

# DRUGS & ALCOHOL



DRUGS AND ALCOHOL

Definition

This chapter combines Drugs and Alcohol Crime and related issues. However, there are key differences to acknowledge between the nature of drugs and alcohol, in terms of community safety, crime prevention, policing and treatment. In addition, the available alcohol data focuses on the health datasets, and the drug data is primarily derived from criminal justice sources. With this in mind, the sections have been separated where necessary, and the need for more robust and easily available alcohol data has been noted.

Drugs and alcohol, and their relationship with crime, have had high-profile attention in recent years. Government, both national and local, and the media have focused a lot of attention on the level of drug dealing and use and how it impacts on crime. Furthermore, Lambeth is an area with particularly significant drug issues, which are given a disproportionate amount of media coverage.

In particular, the government has focused on the impact that successful drug treatment can have on levels of crime in local areas. As a result, there is a wide-range of data source, including:

- Metropolitan Police (Drug Possession, Drug Trafficking/ Supply, Other Drug Offences and Prostitution offences, including Soliciting and Kerb-Crawling)
- CADMIS<sup>10</sup> – This includes emergency and normal calls to the Police and Police generated actions
- Health, includes Hospital Admissions and Deaths
- CJIP Drug-Testing (The Criminal Justice Interventions Programme includes drug-testing for Class A drug use in the custody suite on arrest for a variety of ‘trigger offences’)
- National Drug Treatment Monitoring System (NDTMS)
- Other data sources and reports, includes Arrest Referral, Probation, Street Population, Lambeth Alcohol Strategy, etc.

Metropolitan Police data is an indicator of Police activity as much as it is an indicator of the level of crime. This is particularly true of drug and prostitution offences. This should be remembered when considering much of the data below.

What do our statistics tell us?

- Of the 40 Prolific Offenders in Lambeth, currently 35 are drug dependant

- Residents rated the issue of drugs as the biggest problem in Lambeth – 60% claimed that drug dealing or drug use were fairly or very serious problems in their area
- Looking at the figures provided in the Economic and Social Cost of Crime Survey, the health and health-related cost of crime in the borough is £531,060,809. This includes the emotional and physical impact on victims, and accounts for almost 63% of the total cost of crime
- The governmental NTORS<sup>11</sup> estimated that for every £1 spent on drug treatment saved £3 in terms of criminal justice costs

Table 22  
Drugs crime totals for 2003-04 compared with our current Crime and Disorder Reduction family

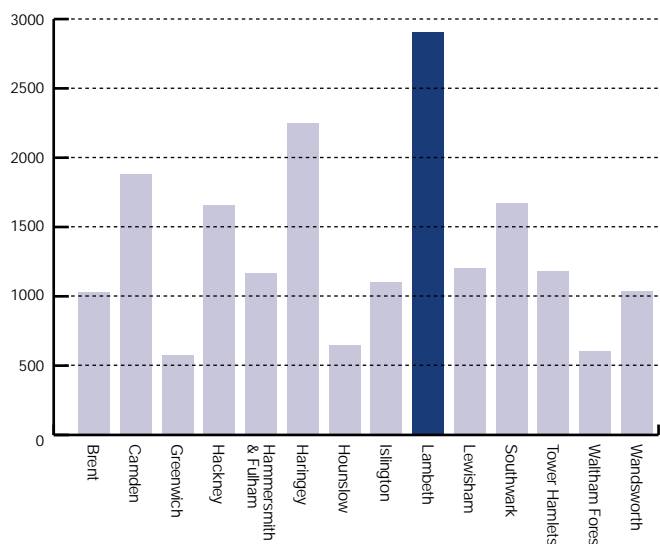
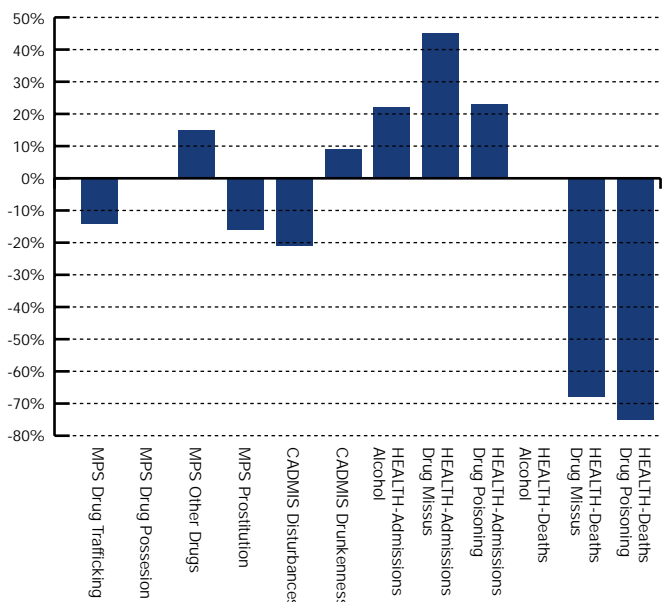


Table 23  
Drug and Alcohol-Related Audit Indicators % Change from FY2002-2003 to FY2003-2004



The drug-related data recorded by the Police, CAD-MIS and Health services has been added to give a borough overview of the number of drug and alcohol Community Safety incidents.

- In FY2003-04, there were 5,653 incidents, compared to 5,472 in FY2002-03 (an increase of 3.3%, 181 incidents)
- The table opposite shows which incident datasets have increased or decreased over the past two financial years

## DRUGS

### Metropolitan Police – Offence Data

- Metropolitan Police data for Drug Offences combines Drug Possession, Drug Trafficking/Supply and Prostitution offences. Prostitution offences have been included due to the strong link between prostitution and drug offences. This has been established in Lambeth anecdotally, through prior research<sup>12</sup> and through the CJIP Drug-Testing activity (of the 40 people tested for drug use after arrest for Prostitution in the last six months of FY2003-4, 39 tested positive for Class A drug use in the previous 24 hours: either crack/ cocaine or both crack/ cocaine and heroin)
- The Metropolitan Police Data shows a 3.6% decrease in offences. In FY2003-4 there were 3,078 offences, in FY2002-3 there were 3,194 offences, a drop of 116 offences
- In FY2003-4 75.9% (2335 offences) of drug-related offences were Drug Possession offences
- Drug Trafficking and Prostitution (incl. Kerb-Crawling) each accounted for more than 10% of the total number of offences (10.7% or 330 offences; 12.2% or 375 offences respectively)
- In FY2003-4 66.7% (2052 offences) were cannabis related, similar to FY2002-3
- In FY2003-4 the number of crack (excluding cocaine) related offences increased by 5.3% (239 offences), in FY2002-3 there were 239 offences
- In FY2003-4 the number of heroin (excluding other opiates) related offences decreased by 39.8% (80 offences), in FY2002-3 there were 133 offences

**Health Data** (shows numbers of Drug related Hospital Admissions and Deaths)

- In FY2003-4 Drug Misuse-related Hospital Admissions increased by 45.0% (an increase of 118 admissions) from 264 to 382; Drug Poisoning-related Hospital Admissions increased by 22.7% (an increase of 70 admissions) from 309 to 379

- In FY2003-4, there were 1,705 admissions to a NHS provider that were considered to be as a result of drug or alcohol misuse or poisoning. This is an increase of 21.0% or 458 admissions against FY 2002 –2003. The total number of admissions consisted of 382 drug misuse (22%) and 379 drug poisoning (22%)
- Drug Misuse-related Deaths decreased by 68.4% (a decrease of 13 deaths) from 19 to 6; Drug Poisoning-related Deaths decreased by 75% (a decrease of 12 deaths) from 16 to 4
- In FY2003-04, there were 29 deaths recorded by the NHS for drug or alcohol-related causes. This is a substantial decrease of 46% from FY2002-3 when there was a total of 54 deaths. The deaths in FY2003-4 consisted of 6 drug misuse (21%) and 4 drug poisoning (14%)

### Crack House Raids and Closures

- In FY2003-4 the number of crack house raids decreased by 6.7% (224 raids) compared with 240 in FY2002-3
- In FY2003-4, 34 council properties were closed after drug activity had been identified on the premises. This is a 24.5% decrease from the previous year's figure of 45. In total, there were 79 council properties closed as a result of identified drug activity

### What are our Priority Areas & what makes up those areas?

The Drug and Alcohol data show the priority areas in Lambeth to be the wards of Coldharbour, Brixton Hill and Larkhall.

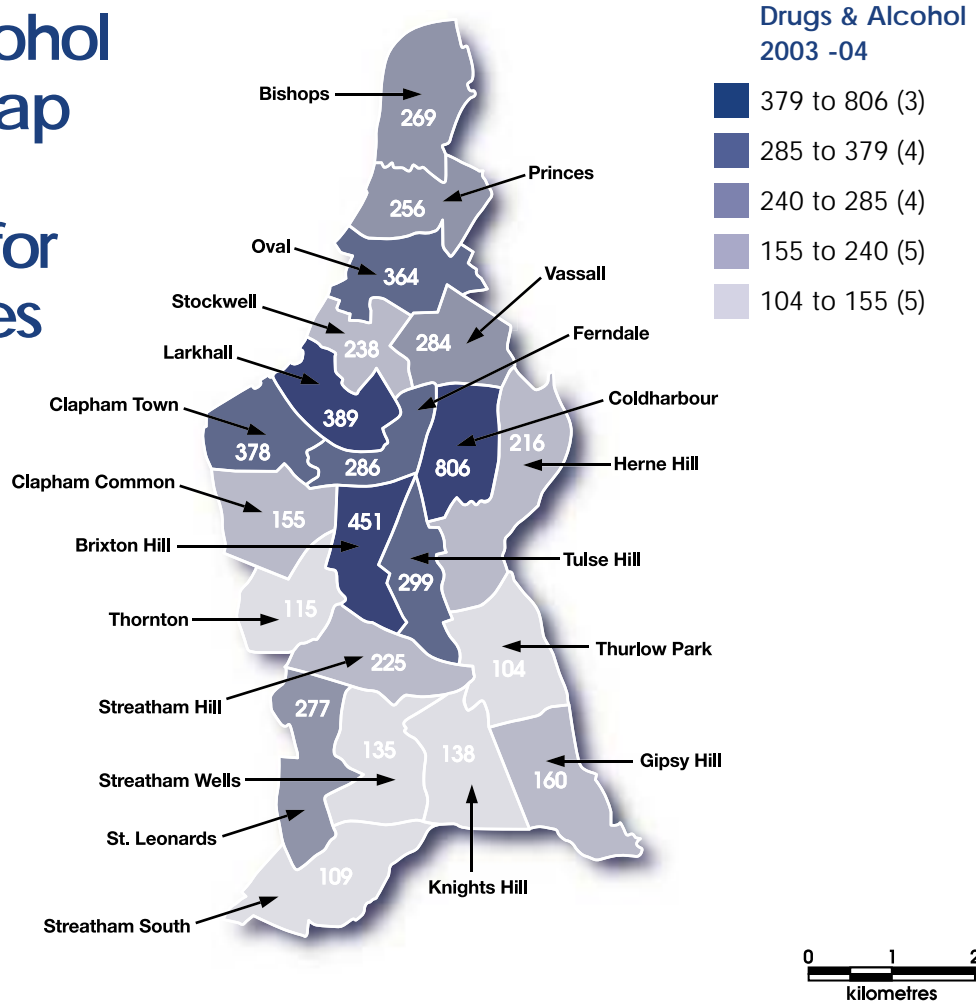
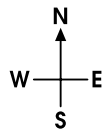
Coldharbour, in particular, had a high level of drug crimes, with almost a fifth of all of Lambeth's drug crime (19.7% or 605 offences). The three priority wards were responsible for two-fifths of the borough's drug offences (39.9% or 1,228 offences).

When looking at all Drug and Alcohol datasets, Coldharbour was still the highest, showing twice the number of Drug and Alcohol incidents as any other ward (one in seven Drug and Alcohol incidents borough-wide). The three priority wards accounted for almost one in three Drug and Alcohol incidents across the borough (29.1% of all incidents).

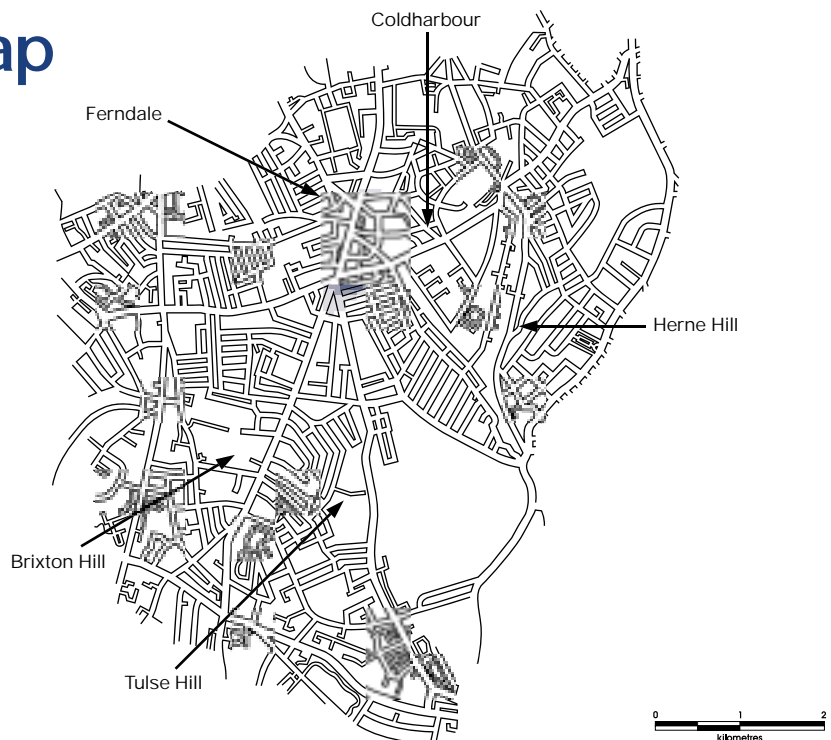
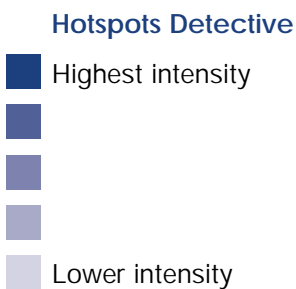
Within Coldharbour, it can be seen that there is an extremely high level of drug crime around Coldharbour Lane (near the intersection with Brixton Road). The hotspot highlights the large volume of offences, which takes place in this concentrated area. The priority areas are the wards of Coldharbour, Brixton Hill and Larkhall (see below section for details).

<sup>12</sup> Lindsell (2003) *Crack: The New Pimp*

# Map 7 Drugs & Alcohol Thematic Map for 2003-04 Ward totals for all categories



# Map 8 Kernal Density Map of Brixton Town centre showing all classified Drugs crime for 2003-04



**Coldharbour**

- In FY2003-4 there were 3,078 offences recorded by the MPS classed as drug offences. Of these, 19.7% (605 offences) occurred within Coldharbour ward. This was a decrease of 12% from FY2002-3 (84 offences)
- The vast majority of these offences were Possession of Drugs, accounting for 86.3% of the 605 offences (522 Drug Possession Offences)
- The most significant decrease of offences was around Drug Trafficking, falling 48% from 123 to 64 offences over the two years

**Brixton Hill**

- Brixton Hill accounted for 10.9% of drug offences across the borough (336 offences). This is an increase of 7.7% (24 offences) from the previous year
- Over half of these offences were classed as Prostitution (Soliciting or Kerb-Crawling), 53.0% (178 offences). This was by far the highest number of Prostitution offences for any ward in the FY2003-4

**Larkhall**

- In FY2003-4 Larkhall accounted for 9.3% (287) of drug offences recorded in Lambeth. This was a decrease of 36% (182 offences) from the previous year. Despite this large decrease, Larkhall still had the third highest level of Drug Offences in Lambeth
- More than four-fifths of the Drug Offences in Larkhall were Drug Possession Offences, amounting to 239 offences (83.3%). This was a 44% decrease from the previous year's figure of 427 Drug Possession offences. This was the second-highest number of Drug Possession offences for a ward (after Coldharbour)

**Profiles of Drug Crime Offenders and Treatment Clients**

Because of the way that data is collected by different agencies, it is difficult to give a single profile for an offender and user. We have, therefore, looked at the profile based on the datasets available.

	Age	Gender	Ethnicity	Comment
<b>Criminal Justice</b>				
<b>Met Police – Suspects (from the three priority wards)</b>	Early 20's	Male - 85%	African / Caribbean	Of data available, demographic trends are as noted in this table
<b>Arrest Referral</b>	25 to 34 - 35%	Male - 82%	White British - 32% Black Caribbean - 24% Black British - 18%	None
<b>CJIP Drug-Testing</b>	25 to 29 - 22% 20 to 39 - 77%	Male - 77%	African-Caribbean – 52% White European – 41%	See below for more details
<b>Probation</b>	Unknown	Unknown	Black – 74% White – 18%	Unemployed – 64% Cocaine/Crack Only – 37%
<b>Treatment and the Community</b>				
<b>NDTMS</b>	35 to 39 – 24%	Male – 68%	White - 67% Black or Black British – 19%	See below for more details
<b>Street Population</b>	36 to 49 – 40% 26 to 35 – 39%	Male – 89%	White – 85% White British – 58%	See below for more details

### CJIP Drug-Testing<sup>13</sup> (Six Months, October to March 2003 – 2004)

- The average age of people testing positive for drug use was 32 years (349 people), while those testing negative averaged at 29 years (186 people)
- A larger proportion of males was found amongst those testing negative for class A drug use, compared to the average (85.5%, 159 people). However, amongst those testing positive for Opiates, the proportion was smaller (67.6%, 25 people)

### Probation

- In FY2003-4 the Probation Service recorded 2,315 Pre-Sentencing Reports (PSRs), divided into 15 offence categories. Under the category Drugs Offences, there were 228 PSRs (9.9% of total)
- Some of the PSRs were also missing Employment Status data. Of those known, 64% (103 people) were unemployed and 24% (34 people) were employed
- Where drug data was included, the highest count was for Cocaine/ Crack, only (37%, 44 people)
- The Probation Service and Metropolitan Police identify 40 prolific offenders on the borough. Of these, 35 currently are known as either drug users or dealers

### NDTMS (National Drug Treatment Monitoring System)

The National Drug Treatment Monitoring System reports details of individual residents of Lambeth who accessed structured drug treatment services. Does not include people who report Alcohol as their main problem drug

- 41.4% (469) of the people accessing treatment reported Heroin as their primary problem drug. A further 22.7% (257 people) reported Crack as their primary problem drug. All Opiates accounted for 60.1% (682 cases) of the primary drug recorded, while all Cocaine-based drugs accounted for 25.6% (290 cases) of the drug treatment clients' primary drug. In addition, where clients did report a secondary drug, 42.0% (250 people) reported Crack as their secondary drug

- Data on clients' injecting profile was incomplete. However, of those recorded, 53.7% (138 people) said they had never injected, 33.1% (85 people) said they are currently injecting, and 13.2% (34 people) said they had injected previously but were not currently injecting
- People tended to self-refer to treatment services. Of those where referral source was recorded, 47.3% (399 people) were self-referred. 22.3%, 188 people were referred by their GP

### Street Population

As recorded by Lambeth Street Population Outreach Team.

- In FY2003-4 86.7% of the street population reported a need for support services. Of these, 42% needed assistance with drugs only. However, 73% reported a need for drugs support amongst other concerns
- In FY2003-4 over 37.3% of the street population reported having previously been in prison (118 people)

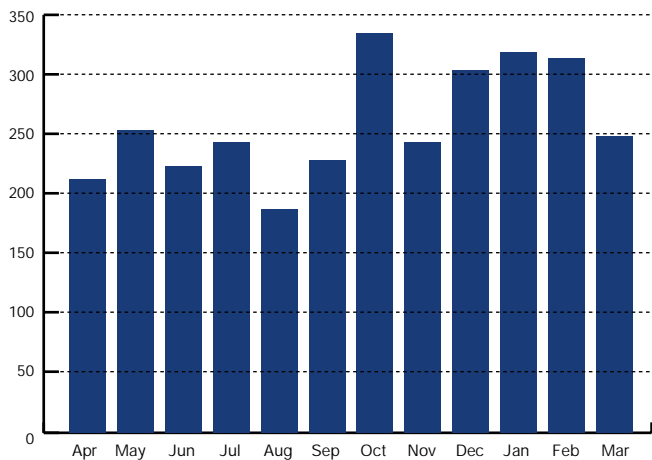
### When are the key times?

#### All Drug Offences (including Prostitution offences):

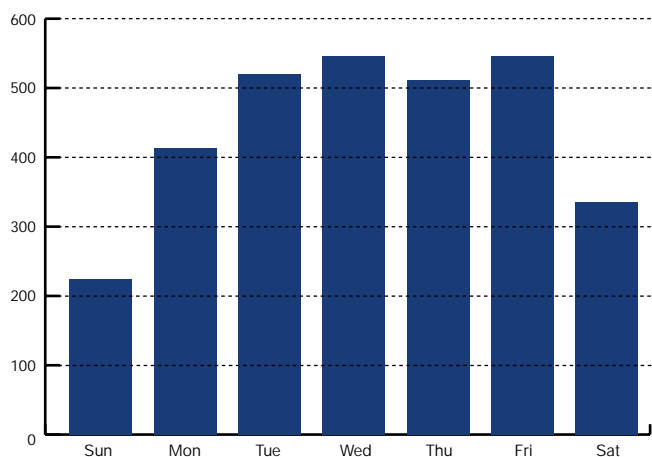
- August had the least number of drug offences, and October had the most. There did not seem to be any significant seasonal variation to the drug offences
- Drugs offences peaked between Tuesday and Friday, with over 500 offences being recorded on each of those days over the year. Sunday was significantly lower, with only half the average number of offences for any particular weekday
- The majority of drug offences/ arrests occur later in the day. There were more arrests between 21.00 hours and 22.00 hours (over twice the average number of arrests for any hour period of the day). Less than 1 in 13 offences occur between 04.00 hours and 10.00 hours

<sup>13</sup> The Criminal Justice Intervention Programme perform Class A drug testing on charge, in Police custody suites, for a range of 'trigger offences', such as shoplifting, drug possession and residential burglary.

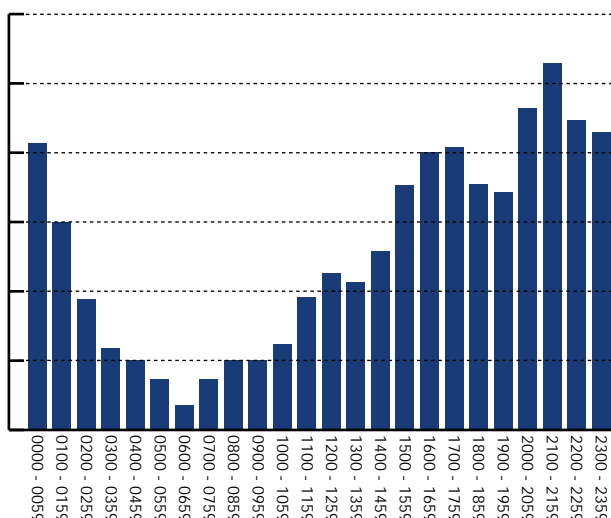
**Table 24**  
Chart showing seasonal trends in Drug Offences FY2003-04



**Table 25**  
Chart showing days of the week for Drug Offences FY2003-04



**Table 26**  
Chart showing peak times for Drug Offences FY2003-04



**ALCOHOL**

**CADMIS Data**

- In FY2003-4 297 calls were recorded for Disturbances in Licensed Premises, a 21.4% decrease from the FY2002-3 figure of 378. This may reflect a change in the reporting method
- However, calls for Drunkenness increased by 9% from 499 in FY2002-3 to 544 in FY 2003-4

**Health Data** (shows numbers of Alcohol-Related Hospital Admissions and Deaths)

- Alcohol-related Hospital Admissions increased from 774 to 944 (22.0% or 170 admissions)
- In FY2003-4, there were 1,705 admissions to a NHS provider that were considered to be as a result of drug or alcohol misuse or poisoning. This is an increase of 21.0% or 458 admissions against FY 2002 –2003. In total, there were 944 alcohol-related admissions, which accounted for 55% of the above total
- The number of Alcohol-related Deaths did not change over the two years (19 in both years)
- In FY 2003-4 there were 29 deaths recorded by the NHS for drug or alcohol-related causes. This is a substantial decrease of 46% from FY2002-3 when there was a total of 54 deaths. The deaths in FY2003-4 included 19 that were alcohol-related (66% of total above)

**The Lambeth Alcohol Strategy**

Consultation Document compared the following data on levels of alcohol use and alcohol-related harm in the borough to a London average:

Indicator	London Average	Lambeth
Mortality rate due to alcohol 1997 to 1999 average (per 100,000)	12.3	Over 18
Death – Chronic Liver Disease 2002 (per year)	44	65
Ambulance Callouts – Alcohol (per 100,000)	50 - 59	Over 80

## What are our Priority Areas & what makes up those areas?

See Drugs Section.

### Alcohol Profile

There is a need for better data collection around offenders of alcohol-related crime and people with alcohol-related problems.

### Street Population

As recorded by Lambeth Street Population Outreach Team

- Demographic details in Drug section (page 41)
- In FY2003-4 86.7% of the street population reported a need for support services. Of these, 45% reported a need for alcohol support amongst other concerns

## When are the key times?

### Ambulance Data

- The highest recorded month for alcohol-related ambulance calls was December (95 calls) and the lowest was May (56 calls). The months of June to September all recorded higher than average activity. With the exception of December, there seems to be a slight increase in activity over the Summer months
- There were more Alcohol-related calls on Saturdays and fewer on Mondays, but there was little fluctuation through the different week days. Sundays had more calls than Fridays, (probably due to calls after midnight being logged as the next day), hence Saturday would absorb some of Friday nights calls and be responsible for some of Sundays calls
- Alcohol-related ambulance calls occurred mainly in the evening. There were below average number of calls between 03.00 hours and 14.00 hours and above average number of calls from 14.00 hours to 03.00 hours. Over twice the average number of calls were received between 22.00 hours and 23.00 hours

## What did you tell us on Drugs and Alcohol?

### Focus groups

The following quotes were noted:

*'I would feel safer if someone regularly came into the school and informed them, bringing them to the prisons to see the reality of it, bring them to drug rehab hostels to see the reality of what drugs and*

*drinking do to your life. Bring them to homeless people's hostels to make them see the reality of making decisions that may seem cool at the time, but could lead you down a certain road.'*

*'Things are getting worse, mainly because of the drug dealing.'*

*'People feel safer because they know the area, but people coming in from the outside are more afraid. People got the perception that Lambeth is a place you come into and buy/use drugs that here it is more or less legal, and that is true! The people causing the problems are not from Lambeth.'*

*'The drug pushers outside KFC and Coldharbour Lane and also you cannot stand at a bus stop without people coming up to you selling drugs. I don't have a problem with it, but others can feel intimidated, I can deal with it. I love Brixton for its multiculturalism and cosmopolitanism.'*

*'People come from outside the area to buy and use drugs. We need to break that association.'*

*'Even though we get more Police around, the prostitution and drugs problems have not gone down. They seem not to have changed.'*

*'People occupying public space and anti social behaviour get confused, not all are anti social or involved in drugs.'*

*'Drug users are victims as well.'*

*'Most of anti social behaviour is to do with alcohol consumption, and Lambeth has promoted a night time economy, which builds up a lively area, that again brings in drugs and alcohol. Some assessment needs to be done of the impact on community safety.'*

### Residents survey

Residents rated the issue of drugs as the biggest problem in Lambeth. Around 60% of residents claimed that drug-dealing (61%) or drug use (59%) were very/ fairly serious problems.

The residents of Lambeth identified 'doing more to tackle drug-dealing' as their second highest priority. Residents of Brixton and Norwood were more likely to prioritise this.

Drugs were considered to be a problem by a greater proportion of Brixton residents (76%) and especially Brixton Hill (100%, 32 residents) and Tulse Hill (91%, 32 residents).

30% of Lambeth residents have been offered drugs in last 12 months.

42% of residents said that drug dealers in the area made them feel unsafe, and a similar amount (38%) said that drug users in the area made them feel unsafe.

**Staff questionnaires**

54.2% (458) of Lambeth staff said that drug dealers in the area made them feel unsafe, and another 47.2% (399 staff members) said that drug users in the area made them feel unsafe.

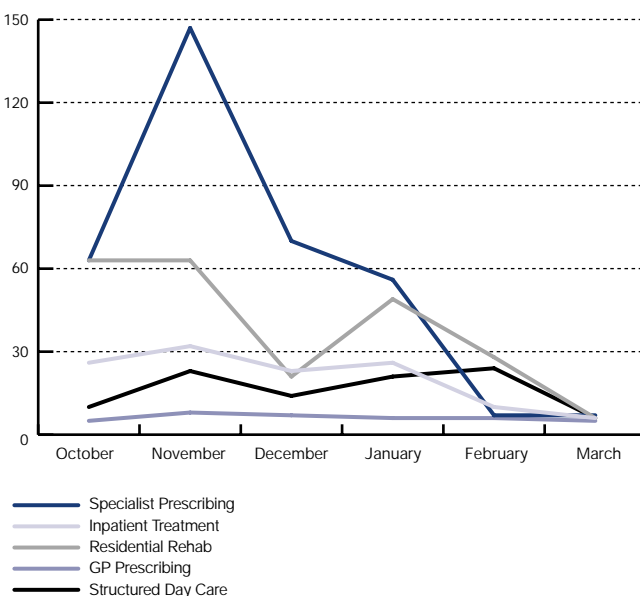
**What have we done so far?**

There have been extensive and dedicated initiatives to reduce drug-related crime and increase treatment provision in the borough. Below are some examples of the many successful activities.

**Treatment Waiting Times**

Table 27 shows how Lambeth treatment services have managed to significantly reduce client waiting times, and have exceeded national targets in all treatment modalities.

**Table 27**  
**Average Waiting Times for Drug Treatment in Lambeth per Number of Days: Oct 2003 to March 2004**



**GP Services**

- An increased number of GP's now provide enhanced services for drug users, to support them to become more stable

**Communities Against Drugs**

- Increasing outreach and drop-in facilities during special crack house closure operations. Information exchanged to ensure vulnerable individuals were identified and linked to relevant support services

**Lambeth Council Legal Services**

- Received the MJ Award 2004 for Legal Achievement of the Year for their Partnership working in closing crack houses in Lambeth. At the start of the CrackOut initiative in September 2002, there were 85 active crack houses in Lambeth. At the start of 2004, there were just 15 and an average of six raids a week to ensure continuous action is taking place

**St Mungo's and Supporting People**

- Lack of appropriate housing for street sex workers identified, and addressed by hostel provision for street sex workers with problem drug use
- Lambeth has the fourth largest Supporting People programme in London

**Lesbian, Gay, Bisexual and Transgender Unit (LGBT)**

- There have been 24 GHB<sup>14</sup> -specific Outreach events over 12 months from July at Lambeth LGBT venues. The first event included 800 brief awareness interventions by the Police and 40 long interventions by THT

**Drug and Alcohol Action Team (DAAT), in partnership with CJIP and other statutory and non-statutory agencies**

- Latch House opened in March 2004. This is a crack-specific service for males leaving prison. It includes a six-month residential rehabilitation project with accommodation support afterwards
- Lambeth Harbour opened February 2004, offering a crack specific service through a partnership of statutory and non-statutory treatment providers. This includes the CJIP single point of contact service, which offers 24-hour advice and information for people with problematic drug use

- Portuguese specific accommodation, research proving dire health needs of Portuguese result of chaotic drug use and many being homeless. Specific Portuguese beds within Lambeth hostels. Specific Portuguese workers within drugs projects
- Cannabis Pilot – Clinical psychologist and an assistant will see people with cannabis related psychosis. This pilot will also have a significant research element, focusing on adults and young people
- CRI Pathways provide a prison gate release service, which handholds people leaving Brixton Prison to appropriate treatment services and other forms of intervention
- Probation Service Officers (PSOs) – This role has increased the number of DTTO assessments and people engaged with the DTTO<sup>15</sup> programme
- The Court Diversion Scheme, delivered by Trust (a Lambeth-based service for sex-working women), works in partnership with the Courts and Metropolitan Police as a diversionary initiative for women who are engaged in street sex work and are vulnerable to drug misuse
- Clapham Park Project have funded an Integrated Drug Project which delivers education and training for young people and adults in the area. The Project also acts as a referral source to other treatment services for drug users

### Probation

- ASRO (Addressing Substance Related Offending). Four groups, 31 offenders in four groups, 26 started, only 10 completed
- Offending Behaviour Programme addressing drug dependency (2003-04). Programme 20 sessions long, two and a half hours per session, method is cognitive behavioural, in conjunction with drug workers (CDP)
- Drink Impaired Driver's Programme (2003-4) Five groups, instructed 44, 37 started, 33 completed. 14 sessions, two hours per session, cognitive behavioural, thinking skills

### Needle Exchange

- This is part of a scheme increasing the role of pharmacists in the treatment of drug users

### Findings and Emerging Priorities

The data highlights that hospital admissions for drug and alcohol related causes have increased, but that the number of deaths from these causes has decreased. Although this may be due to dedicated

overdose training that has taken place in Lambeth Accident & Emergency services, Brixton Prison and all treatment agencies, research should be done to investigate further.

There is a difference in the age profiles of people arrested for drug crimes, being seen by Arrest Referral and accessing treatment. The largest numbers of people being arrested for drug crimes tend to be younger than the people accessing treatment. This should be investigated further to understand the underlying causes.

The link between prostitution and class A drug use is clear. Information from support agencies also indicates high levels of alcohol use. There needs to be increased drug, alcohol and other support provision for this vulnerable and chaotic client group.

### Gaps Analysis

The Metropolitan Police data on drug dealing and trafficking does not discriminate on the quantity of drugs. The DAAT would like to look closer at the level of drug dealing in the borough, through examining this information.

Some further work needs to be performed around prison-leavers who are misusing drugs, and the potential and actual high levels of overdose amongst these people.

The data on young people and drugs is not as sophisticated as the other datasets used above. The YOT have identified at least five girls aged 16 and under who are using high levels of crack (over £1,000 a week). This raises the issue of the need for further research and resources for young people with extreme drug problems.

Data on mental health issues and drug use was not available for the audit. However, a Needs Assessment has been completed and in recognition of the significant correlations between people with mental health problems and those who misuse substances an Action Group has been formed to bridge the gap in treatment provision.

There are many other known issues and forthcoming concerns which need to be addressed, including but not limited to:

- Changes to the Licensing Act
- Changing Drug Markets
- Drugs in BME Communities (such as the sale and use of Khat)
- Young People and Cannabis use
- Alcohol data, including alcohol-related crime and anti-social behaviour
- Collecting of ethnicity data in comparable formats

Our audit has highlighted the harmful impact that drugs and alcohol are having on our community. Drug users and drug dealers are one of the key factors that make our community feel unsafe. The drugs markets do not just affect the lives and health of those who take drugs but, as our community have told us, it sets a tone, trend and image which undermines the positive strengths of Lambeth and its residents. Our young people have clearly referred to the short-term financial temptation that delivering or dealing drugs can bring. National research with victims of Domestic Violence tell us that alcohol is a key factor in cases of abuse and is often used as an excuse for a partner's violent behaviour. Over 85% of those people identified as prolific offenders are committing drug related crimes. Crack Houses blight communities and the related anti social activity can destroy community confidence and increase fear.

**Two-fifths of residents (42%) said that drug dealers in the area made them feel unsafe, and a similar amount (38%) said that drug users in the area made them feel unsafe.**

**Over half of Lambeth staff said that drug dealers in the area made them feel unsafe (54.2%, Count = 458), and another 47.2% (Count = 399) said that drug users in the area made them feel unsafe.**

The Home Office introduced the Class A drug-testing on charge for specific 'trigger' offences, which are offences that have been linked to drug misuse and drug related crime (including prostitution and begging). This links in with local and national government strategies for Arrest Referral, which provides assessment for arrestees receiving a positive drug test, in order to establish a drug treatment care-plan (nationally, 24% of those assessed by an Arrest Referral worker access structured treatment).

Violence associated with drunkenness is on the increase in our borough and this can be seen through the increase in alcohol hospital related admissions and the high alcohol related mortality rates and alcohol related ambulance call outs.

The London Borough of Lambeth is not facing these challenges alone. However, areas of our borough are often portrayed as locations where people can come to buy drugs. Evidence from our arrest referral scheme tell us that 42% of their clients do not come from our borough; in addition, 50% of those people stop and searched do not come from our borough. Lambeth, therefore has the added challenge of changing its image to the wider community of London and the region, through tough enforcement backed up by better communication and visible reassurance.

It is also clear from our audit that our young people are wise to the effects of drugs, less so with alcohol. However, they are vulnerable to what they see around them and to the pressure that is placed on them. That pressure can come from those who are dealing the drugs, the perceived lifestyle of those who deal in drugs or the lack of choices and opportunities which young people feel are available to them. There is a clear need that our prevention should continue to take place in schools as well as in the community and with families.

While treatment services are a critical element for delivering drug and alcohol interventions, it is vital that the broader health and well being of our community is at the heart of any programme that we undertake. Close working with licensed premises, pubs and clubs, the Security Industry Authority and major retailers needs to be a key part of our future initiatives.

### Emerging Priorities

The emerging priorities for addressing the causes of drug and alcohol related crime are those from our Drugs and Alcohol chapter, our Young People and Crime chapter and in other priorities set within other Crime Generators chapter.