



**Home Office**  
BUILDING A SAFE, JUST  
AND TOLERANT SOCIETY



# TACKLING DRUG USE IN RENTED HOUSING

## A Good Practice Guide

## Contents

<b>Executive summary</b>	<b>5</b>
<b>1 Setting the scene</b>	<b>9</b>
Social Landlords	9
Drug Action Teams and Drug Reference Groups	9
Crime and Disorder Reduction Partnerships	9
Alcohol, prescribed drugs and problematic drug use	10
<b>2 Drugs, crime, anti-social behaviour and housing</b>	<b>11</b>
Links between drugs, alcohol and crime	11
Drug-related anti-social behaviour	12
Community consultation	13
The role of housing in neighbourhood renewal	13
Best Value in housing	14
The role of social landlords in regeneration	14
Priorities for neighbourhood regeneration	16
Displacement	17
Physical improvements	17
Tackling drug-related supply as part of estate regeneration	17
Controlling supply as an integrated tool of neighbourhood renewal	18
Services for young people	19
Confidentiality and information sharing between agencies	19
<b>3 Specific housing management interventions in relation to drugs</b>	<b>22</b>
Tenancy allocation and sustainable communities	22
Introductory and starter tenancies	23
Tenancy agreement	25
Actions to prevent anti-social behaviour	26
Neighbourhood wardens	26
Mediation	26
Injunctions	27
Anti-Social Behaviour Orders	28
Acceptable Behaviour Contracts	28
Evictions	29
Private landlords	30
<b>4 Resettlement, treatment and rehabilitation – the role of housing providers</b>	<b>32</b>
Housing – supporting drug users to overcome dependency	32

Managing supported housing for drug users: an example of good practice	32
Drug users as ‘vulnerable’ people	33
Planning to meet the support needs of drug users	34
Assessing the support needs of drug users	34
Delivering support to vulnerable tenants	35
Agency-based support	36
Floating support	37
People living independently for the first time	37
Care leavers	38
Drugs and mental health	39
Tenants with current or recent contact with the criminal justice process	40
Ex-prisoners	40
Probation	41
Housing support for ex-offenders	41
Measuring the impact of supported housing	42
Supporting People	42
<b>5 Supporting drug users in housing – issues for managers and staff</b>	<b>44</b>
Drug use and tenancies	44
Section 8 of the Misuse of Drugs Act 1971	45
Staff training and support	48
Responses to discarded injecting equipment	49
<b>6 Conclusions</b>	<b>51</b>
<b>Bibliography and suggested further reading</b>	<b>52</b>
<b>References</b>	<b>53</b>
<b>Appendix 1: Procedures and powers available to act against a house and its tenants involved in drug supply</b>	<b>55</b>
<b>Appendix 2: Glossary of terms</b>	<b>59</b>
<b>Appendix 3: Drug treatment</b>	<b>64</b>
What is treatment?	64
Ways into treatment	64
Drug treatment services	64
Types of intervention	67
<b>Useful contacts</b>	<b>69</b>



## Foreword

### Who this document is for

This good practice guide is aimed primarily at local authority housing departments and registered social landlords (RSLs) operating in England. The guide will also be of benefit to Drug Action Teams, Crime Disorder Reduction Partnerships, drug services, the police and others with a responsibility for addressing drug-related issues in local communities. It will be of interest to those providing housing services in Scotland and Wales.

### Why this guidance is needed

The issue of drugs within rented housing is important for managers of social housing as well as other agencies responsible for preventing and dealing with crime and anti-social behaviour. The role that housing can play should be recognised as a vital part of local drug strategies by those responsible for the provision and commissioning of drug services.

The primary purpose of this guide is to help develop strategies to ensure that communities are not adversely affected by the consequences of illegal drugs whilst simultaneously ensuring that drug users are supported in their treatment and rehabilitation through access to appropriate housing. In developing strategies to deal with crime and anti-social behaviour, local housing services should be aware of the need to address problems associated with illegal drugs.

### Development of the guidance

The guidance has been produced jointly by the Home Office Drug Strategy Directorate (DSD), the Drugs Prevention Advisory Service (DPAS) and Release, the national drugs and legal charity. It is based on information gathered through an extensive review of existing literature and draws on examples of existing good practice across England.

The following organisations or initiatives were visited or interviewed in the course of this research:

**Bleach Green Estate, Gateshead**

**Brighton and Hove Special Needs Housing Project**

**CAN Homeless Action Team, Northamptonshire**

**Castle Vale Housing Action Trust, Birmingham**

**Coventry and Warwickshire Substance Misuse Initiative Housing Support Project**

**Monsall Residents Association, Manchester**  
**Phoenix House Drug and Alcohol Floating Support Service, London**  
**Tower Hamlets Accommodation Project, London**

The project was steered by an advisory group whose valuable comments were extremely helpful in shaping the drafting of the document.

They were:

**Robin Burgess (DPAS/DSD)**  
**Gail Heath (Northern Counties Housing Association, representing National Housing Federation)**  
**Trevor Lincoln (Leeds City Council, representing the Local Government Association)**  
**Chris McCormack (DPAS)**  
**Fiona MacKay (DPAS)**  
**Rosie Higgins (DPAS)**  
**Geeta Nanda Octavia Hill Housing Trust, representing the National Housing Federation (NHF)**

Thanks also to the following who contributed extensively:

**Jan Bird (Department of Transport and the Local Government Regions, DTLR)**  
**Maureen Adams (Housing Corporation)**  
**Helen Williams (National Housing Federation)**  
**Gerard Murden then Liverpool City Council, representing the Local Government Association (LGA)**

The good practice guide has been written by the Inclusion team at Release. Inclusion is a partnership between Release and the Camelot Foundation, and seeks to support professionals working with socially excluded young people in preventing the onset of problematic drug use and related problems.

**Authors: Ian Robinson and Kevin Flemen (Release)**  
**Background research: Dave Wilson and Fiona McLean (Release)**  
**Edited by Robin Burgess and Bridget Lawless**



## Executive summary

### Setting the scene

Providers of social housing have an increasing role, alongside other partners, to combat anti-social behaviour. The effects of drug use on communities can be pernicious, and the needs of individual drug users should be balanced against those of the wider community.

Problematic drug use is often symptomatic of other social and economic problems, including high levels of unemployment, deprivation and crime, and can be seen both as a cause and a symptom of neighbourhood decline. Housing managers can, and do, play a crucial role in combating problems associated with drug use through efforts to regenerate neighbourhoods, dealing with anti-social behaviour and supporting the provision of effective treatment outcomes for individual drug users. Providers of social housing play a crucial role in helping to deliver the national drugs strategy, *Tackling Drugs to Build a Better Britain*.

### Drugs, crime, anti-social behaviour and housing

Some aspects of drug-related anti-social behaviour are straightforward: use of drugs on stairwells and other public areas, discarded needles and other drug-related paraphernalia, and open dealing from properties or public spaces. Other activities are not so clearly drug-related, such as crime against property, groups of young people congregating in public spaces, prostitution and mugging.

### Community consultation

Members of the local community, including those who live and work on an estate or neighbourhood, should be fully involved in the planning and implementation of any initiatives. Efforts should be made to ensure that consultation is representative and actively involves all members of the community. This should include proactive steps to consult with minority ethnic communities, young people, lesbians and gay men, and drug users.

### The role of housing in tackling drug issues as part of renewal

Efforts to combat drug-related problems in rented housing should include:

- ◆ integration of drug strategies into regeneration programmes
- ◆ physical improvements – designing out drug use
- ◆ planned action against supply

- ◆ housing management that is responsive to drug use
- ◆ work with young people
- ◆ close co-operation between partners.

## **Regeneration and housing**

Some estates are so badly damaged by unemployment and anti-social behaviour, including drugs, that a programme of economic and social regeneration needs to take place. A comprehensive package of measures should include physical improvements which will in turn impact on drug use and especially supply:

- ◆ Street lighting
- ◆ CCTV
- ◆ Security to buildings
- ◆ Creation of defensible space
- ◆ Opening up of secluded properties
- ◆ Demolition of some properties
- ◆ Construction of new improved properties or major improvements to older properties.

Additional funding, such as New Deal for Communities and Single Regeneration Budget, has been used effectively for these purposes.

## **Housing management**

High-quality housing management brings effective solutions to drug problems by managing anti-social behaviour through to supporting tenancies for those overcoming drug problems. Social landlords can contribute to the safety of communities, tackling anti-social behaviour and thereby reduce problematic drug use. They should look at:

- ◆ tenancy agreements
- ◆ tenancy allocation
- ◆ sustainable communities
- ◆ introductory and starter tenancies.

The behaviour of some individuals can adversely affect others. Landlords should consider action to prevent anti-social behaviour, including:

- ◆ mediation
- ◆ injunctions
- ◆ Acceptable Behaviour Contracts
- ◆ Anti-Social Behaviour Orders.

### **Partnership and joined-up working**

As part of this **Housing Plus** approach, and taking forward Best Value, social landlords need to work effectively with other key agencies (e.g. police, youth and social services), other landlords and the members of the community. Good inter-agency working means a commitment from each agency based on protocols covering information sharing and confidentiality issues.

### **Vacant and unpopular housing**

Problematic drug use can both be a factor creating unpopular housing and a negative consequence of it. Such problems are often symptomatic of longer decline and need to be tackled through economic and social programmes, including large-scale physical improvements. A number of measures can be instigated by housing managers to prevent the continuing abandonment of estates, as well as dealing with the problems caused by it:

- ◆ Quickly identifying empty properties (including privately-rented)
- ◆ Securing empty properties immediately they become vacant
- ◆ Net curtains placed in the windows of empty properties
- ◆ Make properties fit for letting
- ◆ Action to prevent tenancy failure
- ◆ Sensitive and appropriate allocations policy.

### **Private landlords**

Action taken to improve estates should not be undermined by the behaviour of those in privately-rented accommodation. Social landlords should provide services to private landlords, such as practical housing management advice, referencing and advice.

### **Meeting the housing needs of drug users**

Housing should be seen as an integral part of successful drug treatment and rehabilitation. Problematic drug users often need additional support to maintain their tenancies. Support needs of vulnerable tenants, including young people, people with mental health problems and drug users, should be identified at an early stage through intensive interviews. The social mix of a community, and the vulnerability of tenants housed in certain types of accommodation or particular estates, should be considered when allocating tenancies.

There are a number of successful examples of floating support services aimed at supporting drug-using tenants in maintaining their tenancies. Having social landlords work closely with drug agencies delivers a number of benefits to the individual, community and landlord:

- ◆ Reduction in rent arrears
- ◆ Less damage to properties
- ◆ Reduction in anti-social behaviour
- ◆ Reduction in the number of evictions
- ◆ Reduction in the number of abandoned properties
- ◆ More successful treatment outcomes.

### **The role of housing providers in supporting drug treatment and rehabilitation**

Providers of social housing should work with local Drug Action Teams to help deliver the national drugs strategy at a local level. Housing providers should not only be involved and consulted on matters related to community safety issues. Their importance in relation to the provision of successful treatment outcomes and drug education and prevention should also be acknowledged and encouraged.

### **Supporting People**

The Supporting People programme will introduce a new system of planning, funding and monitoring for housing support services for vulnerable people, including drug users. Supporting People is a working partnership of local government, service users, health, probation and support agencies.

The implementation of Supporting People is already under way and it is essential that Drug Action Teams are fully engaged in the process.

### **Drug use, legal issues and tenancies**

Housing managers and staff should be aware of their legal duties and obligations when carrying out their work. Section 8 of the Misuse of Drugs Act 1971 places obligations on those concerned in the management of premises to prevent activities such as drug dealing and the illegal use of controlled drugs. Guidance on working with drug users within the law is contained in this manual, but it is important that providers of housing support to drug users act within the law and the spirit of the law, applying caution and consulting with local police where appropriate.



## 1 Setting the scene

### *The national drugs strategy*

- 1.1 The behaviour of some drug users, and the environment created by problematic drug use, supply of drugs and associated crime, raise many practical and management issues for landlords.
- 1.2 This guidance addresses the following:
- ◆ Tackling drugs where it is a factor in anti-social behaviour in housing settings
  - ◆ The housing needs of drug users
  - ◆ Drugs as a factor in neighbourhood decline
  - ◆ Sensitive and appropriate allocations policy.

### **Social landlords**

- 1.3 An important aim of the Government's 10-year national drug strategy, *Tackling Drugs to Build a Better Britain*, is to protect communities from drug-related anti-social behaviour. It acknowledges the major role played by housing services in drug treatment, rehabilitation and crime reduction.

### **Drug Action Teams (DATs) and Drug Reference Groups (DRGs)**

- 1.4 Drug Action Teams (sometimes DAATs – Drug and Alcohol Action Teams) consist of senior officials from relevant organisations and agencies, including the health authority, education authority, housing authority, police authority, prison service and social services. The DAT is responsible for implementing the national drugs strategy at a local level, and is informed by Drug Reference Groups (DRGs). DRGs (sometimes DARGs – Drug and Alcohol Reference Groups) consist of professionals with more practical experience of tackling drugs, such as workers from drug treatment agencies and housing professionals. DGRs advise their local DAT on practical issues relating to their area.

### **Crime and Disorder Reduction Partnerships (CDRPs)**

- 1.5 This guide will be of relevance to Crime and Disorder Reduction Partnerships. The Crime and Disorder Act 1998 requires the Partnership to go through various stages in developing a crime and disorder reduction strategy for its area. In order to assist it in developing a strategy, the Partnership must:

- ◆ carry out a crime and disorder audit in its area;
- ◆ identify possible local priorities upon which to focus the strategy;
- ◆ consult with the local community about the possible priorities;
- ◆ take the crime and disorder audit and the results of the consultation process into account when developing a strategy.

1.6 Active participation in these forums can assist RSLs to develop and implement effective drug strategies that meet the housing needs of drug users, whilst addressing the potential for crime and anti-social behaviour that drug use can entail.

1.7 Housing associations may wish to consider nominating representatives to the Partnership from the existing body of associations operating within the region, in order to effectively resource these meetings.

## **Alcohol, prescribed drugs and problematic drug use**

1.8 Many drug-related problems stem from the use and supply of illicit drugs, i.e. drugs that are controlled under the Misuse of Drugs Act 1971. However, problems can and do stem from the use of controlled drugs that are being prescribed, prescription medicines, alcohol, and other substances such as volatile liquids and gases. While the primary focus of this paper is illicit controlled drugs, these other substances will also be referred to and should be included in the development and implementation of drug-related housing strategies.

## **Tackling Drugs to Build a Better Britain**

### ***Aim***

To create a healthy and confident society, increasingly free from the harm caused by the misuse of drugs.

### ***Objectives***

- 1 To help and protect young people resist drug misuse in order to achieve their full potential in society.
- 2 To protect communities from drug-related anti-social and criminal behaviour.
- 3 To enable people with drug problems to overcome them and live healthy and crime-free lives.

*All activity towards the aim and objectives will be guided by the following principles:*

- ◆ Integration of activity across all government departments through partnerships to deal with the social problems which lie at the root of drug misuse
- ◆ Evidence from pilot projects and evaluation of what works in tackling drugs
- ◆ Joint action – co-ordinated locally through Drug Action Teams which can have a much greater impact on the complex drug problem than disparate activities
- ◆ Effective communication of a consistent message on the harmful effects of drugs, through schools and local projects; improved accountability through more transparent resourcing and performance measurement.



## 2 Drugs, crime, anti-social behaviour and housing

### *How drugs relate to disorder within housing*

- 2.1 The needs of drug users and their right to housing have to be carefully balanced with the rights of the wider community. A minority of drug users have a disproportionately adverse impact on their families, neighbours and the community. Heroin, crack cocaine and the problematic use of alcohol are especially significant when considering drug-related crime and nuisance.

### **Links between drugs, alcohol and crime**

- 2.2 Drug crime may be **drug-related** or **drug-driven**. In the former, drugs may be a factor in the criminal activity whereas in the latter, the *"offence is committed solely to pay for drugs."*<sup>1</sup> According to the national drug strategy, *"many police forces estimate that around half of all recorded crime has some drug-related element to it."*<sup>2</sup>
- 2.3 Evidence shows that a great deal of property-related and car crime is motivated by some users seeking money to pay for drugs. Hough et al (1999)<sup>3</sup> suggest that acquisitive crime accounts for more than half of the annual drug spend.
- 2.4 Alcohol misuse contributes significantly to crime levels. 40% of violent crimes are estimated to be committed under the influence of alcohol. Over 70% of crime audits conducted by Crime and Disorder Reduction Partnerships in 1998 identified alcohol as an issue: in over 40% of the audits, documents highlighted drunkenness as an issue, and 60% related public order problems to alcohol.<sup>4</sup>
- 2.5 The Home Office Alcohol Action Plan<sup>5</sup> builds on existing good practice and aims to encourage local action to reduce levels of alcohol-related crime, disorder and nuisance. Three specific objectives have been identified:
- ◆ Reduction of the problems arising from under-age drinking
  - ◆ Reduction of public drunkenness
  - ◆ Prevention of alcohol-related violence.

Notes 1, 2, 3, 4 and 5 – see page 53

## Drug-related anti-social behaviour

2.6 Defining drug-related anti-social behaviour is not straightforward. Some activities are clearly linked to drugs, some are less clear, e.g. young people hanging around in public spaces can be perceived to be involved in using illicit drugs or drinking alcohol. This can be merely due to the absence of appropriate youth-centred activities and services.

### Examples of crime and anti-social behaviour

<i>Definitely drug-related</i>	<i>Possibly drug-related</i>	<i>No clear link</i>
<p>Drug dealing</p> <p>Drug paraphernalia</p> <p>Drug use</p>	<p>Property crime</p> <p>Mugging</p> <p>Shoplifting</p> <p>Young people street-gathering</p> <p>Drunkenness</p> <p>Physical assault</p> <p>Car crime</p> <p>Prostitution</p> <p>Begging</p>	<p>Graffiti</p> <p>Racial harassment</p> <p>Vandalism</p> <p>Litter</p> <p>Noise</p>

2.7 Fear of crime contributes to making estates and neighbourhoods unattractive. Residents who can, move out of the area, leaving empty properties prone to being vandalised, squatted or boarded up, thus creating opportunities for the properties to be used for criminal activities such as drug dealing. As an estate or neighbourhood gains a reputation for drug-related problems, many people become reluctant to take up housing in the area. Void properties may be used to house current or ex-drug users. Allocation policies can add to the area's reputation and also precipitate the relapse of re-housed drug users.

2.8 Neighbourhood abandonment is a serious and growing problem. Nearly two-thirds of local authorities and registered social landlords (RSLs) manage low demand properties. This represents 11.5% of local authority stock nationally, the equivalent of some 377,000 properties. A large proportion of this housing is located in the North of England.

## Sources of dissatisfaction in low demand areas

- ◆ *Crime and anti-social behaviour*
- ◆ *Poor reputation of area*
- ◆ *Upkeep of housing and neighbourhood*
- ◆ *Lack of shops*
- ◆ *No sense of community*

(Analysis of data from English House Conditions Survey, DETR, 1996 in report by the Unpopular Housing Action Team.)

- 2.9 Immediate measures to address the problem of empty properties and voids include:
- ◆ procedures for quickly reporting empty or abandoned properties;
  - ◆ securing empty properties;
  - ◆ placing net curtains in windows of empty properties;
  - ◆ making repairs to empty properties to make them fit for letting;
  - ◆ action to prevent failed tenancies;
  - ◆ letting properties as soon as possible, taking into account the need for sensitive and appropriate allocations;
  - ◆ letting properties to people whose characteristics are not reflected in statutory priority.
- 2.10 Problematic drug use is linked to, and symptomatic of, other social and economic factors. Areas of high unemployment are therefore more likely to experience significant drug-related problems. Drug dealing may become established as part of the alternative economy.<sup>6</sup> Strategies to tackle local drug problems should be part of the wider context of social and economic regeneration. The link between local drug use, drug supply, drug-related crime and local deprivation should be appraised.

### Community consultation

- 2.11 Any interventions should be based on an audit of the actual problem and full consultation with members of the local community. It is essential to ensure that interventions reflect local need and local issues. Consultation should involve everyone who lives and works in a particular area. Issues and experiences of all sectors of the community should be represented. Participation by minority ethnic groups, lesbians and gay men, drug users and ex-users, and young people should be sought actively.

### The role of housing in neighbourhood renewal

- 2.12 Providers of social housing are often at the vanguard of innovative solutions to the challenges created by problematic drug use. Social landlords have recognised their frequent inability to discharge their responsibilities as landlords through traditional housing management and have adopted a **Housing Plus** approach in some areas.<sup>7</sup>
- 2.13 It is essential that action to tackle neighbourhood change addresses drugs. The DAT needs to be linked to regeneration or area strategic bodies, as well as social housing providers. Practical day-to-day issues and interventions should be fed in through the supporting

Notes 6 and 7 – see page 53

DRG structures. Some DATs have specific DRGs looking at housing, while others have included the issue within crime and community safety groups. Initiatives to address problem drug use should be provided with practical support, guidance and resources by the DAT.

## **Best Value in housing**

2.14 Local housing authorities have a statutory duty to deliver Best Value across all their service areas, including housing. Best Value is *“an opportunity for local authorities to reassess their roles and functions and to come up with innovative ideas for the provision of services”* which:

- ◆ are responsive to local community needs and aspirations;
- ◆ maximise the effects and benefits of resources;
- ◆ work efficiently in partnership with other agencies;
- ◆ have clear organisational objectives;
- ◆ embrace performance management to confirm accountability;
- ◆ recognise the need for service providers to work alongside other agencies and with tenants, to bring about improvements.

## **The role of social landlords in regeneration**

### **2.15 *Local Strategic Partnerships***

The Government is currently promoting the concept and role of Local Strategic Partnerships (LSPs) as a vehicle for implementing and leading neighbourhood renewal. Building on existing partnerships, such as Health Action Zones and Single Regeneration Budget partnerships, LSPs will normally operate across local authority boundaries. It is intended that LSPs will see the public, private, voluntary and community sectors coming together in a single overarching local co-ordination framework. Consultation and effective engagement with the community is seen as a vital component to the success of LSPs.

Housing providers will be key members of LSPs both at a strategic and neighbourhood level. The following diagram shows the relationships from national to neighbourhood level. There is considerable opportunity for LSPs to tackle drugs and crime in drawing up their strategies.

## Key government departments

- ◆ Funding of public services
- ◆ Targets for outcomes in poor neighbourhoods
- ◆ New policies to tackle jobs, crime, education, housing and physical environment
- ◆ Encourage joint working through Local Strategic Partnerships

## Neighbourhood Renewal Unit

- ◆ Ensuring central government departments fulfil their commitments
- ◆ Overseeing the development of local neighbourhood renewal strategies
- ◆ Administering the Neighbourhood Renewal Fund
- ◆ Monitoring the success of, and adapting, the national strategy for neighbourhood renewal, utilising neighbourhood statistics
- ◆ Operate a knowledge management system to share 'what works'

## Neighbourhood Renewal Teams in government offices

- ◆ Provide feedback on what is going on locally
- ◆ Provide day-to-day support for Local Strategic Partnerships (LSPs)
- ◆ Ensure public sector organisations are fully engaged in LSPs and that a diverse range of residents have been enabled to play a major role in shaping the strategy

## Local Strategic Partnerships

- ◆ Identify priority neighbourhoods
- ◆ Develop an agreed action plan, including targets, to turn them around (this may include changing the way existing services work, introducing new services, joining up existing services, through sharing information, premises or staff, trying neighbourhood management, and rationalising unnecessary plans and partnerships)

## Neighbourhood action

- ◆ Neighbourhood management (or similar mechanisms): devolving power and responsibility to a neighbourhood manager or organisation. This could include running local services, devolving budgets, making service level agreements with providers, and putting pressure on higher tiers of government to change the way services work
- ◆ Resident involvement in developing a local plan for the neighbourhood through consultation and representation on the LSP
- ◆ Action to fulfil local neighbourhood renewal strategy to tackle problems such as worklessness, crime, low skills, poor health, housing and the physical environment

*(A New Commitment to Neighbourhood Renewal – A National Strategy Action Plan, SEU, 2001)*

2.16 Some interventions to tackle drug-related community problems are led by housing managers; others rely on the support of, and may be led by, other agencies. Housing providers are expected to lead (✓) on some issues and play an active part in others:

- ◆ Tackling low demand housing(✓)
- ◆ Using lettings policies to help create more sustainable communities(✓)
- ◆ Implementing on-the-spot housing management(✓)
- ◆ Encouraging tenant participation in housing management(✓)
- ◆ Membership of Local Strategic Partnerships
- ◆ Involvement with neighbourhood management.

## Priorities for neighbourhood regeneration

2.17 A broad-based approach is necessary and would include the following measures:

- ◆ Physical improvements to properties and public spaces
- ◆ Tackling anti-social behaviour
- ◆ Improvements to local public services
- ◆ Housing management improvements
- ◆ Housing allocation policies
- ◆ Policing improvements
- ◆ Support to vulnerable tenants
- ◆ Access to local treatment services
- ◆ Effective school-based drug education with links to the community
- ◆ Effective, purposeful youth work to divert young people away from drugs
- ◆ Improved information gathering
- ◆ Community consultation throughout
- ◆ Partnership and joint working arrangements.

## Castle Vale Housing Action Trust

Castle Vale Housing Action Trust in Birmingham was established in 1993 and will be dissolved in 2005. The Trust has developed a holistic approach to regenerate a large estate and improve health, economic, social and environmental conditions. A drugs and substance misuse programme has been developed as one important element of this effort. The area had physical problems related to its design, layout, construction and isolation. Research commissioned in 1993 revealed that the area had some of the worst health statistics in Birmingham and higher levels of problematic substance use than the city average. Following 30 years of physical, social and economic decline, the Trust was put in place to regenerate Castle Vale, through:

- ◆ improving and redeveloping housing
- ◆ improving the 'quality of life' on the estate, i.e. the economic, social, living, health and environmental conditions

- ◆ providing a wider choice of tenure and forms of home ownership
- ◆ providing an effective service as landlord
- ◆ working with the community to maintain the positive changes into the future.

As part of this overall programme of activities, a substance misuse programme was developed, which aims to:

- ◆ reduce the health, legal, social and economic impact of problematic substance use for individuals, families and the community;
- ◆ deliver drug and health education, advice and training to schoolchildren, staff and parents;
- ◆ support problematic substance users, along with their families and carers.

## **Displacement**

2.18 Addressing the needs of one neighbourhood, however, can contribute to the decline of others through the displacement of the problem. This is particularly true in relation to drug supply. Any estate-based initiatives should be part of a wider strategy, co-ordinated by the local authority and the police, in relation to supply. Police activity should be linked with other strategies.

## **Physical improvements**

2.19 Physical improvements can be made to both property and public space in order to prevent anti-social behaviour, including drug dealing and use. Specific measures can improve the physical appearance of an area and make it safer for residents:

- ◆ Removal of litter and graffiti
- ◆ Cosmetic repairs to buildings and street furniture
- ◆ Improved street lighting
- ◆ Lighting in communal areas
- ◆ CCTV
- ◆ Security to communal buildings, e.g. entry phones
- ◆ Assisting residents with home security
- ◆ Swift securing of void properties
- ◆ Removal of alleys, alleygating and 'rat-runs'
- ◆ Creation of defensible space
- ◆ Opening up of secluded areas
- ◆ Demolition of some properties
- ◆ Construction of new properties to replace undesirable or damaged properties.

## **Tackling drug-related supply as part of estate regeneration**

2.20 Action to control entrenched drug supply is a pre-requisite for longer-term change. Police should work collaboratively and strategically with local regeneration and Crime and Disorder Reduction Partnerships as well as DATs in planning enforcement activity. Active housing involvement in actions to tackle supply, in order to address area decline, is essential.

## Controlling supply as an integrated tool of neighbourhood renewal

### Tackling drugs on the Bleach Green Estate in Gateshead

The Bleach Green Estate is a residential area with a population of 2,250; 91% of properties are council owned. There are high levels of social and economic deprivation, with:

- ◆ high unemployment levels (23.5%)\*
- ◆ a high percentage of lone parents (34.4%)\*
- ◆ a high turnover of tenancies (35% in 1999)\*
- ◆ an annual burglary rate at three times the national average\*\*
- ◆ survey of residents (74% response rate) identified drugs as a major problem on the estate, including drug dealing and related crime.

**Objective:** identify, target and prosecute drug dealers and take legal action to evict them from the estate.

**Partners:** police, local authority, DAT, Bleach Green Residents Association.

\* *Sure Start Blaydon Proposal 1999*

\*\* *Bleach Green Reducing Burglary Bid 2000*

### Operation Avalanche

- ◆ Police undercover operation for six months with support and accommodation from local authority housing department.
- ◆ The operation resulted in 25 people being prosecuted.
- ◆ Following arrests, each household was leafleted informing residents what the local authority and police were doing and offering help from agencies for those with substance misuse problems.
- ◆ After the arrests, the police maintained a high profile on the estate, to reassure tenants and to prevent 'new' dealers from moving in onto the estate.

### Operation Iceberg

- ◆ The targeting of suppliers was a successful but short-term measure.
- ◆ Operation Iceberg, a multi-agency approach to tackle the problems, was established.
- ◆ This involved intensive proactive housing management, including the removal of visible signs of the estate's decline, and re-establishing relationships with, and restoring confidence with, the local community.
- ◆ New applicants were vetted before being housed on the estate.
- ◆ Emphasis was placed on social mix of new tenants.
- ◆ Faster responses and a confidential reporting system were set up.

Police raids over three days led to the recovery of heroin worth up to £200,000 and 25 arrests in connection with conspiracy to supply heroin and cocaine.

No compulsory evictions have taken place to date.

Significant reduction in repeated offences, for example prior to Operation Avalanche there used to be three to four reported firearms offences per week; since Avalanche there hasn't been one.

There was no significant increase in referrals to the Drug and Alcohol Team.

## Services for young people

2.21 The lack of opportunities and facilities for young people on estates is a common problem for housing managers, who should be actively involved in developing services for young people,<sup>8</sup> including:

- ◆ detached youth work
- ◆ youth services offering diversionary activities and informal community education
- ◆ drug treatment services targeted at young people
- ◆ general support services for young people.

Housing services should be involved in planning interventions with children and young people related to housing developments. To be effective, any intervention with young people should be based on an outcome-oriented model, be focused on high-risk groups, be effectively managed and be carried out in a sustained way by qualified and experienced staff.

## Confidentiality and information sharing between agencies

2.22 Protocols, taking into account the Data Protection Act, should be agreed with residents and agencies such as the local authority, RSLs, police and probation service. Agencies should have a formal policy about sharing information with others.

2.23 Developing joint working strategies is essential. Links with other agencies should be developed and consolidated. Strategies to achieve this, could include:

- ◆ joint staff training
- ◆ reciprocal visits
- ◆ open days
- ◆ shared protocols
- ◆ agreed confidentiality policy
- ◆ service level agreements
- ◆ links with named workers
- ◆ staff secondment to partner agencies
- ◆ shared office/building space
- ◆ inter-agency planning groups.

Note 8 – see page 53

## Integrating housing into DAT work

In Buckinghamshire, a Drugs and Housing Action Group (DHAG) was convened, as a thematic subgroup of the Drugs Reference Group. The DHAG produced a strategic Housing and Drugs Action Plan, which has the following aim:

*“Increase access to accommodation and related support for people with problem substance misuse issues in Bucks.”*

The Plan includes the following strategies:

- ◆ Mapping current provision, identifying which services are accessible and to whom
- ◆ Production of baseline data on supply of housing and support for problem substance misusers
- ◆ Joint referral form for supported housing projects
- ◆ Review of project’s drug policies
- ◆ Staff training on drugs awareness, legal issues, community and specialist resources
- ◆ Increase specialist support for drug users in accommodation.

Without such arrangements, problems associated with one tenant might simply be passed onto another social landlord within the same community.

2.24 Organisations developing information-sharing protocols must seek legal advice. The adoption of the Human Rights Act (2000) and the amendments to the Data Protection Act demand caution when storing and sharing data relating to individuals.

There are good examples of housing providers working together to ensure that there is a consistent approach to housing management.

## Developing a joint estate agreement

Social housing in the Manchester estate of Monsall is managed by a partnership of four landlords with properties on the estate:

- ◆ Manchester Housing (part of Manchester City Council)
- ◆ North British Housing Association
- ◆ The Guinness Trust
- ◆ Family Housing Association (Manchester).

The Joint Estate Agreement, established in 1998, was based on the concerns of local residents. As part of the agreement, each landlord has promised to:

- ◆ set out the services that residents have a right to expect
- ◆ work co-operatively and share information between each landlord

- ◆ provide regular reports to Monsall Community Forum (residents group), so that residents can monitor the performance of landlords.

As part of the agreement, the four landlords have agreed to abide by a certain set of common targets and standards, covering:

*Empty properties:* Joint target of less than three weeks, between ending one tenancy and starting another.

*Allocations and new tenancies:* Joint agreement to be careful and consistent when offering tenancies.

*Estate care:* Work co-operatively to keep the estate clean, tidy and safe.

*Dealing with anti-social behaviour:* Take effective action against residents who do not respect their neighbours, their environment or the law.

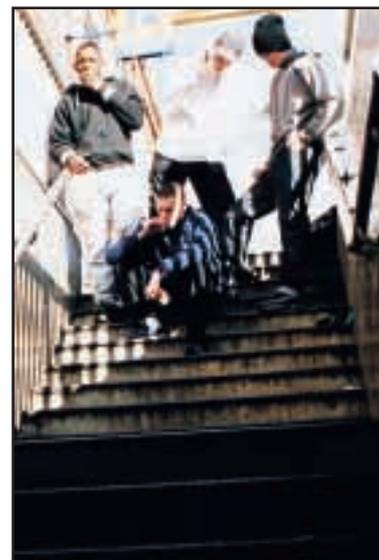
2.25 There are examples of information sharing between local housing authorities and the police in combating anti-social behaviour. In partnership with the police, several housing authorities routinely carry out criminal clearance background checks on prospective tenants, and operate an exclusion policy for certain offences, including drug dealing. Where such arrangements are in place, there should be flexibility in responses, taking into account information such as the date of the conviction and the level of dealing.

2.26 As part of joint working arrangements, it is increasingly common for workers from one agency to be seconded to another. In Wakefield, for instance, a police officer has been seconded to the Local Authority Housing Department – Tenant Enforcement Team.

## 3 Specific housing management interventions in relation to drugs

### *Effective housing management practice of drug issues*

- 3.1 As well as the role of the housing provider within broader area regeneration strategies, managing drug use is important to any housing management. There is no single definition of what constitutes good housing management and it can vary greatly between local housing authorities and RSLs. RSLs are self-regulating but are held accountable against performance standards set by the Housing Corporation.
- 3.2 The report of the Policy Action Team 5 on housing management identified that local authorities and RSLs should ensure that they *"... recognise at a senior level the importance of good housing management as a necessary basis for turning round a deprived area; review the management of their own estates; and take the necessary steps to put good housing management in place."*



### **Tenancy allocation and sustainable communities**

- 3.3 Local authorities and RSLs should take into account the need to create sustainable communities and to avoid 'ghettos' in forming their housing lettings policy.<sup>9</sup> Single homeless people or childless couples are more likely than families and elderly people to be offered flats in unpopular estates and high-rise blocks. Drug users successfully leaving treatment or prison will be at greater risk of relapse if housed in an area with high levels of drug use. A concentration of vulnerable tenants, including drug users, will also contribute to the decline of that particular neighbourhood.
- 3.4 In 1979, 25% of households with the highest 40% of incomes lived in social housing. By 1994 this had dropped to 5%. At the other end of the scale, in 1979 half of the bottom 40% of low-income households lived in social housing. This grew to over 75% by 1994.<sup>10</sup> Accommodating low-income households is a growing problem in areas with a shortage of available social rented housing.
- 3.5 The situation is markedly different between the North and the South (see Chapter 2). In Gateshead, changes have been made to the lettings policy by the local authority, to allow housing managers to have the discretion to look at all lettings in the 'wider interests' of the community as a whole, to ensure a balanced mix of tenants.

Notes 9 and 10 – see page 53

- 3.6 It is important that the needs of vulnerable prospective tenants, with additional support needs, such as young people and drug users, are addressed through careful assessment at the allocations stage.
- 3.7 Effective actions that can be taken during the allocations process include:
- Vetting:** declaring criminal convictions and criminal clearance checks, which are not used to automatically exclude potential tenants, but take into account the type and seriousness of an offence, whether it is spent and/or related to that particular estate. Convictions should not be an automatic bar to housing.
  - Assessment:** thorough and wide-ranging assessment of factors that could reduce an applicant's ability to sustain a tenancy. This may involve seeking an applicant's consent to contact agencies currently working with the applicant, such as drug projects, to assess the suitability of an applicant for independent living.
  - Intensive interviews:** ensuring that prospective tenants are suitable for that particular type of accommodation or estate and are made aware of expectations and consequences in terms of unacceptable behaviour.
  - Support needs:** identifying and meeting the support needs of vulnerable tenants at an early stage.
  - References:** taking up references, including from previous landlord where appropriate.
- 3.8 In allocating tenancies, various mechanisms can be put in place to ensure that properties for new tenants are suitable and that those tenants are given the most appropriate support necessary to maintain that tenancy. For example, Northern Counties Housing Association asks applicants to complete a form which allows the Housing Association to obtain information required to ensure appropriate allocations. Those identified as requiring additional support during their interview, due to their drug use, are referred to a floating support scheme.
- 3.9 The best efforts of allocations procedures can be undermined when a partner of the tenant moves into the property. Tenants need to be made fully aware of their responsibility for the behaviour of others living at or visiting their property.

## **Introductory and starter tenancies**

- 3.10 Introductory tenancies were first established under the Housing Act 1996. The provisions allow local authorities and Housing Action Trusts (HATs) to adopt introductory tenancy schemes (to be used for all tenants). Introductory tenancies last for 12 months, after which

they convert to secure tenancies if the tenant has not given the authority reason to seek eviction. Such schemes enable local authorities to seek possession, with no requirement to prove any grounds to the courts, although the tenant is entitled by law to an internal review of the decision by the authority. If the tenant opts for review, this must be completed before possession is sought in court. The court must grant a possession order if it considers that the local authority has complied with the correct procedures in seeking possession of the tenancy.

- 3.11 Housing associations have been able to adopt similar tenancies through an agreed shorthold (starter) tenancy following guidance from the Housing Corporation in 1998.<sup>11</sup> However, housing associations are only able to offer starter tenancies where there is a recognised need to protect residents and housing stock.
- 3.12 Introductory and starter tenancies can be an effective way of reducing levels of anti-social behaviour. An evaluation of the pilot use of starter tenancies in the Manchester estate of Monsall and the Lightbrowne Renewal Area showed a reduction in the levels and serious nature of anti-social behaviour.<sup>12</sup> However, the evaluation was inconclusive since there were numerous other initiatives (e.g. environmental improvements, refurbishment of properties, and local lettings policies) operating simultaneously. Further research is needed into the effectiveness of introductory and starter tenancies in preventing anti-social behaviour.
- 3.13 Repossession of a secure or introductory tenancy is an option to be considered where other preventive measures (including informal warnings or injunctions) have failed to stop the behaviour.
- 3.14 Once secure tenancies are granted, there might be less of an incentive for tenants not to behave in an anti-social manner. Housing managers need to ensure that tenants are fully aware of their ongoing responsibilities by stressing the conditions of their tenancy agreement when tenancies convert to secure or assured tenancies, and the possible consequences if tenancy agreements are breached.
- 3.15 Potentially vulnerable tenants, due to their age, drug use, mental health or other issues, need built-in support at the outset of their tenancy. The combination of tenancy support and restrictions on tenancy security offer a useful 'carrot and stick' approach.
- 3.16 Some vulnerable tenants might become involved in coercive situations where suppliers occupy their properties to sell drugs and

Notes 11 and 12 – see page 53

conduct other criminal activities. Efforts should be made to link vulnerable tenants into support services or to assist in seeking police help before resorting to approaches such as seeking possession. Strategies for offering support to vulnerable tenants are discussed in Chapter 4.

## Tenancy agreement

- 3.17 Many local authorities and RSLs have attempted to define anti-social behaviour in a revised tenancy agreement. The landlord clearly defines what is acceptable and expected behaviour from tenants and their visitors. Clear, unambiguous tenancy agreements are important when seeking possession or applying for injunctions. In a recent survey of social landlords, only 62% of local authorities and 51% of RSLs had a specific clause in their tenancy agreements related to drug-related nuisance behaviour.<sup>13</sup> The inclusion of specific clauses is encouraged.
- 3.18 It should be made clear at the start of their tenancy what constitutes a breach to the tenancy agreement and what the likely consequences will be. This could appear as a matter of course on all letters and newsletters disseminated by the housing authority or RSL.
- 3.19 Tenants should be made aware that anti-social behaviour perpetrated by those who live with them and those who visit could also constitute a breach of their tenancy agreement. This also relates

### Press Release 21 Sep 1999

#### *Court gives Hackney green light to evict nuisance tenants*

Two tenants who used their flats for drug dealing and pimping prostitutes were successfully evicted by Hackney Council on Friday (17/9/99).

In Shoreditch County Court, District Judge Wright ordered Tenant X of Westmill Court and Tenant Y of Sandridge Court, both on the Kings Crescent Estate, N4, to leave their homes after hearing evidence of the serious nuisance and distress caused to their neighbours.

The Council's case, including evidence gathered during a lengthy surveillance operation, was backed by the

Metropolitan Police who, under the terms of a special Joint Protocol, gave details in court of known prostitutes using the flats and details of arrests for class 'A' drugs.

David Thompson, Director of Estate Management and Development, commented: "These two individuals brought misery and fear to people living on the Kings Crescent Estate and I know that the residents, like me, are extremely pleased to see the back of them.

"This is an important success for our new joint working arrangements with the Metropolitan Police and it's a further warning to nuisance neighbours – make trouble and you're out!"

(London Borough of Hackney, 1999)

Note 13 – see page 53

to subletting of tenancies. Much of the supply of drugs occurs in properties sublet by proper tenants to other people, who may in turn sublet to suppliers or supply others themselves. Careful attention to subletting may be particularly useful in controlling supply.

- 3.20 Local media, newsletters and the Internet can be used to disseminate information, highlighting action that has already been taken against tenants who have breached their tenancy. There are many good examples of the use of local media and newsletters being used appropriately, as illustrated on page 25.

## **Actions to prevent anti-social behaviour**

- 3.21 There are a number of measures that can be adopted by social landlords to tackle and prevent drug-related anti-social behaviour. Action is often best implemented in partnership with other agencies, in particular the local police. There are degrees of action which can be taken, with eviction as the final resort. The specific powers and potential powers available to close properties being used for the supply of drugs are covered in Appendix 1. The following sections detail some powers, systems and responses that can be used.

## **Neighbourhood wardens**

- 3.22 Neighbourhood and street warden schemes have been proposed as a strategy to address anti-social behaviour and encourage civil behaviour. Effective consultation and police liaison are essential if such schemes are to be successful. The Government has committed significant funds to the development of new and existing neighbourhood warden schemes.

The presence of neighbourhood and street wardens will also act as a visible presence to reduce low-level crime, and will have the additional benefit of reducing the fear of crime and of reassuring communities.

## **Mediation**

- 3.23 The use of mediation services is appropriate for intervening early in some instances of neighbourhood disputes and anti-social behaviour.
- 3.24 The use of mediation in preventing nuisance related to problematic drug use may be limited. The box on page 27 illustrates where mediation has been found to be of some use.<sup>14</sup>

Note 14 – see page 53

In response to residents' concerns, Enfield's Housing Department has employed a drugs adviser, who has been in post for two and a half years. His main function is raising awareness and giving training on drugs issues to housing officers which he sees as an essential element to an impartial service. He also organises information campaigns for tenants and acts as a point of first advice, often to parents concerned about their children's contact with drugs. A recent campaign addressed the safe disposal of needles.

He liaises with the police but they understand that he cannot share information about individuals. He has also been involved in mediation between drug-using tenants and their neighbours. Better understanding enables people to deal more appropriately and effectively with the real problems drugs can cause. "Drugs frighten people so much because they are ignorant about them," he says.

(Housing Drug Users: Balancing Needs and Risk, LDPF, 1999, p59)

***Disputes where the neighbour nuisance element is an incidental by-product of some other activity or problem, e.g. drug use***

*... where the alleged perpetrator is as much of a victim as those making the complaints, the primary need is to resolve the main cause of the problem, and if mediation does have a role in such cases it is likely to be a subordinate one.*

***Disputes involving serious harassment ... or where one of the parties is involved in serious criminal activity***

*Cases such as these can prove extremely time consuming for housing officers but are unlikely to be referred for*

*mediation. Indeed we imagine that many mediation services would themselves be reluctant to take on such cases.*

***Disputes involving 'care in the community' cases***

*These were among the most distressing and intractable of all the disputes we came across. The human, social and economic costs that were incurred as a result of such disputes were among the highest ... and virtually all the agencies involved (including many of the mediation services we spoke to) seemed at a loss when dealing with them.*

(*Neighbour Disputes*, University of Sheffield, 1996, p89)

## Injunctions

3.25 Injunctions have the advantage of being quick to obtain on an interim basis and are addressed towards specific individuals demanding that they cease specific behaviour. The Housing Act 1996 enables local authorities to seek injunctions against anyone, not just a tenant, to prevent anti-social or nuisance behaviour towards their tenants, or to prevent a person using premises for illegal purposes. The courts can attach a power of arrest to such injunctions, where there is actual or threatened violence. The injunctive process can help in addressing or controlling problem behaviour without the loss of the tenant's home, and can be used in conjunction with a possession order to prevent the offending behaviour pending the case coming before the courts.

- 3.26 The Housing Act 1996 also enables the courts to attach a power of arrest to injunctions granted to social landlords to prevent actual or anticipated breaches of a tenancy agreement, where there is actual or threatened violence.
- 3.27 The Act allows the use of ‘professional witnesses’, such as housing officers, where other tenants are vulnerable or too intimidated to testify in court.
- 3.28 The Criminal Justice and Police Act 2001 gives powers to protect witnesses from intimidation when giving evidence in civil cases.

## **Anti-Social Behaviour Orders (ASBOs)**

- 3.29 Anti-Social Behaviour Orders (ASBOs), introduced under the Crime and Disorder Act 1998, can be granted by the magistrates’ court on application from the local authority and/or the police, when a person (over 10 years of age) has been behaving in an anti-social manner and it is necessary to protect others from further anti-social behaviour from that person. The ASBO last for up to two years and a breach is a criminal offence.
- 3.30 Applications are made to the magistrates’ court, acting in a civil capacity. There is less burden of proof needed in civil action rather than criminal action, with the emphasis on ‘balance of probability’ rather than on ‘reasonable doubt’.
- 3.31. Home Office guidance for ASBOs states that professional witnesses can be used: *“Such witnesses should be able to give evidence from their own direct observations of the behaviour, not from hearsay”*.
- 3.32 Home Office guidance makes it clear that ASBOs may be applied in cases of persistent anti-social behaviour as a result of alcohol or drugs misuse. It does, however, suggest that health and social problems, including those that are drug- and/or mental health-related, should be considered before ASBOs are applied, and treatment or other help offered as appropriate.

## **Acceptable Behaviour Contracts (ABCs)**

- 3.33 Partly as a result of difficulties in obtaining ASBOs, many local authorities are implementing Acceptable Behaviour Contracts (ABCs), especially in the context of tackling persistent anti-social behaviour on the part of young people. ABCs can be implemented within days, and, although not legally binding, when breached can be used as evidence in support of an ASBO application. It is an individually-tailored written agreement between a young person

and the local housing office, preventing specific behaviour or identifiable acts, which could be construed as anti-social behaviour.

- 3.34 Primarily designed for 10- to 18-year-olds, ABCs can be used for those over 18 if they still live at home with their parents, regardless of whether the property is rented or privately owned.

## Acceptable Behaviour Contracts in Islington

The use of ABCs in Islington have proved to be “*extremely effective as a means of educating parents and children and getting families to take responsibility and ownership of unacceptable behaviour*”.<sup>15</sup> The threat of action being taken which would threaten their tenancy was seen to be more effective than the threat of the criminal justice system to the parents of the young people concerned.

## Evictions

- 3.35 Where someone’s behaviour or activities impinge on the normal life of others living on the same estate, and where other measures have been unsuccessful, then action to seek possession should be considered. Drug supply and other behaviour associated with drugs can be judged as unacceptable and would justify eviction. Changes introduced in the Housing Act 1996 gave social landlords more powers against anti-social tenants through strengthening the grounds for possession to include:

- ◆ behaviour likely to cause nuisance (which enabled ‘professional’ witnesses to be used);
- ◆ anti-social behaviour in the locality of the tenant’s property;
- ◆ the anti-social behaviour of visitors to the property; and
- ◆ conviction for an arrestable offence in the vicinity of the property.

- 3.36 In 1997–98, 59 per cent of possession cases taken to court by local authorities on grounds of neighbour nuisance resulted in outright Possession Orders and 28 per cent in Suspended Orders.<sup>16</sup> A Suspended Order can be enough of a warning to the tenant to prevent the need for any further action.

- 3.37 The use of other measures discussed, such as support, behaviour contracts and mediation, can be more economical and beneficial in the long term to the community. In a survey of landlords, the median cost of taking legal action was £10,400 for local authorities (with an associated range of between £142 and £305,388), while the median cost reported by RSLs was £4,000 (with a range between £500 and £80,000).<sup>17</sup>

Notes 15, 16 and 17 – see page 53

These costs do not include the costs of securing and renovating empty properties, revenues lost while properties are empty, or other related costs.

3.38 Drug use alone should not be a reason to evict a tenant who is causing no nuisance. In reality, housing managers are unlikely to be aware of drug use except where it becomes problematic. Drug-related supply, however, is likely to be considered by the courts as grounds for eviction.

3.39 Efforts to seek possession of properties from 'problem' tenants often rely on evidence from other residents. This is both undermined, and the safety of those giving evidence threatened, when the same person or family moves into new accommodation on the same street or estate. Efforts to protect witnesses from intimidation should be built into any action and should involve the police. Protection of witnesses from intimidation in civil courts is covered in the Criminal Justice and Police Act 2001 and allows for the use of professional witnesses.

3.40 Protocols for information sharing with other social landlords should be agreed. In addition, there is a need to ensure that private landlords are also made aware of their potential contribution in dealing with community safety issues.

3.41 Where eviction is deemed unavoidable, proactive steps, such as forewarning relevant organisations who may already be involved, such as social services, local drug agencies, and the probation service, should be adopted.

## **Private landlords**

3.42 Efforts aimed at addressing anti-social behaviour, including that which is drug-related, through activities such as eviction and a sensitive allocations and lettings policy, can be undermined where 'problem' tenants move into private rented accommodation on the same estate. In some areas, private landlords have been encouraged to adopt similar tenancy agreements, so that problems do not move into neighbouring properties out of the control of social landlords.

3.43 It is important to work closely with representative bodies of private landlords to encourage their active involvement in supporting tenants who are vulnerable and in tackling anti-social behaviour through their tenant management. Private landlords who are unwilling to manage the behaviour of their tenants can be

encouraged to take responsibility by reminding them of their potential liabilities under Section 8 of the Misuse of Drugs Act 1971 (see Appendix 1) and through strict use of powers available to monitor health and safety and environmental health issues.<sup>18</sup> Police action may be required.

3.44 In some areas, efforts have been made to address this problem and to prevent regeneration activities from being undermined, including schemes whereby private landlords are given 'approved' status where they support local good practice. A positive example of bringing on board private landlords has been in Newcastle upon Tyne.

## Getting private landlords involved

Cowgate Landlords Project, in Newcastle upon Tyne, has been developed to address the problems caused by tenants living in privately-rented accommodation on the estate. Cowgate is predominantly made up of local authority housing and from North British Housing Association. A number of properties acquired through Right to Buy went into negative equity and were subsequently rented out privately. The growing number of privately-rented properties was thought to be undermining efforts to combat anti-social behaviour on the estate. Private landlords were encouraged by the project to form a Landlords Association, and have access to support services, such as referencing, as well as practical advice on property management. Benefits to private landlords are:

- ◆ referencing service
- ◆ discounted insurance
- ◆ advice on housing management issues
- ◆ provision of a plain English tenancy agreement
- ◆ advertised property available for letting
- ◆ facilitation of a dialogue between landlords.

The project has no authority nor can it implement sanctions against those landlords who do not challenge inappropriate behaviour from their tenants. The dialogue, between the landlords and the local authority and North British Housing Association, is thought to be beneficial, and by promoting the positive aspects of being a member of the Landlords Association more members are being attracted.

3.45 The CAN project in Northampton for supporting drug users in tenancies, discussed in Chapter 4, is an example of supporting tenants in private sector tenancies. This type of work, using rent deposit and rent in advance schemes, to encourage the letting of private tenancies to ex-drug users receiving support, is a way of improving housing management of individuals of this type within private sector housing, and improving standards of private sector tenancies in this regard.

Note 18 – see page 53

## 4 Resettlement, treatment and rehabilitation – the role of housing providers

### *How housing can be used to assist drug users to overcome their dependency*

#### **Housing – supporting drug users to overcome dependency**

- 4.1 Housing can be essential to the rehabilitation of individuals with drug-related problems. Supported housing can both reduce the harm that problematic drug use can cause to individuals, and also address the damage that drug-related crime and anti-social behaviour can cause to communities. Housing is an essential element in support and maintenance of effective treatment.
- 4.2 The recognition of the links between acquisitive crime and problematic drug use has highlighted that treatment can be used to help reduce criminal behaviour. Housing support for drug-related offenders should be seen as part of an integrated approach to reducing exposure to, and engagement with, crime.
- 4.3 Efforts to promote successful treatment and combat anti-social behaviour rely on access to appropriate support, treatment and aftercare services. Access to, and use of, such services can be hampered by lack of access to appropriate accommodation.

#### **Managing supported housing for drug users: an example of good practice**

- 4.4 A study by the Drugs Prevention Initiative (DPI)<sup>19</sup> of drug users housed in the London Borough of Lambeth found that secure tenancies were an important factor in stabilising and reducing drug use, maintaining abstinence, and reducing crime and drug-related anti-social behaviour.



Note 19 – see page 53

## Turning Point and Northern Counties Housing Association

Turning Point, a national provider of drink, drug and mental health services, and Northern Counties Housing Association (NCHA) developed provision to facilitate a smooth transition from drug rehabilitation to independent living.

Turning Point manages an NCHA property as a residential rehabilitation centre. The rehabilitation programme lasts for between six and twelve months. As tenants of NCHA, tenants in the rehabilitation centre can access the

Association transfer list on successful completion of the programme.

'Second stage' housing is available where work such as basic lifeskills and relapse prevention can take place.

A Resettlement Action Plan is developed with the tenants, so that they are prepared for independent living.

Ongoing support is available on a formal or informal basis, for as long as is appropriate.

## The impact of effective housing support for drug users

### Secure tenancies: their impact on drug use

25% of the secure tenants said that having secure homes had enabled them to sustain abstinence, for periods of up to three years of independent living.

Up to 88% of the secure tenants interviewed reported that their substance misuse over the life of their tenancies had stabilised, reduced, decreased, or remained nil.

Even those who had not decreased reported a decline in the behavioural risks and hazards associated with

substance misuse: for example, stocks of new syringes could be kept in the house, drugs and alcohol were consumed in less hazardous circumstances, and casual sexual encounters while inebriated were less likely.

Several said that a new identification with householders and property owners had caused them to reduce or stop committing crimes of burglary.

*(Keys to Change, Rutter, D, DPI)*

### Drug users as 'vulnerable' people

4.5 Although drug users may experience increased problems due to a lack of housing, relatively few local authorities accept applicants who are drug users as 'vulnerable' and therefore in priority need under the homelessness legislation.

4.6 Legally there is no obligation for local authorities to prioritise drug users in terms of vulnerability and priority need. However, authorities are required to consider whether all homeless applicants are vulnerable as a result of a 'special reason' and this should include being vulnerable as a result of substance misuse.

- 4.7 Drug users with mental health problems should be seen as vulnerable and given priority housing status.
- 4.8 Local authorities should take particular care when considering the question of vulnerability in the case of homeless applicants who are drug users and also have mental health problems. However, drug users who qualify for the housing register and who have a particular need for settled accommodation on medical or welfare grounds, or whose social and economic circumstances are such that they have difficulty in securing settled accommodation, must be given reasonable preference in the allocation of housing.
- 4.9 The Homelessness Bill will amend the legislation which governs local authority housing allocation and duties under the homelessness legislation. The Bill will revise the categories of applicant who must be given reasonable preference. These will include anyone who is homeless and anyone who needs to move on medical or welfare grounds. The Bill will also ensure that, under the homelessness legislation, local authorities must secure suitable accommodation for all eligible applicants who are unintentionally homeless and in priority need for as long as necessary, until a settled home becomes available.

## **Planning to meet the support needs of drug users**

- 4.10 There is potentially a wide range of different needs of drug users for support in housing settings. Some users will need more intensive support together with enhanced treatment. Some drug users will need some help in maintaining tenancies. Individual support needs should be weighed up by housing managers in planning the provision of supported housing and when considering tenancy allocations. As part of the Supporting People programme, in 2002 DTLR will publish a companion report to this guidance with a range of options for supported housing for drug users that will assist this consideration. Planning an effective range of supported housing for drug users will require close liaison with the local Drug Action Team. Supported housing should be strategically developed rather than driven by individual decisions at allocation about the level of individual support needs.

## **Assessing the support needs of drug users**

- 4.11 Within an overall strategic framework for the provision of support, support for individual vulnerable tenants relies initially on effective and thorough assessment in order to identify needs, and develop appropriate strategies to meet them.

4.12 Where the prospective tenant has ongoing contact with support agencies, it may be appropriate, with the client's consent, to contact these agencies to develop joint-working support strategies and to advise on the assessment.

It is important that prospective tenants are clear as to the purpose of the assessment. It should have a positive role, to ensure that the tenant receives the most appropriate housing and support that meets their needs, rather than a negative aspect, such as excluding them from housing.

4.13 Training for housing staff who undertake assessment may be required to ensure that they can identify areas of risk and develop appropriate responses.

4.14 The following groups of people are likely to be more 'at risk' of problematic drug use and are therefore especially likely to need appropriate and ongoing housing support in order to prevent drug use becoming an issue that threatens their tenancy or causing harm to others:

- ◆ Young people, especially those being housed independently for the first time
- ◆ Care leavers
- ◆ People released from prison, especially those who were involved in drugs or drug treatment in prison
- ◆ People currently engaged in drug treatment
- ◆ Former drug users, especially those leaving residential rehabilitation
- ◆ People with mental health problems.

4.15 As mentioned earlier, a particular problem is where vulnerable people are targeted by drug suppliers to use their properties for dealing activities. The victims of such activities are typically young people or people who are otherwise vulnerable to such approaches. Often they are unsure what support is available or afraid to ask for help.

### **Delivering support to vulnerable tenants**

4.16 Support to vulnerable tenants can be delivered in a number of different ways. It is likely that a number of different strategies will need to be developed, so that all vulnerable tenants have easy access to support and assistance.

4.17 People who use drugs and those with mental health issues may be reluctant to seek help, or find it difficult to identify appropriate sources of help. The delivery of proactive support services may benefit these vulnerable groups.

4.18 A range of support strategies should be adopted, rather than relying on a single method of reaching and supporting vulnerable tenants.

## A 'systems' approach to housing support for drug users

### CAN Homeless Action Team

The CAN project, based in Northamptonshire, provides a continuum of care and support, ranging from services to drug users in housing need, to those who are homeless through to supporting people in their own tenancies:

- ◆ Street outreach work
- ◆ Outreach work to homeless hostels
- ◆ Five shared houses on licence agreement from housing associations managed by CAN
- ◆ Eight individual tenancies leased from the local authority, with an average stay of six months after which clients are referred for settled housing or their licence becomes a tenancy

- ◆ Ongoing support with resettlement
- ◆ Rent deposit scheme and rent agreements with private landlords
- ◆ Access to other CAN treatment services, including structured day care programme and a needle exchange scheme.

For further information on the work of CAN, see the manual they have produced, with the Housing Corporation, on supported tenancies: *Brand New Day; Working with tenants with drug problems*, Helen Town, CAN /Housing Corporation, 2001

## Agency-based support

4.19 Support may be available via a local agency or resource centre.

This includes, but is not limited to:

- ◆ local housing and neighbourhood offices
- ◆ Citizens Advice Bureaux
- ◆ law centres
- ◆ drug projects
- ◆ mental health support services
- ◆ community centres
- ◆ day centres.

4.20 Publicity needs to be available so that tenants know where they can access support. Publicity resources should be accessible to people who have low literacy skills, or to people who are speakers of other languages, as required locally.

4.21 Support can be made more accessible through the use of peripatetic or satellite provision. A local drug project could, for example, hold regular surgeries in the local housing office. Alternatively, housing officers could offer surgeries in accessible settings such as community centres.

## **Floating support**

4.22 Floating support is a model of delivering support to vulnerable tenants, and is becoming increasingly popular and widespread. Floating support manifests itself in a number of guises and under a number of titles.<sup>20</sup> A useful broad definition of the term is provided by the Housing Associations Charitable Trust who described it thus:

*“A flexible peripatetic service providing or facilitating a range of low to medium support to people in their own homes or tenancies, with the aim of enabling or maintaining independence ... (It) will act as a ‘broker’, assessing an individual’s needs and enabling access to other locally available services as appropriate, both initially and in the longer term ... (It) is provided for as long as is needed but with a clear ‘exit’ strategy. When it is no longer required it ‘floats’ off to another person who needs it. If a person needs support again it can return.”<sup>21</sup>*

## **People living independently for the first time**

4.23 Key groups considered especially vulnerable include young people, especially care leavers, people who have been street homeless, and those with mental health issues. While not necessarily drug specific, such support can prevent many problems occurring in the future. Issues to be addressed include:

- ◆ budgeting
- ◆ benefits
- ◆ counselling
- ◆ access to services
- ◆ employment and training.

4.24 Some local authorities and RSLs automatically assign a support worker to any young person moving into a tenancy for the first time. This can be done in partnership with other agencies or provided directly by the housing provider.

Notes 20 and 21 – see page 53

## Providing a range of housing support options

### Northern Counties Housing Association

The Northern Counties Housing Association refers tenants, identified as having support needs which need to be met to maintain their tenancy, to a number of agencies. One of these agencies, NACRO Housing, has nomination rights with Northern Counties HA. NACRO Housing provides a range of housing options from supported housing through to floating support. It consists of:

- ◆ a 24-hour, staffed, drug specialist, supported housing unit for 16–25-year-olds;
- ◆ seven other housing and drug projects, including drop-in services, and housing with 9–5 support;
- ◆ a floating support service.

On first contact with the client, the staff establish a Housing Support Resettlement Plan, which covers all of the main areas which need to be addressed before independent living can be established.

The project also offers group work on communication, relapse prevention and self-esteem.

The time limit for each section of the project is 12 months.

Floating support can be provided indefinitely, but is usually phased out after six months.

Staff ensure that clients are ready for independent living before referring the client to a general housing provider with less intensive floating support.

## Care leavers

4.25 Care leavers may be especially vulnerable and need support. They are particularly at risk of homelessness or drug use, or failure to cope in unsupported tenancies. They are especially vulnerable because of:

- ◆ their age;
- ◆ the technical difficulties of accessing housing, benefits, education and work;
- ◆ disturbances in their lives, indicated by their admission to care or their homeless situation, which are still likely to need resolving.<sup>22</sup>

4.26 Preparation for independent living before leaving care can provide some of the necessary technical skills to sustain independent living. This can be augmented by ongoing support that addresses the issues, such as dealing with housing and finance, as well as the emotional elements, offering support, motivation and encouragement. Young people are also less likely to identify for themselves that their drug use is a cause of their problems and to recognise when it is out of control. Even though they may not ask for help, their risk of vulnerability to drug use should be routinely assessed, and support offered by social services staff.

Note 22 – see page 53

Support to this vulnerable group may require a partnership approach involving:

- ◆ housing providers
- ◆ social services
- ◆ youth workers
- ◆ other advice and support services, such as specialist drug services, as appropriate.

## Drugs and mental health

4.27 There is a growing recognition of the need to respond to drug users with mental health problems, often referred to as 'dual diagnosis'. Drug services are not always equipped to deal with clients with a mental health problem, nor are mental health services necessarily appropriate to drug users. Again, drug use should be routinely assessed when those with mental health problems are assessed for housing.

4.28 Housing managers should be aware of, and sensitive to, this issue and avoid labelling someone as a 'problem' tenant because of their drug use, when the underlying cause of what may be difficult behaviour, is their mental health. Links may be required with other agencies, including:

- ◆ social services
- ◆ community mental health teams
- ◆ community psychiatric nurses
- ◆ drug services and dual diagnosis workers, as required.

## Revolving Doors

The Revolving Doors link workers are a community-based, multi-disciplinary team who work with the police and local services to:

- ◆ assist people with mental health problems who come into contact with the police to regain access to the health, housing and social care they need by intervening at the police station and providing ongoing support.

### *Case Study: Keeping Stan's Tenancy*

The police referral described Stan's flat as virtually uninhabitable. Bags of rubbish surrounded a tiny space where he sat all day on his chair. Anthea and Ethel worked

with the community drug and alcohol team to arrange for the flat to be 'deep cleaned'. Then they visited regularly to help him get into a routine of tidying and taking out rubbish.

Neighbours had complained to the council about Stan becoming loud and aggressive when drunk. Anthea and Ethel are organising a case conference to discuss his needs. The aim is for agencies to agree a plan whereby Stan will receive support in order to be able to maintain his tenancy on a long-term basis.

(Revolving Doors: Annual Report, 1999)

## Tenants with current or recent contact with the criminal justice process

4.29 People who have recently been released from prison, and those who are in contact with the criminal justice system, often have a high degree of accommodation support needs, especially where their criminal activity was drug-related.

### Ex-prisoners

70% of prisoners report drug use prior to imprisonment, with 14% reporting injecting prior to imprisonment.

It is estimated that between 11% of men and 23% of women were dependent on drugs prior to imprisonment.

*(ACMD Criminal Justice Working Party Report, Drug Misusers in the Prison System – an Integrated Approach, 1996)*

In a sample of 992 prisoners in 32 prisons, some 24% reported using heroin during their current sentence, with 6% of these injecting.

*(Survey of the physical health of prisoners, OPCS, Bridgwood A and Malbon G, 1995)*

4.30 The levels of drug use amongst people who have been to prison is high. Many used drugs prior to entering prison, and some continue to use while in prison. Increasingly, those prisoners who have drug problems will have them addressed whilst in prison through CARAT (Counselling Assessment Advice and Throughcare) workers or similar. However, their needs on release to obtain supported housing that does not expose them to risk of relapse is considerable. In practice also, the needs of long-term prisoners and short-term ones need to be clearly separated and appropriate services offered. For example, prisoners who serve a number of short-term sentences may have had no settled pattern of housing. Female ex-prisoners with drug problems have more specialised needs and it is important that their needs are also addressed.

4.31 CARAT is part of the prison service's drug strategy. Suitably trained and experienced workers are contracted to deliver drug services within prisons. CARAT services include initial assessments, information and advice-giving, detoxification support, full assessments leading to the creation of care plans, referrals into treatment, and the provision of one-to-one counselling and structured group work interventions. CARAT workers form links with external agencies and providers to ensure continuity of care post-release. External providers of housing should be able to organise appropriate residential options for ex-prisoners prior to their release, in dialogue with these or other support workers.

4.32 Ensuring that ex-prisoners move into suitable housing<sup>23</sup> can have an important impact on the likelihood of their re-offending and their drug use:

*“Two-thirds of ex-prisoners who had no satisfactory accommodation re-offended within twelve months of release, whereas only a quarter of those with good accommodation did so.”<sup>24</sup>*

Provision of supported housing in adequate volume for the number of ex-drug users leaving prison is essential to enable them to avoid relapse. This should be available direct on release from prison via arrangements made prior to release date. There is a need to ensure that this occurs even with offenders serving shorter sentences under one year who may have very little experience of managing a tenancy.

## Probation

4.33 Some former prisoners and other offenders will have contact with probation, and housing providers can develop links with the probation service and other agencies to ensure that the needs of people on probation are met.

## Housing support for ex-offenders

### Warwickshire: Substance Misuse Housing Project

The Substance Misuse Initiative Housing Support Project, in Warwickshire, is closely aligned to the probation service, with the stated aim of reducing drug-related crime through housing (and employment) support. Working with clients referred by the probation service, who are

considered to have serious drug-related problems and offending behaviour, the scheme initially offers supported tenancies, which can lead to a secure tenancy after three months to a year of intensive support in preparation for a tenancy.

4.34 Key agencies who are likely to be involved in supporting offenders and ex-prisoners include:

- ◆ social landlords
- ◆ CARAT workers
- ◆ NACRO
- ◆ probation workers
- ◆ the police
- ◆ Drug Treatment and Testing Order providers
- ◆ floating support workers
- ◆ drug projects
- ◆ Youth Offending Teams.

Notes 23 and 24 – see page 53

4.35 A key aim of support initiatives is to assist in addressing drug-related problems and to help vulnerable residents sustain their tenancies. This in turn brings a range of benefits to the wider community. The benefits to the landlord and the community in maintaining people in their tenancies include:

- ◆ reduction in rent arrears
- ◆ less damage to properties
- ◆ reduction in anti-social behaviour
- ◆ reduction in the number of evictions.

## Measuring the impact of supported housing

### Brighton and Hove Special Needs Housing Project

An evaluation of the Brighton and Hove Special Needs Housing Project, which provides enhanced levels of floating and tenancy support to high-need vulnerable tenants, after six months and 21 cases, found that:

- ◆ neighbour complaints were reduced by 93%
- ◆ rent arrears were reduced by 57%.

Of the 139 tenants referred to the project as of December 1999, 97% had retained their tenancies. It is estimated that for each pound spent on providing support, at least two are saved from the Housing Revenue Account. (Internal report to the Housing Management Consultative Forum, December 1999)

## Supporting People

4.36 In 2003 Housing Benefit for those with higher support needs will be changed. The Supporting People programme will bring together a number of existing funding regimes into a single integrated funding and policy framework for housing-related support services. Specific new budgets for supported housing for vulnerable people, including drug users and those at risk of drug use, will be managed through local authorities. This will offer the potential for vulnerable people to have the opportunity to improve their quality of life through adequate provision of support.

4.37 The aim of the Supporting People<sup>25</sup> programme is to improve the quality and effectiveness of support services by:

- ◆ **focusing provision on local need:** introducing a more systematic and strategic process to assess needs within and across local authority areas and to supply relevant support services;
- ◆ **improving the range and quality of services:** promoting the development of a wider range of support services based on informed good practice. In particular, the previous link of support services to tenure will be broken, so that more 'floating support' may be introduced where appropriate;
- ◆ **integrating 'support' with wider local strategies:** particularly within health, social services, housing, and neighbourhood renewal and community safety;

Note 25 – see page 53

- ◆ **monitoring and inspecting quality and effectiveness:** in a more structured way, including integrating with the 'Best Value' regime;
- ◆ **introducing effective decision-making and administration:** changing the arrangements for funding and managing the sector should be done in a way which leads to transparent decision-making and cost-effective administration.

4.38 People who often need support and will therefore benefit from the new initiative include:

- ◆ older people
- ◆ people with mental health problems
- ◆ people with learning difficulties
- ◆ people with physical disabilities
- ◆ rough sleepers
- ◆ ex-offenders (including ex-prisoners)
- ◆ people with drug or alcohol problems
- ◆ victims of domestic violence
- ◆ people with chronic illness, e.g. HIV/AIDS
- ◆ young people leaving care.

4.39 Supporting People will aim to improve support services for vulnerable people. Examples of what local authorities will be able to offer under Supporting People include:

- ◆ Helping older people remain in their own home as long as they wish to by funding visiting support services
- ◆ Continuing to provide services (e.g. wardens) in sheltered schemes
- ◆ Helping young people leaving care prepare for greater independence through training in basic skills such as cooking and hygiene
- ◆ Helping people leaving institutions (e.g. prison), or who have been homeless, set up home
- ◆ Providing ongoing support for people adjusting to more independent living, if moving into their own home after living in a special supported housing scheme

4.40 To enable resources to be spent in an appropriate and effective way to meet the needs of drug users and drinkers, guidance will be issued by DTLR on how supply should be managed and need should be assessed, with a view to determining resources. More detailed models of services that should be purchased will be provided. This current guidance contributes to these best practice models. The implementation of Supporting People contains a requirement to plan provision for supported housing strategically. It will ensure that the need identified above to develop a range of provision will be met.

## 5 Supporting drug users in housing – issues for managers and staff

### **Legal, management and training issues for housing managers**

*“Usually only a small proportion of tenants are disruptive or cause problems for the community, yet they have a disproportionate effect on it, causing high numbers to move out, etc. Working with these tenants intensively over a short period is beneficial for the community as a whole. Focusing resources in a supportive way on problem areas has a big knock-on effect on other agencies and services, causing savings on indirect costs. With less use of accident and emergency departments, less police involvement, fewer repairs, crime reduction, improvement in community safety and people’s perceptions of the community.”*

(Local Authority Housing Manager interviewed during fieldwork visits)



- 5.1 Housing for drug users should be seen as an integral element of successful drug treatment and rehabilitation. Drug users in stable and secure accommodation are more likely to change their drug-using careers. Support to vulnerable young people with a range of unemployment, health and social problems can help alleviate the negative impact of drugs on local neighbourhoods. However, this requires housing providers to ensure that they act within the law at all times.
- 5.2 In order to successfully house drug users, diligence is needed to ensure that the safety of all parties is fully considered, including:
  - ◆ the housing provider
  - ◆ support and resettlement staff
  - ◆ the drug user
  - ◆ neighbours and the community.

### **Drug use and tenancies**

- 5.3 Housing providers may be concerned about their legal obligations if their tenants engage in the use and supply of controlled drugs in their accommodation. Such fears are likely to have been exacerbated by a high profile case in Cambridge (the Wintercomfort case or *R. v Wyner and Brock*) where charity workers were convicted and imprisoned for offences under the Misuse of Drugs Act 1971 for permitting service users to supply controlled drugs on the premises that they managed.

- 5.4 The risk that housing providers run in this area is quite limited. However, it is important that providers are aware of their obligations under the legislation, and act accordingly. This is an area of law that can be unclear, and, pending further clarification or legal precedent, it is best to err on the side of caution.

## **Section 8 of the Misuse of Drugs Act 1971**

- 5.5 Section 8 of the Misuse of Drugs Act 1971 creates a series of offences that may be committed by a person who is the ‘occupier’ or ‘concerned in the management of premises’. The person commits an offence if they ‘knowingly permit’ or ‘suffer’ a variety of activities, including the production, supply or illegal use of controlled drugs.
- 5.6 The terms ‘knowingly’ and ‘permit or suffer’ can be difficult to understand. ‘Knowingly’ means actual knowledge (from personal observation or reliable information of it), or knowledge which arises from shutting one’s eyes to the obvious. ‘Permit or suffer’ means allowing the prohibited activity to take place, either through taking no action to stop it or, where initial actions were ineffective, failing to take further steps that were reasonable and readily available.
- 5.7 Previously there was only an obligation to prevent the manufacture and supply of controlled drugs and the smoking of cannabis and prepared opium. The legislation was extended in May 2001 under section 38 of the Criminal Justice and Police Act 2001. The change will not come into effect until Home Office guidance has been issued, of which this document forms an appendix. Organisations are strongly encouraged to refer to the forthcoming guidance as soon as it becomes available. Section 8 of the Misuse of Drugs Act was extended in order to assist the police in dealing with the problems of crack houses. The police and some housing agencies found the existing legislation inadequate to allow the closing down of such premises. A guide to how action can be taken to close premises under the current legal powers is contained in Appendix 1.
- 5.8 In nightshelters and day centres, the situation is quite clear-cut. Those in charge of such provision are ‘concerned in the management’ for the purpose of the legislation, and as such would be liable for offences under the Act.
- 5.9 In other housing provision, the situation is less clear, and this lack of clarity is further hampered by the lack of case law on the subject. What follows is a consideration of how the law could be applied in different models of housing provision.

5.10 In the majority of housing situations, a landlord provides housing, collects rent and undertakes tasks such as repairs and renovations. In such a situation, where the landlord has a limited role, the courts have concluded that they cannot be considered ‘concerned in the management’ for the purposes of the Act. In the legal case of *Sweet and Parsley* this matter was taken before the House of Lords. There, Lord Wilberforce placed the following interpretation on the phrase:

*“The words ‘concerned in the management’ are not, on the face of them, very clear, but at least they suggest some technical or acquired meaning, some meaning other than one which refers merely to some common transactions such as the letting or licensing the occupation of premises... They reflect what I would think to be logically correct, namely that **one does not ‘manage’ the inert subject of a conveyance or lease, but rather some human activity on the premises which the manager has an interest in directing.**”*

(Lord Wilberforce on *Sweet and Parsley*, quoted in Archbold: 2000: 14–002. Emphasis added)

5.11 In most letting situations, the tenant is considered the ‘occupier’ for the purposes of the legislation, and would be liable for the activities of other parties on the premises.

5.12 The following hypothetical examples set out a range of difficult situations to which the law relates.

Fred is housed by Newtown Housing Association. He lives in a one bedroom flat, and has an Assured Tenancy. Roger frequently visits and often smokes cannabis in Fred’s flat. Fred allows this to go on, but does not partake himself.

Roger could be prosecuted for the possession of cannabis.

Fred could be prosecuted under section 8 for allowing the premises to be used for the smoking of cannabis.

Fred has exclusive possession of the property and so is the ‘occupier’ for the purposes of the Act. Newtown Housing Association is not considered ‘concerned in the management’ for the purposes of the Act.

5.13 The situation is different when tenancy support workers, employed directly by the landlord, or acting on the landlord’s behalf, are aware of drug offences, relevant under section 8.

**Brian is a tenant in a flat owned by Oldville Housing Association. He has an assured shorthold tenancy. Brian has fortnightly visits from Mel, his tenancy sustainment worker. Mel is employed by Oldville Housing Association. On a resettlement visit, Mel notices that Brian is cultivating cannabis in his flat.**

**Brian is clearly in breach of his tenancy, because he is using his flat for an illegal or immoral purpose. Oldville**

**Housing Association is able to take action to evict Brian if it so wishes.**

**Because Mel is employed by the Housing Association, and is therefore 'concerned in the management', she may be committing an offence under section 8 of the Misuse of Drugs Act by not taking action to prevent the prohibited activity taking place, and should report the incident to her manager.**

5.14 The following course of action could be instigated when there are concerns regarding drug use on premises and a possible of breach of section 8:

- ◆ The situation should be reported to managers/senior workers at the organisation.
- ◆ A record of events needs to be made.
- ◆ A written notice should be sent to the tenant(s) warning that the terms of the tenancy have been broken and that continuation could result in legal action to terminate the tenancy.
- ◆ Support workers should offer education, support and advice to the tenant to address this behaviour.
- ◆ If warnings and support fail to prevent the prohibited activity taking place, the landlord should seek a possession order and involve the police. Procedures and policy for the involvement of police in such circumstances should be organised and those policies followed.

The landlord remains liable to prosecution under section 8 of the Misuse of Drugs Act if they fail to take action in these circumstances.

5.15 The interpretation above may well also apply where support workers undertake visits under a contractual basis with a housing provider.

**Sarah is a tenant with Oldville Housing Association and has been identified as having additional support needs for her drug use. Oldville Drug Project provides floating support to tenants of the housing association on a contracted basis.**

**On a visit the support worker, Karen, notices that Sarah has been smoking cannabis in the flat.**

**Karen is, to an extent 'concerned in the management' and so would need to take some action to address the situation.**

**The support worker may potentially be committing an offence under section 8 and thus should be dealt with as per Brian above. They should also challenge this behaviour and stress that it could result in criminal proceedings and loss of tenancy.**

5.16 In situations where an external agency is providing resettlement or floating support services, managers from the housing association and the drug agency should clarify what the arrangements are from both sides about disclosing and/or withholding information as part of an agreed contractual arrangement.

5.17 In a situation where outreach or support workers undertake home visits, but have no formal agreement with the housing provider, any liability under the Act is unlikely.

Although, in such circumstances, the housing provider would not be liable under the Misuse of Drugs Act 1971, such incidents would indicate a need to develop strategies to ensure that problems do not develop.

**Rashid is renting a flat in the private sector. He has a history of cocaine use, and has maintained contact with the local drug project.**

**His drugs worker, Sam, undertakes a home visit. While there, Sam witnesses Rashid sharing a line of cocaine with his partner.**

**Rashid is committing an offence of supplying a controlled drug.**

**Sam is not 'concerned in the management' and so is not committing an offence under section 8. Still, she should probably challenge this behaviour and stress that it could result in criminal proceedings and loss of tenancy.**

## Staff training and support

5.18 All staff, ranging from generic housing staff through to specialist dependency workers, should have training so that they are more able and confident in dealing with drug use and drug-related incidents. Staff or organisations may feel that they are unskilled in working with issues related to substance misuse. Training should:

- ◆ give information about drugs and their effects
- ◆ look at drug-related problems (both to the individual and the wider community)
- ◆ challenge stereotypes and attitudes to drug users
- ◆ increase the confidence of staff working with drug users
- ◆ give information about the roles and responsibilities of other agencies
- ◆ improve staff ability to make referrals to specialist agencies where appropriate
- ◆ give up-to-date legal information
- ◆ be up to date.

- 5.19 Joint training between agencies is beneficial in developing working arrangements, as well as helping to understand each agency's role and responsibilities.
- 5.20 Staff undertaking resettlement visits are especially vulnerable, and their safety should be given careful consideration. Precautions should include the following:
- ◆ Workers should operate in pairs. Staff undertaking such work alone could be at risk.
  - ◆ Workers should carry ID cards.
  - ◆ Workers should carry mobile telephones, and report at regular, agreed intervals.
  - ◆ Workers should leave an arena where their safety may be compromised.
  - ◆ Workers should receive training on managing difficult and dangerous behaviour.
  - ◆ Workers should absent themselves from potentially compromising situations, such as where the supply of drugs is taking place.

## **Responses to discarded injecting equipment**

- 5.21 The unsafe disposal of injecting equipment in public areas, such as stairwells and playgrounds, represents one of the most contentious aspects of community safety. It is a key cause of concern to both residents and agencies. It is important that risks to public health are minimised.
- 5.22 Injecting drug users should be actively encouraged to utilise local needle exchange schemes, and made aware of their responsibilities. Training for staff, such as caretakers, refuse collectors and street cleaners can reduce the fear and risk of exposure to pathogens. Many local authorities already have agreed protocols and systems for the safe disposal of injecting equipment.
- 5.23 Residents should be made aware of whom to report discarded injecting equipment to. Such reports should be dealt with immediately by the local environmental health department, or designated body, to reassure residents that the situation is being dealt with, and any risks minimised. Information can be disseminated through the publicising of telephone hotlines for the reporting of hazardous waste.

- 5.24 Strategies to increase awareness and reduce risk have been developed, including resources for families and children to ensure that children know how to deal with discarded needles safely.
- 5.25 The incidence of unsafe disposal can be reduced by the provision of widely accessible and discrete disposal sites, as well as the promotion of locally accessible pharmacy needle exchanges. Critics might argue that the provision of disposal sites is condoning drug use. The safety of the public and staff should be the ultimate goal.
- 5.26 When strategies to tackle the built environment are being considered, thought should be given to reducing the areas where injecting equipment can be used and discarded unsafely in public areas.



## 6 Conclusions

- 6.1 The use and supply of drugs can bring substantial challenges for providers of social housing. Tackling drug-related problems is not an additional responsibility for social landlords but is core to their functions to create safe and sustainable communities.
- 6.2 Drug-related criminal and anti-social behaviour can cause serious and lasting social and economic damage to neighbourhoods. It is imperative to tackle and prevent this damage and to integrate action within regeneration and community safety activities.
- 6.3 Social landlords are key players in challenging and overcoming the harm that drugs can cause to communities. Through effective housing management strategies, providers of social housing can have a substantial impact on reducing drug-related crime and anti-social behaviour within the community. Through engagement in multi-agency partnerships, housing providers can ensure that housing is recognised as an important component in any local strategy to tackle drug use.
- 6.4 The provision of appropriate housing and support can also bring substantial benefits for drug users themselves. Benefits can include a reduction or cessation of drug use, better treatment outcomes, and a reduction in offending behaviour.

However, drug users can be a challenging client group with whom to work and social landlords will need to invest in training, management systems and support structures to enable them to respond effectively. Support to vulnerable tenants, including drug users, can prevent problems occurring at a later date to both the individual and the neighbourhood.

- 6.5 Through developing effective partnerships with tenants and other key players, providers of social housing across the country have achieved positive results and brought about substantial and sustainable changes.
- 6.6 The task is daunting, and the resource implications are substantial. But the evidence shows that it can be done. If we are to provide safe, stable and secure neighbourhoods for everyone in the community, it must be done.

## Bibliography and suggested further reading

*Brand new day: supporting tenants with drug problems, a practice guide.*  
Helen Town. CAN, 2001

*Communities in the Balance: The Reality of Social Exclusion on Housing Estates.* David Page. JRF, 2000

*Developing Good Practice in Tenant Participation.* DETR, 1999

*Doing Justice to Treatment: Referring Offenders to Drug Services.*  
Mark Edmunds et al. DPAS Paper 2, Home Office, 1999

*Drug Misuse and the Environment.* ACMD. HMSO, 1998

*Housing Drug Users: Balancing Needs and Risks.* London Drugs Policy Forum. 1999

*Keys to Change: The Role of Local Authority Housing in the Care and Rehabilitation of Single Drug and Alcohol Users in Lambeth.*  
Deborah Rutter. DPI Paper 18, Home Office, 1999

*National Strategy for Neighbourhood Renewal: A Framework for Consultation.* Social Exclusion Unit. HMSO, 2000

*Neighbour Disputes: Comparing the Cost-Effectiveness of Mediation and Alternative Approaches.* Jim Dignan et al. University of Sheffield, 1996

*A New Commitment to Neighbourhood Renewal – National Strategy Action Plan.* Social Exclusion Unit, 2001

*Tackling Drugs to Build a Better Britain.* UKADCU. HMSO, 1998

*Tackling Alcohol-related Crime, Disorder and Nuisance Action Plan.*  
Home Office. HMSO, 2000

*The Use of Legal Remedies by Social Landlords to Deal with Neighbour Nuisance.* Judy Nixon et al. Sheffield Hallam University, 1999

## References

- 1 *Drug misuse and the criminal justice system: A review of the Literature.* DPI. London: 1996
- 2 *Tackling Drugs to Build a Better Britain.* UKADCU. HMSO, 1998, p18
- 3 *Doing Justice to Treatment: Referring Offenders to Drug Services.* Hough M, Edmunds M, Turnball J, May T. Drugs Prevention Advisory Service, London: 1999
- 4 *Tackling alcohol-related crime, disorder and nuisance Action Plan.* Home Office, 2000
- 5 Ibid
- 6 *Neighbour Nuisance: New Initiatives Good Practice Briefing.* Chartered Institute of Housing
- 7 *Drug Misuse and the Environment.* ACMD. HMSO, 1998, p101
- 8 *Working with young people on estates: the role of Housing professionals in multi-agency work.* Bob Coles, Julie Rugg, Jude England. Chartered Institute of Housing and Joseph Rowntree, 1998
- 9 *Toolkit of Sustainability Indicators.* Derek Long. Housing Corporation, 2000
- 10 *General Household Survey data in the State of Welfare.* J. Hils. Oxford OUP, 1998
- 11 *Performance Standards: Performance Standards and Regulatory Guidance for Registered Social Landlords.* Housing Corporation, 1998
- 12 *Starter Tenancies and Introductory Tenancies: An Evaluation.* LRC. Housing Corporation, 1999
- 13 *The Use of Legal Remedies by Social Landlords to Deal with Neighbour Nuisance.* Judy Nixon et al. Centre for Regional Economic and Social Research, May 1999, p14

## REFERENCES

- 14 *Neighbour Disputes – Comparing the cost-effectiveness of mediation and alternative approaches.* Dignan et al. University of Sheffield, 1996
- 15 *Islington Borough Acceptable Behaviour Contract Scheme.* LB Islington, 2000
- 16 Social Exclusion Unit, PAT 8, 1999
- 17 *The Use of Legal Remedies by Social Landlords to Deal with Neighbour Nuisance.* Judy Nixon et al. Centre for Regional Economic and Social Research, May 1999, p34
- 18 *Policing places with drug problems.* Lorraine Green. Sage, 1996
- 19 *Keys to Change – The role of local authority housing in the care and rehabilitation of single drug and alcohol users in Lambeth.* Deborah Rutter. Drugs Prevention Initiative, 1999
- 20 *Housing and Floating Support: a Review,* Jenny Morris. York Publishing Services, 1995
- 21 *Being There – Provider and User Perspectives on Floating Support.* Fisk M and Phillips D. Insight, 2000, p18
- 22 *Supported Housing – The experience of young care leavers:* Hutson S. Barnados, 1997
- 23 *Supported Accommodation for Ex-offenders: Identifying Effective Practice,* Gill McIvor, University of Stirling, 1995
- 24 *The Housing Needs of ex-prisoners.* Carlisle J. Housing Research 178. Joseph Rowntree Foundation, 1996
- 25 *Supporting People: Supporting Independence.* DETR, 2001

## Appendix 1:

### Procedures and powers available to act against a house and its tenants involved in drug supply (Note: This section was written by Home Office officials)

*Note: This section refers to the extension of section 8 of the Misuse of Drugs Act 1971 (the 1971 Act) to cover the use of unlawfully held controlled substances. Until a commencement order is made in relation to section 38 of the Criminal Justice and Police Act 2001 the law remains as it was, covering the use of prepared opium and cannabis. Supply of all drugs was covered before and remains so.*

This section summarises the legal powers available to close a residential location used for the supply of illegal drugs. The use of actions to help build community resistance, reduce local demand, support vulnerable tenants and stimulate public information all play a role in bringing closure to such properties.

If a rented property is used to supply drugs, the options open to the police, the owner of the property or letting agent and the tenant are set out below. The following need to be considered first:

- ◆ Is the tenant supplying drugs?
- ◆ Is the person supplying drugs being permitted by the tenant to sell drugs?
- ◆ Is the supply being carried out by a sub-tenant or illegal squatter without the knowledge of the tenant?
- ◆ Is the landlord or owner knowingly allowing the property to be used for drug supply?

The desire for haste on the part of the police, local residents and the local authority or other landlord to act to close the supply outlet needs to be weighed against the responses to the questions above. UK laws do not give the police or local authority powers to close a residential property in a summary fashion to curtail its use as a source of supply for illegal drugs. The only powers are those set out in section 8 of the 1971 Act below.

The 1971 Act gives the police power to arrest any person within that property who is believed to be supplying, producing or possessing controlled drugs with intent to supply. These powers are applicable against individuals, not the property or any other persons occupying the property. In most circumstances action taken against the individual supplying, producing or possessing controlled drugs will result in their arrest and detention and lead to the end of use of the house for such

purposes. However, the ability of the police to take action will depend on their resources and the evidence they obtain, in the form of witness statements, surveillance or test purchases. Subsequent charges will be determined by the seizures made during any operation against the residents of the property. Police action will be delayed by the time required to obtain the necessary evidence. Such evidence will only enable them to act against specific individuals and to arrest and detain them. These powers do not enable the police or anyone else to remove the tenant's right to occupy the property. The tenant, or another person, may choose to continue to use the property for drug supply. It is possible that the police evidence will not be sufficient to bring charges. The individual would be released, possibly allowing them to restart supply.

The police can also bring charges under the 1971 Act against the owner of the property or letting agent or tenant if they knowingly allow the property to be used for the **supply, production or use of any** unlawfully held controlled drug (section 8). The terms 'knowingly' and 'permit or suffer' can be difficult to understand. 'Knowingly' means actual knowledge (from personal observation or reliable information of it), or knowledge which arises from shutting one's eyes to the obvious. 'Permit or suffer' means allowing the prohibited activity to take place, either through taking no action to stop it or, where initial actions were ineffective, failing to take further steps that were reasonable and readily available.

These powers can be used in addition to any action against the actual suppliers and can ensure that irresponsible landlords do not simply permit an individual to take over the business of supplying drugs from the same address. The prospect of such charges is a strong encouragement for the landlord to take action against the tenant using their civil powers in relation to the tenancy.

Until an owner, letting agent or tenant is aware that the property is used for the supply, production or use of any unlawfully held controlled drug, they have not committed any offence under section 8 of the 1971 Act .

**Civil powers** can complement police powers. They can be used to remove the individual's ability to supply drugs from that site by removing their tenancy rights to that property, or otherwise controlling their anti-social behaviour at that property by preventive measures such as injunctions.

The 1996 Housing Act (the 1996 Act) allows for eviction for behaviour or nuisance that may include drug supply under the following grounds:

- ◆ that a tenant has been convicted of an arrestable offence in the location of the dwelling
- ◆ the tenant, lodger or visitor has committed a nuisance or annoyance to neighbours in breach of their tenancy agreement.

The court will require evidence to support either of these in the form of a conviction, statements from the police, 'professional witnesses' or other tenants. A conviction from a court for supplying controlled drugs would normally be judged as adequate evidence although it is not a guarantee that a court would automatically grant a possession order, particularly if there are dependants living at the property.

The 1996 Act gives landlords the power to start possession proceedings as soon as a notice for seeking possession has been issued in the case of anti-social behaviour. They can dispense with notice of intention to seek possession if the court considers it equitable to do so.

Serving a notice of seeking possession simultaneously with police action against the tenants is nearly always certain to result in the civil case for possession being heard before the criminal case is brought to court. In such circumstances the civil court may feel that without evidence of a conviction, unless there is compelling other evidence (e.g. a different criminal conviction), the order cannot be made.

However, the tenant may choose to voluntarily surrender the tenancy at point of arrest if this option is made available to them. They are unlikely to do this if dependants are living in the property.

If the tenant has been granted an introductory tenancy with a local authority under the 1996 Act the requirement to show grounds for possession to the courts is not required, thus allowing the local authority greater freedom to act against drug supply by new tenants. The same applies to assured shorthold tenancies from RSLs.

**Squatting** is not illegal under English law, but powers do exist to evict squatters. The landlord, social or private, must obtain an eviction order from a county court. Proper procedures must be followed.

In the case of individuals **coerced** to allow their properties for supply, where other efforts have failed, they could be persuaded to voluntarily surrender their property with the promise of the offer of alternative accommodation. This would enable the property to be closed almost immediately.

Boarding up a property whilst an individual is in custody to prevent their entry is illegal and is not a remedy open to landlords, except in the case of squatting.

An **Anti-Social Behaviour Order (ASBO)** created under the 1998 Crime and Disorder Act could be made against anyone, including a tenant for causing drug-related nuisance. However, the order is unlikely to be appropriate for the level of seriousness involved here. A court is unlikely to consider an order for behaviour that should be dealt with by criminal charges.

## **Injunctions**

Local authorities can seek injunctions under section 152 of the Housing Act 1996 against anyone, not just a tenant, who is causing a nuisance or annoyance to tenants or persons carrying out legitimate business on their property (e.g. rent collectors, street wardens, etc). The courts will not grant an injunction unless there has been actual or threatened violence. A power of arrest may be attached to such injunctions by the court. Breach of the injunction could lead to arrest without a warrant.

All social landlords, using section 153 of the 1996 Act, may ask the court to attach a power of arrest to injunctions taken out to prevent a breach or anticipated breach of a tenancy agreement. Again, there must be violence or a threat of violence.

## Appendix 2: Glossary of terms

### **Acceptable Behaviour Contracts (ABCs)**

ABCs are used as an alternative to Anti-Social Behaviour Orders. They are primarily targeted at young people, and establish clear criteria of what is not acceptable behaviour. Failure to keep within these criteria can lead to eviction for the young person's entire family.

### **Anti-social behaviour**

Anti-social behaviour encompasses a range of behaviours, and has been defined by the Chartered Institute of Housing as "behaviour that unreasonably interferes with other people's rights to the use and enjoyment of their home and community".

### **Anti-Social Behaviour Orders (ASBOs)**

The Crime and Disorder Act 1998 allows the police and local authorities to apply for an Anti-Social Behaviour Order to be imposed on an individual who acts in an anti-social manner. Failure to meet the conditions of the order can lead to imprisonment.

### **Arrest referral schemes**

Schemes where drug users on arrest are referred to drug workers operating in police custody suites to link them to treatment.

### **Best Value**

Best Value is a strategic framework for local authorities to appraise their current roles and functions, and to consider innovative ideas for the provision of services responsive to their local community. They work in partnership with other agencies, embrace performance management, and maximise the benefits of the available resources.

### **Connexions**

Connexions is a strategy for increasing the achievement and participation of young people in society. A core part of this strategy is the Connexions Service, which provides information, advice and guidance for all young people aged 13 to 19. This service is delivered in a variety of settings, both in and out of schools.

## **Crime and Disorder Act 1998**

The Crime and Disorder Act 1998 established a number of relevant structures and provisions for preventing the causes of crime. The Act introduced Youth Offending Teams (see below); Anti-Social Behaviour Orders (see above); Parenting Orders; Child Curfew Orders; Child Safety Orders; specific racially-aggravated offences; Drug Treatment and Testing Orders (see p64); Reparation Orders; and Detention and Training Orders.

## **Drug Action Teams (DATs)**

See 'Setting the Scene' page 9.

## **Drug Reference Groups (DRGs)**

See 'Setting the Scene' page 9.

## **Drug-related crime**

See the section on Drug-Related anti-social behaviour page 12, for details on this topic.

## **Drugs**

While the term 'drug' is frequently used to refer specifically to illegal drugs controlled under the Misuse of Drugs Act 1971, it is actually a far broader term that includes medicines, alcohol, tobacco and volatile substances.

## **Drug use**

This is the use of drugs that is not causing the user any problems. All such drug use has the potential to become problematic, and may have hidden health and social side effects.

## **Problematic drug use**

This term implies that drug use is creating or worsening a problem. Drug problems may include legal, social, financial, health, family or emotional, or a combination of these.

## **Drug treatment and rehabilitation**

See the section on 'Drug treatment' for details on this topic. Appendix 3.

**Floating support**

Floating support schemes provide support for vulnerable people, usually at risk of losing their tenancy. Floating support workers provide information and advice, and visit the client in their own home to assist them move towards independent living.

**Housing Action Trusts (HATs)**

The main aim of Housing Action Trusts is to achieve a sustainable and long-lasting improvement in the living conditions in their areas. They have four statutory objectives set out in section 63(1) of the Housing Act 1988: to repair and improve their housing; to manage their housing effectively; to encourage diversity of tenure; and to improve the social, environmental and living conditions of their areas. There are six HATs in England.

**Housing Corporation**

The Housing Corporation is a non-departmental public body which funds and regulates Registered Social Landlords. It aims to improve people's quality of life through social housing.

**Housing Plus**

Housing Plus promotes the inclusion of wider issues in the planning of new housing association developments. The issues include employment, anti-crime strategies, accessing public services, health, sustainable environment, and promoting community participation.

**Local Strategic Partnerships (LSPs)**

Local Strategic Partnerships are multi-agency, multi-sectorial, strategic partnerships. They can co-ordinate between local services, agencies and bodies to ensure coherence and effective working at the local level. They can liaise with the community, voluntary and private sectors to increase their input over service provision.

**Injunctions**

Police and local authorities can apply for an injunction to prevent a person from continuing with certain behaviours. The Crime and Disorder Act 1998 allowed applications for injunctions in cases of anti-social behaviour.

## **Mediation**

Mediation is a way of resolving disputes where a settlement is reached with the help of a third party, or a mediator. The settlement is decided by the people involved in the dispute rather than by the mediator.

## **National drugs strategy**

The current strategy, *Tackling Drugs to Build a Better Britain*, was launched in 1998. It has four principal aims concerned with young people: protecting communities from drug-related criminal; anti-social behaviour; treatment of drug users; and the availability of drugs. The Home Office Drug Strategy Directorate (see p69) has responsibility for implementing the strategy.

## **National Treatment Agency for Substance Misuse (NTA)**

The NTA is a joint initiative between the Department of Health and the Home Office Drug Strategy Directorate (see p69). The agency is responsible for developing and ensuring the consistency of all aspects of health, social services and criminal justice treatment for substance misuse in England.

## **New Deal for Communities (NDC)**

New Deal for Communities is a Government initiative to improve the most deprived areas of the country. Participating communities are offered money to improve job prospects, bring together investment in buildings and investment in people, improve neighbourhood management and the delivery of local services.

## **Single Regeneration Budget (SRB)**

The Single Regeneration Budget is a consolidation of various streams of government regeneration funding. It aims to reduce the gap between deprived and other areas, and between different groups. It funds projects which improve the employment prospects, education and skills of local people; address social exclusion and improve opportunities for the disadvantaged; promote sustainable regeneration; improve and protect the environment and infrastructure (including housing); support and promote growth in local economies and businesses; reduce crime and drug abuse; and improve community safety.

### **Supporting People**

Supporting People is a Department of Transport, Local Government and the Regions initiative. It aims to promote housing-related services that complement existing care services. The strategy provides a framework for common needs mapping, and the development of flexible services to meet those needs.

### **Youth Offending Teams (YOTs)**

YOTs were introduced in the Crime and Disorder Act 1998 (see above), and are multi-agency teams with a focus on preventing youth offending. The structure of Youth Offending Teams frequently involves police, social services, education and probation workers.

## Appendix 3: Drug treatment

### What is treatment?

Drug 'treatment' encompasses a range of techniques and services that aim to control, reduce and/or stop problematic drug use. Drug treatment services are provided by both the voluntary and statutory sectors.

Many drug treatment interventions are medically-based. However, there are many other interventions that are non-medical and that address other aspects of the client's drug use or situation with a view to achieving positive change.

### Ways into treatment

#### Self-referral

Many drug users learn about local drug treatment services and present themselves to the service as a self-referral.

#### Referred by another professional

In some cases drug users are referred to drug treatment services by a professional working in a related field. There may be partnership agreements between the various services involved, with protocols for sharing information about clients.

#### Arrest referral

Many areas now have schemes where offenders are channelled into treatment following arrest. Some schemes only provide information about local services, while others have drug workers present at police stations. Some schemes provide incentives for arrestees to enter treatment, such as using cautions.

#### Drug Treatment and Testing Orders (DTTOs)

DTTOs provide an alternative to prison for drug-using offenders. Drug users are offered placement on a drug treatment programme, which they must attend, or serve a prison sentence.

### Drug treatment services

#### Drug Dependency Units (DDUs)

DDUs are statutory services. They offer a range of drug treatment options, including substitute prescribing, detoxification, advice and information, counselling, group work, needle exchange, psychiatric and psychological services, and aftercare. They are located within hospitals, and have tended to focus on opiate users.

## **Specialist hospital in-patient unit**

These units primarily offer detoxification services, but in some cases offer a range of hospital-based treatment services such as group work.

## **Community Drug Teams (CDTs)**

CDTs offer a similar range of services to DDUs, but are mostly based in local community settings. They may be based in hospitals where they are easily accessible to the surrounding community. The majority of CDTs are statutory services, although a few are voluntary. Outreach and detached worker services are also frequently provided by CDTs.

## **Street agencies (community advice and information services)**

Street agencies are usually voluntary sector services, offering an informal drop-in style service for drug users. They provide a range of services similar to CDTs.

## **Shared care arrangements**

Although not a drug treatment setting per se, shared care arrangements are made between primary care teams and local drug services. These arrangements are essentially partnership agreements between the relevant agencies to provide care between them for drug users. Arrangements vary, but often a GP practice is the primary point of contact for local drug users, with a specialist drug worker attending sessions there on a regular basis.

## **Needle exchanges**

Needle exchange facilities may be stand-alone services that offer a wide range of interventions. More typically, needle exchange will be one of a range of services offered through drugs agencies or community drug teams.

In addition, needle exchange also takes place on a peripatetic basis, via mobile and outreach provision, and through pharmacies which distribute and collect equipment from clients.

## **Support groups**

Some support groups are run by drug users or ex-drug users to provide peer support for each other, while others are facilitated by professionals. Support groups are also available for the friends and families of drug users.

## **Structured day-care programmes**

Structured programmes of activities providing alternatives for problematic drug use are offered. They usually last for a fixed period of time and have attendance criteria such as four or five days a week.

## **Family/parenting services**

These services work with families and parents. The work can sometimes be with parents who are drug users themselves, or are concerned about the drug use of their children.

## **Residential rehabilitation services**

Residential rehabilitation services offer treatment in settings away from the client's home. The length of stay is usually six months. These services offer a range of treatment options aimed at the cessation of drug use and reintegration into society, such as group work, counselling, education and employment skills. Residential rehabilitation is frequently expensive. Clients who wish to attend residential rehabilitation will normally need to be funded under community care arrangements. Assessment for such funding is normally undertaken by social services departments through their Substance Misuse Teams.

## **Supported accommodation**

Drug treatment is often available in supported accommodation settings, such as hostels for homeless people.

## **Floating support**

Many floating support schemes provide a support for drug users, often through developing independent living skills, and assisting clients in gaining access to local drug services.

## **Young people's services**

There are many services that target young people. The age ranges vary: some only take clients below the age of 18, others take clients up to the age of 25. Young people's services can be a part of more mainstream adult services, or separate and distinct and in different locations. Young people's services provide age-specific treatment and environments. There are residential rehabilitation services for young people, although gaining places is difficult, and the costs are often prohibitive.

## **CARAT's prison drug treatment**

Treatment is available in prison through CARAT's (Counselling Assessment Referral Advice and Throughcare) scheme.

## **Outreach**

Some services employ detached workers who seek out drug users in their local community in order to gain access to hard-to-reach groups, such as young people and ethnic minorities.

## **Types of intervention**

### **Detoxification**

Detoxification is the process of clearing the body from drugs. Detoxification can take place quickly or slowly, according to the needs and wishes of the client and available services.

Detoxification can take place on an in-patient basis, or within the community.

### **Substitute prescribing**

Substitute prescribing is used to stabilise clients' drug use and remove them from the illicit drug market. The most prescribed replacement drug is methadone, a substitute for heroin.

Substitute prescribing may take the form of reduction or maintenance programmes.

In a reduction programme, a patient's level of methadone is slowly reduced over a period of time. Eventually, they will become drug-free, ideally experiencing only minimal withdrawal symptoms during the process. Reduction can take place over weeks, months or longer.

In maintenance prescribing, there is no move towards reducing the level of prescribed drug. This is used for people who are unable or unwilling to contemplate moving towards being drug-free, but do want to avoid the legal and health problems related to illicit substance use.

### **Needle exchange**

Needle exchanges provide free needles and related equipment such as sharps disposal boxes. This intervention aims to reduce the levels of communicable diseases such as HIV and Hepatitis C, and reduce the disposal of hazardous waste.

Needle exchanges also have an important role to play in reducing injecting injuries, promoting health, and maintaining contact with injecting drug users.

### **Alternative therapies**

Some services offer alternative therapies such as massage, acupuncture and shiatsu.

## **Advice and information**

Advice and information are often provided about safer injecting practices, safer sexual practices, and the risks associated with different drugs. Legal advice, information about available local services, and published materials are also sometimes made available.

## **Counselling**

Counselling is most often provided in one-to-one sessions, where issues relating to a client's drug use are addressed. Counselling may be used on its own, or alongside other aspects of treatment such as substitute prescribing.

## **Group work**

Group work can be used to address common issues that a group of clients may share, and also develop skills for coping with relapse and living a drug-free life.

Many services emphasize skills development for reintegration into the local community (e.g. basic life skills, independent living skills, employment and educational training).

## **Mental health services**

There is a high incidence of drug use amongst people with mental health problems. Drug services and mental health services often have an area of overlap like shared-care packages or joint working.

Some agencies have appointed 'dual diagnosis workers' who specifically work with people experiencing joint problems with drug use and mental health.

## **Aftercare**

Many services provide aftercare for their clients, such as support groups for ex-users, home visits, and monitoring to ensure that relapses are attended to at an early stage.

## Useful contacts

### **Home Office Drug Strategy Directorate and Drugs Prevention Advisory Service (DPAS)**

The Drug Strategy Directorate at Queen Anne's Gate within the Home Office co-ordinates action on illegal drug use across government.

The communities team handles all matters related to housing:

Tel: 020 7273 2377

[www.drugs.gov.uk](http://www.drugs.gov.uk)

Its regional arm, DPAS, supports best practice on the ground through nine regional teams working closely with DATs:

Horseferry House, Dean Ryle Street, Westminster, London SW1P 2AW

Tel: 020 7217 8631

### **Department of Transport, Local Government and the Regions (DTLR) Housing Policy section**

Leads on policy guidance for Housing management.

Frank Peabody, DTLR, 1/J4, Eland House, Bressenden Place, London SW1E 5DU

Tel: 020 7944 3672

<http://www.housing.dtlr.gov.uk/index.htm>

### **Housing Corporation**

Supports and regulates registered social landlords (RSLs).

Maureen Adams, Maple House, 149 Tottenham Court Road, London W1T 7BN

Tel: 020 7393 2000 Fax: 020 7393 2111

[www.housingcorp.gov.uk/](http://www.housingcorp.gov.uk/)

### **National Housing Federation (NHF)**

The association of registered social landlords and advises on policy and member issues.

175 Gray's Inn Road, London WC1X 8UP

Tel: 020 7278 6571

[www.housing.org.uk](http://www.housing.org.uk)

### **The Chartered Institute of Housing**

The professional body for housing workers. It issues guidance on good practice.

[www.chi.org](http://www.chi.org)

### **Release**

Release, the national drugs and legal charity, provides a range of services designed to meet the health, welfare and legal needs of drug users, and those who live and work with them. Release provides training for professionals and assists local Drug Action Teams and agencies in developing local strategies to address drug-related problems.

388 Old Street, London EC1V 9LT

Tel: 020 7729 5255

[www.release.org.uk](http://www.release.org.uk)

### **DrugScope**

Drugscope is a national drugs charity which helps support the operations of drug agencies through research, library services, and development of quality and best practice advice to DATs and others.

32 Loman Street London SE11 0EE

Tel: 020 7928 1211

[www.drugscope.org.uk](http://www.drugscope.org.uk)





