



**CHELTENHAM**  
BOROUGH COUNCIL

**Second Interim Report of the Social and  
Community Overview and Scrutiny Committee  
Drug Abuse Working Group**

**2 April 2007**

**Membership of the Drugs Abuse Working Group**

Cllr Barbara Driver (Chair)

Cllr Tina Franklin

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**Officer Support**

Peter Woolley – Assistant Director Community Services

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## Recommendations

### Key recommendations highlighted by the drugs review group:

1. In light of a number of concerns raised during the review, regarding the effectiveness of the Cheltenham Substance Action Group (SAG), the review group proposes that agencies involved in the Cheltenham Substance Action Group (SAG) should be tasked with revitalising this partnership. The SAG group is still perceived by many, to have the potential to be an effective coordinator of drugs issues in Cheltenham, but many believe that its impact has lapsed of late.
2. Whilst recognising the efforts which have already been made in stopping the sale of alcohol to minors, the review group urges the council redouble its efforts to help stop the sale of alcohol to minors and those already intoxicated. It is clear from agencies involved in this area of work, that alcohol abuse and alcohol driven crime is the borough's greatest and growing problem. The Youth Service also raised this as a major issue, and sees alcohol abuse at an early age as the lead in to later drug use. Alcohol abuse can and does cause more damage to the reputation of the town than drug abuse.
3. It was recognised that agencies involved in addressing drugs and alcohol issues need to review their data collection techniques and establish an effective protocol for sharing information and data in order to gain a more reliable and wide ranging picture of drug abuse in the county. There does not seem to be a common recording mechanism across the agencies that will capture all the effects of drugs activity. For example no agency is recording data on those affected by someone else's drug use. This results from an absence of agreement on what is the drugs problem. Age of onset is a crucial area to explore, as it is one of the most significant predictors of prolonged use and long-term problems. The lack of reporting by certain agencies also ensures the true drugs picture in Cheltenham remains partially hidden.
4. It is recognised that designing out crime on new developments and during estate refurbishment should be a priority. The designing out of crime is a priority factor in reducing dealing and substance abuse related problems and crime. This has been demonstrated in Hesters Way and St Marks. It should also be recognised that when new developments occur in areas of traditional problems, planners and developers should take into account the effects of displacement. There is no sustainable solution if the problem is merely pushed from ward to ward around the borough.
5. It is proposed, that local social housing providers (RSL's/housing associations) be tasked with the responsibility of looking at their housing policies, and as to how these impact particularly on those coming out of rehab and on young people who may be vulnerable and susceptible to drug dealers. Whilst recognising that the configuration of affordable stock in Cheltenham is part of the problem rather than the solution, solutions should be found. It is particularly indefensible to take an individual who has gone through an expensive and often exhausting rehab programme and house them back amongst dealers and users.
6. The council, together with CBH, needs to develop a protocol for those providing information and intelligence that result in a major police operation who may, as a result of their actions, need to move as a matter of urgency or who enter a witness protection scheme.

7. Victims associated with drug and alcohol abuse, and the agencies which provide these individuals and families with support, for example Cheltenham Victim Support, require an efficient and coordinated response in dealing with such events. Agencies need to adopt a more holistic approach and move beyond an individual retrospective response. For instance where a partner is seeking a housing move away from an abusive drug-taking partner then housing and support agencies should intervene collectively to re-house speedily - especially where children are involved. Treatment programmes then have a chance of working with the person wishing to give up drugs. Housing agencies need to be more sensitive to such crisis situations that can derail a treatment programme and put children at risk.
8. The Council should also take a lead by introducing measures aimed at taking drugs and alcohol problems on council owned premises and the council's parks and green spaces, raising staff awareness of drug and alcohol problems, increasing partnership working opportunities.

We also wish to identify licensing measures which would seek to tackle drug and alcohol problems in many of the town's licensed premises

These recommendations are detailed in Appendix A of this report, and are the result of discussions held with a number of agencies involved in drugs prevention and enforcement work in Cheltenham.

These agencies included the:

- Gloucestershire Drugs and Alcohol Team (DAAT)
- Cheltenham and Tewkesbury Primary Care Trust
- Gloucestershire Local Education Authority
- Gloucestershire Drugs and Alcohol Service (GDAS)
- Cheltenham Regeneration Partnership
- Cheltenham Community Project (CCP)
- Gloucestershire Police Constabulary
- Cheltenham Crime and Disorder Partnership (Cheltenham CDRP)

## Introduction

The Working Group reviewed the study produced by the University of Gloucestershire by Dr Andrew Charlesworth and Dr David Turner in 2006, then held two information gathering sessions, one with agencies involved in intervention:

- Cheltenham & Tewkesbury Primary Care Trust
- Gloucestershire Drugs and Alcohol team (DAAT)
- Gloucestershire Drugs and Alcohol Service (GDAS)
- Cheltenham Substance Action Group (SAG)
- Gloucestershire Youth Service
- Cheltenham Regeneration Partnership

and one with Gloucestershire Police drug enforcement team and the Cheltenham Crime and Disorder Partnership (CDRP).

## Findings

Whilst the excessive use of drugs and alcohol can be effectively reduced it is unlikely that their use can be eradicated. The problems caused directly from drug and alcohol abuse can not easily be resolved. The antisocial behaviour arising from the activity, though, must be effectively managed. Early and constant intervention is necessary to help and support the abuser, the innocent victims and the reputation of Cheltenham as a quality retail and festival town.

It was generally agreed by both the intervention agencies and the Police that alcohol abuse, and alcohol related crime far outweighed the drug abuse problem in Cheltenham. A view reflected by the community at large.

In the 2004 Crime, Disorder and Drugs Consultation Strategy drugs were ranked seventh out of the 13 local community concerns with 44% of Cheltenham respondents expressing drugs-related crime as an important issue. This is much less than for the county of Gloucestershire (60%). Furthermore only just over 10% of the Cheltenham respondents' thought that the drug dealing and drugs use was a big problem in the borough. In terms of countywide perceptions Cheltenham had the lowest percentage that perceived drug use as a problem (34% compared to 54% in the Forest of Dean and 47% in Gloucester). In terms of perception of drug dealing as a problem Cheltenham was second 36% behind Tewkesbury 34% and compared to 52% for the Forest of Dean and 47% for Gloucester.

Over time statistics show the public either perceives no deterioration or even an improvement in the situation in Cheltenham and this at a time when the night time economy was still expanding, a factor seen by some in expanding drugs activity in Cheltenham. The growth in the night time club cultures and in the resident student population of some 8,000 in Cheltenham led the police to targeted clubs, testing all club-goers on specific nights at clubs targeted. This drugs scene though is not seen as a major problem but police are aware of intermittent markets. Club and pub door staff, when trained and licensed as legally required, through the Security Industries Act (SIA), are better able to identify drunken and drugs affected customers. It also means that they are better placed to identify drugs users.

This does not belie the fact that Cheltenham does have its drug abuse problem along with the other Gloucestershire Districts. Information on drugs activity suggests that Cheltenham is the third highest area in Gloucestershire in relation to 'Class A' offences - 21% compared to 41% for Gloucester and 24% for Stroud - and second

highest in relation to users in treatment - 23% compared to 38% in Gloucester and 16% in Stroud. In terms of post coded data the postcode zones in Cheltenham most likely to have users in treatment are Springbank and Hester's Way and St. Mark's and St. Peter's

Most agencies indicated there is widespread awareness that a small number of families run the drugs markets in Cheltenham which are deemed to operate through closed-private markets.

Much of the crack supply comes from Bristol and Gloucester. Some of the skunk is coming from Birmingham. Much of the delivery comes by mobile requests and is delivered to the home.

There are a few crack houses in Cheltenham and this is mostly an adult scene. Some street dealing goes on, for example, at specified telephone boxes.

Traditional networks for drugs supply for young people are still peers and extended family members.

Amongst adults heroin is the biggest problem in Cheltenham but crack is on the increase in Hesters Way. There are currently three support groups for children of drugs and alcohol using parents and this work has developed following the recent referral of 24 children on one estate in Cheltenham.

The recreational use of Class A drugs is a difficult area to police. There is evidence that some such use is linked to the club scene in Cheltenham and the maps of arrests further demonstrate this. The police believe Class A. use only becomes a problem when people self-harm or harm others through overdose or dirty drugs. There is thus a concern over the nature of the supply of such substances.

The only control for type and level of drugs use by adults, but also increasingly for young people, is money. The more money a user has then the better the class of drug bought. This also delays the onset of problems associated with drugs use. Money buys time. Consequently those with smaller disposable incomes present problems earlier and ironically ensure they receive treatment sooner.

In contrast the Youth Service were not aware of a major drugs problem in Cheltenham - for them the real issue was an escalation of problems associated with young people and alcohol misuse. In particular they are concerned that there is an increase in the numbers of young people under the age of 14 years taking alcohol. The fact that the Youth Service see the picture differently from the perceptions of those working in schools and from research findings reported recently in the national press suggests different sources of intelligence may operate.

Patterns of dealing between neighbourhoods change. Those who commit drug-related crimes are those who have few prospects in life and hence turn to drugs and of these 5% of offenders commit 50% of all crime. As these drugs consumers become hooked the dealers seek to stay close to keep them on the habit so the customer's residential areas become the main area for dealing. In Cheltenham the police stated that these areas are Hester's Way, St Paul's, St Peter's and Oakley.

Gangs operate within well-established supply routes and trading patterns including home delivery in Oakley. Additionally surveillance systems used by drugs sellers are more advanced in Oakley than Hester's Way. On the other hand dealing in Hester's Way, perhaps as a result of the replacement of some of the high-rise properties,

which were ideal for dealing, has become less coordinated. Furthermore drug dealing is displaced “to better territories for dealing”, which in Cheltenham is Springbank.

In Oakley the police believe gangs have “carved up the estate into turfs”. Encroachment on another gang’s turf is not common but when it happens can lead to serious crimes involving violence, and on occasions, murder. One way to deal with the gangs has been tried in Gloucestershire through well-coordinated raids on dealers across the county, including Oakley. During the most recent raid, Operation Pandora, 53 arrests were made across Gloucestershire. Whilst welcomed the question here must be does this merely create a void which is quickly filled. What preventative measures go in behind such resource intensive actions to ensure they are not needed again in a few months time?

Dealers in all areas are very adept at using a wide range of means to transport drugs through the estates. Children have been used but local anecdotal evidence suggests such engagement does not lead to such individuals becoming addicts. The police believe that dealers prefer to use non-addicts and people without a criminal record to keep the distance from the police as great as possible.

Just as the supply of drugs works partly through peers and family, most referrals come from the same sources. Following visits to schools by schools drug coordinators the referral will usually arise from pupils telling their peers “*You need to talk to him...Go and talk to him*”. For many, this represents the first step to treatment.

There is a gap in provision for those evading support and treatment, and those excluded from support treatments. Other than medical services, the Gloucestershire Drugs and Alcohol Service (GDAS) is the only, non-abstinence, treatment provider. If you are disconnected from either of them then you are on your own. You will not even be a statistic but more importantly you won’t be getting help.

The main emphasis in policing drugs focuses on individual addicts who are persistent offenders especially in relation to drug-related crime. The Prolific and Priority Offenders Scheme targets persistent offenders and is a multi-agency approach. It aims to get individuals out of crime and drug dependency by providing rehabilitation, housing, and skills programmes. Thus the present intervention strategy focuses effort on holistic approaches as the most effective means to deal with drugs in the long-term. So the police ally themselves with neighbourhood regeneration schemes such as that proposed for St. Paul’s as the only way to tackle the drug problem. Not only do these approaches seek to develop new and mixed communities but also it aims to create estates with an architectural landscape that is conducive to effective policing and an effective sustainable infra structure to give hope and pride back to currently deprived communities.

There is a belief that there needs to be more joined up working between and within agencies. In the Forest of Dean success has been achieved in terms of prevention of drug taking amongst school children and students because the Gloucestershire Association of Secondary School Heads (GASSH) are working to a universal agenda and have adopted one common policy. In contrast, in Cheltenham there is more of a reliance on individual heads taking the lead. With regards the issue of curfew orders, national findings appear to demonstrate that curfew orders do not work, as they simply prevent young people attending Youth Clubs where Youth Service workers try to work and engage with the young people around drugs and alcohol related issues.

## Abbreviations / definitions

**Skunk** - street slang for cannabis (the most widely used illegal drug in Britain) It is a mild sedative (often causing a chilled out feeling or actual sleepiness) and it's also a mild hallucinogen (meaning people may experience a state where they see objects and reality in a distorted way and may even hallucinate). The main active compound in cannabis is tetrahydrocannabinol (THC).

**Crack** – street slang for cocaine. Cocaine is a stimulant with powerful, but short-lived, effects. Stimulants temporarily speed up the processes of your mind and body. 'Freebase' cocaine and 'crack' cocaine, can be smoked, and so can reach the brain very rapidly in high dosage. Snorted powder cocaine is absorbed more slowly. Hence, smoked freebase or crack tends to be much stronger and more addictive than snorted powder cocaine. However, all forms of cocaine prepared for injection (whether powder cocaine or crack) can also reach the brain rapidly in high doses and so can be very addictive.

### Drug classifications

Penalties for possession and dealing

Class	Type of drug	Possession	Dealing
<b>A</b>	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
<b>B</b>	Amphetamines, Methylphenidate (Ritalin), Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
<b>C</b>	Cannabis, tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

*Class A, B and C drugs are termed as controlled substances under the Misuse of Drugs Act 1971, with Class A being those considered most harmful.*

## **Report appendices**

### **Appendix A**

Possible CBC Actions - Opportunities raised by the Social and Community Overview and Scrutiny Drugs Review Group for the consideration of the Cabinet

### **Appendix B**

Notes from meeting held on 28 September with representatives from the following drug prevention agencies – Gloucestershire DAAT Project, Cheltenham and Tewkesbury PCT, Youth Service (Gloucestershire), Gloucestershire LEA, Gloucestershire Drugs and Alcohol Service (GDAS), Cheltenham Regeneration Partnership, and Cheltenham Community Projects (CCP)

(This includes copies of presentations given by the Gloucestershire DAAT Project, Cheltenham and Tewkesbury PCT, the LEA regarding drug issues for schools, and the Gloucestershire Youth Service which are available from the Members Room)

### **Appendix C**

Notes from meeting held on 18 December with the drug enforcement agencies: Gloucestershire Police and the Cheltenham Crime and Disorder Partnership (CDRP)

### **Appendix D**

Terms and conditions of the Drugs Review Working Group

### **Appendix E**

University of Gloucestershire - Drugs in Cheltenham: A report on agency perceptions in Cheltenham By Dr Andrew Charlesworth and Dr David Turner April 2006 available from the Members Room