then dropped out.

The fourth issue was the relationship between DATs and DRGs which, in several areas, was considered to be unsatisfactory. The following quotes illustrate some of the problems:

The link between the DAT and the DRG is also a problem. Information simply isn't passed between these two groups ... this is mainly because of the split into regions [unitary authorities] so absolutely everything is duplicated four times. (Youth Service manager)

Liaison between DATs and DRGs is poor. There are unclear boundaries and roles. Generally the DRG's expect the DATs to direct them, but the DATs expect the DRGs to feed upwards and in a sense direct them. (DPI manager)

The final theme raised by DAT members (other than chairs) was the issue of effectiveness and implementation. The criticism that is levelled at many multi-agency structures, and has often been levelled at DATs, that they are merely ‘talking shops’ – very good at discussing issues but less good at taking action – was expressed by a number of people in different parts of the country. As one Health Services Team Manager said: ‘Since *Tackling Drugs Together* drugs issues have received a much greater degree of prominence. There is now a much greater level of discussion but I’m not sure it has radically improved activity’. Linked to this is the related problem of reorganisation, both within the police and local government. In one of the case study forces, the West Midlands, reorganisation of the force was generally agreed to have impacted negatively on partnership activities in most of the force area. Equally, in some areas local government reorganisation was also having a negative impact. Thus, in Avon and Somerset there are now four unitary authorities, one police authority, two probation areas and two DATs. In practice it appears that in this area and elsewhere unitary authorities tend to guard their resources rather jealously. One Health Promotion Officer commented:

Unitary authorities ... don’t work together. [In relation to organising drugs education input] I should be able to set one time schedule that any teacher can go to, but now there is no question of sharing anything. If one area pays for a service it must be for their area only, schools that used to work together now can’t.

### **Liaison with other agencies**

In addition to the establishment of structures for the delivery of strategies locally, the White Paper proposes that force drugs strategies could usefully include ‘a system of regular liaison, sharing of intelligence and planning of joint operations with HM Customs and Excise, in conjunction with Regional Crime Squads and with the support of the National Criminal Intelligence Service’. Table 11 indicates the quality of liaison forces currently believe they achieve with their key (potential) partners.

It was in relation to local education authorities and local schools that the greatest number of forces said that they had ‘very good’ liaison. Generally speaking, the majority of forces appear to feel that they have good relationships with all the key organisations. The main exceptions would appear to be Customs and Excise and, more surprisingly, Social Services, with close on one third of forces feeling that their liaison with these bodies could not be described as ‘good’. Indeed, though a very small minority, three forces (seven per cent) felt their liaison with Customs and Excise was poor, as did two forces (five per cent) in relation to probation,

Table 11: How good is the quality of liaison between forces and key partners?

Partner	Quality of liaison (per cent)		
	Very good or good	Neither good nor poor	Poor
Local schools	100	–	–
LEAs	87	13	–
HM Prison Service	85	12	2
Regional Crime Squads	83	12	5
Local health authorities	80	20	–
Probation service	76	20	5
NCIS	74	24	3
Customs and Excise	70	24	7
Social Services	67	28	5

social services and Regional Crime Squads. One force felt that its liaison with the Prison Service was ‘very poor’. When questioned about the reasons underlying positive or negative relationships with, for example, HMCE or the regional crime squads, respondents generally cast their answers in terms of the personal nature of such relationships:

We have the best liaison in the country between the police and Customs and Excise ... The head of Customs and me were good friends from childhood. We issued instructions which say that no-one is to deal with Customs without going through me, and they have agreed the same. (Detective Inspector)

We also asked forces whether they felt that there had been a change in the quality of liaison between themselves and these organisations during the past twelve months (see Table 12). In relation to social services, the probation service, local schools and the Prison Service, a majority felt that there had been some improvement. It was rare for forces to report any deterioration in the quality of liaison with other organisations, though there were two cases of this occurring with Regional Crime Squads. The overriding message here appears to be that the increased effort that, it was anticipated, would be invested by forces in partnerships with other organisations is occurring and is paying dividends.

**Table 12: Has there been a change in the quality of liaison?**

	Per cent		
	Improved	Stayed the same	Deteriorated
Local schools	56	44	
Probation service	54	44	2
Social services	51	49	
HM Prison Service	46	54	
LEAs	46	54	
NCIS	41	56	2
Customs and Excise	41	59	
Regional Crime Squads	32	63	5

In relation to NCIS, only eight forces said they were either satisfied or very satisfied with the amount of intelligence they receive from them, and 15 said they were either dissatisfied or very dissatisfied. Interestingly, this was despite the fact that 19 forces felt that the amount of intelligence they received from NCIS had increased during the period. The picture is not quite as negative in relation to the RCSs, where 18 forces said they were satisfied, and 11 said they were dissatisfied (and 17 forces felt that the amount of intelligence they received had increased). The conclusion that one may draw from this is that the increased emphasis on liaison and partnership is leading to improved relations and greater sharing of information, but that in some cases this improvement is from a relatively low baseline – leaving (in some cases, considerable) room for further improvement. Five forces reported having service level agreements with HM Customs and Excise and 34 having such agreements with RCSs. Four reported that they exchanged staff with Customs (or seconded staff), 27 with RCSs and 22 with NCIS.



## 7. Training

One of the consequences of the significantly increased emphasis that has been placed upon all aspects of drugs work since the publication of the White Paper is that much more is expected of staff in this area. One of the important areas forces have focused on is the training of their staff; hence we asked forces which staff groups were provided with such training. Their responses are shown in Table 13.

Table 13: Percentage of forces providing drugs training for selected staff groups	
	Per cent
Probationer constables	100
Schools liaison officers	87
Local beat officers	66
Non-specialist officers	54
Specials	51
Force managers	41

Thirty forces said that their officers involved in specialist drugs work received advanced training. In over half of the cases this was provided in-force, though many forces also sent staff on national training courses in Liverpool, Wakefield and at Bramshill.

The content of training also varied according to role, with probationer constables and specialist drugs staff tending to receive a broadly-based input, and non-specialist staff and force managers in particular being less likely to be provided with the majority of the training elements. Some of the DATs, and indeed some of the forces themselves, questioned whether managerial staff received sufficient training in drugs issues; as Table 14 indicates, for example, significantly less than one half of forces provide their managers with training about their drugs strategy.

**Table 14: Which items are included in drugs training for different groups of staff?**

	Per cent			
	Probationer constables	Specialist officers	Non-specialist officers	Force managers
Legislation	100	79	33	31
Stop and Search	92	62	36	18
Recognition of drugs	90	82	54	28
Handling of exhibits	85	79	43	20
Role of intelligence	85	77	41	28
Basic drugs detection	74	74	41	15
Force strategy	74	62	44	41
Health and safety	69	62	36	38
Cautioning policy	59	51	28	38
Asset confiscation	56	77	26	28
Drug education in schools	44	44	23	26

A whole series of training initiatives were suggested as potential sources of good practice. These included: joint training with teachers (West Mercia); field testing training (Merseyside, Essex); involvement of explosives specialists in premises searching (Thames Valley); and the involvement of drugs workers in probationer training (Sussex). In addition, in one of the case study forces, Thames Valley, a system now exists in which external training is provided for all officers wishing to become involved in drugs education in schools (see the account of the DPEAP project in section 5, above). Three forces (Avon and Somerset, Durham, and Bedfordshire) suggested that with the launch of their strategies they provided training for all their staff; however, in practice many still tend to fall some way short. In one of the case study forces, front-line officers suggested that multi-agency training was the way forward:

We already do it for things like child protection and so forth, where we do training with operational officers ... We should look more at multi-agency training

It's like domestic violence. For a long time we were regarded as the people who went along and said we can't do anything ... And with domestic violence now we have tremendous liaison with people ... Drugs is one of those places where there's no multi-agency approach ... nothing like our domestic and child protection units.

Despite some examples of good practice, however, training did not appear to be considered as successful an element of force drugs strategies as many others. Certainly, successes were much more widely perceived in such areas as drugs prevention work in schools and general partnership working.

## 8. Performance indicators

The White Paper required police forces during 1996-7 to implement drugs strategies encompassing performance targets set by the forces themselves. During 1997-8 forces were required to publish the outcomes of the performance targets of their drugs strategies and, in the light of the results, to revise both the strategies and the targets. As was mentioned above, however, issues of performance and performance measurement are widely perceived to be problematic, and to be hampering the further development of force anti-drugs strategies. There was widespread agreement among forces and DATs on two issues:

- there is a lack of reliable data about the nature and the scale of the drug problem facing forces (and divisions within forces); and
- there is a lack of useful and appropriate performance indicators which will enable forces to evaluate their performance.

The White Paper specifically recommends one key indicator for force anti-drugs strategies – the number of arrests and disposals of offences under the Misuse of Drugs Act 1971 per 1,000 population – and, indeed, this does appear in all local police authority policing plans (Jones and Newburn, 1997). There is considerable variation among forces in the number of performance indicators included in their drugs strategies. Chatterton *et al* (1995) describe four types of performance indicator:

- *Input* (indicators which are concerned with the level of resources)
- *Process* (indicating numbers of hours devoted to an activity, the number of sessions given, classes held etc.)
- *Output* (the immediate results of police activity e.g. arrests, seizures etc.)
- (*High level*) *Outcom*(reductions in crime, drug-related harm etc.).

Indicators in the first three categories are being used by forces in England and Wales. Outcome measures, however, are still generally absent:

### Police Anti-Drugs Strategies Most Common Performance Indicators

#### *Input performance indicators*

- Introduce a drug referral scheme
- Introduce a drug education team
- Appoint drugs liaison officers
- Establish a schools education programme
- Provide drugs training for all staff

#### *Process performance indicators*

- Increase the number of drug-related searches
- Increase the number of informant payments
- Maintain and possibly increase the number of medium-level dealers targeted
- Number of drugs awareness lectures delivered
- Number of multi-agency projects running
- Develop network analysis of drug networks in each division
- Ensure full membership of DATs
- Ensure full membership of DRGs

#### *Output performance indicators*

- Increase the number of drug-related arrests/arrests per 1000 pop (by X per cent).
- Increase number of drug-related arrests per 100 officers
- Increase the number of drug-related seizures
- Monitor the street value of seizures
- Increase detections of supply offences
- Percentage of executed drugs search warrants resulting in seizures
- Percentage of executed (drugs) stop searches resulting in arrests
- Number of young people receiving drugs awareness presentations

Output performance indicators are dominated by measures of enforcement activity, including variations on the key performance indicator specified by the White Paper. The numbers and types of arrest, numbers and value of seizures and, in a few cases, the numbers of educational presentations are the most common of this type of indicator. The other elements of anti-drugs strategies, particularly drugs education, tend to give rise to input measures (the introduction of new initiatives; the training of officers; the creation of, and appointment to, new posts). Process performance indicators tend to cover the full spread of activities in drugs strategies, including enforcement, education and broader strategic and partnership activities.

In relation to outcome indicators, there was a recognition among both forces and other agencies that not only were such measures generally absent, but that forces were still very much in the dark on the question of how to measure the extent of the 'drugs problem' in their area. The conclusion drawn by Chatterton *et al* (1995)

in the first of their reports on performance indicators (see also Chatterton *et al*, 1998) is just as valid today. They suggested that ‘innovative approaches to information-gathering will be required, such as collaboration with local agencies in contacting panels of experts who have thorough and up-to-date information on changes in drugs markets’. There is potentially a role here for DATs – at least in relation to the coordination and management of this activity. As far as ‘high level’ outcome is concerned, reductions in crime, drug-related harms and the availability of drugs depend upon coordinated actions of many agencies, as the provisions of the Crime and Disorder Bill imply. Not only is it the case that meaningful, or at least tested and robust, performance indicators are in short supply in this area, but the measurement of successful outcomes will require the application of performance indicators across agencies. As one DAT chair put it: ‘we need to encourage more cross-agency consultation in establishing objectives and, where appropriate, in achieving them’.

## 9. Conclusions

In drawing conclusions at this stage it is as well to remind ourselves that it is only three years since *Tackling Drugs Together* was published. Whilst at that stage some forces did have published drugs strategies they were very much in a minority. Consequently, the simple fact that all forces now have published drugs strategies, and that many are in the process of revising their strategies in the light of performance and experience, in itself represents considerable progress.

Beginning from a largely enforcement-dominated style, forces have tended to broaden their approach such that they are acknowledging links with other types of crime, and reorienting enforcement activities and balancing them with an emphasis on non-enforcement aspects of drug work. The comments of numerous DAT chairs illustrate this change:

The police now recognise that enforcement is not the sole issue. Prevention, harm minimisation and referral schemes all have a part to play.

The strength of the force drugs strategy is that it recognises that enforcement is only one element. It recognises that treatment and education are equally important.

The police now recognise the importance of harm reduction and prevention in addition to enforcement.

More particularly, having now put drugs strategies firmly ‘on the agenda’, forces are reviewing their work in this area and beginning to explore ways of bringing their drugs strategies into closer line with more general crime strategies. Key among these is the Metropolitan Police (see box below).

### **Revising the drugs strategy – the Metropolitan Police**

In reviewing their original drugs strategy, the Metropolitan Police examined those areas of work they felt had been successful (such as Operation Welwyn in the enforcement area), looked at the priority given to drugs generally by officers, and sought to enhance the new drugs strategy by bringing drugs and crime work together. The result is what is referred to as ‘harm reduction-oriented enforcement’. This brings together ‘hot-spotting’ – targeting areas where there are particular problems associated with crime, drug use and/or disorder – and the targeting of prolific offenders and problematic drug users.

Using intelligence to identify particular targets – individuals and areas – the aim is to concentrate police resources where the greatest impact can be made (both on crime and drug use), thereby reducing harm. The difficulties associated with such an approach again relate to the problems of measurement and assessment. It is acknowledged that defining drug-related crime is problematic, that intelligence around drug misuse and persistent offending is often far from adequate, and that considerable work will have to go into developing new intelligence gathering methods.

Crucially, forces appear to have responded with some vigour to the White Paper’s approach to multi-agency partnership approaches to drugs and drug-related crime. The overriding impression given by DAT chairs through the survey and by respondents in the case study forces was that forces were committed to the idea of partnership and multi-agency working:

The police drugs strategy embraces the partnership approach, recognising that the police cannot make a difference alone.

The key strength of the police approach in this area is their commitment to multi-agency working, and their participation in innovative programmes.

In the postal surveys we asked both forces themselves and DATs how successful they felt the local police had been in each of the key areas specified in the White Paper. The police view of their own performance is summarised in Table 15.



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	Per cent saying				
	Very successful	Successful	Neither successful nor unsuccessful	Unsuccessful	Very unsuccessful
Engaging in drugs prevention work in schools	49	34	17		
Participating in local DATs	44	51	5		
Providing drugs training for officers	20	44	24	12	
Running an arrest referral scheme	19	33	28	19	
Taking effective enforcement action against traffickers	15	59	24		
Increasing public awareness of the police role in prevention	15	59	22	5	
Liaising, sharing intelligence, planning joint operations with Regional Crime Squads	12	49	29	10	
Liaising, sharing intelligence, planning joint operations with Customs and Excise	7	41	41	7	5
Ensuring equal opportunities policies are reflected in drugs work	10	46	44		

Looking at Table 15, one can see that participating in the new DAT structures was generally perceived to be a strong point, as was providing drugs prevention work within schools. Few forces felt they had been anything other than successful in participating in local multi-agency structures, and the same was generally true of force views of their role in drugs education/prevention work in schools. With regard to most of the other elements, few forces described their work or initiatives as ‘very successful’, though many felt they had been ‘successful’. One of the areas highlighted by the HMIC thematic as problematic (HMIC, 1996) was the application of equal opportunities policies in this area. Though a significant number of forces said they had been neither successful nor unsuccessful in this area, a majority of forces claimed success. No examples of such work were forthcoming, however, and interviews in the case study forces brought no further successes to light.

Forces indicated that success was least evident in the areas of liaison, sharing and planning with Customs and Excise and Regional Crime Squads, and running arrest referral schemes. The latter is particularly interesting, and appears to reflect the emerging lessons about such schemes. Those forces that had been running – even for a relatively short time – schemes which involved the direct participation of drugs workers (either in the custody suite, or as part of the cautioning or probation programmes) tended to feel that they were working well. Those forces running information-based schemes were inclined to hold a less optimistic view.

We asked a similar set of questions of DAT chairs, though also included in the list were questions about how successful they felt forces had been in reviewing their anti-drugs strategies in the light of previous performance and how successful they had been in setting multi-agency performance indicators. In general, the views of DAT chairs accorded with those of the forces themselves. They felt forces to be generally very successful in engaging in partnership initiatives, in liaising with other organisations, and particularly in engaging in drugs prevention in schools. There were mixed views of arrest referral schemes, a degree of uncertainty about training and about reviewing drugs strategies (on which topics DAT representatives found it difficult to answer questions), and a broad feeling that setting multi-agency performance indicators had not been a success.

In the survey forces were also asked to outline what they considered to be the major strengths of their drugs strategies, and the greatest problems they faced. Multi-agency working came out very strongly among the perceived strengths, as did what appears to have been a fairly widespread reorienting of enforcement practices away from possession offences and towards higher level traffickers. Raising the profile of drugs work was considered very important and, indeed, the very fact of publishing a strategy was viewed as positive. As one force put it:

As the first drugs strategy it represented a position statement which for the first time identified the strands of enforcement, education, and diversion. It placed a strong emphasis on enforcement. It also provided a useful point of reference on drugs matters.

Predictably high on the list of perceived difficulties was the subject of resources (or their lack). Concerns over resources were expressed in many different ways: mention was made of internal force shortages in terms of cash, staffing, time or training; and of external shortages of treatment facilities or resources from other 'partners'. Structural problems arising from force reorganisation and local government reorganisation were also felt to hamper new initiatives. Finally in this

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regard, many forces suggested that difficulties of assessment and measurement were very problematic. They highlighted the absence of means by which local drugs problems could be measured or assessed, and also the absence of means of assessing the impact of local initiatives. With regard to the latter, forces wished to see both the development of independent means of assessment and more subtle performance indicators in relation to drugs work. One of the key absences around the country, it was felt, was of anything resembling rigorous evaluation. Whilst many people – in forces, DATs, DRGs and drugs agencies – felt or claimed that they were doing innovative work, few were monitoring activities except in relatively superficial ways. As one DAT chairman expressed it:

Many claims about improved working and innovative practices are made. However, although I have no reason to doubt that there is a lot of good work going on, I never really see any hard evidence. I've seen some research on arrest referral schemes but not on anything else much.

While it is perfectly possible that there is much around the country that might count as good practice in enforcement, education and harm reduction, it is difficult to see how the lessons are going to be learned, and how constant reinvention of the wheel is to be prevented, unless full-scale process and outcome evaluations of the work are undertaken.

In general, the view from DATs was that police representation on, and participation in, local forums was very positive and, indeed, often crucial. However, they also did suggest that there was still some way to go. Though close liaison with partners was identified by many as one of the strengths of local police anti-drugs strategies, they also made suggestions as to how collaboration and partnership between the police, DATs and other agencies could be improved. In particular, closer links between DAT action plans, police anti-drugs strategies and other partnership documents and plans were suggested by many. Though there were some concerns expressed about the possible impact of the new structures to be introduced as a result of the current Crime and Disorder Bill, there were also many who felt this to be an excellent opportunity to rationalise local structures including DATs and DRGs.

Finally, there is the question of what might be included in future force strategies. Here, although there was a very broad range of suggestions, four main themes emerged. They were:

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- the need to establish better or more inclusive forms of drugs training for officers (perhaps multi-agency training);
- the need to develop more sophisticated arrest referral schemes;
- the need to ensure that drugs strategies filter fully down to divisions and are fully implemented at that level; and
- the need to develop more effective measures of the problem and of performance.

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