

PREM 19/1450



DRUGS ~~THRU~~ SOLVENT ABUSE

HOME AFFAIRS

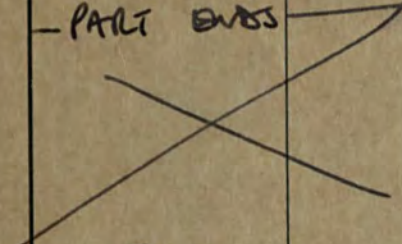
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DRUGS

DECEMBER 1982

PART 1

PART 1

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
<del>29.11.82</del>		17.5.85					
<del>1.1.83</del>		<del>28.5.85</del>					
9.11.83		31.5.85					
<del>12.6.84</del>		-PART ENDS					
<del>21.6.84</del>		 <p>PREM 19/1450</p>					
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IN FOLDER AT base of file:

1. Home Office Publication on Government Strategy.
2. DSS Guidelines
3. Further published DSS Material



PART 1 ends:-

Home See to Am 31/5/85

PART 2 begins:-

H Boom to Am 3/6/85



**TO BE RETAINED AS TOP ENCLOSURE**

**Cabinet / Cabinet Committee Documents**

Reference	Date
H (85) 22	19.3.85
H (85) 10th Meeting, Minutes	25.3.85

The documents listed above, which were enclosed on this file, have been removed and destroyed. Such documents are the responsibility of the Cabinet Office. When released they are available in the appropriate **CAB (CABINET OFFICE) CLASSES**

Signed Wayland

Date 3 December 2013

**PREM Records Team**



## Published Papers

The following published paper(s) enclosed on this file have been removed and destroyed. Copies may be found elsewhere in The National Archives.

1. Guidelines of good clinical practice  
in the treatment of drug misuse  
DHSS, 1984 (ISBN 0 946539 29 4)
2. Tackling drug misuse: a summary of  
the government's strategy  
Home office, 1985 (ISBN 0 86252 190 4)
3. House of Commons Paper: 5th Report from  
the Home Affairs Committee, Session 1984-85  
"Misuse of hard drugs (interim report)  
15 May 1985

Signed A Wayland Date 3 December 2013

PREM Records Team



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Prime Minister

DRUGS: MEETING ON 4 JUNE

We are meeting on 4 June to discuss possible initiatives to step up the fight against drug trafficking and misuse.

I set out in my minute of 3 April our current strategy, the action which we have already taken and the further measures which the Ministerial Group on the Misuse of Drugs is now considering. As I noted in that minute, the Group is due to make a substantive report to H Committee in July. But, in order to assist our discussion on 4 June, the Departments concerned have produced notes (attached) which summarise the proposals currently under consideration, together with their financial and other implications. Although in some cases these proposals need further amplification before the report to H Committee, I believe that the attached notes provide a useful guide to Departments' thinking and could serve as an agenda for our meeting.

I should emphasise that the note does not constitute a package of agreed proposals for extra expenditure - although one or two have reached the stage of firm PES bids. Its intention is to set out the sort of action which would be needed to make some impact on the drugs problem on all the relevant fronts and to indicate the likely order of costs. The note, moreover, does not express a general view as to how this action might be funded.

/Although it is not

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Although it is not one of the matters which the Group is considering, we are, as you know, also working up proposals for legislation to freeze and confiscate the assets of drug traffickers. If it were helpful, I can explain at the meeting where we now stand on this extremely important topic.

Northern Ireland aspects are not specifically covered in the attached notes, in view of the difference in scale of the drug misuse problem in the Province. They will however be included in the Group's substantive report to H.

I am copying this minute to Willie Whitelaw, Geoffrey Howe, Nigel Lawson, Keith Joseph, George Younger, Nick Edwards, Norman Fowler, Peter Rees and Douglas Hurd, and to Sir Robert Armstrong.

L. B.

31 May 1985

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E.R.

HM CUSTOMS AND EXCISE: CUSTOMS CONTROL

Proposals under consideration

- (a) 1985/86 additional posts for international liaison and back-up staff.
- (b) 1986/87 additional posts for enhancing the preventive effort, intelligence and investigation work.
- (c) 1986/89 further research to develop and introduce technical aids to detect smuggled drugs.

Background

Growth in smuggling of heroin continues: strong evidence to suggest we may be at the start of a rapid growth in cocaine smuggling. Smuggling is well-organised and sophisticated; potential profits are vast. Growth in numbers of international travellers, quantities of freight and additional entry points means more for Customs to control.

Case for proposals

- (a) Impracticable to question/search all passengers/freight: must rely on intelligence and well-trained, highly motivated staff. To cope with volume of drug smuggling, need more people to gather intelligence. More intelligence leads to more operations, so more back-up staff required. Results of Karachi posting demonstrate value of overseas liaison officers in getting valuable intelligence.
- (b) Baseline of preventive control must be maintained if the effectiveness of additional staff for drugs is not to be undermined. Indications of increase in both freight and passenger traffic plus increase in drug related work.
- (c) Technical aids to detect smugglers are an essential adjunct to the efforts of both officers and sniffer dogs. A number of possibilities are at various stages of development, but require funding for further research, testing and putting into operation.

Financial and other considerations

The following figures are cost illustrations:

- (a) 1985/86      20 additional posts (including 7 overseas liaison officers) would cost £1 million in a full year.
- 50 additional posts (including 7-10 overseas liaison officers) would cost £1.5 million in a full year.
- (b) 1986/87      50 additional posts would cost £0.9m  
                   100 additional posts would cost £1.8m  
                   150 additional posts would cost £2.7m

(c) Technical Aids

Estimates of amounts to be spent on Technical Aids range from £0.5-£1.5m per year over 3 years. The scope and range of the research and development will depend on its success or otherwise.



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## POLICE ENFORCEMENT

Proposals under consideration

The Association of Chief Police Officers (ACPO) are shortly expected formally to recommend organisational changes to enhance the effectiveness of their investigation of drugs offences. There will be two principal proposals:

- (i) strengthening of Regional Crime Squads (RCS) by the addition of drugs 'wings'; and
- (ii) strengthening of the Central Drugs Intelligence Unit (CDIU).

Although the ACPO recommendations will apply only to England and Wales, they will also have implications for Scotland.

Background

An ACPO working party has been examining police structures and organisation in relation to drugs investigations. The Group, which was not expected to report until late 1985, has however been able to conclude its work more quickly than anticipated, and the broad outline of its recommendations have already been conveyed to Home Office Ministers and to the Association's National Drugs Conference at the end of April. The report, subject to formal approval by the Association, should be available very shortly.

Case for proposals(i) Strengthening of RCS

1. The present strength of RCS is already heavily committed (about 50% in many areas) to drugs investigations. Additional manpower dedicated to drugs would permit more investigations against traffickers and other drug-related crime.
2. A strengthening of police activity at regional level is the most effective means of tackling trafficking networks which transcend individual force boundaries. RCS have a particular expertise in the surveillance techniques necessary to identify these networks.
3. Greater police activity against major traffickers would complement the introduction of new provisions to confiscate their assets.
4. The proposal would for the first time provide the police with a specialised regional response to drugs to complement HM Customs' investigation capacity.
5. The high level of activity currently devoted to drugs work (over 70%) by the Scottish Crime Squad restricts its ability to deal with other major crimes. Increased manpower would allow a greater commitment to drugs work but would also enable more attention to be given to other serious crimes. Chief constables in Scotland, however, are increasingly anxious that all their officers should be trained to recognise and deal with drug offences as part of their ordinary duties. It is not certain that ACPO(S) will decide in favour of an enhanced Scottish Crime Squad; they may prefer enhanced resources to be made available at force level.



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(ii) Strengthening of CDIU

1. CDIU is the intelligence arm of the RCS operational network, and its strengthening is a necessary corollary to any expansion of RCS.
2. With increasing police and Customs commitment to drugs investigations the Unit acts as a coordination centre for the exchange of information, for case conferences and for the prevention of duplicated activity at different points in a distribution chain.
3. Strengthening the Unit should enable:
  - (a) improvement in the analysis of information, providing RCS with better intelligence;
  - (b) additional police liaison officers to be posted overseas to enhance the quantity and quality of intelligence; and
  - (c) organisational changes to emphasise the Unit's national coverage.

Financial considerations

(i) Strengthening of RCS

1. It would require increases in RCS establishment levels with consequential financial implications. For example, if there were an additional 200 officers in the provinces and 40 in the Metropolitan Police (the sort of figures the police are believed to have in mind) the cost, including equipment and accommodation, would probably be between £3 and £5million. This would be a continuing financial commitment.
2. To increase the Scottish Crime Squad by, say, 20 officers could cost some £300,000 per annum (excluding accommodation): since the cost would be shared equally by the Scottish Office and police authorities, it would require to be agreed by the latter. Additional resources to pay for these extra posts would be required.

(ii) Strengthening of CDIU

This would require additional financial resources, currently paid, as a Common Police Service, in equal part by local authorities and the Home Office /SHHD.

Other Considerations

This report will be timely and welcome, but it will need careful study. There is a good case for strengthening regional crime squads but it is not likely to happen unless some extra resources are available. There is no doubt that we need a more effective and more sophisticated system for handling intelligence, but the ACPO proposals may need further work if they are to provide the necessary capacity for analysis and assessment, especially at a strategic level. Nor will the ACPO proposals themselves solve the existing tensions between the police and Customs and Excise. These and other more detailed issues will be pursued in urgent discussions with ACPO, the Metropolitan Police and Customs and Excise as soon as the report is formally received. The objective will be to reach firm conclusions in July, and to start putting the new structure into place during the autumn.



## TREATMENT AND REHABILITATION

A. England and WalesProposals under consideration

Further central funding to permit the continued expansion of health, social service and voluntary sector provision for drug misusers. The allocation of additional resources would be linked to planned developments in each region, with a view to providing a small expansion of specialist psychiatric and support services, an increase in residential rehabilitation facilities, an expansion of advice and counselling services and of community and day-time provision for drug misusers living at home.

Background

A report on Treatment and Rehabilitation from the Advisory Council on the Misuse of Drugs in 1982 pointed to the growing prevalence of drug misuse and to the inadequacy of existing services to deal with the problem and made recommendations for the development of services. Action taken includes:

- a. in England, the setting up by DHSS of a Central Funding Initiative (currently £11.5 million) to pump prime projects providing services for drug misusers. Ninety-eight local projects to a total value of £7.9 million have been approved to date. In Wales, £220,000 of special recurring funds is being made available beginning in 1985/86 to develop health education and treatment and rehabilitation.
- b. the issue of a circular to Health Authorities asking for reports of prevalence and plans for urgent action to tackle it. A summary of the information provided is to be published shortly, and DHSS will continue to monitor progress closely through the NHS planning system and the new arrangements for annual Ministerial review of the performance of health authorities.
- c. the issue to all doctors last year of guidelines of good clinical practice in the treatment of drug misuse which recommend that all doctors, including GPs and general psychiatrists and physicians, have a responsibility to provide care for drug misusers.

Case for proposals

1. It is clear from Health Authority returns that services are currently inadequate to deal with the existing problem in many parts of the country and that many health authorities do not have the necessary resources to finance the cost of service developments to meet these demands.
2. All the indications are that the problem will continue to grow for some time yet.

Financial and other considerations

1. If adequate services are to be developed, DHSS estimate that at least £5 million per annum new money will be needed in 1986/87, 1987/88 and 1988/89.
2. Welsh Office estimate the need for at least £200,000 per annum for the next few years, invested cumulatively.



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B. Scotland

1. Action taken in Scotland includes:

(a) the setting up of a centrally-funded £2 million programme providing pump-priming grants for 20 local drug misuse projects;

(b) the issue of the guidelines of good clinical practice to all doctors in Scotland;

(c) the funding of surveys of prevalence of drug misuse in Greater Glasgow and Edinburgh where the problem is most acute;

(d) a request to Health Boards for information about arrangements for cooperation between local agencies concerned with drug misuse. The responses are being studied;

(e) a study which is nearing completion of the effect of drug misuse on the workload of social work departments.

2. As in England and Wales, the indications are that the problem will continue to grow for some time yet, spreading to smaller cities and towns and may require a further allocation of resources if the health, social work and voluntary services are to provide an adequate range of services for drug misusers and their families.

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## EDUCATION AND INFORMATION CAMPAIGN

A. England and WalesProposals under consideration

Subject to evaluation, to continue campaign in successive years.

Background

1. Last year's report on prevention by the Advisory Council on the Misuse of Drugs highlighted the need for more nationally produced drug education material but expressed two doubts about the feasibility of a media campaign: (i) that it would be extremely difficult to produce effective messages, and (ii) that a campaign might stimulate interest and therefore be counterproductive. Acting within the Ministerial Group on the Misuse of Drugs (MGMD), DHSS and DES jointly commissioned a programme of qualitative research into young people's attitudes to drugs. Research concluded that it would be possible to produce messages capable of positively affecting young people's attitudes; that knowledge of drug misuse was so widespread among youngsters there was negligible chance of creating new interest; and that a campaign concentrating on the dangers of one drug (heroin) would be more coherent and more likely, therefore, to prove effective.

2. Ministers therefore decided to undertake an education and information campaign whose main features are as follows:

- 3 leaflets for parents )  
2 public information films/ ) launched 27 February 1985  
TV 'fillers' )
- 2 40 second TV commercials )  
5 youth press advertisements ) began to appear 22 May-1 June 1985  
1 billboard poster )
- Education video package for young people, to be completed by autumn 1985
- Video training package for professionals, to be completed by autumn 1985

The campaign will concentrate on heroin misuse, but not exclusively so.

Case for proposals

1. Experience with other long term health education campaigns indicates that it takes some time to achieve full impact. Major changes in attitude are unlikely in the short term. The effects of the current campaign will be monitored periodically as it progresses in order to evaluate its success.
2. If the campaign is judged effective Ministers may wish to continue it in successive years. Their decision will, however, depend very much upon the results of the evaluation.



3. In addition, should the situation change, for instance with the importation of greater supplies of cocaine, the campaign might need to be significantly modified.

Financial considerations

On the current basis, if the campaign were to continue in successive years after 1985/86, the likely cost in England would be approximately £2 million per annum. A further £200,000 would be needed for Welsh Office provision. The likely need for such expenditure will, however, depend upon the effectiveness of the current campaign and the unpredictability of the future situation.

B. Scotland

1. A separate public information and education campaign in Scotland devised by the Scottish Health Education Group (SHEG) was launched on 27 February 1985. The campaign is broad-based but aimed primarily at young people, parents, and professionals. The main features are two 40 second TV commercials (aimed at young people),/and a booklet "Family Matters" aimed both at parents and young people, distributed as an insert in a range of popular magazines. The campaign seeks to encourage the rejection of drug taking in favour of pursuing a healthy lifestyle and the booklet "Family Matters" emphasises the importance of good relationships between parents and their children in assisting the latter to cope with the pressures of adolescence including the temptation to take drugs.

2. The first stage of the campaign, costing some £420,000, was completed in May and an evaluation is being carried out, on the basis of which SHEG will devise proposals for continuing the campaign. Scottish Ministers have indicated that the campaign is likely to continue for about 2 years but are not yet committed to continuing the present approach or to providing further resources at this level. With MGD's agreement, the campaign in Scotland has been developed on different lines from that in England and Wales, but the aim is to compare results and learn from experience with each campaign. Campaigns of this type need to be run for some time to achieve a significant impact and to allow for adequate evaluation. The costs of continuing and developing the campaign in Scotland might be of the order of £400,000 in the current year and a similar sum in 1986-87.



## EDUCATION SERVICE INITIATIVES

A. England and Wales

1. The evidence available from HM Inspectorate and other sources suggests that there is little activity within the education service aimed specifically at combatting drugs misuse and that where there is such action it is often sporadic and uncoordinated.
2. The Secretary of State for Education and Science announced on 22 May a major initiative by DES to stimulate action by local education authorities: special funding is being made available through education support grants in 1986-87 to allow every local education authority to appoint or second a member of staff at a suitable level to stimulate or coordinate action aimed at the prevention of drugs misuse or to take other suitable action in the light of local circumstances. (Similar action is being taken by the Welsh Office.) This should lead to increased advice and support for schools and colleges, more training for their staff, and improved coordination with the work of other local agencies. The grants will be sufficient to include a modest operating fund for buying materials and hiring lecturers for suitable courses for teachers and others. Over two years, total expenditure will amount to some £4 million in England and £160,000 in Wales, which will be accommodated within Departments' provision for spending by local authorities.
3. To complement this major initiative, the DES is funding a research project with the Health Education Council, in collaboration with others, to prepare and test a range of curriculum materials for teachers and those concerned with training teachers; the Department's own regional programme of short courses for teachers now includes drugs misuse as a priority subject; and the DES and Welsh Office will be issuing in June an advice and information booklet for teachers and others in the education service.
4. Within a year this programme should lead to much more effective action by schools, colleges and the youth service in helping to combat drugs misuse.

B. ScotlandProposals under consideration

5. The Scottish Education Department has identified as a main priority in-service training (IST) courses for experienced guidance teachers in schools on drug misuse and counselling. The Department also regards the development of teaching and curriculum material in drug misuse as of key importance and hopes to help establish and fund a project for this purpose. IST courses in the community education field are also under consideration for the longer term.

Background note

6. The Department considers it important that the education service is equipped to contribute within Scotland to an interagency approach to combatting drug misuse. The Scottish Health Education Group information and education campaign was developed with the education service in mind, and it includes advice to teachers and other professionals on combatting drug misuse. Separately, the Department will obtain information about drug misuse in the course of inspections of schools by HM Inspectorate; it has already discussed the problem with the Directors of Education in Scotland.



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Case for proposals

7. In-service training for guidance teachers and the development of suitable curriculum materials are recognised by the professionals involved as the main priority areas in Scotland. The Scottish Education Department does not have an Education Support Grant scheme similar to that operated by DES but is able to make specific grant available for IST. The finance for the development of curricular material can be made available through the Scottish Curriculum Development Service funded by the Department. These arrangements are seen as particularly cost effective in Scottish circumstances.

Financial and other considerations

8. £120,000-£150,000 has been found in 1985/86 from savings in the Education vote to meet the cost of IST for guidance teachers in about half the secondary schools in Scotland and the development of curriculum materials. The Department would hope to complete the training of guidance teachers in 1986/87 and to plan further IST courses in the community education (and possibly the further education) sectors in conjunction with other agencies. These plans, however, will require additional funding of £150,000-£200,000 p.a. to be spent largely in 1986/87 and 1987/88; and a bid will be submitted for consideration within the Scottish Block.

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## INTERNATIONAL ASSISTANCE

Proposal under consideration

To secure a new PES allocation of £1.5 million spread over 3 years, to be administered by the Home Office, to finance programmes in developing countries from which illicit drugs are smuggled into the UK (£1 million for projects to combat cocaine production and trafficking in Latin America; £0.5 million for other assistance particularly to dependent territories).

Background

At present the Home Office contributes £100,000 a year to the UN Fund for Drug Abuse Control (UNFDAC). The UK also gives ad hoc practical assistance to individual countries, particularly to strengthen law enforcement. ODA are making a £1 million contribution to UNFDAC for a 5-year crop substitution/rural development programme in an opium producing area of Pakistan.

Increasing quantities of cocaine are being produced each year; the US market is saturated and more is being smuggled into Europe. UNFDAC has developed programmes in Latin America to reduce illicit production and trafficking, but so far has received financial support only from the US and from Italy (\$40 million over 5 years).

Some dependent territories are being used increasingly as transit points for drugs.

Case for proposals

- a. Reducing the supply of drugs from abroad is an integral part of the Government's strategy, and has been given added emphasis by the Prime Minister's initiative at the recent Bonn economic summit.
- b. Assistance to producer and transit countries demonstrates UK support for their efforts to curb drug trafficking and reinforces diplomatic and other pressure on them to take more effective action.
- c. We need to maintain our influence internationally to enable us to advance our policies, including the aim of protecting the interests of the UK pharmaceutical industry.
- d. There is continuing Parliamentary and public pressure for action in producer and transit countries.

Financial and other considerations

The Home Office is making a PES bid this year for an additional £0.5 million in each of the next three years.

Total UK contributions for drug related assistance are significantly smaller than the US and those of Italy, FRG, Norway and Sweden.



E.R.

SECURITY OF CONTROLLED DRUGSProposals under consideration

To respond in a limited but positive way to the recommendations in the Advisory Council on the Misuse of Drugs' (ACMD) report on the security of controlled drugs. The Government response would involve:

- (i) welcoming the report in general terms and calling upon doctors and pharmacists to take its recommendations into account when upgrading their security arrangements;
- (ii) encouraging the police to make greater use of their powers to exempt pharmacies from present statutory security requirements where adequate non-standard security precautions are taken;
- (iii) issuing revised guidelines on security to NHS hospitals;
- (iv) action to implement detailed recommendations which do not have significant resource implications;
- (v) rejection, by implication, of recommendations for a major effort to improve security (at considerable resource cost).

Background

The ACMD report was commissioned in 1982 as a result of concern over the inadequacy of security arrangements, particularly in retail pharmacies, and the apparent increase in thefts of controlled drugs. It was published and circulated widely for comments in November 1983. The key recommendation was that detailed statutory security requirements should be replaced by flexible guidelines adaptable to the needs of individual premises, but subject to police agreement and to Home Office arbitration and enforcement if necessary.

Case for proposals

- (i) Government cannot appear to be ignoring the need for adequate precautions.
- (ii) But now that black market drugs are so widely available, licit stocks of drugs probably present a less attractive target for theft than previously.
- (iii) Implementation of the report in full could cost about £18 million, to be met mainly from public funds, and could have significant manpower implications for police and Home Office.

Financial and other considerations

- (i) Proposals would involve some additional expenditure which cannot be quantified as improvements to security would be made as part of normal renewal and refurbishment programmes, rather than through special programmes.
- (ii) Limited response unlikely to produce much criticism, as little interest to date in Government reaction to report.



Home Affairs Dec 82

Drugs





# turning point

CAP House·9/12 Long Lane·London·EC1A 9HA Tel:(01) 606·3947/9

LI PPS

BA/TJS/3009

31 May 1985

The Rt Hon Margaret Thatcher MP  
Prime Minister  
10 Downing Street  
London SW1

Dear Mrs Thatcher

Further to my letter of 30 May 1985, Dr Mack and I have now put down some considered thoughts on current drugs service policies. We have not attempted to give detailed reasons for our adopting a particular position but would, if you wish, be happy to provide them.

We hope that you will find this useful.

Yours sincerely

Brian Arbery  
Chief Executive



## RECOMMENDATIONS ON DRUG SERVICE POLICIES

1. There are no easy answers to the current and growing drug problem. We are faced with a situation which is likely to be long term and which requires long term strategies. It must be accepted that we are now a drug using society and changing attitudes towards the problem will take many years. The situation will not be helped if drug users continue to be rejected and ignored by society instead of being offered help.
2. The growth in drug taking is a major threat to the existing structure of society and a drain on national resources.
3. Basic policy determinants should be to reduce availability of drugs and aim towards detoxification and ultimate abstinence among drug users.
4. Increased police and customs activity are of considerable importance but they can never provide a complete solution.
5. A drug using society does not necessarily depend on importation. Drugs can be supplied by either ill advised prescription or the illicit manufacture of synthetic products eg, LSD, amphetamines and potent narcotics (as now being experienced in the USA).
6. There is a considerable need for increased consistency in sentencing policies with regard to drug offences.
7. Provision of treatment and rehabilitation services is and should continue to be shared by the NHS, Social Services and Non Statutory Agencies.
8. Current trends towards a responsibility for the management of addictions being placed within a variety of community settings as opposed to the former medicalisation of the problem must not absolve the NHS from a major treatment responsibility.
9. The following services should be readily available in every health district: advice, counselling, detoxification treatment, after care arrangements and family support groups.
10. Easy access should be possible to in-patient detoxification, day care programmes and various residential rehabilitation programmes where these are appropriate for the individual user.
11. The primary contact and after care services of all types are often more appropriately located in the non statutory sector. These services, however, should meet professional standards and be open to scrutiny.
12. Private medicine provides the best and the worst in drug treatment - the best facilities are extremely expensive and therefore of limited application and the worst amounts to destructive prescribing of drugs. It would be reasonable to restrict the prescribing of drugs to addicts as this often only serves to complicate the drug scene.



13. There is no overall strong directive body co-ordinating the national response to the drug problem. The existing DHSS central staffing is inadequate in numbers and does not have the power to compel others to take action. It is exacerbated by the division of responsibilities between DHSS and Home Office.
14. The establishment of a single national agency to deal with all education, treatment and rehabilitation aspects of substance misuse (including alcohol) is now extremely urgent. This should be under the aegis of the DHSS.
15. This body should be responsible for the overall planning of drugs services and have the power to allocate monies.
16. Consideration should be given to the specific earmarking of funds both within the health service and via rate support grant where local statutory bodies do not undertake the action required of them.
17. The present financing system is unsatisfactory. Three year funding leaves voluntary agencies in particular in a permanently uncertain position. Greater security of funding is extremely important if they are to continue to play a major part in service provision.
18. Some Regional and many District Health Authorities have failed to take on the sense of urgency which central government has been attempting to transmit. Drugs services find themselves competing for resources against a background of prejudice and entrenched existing medical services.
19. Many of the recommendations of the Advisory Council on the Misuse of Drugs report "Treatment and Rehabilitation (1982) have still not been implemented. In particular those relating to District Drug Advisory Committees and Regional and District treatment services have not been taken up. The former is extremely important as a co-ordinating forum for a diverse range of agencies working with the problem eg, police, probation, education, social services, health service and voluntary bodies.
20. The subject of substance abuse needs to be given far higher priority in the qualifying courses for all professionals likely to come into contact with the problem. This matter was addressed in the ACMD report on Prevention but the position has not yet changed.
21. There is a need for the development of specialist diploma level courses in drug studies similar to those currently run for alcohol studies at Paisley College of Technology and the University of Kent.
22. The number of existing workers with drugs service experience is limited. There needs therefore to be much greater attention paid to in-service training. The costs of this must be reflected in grant allocations to both statutory and non statutory bodies. It should extend from trainee medical posts in treatment centres to the preparation of volunteers in advice and counselling agencies.



4. The utility of volunteers is limited. Whilst they can make a major contribution they cannot substitute for the professional fully-trained worker in either statutory or non statutory agencies.
  
25. The current health education programmes are not likely to be effective. No evidence exists to prove that such approaches have any major impact. There is a risk that warnings may be seen and accepted as a challenge by young people who are already, as a normal part of their development, challenging adult standards. Better results are likely to be achieved by the sensitive introduction of drugs education into school curricula following the appropriate training of school teachers.

Brian K Arbery - Chief Executive, Turning Point  
Dr John W Mack - Psychiatrist, Hackney Hospital Drug Dependency Unit;  
Member of Council of Management, Turning Point.

31 May 1985





E

# turning point

E B

CAP House · 9/12 Long Lane · London · EC1A 9HA Tel: (01) 606 3947/9

BA/TJS/2990

30 May 1985

The Rt Hon Margaret Thatcher MP  
Prime Minister  
10, Downing Street  
LONDON SW1

Dear Mrs Thatcher

I thought I would write and say how delighted I was to meet you at our Suffolk House project on Tuesday. The staff and residents at the project greatly appreciated your concern and understanding of the problems being faced by drug users. As I mentioned to you, I have no doubt that your interest in this matter will go a considerable way towards increasing public awareness of the difficulties faced by drug users in recovering from their addiction. It is only by visits such as yours that society as a whole will begin to see that drug users are not simply deviant but people desperately in need of help.

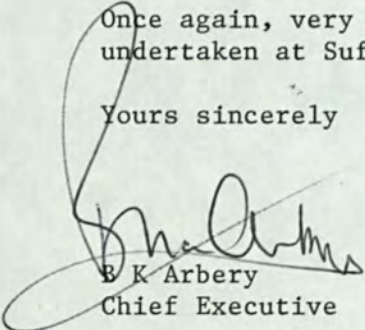
Following your request, Dr John Mack and I will be sending you very shortly a document containing our thoughts on how the drug problem might be dealt with particularly in terms of services for users. We will also be seeking advice from our project staff on this.

We have no doubt that the drugs problem is a major threat to our current society and if we can play some small part in assisting policy makers in combatting the issue we would be only too pleased to do so.

As you may recall, you offered to open the extension to Suffolk House if this goes ahead. I hope that I will be able to remind you of this when that day arrives.

Once again, very many thanks indeed for your interest in the work being undertaken at Suffolk House.

Yours sincerely

  
B K Arbery  
Chief Executive



F

hiz.

F

PRIME MINISTER'S VISIT TO SUFFOLK HOUSE DRUG CENTRE AT IVER  
HEATH ON TUESDAY 28 MAY 1985

Main points made in discussion

One of the problems was the diversity of authoritative advice on the best methods of treatment. Many people swore by total abstinence, others believed in the "weaning" approach. **Brian Arbery** thought better and closer links were needed between DHSS, Home Office and Customs & Excise. He thought the recent drugs initiative was the best thing which had been done in the drugs field for many years.

**Brian Arbery** thought that while the voluntary sector played a major part in dealing with the practical problems, their views tended not to be heard at the policy-making level. He believed the NHS tended to accord drugs treatment a low priority.

**Dr. John Mack** (Consultant Psychiatrist to Suffolk House) believed we were still inclined to treat drug addiction as a medical problem. But it was clearly a social one.

There was anecdotal evidence of drugs abuse reaching down into primary schools. **Diana Donald** (Director of Suffolk House) was aware of 7 and 8 year old heroin addicts in the US.

All agreed with the residents' assessment that education in schools was crucial. The point that it should not be "establishment figures" putting the message across was well taken. Sports and pop personalities would be far more effective. The extent to which drug use was increasingly accepted and pervasive was noted. Some young people were now switching between alcohol and illicit drugs frequently. This kind of double use was a disturbing trend.



**Brian Arbery** stressed a number of points in particular:

1. The status of ex-drugs users needed to be enhanced - as the Prime Minister's visit to Suffolk House had done - if addicts were to be encouraged to come forward for treatment.
2. Education and proper law enforcement needed to go hand in hand.
3. Even a far from complete restriction of supply could help because it pushed up the price of drugs.
4. It might have to be accepted that the drug problem was here to stay, and that the important thing was to distinguish between drugs which could be coped with, and those which could not.

**Mr. Dewhurst** (Treasurer, Turning Point) stressed the importance of helping parents to recognise the symptoms of drug abuse in their children.

**Mr. Arbery** deplored the lack of response from the health authorities to the DHSS circular in 1984.

**Mr. Arbery** noted the particular difficulties that a Turning Point day centre in London was having with funding. Such centres did not have access to the supplementary benefit payments which centres like Suffolk House could draw upon. The Prime Minister agreed that more centres like Suffolk House were needed. She hoped that the major appeals (e.g. the Lord Mayor's appeal) would consider directing themselves to the area of drug abuse.

**Mrs. Glasson** (Chairman of Suffolk House Advisory Committee) was concerned that judges and magistrates did not have access to enough knowledge about local provision for drug offenders.



Dr. Mack and Mr. Arbery were agreed that heroin was the drug which should be causing most concern.

Mr. Arbery and Dr. Mack agreed to draw up a paper setting out their views on treatment and drugs policy, which they would send to the Prime Minister.

The Prime Minister agreed that she would be glad to be invited to open the Suffolk House extension when it was completed.

The housing problems of rehabilitated addicts were also discussed in general terms.

MLA  
29/5

cc Mr H Booth (Policy Unit) - for info





JA  
(54)

10 DOWNING STREET

*From the Private Secretary*

28 May 1985

PREVENTION OF DRUG MISUSE

Many thanks for your letter of 17 May. The Prime Minister welcomes the idea of an educational film for use in schools as part of the campaign, and has expressed the wish to see it when it has been produced.

Perhaps I could leave it to you to get in touch with me at the appropriate time to arrange this.

I am copying this letter to Christine Heald (Home Office).

(Mark Addison)

Ms. Jane McKessack,  
Department of Health and Social Security.

CSK





10 DOWNING STREET

*From the Private Secretary*

28 May 1985

The Prime Minister would like to see in operation the work of some Customs Officers responsible for preventing illegal importation of drugs. It would be very helpful if the Chancellor and Mr. Hayhoe would consider how the arrangements might be made for an interesting and worthwhile visit, which could then be put to the Prime Minister.

Part of the purpose of the visit would be to give publicity to the efforts being made to prevent the illegal importation of drugs and so the Prime Minister envisages that some press and photo facilities would be given for it. Possible locations for the visit need not be restricted to London. We have in mind a half day's visit, but this could be altered if the Chancellor and Mr. Hayhoe so recommend.

I am copying this letter to Hugh Taylor (Home Office).

(Mark Addison)

Mrs. Rachel Lomax,  
HM Treasury.



M. Addison

24<sup>th</sup> 5-85

PM Meeting 4<sup>th</sup> June Misuse Drugs.

✓  
① Although the PM did not specify Kietz Joseph and so your letter 23/4/85 did not refer to DES, things have moved on. He must be invited even if at this stage only a Junior DES Minister can attend. Mr Dunn is a member of the ministerial committee & must be invited. - if not already.

✓  
checked  
check.

② From the file I cannot see any reference to the Lord President. You will recall that the L.P. requested to attend. I take it he has been invited.

X  
③ I see the PM would like to see the HSS film. This has not been completed yet but we could have sent over a video of the ITV adverts they are using.

④ My brief will be complete on the 3<sup>rd</sup> when the H.O. minute has arrived

HSS.



Yorkshire and Humberside. Although unemployment is relatively high in the north region, average weekly manual earnings there are the third highest in Great Britain and about equal to the British average.

**Mr. Rathbone:** May I press my right hon. Friend further on the Government's plans for legislation on the seizure of assets of drug pushers? Can she put a date to her promise, which was welcomed by the entire House?

**The Prime Minister:** The legislation could not be introduced before the next Parliamentary Session. My right hon. and learned Friend the Home Secretary is working on its precise provisions.

**Mr. Cartwright:** Does the Prime Minister stand by her statement to the House last December that the cost of creating new jobs by capital investment in the infrastructure was between £35,000 and £50,000 each? Does she accept that that figure has been continually challenged by civil engineering contractors, who put the figure nearer to £10,000? In view of that wide discrepancy, will she produce the evidence to support her figures or will she accept that they were a considerable exaggeration?

**The Prime Minister:** The cost varies according to the infrastructure or capital expenditure per job. It also varies according to whether it is provided by local government or by central Government. The hon. Gentleman will have seen the many questions and answers on this topic.

**Mr. Favell:** Has my right hon. Friend seen the result of the Gallup poll taken recently near Heathrow, which shows that 62 per cent.—[*Interruption.*]

**Mr. Speaker:** Order. This takes time.

**Mr. Favell:**—of the residents there were in favour of terminal 5, and 24 per cent. were against? Does that not show that it is much more sensible to expand the airport in the south-east that the airlines wish to use and to which people wish to fly, rather than Stansted, which is to be only a charter flight airport, and whose expansion would remove jobs from the north?

**The Prime Minister:** My hon. Friend made his point effectively. I hope that my right hon. Friend the Secretary of State for Transport will make a statement on his decision after we return.

**Q4. Mr. James Lamond** asked the Prime Minister if she will list her official engagements for Thursday 23 May.

**The Prime Minister:** I refer the hon. Gentleman to the reply that I gave some moments ago.

**Mr. Lamond:** Is the Prime Minister's determination to build a classless society reinforced when she sees that the sum of money that she and her Government believe can support 30 families in unemployment benefit for a year can be spent on a birthday party by a young man of 21?

**The Prime Minister:** That is a highly artificial question. Perhaps the hon. Gentleman will also address his mind to some of the costs of running the House.

**Sir John Biggs-Davison:** Having regard to the generous contribution of the British people to relief in Ethiopia, will my right hon. Friend examine reports that the Ethiopian dictatorship is levying heavy customs duty

on British aid going into that country, and will the appropriate Minister make a statement at the earliest opportunity?

**The Prime Minister:** I shall pursue my hon. Friend's point. I am sure that he agrees that it is right to continue to give aid to Ethiopia, although it is important that we ensure that it gets to those for whom it is intended.

### GCHQ, Cheltenham

**Q7. Mr. Dalyell** asked the Prime Minister what representations she has received from Civil Service trade unions about the directive she issued on 22 December 1983 about trade union membership in Government communications headquarters; and if she will make a statement.

**The Prime Minister:** Following representations from the Council of Civil Service Unions, I met its representatives and those of the Trades Union Congress on 1 and 23 February 1984.

The Council of Civil Service Unions has recently made representations about the position of 12 members of GCHQ who originally accepted the revised conditions of service and the management's offer announced on 25 January 1984 and accordingly resigned from union membership, but subsequently rejoined unions after the High Court judgment in July 1984. Those representations are still being considered, but it has been made clear to the unions that there will be no change in the Government's general policy on this matter.

**Mr. Dalyell:** So has not the time come for an amnesty?

**The Prime Minister:** If the hon. Gentleman was listening to my first answer, I said that there will be—[*Interruption.*] I am so delighted with the reference from the hon. Gentleman. There will be no change in the Government's policy.

**Mr. Bill Walker:** Does my right hon. Friend agree that the problems at Cheltenham have their roots in the fact that the trade union leaders in the Civil Service reneged on a written agreement that Cheltenham would never be involved in industrial activity?

**The Prime Minister:** The action was taken, as my hon. Friend knows, because of the action taken by GCHQ when it went on strike and put very sensitive services at risk.

**Mr. James Lamond:** On a point of order Mr. Speaker.

**Mr. Speaker:** Does it arise from questions?

**Mr. Lamond:** I am wondering whether the Prime Minister misunderstood my question—

**Mr. Speaker:** Order. That cannot be a point of order for me, because I do not know. The hon. Gentleman might ask that question, if he has an opportunity, when we return from the Whitsun recess.

**Mr. Lamond:** I am trying to clear up a misunderstanding.

**Mr. Speaker:** Order.

**Mr. Lamond** *rose*—

**Mr. Speaker:** Order. The hon. Gentleman is a very experienced Chairman. He knows that it is not our practice to extend Question Time. There are very many right hon. and hon. Members who wish to speak in the subsequent debate.

**Mr. Sheerman** *rose*—



**The Prime Minister:** I am grateful to my hon. Friend for underlining the points that I made yesterday. May I point out, in regard to the National Health Service, that the only cuts we have made are cuts in waiting lists and they are very welcome.

**Mr. Kinnock:** On Tuesday the Prime Minister gave a forecast for the inflation rate at the end of the year. Will she be as forthcoming today about the unemployment figures? At the end of the year will they be up or will they be down?

**The Prime Minister:** No one has ever given a specific forecast on unemployment when answering from this Dispatch Box either, as a Labour or as a Tory Minister. No one really can.

**Mr. Kinnock:** How can the Prime Minister be so specific about inflation rates in six months' time and so vague and evasive about unemployment rates in six months' time? How could she be so bold yesterday with the Tory ladies conference and so coy today with the House of Commons and the public? Is it not the case that she knows very well that unemployment will continue to go up and that that is a disgrace and a strain on her Government? What will she do about getting the unemployment rate down?

**The Prime Minister:** The real answer to the first part of the right hon. Gentleman's question is that inflation is generally easier to predict over the short term than unemployment. Every Minister has recognised that. With regard to asking me to underline the message I gave yesterday, I am delighted to do that. Doctors and dentists are up nearly 10,000, nurses and midwives are up 57,000, home helps are up 3,000, health visitors are up 900, district nurses are up 1,700, patients treated are up 3.5 million each year, and teachers' pay on average is up 9 per cent. in real terms over what it was under Labour.

**Mr. Kinnock:** I am glad that the right hon. Lady said that. There are now more nurses unemployed, more qualified doctors unemployed, and more qualified teachers unemployed than ever before. When will she get unemployment down? What will the trend be at the end of the year?

**The Prime Minister:** There are also 600,000 more jobs than two years ago. The way to tackle the unemployment is to create more jobs.

**Mr. Wheeler:** Has my right hon. Friend had an opportunity to read the report of the Home Affairs Select Committee on hard drugs, which was published today? Does she agree that one of the most serious problems facing the British people is the menace of hard drugs? Does she agree with the recommendations for new legislation to deal with the seizure of assets and to stop the traffickers in their tracks?

**The Prime Minister:** The Government will consider the report of the Select Committee carefully. As my hon. Friend knows, we have already made a statement of our strategy for drugs, and I am happy to confirm that we intend to introduce legislation to seize and confiscate the proceeds of drug traffickers.

**Mr. Merlyn Rees:** The Prime Minister does not believe the old public opinion polls, does she?

**The Prime Minister:** No, Sir—whatever they say.

**Mr. Sayeed:** Does my right hon. Friend accept that "restoring standards" appears to mean—to the National Union of Teachers—raising teachers' pay, while to the rest of us it means improving standards of education, discipline and apolitical commitment to students? Will she, therefore, take time today to confirm that the unions cannot hope to achieve what they want unless they are prepared to give the country what it needs?

**The Prime Minister:** My right hon. Friend the Secretary of State for Education and Science has tackled education in the right way, that is, by trying to raise standards in schools. That has been most welcome among parents and most teachers. He is also tackling the pay problem in the right way by saying that we should know precisely what teachers' duties are and that, as in most other careers in the United Kingdom, teachers should be subject to an assessment of performance. That being so we should like to be able to provide more money next year for teachers, providing those things are satisfied.

**Q2. Mr. Terry Fields** asked the Prime Minister if she will list her official engagements for Thursday 23 May.

**The Prime Minister:** I refer the hon. Gentleman to the reply that I gave some moments ago.

**Mr. Fields:** In sending in the district auditor to try to sack local authority workers, especially young workers, in Liverpool, does the Prime Minister intend to create a reserve army of part-time scarecrows to benefit her rich farming friends? In attempting further to strip workers of their dignity and self-respect, is she not becoming immortalised, like Marie Antoinette, by a new slogan "Let them eat bird seed", or some similar epithet?

**The Prime Minister:** As the hon. Gentleman knows the district auditor acts independently. I hope the Liverpool will follow the example of most other authorities and set a legal rate. I hope that the hon. Gentleman is not encouraging it to act illegally.

**Mr. Powley:** Does my right hon. Friend agree that it is simple to achieve a temporary improvement in unemployment, but that we need a permanent improvement in employment without increasing inflation and interest rates, and without dragging the country to its knees, as we would do if we followed the Opposition policies?

**The Prime Minister:** I agree with my hon. Friend. He will be well aware that the economic policies that the Government are pursuing were affirmed by the seven industrial countries which met at the Bonn economic summit, including Socialist France.

**Q3. Mr. Blair** asked the Prime Minister if she will list her official engagements for Thursday 23 May.

**The Prime Minister:** I refer the hon. Gentleman to the reply that I gave some moments ago.

**Mr. Blair:** Has the Prime Minister read the latest regional trends? Is she aware that it discloses a growing gap between north and south in unemployment, redundancies, lost job opportunities, homelessness, poverty and deprivation? How does that conform with her view of a classless society?

**The Prime Minister:** Last year, the Government spent more than £600 million in regional preferential assistance, £260 million of which went to the north, the north-west





10 DOWNING STREET

Mark Addison  
I agree  
on all points

Robin Butler

FRB

I think we ought to await  
the Home Office advice before  
putting in HB's suggestion.

But the PM may be  
willing to look at the  
C&E booklet on the  
Reun. And I don't see

why HB shouldn't visit  
- as you said it <sup>HO are</sup> <sup>24/4</sup> <sup>HO are content</sup>  
happy? Agree?

MEMO 23/5



From: THE PRIVATE SECRETARY

CHB

**CONFIDENTIAL**



HOME OFFICE  
QUEEN ANNE'S GATE  
LONDON SW1H 9AT

CF

I don't have these pp's,  
I think, could we trace pl.  
MGA 2075

23 May 1985

Dear Robin,

with MGA

Thank you for your letter of 15 May. The Home Secretary and Mr Mellor both think that the proposal for the Prime Minister to see in operation the work of Customs Officers responsible for preventing illegal importation of drugs is a good one. They are inclined to feel, however, that it would be best for you to be in touch with Treasury Ministers about the arrangements: details of the visit are very much a matter on which the Prime Minister could be guided by their advice.

If the Prime Minister does make such a visit, we think it might be appropriate for her to follow it with a similar visit to the police, on which we could offer further advice when the Prime Minister was ready. It would be helpful to us if you could let us know when the approach is made to Treasury Ministers about the customs visit so that we can make our own contact with the police before the news of the visit reaches them from other sources.

Yours GW  
H H T M L O R

H H TAYLOR

Robin Butler, Esq

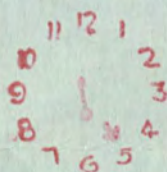
**CONFIDENTIAL**



Home Affairs 12/82

Drugs.

28 MAY 1985





PRIME MINISTER

23 May 1985

DRUGS/CUSTOMS

I attach two useful examples of the good work of Customs which show their difficulties.

Home Office are content for you to visit a Customs Post to witness their work but request you also see the police in action. A good opportunity to see the police might be the work of a drug squad. Would you like me to visit a drug squad for a day to see if this is a good idea?

*H Booth*

HARTLEY BOOTH





DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Parliamentary Under Secretary of State for Health

Mark Addison Esq  
Private Secretary  
10 Downing Street  
Whitehall  
LONDON  
SW1

Prime Minister.  
For information.

The visit to the  
drug centre at Iver  
Heath on 28 May  
will fit in quite  
well with the  
timetable.

MEP 17/5

17.5.85

Dear Mark

PREVENTION OF DRUG MISUSE

I wrote to David Barclay on 18 February last to let him know of progress by Department of Health and Social Security on the prevention campaign on drugs initiated by the Ministerial Group on the Misuse of Drugs on which John Patten is our representative. That was just before the launch - on 27 February - of three leaflets for parents and two TV filler films publicising their availability. I am writing now to provide an update.

Leaflets for parents

The 27 February launch went very well and demand for the leaflets has been heavy. So far, about three million have been issued and we are about to undertake our second reprint. Comments on the leaflets, from the public and from professionals alike, have been generally very favourable.

Our efforts so far have been laying the ground for the main thrust of the campaign which comes with the launch on Tuesday 21 May of advertising materials aimed at discouraging young people from getting involved with drugs, and particularly with heroin. This follows intensive qualitative research and thorough pre-testing by independent companies which, we hope, will ensure its widest possible effective impact.

One of the recommendations made in research was that the campaign should not seem authoritarian. Accordingly the launch will be a low key affair at the BAFTA conference centre, presented by only two Ministers - Mr Patten, and Mr Mellor of Home Office who chairs the Ministerial Group - with representatives of Yellowhammer, the advertising agency responsible. The materials to be launched are:



E.R.

- i. TV commercials: ✓ two 40 second commercials which will be on the air from 22 May
- ii. Youth press advertising: adverts in selected sections of the youth press from 23 May
- iii. Poster advertising: billboard posters from 1 June.

Together they form a strong and coordinated campaign which will run at least until the end of 1985 after which its effectiveness will be reviewed on the basis of the results of periodic monitoring, which is being carried out as it progresses.

Related initiatives

*May we see it.*

In his letter of 22 February David Barclay mentioned that the Prime Minister felt that a film specifically for young people should be produced as a main factor in the campaign. You will no doubt wish to be aware that the campaign's approach to young people will be supported principally by an educational video package for use in schools and youth centres as a stimulus to discussion. Work is now underway on a script and we hope to have the package complete for the Autumn.

There will be a second video package, this one aimed at improving training in prevention and early intervention for the various professions concerned. It too should be ready by the Autumn.

In addition, Mr Patten has decided to publish the results of the Department's circular requesting details of health authorities plans to deal with drug problems locally. Responses have been very encouraging and it is clear that the priority the Department has given to tackling drug misuse has been taken seriously by authorities. Publication will be in June.

In summary then, our timetable looks like this:

- 21 May: press launch
- 22 May: TV adverts for young people
- 23 May: Youth press advertising
- 1 June: poster advertising
- June: publication of National Health Service returns on drug abuse
- Autumn: production of two video packages,
- i. for young people
  - ii. for professionals.

I hope you will find this information useful. If I can be of any further help, please do not hesitate to get in touch.

*Yours ever  
Jane*

JANE McKESSACK  
Private Secretary



Home Affairs: Drug Abuse Dec 1982

17 MAY 1985

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CF to keep (20)

10 DOWNING STREET

*From the Principal Private Secretary*

15 May 1985

I mentioned to Christine Heald this morning that the Prime Minister would like to see in operation the work of some Customs Officers responsible for preventing illegal importation of drugs. It would be very helpful if the Home Secretary and Mr. Mellor could consider how the arrangements might be made for an interesting and worthwhile visit, which the Prime Minister could consider.

Part of the purpose of the visit would be to give publicity to the efforts being made to prevent the illegal importation of drugs and so the Prime Minister envisages that some press and photo facilities would be given for it. Possible locations for the visit need not be restricted to London. We have in mind a half day's visit, but this could be altered if the [Home Secretary and Mr. Mellor] so recommend.

5/1

I have not been in touch with the Treasury or HM Customs as yet: I thought it would be best to establish first in principle whether the Home Secretary and Mr. Mellor think a project of this sort a good idea.

SMH.

Hugh Taylor, Esq.,  
Home Office.



Home Affairs: Drug Abuse 12/82





Prime Minister

 (L)  
 CBI

DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
 Alexander Fleming House, Elephant & Castle, London SE1 6BY  
 Telephone 01-407 5522

*From the Parliamentary Under Secretary of State for Health*

Mark Addison Esq  
 10 Downing Street

15 May 1985

Dear Mark,

As you may know, John Patten spoke at the World Health Assembly in Geneva on 9 May, principally on the need for further urgent international action on drug misuse. (I enclose a copy of the speech for ease of reference).

The speech was well received and as well as stimulating greater interest among the delegates, caused World Health Organisation officials to talk afterwards of the re-ordering of some priorities concerning drug abuse.

Mr Patten also took the opportunity to meet Ministers and heads of delegations from a number of countries with an interest in the problems of drug trafficking and misuse. During his meetings, he emphasised the need for greater collaboration between countries in intelligence about the trafficking of drugs and also the exchange of information about treatment. Countries represented at the meetings were:

- Mexico
- Thailand
- USA
- India
- Pakistan
- Bolivia

The Bolivian Health Minister is visiting London this week and Mr Patten met him again yesterday for further discussions which involved the possibility of further co-operation between our Customs officers and Bolivian law enforcement agencies. The Bolivian Charge d'Affaires has offered to act as a direct liaison point between the Bolivian government and the Home office on this issue and with our Department on treatment issues.

Yours ever

Jane

JANE MCKESSACK  
 Private Secretary



15 MAY 1995

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CONFIDENTIAL

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WORLD HEALTH ASSEMBLY : GENEVA 9 MAY 1985

SPEECH BY JOHN PATTEN

Mr President, Director General, distinguished delegates, I am delighted to be addressing this Assembly for the first time. I am pleased to see that there is such a wide range of subjects on the agenda for the Assembly, but I would like to concentrate on one particular subject which is of great concern to many of us here.

SUPPORT FOR WHO ESSENTIAL DRUG ACTION PROGRAMME

In his speech last year, the leader of the UK delegation Kenneth Clarke spoke of the United Kingdom's continuing support for WHO Action programme on Essential Drugs and Vaccines. We were one of the first to contribute to the cost of Conference on the Rational Use of Drugs called for by last year's Health Assembly. We wish that meeting every success. I am delighted to be able to announce today that, the UK Government will give the sum of £200,000\* to the Action Programme on Drugs in 1985.

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\* Subject to Parliamentary approval



## DRUG MISUSE - TRAFFICKING

This brings me to the main purport of what I want to say to you today. I want to talk about the role Health Ministers in particular have to play in relation to the misuse of drugs and particularly illegal drugs a subject highlighted at the recent Bonn Summit by our Prime Minister, Mrs Thatcher, who has stressed the need for international co-operation to deal with this menace. I don't need to tell you how widespread the problem is but I will give one example. In 1984 about 150 tonnes of cocaine were produced. Only a tiny proportion is used for legitimate purposes the rest - through the action of evil entrepreneurs causes an enormous and growing burden in many countries represented here today.

While law and order is essential we cannot forget the responsibility for the health of our nations. Work continues through the UN Commission on Narcotic Drugs, the UN Fund for Drug Abuse Control, and the Customs and Police Services in many countries to come to grips with this problem. There is considerable concern in my country. Drugs are already proving a deadly addiction to many. And it is already proving costly to our societies and to the taxpayer. In 1984 in the UK about £19 million was spent on policing activities on drug misuse; £10.15 million on customs. My own Department has committed £12 million of central funds and more is spent by health and social services authorities. But money is not the only answer. We desperately need -

- co-operation to exchange information;
- your government's backing to confiscate the assets of the international drug barons;
- your constant vigilance to search out new ways of preventing and tackling the scourge.



## WHO ACTIVITIES IN THE FIELD OF DRUG ABUSE

But it is on the role of Health Ministers in combating the spread of drug misuse and ensuring that a suitable range of treatment and rehabilitation is available for misusers that I want to concentrate today. The World Health Organisation plays a valuable part in disseminating information on the nature and extent of the problem and evaluating existing national drug control programmes. The United Kingdom Government too has taken a number of steps to develop ways of identifying the extent and nature of drug misuse.

### NEED FOR URGENT ACTION

I know that the World Health Organisation is preparing publication on strategies and guidelines for the prevention of drug abuse which will be published next year. To be frank, I do not think this is quick enough. We need action this year. In Great Britain we are taking the question of prevention very seriously. We are also preparing a number of health education initiatives for example an advice booklet to teachers. We want to contribute to the guidance on prevention you are producing. We want to learn from the experience of others. We are deeply interested in the WHO's joint work with ILO on new ways of preventing abuse in the work place. But above all we need urgent international agreement on action by health authorities.



## SCOPE FOR FURTHER ACTION BY HEALTH MINISTERS

However successful the law enforcement agencies are in countering drug trafficking it seems inevitable that there will be substantial numbers of people suffering the results of drug misuse for the foreseeable future. Individual Health Ministers can do much to prevent the spread of the problem in their own country and to learn from and collaborate with other countries. I am going to propose to you today a five point programme for us all.

\* Firstly, we must do all we can to prevent people from experimenting with illegal drugs or still worse using them regularly. Action is needed from the whole community at grass roots level to foster a climate in which drug misuse is rejected and to provide help and support for those who have become involved. My Government is providing information for parents on a national scale and is running an advertising campaign for young people to warn them of the dangers of heroin misuse. We have tested the material we are using very carefully and shall be evaluating its impact at every stage. We are encouraging a wide range of local health education and prevention initiatives.

\* Secondly, statutory agencies in the community need to co-operate and work together to detect drug misuse, to ascertain the size of a local problem and to harness local resources and talent to eradicate trafficking and rehabilitate misusers.



\* Thirdly, much can be done to stimulate treatment and rehabilitation by national Governments. We need to provide and encourage facilities for detoxification and residential rehabilitation but, perhaps more importantly, we need to provide flexible local services on which people can draw in the community in which they live. The type and nature of service will depend very much upon local culture and the way in which your services are run but the more widespread the problem, the more normal the people we are dealing with and the greater the need to provide help in the setting in which the problem has arisen.

\* Fourthly, much more needs to be done to evaluate different methods of treatment and to share results with each other. No one has a certain "cure" for drug addiction and the better we understand the process of helping people to withdraw from drugs the better we shall be able to eradicate the problem. We welcome evidence on particular methods, eg, the 'total abstinence' approach of which the Minnesota method draws. We must pool our efforts. An important part of this is the encouragement of responsible prescribing practices by doctors. Control over legal sources of drugs, and especially opioids whether over the counter or by a prescription from doctors can be vital in controlling the spread of drug misuse and resultant crime.



\* Fifthly, I want to mention a slightly different problem. In the United Kingdom most of the powerful addictive drugs are illegal but we are now seeing, as are so many other countries the increasing problem of dependence upon legally prescribed tranquillisers. Benzodiazepines have been regarded as a welcome break-through and a safe alternative to barbiturates and other hypno-sedatives. But they have been prescribed freely by doctors in my country. Many people have become habituated to take these drugs and suffer withdrawal and other symptoms if they cease to take them. There is increasing realisation that these drugs are not generally a substitute for psychotherapy in the treatment of anxiety and that they should be used on a smaller scale and usually for shorter periods of time.

#### NON -GOVERNMENT ORGANISATIONS AND DRUG MISUSE

Finally, I know how much importance this assembly attaches to the work of non-Governmental organisations, especially as a focus for the involvement of the community at large in tackling health problems. Nowhere is this more important than in helping those with problems arising from the misuse of illegal drugs. The illegal nature of the activity deters many from seeking help from official sources. Much of the expertise in providing help is in the non-Government sector. Drug misusers are a danger to themselves and to the rest of society. It is in the interests of the community at large to do all it can to foster a climate in which the misuse of drugs is unattractive whilst providing the initial help and support needed by those who wish to give up the habit. Few can do it alone.

Mr President, I wish this Assembly every success in its deliberations.



Prime Minister (4)

CONFIDENTIAL

An update on drugs from  
Hartley Booth. The meeting  
of Cabinet Ministers has  
3 May 1985 been fixed for  
4 June.

PRIME MINISTER

DRUG ABUSE - WEEKEND UPDATE

MEA 3/5

Following your discussion at Bonn:

(A) The politics of the issue:

This phenomenon is the most serious criminal problem in  
the USA and we look set to follow this trend. As the 'law and  
order' Party we must be seen to give maximum priority to this  
appalling menace for our children and young people. You have  
heard the Lord President's view that you should not assume  
personal responsibility for a problem that cannot be solved in  
the short term. However, this is not the only political  
factor. You have two trumps which you may feel it appropriate  
to use, not to promise miracles but to demonstrate your deep  
concern about this crisis.

Firstly, this issue is a family one. Parents care  
desperately about their children abusing drugs. Your theme of  
concern for the family can cover this issue. The public will  
respect this.

Secondly, the opportunity to introduce legislation to  
forfeit the assets of the drug chiefs will be seen as the  
strong approach, not only from the Treasury angle and the  
punishment view, but also because drug empires often flourish  
while their chiefs are in prison, unless their illgotten

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assets are seized. There is evidence that the amounts to be taken will be substantial. Last year in the USA, \$253 million worth of assets were seized.

(B) The legal side of asset seizure

We need two arrows in the quiver:

(a) The power to sequester and to examine all bank accounts here and abroad in criminal cases.

(b) The presumption that convicted drug dealers, who cannot explain how they acquired substantial assets, did so out of illicit funds (Hodgson Committee recommended a weak version of this. There is a precedent for such a presumption of guilt in the 1953 Preventative of Crime Act covering Offensive Weapons).

(C) Research Resumé

(i) Visits (including a rehabilitation hostel funded by DHSS and another which is private)

Spoke to several who said "but for this place I would be dead by now". the DHSS establishment (Phoenix House, Dulwich) had a 30% success rate in keeping patients off drugs. The Private Centre (Park Place, Dorking) claimed 70% success. The



former kept addicts for 10 months on average and the private centre managed on 6 weeks. The DHSS paid supplementary benefit and grants to top up charitable funds for Phoenix, while the latter is funded by Private Health Insurance (cost £100 per day). The performance of the second was not only better but cheaper, and used the Total Abstinence (Minnesota Method) to which you referred at the Meeting of Ministers last week. DHSS are still evaluating it.

Attended a Narcotics Anonymous meeting. The work of this and other voluntary organisations is first rate.

(ii) The ACPO Conference this week

Attended Association of Chief Police Officers' Conference in Lancashire on Drug Misuse. Chief Constables were gratified by your concern about this subject.

Their lectures illustrated that even a "Police State" cannot stamp out the scourge of drugs, totally and Yugoslavia is a transit country for heroin.

Reports from nearly all parts of Britain illustrated that high-grade cocaine and heroin are



available. It was said to be cheap, but in fact costs vary between £40 to £120 for a daily 'fix' - enough to force even the richest to crime or prostitution.

The Customs seize 90% of all illicit drugs <sup>(not all intercepted in UK)</sup> and to do so costs the nation £10-15 million. The Police seize 10% in many small cases (23,000 cases per year - Drug Possession or Trafficking). The cost of the Police drug squads, etc is £19 million.

(iii) Internationally

The threat to withdraw aid (either from EEC, USA or ourselves) if done with a season's time lag to allow crop substitution, is one of the most powerful international levers against South America.

A cheap and effective Foreign Aid is Police or Customs exchange to help train foreign enforcement agents.

The Dutch have reinforced other arguments against legalising soft drugs. There, they have split the law against hard and soft drugs. The disastrous result is that the soft drugs profits finance hard drugs.



The Geneva WHO Conference is next Thursday:- John Patten will speak on Drug Misuse. He will have private talks with Health Ministers of Bolivia, India, Thailand, Colombia, Turkey and Pakistan.

(v) Personal

Ann and Mary Parkinson have been most helpful. Mrs Cory Wright, who is known to you, has also assisted.

Conclusion

Your interest in this subject is noted and well received. No further action for the moment. Your meeting with senior Ministers is fixed for 4 June.

*H. Booth*

HARTLEY BOOTH



NO COPIES

Ref ECL 72

NB Enc to everyone  
except HOME OFFICE  
and DHSS



*cu*



10 DOWNING STREET

*From the Private Secretary*

1 May 1985

*Dear Hugh*

As you know, the Prime Minister is chairing a meeting of Cabinet Ministers to discuss drug misuse on Thursday 9 May. This follows a meeting between the Prime Minister, the Home Secretary, Mr David Mellor and Mr John Patten on 23 April.

The paper which will form the basis for the discussion next week will be the Home Secretary's note of 3 April to the Prime Minister. This has already been copied to all those due to attend. It may also be helpful if the Ministers concerned have a copy of a note of the recent meeting, and I am sending it under cover of this letter to those Private Offices who have not already seen it.

I am copying this letter to Rachel Lomax (HM Treasury), Richard Broadbent (Chief Secretary's Office, HM Treasury), Len Appleyard (Foreign and Commonwealth Office), Steve Godber (Department of Health and Social Security), John Graham (Scottish Office), Colin Williams (Welsh Office), Jim Daniell (Northern Ireland Office), Elizabeth Hodgkinson (Department of Education and Science), Jane McKessack (Mr Patten's office, DHSS) and to Ken Sutton (Mr Mellor's office, Home Office).

*Yr*

*Mark Addison*

(Mark Addison)

*S/S N10  
Sending  
Junior Minister*

Hugh Taylor Esq  
Home Office

*5/8*





10 DOWNING STREET

30/4

MEA.

2 messages concerning the  
'Drugs Meetings'

- ① Claire Jones (DES) <sup>to check</sup> rang and wondered if the SOFS should be invited on 9/5/85. (she is not pushing!) <sup>powders to come.</sup> <sub>to c.b.</sub>
- ② Liz Hebden (Home office) wondered if your meeting record of meeting on 23/4/85 (copy att.) should be given wider circulation with reference to your 9/5/85 meeting. Mark.



• master a subject on  
 Home Affairs: Drugs & Solvent  
 Abuse 12/82



10 DOWNING STREET

From the Private Secretary

23 April 1985

Dear Hugh

DRUG MISUSE

The Prime Minister today met the Home Secretary, together with Mr. David Mellor and Mr. John Patten, to discuss drug misuse. Mr. Hartley Booth of the No 10 Policy Unit was also present.

The Prime Minister opened the meeting by seeking clarification about where matters stood on forfeiture of assets of convicted drug traffickers. There was a need to get such legislation in place quickly. The sums of money involved in drug trafficking generally were very large. The problem was growing and had now to be tackled very vigorously indeed. The Government had taken useful steps but needed to do more. This was partly a matter of using resources effectively, including in the treatment of addiction.

The Home Secretary said that the Government was publicly committed to introducing legislation on forfeiture; the question was when and how this could best be achieved. The Criminal Justice Bill, which was the vehicle originally proposed, had slipped to 1986/7. It might therefore be right to proceed with legislation on forfeiture in respect of drugs in advance of forfeiture in respect of the profits from other types of crime. More generally, the Government had now considered the extent of the drug problem, and knew how it ought to be tackled. The key problem for the present was one of resources, though it was also important to be realistic about the prospects for complete success.

In discussion, the following points were made:-

(i) Corruption was certainly one difficulty. In some countries this infected very high levels of their administration and limited the effectiveness of efforts to help stop drugs at source. At home, the police had initially been reluctant to step up drug squads because of the dangers of corruption within them. But coverage up and down the country of the squads was now good.

(ii) The international dimension was crucial. The drug traffic being stopped at source could be dramatically increased if the right kind of co-operation were obtained.



Good intelligence was the key to this, and the good work of H M Customs had to be built on.

(iii) At home, doctors' prescription methods needed looking at carefully. Tranquilliser addiction was now a serious problem. It was also important to get the right kind of message across to young people at school and to manage treatment and rehabilitation facilities properly.

Summing up the discussion, the Prime Minister said that there was agreement that more needed to be done to tackle the problem of drug abuse. It was a potential massive source of corruption in the country, and a dreadful physical threat to a whole generation of young people. Whatever difficulties the divisions of departmental responsibility presented, the Government ultimately had the overall task of setting its priorities in the appropriate way to deal with the problem, and had to be seen to do so. The international dimension was vital, and the Prime Minister would consider raising the matter in the margins of the Bonn Summit. On forfeiture of assets, the Government could not afford to delay too long; one way forward would be to use a Private Members Bill to get forfeiture legislation in respect of drugs in place quickly. The Prime Minister proposed, as a next step, to call a meeting of all those Cabinet Ministers with a departmental interest in the area. This would include, as well as the Home Secretary, the Chancellor, the Chief Secretary, the Foreign and Commonwealth Secretary, the Secretary of State for Health and Social Security, and the Secretaries of State for Scotland, Wales and Northern Ireland. She would ask the appropriate Secretaries of State to bring with them those Junior Ministers with a direct interest in this problem. +

+S/Ed

I am copying this letter to Steve Godber (Department of Health and Social Security).

Y es  
Mark Addison

MARK ADDISON

Hugh Taylor, Esq.,  
Home Office

CONFIDENTIAL





10 DOWNING STREET

① Mr Addison

② CF

Drugs

arranged for

0930 on

Thursday 9<sup>th</sup>

May

are you Miss?

CR

25/4

BF





SLH  
bc HMT

10 DOWNING STREET

From the Private Secretary

23 April 1985

Dear Hugh

Casino

A Minister meeting to arrange on  
drugs, see over. I think we should  
leave 1 hour, ~~with~~ extra

DRUG MISUSE

next convenient  
slot.

MA 2574

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slc



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I am copying this letter to Steve Godber (Department of Health and Social Security).

Y e  
Mark Addison

MARK ADDISON

There are

John Patten (HSS)  
David Miller (HO)

HIS

Hugh Taylor, Esq.,  
Home Office

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*subject a master**cc H Booth**SLH  
bc HMT*

10 DOWNING STREET

*From the Private Secretary*

23 April 1985

*Deu Hyl*DRUG MISUSE

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*JL*



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*Y e*  
*Mark Addison*

MARK ADDISON

Hugh Taylor, Esq.,  
Home Office



DRUG ABUSE

You are meeting the Home Secretary, David Mellor and John Patten to discuss drug abuse on Tuesday at 1200. You will wish, however, to have the papers to consider over the weekend.

This briefing package contains the following:

- the Home Secretary's minute (Flag A);
- the Policy Unit advice on this (Flag B);
- Robert Maxwell's note (Flag C);
- the Home Office publication of Government strategy (Flag D);
- the DHSS guidelines on treatment of drug abuse (Flag E);
- further published DHSS material (Flag F) which is separately indexed.

IN FOLDER A BACK OF FILE

The most important documents are at Flags A and B. The Policy Unit recommendations are on page 6 of their note. You will see that three of the six would require extra resources, though one of the remaining three (forfeiture of assets) should, at least in the longer term, help generate them.

As you know, David Mellor's study group means to report to H Committee in July. The meeting on Tuesday offers you an opportunity to discuss generally the extent and nature of the problem, and the stage which discussions within the Government have reached. Mr. Mellor will be able to report on what he has learned in the US. In the discussion, you will be able to stress your personal interest in the drugs issue, and have a chance to offer a steer on the options being considered.

Max Addison



E.R.

PRIME MINISTER

CAF  
Do with MCA,  
1984

Drug Abuse

The Home Secretary has written (Flag A), as promised, setting out his assessment of the problem and identifying the stage that David Mellor's Study Group has got to. Policy Unit comments are at Flag B, and Robert Maxwell's note, which you will recall seeing before Easter, is at Flag C.

The Policy Unit recommend that you should hold an early meeting with the Home Secretary, David Mellor and John Patten to discuss the current state of play, and to lend your support to a number of specific proposals the Study Group are considering (they aim to report to H Committee in July). Such a meeting would also provide an opportunity for Mr Mellor to report back while his US experiences are fresh in his mind.

We think a quick, small meeting is the right course. If you are content that we should set one up, you do not need to consider all the papers in detail now. You may prefer to consider them over the weekend, along with some other background material which Hartley Booth is drawing together.

Content for me to arrange an early meeting along these lines?

Mark Addison

Yes

Mark Addison

17 April 1985



B B

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PRIME MINISTER

16 April 1985

DRUG ABUSE; MEETING ON TUESDAY 23 APRIL 1985

The human misery and social and criminal problems of drug abuse are severe. The Government should take strong action now to combat it, although growth in drug taking is all too likely to continue.

We have reduced customs officials by 1,000 since 1979 while drug addiction has risen sharply: our critics may wrongly suggest these are related. There is a danger we may be seen to be doing too little too late. Present plans of the Ministerial Group on Drug Abuse will run out in 6-9 months unless new resources are found for their programme.

The Home Secretary lists the action taken so far and the proposals of the Ministerial Group in the attached paper, covering work from: HO, DHSS, DES, FCO, HM Customs and Excise, ODA and the territorials. The following are the options.

1. Do we need a Cabinet level drug supremo? The Home Secretary is the right Cabinet member to direct the work of the Ministerial team chaired by David Mellor, who is doing a good job. A special drugs Minister in the Cabinet would attract too much attention whilst not being able to do anything more to cure the problem. Robert Maxwell can be answered on this basis.

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2. Should the Treasury join the Ministerial Group? Yes, the Treasury should follow up tax fraud by drug barons and could help the work of HM Customs and Excise.
  
3. More International Agreements? Yes. There are a number in place and more publicity and work should be given to making existing extradition, Narcotics and Council of Europe work. In particular, we must sign the Mutual Assistance in Criminal Matters Protocol, 1967 and the Convention on psychotropic Drugs, 1971. The Home Office dislike the former but are just being slow about the second.
  
4. What are the specific options? - Chronological order.
  - a. Source of drugs:

There is no substitute for good intelligence on drug movements.

Pakistan: source of 80% of heroin: much now from Afghanistan. One British customs official - most effective. Disagreement as to whether Zia is providing bona fide help? FCO are satisfied that there is a genuine political will. Mellor seeks 1-3 extra officials to gather information to enable interception.

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South America: major source of cocaine. Mellor asks for 1-3 officials to be posted there. This is the major danger area because there is a world glut of this hard drug.

US-type "designer drugs": these deadly home-produced US drugs - worse than heroin - can be outlawed by regulation under the 1971 Act but a public statement is needed.

India, Turkey and Far East: lesser sources of heroin but Mellor requests one customs official stationed in Bombay.

United Nations fund for drug abuse control received more than £1,200,000 last year from UK. It funds crop substitution and training. FCO approve. It is not certain whether crop substitution will be effective, especially as most of the money channelled to Pakistan can have no effect on the major source in Afghanistan.

- b. The transit of drugs
- i) The Netherlands: this major centre for the transit of heroin has one British policeman. The Ministerial group will call for another official, probably a customs officer. Dutch national action



is viewed by Scotland Yard as lax. You could take this up in bilaterals.

ii) Spain : the major transit centre for cocaine from South America. We need an official there now. The Extradition Treaty with Spain is about to be concluded.

c. Entering Britain

160 extra customs officials were in place last year. They are fully stretched and the Director of Customs requests more officials. 100 extra would cost £2 million pa. There is a limit to the number of passengers that can be stopped without bringing ports of entry to a standstill, but more tip-off gathering is crucial (eg on 28th March 1985 cocaine worth £600,000 found strapped to the body of a Briton arriving at Gatwick from Venezuela).

e. Sale and Use of Drugs in Britain

Action: drug squads are effective but 600<sup>police</sup> deal with half the problem and 38 in the Met District deal with the other half. This must be resolved. Met. Police say they are overstretched and urgently need more. The Central Drugs Intelligence Unit (police and customs) is invaluable. Overlap between police and customs is being avoided with difficulty. The



outstanding dilemma can be resolved by you. You could stop the wasteful duplication between this unit and the Customs' computer unit. More revenue fraud investigators would be invaluable against drug barons who move illicit untaxed profits from drugs as quickly as possible into legitimate business (at present 100 <sup>inspectors are the</sup> total for all evasions).

The Home Secretary's statement (page 5 of Statement of 1982 flagged) on forfeiture does not feature in current plans. They should be put back on the current agenda as priority measures. The tracing of assets must be improved and the unexplained possession of assets should shift the burden of proof.

A schools' programme is planned by DES costing £5 million to establish anti-drug officers in each LEA. Instances of teachers peddling drugs (eg R v Richard Catherwood, November 1984 - an ILEA teacher) should be given severe sentences and more publicity by Ministers. Home Office work to force teachers to reveal convictions should be speeded up (they should announce a result this Summer).

f. Countering Addiction

DHSS have spent a valuable £7.5 million pump priming private initiative and voluntary agencies. This is



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- 6 -

excellent but much more can be done. More co-ordination and training conferences for these voluntary organisations could inspire more self-help groups and parent initiatives. This would be best organised on a regional basis and would provide good publicity for the Government. More money is needed on rehabilitation, specialist staff and more beds (there are only 150 beds for drug cases nationally). Costings attached in appendix 1 and DHSS action Flags A1-F1.

5. Should cannabis be legalised? No, there is no evidence that taking cannabis leads to hard drug taking, but may well have other health dangers (DHSS).
6. More Publicity? The £2 million publicity drive has been mostly successful. More is needed, especially of even moderate drug hauls and of convictions. Flag D - today's major success.

Conclusion

David Mellor has just returned from a successful trip to America studying their approach to the problem. But please note that America has spent \$4.5 billion with limited return. (They spent so much, partly because they waited until the fire was burning.) We recommend that you support:

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- a) more intelligence gathering officials;
- b) more customs officers;
- c) amalgamation of Data base from Central Drugs Intelligence Unit with the Customs & Excise Computer Unit;
- d) pump priming self-help groups to treat and rehabilitate addicts;
- e) an attack on the assets as well as the liberties of drug barons;
- f) more international co-operation, agreements and pressure put on the Dutch to act.

*H. Booth.*

HARTLEY BOOTH

NB

Interviewed: Assistant Commissioner of Police, Chief Superintendent of Met Drugs Squad, Director of Customs & Excise, Ministers and Officials in all relevant Ministries and operational work.

Visits: Central Intelligence Unit etc.

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APPENDIX 1

LIKELY RESOURCE IMPLICATIONS (OUR RESEARCH)

- MELLOR'S GROUP LIKELY TO ASK FOR MORE

	£
6 new customs officials abroad	0.5 m
100 more specialist customs drugs officials in the UK	2.0 m
<u>Police</u> : Cmnr will ask for 250 more officers for drugs work. Allow 200 from reallocation and 50 extra.	1.5 m
1 new police post abroad (Madrid)	0.1 m
DHSS extra places for detoxification, places for rehabilitation, specialist staff in each region and staffing more beds	10.0 m
DHSS further pump priming encouragement for voluntary organisations	5.0 m
DHSS regional conferences and training for voluntary organisations	0.5 m
Publicity - mostly media stories - free 'Robert Maxwell' etc but launch further initiatives	0.5 m



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- 2 -

DES posts for Drugs Training Officers and literature	5.0 m
25 Treasury Drugs/Fraud Investigation Unit Officials	<u>0.5</u> m
<u>TOTAL</u>	25.6 m*

\* Offset money from forfeiture of drug barons' assets under new legislation from an estimated £500 million illicit profits in last two years. Also offset cost savings of opiate drugs currently destroyed by transferring usable drugs from customs warehouses to NHS use.

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THE TIMES, FRIDAY 19 APRIL 1985

## £2.5m haul of cocaine at Heathrow

By Stewart Tendler

Customs investigators were questioning two Brazilians yesterday after 14 kilograms of cocaine, worth £2.5 million, were seized at Heathrow Airport in the false side of a suitcase.

The suitcase was being brought through the green customs channel in terminal two after a flight from Zurich when officers moved in at the end of an investigation code-named Operation Rattlesnake. The seizure is the largest of cocaine destined only for the British market.

Other larger seizures have been made but the cocaine was always in transit to other countries. The size of the haul this week bears out predictions by experts on both sides of the Atlantic that Britain may face a rapid expansion of cocaine use.

A cocaine investigation team has been formed by customs officers and the operation this week was the result of intelligence work and undercover observations. The seizure compares with a total of 35 kilograms of cocaine found in Britain last year.



MR BUTLER

Mark

I agree we should have a meeting on  
the lines you suggest very soon.  
and the Policy Unit

DRUGS

FERR

17.4

As you know, the Home Secretary was going to put a minute to the Prime Minister setting out current state of play, and this arrived immediately before Easter. The Policy Unit have now drawn up advice. These papers, together with other relevant earlier documents, are attached.

The Home Secretary's note summarises the problem and identifies the stage that David Mellor's group has got to. He notes that a full report from the group should be going before H in July. There is nothing new in the Home Secretary's note, though he does mention (something which seemed at one point to have been forgotten) that he is developing proposals for legislation to confiscate the proceeds of drug trafficking (a point Maxwell raised).

The Policy Unit note addresses a number of issues, including the second Maxwell proposal that a drugs supremo be appointed. It considers in particular what should be done about the sources of drugs, the transit of drugs, the way in which drugs get into Britain, the way they are sold and used, and ways of countering addiction. These of course are areas being looked at by the Mellor group.

The Policy Unit end up suggesting the PM should meet the Home Secretary, David Mellor and John Patten to lend her support to a number of specific proposals. These would cost money, which could be offset against assets confiscated from the convicted barons.

There is a tricky question of timing on this, and on how we might suggest to the PM that she takes forward her interest in the area. It would be odd if her intervention were entirely to pre-empt the Mellor group report, though sensible for her to give a steer before it is too late to exert an influence on the report. So a meeting now seems a sensible move, and could take the form of a report back from Mr. Mellor, following his US research visit.



As to who should attend, one of the difficulties in the drugs area is that just about everybody has an interest. But a small meeting with the key people seems right. The Policy Unit suggestion (Home Secretary, Mr Mellor, Mr Patten) excludes FCO and Treasury. They will be important, but on balance might best be left out at this stage.

Grateful for a word before we put it up to the PM.

MEB

16 April 1985





B  
cc Healey Boots  
B

PRIME MINISTER

DRUG MISUSE

I know that, like many of us, you are growing increasingly concerned about drug misuse and what we are doing to combat it. This matter was discussed in H last week, and the purpose of this minute is to put you in the picture on the recent initiatives which we have taken to tackle the problem and to let you know how I propose to carry the matter forward in the next few months.

ACTION TAKEN

.... The Government's strategy for tackling drug misuse was first set out in the speech (copy enclosed) which I gave to the London Diplomatic Association in December 1983. This emphasised the need for a comprehensive, coherent policy which tackled not only the supply of drugs (through international action, Customs and police enforcement and tight control over licit sources) but also the demand for drugs (through measures to prevent, treat and rehabilitate drug misusers).

.... Last summer we set up David Mellor's Ministerial Group on the Misuse of Drugs to review and develop our policies and it was their interim report (copy enclosed) which H considered last week. The annex to the Group's report provides a convenient summary of our strategy and of the range of measures we have taken over the past year or so. A fuller account is given in the enclosed review "Tackling Drug Misuse: A Summary of The Government's Strategy", which the Group prepared and which we published last week.

The following initiatives are already under way:

- (1) the provision of 160 additional permanent Customs posts;

Not enough



- (11) the launch of a £2M education and information campaign in England and Wales, and of a separate campaign in Scotland. The provision of advice leaflets for parents and professionals in England and Wales will be followed, in mid-May, by a major advertising campaign on the press and on television aimed at discouraging young people from using heroin;
- (111) the introduction by DHSS of a £10M scheme for pump-priming local treatment and rehabilitation projects (and similar schemes in Scotland and Wales); and
- (1v) the implementation, in Keith Raffan's Private Member's Bill, of our undertaking to increase to life imprisonment the maximum penalty for trafficking in drugs such as heroin and cocaine.

#### THE NEXT STEPS

The Group's interim report emphasises that we are faced with a serious problem which is likely to get worse before it begins to get better. Increasing numbers of young people from all sections of society are misusing heroin. We are also threatened with a massive increase in the use of cocaine as traffickers seek new outlets in Western Europe to supplement the saturated North American market.

H agreed that the momentum had to be maintained and that further measures would be necessary if our response was to be seen to match the gravity of the problem and the extent of public and Parliamentary concern (which will no doubt be heightened by forthcoming reports from the Home Affairs and Social Services Select Committee). My main concern, however, is that it will be extremely difficult to maintain this momentum unless we face up now to the hard decisions which will be needed on the deployment of resources. Both the Group's interim report and my covering note referred specifically to this. If there is one message from the H discussion which I would commend to my colleagues, it is the need



for everyone to take the resource implications of new measures fully into account in the consideration which they are now giving to their expenditure programmes.

The Ministerial Group's interim report listed a number of possible areas for new initiatives. These include:

- (i) further reinforcement of Customs' controls including the possibility of further overseas postings, plus money to research and develop technological aids. It is clear that intelligence work is very time consuming, and quite different people are involved in heroin and cocaine importation. We expected increased efforts to import both these drugs, and perhaps a dramatic increase in the latter. Customs resources must be seen to match the threat;
- (ii) enhancement of the capacity of the police, at regional level, to tackle high-level dealers;
- (iii) further improvements in treatment and rehabilitation facilities. I know the DHSS want to keep up the momentum by further pump-priming initiatives and direct funding of rehabilitation facilities. It would be useful, perhaps crucial, to be able to announce a further round of pump-priming later this year;
- (iv) arrangements for securing inter-agency co-ordination and co-operation;
- (v) provision of appropriate training for teachers and of suitable teaching materials. I understand that the DES have put in a bid for a £5M programme which had been evaluated by David Mellor's Group. A sustained effort in schools is considered vital if prevention policies are to work;



- (vi) financial assistance for crop eradication/  
substitution and law enforcement programmes  
in drug-producing and transit countries.  
We feel we must be seen to respond to the  
cocaine threat by a fuller participation in  
UNFDAC programmes in South America.

On my side, and in addition to (vi) above, I am also  
developing proposals for legislation to trace, freeze and  
confiscate the proceeds of drug trafficking (and possibly  
other major criminal activities). We are also pursuing with  
the Metropolitan Police the points which Sir Kenneth Newman  
recently mentioned to you.

Further work on these initiatives is going ahead urgently  
and the next step will be for David Mellor's Group to submit a  
full report with specific proposals, which should come before  
H Committee in July. I would urge colleagues, however, to  
make sure now that their expenditure programmes will be capable  
of accommodating initiatives on these lines. We would not want  
implementation to be delayed because of any failure to take the  
necessary preliminary steps.

I shall, of course, ensure that you see the Group's final  
report as soon as possible.

I am sending copies of this minute (without enclosures)  
to Cabinet colleagues and to Sir Robert Armstrong.

L. B.

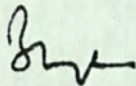
3<sup>d</sup> April 1985



PRIME MINISTER

ROBERT MAXWELL - DRUGS

Robert Maxwell has sent, attached, his paper on drugs as promised. I have acknowledged receipt, saying that you have duly noted his points. I have marked up the salient points. They do not take us much further than my original note of the meeting, also attached, though his warning about cocaine coming on top of heroin is stronger than I recall it at the lunch. His elaboration of the inter-departmental coordination problem is also more detailed.



BERNARD INGHAM  
1 April 1985

cf.  
Pl. check do in a  
file.  
MCA 1574



28 March 1985

Drug Abuse: The Case for a Supreme  
A Paper by Mirror Group Newspapers

1. The use of hard drugs is increasing at an alarming rate. The latest Home Office figures issued today show that between June 1983 and June 1984 registered heroin addicts increased by 25%. Notifications are just the tip of the iceberg and must be multiplied, at least by five - some say 12 - to give an indication of the likely total. The spread of heroin and cocaine usage affects all sections of society and people of all ages, but particularly the young. This is debilitating to the nation and if not checked will destroy the very fabric of our society. It is destroying young lives among rich and poor.
2. There is so much more heroin available that professional criminals have moved into the drugs racket because it is extremely lucrative and, at the top level, has less danger of detection than most other criminal activities. They even create their own customers and make fortunes in comparative safety. The income of organised criminals from drugs is so great that the criminals involved can spread their influence and reward well those who help them. There are already signs that a new, immensely powerful, underworld, assisted by corruption in high places, is springing up and exerting its influence in many quarters. This is conceded by the police and by the Home Office. On another level, individual drug users are driven to crime to finance their craving and they and the professional pushers have a vested interest in creating more addicts.
3. There is no doubt that the nation is under threat from drug abuse and that exceptional measures are called for now if we are to deal with this national crisis.
4. How then do we tackle the nationwide problem which is sapping our way of life?

At present, at least 10 Government Departments have some responsibility for some aspect of the problem; and, on the ground, the Police, Customs & Excise, Local Health Authorities and Local Authorities are all involved. Today's report "Tackling Drug Misuse" issued by the Home Office is signed by seven Secretaries of State and has all the evidence of a defensive document produced in response to a demand for action to attack a problem which the public feels is getting out of control.

Cont/2



5. Even the description of the interdepartmental committee chaired by David Mellor has a ring of complacency and compromise about it.

"In July last year the Government established an interdepartmental Ministerial Group on the Misuse of Drugs under the chairmanship of David Mellor, Parliamentary Under-Secretary of State at the Home Office with special responsibility for drugs matters. Other Ministers who have regularly attended meetings of the Group are John Patten (Parliamentary Under-Secretary of State, DHSS), Bob Dunn (Parliamentary Under-Secretary of State, DES) and John MacKay (Minister for Health and Social Work, Scottish Office). Other Departments have been represented by Ministers or senior officials as appropriate." It is difficult to see how such a group can do more than arrive at the lowest common denominator of action on the part of the departments concerned.

6. It is also difficult to believe that the Government accepts this as the social problem of 1985 and that it is determined to deal with it. At present we have a number of loosely co-ordinated actions from various departments, some of which have no direct power to influence events, to deal with the problem. Where is the Clarion Call, the invitation to society to defeat the problem? How many times has the Ministerial Committee met since it was appointed in July 1984?
7. The only way to ensure that Government action is properly conducted within an overall plan is to put it in the charge of a Minister who reports directly to the Prime Minister or to the Cabinet. Only then can a major drive involving all those with responsibility be mounted. Such a Minister supported by a Chief Executive, and a small staff drawn from the agencies currently involved, would speak on equal terms with Cabinet colleagues. He could resolve problems of demarcation and, because of his great authority, when necessary put pressure on Local Authorities, the Police, the Customs and Excise and others.
8. In addition to the practical steps which such a Supremo could take, his very appointment would be a sign that the Government was taking the matter seriously. This in itself would create greater co-operation from parents, social workers etc. and the Supremo, by publishing reports, would draw attention to deficiencies in the machinery for dealing with drug problems.



9. The Supremo would set targets and be in a position to call for an explanation when they were not fulfilled.

The Supremo would also monitor police and customs activities and ensure that they had the machinery to work in tandem in every area. This would involve a central intelligence service which does not exist effectively at present.

10. There is also the question of trying to deal with the production of the drug at source. How is this dealt with at present? Who goes abroad and to whom do they report? To what extent do the countries of origin make representation and report back on production and export and hand in the information collected to the appropriate authorities?
11. The essential point is that we have now arrived at a position where the misuse of drugs is a national problem which is afflicting the health and probity of the nation. It can no longer, even with the best co-ordination in the world, be dealt with as a spare time responsibility of a multitude of Ministers and institutions. It calls for a professional single minded approach which can be achieved only by a leader whose role, or at least major responsibility, is to tackle and defeat the problem.
12. There seems little doubt that the present heroin problem, the seeds of which were sown in the 1970's has taken us by surprise and that the limited activity being mounted now to deal with it has been hurriedly cobbled together in the last few months. The problem has reached its present proportions precisely because there has been so little co-ordinated intelligence and action. The responsibility to monitor the situation has fallen to such a multiplicity of departments and organisations.
13. The warnings now are that, in addition to the heroin problem, we are about to be hit by an increase of cocaine as a result of the surplus production in the United States.
14. The Government will not be easily forgiven if it is not prepared to take drastic action to tackle the present and future problems in this field.



15. It will gain much credit and support for an all-out war on pushers and users. This can be done only by the appointment of a single authority responsible and accountable for dealing with the problem.

16. Nothing above should be construed as criticism of those who are dealing with the problem at present. But if their drive, initiative and imagination is to be properly used, they must be given the tools to do the job and the leadership to see it through.



Prime Minister

PRIME MINISTER

Thank you  
me

The Home Secretary is preparing a minute to you about his further plans in the drug abuse field.

DAILY MIRROR - DRUGS

FERB  
28.3

This note summarises your discussion with Robert Maxwell yesterday over hard drugs.

Mr Maxwell began the conversation by urging you to appoint a Ministerial supremo, with a small executive to spearhead a real drive against the menace of drug abuse in this country.

He recognised your reluctance to appoint Ministers for such specific tasks but argued that the menace of drugs was so great that exceptional action needed to be taken - and to be seen to be taken in this highly visible way.

The threat was not simply to the drug taker, or prospective addict; the drug scene represented a threat to the very fabric of our society. Britain was blessed among nations because of its relative freedom from corruption, but the money available for corruption in the drugs world was phenomenal. Already, he claimed, police and Customs Officers were being corrupted - though he offered no evidence.

When I asked him if he proposed to expose this corruption, Mr Maxwell said it was difficult, but if necessary his newspapers would.

The Mirror has, of course, conducted investigations into the drug scene and has exposed the use of pubs in London - and Joe Haines yesterday especially mentioned South London - where drug pushing regularly took place.

Mr Maxwell said he had specifically charged Sir Tom McCaffery, his Head of Public Affairs, to handle this.

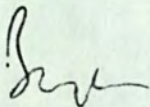


subject and liaise with the relevant Departments. Sir Tom said that the autonomy of individual departments and lack of liaison between them, remained the problem it was when he served in the Home Office.

Mr Maxwell's case for a Supremo was, however, predicated more on the need to defend and save the uniqueness of British society from the inevitable corruption that drugs would bring than on the need either for better coordination within Government or for the rescue of addicts.

He indicated that the Mirror Group would greatly welcome legislation which would provide for the confiscation of the proceeds of drug crime.

Sir Tom McCaffery agreed to send a report to you this week, and reaffirmed his intention to do so before I left.



BERNARD INGHAM  
28 March 1985



F

DHSS INITIATIVES TO TACKLE DRUG MISUSE

DHSS interests in this field fall into two groups: preventing people from becoming involved with drugs in the first place; and helping those who have become involved and their families.

Prevention

1. 1984/5, market research was commissioned into the scope for a national advertising campaign against drug misuse and the nature of the message which any such campaign should convey. The summary report is at A(i)
2. One finding was that parents wanted information and advice. This resulted in the production of the 3 leaflets for parents at B(i).
3. COI produced two public information films, for showing on television, one for parents, advertising the leaflets and a low-key one designed to discourage young people from taking drugs. These were released at a press conference on 27 February. Press release at C(i).
4. £2m has been allocated in 1985/6 which will provide:
  - a. a national advertising campaign against heroin using TV, national press and youth press. The first stages were aimed at parents and professionals: advertisements at D(i). The second, aimed at young people, starts - in mid-May;
  - b. a video training pack for use in schools and youth clubs to convey more complex health education messages about drugs in general, to be available in the autumn;
  - c. A video and accompanying training pack for health and social service professionals, to be available in July.

Treatment and Rehabilitation

1. £10 million central funding initiative for health service and voluntary sector projects or local authority training schemes. Note E(i).
2. Chief Medical Officer issued Guidelines on good clinical practice in treatment of drug dependence to all doctors.
3. Circular issued to all Health Authorities on Note F(i). A summary of responses will be published in due course.





10 DOWNING STREET

*From the Press Secretary*

1 April 1985

*Mr R. Maxwell,*

The Prime Minister has asked me to thank you for your paper on the drugs problem. I can assure you your points about the need for a Supremo and for legislation to confiscate the gains of convicted drug pushers have been duly noted.

Thank you for entertaining me to lunch along with the Prime Minister.

*James*  
*Bernard Ingham*

BERNARD INGHAM

Robert Maxwell Esq  
Publisher  
Mirror Group Newspapers  
Holborn Circus  
London EC1P 1DQ



# Mirror Group Newspapers

Holborn Circus London EC1P 1DQ



Switchboard: 01-353 0246  
Direct Line: 01-822 3063

Cables: Mirror London EC1  
Telex: 27286  
Fax: 01-353 3429

*press*

From the Publisher Robert Maxwell MC

XM/RM/mf

28 March 1985

The Rt Hon Margaret Thatcher MP FRS  
Prime Minister  
10 Downing Street  
LONDON SW1

*Dear Prime Minister*

It was a great pleasure to have you to lunch yesterday and we at Mirror Group Newspapers were grateful that you were prepared to spare time to be with us.

I enclose a paper describing why we think that a Supremo or Overlord ought to be appointed to lead the fight against hard drug abuse. If there is anything you would like us to substantiate or elaborate upon, we shall be glad to do so.

I hope you will bear in mind our other contention, linked to the drugs problem, that it is necessary to have legislation soon which will enable ill gotten gains to be recovered from those convicted of offences.

I am very glad that you are prepared to listen to our arguments and I hope that you will find them convincing.

*John Mackay*

*Robert Maxwell*





10 DOWNING STREET

Bernard.

In view of Rotins vote

I think we need to await  
LB's minute, and then  
we can react accordingly.

MVA 28/3



## GOVERNMENT ACTION ON DRUG MISUSE

### The Government's strategy

1. The Government's strategy involves attacking both the supply of, and the demand for, drugs. It consists of simultaneous action on five main fronts:

- (i) reducing supplies from abroad
- (ii) tightening controls on drugs produced and prescribed here
- (iii) making policing even more effective
- (iv) strengthening deterrence
- (v) improving prevention, treatment and rehabilitation.

2. The Ministerial Group on the Misuse of Drugs is charged with reviewing, coordinating and developing this strategy. Departments represented on the Group - either at Ministerial or official level - are the Home Office, Department of Health and Social Security, Department of Education and Science, HM Customs and Excise, Scottish Office, Welsh Office, Department of Health and Social Security (Northern Ireland), Foreign and Commonwealth Office, Overseas Development Administration and Department of Environment.

### Action taken

3. The following paragraphs contain a summary of the action which the Government has taken over the past year to combat drug misuse.



(i) Reducing supplies from abroad

4. The UK is an active member of the UN Commission on Narcotic Drugs. Since September 1984 the UK has also chaired the Council of Europe Pompidou Group. Both bodies promote international cooperation to reduce the availability of drugs. Through its contributions to the UN Fund for Drug Abuse Control the Government gives financial assistance to producer and transit countries, eg for the elimination of opium-poppy cultivation and to improve law enforcement efforts. In April 1984 the Government pledged £1 million to the Fund to assist the Government of Pakistan in its efforts to eradicate opium poppy cultivation.

5. Greater priority has been given to mobile and flexible Customs controls and to improved intelligence gathering. The number of specialist Customs investigators has increased by 75% since 1979. A further 60 new Customs officers were recruited during 1984 to enhance prevention controls and 100 new Customs posts will be provided in 1985/86 specifically to combat drug smuggling.

6. A senior Customs officer has been posted to Karachi and a senior police officer has been posted to Amsterdam - to improve operational intelligence about drug smuggling to this country.

ii) Tighter domestic control

7. An order was made in April 1984 adding dipipanone to the list of drugs which doctors cannot prescribe without a special Home Office licence. An expert medical working group, appointed by the DHSS, is considering the feasibility of extending this restriction to all opioid drugs.



8. Barbiturates, and a number of other drugs, were brought under the control of the Misuse of Drugs Act 1971 from 1 January 1985.

9. Action has been stepped up against doctors suspected of irresponsible prescribing. Three directions against doctors were made in 1983 and four in 1984.

(iii) Policing

10. Her Majesty's Chief Inspector of Constabulary for England and Wales has written to chief constables to stress the priority which is expected to be given to the investigation of drugs offences. The Commissioner of Police of the Metropolis has pinpointed drugs offences as one of his six priority offences in his strategy for 1985. By 1 January 1985 all police forces in England and Wales had established specialised drugs squads. (In Scotland five out of the eight forces now have specialised drugs squads; a sixth force is setting up a squad and in the other two there are officers with specific responsibility for the collection and dissemination of drugs intelligence. Increasing emphasis has been placed on in-force training so that all officers are able to respond). Regional Crime Squads are devoting an increasing proportion of their time to drugs investigations. The Association of Chief Police Officers has established a working party to examine police structures and organisation.

(iv) Deterrent measures

11. Parole for drug traffickers sentenced to more than five years' imprisonment has been severely restricted.



12. The Government has announced that it intends to introduce legislation in this Parliament to deprive convicted traffickers of the proceeds of their crimes. (The Secretary of State for Scotland has introduced amendments to the Law Reform (Miscellaneous Provisions) (Scotland) Bill to make the imposition of a fine, in addition to a term of imprisonment, the norm in serious cases of drug trafficking. In addition he has referred the question of forfeiture etc of assets to the Scottish Law Commission for advice.)

13. The Government has also announced that it intends to increase from 14 years' to life imprisonment the maximum penalty for trafficking in Class A drugs. Mr Keith Raffan MP has introduced a Private Member's Bill, with Government support, to effect this change.

(v) Prevention, treatment and rehabilitation

14. The Government has launched a major education and information campaign directed at parents and young people. In England and Wales parents' leaflets have been issued and an advertising agency is drawing up proposals for a media campaign beginning in late April. In Scotland a media campaign is already under way, including television and cinema commercials and the issue in April of a booklet as a magazine insert.

15. DHSS is providing £10 million over three years for pump-priming to local treatment and rehabilitation projects. £2 million has been made available in Scotland. Special Welsh Office funding totalling £200,000, will also be available for schemes beginning in 1985/86.

16. Doctors have been issued with guidelines, prepared by a medical working group set up by the DHSS, on good clinical practice in the treatment of drug misuse.



17. Health authorities in England and Wales were required to make interim reports to Ministers by the end of 1984 on the scale of the drug problem in their areas and their plans for tackling it. They were also required to prepare fully-developed plans and a long-term strategy as part of their general strategic plans, most of which are due by the end of March 1985.

March 1985



## MINISTERIAL GROUP ON THE MISUSE OF DRUGS

Interim report to H Committee

### Introduction

1 This is an interim report to H Committee by the Ministerial Group on the Misuse of Drugs. Its purpose is to:

(i) assess the present position in regard to drug misuse and drug trafficking;

(ii) review progress so far in tackling the problem;

(iii) indicate the main issues which the Ministerial Group will consider in the coming months and on which it will make a substantive report to H Committee in the summer; and

(iv) point up the resource implications of present, and of possible new, initiatives.

### The problem

2 The problem of drug misuse continues to worsen. All the official indicators - seizures of drugs, notifications of addicts and number of criminal proceedings - point to an increasing incidence of drug misuse, especially of heroin. Customs' seizures of heroin rose from 212 kilos in 1983 to 299 kilos last year (compared with 40 kilos in 1979). There was a 40% increase in the number of addicts notified in 1983; the available information suggests that there was a further substantial increase last year (probably of the order of 20%-25%).



3 These official indicators are backed up by the experience of those in the field, eg the police and the staff of drug dependency clinics and "street agencies". All confirm a continuing upward trend in the amount of illicit drugs available throughout the country and in the number of people misusing them. And the fact that the average street price of heroin is low and its purity high confirms that supplies are plentiful.

4 It is not only the number of misusers which causes concern. An increasing proportion of misusers and addicts are in their 'teens (in 1983 one-fifth of new notified addicts were under 21). Very few fit the stereotype of the conventional "junkie". Today's misusers are often drawn from groups (such as children of school age living in council housing estates) who, a few years ago, barely figured in the drugs scene. Their need to obtain drugs is giving rise to a considerable amount of petty crime. There are signs that the widespread practice of smoking heroin ("chasing the dragon") may be only a stepping-stone for some to the more dangerous practice of injection. Finally, there is the threat - probably no more than that at present, but the situation could change rapidly - of an upsurge in the misuse of cocaine (such as the United States has experienced): there are vast supplies of cocaine in Latin America which will be seeking a market and Europe is a prime target. Underlying all these facts lies a good deal of human misery and despair among the misusers and addicts, coupled with concern on the part of their parents, families and the professional organisations who are trying to cope with the problem. The experience of other countries suggests that drug misuse can spread very rapidly through certain sections of society, creating a serious threat to law and order, and, ultimately, to social stability.



### The Government's response

5 The Government's strategy, and the action which we have taken under each head of that strategy, are summarised in an annex to this paper.

6 In spite of the deteriorating position the Group believes that the Government's response has been creditable. Important initiatives have been taken in almost every field. Other initiatives - such as increasing the maximum penalty for trafficking in Class A drugs and legislating to deprive traffickers of the proceeds of their crimes - are still in train. The Group has devoted much of its energies to co-ordinating the development of the major education and information campaigns which were launched on 27 February.

### Main outstanding issues

7 The Group is convinced that, if the Government's response is to match and to be seen to match) the scale of the problem and the degree of public and Parliamentary concern, further measures will be required. On any realistic view, the position is likely to deteriorate still further for the next year or so at least.

8 The following are the main topics which the Group expects to consider in the coming months and on which it intends to submit a substantial report to H Committee in the summer.

#### (i) Enforcement by HM Customs and Excise

9 The Ministerial Group is considering a paper by HM Customs and Excise which provides a general analysis of the areas where resources need to be deployed and of the allocation of the additional Customs posts announced last October.



10 The posting-in of experienced staff to fill these posts will not begin until April. It will not therefore be possible to make a firm assessment of their impact before the end of the year. But the substantive paper for H Committee will set out in broad terms the considerations governing the deployment of the additional staff, analyse the problem and present and future trends, indicate how Customs might have to change course to meet a developing situation, assess the constraints on effective action and the reasons for rejecting particular options and consider the future evaluation of present strategies in the light of results achieved.

(ii) Police structures and organisation

11 As paragraph 10 of the annex notes, the Association of Chief Police Officers has established a working party to examine police structures and organisation in relation to drugs investigations. Among the options which it is considering are some enhancement of the present capacity of Regional Crime Squads to take on drug-related work and the creation of separate regional drugs squads. The working party is not expected to produce its final report and recommendations until late 1985. An interim report will however be given to the annual ACPO Drugs Conference to be held in April, and the substantive report to H Committee will report progress. It is of course essential to avoid duplication of effort by Customs and the police and the working party will be taking this into account. In particular, both Customs and the police will be working together to agree guidelines which will clarify their respective roles.

(iii) Treatment and rehabilitation facilities

12 Health authorities in England have made interim reports to DHSS on the prevalence of drug misuse in their areas and their proposals for tackling the



problem. Fully-developed plans and a long-term strategy will be incorporated in their general strategic plans. Similar action has been taken in Wales. The substantive report to H Committee will assess, in the light of health authorities' plans, the scope for further Government action to secure improvements in the provision (by the statutory and voluntary sectors) of treatment and rehabilitation facilities for drug misusers.

(iv) Local inter-agency co-ordination and co-operation

13 Health authorities' replies will also provide a basis for considering the need for greater co-ordination and co-operation between the many different agencies at local level. The Advisory Council on the Misuse of Drugs recommended the setting up of liaison committees in each health district. The substantive report to H Committee will examine whether further encouragement is needed for the establishment of such machinery and whether particular models or structures should be recommended.

(v) Action by the education service

14 The education service has an important role in preventing drug misuse, both through formal teaching programmes and through counselling and support for young people. Some useful work has been carried out at national level and in a few local education authorities. The general awareness of the problem is not matched by appropriate and concerted input to health education in schools or by the training of teachers to give them sufficient confidence to provide guidance and counselling.

15 The substantive report to H Committee will consider proposals by the Department of Education and Science to stimulate an improved response,



focussing on (a) arrangements for better co-ordination within the education service and for liaison with other services, (b) appropriate training for teacher, youth workers and others, and (c) the provision of suitable teaching materials. Similar proposals, including the training of teachers and other professionals in identifying drug misuse and counselling young people and parents, will be formulated by the Scottish Office.

(vi) International assistance

16 The Group is reviewing the extent and value of our assistance to those countries which are the source of drugs smuggled into the UK (both producer and transit countries). It is considering, in particular, whether some expansion and rationalisation of the present programme is desirable, especially to enable a contribution to be made to UN programmes in the cocaine-producing regions and South America. The substantive paper for H Committee will report the results of this review.

Resource implications

17 The best estimate that can be made at present of the possible resource implications of the initiatives mentioned above is:

(i) Education and information campaigns - all the evidence suggests the campaigns of this kind are of limited effectiveness unless sustained over a period of years. The Department of Health and Social Security and the Welsh Office have found some £2 million to finance the campaign in the current financial year. Similar sums will be needed in succeeding years if the impetus is to be maintained. Similarly, some £350,000 or more a year would be needed to continue the Scottish campaign.



(ii) Customs resources - there are no plans at present to announce further increases in Customs staff, but, for illustrative purposes, the costs of employing another 100 officers would be approximately £2 million per year. More public investment will be required (£1.5m a year for three years) above the existing Customs and Excise PES provision for the development of new detention equipment.

(iii) Police enforcement - until the ACPO Working party has reached its conclusions the Home Office is unable to predict what proposals will be forthcoming or what the resource implications will be. Although the working party was given a remit by the 1984 ACPO Drugs Conference to develop recommendations on a 'nil net overall cost' basis, with any changes being effected by the redeployment of existing resources by chief officers, certain recommendations may nevertheless have resource implications.

(iv) Treatment and rehabilitation facilities - improvements to services would have implications for health authorities (and for other statutory and voluntary services). DHSS, in conjunction with other Departments, are considering various options for further stimulating service development, including in particular their expenditure implications.

(v) Local inter-agency co-ordination and co-operation - any central Government role might require additional funds.

(vi) Action by the education service - given the size of the education service, even a low-key (but comprehensive) approach on the lines proposed in paragraph 15 would cost some £5 million a year - a sum



which could not be found from within existing resources. The Scottish proposals would also require additional resources of up to £500,000 a year.

(vii) International assistance - any increase in the amount of UK drug-related assistance would need to be of the order of £1 million or more (spread over 3 or 4 years).

18 There are also outstanding recommendations by the Advisory Council on the Misuse of Drugs on the security of controlled drugs in hospital pharmacies, chemists' shops and the premises of dispensing doctors. Implementation of the recommendations might cost perhaps £15 million in England, and Departments' view is that the actual seriousness of the problem does not at present warrant central government expenditure of that order.

#### Summary and conclusions

19 H Committee is invited to note:

(i) the assessment that the incidence of drug misuse (especially of heroin) has continued to increase and that this trend is likely to be maintained (paragraphs 2-4 and 7);

(ii) the progress made in developing the Government's strategy for tackling the problem (paragraphs 5-6 and the annex);

(iii) the issues which the Ministerial Groups intends to examine in



the next few months and on which it will make a substantive report to H Committee in the summer (paragraphs 7-16); and

(iv) the potential resource implications of current, and possible new, initiatives (paragraphs 17-18).

March 1985



Prime Minister

PRIME MINISTER

Thank you  
and

The Home Secretary is preparing a minute to you about his further plans in the drug abuse field

DAILY MIRROR - DRUGS

This note summarises your discussion with Robert Maxwell yesterday over hard drugs.

FRB  
28.3

Mr Maxwell began the conversation by urging you to appoint a Ministerial supremo, with a small executive to spearhead a real drive against the menace of drug abuse in this country.

He recognised your reluctance to appoint Ministers for such specific tasks but argued that the menace of drugs was so great that exceptional action needed to be taken - and to be seen to be taken in this highly visible way.

The threat was not simply to the drug taker, or prospective addict; the drug scene represented a threat to the very fabric of our society. Britain was blessed among nations because of its relative freedom from corruption, but the money available for corruption in the drugs world was phenomenal. Already, he claimed, police and Customs Officers were being corrupted - though he offered no evidence.

When I asked him if he proposed to expose this corruption, Mr Maxwell said it was difficult, but if necessary his newspapers would.

The Mirror has, of course, conducted investigations into the drug scene and has exposed the use of pubs in London - and Joe Haines yesterday especially mentioned South London - where drug pushing regularly took place.

Mr Maxwell said he had specifically charged Sir Tom McCaffery, his Head of Public Affairs, to handle this

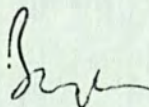


subject and liaise with the relevant Departments. Sir Tom said that the autonomy of individual departments and lack of liaison between them, remained the problem it was when he served in the Home Office.

Mr Maxwell's case for a Supremo was, however, predicated more on the need to defend and save the uniqueness of British society from the inevitable corruption that drugs would bring than on the need either for better coordination within Government or for the rescue of addicts.

He indicated that the Mirror Group would greatly welcome legislation which would provide for the confiscation of the proceeds of drug crime.

Sir Tom McCaffery agreed to send a report to you this week, and reaffirmed his intention to do so before I left.



BERNARD INGHAM  
28 March 1985



Prime Minister

Mr. Addison - to see  
cf. PL p.c. or drugs file.  
MWA 2/1

24 MARCH 1985



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# THE SUNDAY TIMES

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## Heroin fight foiled by Pakistan

by Simon Freeman

WESTERN EFFORTS to stem the flow of heroin from Pakistan, which provides 80% of the heroin sold in Britain, Europe and the United States, are being wrecked by corruption within the Pakistan government and narcotics agencies.

An investigation in Pakistan and Britain by The Sunday Times has discovered that:

- Drug smugglers convicted by Pakistan courts are still operating openly after bribing police.
- There are growing heroin-addiction problems among Pakistan's narcotics agencies, including key airport security officers. The Pakistan government is now sending officers to

hospitals for checks to see if they are addicts. Some officers are going to doctors privately and offering bribes to be cured.

- Regular payments are made by drug dealers to Pakistan narcotics officers. In Karachi, a heroin market is thriving under police protection.

This news comes as the heroin crisis in the West grows steadily more serious, despite the successes of narcotics agencies in seizing heroin shipments. A national survey of the drug crisis in Britain, due to be published in two months' time, is expected to show a sharp increase in Britain's addict population. The extent of the problem and its growing

threat was first revealed in a series of articles in The Sunday Times last year.

In Pakistan, however, Western narcotics and intelligence officials admit that corruption is a serious obstacle to their efforts to halt the traffic in heroin. They are becoming increasingly frustrated at the failure of the Pakistan government to tackle the problem.

They told The Sunday Times that Pakistan would remain a main exporter of heroin until the local narcotics agencies were cleaned up. One official said: "The scale of the problem is immense. The Pakistan law enforcement agencies are not interested in anything except

making money out of drugs. A lot of people here are making a fortune."

Another official said: "Very few big people in the heroin business are ever arrested here. And if they are, then they buy their freedom. We can't even give the narcotics agencies here information from our head offices without being sure they won't sell it to the drug dealers."

There are signs that Western patience with the Pakistani authorities is running out. The Americans, who plan to give more than \$3m in aid to the Pakistan narcotics agencies next

year, say they are not satisfied with their performance.

"We think the government of Pakistan should pay more attention to the work of the narcotics agencies," said Don Yellman, from the State Department's bureau for narcotics matters. "Law enforcement could be improved. We would like to see Pakistan's concern about drugs translated into action against the major traffickers."

Yellman said that American economic and military aid to Pakistan - the current package totals \$3 billion - was dependent on the country "making

satisfactory progress" in fighting drugs. He added that "narcotic task forces" set up in Pakistan and funded by America "had not distinguished themselves making arrests". He said: "The major dealers are not being convicted."

The flood of heroin from Pakistan led to narcotics agents from Britain, the United States, Australia, Norway, Holland and West Germany being posted there. The Americans plan to increase the number of their Drug Enforcement Agency officers from 11 to 14. A senior officer from British customs is currently visiting Pakistan and is likely to request that one or two more officers are sent to back up Michael Stephenson,

the customs officer who has been in Karachi for a year.

The presence of Western narcotics officers has undoubtedly meant that more heroin is seized in Europe and America. "Since I've been here there has been information which has helped make seizures in the UK," said Stephenson. "In that respect we have had success. How much success? It's too early to say."

But the work of the Western agents is being undermined. Pakistan customs, police and intelligence officials admit that drug dealers paid huge, regular bribes to local narcotic agencies to ensure the safe shipment of heroin or to guarantee they were not arrested.

There are regular seizures of heroin in Pakistan but Western officials say leading dealers are never caught. They also believe much of the seized heroin is resold by local narcotics officials. Even Pakistan officials admit that "big fish are never caught".

The arrest in Karachi last month of Mushtaq Malik, nicknamed the Black Prince because he owned a bullet-proof black Cadillac and alleged to be one of the world's richest heroin barons, does not, according to Western officials, signify a new crackdown on the smugglers. They say Malik was only arrested because he insulted a senior army officer.

continued on page 2





# THE SUNDAY TIMES

## HEROIN

*continued from page 1*

Other smugglers remain free. One man, sentenced by a military court last September to three years for drug smuggling, is living openly in an exclusive part of Karachi. One police officer said: "There's no harm in telling you. Other agencies know where he is. He must be paying them a lot of money. The bastard never paid me."

Another police officer said: "I saw him the other day. I tried to catch him but could not. I would have got a lot of money from him for letting him go."

At Sohrab Goth market in Karachi, heroin is sold openly despite the presence of traffic and other police. Several police officers said that raids on the market had been banned. "We are told that we have to consult the local people before we raid it," said one police officer.

The heroin trade has brought a new crisis to Pakistan. There were few heroin addicts there in 1980. It is now estimated that there are between 200,000 and 500,000 and the number is rising. The addict population includes growing numbers of narcotics officials.

One doctor told The Sunday Times: "We are getting heroin addicts from the customs, excise and airport security. The government is very worried. It is very sensitive. Out of 40 airport security people sent to me for screening 30 were heroin addicts. You can imagine the magnitude of the problem".

● Four Britons have been arrested in Bogota, Colombia, on charges of planning to ship £70m worth of cocaine to Britain. The men were named by Colombian police as William David Chapman, Peter David McNeil, Michael Frederick Rolfe and Anthony Henry Lavene.



PRIME MINISTER

CF

BF 27/3 pl.

MEET 25/3

H Committee: Drugs Abuse

H Committee meet on Monday to discuss the interim report of the Ministerial Group on Drugs Misuse. You had a word today with Hartley Booth about this, and his note is attached. Policy Unit advice is that the Ministerial Group should be encouraged to consider new penalties for drug dealers.

Kenneth Clarke, in his Conference speech last year on drugs abuse, committed the Government to introducing legislation to provide for the confiscation of the proceeds of crime. This is the change the Policy Unit have in mind. I have checked with the Home Office, and the Home Secretary's aim is to introduce legislation, probably in the Criminal Justice Bill for 1986/87, though it may be possible to move sooner. They will soon be bringing the matter to H.

This Government commitment clearly goes beyond the scope of the discussions in the drugs Group, though it has particular relevance to the Group's area of concern. It will be important to ensure, in presenting Government policy on drugs abuse, that the special relevance of these new sentencing provisions are emphasised.

Content therefore that there is no need to speak to the Lord President on Monday morning, but that I should note the appropriate point on presentation after H have discussed?

Mark Addison

Yes and

Home office re wite, so  
answer the minute.

29/3

22 March, 1985.



CONFIDENTIAL

PRIME MINISTER

22 March 1985

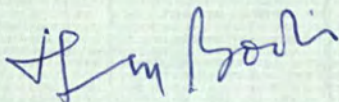
DRUG REPORT

The Report by the Ministerial Group on the misuse of drugs sets out action so far. In the annex, it lists its strategy. There is a glaring omission, namely, no reference is made to the need for new penalties against drug racketeers.

The Home Office does accept the need for new powers to seize the assets of drug Barons. Such will put the onus on the dealers to prove that their property, and their families' and associates' was not gained from drug peddling.

Consequently, it is most surprising that this is not within the strategy of this Committee. It is essential, if the public are to find our policy against drugs to be credible, and, if we are to persuade the international drug merchants to leave the UK, that we include this element in the strategy.

We recommend you request on this minute that the Private Office makes your feelings clear to the Lord President's office before H on Monday morning.

HARTLEY BOOTH

CONFIDENTIAL



E.P.  
Prime Minister<sup>(2)</sup> To note Policy Unit news. I have passed your point about the health education film to DSS.  
22 February 1985  
DAB 28/2  
DAB 22/2

CONFIDENTIAL

PRIME MINISTER

PREVENTION OF DRUG MISUSE

On 27 February, the Ministerial Group on the Misuse of Drugs will alert the parents and children to the risks of drug taking. The graph of the increase of addiction which looks like the face of Mount Everest (attached) will frighten the public.

There are three unresolved issues:

1. Leading the young

The Committee says that the young should be given a "positive alternative" to drugs. What is it? Can we not harness the churches, and seek the assistance of the Royal Family. Lord Young's group is there to offer hope for the teenager: we need to present a strong line on this issue.

2. The need to gather information better

A clear decision is needed as to whether this is a police matter or a customs matter. Our enforcement overseas is little more than one man in Pakistan, another man in the Hague and a deadlock between the FCO and the Home Office as to whether to put one man in South America. By contrast, America has 130 foreign drug agents in 42 centres. We desperately need more information from the sources of drugs, particularly

CONFIDENTIAL



concerning South American cocaine. Can't we redeploy some of our strengthened police force to tackle this issue?

3. Illicit Profit

It is vital that British criminal law can lay its hands on the money made by the world drug emperors. International action is needed. We should seek the International enforcement of financial penalties for drug offences including criminal bankruptcy. The European Convention on the International Validity of Criminal Judgements, 1970 shows the way.

Conclusion

The US have spent more than \$4 billion on drugs programmes without great effect. So Government money is not the solution.

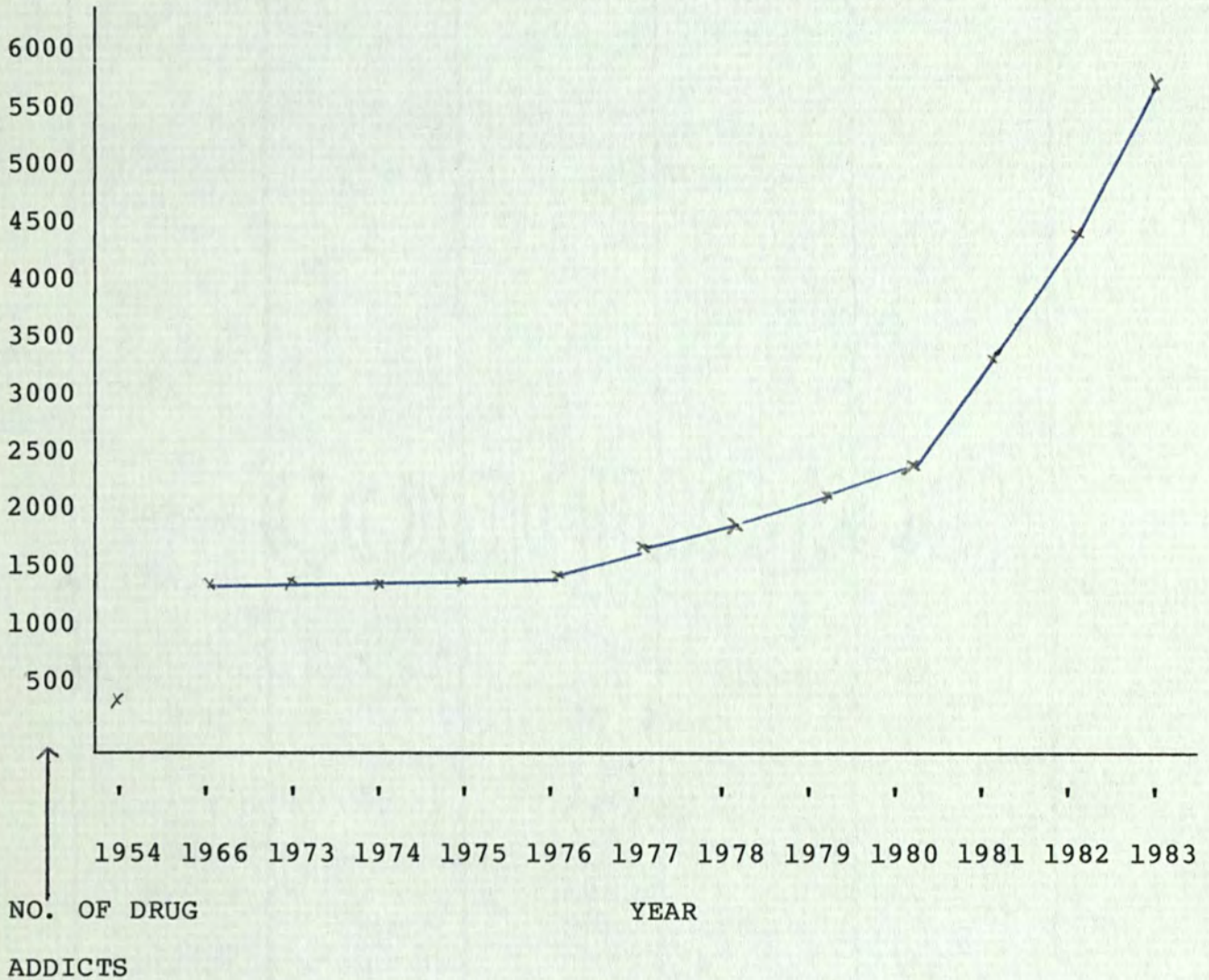
We recommend the Committee proceed. Our criticisms relate to a) a positive alternative for the young, b) the need for more police effort and c) the need for international action against big drug rings.

*AScola*

PP HARTLEY BOOTH



REGISTERED DRUG ADDICTS (BEING PROBABLY  
10% OF THE TOTAL IN ANY YEAR)





Long House

F. B. I.



1000





JA  
26

10 DOWNING STREET

*From the Private Secretary*

22 February 1985

**PREVENTION OF DRUG MISUSE**

Thank you for your letter of 18 February, which the Prime Minister saw on her return from Washington.

The Prime Minister has taken note of the arrangements you are making for a campaign of information and education about drug abuse. She is generally content with these, although she was surprised to see that a health education film for young people is described as only a "possibility". She would have thought that such a film would be one of the main ingredients of a preventive campaign.

(David Barclay)

Ms. Jane McKessack,  
Department of Health & Social Security.





Why only the possibility  
of a health ed'n film - I  
should have thought  
it one of the  
most important  
things.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Parliamentary Under Secretary of State for Health

Prime Minister (4)

To be aware.

DHB  
18/2  
18. 2. 85

David Barclay Esq  
Private Secretary  
10 Downing Street  
Whitehall  
London SW1

Dear David,

PREVENTION OF DRUG MISUSE

As it is likely to attract substantial publicity in the next few weeks, you may find it useful to have a notice on preventive activities on which DHSS is taking the lead under the auspices of the Ministerial Group on the Misuse of Drugs (MGMD). John Patten is the Minister in the lead on drugs issues in this Department.

As you will know, MGMD was established in July last year and meets more or less monthly with Mr David Mellor MP as Chairman. Mr Patten regularly attends with junior Ministers from DES and SHHD and officials from the Welsh and Northern Ireland Offices.

In his speech to Party Conference last October, the Minister for Health, Mr Kenneth Clarke MP announced that this Department would be mounting a campaign of information and education directed at young people and parents. On 27 February at a press launch in Admiralty House, likely to be attended by the Home Secretary and the Secretaries of State for Education and Science and for Scotland, our Secretary of State will announce the first fruits of that campaign in England and Wales -

i. Leaflets for parents

DHSS has produced 3 leaflets for parents: a short one for all parents; a rather longer one for those who may be anxious their children are taking drugs; and a factual leaflet for those who need more detailed information.

ii. TV fillers

Two TV 'filler' films have been produced and will be given their first public airing at the 27 February launch.

iii. Information and education campaign

The campaign proper will start in mid-March with newspaper advertisements to publicise the availability of the leaflets and to alert professions. This



will be preliminary to the launch in the second half of April of the campaign targetted at young people. In order to be effective in a very sensitive area the campaign has had to be very carefully researched at each stage. The Yellowhammer Co Ltd are handling the campaign for the Department on the basis of qualitative research by Andrew Irving Associates at the end of last year and further research and evaluation this year.

iv. Related DHSS initiatives

Other DHSS initiatives which may also receive a mention at the 27 February launch - though not directly related to the information campaign - are the production of a video training package for professionals (along the lines of the Department's award winning solvent misuse film, "Illusions") and the possibility of a health education film for young people for exhibition in venues such as schools and youth clubs.

Treatment and Rehabilitation

The notes above have concentrated on DHSS led preventive activities but Mr Patten is continuing to encourage improvements in treatment and rehabilitation by for example -

- vigorously following up with health authorities our request for all districts to plan appropriate services based on a realistic survey the scale of the problem in their areas.
- continuing the £10 million "pump priming" programme for services
- issuing guidance on treatment which has been sent to all doctors in the country by the Chief Medical Officer.

In summary then, our immediate timetable looks like this:

<u>27 February:</u>	press launch
<u>mid-March:</u>	newspaper advertisements to publicise the Department's leaflets for parents and to alert professionals to the forthcoming campaign for young people
<u>end of April:</u>	start of DHSS education and information campaign for young people.

I hope you will find this information useful. If you require anything further please do not hesitate to get in touch.

Yours ever  
Jane

JANE MCKESSACK  
Private Secretary



010



Nicky

~~SEN~~

Can you look  
all this down to  
one page or will  
points

HOME OFFICE  
QUEEN ANNE'S GATE  
LONDON SW1H 9AT

Mr Fletcher <sup>of</sup>

29 October 1984

To be aware.

Dub  
30/10

Dear David

.. I am enclosing a copy of a briefing pack on drug misuse which Mr Mellor asked officials to prepare.

Its purpose is to provide a convenient "aide-memoire" of the Government's strategy and of points which he can draw on it presenting the Government's policies. The intention is to up-date it from time to time by circulating pages for substitution.

.. Mr Mellor thought Ministers in other Government Departments with a direct interest in the subject of drug misuse might also find it helpful to have a copy of the briefing pack. I am, therefore, sending it, with a copy of this letter to those on the attached list.

yours sincerely

STEVEN W DAVIDSON  
Private Secretary

David Barclay Esq  
No 10 Downing Street



LIST OF RECIPIENTS

Lord President

The Rt Hon Viscount Whitelaw

Department of Health and Social Security

The Rt Hon Norman Fowler MP  
Tony Newton Esq OBE MP  
Kenneth Clarke Esq QC MP  
Ray Whitney Esq MP  
John Patten Esq MP  
Lord Glenarthur

HM Treasury

The Rt Hon Nigel Lawson MP  
The Rt Hon Peter Rees MP  
Ian Stewart Esq MP  
Barney Hayhoe Esq MP

Department of Education and Science

The Rt Hon Sir Keith Joseph MP  
Robert Dunn Esq MP  
Peter Brooke Esq MP

Welsh Office

The Rt Hon Nicholas Edwards MP  
John Stradling Thomas Esq MP  
Wyn Roberts Esq MP

Department of the Environment

The Rt Hon Patrick Jenkin MP  
Kenneth Baker Esq MP  
Ian Gow Esq MP  
Neil MacFarlane Esq MP  
Sir George Young MP  
The Hon William Waldegrave MP  
Earl of Avon

Scottish Office

The Rt Hon George Younger MP  
The Rt Hon The Lord Gray of Contin  
John MacKay Esq MP  
Allan Stewart Esq MP

Northern Ireland Office

The Rt Hon Douglas Hurd MP  
Rhodes Boyson Esq MP  
Nicholas Scott Esq MBE MP  
Christopher Patten Esq MP  
The Earl of Mansfield



MISUSE OF DRUGS

MINISTERIAL BRIEFING PACK:

Contents

1. The Government's strategy.
2. Scale of the problem.
3. Reducing supplies from abroad: international efforts.
4. Tighter domestic controls on drugs.
5. Enforcement (Customs and Police).
6. Deterrence.
7. Treatment and Rehabilitation.
8. Prevention.



. The Government's strategy

(i) To curb drug misuse by simultaneous action on five main fronts:

- (a) reducing supplies from abroad
- (b) tighter controls on drugs produced and prescribed here.
- (c) policing
- (d) deterrence
- (e) treatment, rehabilitation, and prevention.

(ii) Since June 1984 the main responsibility for developing and co-ordinating this policy has rested with the interdepartmental Ministerial Group on the Misuse of Drugs, whose terms of reference are:

To develop the Government's strategy for combatting the misuse of drugs of addiction and to oversee its implementation, having particular regard to:

- (a) The development of proposals for the more effective implementation of that strategy;
- (b) priorities for the allocation and deployment of resources in the various preventive, treatment and other services which play a part in countering drug misuse;
- (c) the arrangements within and outside government for the co-ordination, development and enforcement of policy on drug misuse;
- (d) to make such recommendations from time to time as seem to be appropriate.



'iii) The following Departments are represented at Ministerial level on the Group: Home Office (Mr Mellor, Chairman), DHSS (Mr Patten), DES (Mr Dunn), Scottish Office (Mr Ancram or Mr MacKay), DoE (Sir George Young). HM Customs and Excise, the Northern Ireland Office and the Welsh Office are represented at official level.

(iv) The Ministerial Group is giving top priority to considering enforcement and prevention.

(v) The work of the Ministerial Group complements that of the Advisory Council on the Misuse of Drugs, a distinguished body of experts from outside government which advises the Government and generally undertakes longer-term studies. Recent reports from the Advisory Council have been on the subjects of prevention, treatment and rehabilitation and the security of controlled drugs.



.. Scale of the problem

1983 Statistics

(a) Seizures

(i) total drug seizures (26,200) up 21% on 1982, the largest percentage increase for several years.

(ii) there were twice as many seizures of heroin in 1983 as in 1982, and the total amount seized increased by 26%.

(iii) five times as much cocaine was seized as in 1982.

(b) Offences

(iv) 23,300 persons were found guilty or cautioned for offences involving controlled drugs: an increase of 15%.

(v) 3,300 people were convicted of trafficking offences: 50% more than in the years 1976-78.

(vi) two-thirds of those convicted of trafficking offences were given custodial sentences.

(c) Notifications

(vii) the total number of addicts notified during 1983 (5,850) was up 42% on 1982 - the largest ever percentage increase.

(viii) the total number of addicts known to the Home Office was over 10,000. Research suggests that the true figure may be five times higher.



(x) numbers of new addicts (4,200) were up 50% on 1982 and the proportion of those aged under 21 increased from 16% in 1980 to 21% in 1983.

(x) numbers of renotified addicts (1,700) were up 27% on 1982, and the proportion of those aged under 25 rose by 4%, reversing a previously downward trend.

(xi) heroin, alone or with other drugs, was the drug of addiction for 85% of all addicts reported in 1983. This compares with a figure of 60% during the years 1973-1978.

#### Other indicators

(i) Street price of heroin has remained stable, or has fallen, since 1979. The real price has therefore dropped substantially.

(ii) The purity of street-level heroin is high (40 to 50%).



j. Reducing supplies from abroad: international efforts

- (i) £1 million pledged to the UN Fund for Drug Abuse (UNFDAC) in April 1984 to help the Pakistan Government eradicate opium poppy cultivation.
- (ii) £180,000 to UNFDAC in 1983/84 to help strengthen law enforcement in Pakistan.
- (iii) £100,000 a year to UNFDAC for its general programme, together with practical assistance.
- (iv) The UK is an active member of the UN Commission on Narcotic Drugs, which oversees the operation of the UN Conventions and the development and implementation of the international drugs strategy.
- (v) The UK is a member, and presently holds the chair of, the Council of Europe Pompidou Group which studies the problems of abuse and trafficking from a multi-disciplinary point of view.
- (vi) Senior Customs officer posted to Karachi to improve operational intelligence.
- (vii) Senior police officer posted to Amsterdam for intelligence-gathering purposes.
- (viii) Bilateral assistance to law enforcement agencies in producer/transit countries, including expert advice and training.



4. Tighter domestic controls on drugs

(i) In April 1984 dipipanone (Diconal) was made subject to the same licensing restrictions on prescribing as heroin and cocaine.

(ii) The DHSS Medical Working Group is considering the ACMD's recommendation that licensing restrictions should be extended to all opioid drugs.

(iii) DHSS to issue guidelines at the end of October 1984 to doctors on good clinical practice in the treatment of drug misusers. Similar action to be taken in Scotland and Wales.

(iv) Action taken against doctors for irresponsible prescribing. Directions prohibiting prescribing issued in respect of 3 doctors in 1983, 1 so far in 1984. Other proceedings in progress, and several doctors warned as to the prescribing practices.

(v) Barbiturates, with a number of other drugs, to become controlled drugs under the Misuse of Drugs Act 1971 on 1 January 1985.

(vi) Urgent study underway of the ACMD report on security (published November 1983) which recommended that present safe custody regulations be revoked and replaced with a set of guidelines based on professional ethics.

(vii) Decision taken to ratify the UN 1971 Convention on Psychotropic Substances. Consultations now taking place on changes necessary to domestic legislation.



5. Enforcement (Customs and Police)

A. Customs

- (i) 212 kilos of heroin seized in 1983 (40 kilos in 1979).
- (ii) 231 kilos of heroin seized in the first 8 months of 1984 (200 persons arrested in connection with these seizures, 60 of whom were organisers or principals).
- (iii) 5 times as much cocaine seized in 1983 as in 1982.
- (iv) Doubling of the number of specialist drugs investigators over the last 5 years.
- (v) Recruitment in 1984 of a further 60 uniformed officers, partly to combat drug smuggling.
- (vi) Mr Clarke announced at Conservative Party Conference that 100 new posts were to be provided to fight drug smuggling.
- (vii) Senior Customs officer posted to Karachi to improve operational intelligence.
- (viii) Additional Customs staff for CDIU (Central Drugs Intelligence Unit).
- (ix) SCPS claims about loss of Customs' effectiveness based on incorrect figures.



B. Police

- (i) Over 23,000 successful prosecutions for drugs offences in 1983, an increase of 15% over 1982.
- (ii) 20% increase in 1983 in successful prosecutions for "trafficking" offences.
- (iii) Police seizures of heroin doubled in 1983 (20.3 kilos against 10.3 kilos in 1982).
- (iv) Senior police officer posted to Amsterdam for intelligence-gathering purposes.
- (v) ACPO working party currently examining the nature of the police structures in England and Wales concerned with drugs investigations.
- (vi) Regional Crime Squads are devoting an increasing proportion of their time to drugs investigations. The Scottish Crime Squad spends over 70% of its time on drug-related work.
- (vii) From 1 November 1984, all police forces in England and Wales to have specialised drugs units. 5 out of the 8 Scottish forces have specialised drugs squads; in the other 3 there are officers charged with special responsibility for the collation and dissemination of drugs intelligence.
- (viii) The Metropolitan Police diverted 50 more men to drugs investigations in 1984.
- (ix) Strathclyde Police drugs squad recently increased by 50% (from some 20 to 30 officers).
- (x) HM Chief Inspector of Constabulary has written to chief constables in England and Wales to stress the priority which Government expects them to give to tackling



drug abuse. HMCIC for Scotland regularly discusses problem with Scottish  
chief officers.



6. Deterrence

(i) Parole for drug traffickers sentenced to more than 5 years' imprisonment has now been severely restricted by the Home Secretary.

(ii) Legislation in this Parliament for England and Wales to deprive drug traffickers of the proceeds of their crimes. Matter to be referred to Scottish Law Commission.

(iii) Legislation in this Parliament to raise from 14 years to life imprisonment the maximum penalty for trafficking in Class A drugs.

(iv) Lord Chief Justice issued guidelines on sentencing in Aranak case: 12 to 14 years' imprisonment for importers of Class "A" drugs worth £1m +.



7. Treatment and Rehabilitation

- (i) ACMD's report on treatment and rehabilitation published in December 1982.
  
- (ii) Mr Fowler announced in April 1983 £6m central funding initiative over 3 years to pump-prime drug misuse projects. £1½ m over 3 years allocated in Scotland for similar purposes, providing support for 13 projects.
  
- (iii) A further £1m announced in July 1984.
  
- (iv) 81 projects, at a total cost of £5.1m already approved, (details in Annex A).
  
- (v) Merseyside is receiving over £300,000.
  
- (vi) London and surrounding areas is receiving over £1½ million.
  
- (vii) Mr Clarke announced at Conservative Party Conference that £5m more is to be provided to expand efforts in prevention, treatment and rehabilitation.
  
- (viii) DHSS circular to health authorities in June 1984. Circular says  
(a) Ministers regard improvement of services of the highest priority (b) health authorities must review situation in their areas, and report back by the end of 1984 on the scale of the problem and their plans for tackling it. Similar action taken by the Welsh Office.
  
- (ix) DHSS funding for voluntary projects concerned with drug misuse virtually doubled since 1979/80. (List in Annex B attached).



8. Prevention

(i) ACMD report on prevention published in June 1984. Extensive consultation undertaken on its recommendations.

(ii) Ministerial Group urgently carrying forward the report's recommendations.

(iii) Home Secretary has assumed specific responsibility for co-ordination of prevention policy.

(iv) Mr Clarke announced at Conservative Party Conference that Government has decided to mount a major <sup>education and</sup> prevention campaign aimed at parents and young people.

(v) Mr Clarke announced at Conservative Party Conference that extra £5m is to be provided to expand efforts in prevention, treatment and rehabilitation. Scottish Ministers considering increase in the allocation of £1½ m over three years announced in April 1984.



## DHSS CENTRAL FUNDED INITIATIVE: ALLOCATION OF GRANTS

HEALTH AUTHORITY	DESCRIPTION OF PROJECT	£
<u>NORTHERN REGION</u>		
East Cumbria HA	Walk-In Centre	75,800
Newcastle HA	Extension of services at Drug Dependence Unit	122,520
South Tyneside HA	Community Psychiatric Nursing Team	103,413
<u>YORKSHIRE REGION</u>		
Leeds Western HA	Community Based Drug Addiction Service	80,663
<u>TRENT REGION</u>		
North Lincolnshire HA	Information gathering and co-ordination.	18,500
Nottingham HA	Outpatient/Community Centre	127,180
<u>EAST ANGLIAN REGION</u>		
East Anglian RHA	Part-time clinic in Norwich	91,636
Cambridge HA	Street based Clinic for Young Drug Misusers	186,202
<u>NORTH WEST THAMES RHA</u>		
North West HA	Drug Education and Screening Services	16,877
Hillingdon RHA	Educational/Preventative Programme	109,555
Ealing HA	Drug Screening, Analytical Equipment	23,173
Paddington and North Kensington HA	Therapy Service for Drug Misusers and Families	126,505
Hammersmith and Fulham HA	Drug Screening Services	18,309
<u>NORTH EAST THAMES REGION</u>		
City and Hackney HA	Extension of existing services	37,800
Bloomsbury HA	Nurse Training Course	51,399
Bloomsbury HA	Local Routine Monitoring System (North London)	62,633
Barking, Havering and Brentwood HA	Local Back-up Service to existing Central Clinic	48,000
Southend HA	Multi-disciplinary Team	120,200



HEALTH AUTHORITY	DESCRIPTION OF PROJECT	£
<u>SOUTH EAST THAMES REGION</u>		
Brighton HA	Drug Screening Service	12,023
Bromley HA	Information gathering - Assessment of district needs	43,400
Lewisham and North Southwark HA	Drug Screening Analytical Equipment	20,551
West Lambeth HA	Drug Screening Service	18,541
The Bethlem Royal Hospital and The Maudsley Hospital	Drug Screening Equipment	8,700
<u>SOUTH WEST THAMES REGION</u>		
Mid-Downs HA	Counselling, treatment and education service	55,833
Kingston and Esher HA	Extension of existing services (ie additional staff) at walk-in clinics	24,600
Wandsworth HA	Multi-disciplinary Team	181,812
<u>WESSEX REGION</u>		
East Dorset	Drug Screening Service	18,200
Portsmouth and SE Hants HA	Community Treatment Day Centre	114,595
Isle of Wight HA	Walk-in Centre	77,438
<u>OXFORD REGION</u>		
Oxford RHA	Outreach work and prevalence study	38,400
<u>WEST MIDLANDS REGION</u>		
Coventry HA	Drug Problem Team	119,665
Worcester and District HA	Drug Problem Team	79,725
West Birmingham HA	Nurse Training Course	43,530
Walsall HA	Advisory and Follow-up Service and assessment of District Needs	101,600
Wolverhampton HA	New Treatment Clinic	32,602
<u>MERSEY REGION</u>		
Mersey RHA	Micro-computer for Drug Dependency Unit	7,900
Halton HA	Strengthening of existing Out Patient Clinic	61,400
Wirral HA	New Detoxification and Withdrawal Unit	109,173



HEALTH AUTHORITY	DESCRIPTION OF SERVICE	£
<u>NORTH WESTERN RHA</u>		
North Western RHA	Strengthening of existing Regional Service	190,992
North Western RHA	Nurse Training Course	96,000
Lancaster HA	Information gathering - assessment of District needs	34,000
<u>SOUTH WESTERN RHA</u>		
Frenchay HA	Drug Treatment Centre - Bristol	104,600



VOLUNTARY ORGANISATIONS

VOLUNTARY ORGANISATION	DESCRIPTION OF PROJECT	£
Barnet Borough Voluntary Services Council	Non Residential Community Support Programme	121,555
Blenheim Project	Street Agency Equipment - West London	8,464
Bournemouth and District Drugs Advisory Service	Information/Administration Centre	73,867
Bournemouth Project	Meta House (Short Stay Rehabilitation Service) - improvement of existing facilities	38,500
Bradford Independent Drug Guidance	Advisory, Counselling and Referral Service	135,000
City Roads (Crisis Intervention)	Short Stay Residential Unit - furniture and equipment - Central London	13,945
Coke Hole Trust	Rehabilitation Services - equipment and minibus - Hampshire	14,565
Community Drug Project	Street Agency - removal expenses to new premises - South London	8,885
Elizabeth House Association	Rehabilitation Services - equipment - West London	3,380
Esher Association for the Prevention of Addiction	Advisory/Education Service	79,339
" " "	Equipment	4,352
" " "	Strengthening of existing rehabilitation services	7,432
" " "	Rehabilitation services - furnishings and equipment	7,768
Hertfordshire and Bedfordshire Standing Conference on Drug Misuse	Advisory and Counselling Service	43,200
Institute for the Study of Drug Dependence	National Library and Information Service - purchase of new premises	209,490
" " "	Equipment and production of education leaflet	14,950
Inward House	Expansion of existing rehabilitation services - Lancaster	32,560
Leatherhead and District Association for the Prevention of Addiction	Expansion of existing counselling/education/monitoring of prevalence service	9,500
Ley Community	Rehabilitation Service - minibus - Oxfordshire	4,900



VOLUNTARY ORGANISATION	DESCRIPTION OF PROJECT	£
Merseyside Drugs Council	Counselling/Advisory/Development Services - Wirral	71,274
" " "	Counselling/Advisory/Development Services - St Helens	62,023
NACRO	Training Development Unit - Manchester	118,534
"	Equipment for Training Courses in North East England	3,030
"	Training Development Unit - South West England	116,844
Operation Concern	Yeldall Manor Rehabilitation Service - upgrading of building - Reading	53,000
" "	Yeldall Manor Rehabilitation Service - micro-computer and minibus - Reading	17,176
Phoenix House	Rehabilitation Service - furniture and equipment - South London	12,837
Phoenix House	Rehabilitation Service- Sheffield	123,031
Standing Conference on Drug Abuse	National Resource agency and advisory service - equipment	8,263
Stevenage Drug Liaison Group	Advisory, Support and Out-Reach Service	43,000
TRANX	Self-Help Group - Tranquilliser Misuse - Harrow	53,600
	Advisory/Self-help service - Tranquilliser Misuse - Northampton	29,892
Turning Point	Birmingham Drugline - Telephone Advice Service	69,120
" "	Sheffield Drugline - Telephone Advice Service	93,720
" "	Equipment for workers evaluating existing Turning Point Initiative Projects	8,696
" "	Suffolk House Rehabilitation Service - repairs - Slough	2,000
" "	West Midlands Development Project Initiation of low-cost volunteer run counselling services	48,540
" "	Hungerford Drug Project Training Package - Central London	52,110
" "	ROMA Rehabilitation Service - upgrading of building - Harrow	128,000



Pg 6002

SECTION 64 GRANTS TO VOLUNTARY ORGANISATIONS - MISUSE OF DRUGS

	1979/80 £	1980/81 £	1981/82 £	1982/83 £	1983/84 £
Blenheim Street Agency	-	2,500	7,600	7,600	7,600
City Roads Crisis Intervention	65,110	90,000	66,500	92,804	57,200
Coke Hole Trust	-	-	8,000	-	-
Community Drugs Project	-	6,800	5,300	5,300	5,300
Cranstoun Hostel	-	-	9,750	3,770	-
Elizabeth House Association	-	3,000	-	10,500	6,750
Hertfordshire Standing Conference on Drug Abuse	-	3,100	-	1,700	-
Institute for the Study of Drug Dependence	60,000	75,420	115,710	143,000	140,600
Standing Conference on Drug Abuse	39,000	48,000	53,800	60,000	70,000
Turning Point -					
i. Headquarters*	40,732	30,000	36,000	50,000	63,085
ii. Hungerford Day Centre for Addicts	-	6,870	12,700	12,700	16,153
iii. ROMA Hostel	6,000	20,000	32,000	45,800	32,976

TOTAL £ 210,000 approx.

£ 399,000 approx

\*The grant to Turning Point for Headquarters Expenses also covers the organisation's administrative expenses in providing services for alcohol misusers.



30 OCT 1984

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WBPm

JW

Treasury Chambers, Parliament Street, SW1P 3AG

Rt Hon Leon Brittan QC MP  
Secretary of State  
Home Office  
50 Queen Anne's Gate  
London SW1H 9AT

9 October 1984

Dear Home Secretary

**DRUG MISUSE**

Thank you for sending me a copy of your letter to the Prime Minister of 28 September. I have also seen a copy of your minute of 5 October.

2 On the question of numbers of Customs officers, Barney Hayoe and I were in the course of reviewing the manpower plans for Customs and Excise for 1985-86 and subsequent years. We had already agreed that the Department's manpower allocation should be increased by a total of 185 over the previously planned level for 1985-86. This will include 160 posts allocated to the field of customs preventive controls. 100 will be new posts for boosting controls in the fight against drug smuggling and will be used in the areas most likely to yield results, for example by increasing Customs' intelligence efforts and improving their selective controls. The balance of 60 posts will be used to make permanent an allocation which Customs made temporarily for 1984-85, as a result of one year's slippage of other requirements, for the enhancement of preventive control of passengers and freight.

3 I agree that Kenneth Clarke should refer specifically to these 160 posts in his speech to the Party Conference. In order to set this announcement in the context of overall Customs numbers we shall parallel it on Wednesday with a Treasury press release which will give our decision in full.



CONFIDENTIAL



4 As to the proposals in paragraphs 4 and 5 of your letter, the additional costs would fall on the health programme. I would expect Norman Fowler to find the additional costs within agreed allocations, as he has already agreed to do on the cash-limited part of his programme.

5 I am copying this letter to the Prime Minister and to Keith Joseph, George Younger, Nicholas Edwards, Norman Fowler. Douglas Hurd, Kenneth Clarke and Sir Robert Armstrong.

*Yours sincerely*

*Richard Braddock*

for PETER REES

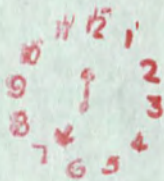
*[Approved by the Chief Secretary]*

CONFIDENTIAL



HOME Affairs: Drugs Dec 82

9 OCT 1984







EOB

NBPM  
dr.

PRIME MINISTER

DRUG ABUSE

We now have an attractive package of solid proposals for Ken Clarke to announce to the Party Conference. I am most grateful to you and colleagues for your co-operation in making this possible.

I am, though, anxious that, after so much work, our proposals should receive the maximum favourable publicity.

This means that they should be kept entirely confidential until their disclosure in Ken's speech; that all relevant Departments' press officers should adopt a coherent line in briefing; and that full explanation of the measures should be made to the press at Brighton. The second and third of these are fully in hand. Ken is ensuring co-ordination of briefing. There is to be a joint press conference by Ken and David Mellor after Ken's speech. It is, therefore, all the more important to ensure that the substance of Ken's announcements on sentencing, police, customs officers, treatment, security and publicity is in no way pre-empted by announcements or leaks before he stands up to speak on Wednesday. I am sure that you and colleagues will agree about the importance of this.

I am copying this minute to Nigel Lawson, George Younger, Nicholas Edwards, Norman Fowler, Douglas Hurd, Keith Joseph, Peter Rees, Kenneth Clarke and Sir Robert Armstrong.

L.B.

5 October 1984





ccno

**DEPARTMENT OF HEALTH AND SOCIAL SECURITY**  
Alexander Fleming House, Elephant & Castle, London SE1 6BY  
Telephone 01-407 5522

*From the Minister for Health*

The Rt Hon Nigel Lawson MP  
Chancellor of the Exchequer  
HM Treasury  
Parliament Street  
LONDON  
SW1P 3AG

5 October 1984

*Dr. [unclear]*

*H  
shw*

**DRUG ABUSE**

You will by now have seen the correspondence between the Prime Minister and Leon Brittan on drug abuse, in connection with the speech that I will be making at Party Conference.

The package of announcements that the Prime Minister has endorsed includes the proposal that the Government intends to make available more Customs staff to reinforce controls to prevent drug smuggling. I understand that Treasury Ministers have agreed this measure.

My speech stresses the action that every part of the Government is taking to cover every aspect of the problem. It would look rather odd if the Treasury content was lacking and your announcement was made elsewhere, in a speech on the economy. I can assure you that this is not an attempt on behalf of DHSS Ministers to take over Customs and Excise! My speech will use a phrase such as "Nigel Lawson has asked me to say that he will today etc ...". Leon has adopted this approach in suggesting to the Prime Minister that his Home Office announcements should be part of a statement of the Government's total policy. I would be grateful for your support.

I am copying this to the Prime Minister and Leon Brittan.

*[Handwritten signature]*

KENNETH CLARKE



Home Affairs

Dec 82

Drug Abuse





~~CCNO~~

DEPARTMENT OF EDUCATION AND SCIENCE

ELIZABETH HOUSE YORK ROAD LONDON SE1 7PH

TELEPHONE 01-928 9222

FROM THE SECRETARY OF STATE

Rt Hon Leon Brittan QC MP  
Home Secretary  
50 Queen Anne's Gate  
London SW1H 9AT

NBPm

dc 4/10

4 October 1984

*Dear Leon,*

DRUG ABUSE

I see from the No 10 letter of 3 October that the Prime Minister has welcomed your proposal to announce and design an effective publicity campaign.

I would continue to urge you however to allow some room for manoeuvre in the announcement in case the market research should show that a publicity campaign might do more harm than good.

I am copying this to the Prime Minister and Norman Fowler.

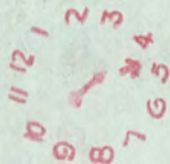
*Ernest. Keir*



Home Affairs Dec 84

Drug Abuse

4 OCT 1984





BEMACO.

c. O. Letwin



10 DOWNING STREET

*From the Private Secretary*

3 October 1984

The Prime Minister has now seen the Home Secretary's letter of 28 September about drug abuse. She very much welcomes the proposals set out in the letter including the proposal to announce and design an effective publicity programme. The Prime Minister also welcomes the proposal by the Secretary of State for Education and Science set out in his minute of 1 October that teachers in particular should be trained to recognise and help children at risk. She believes that the package of proposals which has been developed will be an effective response to the understandable concern about drug abuse which is likely to be expressed at the Party Conference, and she commends those who have been involved in drawing them up.

I am copying this letter to Margaret O'Mara (HM Treasury), Elizabeth Hodgkinson (Department of Education and Science), John Graham (Scottish Office), Colin Jones (Welsh Office), Steve Godber (Department of Health and Social Security), Graham Sandiford (Northern Ireland Office), Richard Broadbent (Chief Secretary's Office, HM Treasury), Stephen Alcock (Kenneth Clarke's Office, Department of Health and Social Security) and Richard Hatfield (Cabinet Office).

(Timothy Flesher)

Nigel Pantling, Esq.,  
Home Office

A handwritten signature in the bottom right corner of the page.



Y SWYDDFA GYMREIG

GWYDYR HOUSE

WHITEHALL LONDON SW1A 2ER

Tel: 01-233 3000 (Switsfwrdd)  
01-233 7448 (Llinell Union)

*Oddi wrth yr Is-Ysgrifennydd Seneddol*



WELSH OFFICE

GWYDYR HOUSE

WHITEHALL LONDON SW1A 2ER

Tel: 01-233 3000 (Switchboard)  
01-233 7448 (Direct Line)

*From The Parliamentary Under-Secretary*

NBPM  
W

PRIME MINISTER

DRUG MISUSE

In Nicholas Edwards' absence abroad, I have seen a copy of the Home Secretary's minute of 28 September and of the Education Secretary's minute of 1 October.

Nicholas has of course been involved in the development of policy described in the Home Secretary's minute because of the Welsh Office's responsibilities for the health, social services and education aspects of drug misuse problems in the Principality. We certainly share the view of colleagues that firm action is needed and that it needs to be taken as quickly as possible. We have such action in hand.

Like Keith Joseph, however, we want that action to be effective and I am bound to say that we share his reservations for the same reasons about an open-ended commitment to a costly publicity campaign. The fundamental messages can still be got across to the conference, and in my view we could save ourselves considerable embarrassment later.

Copies go to Keith Joseph, Leon Brittan, Nigel Lawson, Geoege Younger, Norman Fowler, Douglas Hurd, Peter Rees, Kenneth Clarke and to Sir Robert Armstrong.

3 October 1984

WYN ROBERTS



*Dwyf*



WELSH OFFICE  
GWYBYR HŴS  
WHITEHALL LONDON SW1A 2ER  
Tel 01 233 3000 (switchboard)  
01 233 07233 (Direct Line)  
Fax 01 233 3000

Y SWYDFA CYMRIG  
GWYBYR HŴS  
WHITEHALL LONDON SW1A 2ER  
Tel 01 233 3000 (switchboard)  
01 233 07233 (Direct Line)  
Fax 01 233 3000

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- 3 OCT 1984

CONDENSATOR



Prime Minister

The Home Secretary's minute is at flag A; Sir Keith at flag B. I agree with Oliver letwin: this is a positive response for the Home

Secretary in an area  
2 October 1984 which the

MR FLESHER

DRUG ABUSE

Government was becoming vulnerable to criticism. Respond as proposed?

Yes mb

The Home Secretary's minute is most encouraging. He and his special adviser, Robin Harris, have used the Prime Minister's letter to spur officials into action, and it now appears that Ken Clarke will have something substantial to announce at the Conference.

JF

2/10

Keith Joseph's suggestion that teachers and others should be trained to spot and appropriately deal with drug-users is also a step in the right direction. But it does not need more money: the small amount of time and effort required by local authorities and teacher training colleges could easily be accommodated within existing budgets.

The only contentious issue is the proposed 'publicity campaign'. The Home Office want market research to design an effective campaign, whereas the DES want market research to find out whether a campaign would be effective. So far as we can see, this is an exercise in self-parody by the DES. If you want to achieve results, you obviously start by asking how to do something properly, and give up only if you cannot devise a solution.

We recommend that the Prime Minister should reply to the Home Secretary, thanking him warmly for his response and backing all his proposals, including the intention to announce and design an effective publicity programme, but adding support for Keith's wish to train schoolteachers.

Oliver Letwin.

OLIVER LETWIN





CCNO  
QUEEN ANNE'S GATE LONDON SW1H 9AT

28 September 1984

Dear Prime Minister,

Thank you for your letter of 13 September about drug abuse. I greatly welcome your interest and support.

Soon after my appointment I decided that the political and social consequences of the increasing level of drug abuse - particularly heroin - were such that a coherent strategy, publicly explained, was required to tackle it. Since then, with assistance from Keith Joseph and Norman Fowler, we have been working to develop a Government-wide approach. Because I was not satisfied with the pace at which progress was being made, I asked David Mellor to chair an inter-departmental Ministerial Working Group to come up with firm proposals in each relevant area of Government responsibility.

..... This Group has already done much valuable work. I am enclosing a note which summarises our strategy and the main measures which we have already taken or which are in hand. Geoffrey Howe's minute of 21 September has, of course, highlighted the action we are taking in the international field. It is now more important than ever that the Group should keep up the momentum.

Ken Clarke's speech at the Party Conference provides an opportunity and a challenge. We have responded by accelerating our consideration of the key issues. It is essential that Ken should have solid announcements to make. I welcome the urgency with which colleagues have treated this, and am prepared to chair any meeting required in order to reach agreement on matters which remain outstanding. I should, of course, make it quite clear that extra resources will be required if these announcements are to be made and the momentum of our efforts sustained.

I propose that Ken Clarke should be able to make the following announcements.



## 1. SENTENCING

I have already announced parole changes which will enhance the effect of sentences imposed on the worst drug traffickers. I have also announced our intention to legislate on the forfeiture of the proceeds of crime, something very relevant to drug trafficking.

But I think that we should now go further. I have considered the fact that the Lord Chief Justice has called for long prison sentences for drug traffickers. I have also re-examined the sentencing practice of the courts in such cases. I now propose that Ken Clarke should announce our intention to legislate as soon as possible (the Criminal Justice Bill I propose to introduce next year will provide a vehicle) to increase the maximum penalty from 14 years to life imprisonment for offences of drug trafficking in Class A drugs. This should signal to all concerned the seriousness with which we view this crime.

## 2. POLICE

ACPO have not moved as far and as fast as we would wish to step up their efforts to deal with drug trafficking. My officials are pressing them urgently on their plans, although you and colleagues will well understand the importance of avoiding strains on our relationship with Chief Constables at this time. I hope that Ken may be able to announce some welcome changes. In any case, we will provide examples of police activity and successes which can be used in the speech.

## 3. CUSTOMS

Customs and Excise play a vital role in intercepting supplies at the ports. But we are certainly vulnerable here. The amount of drugs targeted on this country has increased considerably. But the number of customs officers has fallen by over ten per cent. The number of specialist customs investigators has increased since we took office but we remain open to the criticism that it should be made much harder to smuggle drugs into the country. I am certainly not convinced that we need hundreds more uniformed officers deployed at major ports. But it seems clear to me that without some additions to Customs manpower our efforts to tackle other aspects of the drug problem will be severely weakened. I therefore propose that Ken Clarke should announce



at Brighton that, in addition to the 60 extra staff who are being temporarily deployed this year, we intend to make more Customs staff available to reinforce their controls to prevent drug smuggling. It would clearly be for Treasury Ministers and the Board of Customs to determine the exact numbers needed and their deployment. But I would like Ken to be able to be as forthcoming as possible about what is planned.

#### 4. TREATMENT AND DRUGS SECURITY

I would like to see Ken Clarke announce extra resources for the Health Departments for treatment and rehabilitation and for the security of controlled drugs. The £7 million DHSS central funding initiative for treatment and rehabilitation has provided an invaluable stimulus for many worthwhile projects. But it has been heavily over-subscribed; and treatment facilities throughout the country cannot cope with the pressures of a growing addict population. Moreover, implementation of last year's report by the Advisory Council on the Misuse of Drugs on security is being held up because of the costs of improving security at retail pharmacies and at hospitals. Early progress is required on both. I believe that we will be strongly criticised if no announcement of new money is made for treatment and security.

#### 5. PUBLICITY CAMPAIGNS

We must do all that we can to prevent young people from experimenting with dangerous drugs. David Mellor's Group has been giving the highest priority to working out proposals for getting that message over to both parents and young people. There are dangers in a generalised, undirected campaign. We have to devise the right messages for the right target audiences. There is still more work to do. But I believe that Ken Clarke should announce at the Conference that we are committed in principle to a major new initiative in this area and are commissioning market research to advise on messages, context and targets. This could be linked with other initiatives which are already being worked up on the health education front. I am told that the cost of undertaking a properly targeted campaign might be of the order of £2 million.



I realise that any proposals requiring extra resources come at a particularly difficult time. Some of these proposals affect other Departments. I must look to them to say to what extent increased expenditure to combat drug misuse can be offset by reductions elsewhere. Between now and the Conference colleagues and I will firm up these proposals and discuss their financial implications. I am sure, however, that the time has passed when we were able to push forward a defensible but limited policy without the need to incur much by way of significant expenditure. The scale of the problem has escalated beyond this. So has public concern about it. There is no reason to believe that the worst is behind us. The Party and the general public expect action; Ken Clarke's speech is an opportunity to make clear that action is in hand.

As regards Ken Clarke's speech itself, I have asked my special adviser and officials here to provide the fullest possible assistance.

I am copying this letter to the recipients of yours and to Ken Clarke.

Yours,  
C. Clarke



DRUG MISUSE

AN OUTLINE OF THE GOVERNMENT'S STRATEGY

POLICY

To curb drug misuse by simultaneous action on five main fronts:

- \* reducing supplies from abroad;
- \* tighter controls on drugs produced and prescribed here;
- \* policing;
- \* deterrence;
- \* treatment and prevention.

Co-ordination of policy through David Mellor's Ministerial Group on the Misuse of Drugs.

SPECIFIC MEASURES ALREADY TAKEN

reducing supplies from abroad

- (i) additional £1m to aid eradication of poppy cultivation in Pakistan.
- (ii) senior Customs officer posted to Karachi to improve operational intelligence.
- (iii) senior police officer posted to the Hague.
- (iv) number of Customs specialist heroin investigators doubled since 1979.
- (v) 60 more uniformed Customs officers being appointed, partly to combat drug trafficking.



- (vi) announcement of intention to ratify UN Convention on Psychotropic Substances 1971.

tighter controls on drugs produced and prescribed here

- (i) introduction of licensing restrictions on the prescribing of dipipanone (diconal).
- (ii) control of barbiturates under the Misuse of Drugs Act 1971 (from 1 January 1985).
- (iii) action against doctors last year for irresponsible prescribing.
- (iv) consultations completed on report by Advisory Council on the Misuse of Drugs on the security of controlled drugs. It is hoped to make an announcement shortly.

policing

- (i) ACPO working party established with Home Office encouragement and support to examine the case for setting up regional drug squads.

deterrence

- (i) introduction of restrictions on parole for drug traffickers sentenced to five years or more imprisonment.
- (ii) legislation promised in this Parliament to deprive drug traffickers, amongst others, of the proceeds of their crime.

treatment and prevention

- (i) publication of reports by Advisory Council on the Misuse of Drugs on treatment and rehabilitation and on prevention. (Comments are being provided by a wide range of interested and responsible bodies as part of an extensive consultation exercise on this report).



- (ii) £7m allocated over 3 years for pump-priming of local treatment and rehabilitation services.
- (iii) Regional Health Authorities have been asked to give the highest priority to services for drug misusers and to report back by the end of the year on the action they are taking.
- (iv) guidelines being prepared for the medical profession on good clinical practice.

September 1984



Home Affairs Dec. 82

Drug Abuse.

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- 1 OCT 1984



PRIME MINISTER

DRUG MISUSE

1. The Home Secretary sent me a copy of his minute of  
28 September.

2. I agree with him that we must now act firmly. But the action needs to be effective. I support all his proposals except that we should now commit ourselves in principle to an initiative which is bound to be interpreted as a publicity campaign. Like him, I favour market research, but its purpose should be to help us decide whether such a campaign is likely to do more good than harm. At present we do not, in my view, understand the problems sufficiently to be reasonably confident on this score.

3. But I do believe that, for the substantial expenditure entailed in a publicity campaign, we could mount a worthwhile campaign via the local authorities and others to mobilize, and equip with the requisite knowledge and training, those parents, teachers, youth workers and all others, to whom the children and young people at risk look for guidance and who are best placed to make an impact on them at the point of risk.

4. I am copying this minute to Leon Brittan, Nigel Lawson, George Younger, Nicholas Edwards, Norman Fowler, Douglas Hurd, Peter Rees, Kenneth Clarke and to Sir Robert Armstrong.

K

/ October 1984



HOME AFFAIRS · Drugs

Dec 82

1 OCT 1984

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SECRETARY OF STATE  
FOR  
NORTHERN IRELAND

The Right Hon Margaret Thatcher MP  
Prime Minister  
10 Downing Street  
Whitehall  
LONDON  
SW1A 2AL

NORTHERN IRELAND OFFICE  
WHITEHALL  
LONDON SW1A 2AZ

BIF with other responses  
AT 28/9

27 September 1984

Dear Prime Minister,

DRUG MISUSE

You sent me a copy of your letter of 13 September to Leon Brittan on this matter.

The indications are that the misuse of drugs in Northern Ireland is much less prevalent than in other parts of the United Kingdom. We are not, however, complacent about the position and will continue to monitor the situation closely. Accordingly a Northern Ireland Committee on Drug Misuse is in the process of being established, the functions of which will be to monitor and assess the effectiveness of existing services, to suggest preventive measures and to encourage their promotion in the field of health education.

We are also keeping abreast of developments in Great Britain and a senior official from the Department of Health and Social Services in Northern Ireland (which takes the lead responsibility on matters relating to drug misuse in the Province) is a member of David Mellor's Ministerial Group.

I am copying this letter to Geoffrey Howe, Nigel Lawson, Leon Brittan, George Younger, Norman Fowler, Keith Joseph and Sir Robert Armstrong.

Younger,  
Doyler.

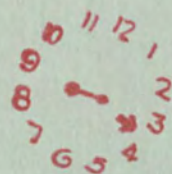


HOME AFFAIRS: Drugs  
Dec '82

MINISTER OF HOME AFFAIRS  
100 WATERLOO STREET  
OTTAWA, ONTARIO  
K1P 5K1



28 SEP 1982







FCS/84/257

Prime Minister <sup>(2)</sup> a AB  
 JT  
 2119

HOME SECRETARYDrug Abuse

1. I have seen a copy of the Prime Minister's letter of 13 September to you on this subject.
2. In addition to the efforts required domestically to combat the problems of drug abuse, there is also of course an international dimension. Any statement at the Party Conference could usefully highlight our present efforts internationally to stem the supply of drugs at source and to clamp down on trafficking.
3. We could say that the UK is a member of, and plays an important role in, the major international forum on drug trafficking and abuse - the UN Commission on Narcotic Drugs, on which the producer countries are also represented. The Commission helps the governments of these countries to promote alternative crops and improve their law enforcement effort against growers and traffickers.
4. We also contribute to the UN Fund for Drug Abuse Control (UNFDAC) which cannels aid into worthwhile projects. In April this year, we pledged £1 million to the Fund's continuing programme for crop substitution and rural development projects in the poppy growing areas of Pakistan. Pakistan has been identified as the source of over 80 per cent of the heroin seized in the UK and in addition to our pledge to the Fund a British Customs Officer has been appointed to the Consulate-General in Karachi to liaise with the Pakistan authorities.

/ 5. We are





5. We are also at present considering how the unspent balance of the £180,000 we gave to UNFDAC last year should be spent. Cyprus, Turkey and Jamaica are the most likely recipients since drugs from all three countries are increasingly finding their way into the UK.

6. We also participate in the Council of Europe Pompidou Group which studies the problems of drug abuse and illicit trafficking in narcotics from a multi-disciplinary point of view.

7. As your officials know, the Community may become more active in this field. It has been suggested that the People's Europe ad hoc group should consider the scope for Community action on drugs problems. More recently the Commission has included aspects of drug abuse in suggestions for further Community action in the area of public health.

8. Bilaterally we have assisted President Reagan's efforts in tackling the drug problem by cooperating fully with the US drug enforcement agencies' efforts in the Caribbean. This was most notably seen in the recent agreement between the United States, the United Kingdom and the Cayman Islands to allow access to documentary information in the Cayman Islands relating to offences connected with the traffic in narcotics. This example and others will of course be well known to your Department.

9. I am anxious that we should do all we can to cooperate as effectively as possible with other countries which face the same problems. If you see a gap in the present international arrangements that needs to be filled, or if you see a need to give special and practical impetus to work in hand, perhaps through joint action by the Economic Summit countries, please let me know.



CONFIDENTIAL



10. I am sending copies of this letter to the Prime Minister and to Nigel Lawson, George Younger, Norman Fowler, Keith Joseph, Douglas Hurd and to Sir Robert Armstrong.

A handwritten signature in black ink, appearing to be 'G. Howe', written in a cursive style.

GEOFFREY HOWE

Foreign and Commonwealth Office  
21 September 1984

CONFIDENTIAL



HOME WORKS  
Long House  
Dec 82



21 SEP 1984



SUBJECT

q/t to keep



FILE

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cc: WA  
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CO

10 DOWNING STREET

cc Mr. Chace. free

THE PRIME MINISTER

13 September 1984

M9/84

Dear Leon,

DRUG ABUSE

I know that like me you are very concerned about the alarming trends in drug abuse which have recently come to the forefront of public attention. I know, too, that David Mellor is doing valuable work on this problem, through the inter-departmental group which he chairs.

You will I am sure have seen that there is a resolution on drug abuse down for debate at the Party Conference. The purpose of this letter is simply to stress that in my view we urgently need a positive, coherent and effective response to what has become widely felt and justifiable public concern. I think we need to examine carefully, but quickly, what can be done not just in the field of law and order, but also through determined action in schools, the health service and the social services.

I should find it extremely helpful to see as soon as possible an outline of the sort of statement which you and other Ministers concerned think we could make at Brighton, together with your assessment of present trends and counter-measures.

BT

67



I am sending copies of this letter to Geoffrey Howe,  
Nigel Lawson, George Younger, Norman Fowler, Keith Joseph,  
Douglas Hurd and to Sir Robert Armstrong.

Y  
Lawson  
Rogers  

---

The Rt Hon Leon Brittan, QC, MP,





10 DOWNING STREET

From the Private Secretary

Prime Minister (3)

GR  
for despatch per  
with copies to  
MA and JR.

Drugs

DWS  
13/9


You wanted to write yourself in  
order to keep up the momentum  
in Departments.

I attach a draft letter to  
the Home Secretary.

DWS  
12/9



(1)

PRIM  MINISTER

The Policy Unit, with an eye to the Party Conference, are concerned about lack of progress on drugs.

They may well be right. But I am not sure that the meeting which they suggest is necessarily the best way of taking things forward. You will want to avoid undermining the work being done under David Mellor's Chairmanship.

If you agree, I might

- ✓ (i) register with Departments your concern that the Government should have a coherent and effective set of proposals to put forward;
- ✓ (ii) invite the Policy Unit to pursue their specific proposals with officials.

Content?

*Yes*

*ONS*

11 September 1984

*I think it would be better if I signed a "Stiletto" letter - the policy unit paper reveals such an appalling position that we can't wait a moment longer*



MR BARCLAY

11 September 1984

DRUGS

Drug abuse is now a major political issue. The Guardian has run exposés; Mr Meacher is making a tremendous amount of political capital; and huge shipments of cheap narcotics are entering the country from Afghanistan and elsewhere.

Drugs are, indeed, so cheap that they are being bought by large numbers of schoolchildren. And there are signs that teachers are either incapable of preventing abuse, or are positively encouraging it. The problem is particularly acute in inner cities such as London and Liverpool: our contacts in Liverpool suggest that teachers may well be selling drugs there; and the Evening Standard recently reported a case in which a teacher appears to have sold a fatal dose of LSD to a pupil in London.

It is both morally and politically necessary for the Government to respond quickly and effectively. Obvious measures include:

- i. Tough speeches. (Leon Brittan's address to the London Diplomatic Association in December was a start; but much more of this sort is needed.)
- ii. A new initiative to make drugs a priority for the police force. (At present, the Metropolitan Police



drug squad has only about 70 officers, and only 38 of these are full-time drug-chasers.)

- iii. New measures to improve co-operation between police and Customs & Excise. (There is a danger of the buck being passed back and forth between these two groups.)
- iv. A new sentencing policy, which includes measures enabling the police to seize the money made by convicted "pushers".
- v. A new "shock-horror" campaign for schoolchildren, using the really nasty American films that put children off drugs. (Any false sentimentality from DES about the "unpleasantness" of such films should be ignored.)
- vi. A new campaign to train teachers in the art of countering drug abuse. (Most teachers probably do not know how to spot an addict, and may enable "pushers" to get away by making the wrong moves when they do discover malpractice; cheap training sessions for inner city schoolteachers might bring about a dramatic improvement; a unit of 10 experts seconded from within existing DHSS and Home Office pay rolls ought to be able to cover all inner-city secondary schools in a year.)



These ideas are not surprising or original. The Home Office has, in fact, been considering many of them for some time. But the two committees chaired by David Mellor on juvenile crime and drug abuse have not yet produced any answers. When the issue of drugs comes up in the juvenile crime committee, one is told that this is a matter for the drugs committee. And the drugs committee has yet to report.

If something is not done between now and the end of September, Ministers will be in serious difficulty at the Party Conference. A motion has been laid down requesting "Her Majesty's Government to take immediate steps to eliminate drug and solvent abuse". That debate will be a disaster if the Government cannot produce a headline-catching announcement of new measures before or during the Conference.

We recommend that the Prime Minister should hold a meeting urgently with Leon Brittan, David Mellor, Norman Fowler, Keith Joseph and Geoffrey Howe, to ensure that there is action before the Conference.

*Oliver Letwin*

OLIVER LETWIN



PETER SHIPLEY





CCND

nbpm  
2MB  
29/6

Treasury Chambers, Parliament Street, SW1P 3AG

The Rt Hon Leon Brittan QC MP  
Home Secretary  
Home Office  
50 Queen Anne's Gate  
LONDON SW1

29 June 1984

*Dear Leon,*

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: PREVENTION REPORT

I have seen a copy of your letter dated 12 June addressed to Norman Fowler proposing to set up an inter Departmental group under David Mellor for co-ordinating and developing policies for combatting drug abuse, and I am writing to express our support for this development. HM Customs and Excise will be represented either by their Deputy Chairman, Lewis Hawken or their Customs Director, Norman Godfrey and I shall attend exceptionally if the need arises.

Given the level of understanding, goodwill and co-operation that already exists and upon which the group will be able to build I would not expect to see any move to cut across existing Departmental responsibilities but nevertheless I endorse your clearly expressed view that public and Parliamentary accountability must be safeguarded.

One point which should perhaps be mentioned is that your announcement will probably be seized upon by Customs trade unions and their supporters as a justification for their demands for large increases in staff to combat drug smuggling.

I am copying my letter to the recipients of yours.

BARNEY HAYHOE



Home Affairs Dec 82

Drug Abuse





SCOTTISH OFFICE  
WHITEHALL, LONDON SW1A 2AU

cc 10

1/2 pm  
20/6  
29/6

The Rt Hon Leon Brittan QC MP  
Secretary of State for the Home Department  
Home Office  
Queen Anne's Gate  
LONDON  
SW1H 9AT

28 June 1984

Dear Sir,

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: PREVENTION REPORT

Thank you for sending me a copy of your letter and enclosures of 12 June to Normal Fowler about the arrangements for the publication of the report on prevention of drug abuse.

I am entirely content with the announcement you propose to make about this, and in particular with your proposal to set up an inter-departmental group of Ministers and officials under David Mellor's chairmanship.

Because of the increasing incidence of drug misuse in Scotland, and the range of services for which I am responsible in Scotland, I am particularly keen that the Scottish Office should participate in this group at Ministerial level, and I should like to nominate John MacKay as our representative. I propose that he should be accompanied by a senior Scottish Office official who would be designated when we see what topics are to be discussed.

I am sending copies of this letter to the recipients of yours.

Yours sincerely,

George



HOME AFFAIRS (Drug Abuse) Dec 1982

28 JUN 1984

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5 6 7 8 9 10 11



Y SWYDDFA GYMREIG  
GWYDYR HOUSE  
WHITEHALL LONDON SW1A 2ER  
Tel. 01-233 3000 (Switsfwrdd)  
01-233 6106 (Llinell Union)



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27/6*

WELSH OFFICE  
GWYDYR HOUSE  
WHITEHALL LONDON SW1A 2ER  
Tel. 01-233 3000 (Switchboard)  
01-233 6106 (Direct Line)

*Oddl wrth Ysgrifennydd Gwladol Cymru*

The Rt Hon Nicholas Edwards MP *From The Secretary of State for Wales*

27 June 1984

*Dear Leon*

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: PREVENTION REPORT

Thank you for copying to me your letter of 12 June to Norman Fowler.

I am content with the action you propose upon the publication of the report. In particular I welcome the establishment of the Interdepartmental Group of Ministers and Officials under David Mellor's chairmanship. I agree that a senior Welsh Office official should be this Department's normal representative, but I would like to keep open attendance by either me or (more probably) Wyn Roberts if matters of particular importance or relevance for Wales crop up.

We are already undertaking a major exercise, co-ordinated locally by the health authorities, to establish the extent and nature of the drug misuse problem across the Principality and to co-ordinate efforts to tackle it. I expect this to come to a head in the Autumn and this should enable us to make a useful contribution to the work of the Group.

I am content with the terms of your proposed PQ and Answer and the terms of reference for the Working Group.

I am copying this letter to those who received yours.

*Leon  
Nij*

The Rt Hon Leon Brittan QC MP  
Secretary of State for the Home Department



Home Affairs Dec 1982

Drug and Solvent Abuse

27 JUN 1984

MR 1 2 3  
4 5 6 7 8





CCNO

FCS/84/182

HOME SECRETARY

Wbyam  
2/16

Advisory Council on the Misuse of Drugs: Prevention Report

1. Thank you for sending me a copy of your letter of 12 June to Norman Fowler. I should like FCO officials to join the inter-departmental group on drugs on any occasion when it proposes to consider measures of international co-operation, such as the work of the UN drug bodies, UK aid or co-operation with other governments on drug questions.
  
2. I have no comments on either the draft Parliamentary announcement or the terms of reference enclosed with your letter.
  
3. I am sending copies of this minute to the recipients of yours.

GEOFFREY HOWE

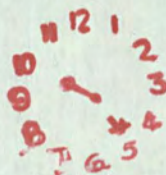
Foreign and Commonwealth Office  
21 June, 1984



Home affairs 12182  
Drug abuse



22 JUN 1984







- MR SIBSON
- MISS LONDON
- MR CAFFAREY
- MR PARTRIDGE ~~MR FANKWILF~~
- MR HEAD
- MR MOWER
- MR EMES
- MR NAGLER
- MR T MORRIS
- MR R HARRIS

pa  
DMS  
18/6

QUEEN ANNE'S GATE LONDON SW1H 9AT

12<sup>th</sup> June 1984

1) Mr Fletcher 2) Prime Minister (4)

To be aware of this proposal  
for new inter-departmental  
machinery on drugs.

DMS  
14/6

*[Handwritten signature]*

2 Nov

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: PREVENTION REPORT

I wrote on 19 April to you and to other colleagues most directly concerned about the arrangements for the publication of the report on prevention of drug misuse which the Advisory Council on the Misuse of Drugs has recently completed. We have now had a meeting to discuss the issues raised in this report, and I have also had a brief discussion with Keith Joseph.

Following those discussions, and taking into account the comments which other colleagues have made in correspondence, I am now circulating a draft announcement. The prevention report is due to be published in the week beginning 25 June and, subject to any comments which you or other colleagues may have, I propose to make my announcement (in the form of a written answer to an arranged Parliamentary Question) on the day of publication.

One of the major recommendations of the report is that I should assume responsibility for the co-ordination of drug prevention policy. The Home Secretary has traditionally had the leading role in respect of Government action to tackle drug misuse, and it could be argued that in its report the Advisory Council is seeking to do no more than confirm this. It seems clear, however, that the Council would like me to develop a more positive role in prevention policy, even though this might well cut across existing departmental responsibilities. I believe that this would be undesirable both in terms of public and Parliamentary accountability and as regards relationships with health and local authorities who are responsible for the provision of services. Nevertheless I shall clearly be expected to respond positively to this recommendation, and would wish to do so.

In my view, the way in which the drug problem in this country is developing has made it imperative that we should be able to demonstrate that all the various strands of our strategy for tackling drug misuse are being brought together effectively. We are seeing a most worrying increase in addiction to hard drugs which is, rightly, a cause of increasing public concern. We will come under increasing pressure to tackle more directly a problem which many people will argue demands very urgent action. This is not, of course, something which can be dealt with overnight. But we are, in my view, very vulnerable to the criticism that responsibility for the various remedial measures - whether in the field of interception of supplies, enforcement, prevention, treatment or education - is at present too widely diffused within Government for any overall strategy to be effective. The existence of the Advisory Council on the Misuse of Drugs, helpful though it is in providing expert advice, does not meet this criticism. We both agree that what is needed is efficient machinery which will enable us, on an interdepartmental basis, to look at the effectiveness of our existing policies on combatting drug misuse, to monitor the implementation of those policies, to develop proposals for any new measures that may seem necessary, and (a matter to which I attach particular importance) co-ordinate the approach of the various Departments and agencies.

/Following our

The Rt Hon Norman Fowler, MP



Following our meeting, I have been further considering how we might fill this gap. In the light of this, I now propose to announce the setting up of an Inter-Departmental Group of Ministers and officials, under David Mellor's chairmanship, which would bring together and develop the various strands of our policy to combat drug misuse. I attach a note setting out possible terms of reference for the group.

I am very grateful for your ready agreement that John Patten should assist David Mellor as a member of the group. The other Departments most directly concerned with the likely work of the group are Customs and Excise and DES, and I would expect that, for the most part, it will be convenient for them to be represented by senior officials. But if Nigel Lawson and Keith Joseph agree, I should be grateful if they could each nominate a colleague to attend meetings of the group as the need arises. Subject to the views of other colleagues, I suggest that the remaining departments with an interest (including the Foreign and Commonwealth Office, the Scottish Office, the Northern Ireland Office and the Welsh Office) might normally be represented by senior officials. Although I do not intend to make an announcement about the terms of reference and membership of the group, I should of course, give details if asked.

I would hope that the group would be able to hold its first meeting soon after my Parliamentary announcement and get down to its work as a matter of urgency. Once the group has made some progress and has something to report, I think it might well be useful to arrange a wider discussion of our strategy - perhaps in H. I think both you and Keith Joseph also attach importance to this and I hope that such a meeting will be possible before too long.

I am copying this letter and enclosures to the Prime Minister for information. I am also copying them to all members of H Committee, to Geoffrey Howe and to Sir Robert Armstrong.

Lawson,  
Joseph



E.R.

sum DB?

## DRAFT ARRANGED QUESTION ON THE PREVENTION REPORT

To ask the Secretary of State for the Home Department when he expects to publish the report of the Advisory Council on the Misuse of Drugs on prevention; and if he will make a statement

## DRAFT REPLY

I am publishing this report today. Copies are available in the libraries of both Houses and are being sent to a wide range of statutory and voluntary bodies, inviting them to comment on its conclusions and recommendations.

The Government welcomes this report; and is grateful to the Council for its careful study of a difficult and growing problem which is a matter of increasing public concern. The Government fully shares this concern, and the report's recommendations - which are concerned primarily with ways of preventing drug misuse through the provision of information and education - represent a most valuable contribution to its strategy for tackling drug misuse. This strategy is based on measures to stem the flow of illicit drugs into this country in co-operation with producer and transit countries, to provide for effective enforcement of and adequate deterrents in the law, and to make available help and guidance to those who are misusing or are tempted to misuse drugs.

The Government is therefore taking immediate steps to implement the Council's major recommendations. We accept in particular its basic conclusion that there is a need for more effective broadly-based programmes which will provide information about drugs and their



E.R.

effects and have the positive aim of promoting healthier lifestyles. Education of the young must be a priority; but help and guidance must also be made more readily available to those who may be able to influence the young, whether parents, teachers, youth workers or other professionals.

The Government's strategy - of which follow-up action on this report forms an essential part - covers a wide range of Departmental interests. I have, therefore, decided, following consultations with my rt hon Friends, to set up an inter-departmental group of Ministers and officials under the Chairmanship of my hon Friend, the Parliamentary Under Secretary of State, ~~at the Home Office~~ (Mr Mellor). The task of this group will be to develop the Government's overall strategy for combatting drug misuse and to oversee its implementation, having particular regard to the priorities for the allocation and deployment of resources and the co-ordination of the work of the various central and local agencies, both statutory and voluntary. As a matter of urgency, the group will put in hand the work needed to carry forward the recommendations contained in the Advisory Council's report on prevention, taking into account comments on the report as they become available.



## INTER-DEPARTMENTAL GROUP ON DRUGS

Proposed Terms of Reference

To develop the Government's strategy for combatting the misuse of drugs of addiction and to oversee its implementation, having particular regard to:

1. The development of proposals for the more effective implementation of that strategy;
2. priorities for the allocation and deployment of resources in the various preventive, treatment and other services which play a part in countering drug misuse;
3. the arrangements within and outside government for the coordination, development and enforcement of policy on drug misuse;

And to make such recommendations from time to time as seem to be appropriate.



SPEECH ON TACKLING DRUG ABUSE GIVEN TO THE LONDON DIPLOMATIC ASSOCIATIONN  
ON 14 DECEMBER 1983 BY THE RT. HON. LEON BRITTAN QC., MP, SECRETARY OF  
STATE FOR THE HOME DEPARTMENT.



I want to speak today about a subject for which I have a considerable degree of Departmental responsibility, but which is also of the greatest international concern. I hope that by sharing my thoughts with you today it may be possible to further international understanding and co-operation in this area. The subject I have in mind is tackling drug abuse.

In a whole series of areas the Governments of the world and their enforcement agencies recognise ever more clearly how interconnected their and their people's interests are. The tragic and indiscriminate nature of terrorist outrages has over the years brought us closer together in tackling this international problem. Today I ask that the undeniable rise in drug trafficking and addiction should also provoke a determined international effort to clamp down on the equally despicable criminals whose trade is in other people's misery and death.

For our part, the British Government needs no prompting to take such action both at international and national levels. Here in Britain we are witnessing an alarming upsurge in the abuse of dangerous drugs. The statistics on seizures and on addiction show only the tip of the iceberg. But those statistics themselves are clear enough. It is the rise in the availability of and addiction to heroin which is most dramatic.

Between 1980 and 1982 the quantities of heroin seized by the police and customs increased no less than five-fold. During that same period, the number of addicts reported to the Home Office by doctors increased by 70 per cent to over 4,100. The street price of heroin is relatively low: and the quantities coming in are all too great. There are also worrying signs that the misuse of cocaine is increasing. The quantity seized this year so far by H.M. Customs is already five times larger than during last year. And then there are the synthetic drugs, from tranquillisers to powerful opiate substitutes; and, of course, cannabis.

Let us be clear. The effects of that trend will be with us not for months, but for years. No matter how vigorous the action we take to stem the flow from abroad and control availability at home, the price will continue to be paid in addiction and associated crime for some time to come. Neither preventive action - whether through new controls or education - nor treatment and rehabilitation offer anything like a complete answer to the problem. This will be particularly so as long as the use of some drugs is deemed socially acceptable.

But I am determined that realism about the intractability of this problem should not become an excuse for complacent inactivity. Over the last few months I have been conducting with other Government Departments a review of our policies to tackle drug abuse. We are making progress on five fronts.

First, we are stepping up action to stem the flow of drugs from abroad. Only last week-end our customs seized at Dover one and a half tons of cannabis resin, the largest ever seizure in the United Kingdom of this particular drug.

Drug abuse is an international problem of the very first order. International co-operation in turning off the flow of dangerous drugs is vital if we are to prevent the crime, corruption, misery and death which drug abuse brings in its wake. Such co-operation has been effective in the past. For example, in a recent major drug smuggling conspiracy, involving the trafficking of large amounts of heroin and cannabis as well as amphetamines, the United Kingdom end of the operation involved a good deal of close co-operation with the authorities in the Netherlands, Australia, Canada, France, Spain and India. I am glad to say that invariably such co-operation is willingly given. It must continue to be so.

/The framework....



The framework for such co-operation is already in place. Through the United Nations, the Council of Europe, Interpol, the Customs Co-operation Council and through bilateral contacts, Governments can and do pool experience and intelligence. We shall redouble our efforts in all these areas.

Last year over 80 per cent of the heroin seized in this country was shown to have come originally from Pakistan. The authorities there have been making energetic efforts to curb the flow. But policing the often lawless areas where the drug is produced is difficult and costly. The British Government is already working closely with the Pakistan authorities to strengthen law enforcement there. Now we are increasing our commitment. This financial year we have doubled to £100,000 our regular contribution to the United Nations Fund for Drug Abuse Control. In addition, subject to Parliamentary approval, we are making available through the Fund a further £180,000 to combat illicit drug production in Pakistan - the money will be used to buy vehicles and equipment, and to help with training.

The Government has also decided to strengthen the already close liaison between our own law enforcement agencies and those of Pakistan. Consequently, we are sending a British customs officer full-time to Karachi. He will arrive early next year and, working closely with the Pakistan authorities, will send us back intelligence about the traffickers' plans.

If Pakistan is the main source of heroin, the Netherlands is a major centre for the distribution of drugs in Europe. And it is through the Netherlands that many drugs come to Britain. So we need regular intelligence from there, too, in order to co-ordinate customs and police activity on this side of the Channel aimed at intercepting the drugs before they penetrate our own drugs market. I have therefore agreed at a recent meeting with the Association of Chief Police Officers that a Senior British police officer should be posted to the Hague to work with the Dutch authorities and feed back information to the Central Drugs Intelligence Unit at Scotland Yard.

Yet, at the end of the day, the heaviest regular burden of detecting and stopping the inflow of dangerous drugs must fall on our own Customs. There is a limit to the number of hours of customs officer time which can be spent on this. That reflects not just limited resources, but also the limits on passengers' patience when the searching of people and baggage causes unwelcome delays. What we can do, and have been doing, is to concentrate customs efforts selectively where they are most likely to yield results. Since 1974 the number of customs specialist investigators dedicated to drug work has nearly doubled. And in particular, since this Government took office in 1979 we have doubled the number of those specialising in the detection of heroin.

The final area in which international co-operation can yield results is the enforcement of international agreements on the production and supply of drugs. You may know that the British Government has hitherto not ratified the 1971 Convention on Psychotropic Substances. We still have some reservations. But co-operation requires effort on all sides. I can announce today that we have decided that the United Kingdom should ratify the 1971 Convention. We are, of course, already a party to the United Nations Single Convention on Narcotic Drugs, which provides for the control of opium and its derivatives, cocaine and cannabis. By ratifying the 1971 Convention on Psychotropic Substances, we shall now be giving our backing to international controls on synthetic drugs like barbiturates. We shall shortly start consultations with the trade and professions on the detailed changes required for compliance.

/The second area....



The second area in which we are making progress relates to the control of drugs produced and prescribed here in Britain. Again, I have some announcements to make.

No-one should underestimate the extent of the problem. Diversion for illicit use of pharmaceutical preparations like Diconal, Palfium and injectable Methadone is widespread. Recent research on drug abuse in Piccadilly suggests that those who prescribe drugs to addicts in the course of treatment bear much of the blame. And only last month there were two raids on wholesalers' warehouses in London in which drugs with a blackmarket value of over a quarter of a million pounds were stolen. Pharmacies, warehouses and even doctors' cars provide attractive targets for criminals. For, in contrast to most other stolen goods, the street value of drugs on the blackmarket is much greater than their normal commercial value. Nor should we minimise the amount of synthetic drugs which are illicitly manufactured. In 1982 five illicit drug laboratories making amphetamines and LSD were discovered and shut down.

This situation requires action of two kinds.

First, I want to see better security. The Advisory Council on the Misuse of Drugs has recently come up with new proposals. Under these, trained crime prevention officers, backed up by powers for the Home Office to issue enforceable directives, would inspect premises where drugs are stored. Urgent consultations are under way; and I hope to announce my conclusions soon.

I am also tightening up domestic controls on the supply of drugs by doctors and chemists. I have decided that there should be special restrictions requiring doctors to have a licence if they wish to prescribe dipipanone to addicts. After heroin, dipipanone is the most common drug of addiction reported by doctors to the Home Office, and it is also particularly dangerous. Before the end of the year I shall be making the necessary regulations, which will place this drug under the same restrictions as heroin and cocaine. Needless to say, applications for licences will be scrutinised very carefully. Beyond that, I am considering extending this licensing restriction to a much wider range of drugs - in fact to all opioid controlled drugs.

I already make full use of my statutory powers for dealing with doctors who are shown to have prescribed controlled drugs irresponsibly. In the last few months I have, on the advice of tribunals, issued directions to stop three doctors prescribing certain controlled drugs. In addition, the procedures for investigating cases of alleged irresponsible prescribing have been reviewed and streamlined.

However, I am also concerned that before a case is actually proven the doctor under suspicion may well be able to continue to exercise his power to prescribe drugs. So today I give notice that I shall have no hesitation in issuing a temporary direction to stop doctors prescribing while any such case is being examined.

Finally, I intend to widen the scope of the Misuse of Drugs Act. Although heroin is the most widely misused drug, many addicts will use whatever drug they can obtain. One such group of drugs which has in the past been widely misused is barbiturates. This must end. I shall be introducing the necessary Order and regulations to bring barbiturates under control.

The third front on which firm action has been and will be taken is policing.

/The police know....



The police know full well that drug trafficking lies at the heart of many criminal conspiracies involving robbery, vice and violence. They know that increasingly the armed robbers and gang leaders of yesterday are turning their attention to drug trafficking. In the recent drug smuggling case which I mentioned earlier as a prime example of international co-operation, the criminal conspiracy also involved armed robbery and the counterfeiting of foreign currency, credit cards and other such documents on a large scale. The problem for the police in tackling such networks of criminal activity are increased by the fact that there may be several links in any chain between the key figures involved and sales on the street. Moreover, around the chain of "professionals" a range of gullible, greedy people in any and every walk of life are tempted to commit drug offences by ease of concealment and expectations of reward. Around the handling and sale of such drugs a web of corruption grows up. Huge sums are available to be paid to airport staff and employees of dock authorities, to take but two examples of people in positions of trust. All of this increases the problems of prevention and detection.

The Chief Constables and I have discussed the different problems which they face. They have assured me of the very high priority they will continue to give to measures directed against drug traffickers. Through the Central Drugs Intelligence Unit at Scotland Yard, staffed by police officers from forces countrywide and with active co-operation from the Customs, too, they pool and use intelligence and experience gained from units all over the country and overseas. I am urgently considering proposals to update the computer at the centre of these operations through which this information is processed and disseminated. I am determined to ensure that the police do not lack the means to give the highest priority to bring drug traffickers to book.

The fourth area in which I have already made some changes and now propose more is that of deterrence.

We must hit the criminals who profit from the misery of drug addiction - and hit them hard. The penalties for major trafficking offences must be sufficient both to deter would-be offenders and to reflect society's abhorrence of this type of crime. The courts already have the power to impose very heavy sentences, up to a maximum of 14 years. The Lord Chief Justice has indicated that very long sentences should normally be imposed for large-scale importation - and I very much support that view. For my part, I have recently announced my intention to restrict the granting of parole in the case of serious offences of drug trafficking. And let me make it quite clear that I shall certainly not raise objections if citizens of the United Kingdom are severely punished in other countries for drug offences that would be serious offences here.

Drug traffickers make fortunes out of the misery of addiction. They can net millions of pounds in a very short time and then launder the money through legitimate activity. In some cases traffickers are prepared to serve a prison sentence in the knowledge that they can enjoy the fruits of their crimes on release. Allowing this to continue would make a mockery of the penalties available. I am determined that we should find more effective ways of depriving drug traffickers of the proceeds of their crimes.

Successive Governments in this country have grappled with the complex problem of finding some satisfactory judicial procedure to this end. And there is, of course, an international dimension, too. But we in the United Kingdom can and must follow the example of some other countries and make real progress in this area. I am now awaiting the report of a committee

/set up by....



set up by the Howard League for Penal Reform under the chairmanship of Mr Justice Hodgson which is considering general questions of forfeiture and compensation. I shall seek to introduce legislation during the life of this Parliament to provide for confiscation of the proceeds of crime.

Finally, we have an obligation to warn against the dangers of drug abuse - and to treat those who have become the pathetic victims of their own folly and others' greed.

There is definitely a limit to what can usefully be done through publicity campaigns against drug abuse. There is always the danger, recognised by experts in this field, that the higher the public profile the greater the glamour attached to and the wider the interest aroused in drug abuse. But it is clear that ways have to be found of dissuading people, particularly young people, from embarking on the disastrous course of experimentation. At the very least, focussing parents' attention on the need to dissuade their children and giving them guidance on how to detect the first tell-tale signs of abuse must be valuable. We are looking closely at the whole of this area and now look forward to receiving the report of the Advisory Council on the Misuse of Drugs on prevention.

As for treatment, the Government has already made an additional £6 million available over the next three years to support local schemes designed to help addicts. In this area the role of Government must be to learn from and then put to good use the wisdom of the professionals. We are currently studying a detailed report by the Advisory Council on the Misuse of Drugs covering these matters and we shall be announcing proposals shortly.

Drug abuse is a disease from which no country and no section of modern society seems immune. It brings ruthless, hardened criminals and weak, self-indulgent users together in a combination which is potentially lethal for good order and civilised values. Stamping it out will be slow and painful. It requires co-operation between Governments, law enforcement agencies, professionals, schools and families. The rewards are great if we succeed - and the price of ultimate failure unthinkable.



## Solvent Abuse

9.8 pm

**Mr. Roy Galley (Halifax):** The problem of solvent abuse and glue sniffing has been debated several times in the House. With the proposed issue of a voluntary code of practice on the sale of relevant products and in view of recent reports of further deaths from solvent abuse, it is timely that the matter should be raised again.

This serious problem requires a co-ordinated and effective approach. It is difficult to obtain accurate and comprehensive figures, but the most accurate figures available suggest that since 1971 there have been 236 deaths. There were 22 deaths in 1980, 39 in 1981, 66 in 1982 and 33 in the first six months of this year. There is an accelerating problem in terms of known deaths.

Therein lies a major difficulty to which I hope we can address ourselves. We do not have a secure statistical basis on which to determine the extent of the problem, and we have no figures for hospital admissions or referrals to general practitioners or social services departments. We have nothing to help us to understand the depth of the problem, which is a continuing factor in modern society. It would appear that outbreaks occur on an irregular basis in different parts of Britain. We need further information about locality, age, sex and reasons. There are varying degrees of abuse from the occasional, almost isolated, incidents to full addiction. My first plea to my hon. Friend the Minister is that there should be an attempt to obtain more detailed statistical information to give us a basis on which to make good judgments on the matter.

The health effects and risks also differ greatly. They include euphoria, hallucination, fits, behavioural pattern disturbance and sometimes coma. They can go much further, involving either serious personality disorders or major psychiatric problems. They can involve permanent damage to the heart, kidneys, lungs and other organs. In the hallucinatory state, the effect can be damaging to the user or to others. The major cause of death is suicide while someone who has abused the substances is in a hallucinatory state.

In that context, and with the seriousness of the problem, much debate has centred on the possibility of legislative action. It has been argued that the use of solvents in this way could be made a criminal offence, rather similar to the misuse of drugs. On balance, that would be difficult to enforce and it may lead to more surreptitious abuse. Powers under the Public Order Acts 1936 and 1963, the Criminal Damage Act 1971 and the road traffic legislation give the police some scope for taking action where there has been crime as a result of solvent abuse. Perhaps when the Government consider changes in public order legislation, the effects of solvent abuse could be included in one of the categories of crime. However, it would be wrong to direct legislative effort against those who have abused solvents, primarily because they require treatment and because there is little in terms of criminal mentality about it.

**Mr. Robert Kilroy-Silk (Knowsley, North):** Is the hon. Gentleman aware of the Scottish system of children's panels rather than juvenile courts? The children who are referred to those panels are not always treated as criminals. One of my hon. Friends recently introduced a Bill that

allowed children to be referred to children's panels if they were involved in solvent abuse. Perhaps the Minister could consider that idea for England.

**Mr. Galley:** The hon. Gentleman has made a valid point, and to some extent he anticipated what I planned to say. I was going to suggest not the panel system that operates in Scotland, but a similar system.

We could insist upon the legal control of the manufacture or supply of the products, but the great difficulty with that is the enormous range of products available to anyone who wishes to abuse them. They include glue, aerosols, hair lacquer, petrol and dry cleaning fluids. Many of those products are used legitimately in household activities, and it would be wrong in principle and difficult in practice to impose severe controls on products for which there are many everyday legitimate uses. It would also be extremely harsh to impose on shopkeepers a duty not to sell particular products to people under a certain age. That would compound the problems that currently face licensees in relation to the serving of alcohol. I believe that such a step would be draconian.

That brings me to the proposed voluntary code of practice, which would be fairer to shopkeepers. However, we must have some doubts about its ultimate efficacy in coping with this problem. One hopes that it will go some way, but shopkeepers will need some education in recognising the problem, understanding the signs and knowing what to do about it. All the essential parts of the difficulty that we face. Therefore, there must be some training if shopkeepers are to play an effective role under the voluntary code. I hope that the Minister will assure us that the operation of this code will be rigorously and frequently reviewed.

Labelling has also been suggested, but that could be counterproductive, as in some instances it may incite rather than inhibit experimentation with solvents. Another suggestion has been the use of additives in solvents. In some cases it is possible to have non-solvent glues, but in general the dangers of increased toxic effect make that approach dubious.

Many other people may urge legislative activity along the lines that I have suggested, but on balance we must concentrate our efforts elsewhere, in particular on health education and referral systems. Only by education will we have any chance of moving towards prevention, and that must be our prime aim.

In this respect, there are two problems. The first is recognition. Many parents, teachers and social workers do not readily recognise the symptoms that are evidence of solvent abuse. Even when those symptoms are recognised, those concerned, including professionals in some cases, often do not know where to refer them. At present, there is no system for dealing with the problem, once identified.

A fairly horrific incident recently occurred in my constituency. An anxious parent, aware that there was a problem and thinking that it had something to do with solvent abuse, had to ring 23 different agencies before finding someone who was able to assist.

Multi-disciplinary teams are now being developed in many parts of the country and training is taking place. The Calderdale area, of which my constituency is part, is now endeavouring to take this further. I hope that the Minister will encourage such activity and give it an added boost. The Calderdale area is producing an up-to-date,



was already closed temporarily due to staff sickness and the consultant concerned — we must depend, quite rightly, upon consultants for clinical judgments—said that he hoped to be able to maintain normal levels of service without the use of the ward. In that case, we took medical advice.

We must deal with the important matter of the internal redistribution of beds at St. Paul's eye hospital. I am afraid that I must give another "clarifying" statistic, although it is not aimed to confuse. I am not the only hon. Member who has used statistics. Almost every hon. Member who has taken part in the debate has read out rows of figures, mostly from parliamentary answers that I have given in the past two or three weeks. Occupancy at St. Paul's eye hospital is only 70 per cent. and the ophthalmic waiting list in Liverpool has been decreasing in recent years, with the unfortunate exception of the period during last year's industrial action. The sooner we forget about that, and the less said about it, the better. The authority considered that beds could be reduced without a substantial reduction in work load.

**Mr. Parry:** I wrote to the Minister about the waiting list and the Minister replied to me on 28 October. I included a letter from a patient stating that her appointment had been cancelled because of insufficient staff. She said in the letter that she was grateful to the staff of St. Paul's eye hospital as she feared that she was going blind. How can the closure of a ward be justified when the Minister's reply indicated that nearly 500 people are awaiting admission?

**Mr. Patten:** I have just explained the circumstances surrounding the closure of that ward. I can only refer the hon. Gentleman to tomorrow's *Official Report*.

There are also very low occupancy levels on paediatric orthopedic wards. That, too, has caused concern locally. In June this year, the waiting list was only 75 and there were no urgent cases. Contrary to the gloomy picture painted by Opposition Members, in this area the vast majority of cases are treated within six months of appearing on the waiting list. Again, therefore, the authority considered that the closure of a 24-bed ward would not affect services. That change is certainly in line with the long-term strategy being developed.

None of the measures that I have mentioned constitutes a savage reduction in services of the kind suggested by the Opposition.

I stress one point about temporary closures, which I hope will reassure hon. Members and their constituents. The closures were effected before the full consultation process had been undertaken because the authority believed, as it is entitled to do, that urgent action was necessary in the interests of the service as a whole. We have always recognised that in the very short term there may be circumstances—including financial pressures, but sometimes other problems such as illness of individual specialist consultants—which justify authorities acting in that way. I reassure the House, however, that before the closures can be made permanent—if, indeed, it is proposed that they should be permanent—the full consultation process must take place. If the community health councils object, the matter will come to Ministers in the normal way.

**Mr. Alton:** The Minister referred to statistics. Florence Nightingale once said that statistics were important because they were a measure of God's purpose for us here on earth. They are also a measure of the challenge. Many Opposition Members have put it to the Minister that there are grave problems in Liverpool, especially for elderly people. One statistic that we tried to impress upon him was that the fastest growing group was the over 80-year-olds and that one third of the population was over retirement age. What increased provision will there be, not just in capital schemes but in increased revenue expenditure, to provide for those people?

**Mr. Patten:** Part of the regional strategy adopted by the Merseyside regional health authority is to switch resources within its substantial budget away from always providing acute care and towards providing better community-based provision for the elderly, the mentally handicapped and the mentally ill. The overall strategy is most interesting, but it is fraught with difficulties. The difficulties are compounded by the environmental and social problems of Merseyside. Nevertheless, I believe that the health authority is being thoroughly realistic in its approach to the problem in the interests of people who count most—the patients.



comprehensive training programme which, it is hoped, will eventually produce neighbourhood teams to deal with abuse cases. Such training would extend to teachers, the police, education welfare officers, youth club leaders, general practitioners, social workers, and so on, and to all agencies which at any stage would have anything to do with the problem. It would be more extensive than many of the multi-disciplinary efforts that have taken place so far.

The key to the scheme is that in each locality—probably within a council ward or definable area—a trained team will be able to assess the problems and cope with solvent abuse. This neighbourhood approach is of particular significance. There will be professionals operating in one of these capacities. The idea is that there should be a pool of trained people to whom they can turn. There will be a panel of experts to whom problems can be referred and the trained experts would have colleagues with whom they could discuss individual cases. As a result, parents and teachers will have greater confidence that there are people available, ready and willing to assist in their problems.

It is the combination of training and the outline of the referral system that is probably most needed. I hope that such a local initiative is something to which in a practical way, perhaps financial, perhaps as guidelines from his Department, my hon. Friend the Minister will be able to give assistance. One result of the suggestion is that we may be able to get a better basis of statistical and qualitative information that will deepen our knowledge of the problem. We could then know more about where children—in many cases it is children, though not always—obtain the solvents, what forms of treatment work, what level of treatment is required, and so on.

As to the point that the hon. Member for Knowsley, North (Mr. Kilroy-Silk) made, we shall have established a fairly informal referral system, and a trained but informal panel. There is then scope, if the system works and can be developed, for a more formal system, with the possibility of a solvent abuse register, rather on the lines of the child abuse register, which would be the basis for dealing with future cases. I hope that the Minister will keep an open mind on this matter and consider carefully the argument about a proper referral system. There are problems about definition, but they can be overcome.

We have a serious problem, which, as a nation, we are only just beginning to tackle. The voluntary code of practice is but one small step towards tackling the problem. I hope that the Government will not rest on their laurels, having taken that step. It is not the end of the problem. There is much more to be done. I hope that the Minister will take steps to encourage and promote health education and an adequate referral system.

On balance, while it is right to take the stand that sensationalism may lead to imitation and that a low-key approach is more productive, we must not take as an excuse for inaction the fact that the voluntary code is in operation.

9.22 pm

**Mr. Harry Greenway** (Ealing, North): I congratulate my hon. Friend the Member for Halifax (Mr. Galley) on securing an Adjournment debate on this important topic and on a lucid and interesting speech which points to various possible solutions of a growing problem. I also congratulate my hon. Friend the Minister, who will reply,

for the marathon that he is undertaking at the Dispatch Box, and I thank him for his courtesy in being present to handle this topical and important subject.

There is no doubt that glue sniffing and solvent abuse are seriously on the increase. I first started to deal with young people as a teacher 26 years ago, and there was no question or hint of glue sniffing in schools at that time. I taught in schools all over London and I also helped in youth clubs and other such places. However, 15 or 16 years ago we began to pick up the first hints of glue sniffing, and, with the build-up over the period, we can see the pattern and the type of children who go in for glue sniffing. My hon. Friend the Member for Halifax mentioned the 236 deaths from solvent abuse that have occurred since 1979. A breakdown of those figures would probably show a rising trend and that there had been more deaths in the past year than in any other year.

In the past three years I have received four petitions from my constituents. I have had two petitions from head teachers: one from the head of a first school for children aged between five and eight years, and one from the head of a middle school for children aged between nine and 12 years. I also received two petitions from parents. In each case, the petitions contained the signatures of several hundred concerned neighbours—adults and parents. There can be no doubt that the public are looking to Parliament and to this Government for a solution to a problem that has given rise to such great concern.

I have not seen toddlers suffering from the after-effects of glue sniffing, but I am told that they become almost unconscious and stagger about. It is highly probable that they will suffer brain damage as a result of glue sniffing. Indeed, I have been told that by general practitioners and others in the medical profession who are well qualified to comment.

I have seen children aged between eight and 10 years who have been glue sniffing. They are in a dazed state and unable to concentrate on anything. They are not in command of themselves and seem unable to control their actions. It is impossible to hold a proper conversation with them. It is worrying that such young children, including toddlers, should be free to put themselves into that mental and physical condition. A few months ago a teenager wearing pumps and jeans ran riot in my constituency and kicked down a very strong wooden fence after he had been glue sniffing. That is an intimation of the effect that glue sniffing had on him. He did not feel any pain, and those who saw him doing it were very disturbed by his violent state. In his natural state he was a normal, peaceful boy. Is it any wonder that parents, teachers and other members of society are very worried about this growing problem, or that they demand action from Parliament?

I am glad that hon. Members have become increasingly concerned about this problem. A few months ago, a measure was passed dealing with the situation in Scotland. I was sorry to see Scotland ahead of England—

**Mr. John Maxton** (Glasgow, Cathcart): It always is.

**Mr. Greenway**: I can think of no other area in which the Scots are ahead of the English. However, Scottish Members may like to think otherwise.

Children and adults who sniff glue usually go to waste land, or to huts that were originally put up for building work. Such places are scarcely frequented, if at all. There they can get on with glue sniffing, undisturbed and



[Mr. Greenway]

undetected. That is why they inhale and become intoxicated to the extent that they do. I am told that the odd sniff has certain stimulating effects and may damage the brain. However, the odd sniff does not have the very serious effects that I have described.

The moral must be that detection is valuable in the prevention of glue sniffing. It will help if parents, teachers and members of the public are on the alert and know the areas in which glue sniffing may take place. Here is a case for educating the public about what could happen.

An increasing number of adults have died as a result of glue sniffing. It has been discovered that such people are almost always looking for stimulation because they are bored. People do not become bored when they are living stimulating and satisfying lives, but that is a broad problem for society. Sometimes adults are found sniffing glue with bags over their heads. Although it sounds peculiar, it happens, and psychologists tell me there is an explanation for it. Such adults are seeking stimulation and they get it in that way.

Can people be educated away from glue sniffing? Perhaps, but I wonder how far education will take us. I was interested in the path pointed to by my hon. Friend the Member for Halifax. Education will have an arresting effect on some people if they know what damage they can do to other people and to their property, but those who are determined to sniff glue or to go for other forms of solvent abuse will not be deterred by education. Indeed, a broad programme of education might stimulate additional interest in solvent abuse and increase addiction to solvents. Therefore, education is not necessarily the panacea that some people think it might be. In any event, how would one educate people out of glue sniffing? The more one talks about it, the more interest is spread and the more people are stimulated to do it. The problem could increase in that way.

I believe that we need to look for other solutions. I would ban the sale of glue that stimulates behaviour of the kind that I have described. The ban on the sale of fireworks to children under the age of 14 has been fairly successful. A ban on the sale of glue and solvents should be considered with much more determination than has so far been shown by successive Ministers.

Will my hon. Friend consider the American practice of adding something at the production stage which makes the sniffer violently sick?

**The Under-Secretary of State for Health and Social Security (Mr. John Patten):** It does not work.

**Mr. Greenway:** I am told that it does work.

**Mr. Patten:** I have listened to my hon. Friend's constructive point with close attention but I must tell him that, although the idea of adding noxious substances to prevent people using solvents is tempting, it has been tried in the United States and has not proved successful. Most states have withdrawn the regulations and the Federal Government are against them not because they do not think it is a good idea per se, but because it does not work.

**Mr. Greenway:** I take my hon. Friend's point. What he says makes it clear that American practice has not been as successful as it has been described to me. If an individual drinks disinfectant, he will be ill because the

body rejects it. It is not beyond the wit of our inventors to produce a noxious substance that can be added during the glue production stage. I do not want it necessarily to produce violent sickness, but it should lead the body to reject glue that has been inhaled.

The fact that there has not been wide success with such a device in the United States should not prevent us from trying something similar. It could be the simplest possible solution to the problem.

**Mr. Peter Thurnham (Bolton, North-East):** Although it may be attractive to find an adulterative substance, the sort that has been tried in America has been found to be carcinogenic and, therefore, should be avoided.

**Mr. Greenway:** My hon. Friend made the point even more clearly than the Minister—

**Mr. John Patten:** I could not pronounce carcinogenic.

**Mr. Greenway:** I urge my hon. Friend to attempt to do so if he intends to use that word when he replies to the debate. He could do better than he thinks.

Every test should be undertaken to investigate the idea that I have advocated. Naturally, a substance tried in the United States and found to be carcinogenic is wholly unacceptable. The House would not suggest its use. But the idea is interesting and valuable, and it is a possible simple solution to the problem.

Children sniff glue as a form of social defiance. It may be disrespect or a sense of rebellion against teachers and society. They do it for kicks. If they led a positive life, they would not do that. We must ensure that adults and children live broad and fulfilled lives so that such practices stop. I know that that is asking for Utopia, but we must ask for it or we shall never get anywhere.

9.37 pm

**Mr. Hugh Brown (Glasgow, Provan):** I have been tempted to speak because of the statements in the press today about a meeting between the Minister and representatives of the manufacturing and retail trades that provide the substances. I compliment the hon. Member for Halifax (Mr. Galley) on giving the House an opportunity to comment on the subject.

I am not as conceited as my hon. Friend the Member for Glasgow, Cathcart (Mr. Maxton). I do not think that Scotland leads the field. Indeed, Scotland has more than its share of the problem. We have suffered it for a little longer than England and Wales, and can offer one or two constructive suggestions. However, I fear that they are not applicable to England and Wales because of the Social Work (Scotland) Act 1972 and the children's penal system.

Although the Private Member's Bill introduced during the last Parliament made some contribution to solving the problem, its only constructive act was to bring children into the ambit of the referral system. There are no lessons to be learnt from the constitutional set-up in Scotland, but our knowledge and experience of the problem may be helpful.

I am always worried about anything said publicly that suggests that Parliament has the answer to the problem. The Minister is an honest man and we are not discussing a party issue. One of the difficulties that some hon. Members face is that, because they have raised these matters in Parliament, anxious parents seem to think that



there is a solution if only people were to tell them what it was. However, we are as far away from a solution as we have ever been.

The hon. Member for Halifax mentioned the need for information. It is my guess that the greatest incidence of this problem is in deprived areas or in those areas where sons and daughters of wealthy parents do not know what to do with their lives. Those are the two extremes. I suspect that the greatest number come from deprived areas, taking the usual definition of a deprived area. I do not say that the problem is caused by unemployment, but it must be related to the social circumstances in which far too many people find themselves in such areas, and they are increasingly made more hopeless by Government policies. I recognise that nobody has a detailed solution to the problem of glue sniffing or addiction of any kind. I am only saying that the problem is greater in areas of deprivation where people are either living on social security or low incomes. To that extent, the Government are a wee bit complacent about the problems that face people in deprived areas.

**Mr. Greenway:** I do not say that the hon. Gentleman's point is invalid, but I point out from my broad and long observation of the type of people who go in for glue sniffing that they have tended to be of a particular psychological type rather than social genre.

**Mr. Brown:** Yes, there may be a psychological problem associated with glue sniffing. We may draw different conclusions, but perhaps the Minister can say whether, on the evidence that is available, it is true that the greatest incidence of solvent abuse is in areas of deprivation. There may be other forms of addiction such as drugs and alcohol which perhaps affect the middle classes more, but I shall not go into that because we are talking about solvent abuse. Unless the Minister can contradict me, I think that solvent abuse occurs mainly in deprived areas.

**Mr. John Patten** I am not attempting to contradict the hon. Gentleman. I appreciate the way in which he is casting his remarks. All I can say is that we do not have the facts and figures. There has not been adequate research. In the past two years we have begun to fund more detailed research into the prevalence of the problem. I should also point out—these are purely qualitative impressions—that the people involved in glue sniffing and solvent abuse in Britain are sometimes remarkably young; often between the ages of seven and 11. They sometimes indulge in the habit for a remarkably short time and the habit seems to be just as prevalent in southern areas, where people are generally better off, as in the northern areas. Only research will enable me to agree with or contradict the hon. Gentleman.

**Mr. Brown:** That means that my opinion is as good as the Minister's. I am not trying to score points. It so happens that I have a constituency that probably has more deprived areas than that of any other hon. Member. Perhaps I am obsessed with the fact that the problems are almost overwhelming at times in the sense that social agencies are completely incapable of meeting the needs. Glue sniffing and solvent abuse create one of those needs.

I know that the Minister will not dare to speak for the Scottish Office but—

**Mr. Patten:** Certainly not.

**Mr. Brown:** I know that discussions have been going on. I am assuming that manufacturers and retailers do not stop at the border and that they have outlets in Scotland. There are governmental problems but I say this in the friendliest possible way. We in Scotland would like to feel that the Scottish Office has been advised of any discussions on the problem down here because the retailers and manufacturers do not discriminate when it comes to the border.

It does not do any harm to raise subjects of this kind on the Adjournment. Many youngsters have a feeling of hopelessness. I am a fair-minded person and I cannot honestly say that unemployment and the capitalist system cause all the social problems with which we are afflicted, but they aggravate them. Whatever the economic philosophies and policies may be, our present system is totally incapable of providing a meaningful life for the majority of young people in many areas. That is all I am claiming, and in that context it is wrong to look at this as an isolated problem of solvent abuse without examining the underlying social scene of which the youngsters are part. To that extent, we are entitled to keep drawing attention to the failure of the Government to make resources available to enable young people to lead more meaningful lives.

9.46 pm

**Mr. Gordon A. T. Bagier** (Sunderland, South): I came into the Chamber as a matter of interest because I heard that the debate had started. One has no way of knowing, until one hears what is going on, the subject of the second Adjournment debate.

The Minister said that in the last two years or so the Government had got down to some serious study of the causes of solvent abuse. I felt appalled in a sense when I heard that because—I do not make a party political point—between 10 and 14 years ago I raised with Ministers the question of glue sniffing. I have been worried—I hope that it does not happen as a result of this debate—lest, if too much publicity is given to the glue sniffing phenomenon, we get the copy-cat syndrome, with kids saying, "There must be something in it", and they start the habit. We normally find that the tragic gets wide press coverage. That is followed by people trying it, and I have always felt as a Member of Parliament that I should hate to have had a part, so to speak, in helping to spread a tragic habit.

The industry must do something more positive than it has done up to now. I noted with interest the remarks of my hon. Friend the Member for Glasgow, Provan (Mr. Brown) about the deprived areas having more than their share of problems of this sort, and of course they have. After all, it is expensive to drink beer and whisky nowadays and people may wish to drink something else.

But drinking has nothing to do with youngsters in this context, and that is why, faced with the prospect of youngsters gathering together to sniff glue, I cannot understand how such a product can be on the market. It is not only a bad habit but a dangerous one; it can blow a kid's head to smithereens. That is why I am sorry that so much publicity has been given to glue sniffing from time to time, instead of the industry getting down to doing something about it.

**Mr. John Patten:** I now know of the hon. Gentleman's long-standing interest in the problem. I remind him that



[Mr. John Patten]

there are more than 700 forms of substance which can be abused. Most family homes contain substances which in the past have been sniffed or sprayed into mouths. If it were just a matter of one substance, it would be easier to concentrate the medical research about which my hon. Friend the Member for Ealing, North (Mr. Greenway) spoke. It is a difficult problem but one of which the manufacturers are aware.

**Mr. Bagier:** I accept that, and none of us would seek to make party points on the issue. We are simply underlying the tragedy of the situation. I hope that the industry has gone into the matter in depth, but at some stage we must come to grips with analysing the problem.

There are dangerous substances on the market that can readily be bought by youngsters, and these are the substances that create the great problem that we are discussing. I am aware that discussions on it have taken place in the past few years and I hope that the Minister will tell us how deep they have been and what progress has been made. Have specific proposals been made to overcome the problem? Is there no additive that, for example, will make the sniffer sick? That is the type of immediate remedy that laymen such as myself look towards. We cannot solve the problem outside. We can only help to create the legislative atmosphere that will lead to steps being taken to put matters right.

I agree that there are many substances that are known to be dangerous, but the one which has been mentioned so often over the past 10 or 14 years is glue. It is a substance that is commonly known and readily available. That being so, is the Minister satisfied that the industry is doing everything that it can to eradicate or reduce the danger of its misuse? For example, has consideration been given to increasing the price of the product? I think that the House would welcome a response along those lines.

9.51 pm

**Mr. John Maxton** (Glasgow, Cathcart): I am not sure that my hon. Friend the Member for Sunderland, South (Mr. Bagier) is right when he suggests that publicity might lead to greater dangers. In many areas—I know that this applies in the constituency of my hon. Friend the Member for Glasgow, Provan (Mr. Brown) and in mine—the prevalence of solvent abuse is great in the deprived areas. My constituency contains deprived areas and extremely affluent areas and I know that the problem is at its worst in the very deprived areas. Solvent abuse is so prevalent in deprived areas that I doubt whether there would be any great increase in the practice if a publicity campaign were launched which was designed to educate children and parents on the issue. I am not convinced that we can continue to allow it to remain a low key issue.

In my view it is impossible to place a complete ban on the sale of potentially dangerous products because of the range that they cover. I suggest that Ministers should give their attention to a measure that states that shopkeepers who sell solvents to children knowing that they intend to abuse them should be prosecuted. Shopkeepers in Scotland have recently been prosecuted successfully for making up plastic bags of glue for sale to youngsters. The *Daily Record* labelled them "happy bags". If we as a legislature cannot take action against that sort of conduct, what can we do? We must consider introducing legislation that

states that a shopkeeper who knowingly sells glue or solvents to youngsters believing that they may then use or abuse those substances shall be prosecuted.

I accept that it would be difficult to implement such a measure. There are many laws that we pass in this place—for example, those relating to speeding on our roads—in the knowledge that many people will break them. We use these laws as deterrents. They are not enacted because it is believed that very many people will be caught by them. I do not like using the deterrent argument because there is always the danger that it will be thrown back at me in future in another context.

I believe that there are many shopkeepers who will stop selling glue or who will make an effort not to sell it to youngsters, especially if the police tell them quietly that a law has been enacted that bears on selling glue or solvents to youngsters in the belief that they may then use or abuse those substances. They will make an effort because they will never be sure whether the youngsters will use it for sniffing.

I think that there is a correlation—it is not necessarily absolute—between social deprivation and the use of these substances. It is not enough to say that it is people under 16 or who are not at work who are using these substances. In Castlemilk, a large housing estate in my area, about 60 per cent. of the children know that they will not get employment when they leave school. If they have older brothers and sisters they know that from the age of nine, 10 or 11. That creates an atmosphere of despair at home and in the society in which they live.

It is no longer an individual's problem but a social problem. My hon. Friend the Member for Provan and I have had the experience of constituents seeking housing transfers because of youngsters glue-sniffing, committing acts of vandalism and making their houses intolerable. It is a social problem that affects other people and not just the individuals directly concerned. Social deprivation must be taken into account. As I said about crime on Monday, I shall say about glue sniffing tonight: one of the major answers is a change in economic policy that would ease the social deprivation.

9.56 pm

**Mr. Peter Thurnham** (Bolton, North-East): I am pleased that this debate has taken place because this is an important issue in my constituency. I have here a three-page letter from the chief superintendent of police in Bolton about the problem. I take issue with the hon. Member for Glasgow, Cathcart (Mr. Maxton) about social deprivation. The problem is concerned more with the age of the people and the degree of parental control exercised over them.

With over one death per week the time has come for action by the Minister rather than soft talk. We should aim for a tax on the solvents to raise funds for research to find a suitable adulterating product that could be added to the solvent to control abuse. The products that have been examined so far have been found to be carcinogenic, but this is similar to the need for methyl alcohol to be added to ethyl alcohol. No doubt a suitable substance could be found if sufficient resources were devoted to research.

9.57 pm

**The Under-Secretary of State for Health and Social Security (Mr. John Patten):** It was shortly after 6 o'clock that we began to debate the Adjournment of the House and



it is shortly before 10 o'clock that I rise to wind up the second of the debates to which it is my pleasure to reply tonight. I regard replying to the debates as a privilege because they have been excellent.

Earlier, at the behest mainly of Labour Members but one Liberal Member from Liverpool, we had a first-rate debate, relatively free of party slanging across the Floor of the Chamber, about the problems of health care in the Liverpool region. Equally, we have had an excellent debate on one of the growing social problems of our time, again largely bereft of party political points. Since shortly after 6 o'clock the House has shown a face that it does not normally show in the evenhandedness of debates. It may not be glamorous for the Gallery writers, but the debates have been of a very high standard.

The problem of solvent abuse was raised by my hon. Friend the Member for Halifax (Mr. Galley). I congratulate him on securing the Adjournment debate and making not only an analytical speech about the problems but suggesting, as did my hon. Friend the Member for Bolton, North-East (Mr. Thurnham), positive steps which might help to solve the problem.

I shall try to reply to all the points raised in the six or seven short speeches that have been made. I shall consider briefly the dimensions of the problem and what relatively little we know about it. I shall then examine how legislation can help, if it can. Then I shall deal with prevention, education and the role of the family. After that, I shall say what the Government intend to do, following the announcement that I made yesterday about the new guidelines that we are introducing with retailers. I hope that the 31 minutes that are left to me will allow me adequate time to deal with all these important problems.

I was interested to hear from hon. Members on both sides of the House that various people closely connected with children saw the problem growing 14 to 16 years ago. However, the problem seems to have attracted great public concern only within the past five or six years. We think that the problem has been growing in large numbers but we do not know, because—

*It being Ten o'clock, the motion for the Adjournment of the House lapsed, without Question put.*

*Motion made, and Question proposed, That this House do now adjourn.—[Mr. Major.]*

**Mr. Patten:** I believe that the research that we are now conducting and funding, particularly in London, will enable us to get the measure of a problem which is not easily correlated with one particular social group—people in trouble, people who are unemployed, people who are socially disadvantaged, or any other group on whom it is easy to pin a problem. It is clear from schools in the relatively prosperous south that glue sniffing as a habit is attracting the attention of relatively young children—10, 11 and 12-year-olds. Fortunately, those young children often get rid of the habit quickly. It is only a small but unfortunately growing hard core who take to solvent abuse.

I shall not go through the list of solvents, aerosols and other items that can be abused, for fear of encouraging people who might hear what I say. We know that the small hard core of people who sniff in an addictive way are putting their health at risk. There is disturbing evidence of potential long-term damage to the liver and, in particular, to the brain, and, in extreme cases, death can be caused.

My hon. Friend the Member for Halifax drew our attention to the fact that 236 people, predominantly young people, have died directly as a result of solvent abuse since 1971. That the problem is growing is incontrovertible, but the size and distribution of the problem are not yet clear, in terms of geography, within urban and rural areas, and related to social and economic classes. More work needs to be done, and the Government are promoting that work.

Next, I shall say a word about legislation. It is easy to say, "Why do the Government not introduce a law to ban glue sniffing?" Unfortunately, with glue sniffing and solvent abuse, as with many other social problems, it is not easy for the Government to frame one or a number of laws which can lead to the speedy banning and getting rid of it. Oh, that life were so easy! The life of legislators in this Chamber would be much easier if we could simply legislate to get rid of social problems. That is not to say that the Government have put legislation out of court and are not prepared to consider further legislation. I should not want the House to think that. However, I want to bring to the attention of the House some of the problems that face us in framing legislation.

It has been suggested, for example, that we should introduce a law to ban the carrying of solvents which can be abused. There are two problems. The first is in defining and setting down in statute or by regulation the hundreds, if not thousands, of different substances that can be abused by people who go in for solvent abuse. That, in itself, would be a substantial problem. The second problem is that some of the substances which can be abused are also properly used for various purposes—for example, in modelling by young people. Why should someone be banned from legally carrying substances? That is not to say that at some stage in future action may not need to be taken, but framing legislation that will work and be effective in this difficult social area, which has been a matter of cross-party consensus in the Chamber tonight, would be extremely difficult.

**Mr. Bagier:** We do not object to youngsters using solvents for modelling. However, the substance should be obtained only by the child's parents and not by the child going into the shop and saying "I am a modeller". We should consider not so much what is used but how it is used.

**Mr. Patten:** The hon. Gentleman has made a positive suggestion. I shall answer it when I refer to prevention and the role of retailers.

There is a list of laws that could be introduced. My constituents, as well as other Members' constituents, are concerned about disorderly behaviour by young people that seems to be a direct result of solvent abuse. One could introduce a law to make it an offence to be "glued up" and disorderly in the street. However, there are considerable problems in defining such an offence. That would be a matter for my right hon. and learned Friend the Home Secretary, not for me.

There could be a public order offence connected with solvent abuse, but the police already have wide powers to detain people who are allegedly behaving in a disorderly way that affects the general public. Therefore, legislation would be difficult to frame. I am absolutely convinced that there is no single, easy legal solution that will get rid of the problem.



**Mr. Jerry Wiggin** (Weston-super-Mare): I entirely accept my hon. Friend's argument. We have had legislation to deal with the abuse of alcohol for nigh on 100 years. That is one road that the Government might seek to go down—if they are looking for money to spend on research, they should impose the law in the same way to cope with those who are abusing themselves and offending the general public.

**Mr. Patten:** My hon. Friend has raised some extremely important points about abuse and ways of preventing abuse of these substances. Legal ways of tackling the problem are possible but are fraught with difficulties. There are other ways of moving forward, including prevention.

**Mr. Maxton:** The Minister seems to be moving off the legislative point. Will he deal with the question of people knowingly selling addictive substances? That is important.

**Mr. Patten:** It is important. The hon. Gentleman referred to some incidents in Scotland that are not my ministerial concern. There are two outstanding cases in Scotland, in which it is alleged that retailers have sold "kits" to children for solvent abuse. Therefore, it would be best if I did not comment further on that point.

It is clear that there is common ground on both sides of the House that everything must be done to prevent substances that can be abused from falling into the hands of young people who will abuse substances if they can buy them in shops. That is why I am pleased that yesterday, following a meeting at which all the British Retailers Association members, all the members of the shopkeepers' Associations and many of the manufacturers' Association were represented, agreement was reached that guidelines should be produced in England before Christmas this year. Those people will do what can be done to encourage shops not to sell to young people solvents that can be abused.

I wish to make two points. First, the Government are grateful for the freely given co-operation from retailers, shopkeepers and manufacturers' organisations in drawing up these guidelines. Secondly, neither the Government nor the general public can expect shopkeepers to be society's policemen. We cannot put that burden upon them. We can encourage them to encourage their staff to observe a few sensible rules about the sale of solvents to young people.

I wish to consider quickly the draft guidelines. A notice will be provided to shops reserving the right of shopkeepers and shop assistants not to sell any substances—they will not be named—if they do not wish to do so. The staff will be given detailed guidelines, which will teach them to observe the symptoms of probable glue sniffers. Detailed guidance will also be given to staff on how not to sell those substances to young people but, at the same time, to use sensitivity and not create a rumpus in the shop. General guidelines will be issued to shopkeepers about how to keep out of sight and therefore out of mind for young people, substances of one type or another that are popularly known to contribute towards this evil social habit. The guidelines will be published before Christmas. Of course I do not expect for one moment that the position vis-a-vis solvent abuse to change overnight. I am not so naive as that.

Retailers in England can make a positive contribution to solving this problem. I understand that the manufacturers have further ideas, which are being explored and which we shall make known as soon as possible. The Under-Secretary of State for Scotland, my

hon. Friend the Member for Edinburgh, South (Mr. Ancram) is aware of what is going on in England and what has gone on in Northern Ireland, where a similar code was introduced six or nine months ago. I am sure that he will be putting forward his proposals and drawing conclusions about this type of activity in Scotland.

**Mr. Donald Dewar** (Glasgow, Garscadden): I apologise in that I have not heard the entire debate—

**Mr. Patten:** It has been very good.

**Mr. Dewar:** I shall most certainly take the Minister's word about that. I shall read the part of the debate that I missed. The Minister used the nicely measured term that the Under-Secretary of State for Scotland is aware of what has been going on. Has the Scottish Office been actively involved in discussions? Has there been any direct contact by the Scottish Office, as general awareness sometimes leads to inaction, especially in the Scottish Office.

**Mr. Patten:** I utterly refute that statement. This is the first time in four hours that vulgar party politics have intruded on our otherwise totally bipartisan debate. [Interruption.] I see the hon. Member for Glasgow, Garscadden (Mr. Dewar) is waving his finger at that.

As the problem is locally based, we have left it to be dealt with by the individual countries. Northern Ireland, much to its credit, has had a similar code for the past six or nine months, which applies to retailers in Belfast and the rest of the Province. I am not responsible for Scotland. I must leave that matter to my hon. Friend the Under-Secretary of State for Scotland who can reply to questions such as those that have just been raised.

**Mr. David Harris** (St. Ives): Does my hon. Friend know what effect the code had in Northern Ireland? Does he really believe that a code of conduct is the answer to this problem? I believe that most hon. Members do not. Surely the answer lies in the attitude that the police take in each constituency to this serious problem. If the police will come down hard on the problem, I do not think that it will be as great as it has been up to now. With the greatest respect to my hon. Friend, I do not think that a code of conduct will do anything to alleviate the dreadful difficulty faced by some of our young people.

**Mr. Patten:** I do not wish to criticise my hon. Friend, but I suggest that he read tomorrow's *Official Report*. I said just a few minutes ago that I clearly recognised that the code of practice and the guidelines for retailers would form just one small but very important part of the overall action that the Government can take on this social problem. I have referred to action that must be based on research. I have said that action may or may not include further legislation. I have said that action must include prevention and education.

I was heartened indeed to hear my hon. Friend the Member for Halifax tell the House of the range of local community based activities focusing on prevention through the community, the schools, the social workers and informal networks of people involved. We wish very much to encourage and help that work. I hope that, without asking me to write out a cheque tonight, my hon. Friend will keep me in touch with what is being done. We are convinced that low-key education, especially in schools, forms an important part of any preventive strategy for dealing with a problem that cannot be solved at a stroke by any single law or Government action.



Equally important is the role of families. Prevention of solvent abuse is best and most effectively rooted in the family. The signs are all too clear—running eyes, spots around the mouth, curious incoherent speech, withdrawal into rooms and refusal to talk to parents. Those signs should be alarm bells for parents. They can then either deal with the problem themselves—I am sure that most families could make a good effort at that—or seek help from general practitioners—which I strongly recommend—community nurses, social workers and schools. One of the best ways to deal with the problem is to handle it within a local framework in the community itself.

I greatly commend the approach and attitude of my hon. Friend the Member for Halifax in his most interesting, fairly worded and objective assessment of the problem. I shall happily give way if I misunderstood what he said, but I believe that at no stage did he suggest that a magic wand could be waved or that there was any single solution to the problem.

A number of approaches have a contribution to make. Legislation may have a role to play, as may better codes for prevention in various areas and ways. A better and more thorough education about the problem is perhaps a matter for the schools and for my right hon. Friend the Secretary for Education and Science. Certainly the families have a most important role.

In mid-December, the Government will bring forward a package of proposals prepared by the Home Office and the Department of Health and Social Security—public order and health education are interrelated in this—to show what the Government intend to do next about a problem that is highly disturbing, both locally and nationally.

*Question put and agreed to.*

*Adjourned accordingly at seventeen minutes past Ten o'clock.*



SOLVENT MISUSE CONSULTATION

172 Mr John Wheeler (C: City of Westminster, Paddington)

To ask the Secretary of State for Social Services, when he will consult representatives of statutory and voluntary bodies and of retailers about solvent misuse; and if he will make a statement.

MR GEOFFREY FINSBERG

Letters were sent on Tuesday, 18 January to representatives of statutory and voluntary bodies concerned with solvent misusers in England and to representatives of retailers in England and Wales seeking their views on ways of tackling solvent misuse. My hon Friend, the Secretary of State for Wales, is similarly consulting statutory and voluntary bodies in Wales.

Copies of the consultation letters are being placed in the Library.

The letter to the statutory and voluntary bodies sets out the problem of solvent misuse and describes what these bodies have variously been doing to prevent solvent misuse and help solvent misusers and their parents. The Government action already in hand in support of their work is listed. The letter also seeks views on further Government action in support of this work, in particular on:

- i. the role of child care legislation;
- ii. the role of criminal law in relation to solvent misuse;
- iii. training aids for professionals;
- iv. training arrangements for professionals;
- v. new posts to stimulate local agencies' response to solvent misuse;
- vi. ways of disseminating good practice.



The letter to retailers' representatives contains similar information and describes the initiatives of retailers in many areas in exercising voluntary restraint in selling solvent products. Views are invited, in particular on:

- i. Whether retailers are generally willing to exercise voluntary restraints?
- ii. Whether existing arrangements work well, or should voluntary restraints be co-ordinated or promoted?
- iii. How might this be done; whether there is scope for a trade regulated code; what might the Government do to promote such a code?

Those consulted are asked to discuss widely the issues raised and to reply by 29 April 1983.





DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
ALEXANDER FLEMING HOUSE  
ELEPHANT AND CASTLE  
LONDON S.E.1

TELEPHONE: 01-407 5522

TO RETAILERS' REPRESENTATIVES ON THE ATTACHED LIST

18 January 1983

SOLVENT MISUSE ('GLUE SNIFFING')

You will, I am sure, be well aware of the practice of 'glue sniffing' - or solvent misuse as it is more correctly called - which has given rise to concern in recent years. Parliament last debated this problem on 26 October when Mr Geoffrey Finsberg, Parliamentary Under Secretary of State for Health and Social Security, re-affirmed that, as part of the Government's response, officials would be consulting retailers' representatives about the scope for voluntary restraint in selling solvent-based products. I am writing therefore to invite your organisation's views on what might be done in response to the problem.

As you know the practice of solvent misuse became prevalent in the United Kingdom during the 1970s. It is generally restricted to children and adolescents in the 10 to 19 age group, with a peak between 13 and 15. 'Sniffing' is a means of achieving intoxication and hallucinations by inhaling organic volatile solvents. These substances are generally found in common household products which are safe if used properly and therefore sold without control. Examples include butane lighter fuel, glues, paint thinner, nail varnish remover and aerosols. The solvents in these products include toluene, n-hexane, benzene, acetone, amyl acetate, ethyl acetate, methanol and ethanol.

Dangers from 'sniffing' may occur in the short term through accidental asphyxiation, respiratory failure, heart failure, or falls (if the "sniffing" takes place at a location where falling could be dangerous, eg on canal banks or in derelict buildings). There are believed to have been 27 solvent-related deaths in the UK in 1980. In the long term anaemia, leucopenia, and damage to liver, kidneys and central and peripheral nervous systems may occur.

A number of control measures have been suggested to deal with the problem but there are difficulties associated with all of these.

Controls on retail sale or supply. Many solvent-based products, for example modelling glues, are normal goods for young people to buy, or find in their homes, and controls would therefore impinge on everyday activities. It would not be easy to set an appropriate age for restrictions. Experience in other fields indicates that



whatever age was chosen might be difficult to enforce. Traders would find it difficult to judge age with reasonable accuracy and there would always be the possibility that young people would evade the controls by getting someone else to buy the products for them, or they would misuse solvents in their homes, or resort to stealing.

Application of the Misuse of Drugs Act 1971. The Misuse of Drugs Act places stringent restrictions on the manufacture and supply of certain drugs. It would not be sensible or practicable to apply this control to common household products.

Reformulating products to remove the sniffable compound or to include an aversive additive to deter sniffers. Examples of the use of solvents are in enabling a resin or wax, for example in glue or shoe cleaners, to remain fluid until the product is used, or as the propellant in an aerosol. Reformulation would have to be consistent with the continued efficacy of the product. Any alteration or introduction of an aversive substance would have to be compatible with the product, not deter normal usage, be toxicologically safe, not offer or increase other hazards, for example flammability, and not itself be attractive to sniffers. It would be necessary to change all products which might be abused, because sniffers would otherwise switch their abuse to products where no reformulation had been made. For these reasons reformulation would not be practicable or would not achieve the desired effect. Some states in the USA are understood to require the use of aversive additives but Federal authorities have apparently been unable to commend the use of such additives.

Warnings on packages. These could be counter-productive, by providing young people with an easy means to identify sniffable products.

Restricting possession or use. There would be great practical difficulties in formulating effective restrictions on the possession and use of solvents liable to misuse, and in enforcing them. Even if these difficulties could be overcome they might add to the danger of accidents to solvent sniffers by increasing the likelihood that sniffing would be done secretly or in isolated places.

In most cases responsibility for helping a young sniffer falls to parents who look for help to social services, schools, youth services, health services, the police and retailers. In many areas these agencies and retailers are co-operating to respond to solvent misuse in the way best suited to their community. On 26 October Mr Finsberg reported progress on measures to support these commendable efforts. They include the making of a training film, a book, sponsoring studies and consulting representatives of statutory and voluntary services and of retailers to learn how the Government can help the helpers.

Retailers in some localities have demonstrated that one measure which seems, from all accounts, to have had some success is the exercise of voluntary restraint on sales, based on common sense. The Department would be particularly interested to know your organisation's views on this practice.



We would appreciate comments on the various aspects of the problem detailed above and any suggestions you wish to make regarding the problem of solvent misuse. Your organisation's views on the following points would be particularly helpful:

- are retailers generally willing to exercise voluntary restraint?
- do the present ad hoc arrangements work well, or should voluntary restraint be promoted or co-ordinated?
- how might this be done? Is there scope for, say, a trade self-regulated code? What role might there be for the Government in helping the trade prepare such a code?

Would you please return the enclosed acknowledgement slip, to indicate if you will comment and may we have your reply by 29 April 1983? This should, I hope give you time to take the views of your members as appropriate.

Yours sincerely

*Margaret Pearson*

MRS M A J PEARSON  
Community Services Division



## SOLVENT MISUSE

## ADDRESSEES OF CONSULTATION LETTER TO RETAILERS' REPRESENTATIVES

R Petitjean Esq  
British Hardware Federation  
20 Harbourne Road  
Edgbaston  
BIRMINGHAM  
B15 3AB

021 454 4385

G MacWilliam Kain Esq  
(Director)  
British Multiple Retailers  
Association  
Commonwealth House  
1-19 New Oxford Street  
LONDON  
WC1A 1PA

01 404 0955

A W Whittle Esq  
National Hardware Alliance  
Turret House  
Station Road  
AMERSHAM  
Bucks

W O Booth Esq  
National Association of Shopkeepers  
Westminster Buildings  
Theatre Square  
NOTTINGHAM  
NG1 6LH

0602 45046

The Secretary  
Retail Alliance  
3 Berners Street  
LONDON  
W1P 4JP

Ms H Spencer  
(Manager UK)  
Retail Consortium  
19 Buckingham Gate  
LONDON  
SW1E 6LB

01 834 9524

J Dunse Esq  
Specialist Retail Group  
c/o Menswear Association of Great Britain  
Palladium House  
1 Argyll Street  
LONDON W1V 2LH



**F. R.**

Mr E Hillier  
(Solvent Misuse Consultation)  
Room B1413  
Alexander Fleming House  
Elephant and Castle  
LONDON SE1 6BY

SOLVENT MISUSE: CONSULTATION WITH REPRESENTATIVES  
OF RETAILERS

I/We will/will not\* be commenting

Name

Organisation

Address

Date

\* delete as appropriate





DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
ALEXANDER FLEMING HOUSE  
ELEPHANT AND CASTLE  
LONDON S.E.1

TELEPHONE: 01-407 5522

To Secretaries of associations on the attached list

18 January 1983

Dear Secretary

#### SOLVENT MISUSE ('GLUE SNIFFING')

In an adjournment debate in the House of Commons on 26 October on solvent misuse Mr Geoffrey Finsberg, Parliamentary Under Secretary of State for Health and Social Security, re-affirmed the Government's confidence in the work of local statutory and voluntary services in prevention campaigns and in helping young solvent misusers and their parents. Mr Finsberg reported progress on a range of initiatives he had launched in April 1982, and indicated that representatives of statutory and voluntary services would be consulted on what further steps the Government might take to support their work. I am writing therefore to seek your organisation's views accordingly.

A full list of the organisations being consulted is attached together with a list of the Government Departments concerned with the preparation and outcome of this consultation.

#### NATURE OF THE PROBLEM

As you may know, although commonly called 'glue sniffing' the problem is not confined to glues. There are a number of solvent-based products, many in everyday household use, which are safe if used properly, for their intended purpose, but which can be misused to achieve intoxication or hallucinations. The evidence seems to be that in most cases those who sniff solvents do so to experiment and give up without sustaining severe detectable damage. Although there are reports of adult solvent misusers, in the main it seems to be an activity of youngsters. Some solvents may of themselves cause harm or death with short term misuse, but the method of misuse, for example putting a plastic bag over the head, which could lead to death by asphyxiation, or accidents while intoxicated, are equally a potential risk. On present information the claim that some solvent products are 'safe' to sniff cannot be accepted. One of the main concerns of Ministers is for those youngsters whose casual or intermittent misuse of solvents leads to prolonged misuse from which they may develop permanent damage to the central nervous system, liver or kidneys, or the possibility of psychological impairment.

#### PARENTS

Ministers recognise that parents are in the front line. They have to teach their children to make responsible choices about their own health and they have to find ways of dealing with the problem if their children start to misuse solvents. But



parents may need to rely on the statutory and voluntary services described below for information and for advice. They may need direct help in responding to their children's problems and this need will be the greater if parents themselves, or their families as a whole, have problems of which solvent misuse is a manifestation. Parents look also to retailers to act responsibly in selling solvent products to youngsters. The Government seek to help parents by supporting the work of statutory and voluntary services and encouraging responsible retailers.

#### LOCAL SERVICES' AND RETAILERS' ROLES IN COMBATTING THE PROBLEM

Local statutory agencies are responsible for assessing needs for their services and priorities in their areas and for planning and providing services to meet these needs. The Government has encouraged statutory bodies to exercise this responsibility to the full, within Ministers' policy guidelines, and to collaborate with other statutory services, the voluntary sector and others. In many areas professionals from local services are working together to respond to solvent misuse in ways best suited to their localities. This arrangement seems to work best when these professionals are fairly senior in rank, are experienced and are officially representing their agency. Multidisciplinary networks may break down if individual professionals are involved solely through personal interest and agencies are not committed to replacing them should they leave. In some areas existing networks may be used; in others, a network established to tackle solvent misuse may become the basis of multidisciplinary work on other problems such as drug or alcohol abuse. Often co-operation in voluntary sales restraint by retailers is secured. Particular points on the roles of local or voluntary services are as follows; and where possible, examples are given for illustration, but, since there is no requirement for local and voluntary services to inform the Government of their work in this field, no inference should be drawn if particular local or voluntary activity is not mentioned.

#### The Police and the Courts

Solvent misuse itself is not unlawful, but the police have powers to deal with any unlawful activities associated with solvent sniffing. For example, if a person is behaving in an abusive or threatening manner likely to cause a breach of the peace or if he causes wilful damage the police may act under the Public Order Acts or the Criminal Damage Act. The police may also take a person who is unconscious or incapable of looking after himself to hospital or a place of safety. This contact with the police and any subsequent court appearance may be the first time a person's solvent misuse has come to light. The police and the courts would therefore have a role in putting the 'sniffers' in touch with local helping agencies. In Avon, where the police are represented on the county multidisciplinary group by an assistant chief constable and other officers, a juvenile bureau officer will visit a solvent misuser's home to talk to his parents and this may remove the need for court appearance. In Cleveland, police are represented by a superintendent. In Northamptonshire referral arrangements exist in relation to solvent misusers between the magistrates and the social services department.

#### Social Services

Solvent misuse is not a specific ground for care proceedings nor for social work intervention, but, using their powers under child care legislation, social workers may help young solvent misusers. Section 1 of the Child Care Act 1980 requires social service authorities to provide 'such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into care or keep them in care'. Section 1(2)(a) of the Children and Young



Persons Act 1969 provides ground for direct intervention where a child's development or health is being prevented or neglected and he is in need of care or control; and other parts of the same Act provide other bases of intervention. Persistent solvent misuse may well be a symptom of other problems and it is unlikely that solvent misuse of itself will be a ground of care proceedings. However social services' child care responsibilities have prompted social services departments, for example in Lancashire and Northampton, to take the lead in co-ordinating local multidisciplinary efforts in response to solvent misuse.

### Schools

There is no clear agreement on how schools can best react to the problem of solvent abuse. On the subject of drug abuse the Department of Education and Science's booklet 'Health Education in Schools' (1977) advised that the indirect aspect of the schools' task was to create a climate which would make recourse to abuse less probable. This applies equally to solvent abuse. As regards the direct aspect there is much to be said for a low-key approach to solvent abuse. A campaign in the schools could be counter-productive and even the inclusion of solvent abuse as a specific element in health education programmes might promote experimentation. There is a strong measure of agreement that solvent abuse is best dealt with at school on an individual basis by the pupil concerned talking to a teacher who will understand and whom he respects and trusts. There will however be times when the moment is right for group discussion when the topic crops up spontaneously and the teacher can discuss it. A number of local education authorities, for example in Lancashire and South Tyneside, have produced their own guidance to schools which contains information about solvents and advice on emergency procedures.

### The Health Service, including General Practitioners

There has been some tendency to understate the health service's role by those who suggest that the health effects of solvent misuse are of less importance than social or behavioural questions. This is unfortunate. The health service has the lead in health education, detecting the misuse of solvents by individuals and diagnosing and treating any adverse effects on their health. In Leeds and Northamptonshire health education departments have played a part in producing guidance for helping professionals. In Avon the solvent abuse monitoring project was led by a psychiatrist from the child guidance service, to which other helping professionals now refer chronic misusers. General practitioners work within multidisciplinary networks, (for example the Hackney solvent abuse panel is chaired by a GP) and treat youngsters' other problems of which solvent inhalation is a symptom. GPs and casualty departments may use - and through them other helping professionals have access to - the analytical services of the National Poisons Information Service to detect which solvents, if any, have been inhaled.

### Voluntary Services

Statutory services are encouraged to involve voluntary services in strategies to meet local needs. In relation to solvent misuse voluntary organisations have often been pioneers offering particular resources for statutory services. For example, the Teachers Advisory Council on Alcohol and Drug Education (TACADE), based in Manchester, has produced for teachers and others working with youngsters a health education package entitled 'Free to Choose' which covers solvent misuse in the general context of encouraging healthy living. Lifeline, also in Manchester, provides counselling service to which professionals can refer youngsters. In the South East the London-based Community Drug Project offers training for those likely to work with solvent misusers.



Retailers

In many areas retailers are voluntarily restraining sales of solvent products. This appears to be effective and to avoid the difficulties of definition and enforcement inherent in legislative control. Retailers' action has been encouraged, for example, by Evode Ltd, the manufacturers of Evc-etik and by the trade journal 'Hardware'. In Blackburn local initiative promoted 'responsible retailing' and in the London Borough of Hackney police home beat officers gave advice to all retailers in the borough on restricting solvent sales.

COURSES REJECTED BY THE GOVERNMENTControls on Retail Sale or Supply

Many solvent-based products, for example modelling glues, are normal goods for young people to buy, or find in their homes, and controls would therefore impinge on everyday activities. It would not be easy to set an appropriate age for restrictions. Experience in other fields indicates that whatever age was chosen might be difficult to enforce. Traders would find it difficult to judge age with reasonable accuracy and there would always be the possibility that young people would evade the controls by getting someone else to buy the solvent product for them, or they would misuse solvents in their homes, or resort to stealing.

Application of the Misuse of Drugs Act 1971

The Misuse of Drugs Act stringently restricts the manufacture, supply, possession, and use of certain drugs. Quite apart from the practical difficulties in formulating effective restrictions on common household solvent products liable to misuse, and in enforcing them, it would be wrong in principle to impose similar controls on household products which are in everyday use. This could only be at the expense of the freedom of the great majority of people who use them for their proper purposes.

Reformulating Products to Remove the Sniffable Compound or to Include an Aversive Additive to Deter Sniffers

Solvents are used to enable a resin or wax, for example in glue or shoe cleaners, to remain fluid until the product is used, or as the propellant in an aerosol. Reformulation would have to be consistent with the continued efficacy of the product. Any alteration or introduction of an aversive substance would have to be compatible with the product, not deter normal usage, be toxicologically safe, not offer or increase other hazards, for example, flammability, and not itself be attractive to sniffers. It would be necessary to change all products which might be abused, because sniffers would otherwise switch their abuse to products not yet reformulated. For these reasons reformulation would not be practicable or have the desired effect. Some states in the USA are understood to require the use of aversive additives, but Federal authorities have apparently been unable to commend the use of such additives.

Warnings on Packages

These could be counter-productive, by providing young people with an easy means to identify sniffable products.

ACTION ALREADY TAKEN OR IN HAND

The Government understands that those working with solvent misuse need good information on which to base their responses and that the most effective means to



strengthen local efforts is by ensuring access to such information and to this end the following has been or is being done.

#### Symposium

DESS co-sponsored a symposium on 24 November 1981 at Guy's Hospital in London, which was organised by the National Poisons Information Service and attended by researchers, doctors, care professionals, manufacturers and representatives of DESS, Home Office, Department of Education and Science and Scottish Education Department. Papers from the Symposium have been published by Macmillan Press Ltd in the journal 'Human Toxicology' in July 1982.

#### Training film for professionals

A training film for professionals and, possibly, parent-teacher groups is in production. The film was proposed by John Wheeler MP and will be available, with discussion notes, in 1983 through the Central Film Library.

#### Initiatives launched by the Parliamentary Under Secretary of State for Health and Social Security in April 1982

These were a commitment in principle to sponsor a book for professionals (a prospective editor has been approached) and, subject to receiving suitable applications within available resources, to fund studies into the problem. DESS has since prepared a statement of studies which would be likely to meet the Department's requirements as a customer and this is available on request.\* Mr Finsberg announced the publication in 'Health Trends' (which is circulated to doctors in the NHS) of an overview of current knowledge of this problem. Finally, Mr Finsberg said the Government would act with sensitivity to support existing efforts and would therefore consult retailers on voluntary "responsible retailing" and representatives of local statutory and voluntary services - hence this letter.

#### POSSIBLE FURTHER ACTION BY THE GOVERNMENT TO SUPPORT LOCAL EFFORT

##### Make Solvent Misuse a Specific Ground of Care Proceedings

If there were any doubts about social services' and courts' grounds for intervention this might resolve them. However, the majority of misusers give up sniffing after a period of experimentation and only a small minority become chronic misusers. These misusers are likely to have other problems which will have brought them to helping agencies' attention or already been a ground for intervention, and, as described above, social service departments have powers in current child care legislation to cover any need to act. Moreover, it has not so far been represented that additional powers would be helpful to social service departments.

##### Changes in Legislation

Many have argued that the law should be amended to make solvent sniffing, or at least some of the undesirable behaviour resulting from intoxication from solvents, an offence. The view of the Government, supported by many working with sniffers has been that such a course of action could be counter-productive. The risk of prosecution could lead young people to sniff in out of the way places, thus diminishing the likelihood that help would be available in the event of an accident. Court proceedings might also tend to alienate young people rather than encourage them to seek help and advice. The Government remains of the view that

\* From Miss V Patel, DESS, Room B1411 Alexander Fleming House, Elephant and Castle, London SE1 6BY



the primary response to the problem should remain one of education and persuasion. Nevertheless it wishes to explore whether any changes in the criminal law might provide useful support for this approach. From a preliminary study, it seems likely that although to make sniffing itself an offence might be more attractive, because it would aim at the root of the problem, such a provision would be difficult to frame and to enforce effectively. It may however be feasible to create an offence aimed at anti-social behaviour which falls short of threatening, abusive or insulting behaviour likely to cause a breach of the peace (already an offence under the Public Order Act 1936). For example the present offence of being drunk in a public place might be extended to cover intoxication from other substances, including solvents. Views would be welcome both on the general question of whether there should be any changes in the law, and, if so, what these changes might be.

#### Training Aids

As mentioned, it is hoped that a book and a training film will be available this year. There may still be scope for other materials, perhaps specific to different professional groups. Some exist already, for example TACADE's 'Free to Choose'. It may be that similar organisations should provide the specialist material for their related professional groups.

#### Review Training Arrangements for Professionals

It may be argued that the Government should fund trainers for an initial pump priming period to ensure that specific training in responses to solvent misuse is co-ordinated and accessible to all professional groups. However this would imply Government approval of the content of training, which central Government is not equipped to give, and could serve to isolate solvent misuse from coverage within the normal activities of training bodies. Comments would be welcomed from established training bodies and employing authorities on considerations affecting the inclusion of responses to solvent misuse in pre - and post - qualification education and training.

#### DHSS Funded Post to Stimulate Local Agencies' Response to Solvent Misuse

The Scottish Education Department is funding a three year pilot project in Grampian Region which aims, by strengthening the existing network of services, to enable parents of solvent misusers to have access to discreet and private handling of these problems. As noted above (pages 2-4) help is provided by local statutory and voluntary services in several counties and health regions in England, but, given this work, does there remain a specific need for a similar pilot project to help local effort in England? Scottish regions cover the area of several former counties and it may be difficult to define a project area of appropriate size in England from which results could be useful to other health service and local authority areas. Moreover, what would be the effect of such a project on the growth of services in the project area, surrounding areas and the rest of England?

#### Disseminating Good Practice

Is there a need for the Government to disseminate good practice either through publications or by sponsoring seminars? Publication would depend on central Government hearing of, or being able to identify good practice and there could be



E. R.

the danger of undue weight being given to activity in any area because it was covered in a Government publication. Is there a need for the support of seminars which will benefit several counties or health regions? Or do authorities attach more value to arranging and funding their own multidisciplinary seminars?

CONCLUSION

I should be grateful for your comments on the options discussed above. To encourage your full consideration of them we have resisted doing more than identifying the principal merits and demerits of each as the Government at present perceive them. There may be other possibilities that occur to you and we should be interested to hear of these. Would you please return the attached acknowledgment slip indicating whether you will be commenting and then may we have your reply by 29 April 1983.

Yours sincerely

*Margaret Pearson*

MRS M A J PEARSON  
Community Services Division

ENC



SOLVENT MISUSE

ADDRESSEES FOR CONSULTATION LETTER TO REPRESENTATIVES OF STATUTORY  
AND VOLUNTARY SERVICES

Advisory Council on the Misuse of Drugs  
Assistant Masters and Mistresses Association  
Association of Area Health Education Officers  
Association of Chief Officers of Probation  
Association of Chief Police Officers  
Association of Community Health Councils in England and Wales  
Association of County Councils  
Association of Directors of Social Services  
Association of Family Practitioners Committees  
Association of Metropolitan Authorities  
Association of Nurse Administrators  
Association of Teachers in Further and Higher Education  
Association of Therapeutic Communities  
British Association of Counselling  
British Association of Social Workers  
British Psychological Society  
Central Council for Education and Training in Social Work  
Church of England National Council for Social Aid  
Churches Council on Alcohol and Drugs  
Community and Youth Workers' Union  
Community Drug Project  
Co-operative Women's Guild  
Council for the Education and Training of Health Visitors  
Employment Medical Advisory Service  
English National Board for Nursing, Midwifery and Health Visiting  
General Nursing Council (England and Wales)



Greater London Council  
Guild of Health Education Officers  
Health Education Council  
Health Visitors' Association  
Institute of Health Service Administrators  
Institute for the Study of Drug Dependence  
Joint Board of Clinical Nursing Studies  
Justices' Clerks Society  
Lifeline  
London Boroughs Association  
Magistrates' Association  
Mental Health Foundation  
National Association for Mental Health  
National Association for the Care and Resettlement of Offenders  
National Association of Citizens' Advice Bureaux  
National Association of Governors and Managers  
National Association of Head Teachers  
National Association of Probation Officers  
NAS/UWT (National Association of Schoolmasters/Union of Women Teachers)  
National Association of Youth and Community Educational Officers  
National Campaign Against Solvent Abuse  
National Council for Voluntary Organisations  
National Council of Voluntary Youth Services  
National Federation of Parent-Teacher Associations  
National Federation of Women's Institutes  
National Children's Bureau  
National Institute of Social Work  
National Training Council for the NHS



National Union of Teachers

National Youth Bureau

Panel of Assessors for District Nurse Training

Police Federation

Professional Association of Teachers

Psychiatric Nursing Association

Psychiatric Rehabilitation Association

Regional Health Authorities in England (14)

Release

Residential Care Association

Royal College of Nursing

Secondary Heads' Association

Schools Council

Society of Community Medicine

Standing Conference on Drug Abuse

Superintendents Association

Teachers Advisory Council on Alcohol and Drug Education

United Kingdom Central Council for Nursing, Midwifery and Health Visiting

Women's Royal Voluntary Service



E. R.

Mr E Hillier  
(Solvent Misuse Consultation)  
DHSS CS2B  
Room B1413  
Alexander Fleming House  
Elephant and Castle  
LONDON  
SE1 6BY

SOLVENT MISUSE: CONSULTATION WITH REPRESENTATIVES OF STATUTORY AND VOLUNTARY BODIES

I/we will/\*will not be commenting

Name

Organisation

Address

Date

\* delete as appropriate



E. R.

(MEDICAL BODIES)

British Medical Association

Central Committee for Community Medicine

Community Medicine Consultative Committee

Council for Postgraduate Medical Education

Faculty of Community Medicine

General Medical Council

General Medical Services Committee

Royal College of General Practitioners

Royal College of Physicians

Royal College of Psychiatrists



SOLVENT MISUSE

GOVERNMENT DEPARTMENTS CONCERNED WITH THE PREPARATION AND OUTCOME OF CONSULTATION WITH REPRESENTATIVES OF STATUTORY AND VOLUNTARY BODIES IN ENGLAND

Department of Health and Social Security

Department of Education and Science

Department of Trade

Home Office

In Scotland, Wales and Northern Ireland similar exercises have been or are being undertaken by:

Scottish Education Department  
Scottish Home and Health Department

Welsh Office

Department of Health and Social Services (Northern Ireland)





DEPARTMENT OF HEALTH & SOCIAL SECURITY  
Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

Willie Rickett Esq  
Private Secretary to the  
Prime Minister  
10 Downing Street  
LONDON  
SW1

BI  
Prime Minister  
Mr Fowler intends to  
give the attached response  
to the report of the  
Advisory Council  
on the misuse of  
drugs. He will announce  
that HMG is making  
available £2m in grants  
to authorities as pump  
priming. A note on the  
sort of initiatives he  
wants to encourage is  
attached.

WA  
30/11

Dear Willie

We spoke this afternoon about my Secretary of State's proposed announcement of the publication of the Advisory Council on the Misuse of Drugs' Report on Treatment and Rehabilitation, scheduled for 1 December 1982.

I am attaching for the Prime Minister's information:

- (i) Summary and recommendations of the Council's Report.
- (ii) Correspondence between my Secretary of State, the Home Secretary and the Secretaries of State for Scotland, Northern Ireland and Wales.
- (iii) Draft PQ Answer.

Attached to the draft PQ Answer are the Notes of Guidance on the type of scheme which we wish to encourage via the additional £2 million which we are making available for grants to authorities and voluntary bodies.

If there is any further information which you feel would be useful to the Prime Minister, I would of course be only too happy to help.

Yours ever  
C. Souter

Mrs C L Souter  
Private Secretary



29 NOV 1982

5 11 12 1  
5 R 2 3  
4

COMMISSION





N.B. The Secretary of State wishes to amend this himself.

## DRAFT PQ AND REPLY

PQ: To ask the Secretary of State for Social Services, when the report of the Advisory Council on the Misuse of Drugs on treatment and rehabilitation is to be published; and what action the Government proposes to take.

## SUGGESTED REPLY

The Advisory Council's report is published today. The report spells out the changing nature and growing problem of drug misuse. It shows the effect on individuals, their relatives and friends, and on the work of health and social services agencies, the police, the courts and the probation service. It gives an overall view of treatment and rehabilitation services currently provided for drug misusers and makes recommendations for their strengthening and development.

The Council challenges the "traditional" tendency to treat specific forms of addiction. It advocates instead a broader approach aimed at responding towards the whole range of problems encountered by drug misusers. As the council says, what is needed is "a long-term response which can bring about enduring change in the drug misuser's behaviour".

We welcome this report and are grateful to the Council for its work. My right hon Friends and I recognise the challenge posed by the growth of drug misuse to which the Council has drawn attention and are determined to respond positively. Drug misuse is a major social problem with grave consequences that we cannot ignore. This field has not had adequate attention in the past and it is clear that new initiatives must now be taken.

We accept the Council's view that prime responsibility for the provision and development of services should remain at local level. This is consistent with our general policy for the health and personal social services.

It is important that each regional health authority should in consultation with local authorities, assess the extent of drug problems in its region - as the report recommends - and monitor the effectiveness of services in dealing with them. Each region must develop a policy for meeting local needs in this field, and we shall be following up developments under the arrangements introduced



this year for improving the accountability of the health service.

Recommendations are made in the report for the establishment of regional drug problem teams and of drug advisory committees in each district. Arrangements are being made for the report to be widely distributed to health and local authorities and to voluntary and professional bodies for their comments on these and other specific recommendations, including the Council's suggestions for the development of hospital based treatment services, advisory and counselling services, and residential facilities and for improvements in training. As recommended by the Council, such statistical data as is maintained centrally will be made available at regional and district level.

The report deals with prescribing safeguards. We believe it important to look in detail at the role of doctors in the treatment of drug misuse and at prescribing patterns, including the criticisms made of the prescribing practice of certain doctors. I am arranging for a special conference of the medical profession to be held in the New Year. As a matter of urgency my right hon Friend, the Secretary of State for Home Affairs, has already invited comments from the profession and other interested bodies on the Council's recommendation that current licensing arrangements for the prescription of heroin and cocaine should be extended to include dipipanone. He is also considering ways in which the tribunal procedure established under the MDA <sup>Misuse of Drugs Act 1971</sup> to deal with irresponsible prescribing might be made more effective and less time consuming; at the same time investigation will continue into the prescribing practices of a number of doctors.

My right hon Friends and I are concerned about the deficiencies in services which the report highlights and are anxious that the need to engage in consultations should not delay authorities in preparing the ground for new initiatives.

We are therefore making available £2 million for grants to authorities and voluntary bodies in England to enable them to bring forward schemes in the coming financial year. Grants will be made on a pump-priming basis - as recommended in the report and we shall be inviting proposals. Notes have been prepared on the sorts of schemes we wish to encourage. We shall be inviting comments on these with a view to issuing guidelines early in the New Year.

I look forward to an imaginative response from authorities and voluntary organisations

- [ In Scotland, ..... ]
- [ In Wales, ..... ]
- [ In Northern Ireland, ..... ]

X  
(attached)



DRAFT

(Guidelines for local initiatives)

TREATMENT AND REHABILITATION OF DRUG MISUSERS

INTRODUCTION

1. The DHSS is making £2 million available to support initiatives taken in 1983/84 by health authorities, separately or jointly with local authorities, or by voluntary organisations, to improve the help provided for people with health or social problems related to their misuse of drugs. These notes explain the Department's objectives in providing the funds and the procedures by which bids for them may be made. In the Annex suggestions are made as to sorts of projects and forms of spending for which support could be provided.

OBJECTIVES

2. Copies of the report on Treatment and Rehabilitation of the Advisory Council on the Misuse of Drugs (ACMD) have been distributed widely to health and local authorities in England, and to professional and voluntary organisations. Comments have been invited on the Council's proposals for strengthening and improving the range of service provision available for people with problems related to their misuse of drugs.

3. £2 million is being made available in 1983/84 - in advance of final decisions on the report - to help voluntary bodies and authorities who, in the light of their own assessment of priorities, wish to bring forward initiatives in this field to improve the range of services provided locally. For planning purposes it can be assumed that a similar sum will be available in 1984/85 and 1985/86. The broad objectives of the central initiatives, initially, are:

- (i) to encourage local assessment of the nature and spread of drug misuse problems;



- (ii) to improve levels of professional awareness and expertise in providing help for people with drug related problems;
- (iii) to improve links between hospital-based treatment services and the communities they serve;
- (iv) to help improve the effectiveness of services provided and secure greater value for money.

4. The objective is not to supplant authorities' responsibilities for providing services and training, but to enable them to introduce improved arrangements in the short term for considering the needs of people with drug related problems and to carry out their responsibilities towards this group.

#### USE OF FUNDS

5. Special provision for the funding of a range of initiatives is being made in 1983/84. The funds will be made available to health authorities, or directly to voluntary organisations. Health authorities may use the funds to make grants to local voluntary bodies (under powers given in Section 64 of the Health Services and Public Health Act 1968) or to cover local authority expenditure on jointly planned schemes. Powers are not available for the Department to pay grants directly to local authorities.

6. Details of schemes and bids for funding may be submitted by statutory authorities or by voluntary bodies subject to the following conditions:

- (i) only service or training initiatives to be undertaken in England will be considered;
- (ii) schemes should have regard for securing value for money - details of efficiency gains to be made should be given, where appropriate;



- (iii) local voluntary sector projects should have been the subject of consultation with the relevant Health and Social Services Authorities and have their support; written confirmation from authorities should be provided;
- (iv) capital investment schemes should have been the subject of consultation and agreement with the relevant agencies who would have to meet expected revenue consequences; written confirmation from authorities should be provided;
- (v) provision should be made available for the evaluation of all schemes designed to improve the effectiveness of existing services or to test alternative methods of providing services; bids should indicate firm proposals for and estimated costs of evaluation;
- (vi) schemes for testing new approaches to training should have been the subject of consultation with the relevant professional training bodies.

7. Funding is available for both capital and revenue projects for up to 2 years. Allocations will be made for eligible schemes and projects initially on a first come, first served, basis. Ministers will be considering, in the light of comments on the ACMD report, the need to consider more favourable subsequently bids for projects in selected areas. District Health Authorities should notify their Regional authorities of the bids they make. Regional Health Authorities are free to make bids in their own right. The closing date for bids will be 30 June 1983. No local voluntary or statutory project will be supported indefinitely from Departmental funds and, unless so stated, a grant in the financial year 1983/84 will not imply a commitment by the Department to provide funding in following years.



## DEFINITION OF DRUG MISUSE

8. The terms "drug misuse" and "drug related problems" have the meaning given to them in the ACMD report on Treatment and Rehabilitation, and in turn from the Misuse of Drugs Act 1971. Consideration will be given primarily to projects designed to help drug misusers, but schemes that also are concerned with the prevention of solvents abuse will be considered.

## EVALUATION REPORTS AND AUDITING OF ACCOUNTS

9. Where innovatory or experimental projects are funded under this scheme, the Department will ask for a written report to be made within 6 months after the ending of the project or of the Department's financial support. The Department will give details of the conditions under which grants are made in the letters approving particular projects for funding.

## APPLICATION PROCEDURES

10. Details of schemes thought to be eligible for funding should be sent to .....  
DHSS, Alexander Fleming House, Elephant & Castle, London SE1 6BY. Applications do not need to be set out in a particular form, but details should include all relevant financial costings and estimates, and, where necessary, background information should be provided on existing services or training provision which projects are designed either to complement or to supplement.\* The Department would aim to reply within one month of receipt of applications. Applicants should not assume that funds are to be allocated until they have received a letter giving confirmation.

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\* Applications for funds for accommodation schemes should indicate whether the housing costs of the project can be met from other sources. DHSS grant aid for housing costs (that is in addition to the costs for care and support provided) will be available only exceptionally.



## CHAPTER 11 - SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

*of the report*

11.1 In chapter 2 of this report, we have described the historical background to the present services for drug misusers and have concluded that in many instances recommendations made for improving them have never been fully implemented, due in part to the lack of any effective machinery to achieve this. The services themselves have been described in chapter 3 and our analysis of them in chapter 4 has demonstrated that they are now less able than ever to cope with the problems of drug misuse.

11.2 All the indicators point to a substantial increase in the numbers of people misusing drugs. That misuse extends from the opioids through amphetamines and barbiturates to the minor tranquilisers. The increase in multiple drug misuse has been a matter of particular concern to us. In parallel with this growth in drug misuse, there has been increasing questioning of the practice of prescribing controlled drugs to addicts especially on a long-term maintenance basis.

11.3 We have also noted the growing difficulties in finding adequate funds to maintain existing services, particularly by non-statutory agencies, but also by statutory agencies.

11.4 This analysis of the current situation has led us in chapter 5 to propose a move away from the present approach which is largely substance or diagnosis centred towards a problem oriented approach similar to that in the field of alcohol where the term problem drinker has now been adopted. Thus when we use the term problem drug taker we mean any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his own use of drugs or other chemical substances (excluding alcohol and tobacco).

11.5 It follows from this that we consider that services should be developed in a way which will enable them to respond to the needs of the problem drug taker. The aim must be to provide a range of treatment modules within a long-term perspective. It is this element of matching the individual's needs with service responses which we consider is most lacking in United Kingdom services at present. The main objective must be to utilise not only the full range of specialist services, but also the existing statutory services concerned with social support, including social work and youth services, housing and employment agencies. We must aim to use and build upon the resources we have with imagination and care and to bring co-ordination and consistency to services for problem drug takers.

11.6 We have therefore recommended in chapter 6 the establishment, using existing resources as far as possible, of regional and district drug problem teams and of district drug advisory committees which together can



ensure the co-ordinated development of services suited to local needs and can make available specialist advice and support for those working with problem drug takers. Within this framework we make recommendations on the future role of agencies providing services for problem drug takers.

11.7 In chapter 7 we have paid particular attention to the concern at the increasing involvement of doctors working away from hospital-based services in general practice (both NHS and private) and in other forms of private practice and to the risks inherent in this unplanned development. We have concluded that while there may be a role for some of these doctors in the treatment of problem drug takers, there is also a need to ensure that this role is consistent with good medical practice, and that adequate support is available to enable a multi-disciplinary response to be made to the needs of their patients.

11.8 The development of services will require improved training for those likely to come into contact with drug misusers. In chapter 8 we have drawn attention to the lack of training related to drug misuse in professional courses, and to the dearth of specialist training programmes on this subject. We make recommendations which we hope will improve this worrying situation.

11.9 While we consider that it should not be given priority over the provision of services there is a clear need for more research into the treatment and rehabilitation services provided for problem drug takers, along the lines proposed in chapter 9.

11.10 One of our major concerns has been the funding of services. The present arrangements, particularly in the non-statutory sector, are complex and uncertain. If there is to be an adequate response to the undoubted increase in problem drug taking then additional funding must be made available both at local level.

11.11 Against this background we make the following specific recommendations:

#### Central/Local Responsibilities

- i. There should be no changes at national level in the current allocation of responsibility for policy on services but the arrangements for central government to give advice and support to local agencies should be expanded (6.46-6.51).
- ii. The new arrangements to improve the accountability of the National Health Service should be used as one means of achieving implementation of our recommendations (6.52).
- iii. Prime responsibility for the provision and development of services should remain at local level (6.2 and 10.14).



### Development of Services

- iv. In developing services full use should be made of existing resources (6.4).
- v. Each regional health authority should ensure that the extent of problem drug taking in its region is monitored, assess the extent of the services provided and develop a policy for meeting local needs (6.6).
- vi. Each regional health authority should establish a multi-disciplinary regional drug problem team (6.6).
- vii. Regional drug problem teams should have a permanent identifiable base, usually a designated treatment clinic, or another existing specialist service where one exists (6.8).
- viii. Apart from providing a specialist service, the regional drug problem teams should have a peripatetic role within the region, giving support and advice to, and liaising with specialist and non-specialist agencies and encouraging the development of new services (6.9).
- ix. Within three years, drug advisory committees should be established in the majority of health districts to monitor the extent of problem drug taking, assess the effectiveness of existing services and to foster their improvement (6.11 and 6.12).
- x. Membership of the drug advisory committees should include representatives of health and local authorities and other statutory and non-statutory agencies (6.14).
- xi. In the longer term each health district should establish a team similar to but broader in composition than the regional drug problem teams (6.15 and appendix G).
- xii. As the advisory committees and district teams become established the regional teams should concern themselves more with long-term strategy for the development of services (6.16).
- xiii. Relevant statistical data held by central government should be made available to drug advisory committees and regional drug problem teams while preserving confidentiality (6.20).

### The Role of Individual Agencies

- xiv. Hospital-based treatment services should encompass the treatment of all forms of problem drug taking (6.23).
- xv. The minimum nucleus of such a service should comprise a consultant psychiatrist, with either a senior registrar, registrar or clinical assistant, as well as a social



- worker, nurse and secretary, who should have had special training and experience. The consultant should either have charge of or access to beds in an inpatient unit and laboratory facilities should be available (6.24).
- xvi. The minimum functions of a clinic should include the acceptance of problem drug takers as patients from a variety of referral sources preferably from their general practitioner for assessment; with options of help from different disciplines, in liaison with other services (6.25).
  - xvii. Advisory/counselling services should be developed and might be combined with day care centres (6.31 and 6.33).
  - xviii. A wider range of residential facilities is needed and their development should include a greater degree of flexibility in the programmes offered and in the length of stay (6.34 and 6.35).
  - xix. The expertise and methods of working introduced by the non-statutory agencies should be borne in mind when services are developed (6.36).
  - xx. Local authority social services should consider ways of promoting their involvement in developing services (6.40).
  - xxi. Structured hostel provision should be made available to organisations working with problem drug takers by means of management agreements with housing associations (6.44).

#### Prescribing Safeguards

- xxii. A network of support based on the regional drug problem teams should be available to doctors not working in hospital-based services who are treating problem drug takers; where necessary such doctors should liaise with hospital-based services and should utilise the services of other disciplines; and opportunities should be created for them to develop their knowledge and understanding of drug problems (7.18 and 7.19).
- xxiii. Guidelines should be prepared on good medical practice in the treatment of problem drug takers (7.24).
- xxiv. As a matter of urgency, the ability to prescribe dipipanone, and therefore Diconal, to addicts should be restricted to doctors licensed by the Secretary of State (7.27).
- xxv. This licensing restriction should also be extended at the earliest possible date to all other opioids, such extension being considered urgently in conjunction with the preparation of guidelines for good practice (7.32).



- xxvi. The Government should consider as a matter of urgency ways of fulfilling the original intention that the Misuse of Drugs Act should be able to deal with all forms of irresponsible prescribing, ranging from serious professional misconduct at one extreme to poorly judged but bona fide intention at the other (7.38).

### Training

- xxvii. Consideration should be given to developing training about drugs, alcohol, solvents and tobacco in an integrated way, particularly for those working with the young (3.10).
- xxviii. The appropriate professional bodies should review the provision of education regarding drug problems in pre-qualification courses (8.12), and explore ways in which education and training about problem drug taking might be included in post-basic qualification courses (8.13).
- xxix. Employers of residential staff should consider ways of providing in-service training (8.14).
- xxx. The appropriate professional bodies and national training agencies should examine the pre- and post-qualification courses for residential staff and should ensure the inclusion of education about drug problems in their curricula (8.14).
- xxxi. More in-service training should be provided at local level both for particular professional groups and for multi-disciplinary groups (8.15 and 8.16).
- xxxii. Training and education in drug problems should be designed and provided specifically for senior and middle managers (3.8 and 3.17).
- xxxiii. The Health Departments should establish one or more intensive multi-disciplinary courses for trainers involving supervision over at least six months (8.18).
- xxxiv. The Health Departments should consider ways in which the need for multi-disciplinary expertise and training might be met including the possible establishment of a national training facility (8.20 and 8.21).
- xxxv. Local training courses should be considered for pump priming funding by central government (8.22).
- xxxvi. The need for financial provision to be allocated for the training of staff in non-statutory agencies should not be overlooked (3.23).



- xxxvii. Training provision should be reviewed from time to time jointly by the appropriate government departments and the national professional bodies (3.24).

#### Research

- xxxviii. Further research is needed into service policy, techniques and processes of treatment and rehabilitation, and the factors which influence problem drug takers to seek help (9.4-9.7).
- xxxix. New mechanisms are needed to ensure that such research is initiated (9.3).
- xxxx. The need for research should not delay help for the problem drug taker, but the monitoring and evaluation of new and existing services is important (9.10).

#### Funding

- xxxxi. There may be a need to redirect current resources towards services for problem drug takers, and priorities should be reviewed (10.4).
- xxxii. Funds should be provided primarily from local sources, most probably from joint funding arrangements (10.14).
- xxxiii. There should be increased funding direct from central government possibly by way of pump priming grants normally for a minimum period of 5 years (10.16).
- xxxiv. Consideration should be given to the issuing by central government of guidelines to health and local authorities on the provision of funds (10.17).
- xxxv. Ways of funding services should be reviewed urgently, taking into account the special factors which affect provision for problem drug takers (10.18).

R. DUCKWORTH,  
Chairman, Treatment and Rehabilitation  
Working Group.

W. E. C. ROBINS,  
Chairman, pro tempore, Advisory Council  
on the Misuse of Drugs.

D. J. HARDWICK,  
Secretary.  
14th July, 1982.



PREVENTION AND TREATMENT OF DRUG MISUSE

SUGGESTIONS FOR LOCAL INITIATIVES

This Annex suggests a range of schemes for improving services for drug misusers which health and local authorities and voluntary bodies might wish to consider. The suggestions take account of the deficiencies in services and training provision identified by the report on Treatment and Rehabilitation of the Advisory Council on the Misuse of Drugs - in particular, deficiencies in staffing in existing drug treatment centres, lack of specialist health service provision in parts of the country where drug misuse problems are growing, and both under-subscribed and insufficient rehabilitation facilities.

Applicants should be aware that accommodation schemes may be eligible for capital and annual revenue grants from the Housing Corporation or local housing authorities if they are planned in consultation with a registered housing association as well as a voluntary organisation.

APPOINTMENTS

1. Appointment of suitably qualified staff to work with designated drug teams at Regional level in setting up and carrying out studies of the extent of drug misuse problems within the Region, the nature of the problem, and the possible use of indicators to monitor Regional trends.
2. Appointment of community psychiatric nurses to work within the community in liaison with staff of existing drug treatment facilities. This could enable patients to be seen without their needing to attend routinely as out-patients - so saving on psychiatric out-patient time, and enabling centres to see more patients for initial assessment (avoiding delays in appointments during which motivation for seeking treatment may be lost).
3. Creation of clinical assistant/hospital practitioner posts in existing drug treatment centres. Additional posts, if filled by GPs with an interest in the addictions, could provide the close association between GPs and specialist centres suggested by the ACMD. The posts would enable centres to see more patients for initial assessment.
4. Appointment of ex addicts as counsellors (in nursing assistant posts.) Some use of ex addicts as counsellors has been tried to provide a bridge between hospital facilities and therapeutic communities.

EQUIPMENT

5. Provision of additional equipment for toxicological screening to support existing drug treatment facilities. Many general psychiatric units do not at present have access to the latest technology to assist in diagnosis and treatment.

ACCOMMODATION

6. Provision for half-way houses/hostels. Some former in-patients require support before assuming a stable position in the community, for whom a place in therapeutic communities would be inappropriate. Half-way houses operated jointly by health and local authorities or by health authorities and a



and a voluntary organisation could fill that need. Joint operation could enable admissions policy to be co-ordinated with that of associated hospital in-patient facilities. (DHSS grants would be available for care and support provided <sup>7</sup> Grant aid for housing costs would be available only exceptionally.)

7. Grants to voluntary organisations to assist in setting up and running hostels/rehabilitation houses. The majority of existing facilities are in the South East. New hostels or rehabilitation houses are needed elsewhere so that residents can keep in touch with the communities in which they had cultural roots. Funding could include provision for the training of supervisory staff. *(Repeat note at end of para 6)*

#### DAY CENTRES AND ADVISORY SERVICES

8. The establishment of experimental day centres for drug misusers. Such centres could provide greater opportunities than are available in out-patient clinics for involving young drug misusers in structured activities - so helping prevent resumption of drug misuse through boredom - and helping improve their social skills. Separate centres would be desirable for older patients. Centres could be staffed by community psychiatric nurses, social workers and voluntary workers.

9. The establishment of experimental day hospitals for drug misusers. One or two experimental projects could be funded to explore alternatives to detoxification through in-patient admission or on an out-patient basis. A day hospital setting may, for example, be more appropriate to certain drug misusers (eg single mothers with children) for whom in-patient treatment might not be suitable and out-patient attendances provide insufficient motivation.

10. Grants to street agencies/walk-in centres. These can provide a means of bringing into treatment young people, many of them without GPs, who would not otherwise come into contact with treatment services.

11. Grants for establishment on an experimental basis of telephone information and advisory services. These could be assessed for their success in helping bring people into treatment.

#### TRAINING AND EXPERIENCE

12. Creation of posts in existing drug treatment centres to enable development of specific training programmes for different professional groups. While generally, the level of training available to those working with drug misusers needs to be improved, there are few people suitably qualified and with the time to provide training (additional to that required for their professional qualifications). Additional funds could help staff in existing centres to develop a programme aimed to help limited numbers of staff from other centres to improve their training skills in this field.

13. Provision for training allowances for GPs wishing to follow postgraduate training in the drugs field.

14. Grants in the form of bursaries to voluntary bodies to enable training of hostel staff.



15. Provision for proleptic appointments. In some Regions, it may not be possible to create new consultant posts specifically for drug treatment centres. Proleptic appointments would enable existing general psychiatric staff wishing to work in this field to acquire necessary additional expertise.



DES, Scotland and Northern Ireland content:  
no comments.



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book  
mail



Y SWYDDFA GYMREIG  
GWYDYR HOUSE  
WHITEHALL LONDON SW1A 2ER  
Tel. 01-233 3000 (Switsfwrdd)  
01-233 6106 (Llinell Union)

WELSH OFFICE  
GWYDYR HOUSE  
WHITEHALL LONDON SW1A 2ER  
Tel. 01-233 3000 (Switchboard)  
01-233 6106 (Direct Line)

Oddi wrth Ysgrifennydd Gwladol Cymru The Rt. Hon Nicholas Edwards MP From The Secretary of State for Wales

SECRET  
To: Mrs Pearson  
Mr Vennings, Mrs Walden  
Mr Joyce, Miss Barber  
Mr Wodder, Mr Scott  
Whyte.  
SENT 29/11  
29 November 1982

Dear Secretary of State,

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: REPORT ON TREATMENT AND REHABILITATION

You sent me a copy of your letter of 19 November to Willie Whitelaw with which you enclosed a draft of the statement which you propose to make about the ACMD Report on treatment and rehabilitation when you publish it.

I endorse your conclusions on the Report and have no objection to your proposal to publish it next Tuesday, 30 November. We shall conduct a parallel consultation in Wales with health and local authorities, voluntary bodies and professional organisations.

I am considering whether to provide pump-priming funds in Wales on the same basis as you propose for England. Bearing in mind that the problem is not on the same scale here, I propose to consider first the response to the consultation.

For your statement I suggest a passage as follows:-

"My Rt Hon Friend the Secretary of State for Wales will be consulting Welsh interests on the Report's recommendations insofar as they are relevant to the situation in Wales and will decide what further action should be taken in the light of comments received."

I understand that this is what George Younger proposes for Scotland. If so, please feel free to draft an omnibus text covering both Scotland and Wales.

I am copying this letter to Willie Whitelaw, Keith Joseph, Jim Prior and George Younger.

Yours sincerely,  
Keith Davies

The Rt Hon Norman Fowler MP  
Secretary of State for Social Services  
Department of Health and Social  
Security  
Alexander Fleming House  
Elephant and Castle  
LONDON SE1 6BY

Approved by the  
Secretary of State  
and signed in his  
absence





QUEEN ANNE'S GATE LONDON SW1H 9AT

*26/11/82*  
*Book*  
*mja*

*25* November 1982

*Dear Norman*

ADVISORY COUNCIL ON THE MISUSE OF DRUGS:  
REPORT ON TREATMENT AND REHABILITATION

Thank you for your letter of 18 November with which you enclosed a draft statement which you propose to make, by inspired written P.Q., on 30 November.

I am glad that you are able to make a positive and early response to this report. I agree that we should accept straight-away the key recommendations of the Council for the assessment in each region of the nature of the drug problem, for the development of regional policies and for improved controls on medical prescribing.

I am content with the proposed timing and with the general approach adopted in your draft, but think it would appear a more unified response if the few specific Home Office points were incorporated at suitable points in the body of the statement, rather than being gathered together in a separate paragraph. They concern areas where there is a considerable overlap in the interests of our Departments. For convenience they are incorporated in the revised draft which I am enclosing.

I think it is particularly helpful that you are in a position to make £2 million available for pump-priming grants on the lines recommended in the report. This should be seen as tangible evidence of a constructive Government response to the worsening situation of drug abuse. Indeed you might like to consider strengthening the third paragraph of the draft reply slightly in the way suggested in the enclosed redraft.

I have asked my officials to get in touch with yours concerning the bodies that will need to be consulted. But I would not think it is necessary in this statement to go further than the general reference you make to consulting "voluntary and professional bodies".

I am copying this letter to the recipients of yours.

*Norman*  
*Fowler*

SECRET
For advice
Mr. Pearson
Mr. King; Mr. Walker
Mr. Taylor; Mr. Batten
Mr. Calder
Mr. Smith; Mr. Wylie
CY/26/82

The Rt. Hon. Norman Fowler, M.P.



DRAFT PQ AND REPLY

PQ: To ask the Secretary of State for Social Services, when the report of the Advisory Council on the Misuse of Drugs on treatment and rehabilitation is to be published; and what action the Government proposes to take.

SUGGESTED REPLY

The Advisory Council's report is published today. The report spells out the changing nature and growing problem of drug misuse. It shows the effect on individuals, their relatives and friends, and on the work of health and social services agencies, the police, the courts and the probation service. It gives an overall view of treatment and rehabilitation services currently provided for drug misusers and makes recommendations for their strengthening and development.

The Council challenges the "traditional" tendency to treat specific forms of addiction. It advocates instead a broader approach aimed at responding towards the whole range of problems encountered by drug misusers. As the council says, what is needed is "a long-term response which can bring about enduring change in the drug misuser's behaviour".

We welcome this report and are grateful to the Council for its work. My right hon Friends and I recognise the challenge posed by the growth of drug misuse to which the Council has drawn attention and are determined to respond positively. Drug misuse is a major social problem with grave consequences that we cannot ignore. This field has not had adequate attention in the past and it is clear that new initiatives must now be taken.

We accept the Council's view that prime responsibility for the provision and development of services should remain at local level. This is consistent with our general policy for the health and personal social services.

It is important that each regional health authority should in consultation with local authorities, assess the extent of drug problems in its region - as the report recommends - and monitor the effectiveness of services in dealing with them. Each region must develop a policy for meeting local needs in this field, and we shall be following up developments under the arrangements introduced



this year for improving the accountability of the health service.

Recommendations are made in the report for the establishment of regional drug problem teams and of drug advisory committees in each district. Arrangements are being made for the report to be widely distributed to health and local authorities and to voluntary and professional bodies for their comments on these and other specific recommendations, including the Council's suggestions for the development of hospital based treatment services, advisory and counselling services, and residential facilities and for improvements in training. As recommended by the Council, such statistical data as is maintained centrally will be made available at regional and district level.

The report deals with prescribing safeguards. We believe it important to look in detail at the role of doctors in the treatment of drug misuse and at prescribing patterns, including the criticisms made of the prescribing practice of certain doctors. I am arranging for a special conference of the medical profession to be held in the New Year. As a matter of urgency my right hon Friend, the Secretary of State for Home Affairs, has already invited comments from the profession and other interested bodies on the Council's recommendation that current licensing arrangements for the prescription of heroin and cocaine should be extended to include dipipanone. He is also considering ways in which the tribunal procedure established under the <sup>Misuse of Drugs Act 1971</sup> to deal with irresponsible prescribing might be made more effective and less time consuming; at the same time investigation will continue into the prescribing practices of a number of doctors.

My right hon Friends and I are concerned about the deficiencies in services which the report highlights and are anxious that the need to engage in consultations should not delay authorities in preparing the ground for new initiatives.

We are therefore making available £2 million for grants to authorities and voluntary bodies in England to enable them to bring forward schemes in the coming financial year. Grants will be made on a pump-priming basis - as recommended in the report and we shall be inviting proposals. Notes have been prepared on the sorts of schemes we wish to encourage. We shall be inviting comments on these with a view to issuing guidelines early in the New Year.

I look forward to an imaginative response from authorities and voluntary organisations.

[In Scotland, .....]

[In Wales, .....]

[In Northern Ireland, .....]





DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

*From the Secretary of State for Social Services*

The Rt Hon William Whitelaw CH MC MP  
 Secretary of State for the Home Department  
 Home Office  
 50 Queen Anne's Gate  
 LONDON  
 SW1

November 17 1982.

*Joe Willie.*

ADVISORY COUNCIL ON THE MISUSE OF DRUGS: REPORT ON TREATMENT AND REHABILITATION

The report of the Advisory Council on the Misuse of Drugs on treatment and rehabilitation is now ready for publication.

In your letter of 3 June you suggested that recommendations of the Advisory Council which justified immediate action should be implemented as soon as possible, and that an early statement should be issued to clarify the Government's intentions on the report. I agree and have prepared a draft statement which I enclose.

We believe it important that new initiatives should be taken in this field and that health and local authorities' responsibilities should be emphasised. I suggest in the statement that we accept the key recommendations of the Council for the assessment in each region of the nature of the drug problem, for the development of regional policies, and for improved controls on medical prescribing.

I believe we must consult authorities on the practical implications of implementing other specific recommendations and I suggest that copies of the report should be widely distributed for this purpose. We propose issuing the report to health and local authorities in England and to the national voluntary and professional organisations on the enclosed list.

We are anxious that consultations should not delay authorities and voluntary bodies in preparing the ground for new initiatives and are therefore making £2 million available for pump-priming grants on the lines recommended in the report. This money would be available for schemes brought forward in the coming financial year.



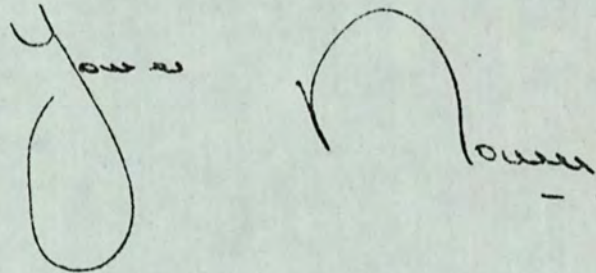
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I would propose making the statement in reply to an inspired written PQ, in which I might also announce on your behalf and on behalf of the other Health Departments any other immediate responses that are to be made. The reply could then be appended to a brief press release to issue from this Department.

I am copying this letter to Keith Joseph, James Prior, George Younger and Nicholas Edwards, and will be grateful for your and their views on the approach proposed. If it is acceptable, I would be grateful for advice on what in particular should be said in reply to the PQ about the action and parallel consultation which is envisaged by the Home Office and in Scotland, Wales and Northern Ireland; and what reference should be made to the interest of the Department of Education and Science in aspects of the recommendations on Education, training and research.

Subject to your views, I propose fixing the date for publication for 30 November.

I would be grateful for early replies to allow time for the necessary arrangements to be made.

A handwritten signature in black ink, appearing to read 'Norman Fowler'. The signature is written in a cursive style with a large initial 'N' and 'F'.

NORMAN FOWLER

ENC



## DRAFT PQ AND REPLY

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## SUGGESTED REPLY

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We welcome this report and are grateful to the Council for its work. Drug misuse is a major social problem with grave consequences that we cannot ignore. This field has not had adequate attention in the past and it is clear that new initiatives must now be taken.

We accept the Council's view that prime responsibility for the provision and development of services should remain at local level. This is consistent with our general policy for the health and personal social services.

It is important that each regional health authority should in consultation with local authorities, assess the extent of drug problems in its region - as the report recommends - and monitor the effectiveness of services in dealing with them. Each region must develop a policy for meeting local needs in this field, and we shall be following up developments under the arrangements introduced this year for improving the accountability of the health service.



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[My right hon Friend the Secretary of State for Home Affairs.....]

[In Scotland,.....]

[In Wales, .....]

[In Northern Ireland,.....]



