

# Drug Strategy 2010

Reducing demand, restricting supply,  
building recovery: supporting people  
to live a drug free life

Annual Review - May 2012

## Geographical Scope

The UK devolved administrations have their own approaches towards drug misuse and alcohol dependency in areas where responsibility is devolved. Some of the policy areas covered by this Review such as health, education and social care therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Scotland and Wales.

The Home Office continues to work with the devolved administrations where policy responsibility overlaps.

## Foreword



In December 2010 we launched our new Drug Strategy. We committed to reduce the demand for illicit drugs, to reduce their supply and, most importantly, to put recovery at the heart of our efforts. The new strategy signalled a fundamental shift in the approach to drug treatment, with the aspiration that all who need it should be helped to lead drug-free lives. Now, more than one year on, this document reviews our progress in meeting these commitments and sets out our priorities for the next 12 months.

The treatment system has been improved. Treatment is now focused on the ultimate aim of achieving recovery free of dependence, enabling people to participate fully in society. This reintegration relies not only on effective treatment, but also on tackling wider health issues, housing and employment.

Restricting the supply of drugs remains central to our strategy. We are refocusing the Border Force on its primary remit of securing our borders, including from drug trafficking. We are introducing a new National Crime Agency, which will focus on tackling the organised criminals who seek to profit from the misery of others.

Tackling the demand for drugs is essential, especially from young people. Overall drug use is continuing to fall, but New Psychoactive Substances (NPS), sometimes called “legal highs”, are an increasing priority. We have responded strongly through the introduction of legislation and rapid information networks to identify the emergence of new substances. We are now able to identify new drugs and ban them within days rather than months where they are proven to cause harm. All of this work represents good progress but more still needs to be done.

We are determined to protect the public from the harms that drugs can cause to individuals, their families and society as a whole by reducing demand, restricting supply and supporting individuals to lead lives free of dependence.

A handwritten signature in black ink, appearing to read 'Theresa May'.

**Rt. Hon Theresa May,  
Home Secretary**

## Recovery

Our aim is to support people to achieve lives free from drug and alcohol dependence. Individuals, staff and services are responding to this challenge. Drug treatment outcomes are now improving with an 18% increase in the number of people leaving treatment free of dependence in 2010-11. Also, the strategy has maintained quick access to treatment with the average wait being only five days. These are promising results and we have put in place the building blocks for further success. To support the drive to recovery from addiction, last year we:

- worked with treatment professionals to change the ambition for the recovery system to one where being drug free is now the clear end goal;
- changed the incentives for treatment providers, developing new and innovative payment by results pilots for drug and alcohol in eight areas;
- developed our evidence base and advice on recovery, building a new relationship with the treatment sector through the Recovery Partnership and an expert group chaired by Professor John Strang of the National Addiction Centre;
- commissioned the Advisory Council on the Misuse of Drugs (ACMD) to provide advice on how people can best be supported to recover from dependence on drugs or alcohol through a Recovery Committee;
- put in place the building blocks to transform the commissioning and delivery of treatment and recovery services. The introduction of Public Health England in April 2013 and Police and Crime Commissioners in November this year will offer new opportunities for joint working to drive local health improvements;
- supported the treatment workforce. The Substance Misuse Skills Consortium brought together employers and professional groups to develop a suite of evidence-based tools to invest in and develop the skills of the 10,000 strong treatment workforce;

- continued to tackle drug misuse in prisons and by offenders. We launched five new Recovery Wings in prisons, invested in Integrated Offender Management to support recovery from prison back into the community and managed nearly 63,000 Class A drug users in 2010-11 through the Drug Intervention Programme, estimated to have prevented up to 680,000 crimes;
- worked to improve employment support for those in recovery. The Jobcentre Plus Offer enables staff to recognise the needs of benefit claimants in recovery and reflect them in their Jobseeker's Agreement, while the national Work Programme gives providers the freedom to offer more personalised support and provides immediate access for those leaving prison.

In the next year, we will build on the success of the treatment system. We will continue to support individuals' recovery from dependence, the treatment sector and local commissioners by:

- taking recovery beyond the treatment system with employers, landlords, educational establishments, social services and others who can impact on the success of recovery;
- challenging the stigma that can be associated with dependence and that can act as a barrier to successful recovery;
- supporting commissioners to grasp the opportunity of joined up recovery services as the budgets from central government are pooled and devolved to local, accountable decision makers;
- supporting the development of funding models that incentivise the best outcomes for both individuals in treatment and wider society, such as Payment by Results;
- championing recovery by recognising the achievements of people that have turned their lives around and use their enthusiasm and inspiration to help turn around the lives of others.

### The value of investing in treatment

Frontier Economics' February 2011 report, 'Specialist drug and alcohol services for young people – a cost benefit analysis', found immediate and long-term benefits of young people's treatment. The immediate benefits of treatment are lower levels of drug and alcohol-related crime, and fewer drug and alcohol-related inpatient admissions and deaths. The long-term benefits of treatment are a lower likelihood (and therefore lower expected cost) of young people developing substance misuse problems as adults, and improved educational attainment and labour market outcomes. For every £1 spent on young people's treatment services, there is a return of up to almost £2 over a two-year period and up to £8 over the long term.

## Restricting supply

Tackling drug trafficking and drug dealing is key to the success of the strategy. The police and other agencies continue to disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities. The emergence of new psychoactive substances (NPS), or so-called “legal highs”, has required us to respond quickly and flexibly. We have taken significant legislative steps to restrict the supply of these substances and developed an NPS Action Plan, annexed to this document, to set out a wide range of activity we are taking forward.

Since the Drug Strategy was published, we have strengthened our efforts to reduce drugs supply by:

- introducing a Temporary Class Drug Order that bans newly identified harmful drugs within days and a new Forensic Early Warning System that enables the identification of a new substance within hours of its emergence;
- empowering local communities to drive effective policing that addresses their local needs. Thanks to street-level crime maps, available on the ‘police.uk’ website, people in England and Wales can now see where offences take place, including drug supply and possession offences. This greater transparency comes with greater accountability. The introduction of directly elected Police and Crime Commissioners later this year will provide democratic accountability, ensuring that the police respond to community concerns;
- publishing the first comprehensive organised crime strategy: ‘Local to Global: Reducing the Risk from Organised Crime’. It can be downloaded at [www.homeoffice.gov.uk/crime/organised-crime-strategy/](http://www.homeoffice.gov.uk/crime/organised-crime-strategy/);
- building the foundations of the new National Crime Agency (NCA), which will lead the fight against organised crime within the UK, at our border and beyond. The NCA will be fully operational in 2013;
- making the illegal drugs trade less lucrative by taking away the profits of drug traffickers. Through cash seizures and asset recovery, including assets held overseas, we will show that crime doesn’t pay;
- continuing to build strong, effective working relationships with international partners and leading the way by building international consensus on our approach to new psychoactive substances, such as through sponsoring a 2012 UN resolution. We are sharing information and intelligence, and working closely with source and transit countries to bolster their capacity to tackle drug trafficking that affects the UK.

We will build on this progress and improve our capacity to protect the public from the crime and social harms caused by drug trafficking and dealing. In year two we will:

- introduce Police and Crime Commissioners (PCCs) with elections across England and Wales in November 2012. Through the Strategic Policing Requirement, Chief Constables and PCCs will ensure that tackling organised crime remains a priority for local areas;
- take a more robust approach to tackle drug driving, including the development of a new drug driving offence and the approval of equipment to detect drivers who have taken illicit drugs;
- drive forward international collaboration through the EU to more effectively identify, investigate, prosecute and seize the assets of drug traffickers;
- work with key partners across the world to build capacity in source and transit countries, such as Latin America, in order to tackle the trade in illicit drugs, new psychoactive substances and cutting agents and prevent them entering the UK;
- renew our efforts to disrupt the trafficking of drugs into prisons and the activity of organised criminals coordinating the trafficking of drugs from prisons. We will strengthen our intelligence capability to improve the range, quality and security of the intelligence collated about prisoners and their known criminal associates. We will also increase our deployment of signal denial technology in prisons, to disrupt prisoners' use of illicit mobile phones.

### Operation Endurance

When a Superintendent at Thames Valley Police took over as Local Policing Area Commander for Reading, he met residents to listen to their concerns about the drugs problem in the Orts Road area of Reading. As a result of those meetings, Thames Valley Police launched Operation Endurance, which targeted drug dealing in the area. Sixteen warrants were executed across the city, with substantial amounts of cannabis and around £250,000 in cash being seized. As a result of painstaking detective work the four main dealers were recently convicted of conspiracy to supply drugs, each receiving an average prison sentence of eight years. The operation also provided support for the local community by developing a community restoration plan which included a new Neighbourhood Policing office in the area. By working together the police and the council have achieved long-term results, with the area becoming a safer place for the local community.

### Record haul of cocaine

In June 2011, a record haul of cocaine was seized by the UK Border Agency (UKBA), working with the Serious Organised Crime Agency (SOCA), British Virgin Island Police and the Dutch National Crime Squad. The 1.2 tonne seizure, which had a purity of 90 per cent and was worth up to £300 million, was found hidden inside a £1 million pleasure cruiser at Southampton docks. The pleasure cruiser, from South America, was transported by container ship from the British Virgin Islands to the UK en route to the Netherlands. UKBA and SOCA helped Dutch police track members of the organised criminal gang responsible. The Dutch National Crime Squad arrested six men during early morning raids on 2nd August, recovering €100,000, two Harley Davidson motorcycles, two firearms, a silencer and a quantity of ecstasy.

## Reducing demand

Dealing with the symptoms of drug use is not enough; we must also address the risk factors that lead to substance misuse. We have introduced a range of measures which together have a positive impact on the life chances of vulnerable groups, help to divert them away from risky behaviours such as drug use and break inter-generational cycles of dependence. We must also ensure that drug dependent adults who are committing crimes are diverted into treatment at the earliest possible opportunity. We have:

- invested in a range of programmes of targeted prevention to reduce risk factors for substance misuse and given local authorities the power and freedom to make funding decisions that meet local needs by introducing the Early Intervention Grant, which pools various smaller grants;
- developed the Drug Interventions Programme to give local areas more flexibility in the way they drug test offenders to encourage more into treatment;
- re-launched the FRANK service, which is recognised as a high quality, credible resource for young people seeking advice and information about drugs. This has received positive feedback from young people, teachers, doctors and nurses. We are currently exploring options for enhancing how young people interact with FRANK including the piloting of a webchat;
- with the Association of Chief Police Officers, published revised advice for schools on managing drugs and drug-related incidents on school premises. It can be downloaded from: [www.education.gov.uk/schools/pupilsupport/pastoralcare/health/drug/a00202357/drug-advice-for-schools](http://www.education.gov.uk/schools/pupilsupport/pastoralcare/health/drug/a00202357/drug-advice-for-schools);
- committed to turn around the lives of 120,000 of the country's most troubled families, many of whom have substance misuse problems, by 2015. A total of £448 million will be made available to meet this commitment over the next three years;
- continued to invest in programmes such as Family Nurse Partnerships and Children's Centres and committed funding to expand the offer of 15 hours a week free education to disadvantaged two year olds;

- introduced educational reforms that address risk factors. These include: exclusions trials, giving schools responsibility and funding to strengthen early intervention for pupils at risk and improve the educational outcomes for those who are excluded; a new requirement for all local authorities to provide full time education for all children and young people in alternative provision from September 2011<sup>1</sup>; and a review to improve the quality of alternative provision;
- consulted on the Personal, Social, Health and Economic (PSHE) education review to raise the quality of teaching and ensure that young people have the knowledge and skills to lead their lives healthily, safely and responsibly.

Our top priorities to reduce the demand for both controlled drugs and NPS, covered in more detail in the annex to this document, over the next year will be to:

- ensure young people have the knowledge and confidence to resist pressure and recognise risks by improving the quality of PSHE education, including drug education.
- Keep the 'drugs conversation' relevant and accessible by:
  - continuing to provide high quality information and advice on drugs and NPS;
  - maintaining the relevance of FRANK through enhanced interactivity; and
  - challenging misconceptions on NPS – by working with partners and by targeting the highest risk groups.
- Break inter-generational cycles of drug misuse by encouraging early intervention across public services, including through the Troubled Families programme, Family Nurse Partnerships and trialling PbR in Children's Centres.
- Support the development of evidence-based solutions by local partners on what works in prevention by:
  - developing a new database (available at: [www.ifs.org.uk/centres/cayt/repository](http://www.ifs.org.uk/centres/cayt/repository)) of programmes and services for young people which includes information on the strength of the evidence of their effectiveness;
  - developing a measure of young people's drug and alcohol use at a local level to help local authorities identify priorities and inform effective commissioning;
  - providing a framework of outcomes for youth services to measure their impact on reducing underlying risk factors for substance misuse.

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<sup>1</sup> The Importance of Teaching: Schools White Paper paragraph 3.6.

- Continue to support local areas to manage drug-misusing offenders by:
  - supporting local partners in the continued provision of services for identifying and tackling drug misusing offenders during the transition period before Police and Crime Commissioners take office;
  - making the case for continued investment from pooled community safety funding from April 2013 onwards;
  - as set out in the Alcohol Strategy, supporting areas who choose to develop an integrated approach to alcohol and drug-related arrest referrals, for example by placing joint drug and alcohol workers in custody suites and directing offenders to appropriate support services.

### Skills 4 Change

'For young people whose family members are misusing drugs and alcohol, life can be tough. They are more likely to be skipping school, to be missing the grades of which they're capable and, later in life, they are more likely to develop drug and alcohol problems of their own. Addaction's Skills 4 Change project is here to help change this.

Our specialist workers provide continued support, training and resources to help teachers identify 'at risk' pupils, and provide a sustainable way of supporting them. We train key members of staff in schools (e.g. pastoral staff) to recognise the effects of parental substance misuse and to develop and run programmes to support the young people to achieve their potential. This is happening in 87 secondary schools across the country and the Skills 4 Change package will be expanded to a further 533 secondary schools.'

**Addaction**

# An action plan to tackle new psychoactive substances

## Introduction

**A substance may be referred to as a 'legal high', but this does not mean that it is safe to take. It may also contain illegal substances.**

Despite "traditional" drug use being at its lowest level since 1996<sup>2</sup>, the use and availability of new psychoactive substances (NPS) is changing the nature of the UK drugs market. The internet has created a global marketplace, making the access to, and distribution of, NPS easier for people of all ages. There are significant risks of short and long term adverse health effects resulting from their use. Although sometimes referred to as "legal highs", they frequently contain substances that are not legal and certainly cannot be assumed to be safe.

We are taking action to protect the public from NPS. Our aims are to:

- **reduce the demand** for NPS by providing accessible and high quality information about the risks and harms associated with NPS, enabling people to take **personal responsibility** for their decisions;
- **restrict the supply of NPS**, making it difficult to obtain drugs that pose risks to the health and safety of people;
- ensure that treatment services are able to provide **effective treatment** and support lasting recovery.

## What we know – the problem

We have already banned some NPS such as mephedrone, but there are many others, including chemicals designed to mimic the effects of established illegal drugs such as amphetamines and ecstasy, which are being sold on the internet and in 'head shops'<sup>3</sup>. Whilst we will continue to ban harmful substances, we must also look more strategically at tackling this problem.

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<sup>2</sup> British Crime Survey 2010/11

<sup>3</sup> The term head shop refers to shops and market stalls which sell paraphernalia and equipment for using drugs (principally cannabis and cocaine) and NPS.

The marketing and sale of NPS is often designed specifically to avoid medicines legislation, marked with labels such as “not for human consumption” or “plant food”. Some are sold as branded products (such as ‘Black Mamba’, ‘Spice’ and ‘Ivory Wave’) and others as ‘research chemicals’ with a specified chemical name. The chemical constituents of these products can vary from batch to batch and supplier to supplier, with users not knowing what they are taking. They can have no certainty of the concentrations or the health risks that will arise from using these substances. This is exacerbated because NPS can be sold as mixtures of more than one substance, whether mixed with illegal substances, other NPS or ‘bulking’ agents. Users are taking significant risks by consuming a ‘white powder’ or tablet without knowing what it is.

Further complexity is added because some NPS described and sold as ‘legal highs’ actually contain illegal drugs, such as mephedrone or BZP (benzylpiperazine). A 2011 unpublished report of forensic analysis of internet test purchases showed that 19% of all samples advertised for sale as NPS contained illegal drugs.

The 2010/11 British Crime Survey showed that 1.4 per cent of adults aged 16 to 59 had used mephedrone in the last year, a similar proportion to those reporting use of ecstasy. For younger adults (those aged 16 to 24), mephedrone usage, at 4.4 per cent, was at a similar level to powder cocaine, the second most used drug in this age group. However, there are some indications that the popularity of mephedrone may be declining. A survey promoted by the dance music and clubbing magazine Mixmag recently found that 19.5% reported use of mephedrone in the past year, a change from 51% in 2010, concluding that the adverse effects of mephedrone are starting to affect its popularity. We need to build on this fact and recognise the power of credible, reliable information on the harms of these drugs in the hands of potential consumers.

Even though there is limited data available on these substances, there appears to have been an increase in hospital admissions and medical appointments due to the acute toxicity and adverse effects of using NPS. Furthermore, health services are starting to see health problems caused by regular use of NPS.

### What we have done already

There is no simple, single solution to tackling NPS. The three pillars of the Drug Strategy, overseen by the Inter-Ministerial Group on Drugs, give us the right framework to drive the cross-Government co-ordination of tackling NPS. We have already taken a range of actions to deliver outcomes that include:

- **International**
  - Led the introduction in March 2012, with partners, of a new UN resolution at the UN Commission on Narcotic Drugs to encourage the international community to work more collaboratively to tackle the threat from NPS, to improve their monitoring, research, analysis and forensic capability.
- **Improving our knowledge and early warning systems**
  - Through the Home Office Forensic Early Warning System, we are building a better picture of NPS availability in the UK. With the network, we can identify NPS, even those in complex mixtures, within 24 hours. Since January 2011, we have identified 17 new substances never seen in the UK before. These findings have informed expert advice from the Advisory Council on the Misuse of Drugs, the independent expert body which advises the Government on drug-related issues in the UK.

- Through the alignment of drugs early warning systems across health and law enforcement bodies, we have access to joined-up, evidenced and timely UK wide information. This was used to good effect to gather information on methoxetamine, supporting its referral to the Advisory Council on the Misuse of Drugs for advice under the temporary control process.
- We continue to maintain an evidence-based drug control framework – bringing NPS under control where we have clear, expert advice on harms.
- **Providing accurate, reliable and robust information in the public domain**
  - We have re-launched a campaign to promote Talk to FRANK, the national drugs information and advice service which provides credible, accurate and up to date information and advice on emerging substances.
  - Updated guidance to schools on managing drug related incidents in schools, including information on NPS.
- **Enforcement**
  - The Serious Organised Crime Agency (SOCA), working with industry partners, has taken action against over 120 websites which continue to advertise mephedrone and naphyrone for sale following their respective bans.
  - The UK Border Agency (UKBA) has seized and destroyed shipments of NPS that were subject to import bans under the Open General Import Licence. In addition, UKBA has taken robust action to tackle mis-described NPS at the border.
  - Police and Trading Standards in a number of locations have worked closely with a range of partners, including drug treatment agencies, schools and youth services, to gather intelligence and tackle sales from head shops and from the internet.
  - We have worked with the Association of Chief Police Officers to produce comprehensive guidance on NPS for the police, including guidance on enforcement for those substances under temporary ban.

## Priorities and work programme

We will reduce the **demand** for NPS.

Priority	Action
Highlighting potential risks and harms of using these substances to enable people to take <b>personal responsibility</b> for their decisions	<ul style="list-style-type: none"> <li>• Proactively provide information on the potential risks and harms of taking drugs and NPS.</li> <li>• Widely publicise the information gathered about any health harms of NPS. We will improve our knowledge of the demographics and motivations of NPS users and target them with information about the risks and harms of NPS. A combination of targeted communication channels and methods will be used including: <ul style="list-style-type: none"> <li>– FRANK;</li> <li>– social media;</li> <li>– interest magazines; and</li> <li>– front line partners.</li> </ul> </li> </ul>
High quality drug education	<ul style="list-style-type: none"> <li>• Consider ways to improve the quality of drug education in school through the Physical, Social, Health and Economic (PSHE) education review, to increase pupils' knowledge and confidence to resist peer pressure and recognise the risks of NPS (and other drugs).</li> </ul>
Work with partners to enhance the knowledge and evidence we hold on NPS	<ul style="list-style-type: none"> <li>• Work with partners to gain intelligence on the use of NPS to ensure our public health and legal status information is accurate and up to date.</li> </ul>

We will make it difficult to **obtain and supply** NPS.

Priority	Action
<p>Improve our understanding of the threat</p>	<ul style="list-style-type: none"> <li>• Assess the scale of the threat to the UK from NPS, including the involvement of organised criminals, to improve our understanding of the UK drug market.</li> <li>• When a threat from an emerging NPS becomes apparent we will seek information from partners' drugs early warning and information sharing systems (collectively known as DEWS) on the prevalence and harms associated with the substance.</li> <li>• Use intelligence from Trading Standards, the Medicines and Healthcare Products Regulatory Agency and wider partners to ensure law enforcement can more effectively target NPS suppliers and importers.</li> <li>• Use available technology to filter out suspect NPS importations at the border and introduce subsequent forensic analysis.</li> <li>• Learn from EU Members States' experiences of tackling the threat from NPS and share best practice.</li> </ul>
<p>Make full use of our legislative framework</p>	<ul style="list-style-type: none"> <li>• Keep the effectiveness and impact of the legislative framework in relation to NPS under review by: <ul style="list-style-type: none"> <li>– continuing to respond with evidence-based drug control under the Misuse of Drugs Act 1971 and use the temporary bans (Temporary Class Drug Orders) effectively;</li> <li>– fast tracking amendments to existing generic definitions in the Misuse of Drugs Act 1971 following advice from the Advisory Council on the Misuse of Drugs;</li> <li>– reviewing new evidence on what works in other countries and what we can learn from it, including the use elsewhere of different types of legislation.</li> </ul> </li> <li>• Encourage enforcement activity by Trading Standards wherever offences under the Consumer Protection from Unfair Trading Regulations 2008 and General Product Safety Regulations 2005 are suspected; and work with Trading Standards to develop guidance on the circumstances in which consumer protection legislation could be used effectively.</li> <li>• Maintain public confidence in medicines by prosecuting retailers where NPS are found in products that fall within the definition of 'medicines'.</li> </ul>

Priority	Action
Strengthen our enforcement response	<ul style="list-style-type: none"> <li>• Detect and deter the marketing and supply of illegal NPS over the internet and by head shops.</li> <li>• Use findings from the Forensic Early Warning System to support enforcement action where offences have been committed.</li> <li>• Take robust action to prevent border controls being circumvented by making full use of powers to tackle the threat from NPS.</li> <li>• Work with the Crown Prosecution Service to ensure that it makes full use of all relevant tools and powers, including prosecutions where appropriate.</li> <li>• Seek to identify and exploit opportunities to recover the criminal proceeds of NPS trafficking/ supply under the provisions of the Proceeds of Crime Act 2002.</li> </ul>
Bolster the global response to NPS	<ul style="list-style-type: none"> <li>• Promote the UK's interests in tackling NPS with international partners and develop EU and international networks.</li> <li>• Work collaboratively with the EU to tackle the threat from NPS by: <ul style="list-style-type: none"> <li>– promoting robust, co-ordinated action at an EU level to tackle NPS;</li> <li>– ensuring that the new EU Drug Strategy includes activity to tackle NPS; and</li> <li>– using our diplomatic assets to encourage the EU to work more closely with producer and transit countries.</li> </ul> </li> <li>• Work with EU Member States to improve collaboration between EU partners on NPS identification and monitoring.</li> <li>• Engage with relevant overseas authorities in order to improve the intelligence picture on supply routes into the UK to inform better our law enforcement response.</li> </ul>

We will promote services that provide effective treatment and support lasting **recovery**.

Issue	Action
Research and share best practice in providing treatment and recovery services.	<ul style="list-style-type: none"> <li>• Ensure local areas have the right resources and freedoms to invest in drug treatment so that services can respond effectively to individuals with NPS misuse problems and support them to recover.</li> <li>• Foster international relationships, promote our expertise in this area and encourage similar investment in new treatment methods in other countries.</li> </ul>

### Cross cutting issues

Promote research	<ul style="list-style-type: none"> <li>• Promote and encourage research into NPS both within Government and externally through the academic community and the research councils.</li> <li>• Possible research areas include:               <ul style="list-style-type: none"> <li>– patterns of use; and</li> <li>– the harms of NPS including the links between NPS use and offending.</li> </ul> </li> </ul>
Champion credible voices	<ul style="list-style-type: none"> <li>• Identify champions who can increase the knowledge and confidence of people to resist pressure and recognise risks of NPS.</li> </ul>
Facilitate discussion and debate to inform our policies	<ul style="list-style-type: none"> <li>• Facilitate debate between user groups, medical professionals, partners and Government on the potential harms of NPS, and the risk factors that lead to NPS use.</li> <li>• Use the Smoking, Drinking and Drug use survey (SDD), British Crime Survey, and other sources to review and adapt our approach.</li> </ul>

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