

1. Summary of business case

- 1.1 It is a matter of record that the drug treatment system infrastructure in Waltham Forest has been a cause for concern to the DAT Executive for the past 4 years. Commissioning intentions have been continually frustrated as a consequence of there being a shortage of premises of a suitable size in accessible locations in the private/commercial sector for providers to rent. Where premises of a suitable size have been identified, landlords have preferred to give leases to customers in alternative industries. Where premises of suitable size have been identified and the landlord has been willing to grant a lease, the cost of refurbishment has been deemed unviable. The Executive has been unable to spend its full treatment allocation during this period and has drawn criticism for this from the National Treatment Agency.
- 1.2 In 2004, the DAT adopted a strategy of seeking opportunities to utilise public sector properties earmarked for disposal to house drug treatment provision. It set aside a sum of £600,000 for this purpose. This project represents the first concrete opportunity to pursue this strategy.
- 1.3 The project concerns the refurbishment of a site in Coppermill Lane, near the junction with St James's Street and Walthamstow High Street, which formerly accommodated the St James's Street Library. The purpose of the refurbishment would be to create a modern setting with sufficient capacity to house the borough's open access drug service hub. Waltham Forest DAT identified the need for a genuine open access service in 2003. This service is viewed as pivotal to offering a service to crack users in the borough and to offering low threshold access to treatment for drug using offenders in the borough. Previously this service has been accommodated in the Alpha Business Centre nearby in South Grove, E17. Those premises have been recognised as being not fit for purpose as they do not afford open access to service users, but instead require that service users be seen by appointment.
- 1.4 An audit of 1714 people arrested for during 2006/07 for trigger offences reveals that 31% of those arrested tested positive for illegal drug use, with 83% of those having used crack. Specifically, 38% of those arrested for burglary tested positive for illegal drugs; as did 27% of those arrested for robbery; as did 23% of those arrested for stealing vehicles; as did 36% of those arrested for other theft.
- In the first 3 months of 2007/08, 45% of those arrested for trigger offences tested positive for opiate and/or crack use.

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- A branded, centrally located and accessible service will attract more problem drug users into drug treatment and it is anticipated that a substantial majority will be retained for a clinically beneficial period.
- We would expect that Option 2 would provide capacity for an additional 500 crack or poly drug users annually the great majority of whom will be committing crime to fund their illegal drug use. We would expect 400 of those drug users to remain in treatment for at least 12 weeks and were this to be the case we would anticipate a reduction in demand for illegal drugs amongst those additional 400 in treatment and a consequential reduction in crime committed to fund that drug use.
- We would anticipate a reduction in demand for illegal drugs will result in a reduction in anti-social behaviour resulting from local drug markets and that this would benefit those living in proximity to the proposed site as it is in an area identified as hosting an active drug market.
- We would also anticipate a reduction in crime in the local area as research suggests that problem drug users offend locally to where they live and use drug markets in close proximity.
- We would anticipate that service users would benefit from low threshold access to services provided for a minimum of 6 days per week

- 1.5 It is difficult to quantify the proportion of crime attributable to drug using offenders. The most authoritative study on the subject is the NEW-ADAM Programme¹ in which researchers interviewed 911 arrestees and found that over two-thirds of the highest-rate offenders (committing 20 offences a month or more) reported using heroin or crack/cocaine. Nine per cent of the total sample of arrestees was classified as high-rate offenders and users of heroin or crack/cocaine. This nine per cent group of high-rate offenders was responsible for over one-half (52%) of all reported offences. The study also found that users of both heroin and cocaine were more than five times more likely to report committing robbery and more than four times more likely to report shoplifting than arrestees who did not use these drugs. They were also three times more likely to report residential and non-residential burglary.
- On that basis, it would be reasonable to assume that heroin/crack using offenders are likely to be responsible for up to half of the reported theft, burglary and robberies in the borough and their associated costs.
 - The cost of crime to individuals and households is difficult to quantify, however the latest estimate by the Home Office of economic and social unit costs of residential burglary amount to £3,268; unit costs of motor vehicle theft amount to £4,138;

¹ Bennett (2000) Drugs and crime: the results of the second developmental stage of the NEW-ADAM Programme HORS 205 Home Office London

unit costs of theft from a vehicle amount to £858; unit costs of personal theft amount to £844; and unit costs of robbery amount to £7,282. On that basis, the economic and social cost of those reported crime types in Waltham Forest amounted to in excess of £29 million in 2006/07, some £15 million or so being generated annually by drug using offenders.

- The most recent estimate of the number of problem heroin/crack using offenders in the borough is 1814². In calculating the return on investment, we might assume that offending patterns evenly distributed between that population and therefore we could expect to see a minimum saving to the public sector in the borough of in the region of £3 million per year through the creation and successful use of this additional treatment capacity.
- Alternatively, in a recent study of drug-related crime in Waltham Forest, interviewees then in drug treatment reported an average reduction in weekly expenditure on drugs from £282 to £49 per person, a figure in line with studies carried out elsewhere. Were the reduction in expenditure on illegal drugs found in our local study to be replicated amongst the additional 400 users retained in treatment, this level of additional treatment capacity would realise a reduction in expenditure in the borough on illegal drugs of £4,846,400 per year, money that would otherwise be raised by theft, burglary and robbery from local people and businesses. The value of goods stolen is likely to be significantly higher than the cash raised from their theft.

² Estimates of the prevalence of opiate use and/or crack cocaine use (2004/05) London Region, 2006

2. Risk Assessment

The following risk register addresses those risks raised by residents, service users and others during the course of consultation. The register considers risk on the basis of likelihood of occurrence and impact, were the risk to occur, using the Council's risk management framework. All risks are colour-coded, with those assessed as capable of a severe impact being coloured red, those assessed as being capable of significant impact amber, and those capable of moderate impact green. None of the risks identified were thought to be likely to occur, however contingencies and controls are proposed to deal with the possibility as required by Council policy.

Risk	Classification	Proposed control
1. Drug dealers target local children and young people	Remote/severe	<ul style="list-style-type: none"> • No evidence that this is likely • Discussion with local schools • Additional support for drug education • Strategic policing
2. Drug dealers target service users	Possible/significant	<ul style="list-style-type: none"> • Existing CCTV outside centre • Monitoring by provider • Discussion with service user group • Strategic policing
3. Increase in crime in local vicinity	Possible/significant	<ul style="list-style-type: none"> • No evidence of likelihood elsewhere • Effective treatment engagement likely to reduce crime • Strategic policing
4. Increase in crime in adjacent areas	Possible/moderate	<ul style="list-style-type: none"> • No evidence of likelihood elsewhere • Effective treatment engagement likely to reduce crime • Strategic policing
5. Increase in discarded injecting equipment in local area	Remote/significant	<ul style="list-style-type: none"> • Service not targeting injectors • Refrain from offering needle exchange from site
6. Lack of anonymity deters use of service	Possible/significant	<ul style="list-style-type: none"> • Identify controls with service users

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7. Drug users/drinkers hanging around outside the project	Probable/significant	<ul style="list-style-type: none"> • Develop positive culture through existing service users • Impose responsibilities on provider through lease conditions • Monitor through existing CCTV • Invoke ASB interventions
8. Hostility from local residents to project	Probable/significant	<ul style="list-style-type: none"> • Engage and involve through existing structures • Give regular feedback on implementation
9. Increase in fear of crime amongst young people	Possible/moderate	<ul style="list-style-type: none"> • Reassure through drug education in schools • Reassure through SNT Police
10. Increase in fear of crime amongst adults	Probable/moderate	<ul style="list-style-type: none"> • Feedback through local leafleting • Reassure through local engagement structures • Feedback through SNT Police

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3. Project Plan

Key Task	Weeks	Council	27/7	3/8	10/8	17/8	24/8	31/8	7/9	14/9	21/9	28/9	5/10	12/10	19/10	26/10	2/11	Dec-Mar	
		23/7 20/7																	
Survey local residents about concerns	5																		
Undertake Type 3 survey	1																		
Undertake Drain Survey	1																		
Analysis of results Asb/Drain	1																		
H&S notice / CDM	2																		
Approval to proceed																			
Tender	3																		
Undertake Asbestos works	1																		
Involve local residents in developing the implementation plan	6																		
Analyse tenders	1																		
Appoint Contractor																			
Contract docs	2																		
Mobilisation	2																		
Construction	10																		
Inform residents about the implementation plan and how to communicate ongoing concerns	7																		
Move in																			
Consult local residents about the effectiveness of the implementation plan	6																		Jan/ Feb 10
Inform local residents about results of consultation																			Mar 10

4. Communication and Involvement Plan

What	Why	How	Who	When
Inform residents of the Council's decision to site a drug service in the former library building	We want residents to understand what we're doing, why its needed, and how we will involve them in ensuring the plan is a success for all parties	<ul style="list-style-type: none"> • Press release • Article in WFM • Radio • FAQ briefing 	<ul style="list-style-type: none"> • Corporate Communications • Members 	July 09
Consult local residents about their concerns resulting from the decision	We want to understand any fears and concerns that residents may have about our plans so that we can accommodate them in our implementation plan	<ul style="list-style-type: none"> • Community Council meeting • BNI focus group • SNT Ward Panel • Snap survey 	<ul style="list-style-type: none"> • Safe/Strong Communities • Corporate Communications • Members 	July/August 09
Involve local residents in developing the implementation plan	We want to ensure that the implementation plan meets residents' needs as well as their requirements in so far as the latter can be	<ul style="list-style-type: none"> • Officer/resident/ service user working group 	<ul style="list-style-type: none"> • Safe/Strong Communities • SNT officers • Turning Point Staff • Members • Service users 	August – September 09
Inform local residents about the plans for implementation	We want to ensure that all local residents are clear about how this will	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong 	September-October 09

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	be planned	meeting	Communities • Members	
Inform local residents about how to communicate on-going concerns	We want the service to be part of and supported by the local community and to be able to respond to emerging concerns quickly and effectively	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council meeting 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong Communities • SNT officers • Turning Point Staff • Members 	August-October 09 and regularly thereafter
Consult local residents about the effectiveness of the implementation plan	We want to ensure that the implementation plan has been successful and respond to any on-going concerns	<ul style="list-style-type: none"> • Consultation through Community Council/BNI focus group/ SNT Ward panel • Review of implementation by working group 	<ul style="list-style-type: none"> • Safe/Strong Communities • SNT officers • Turning Point Staff • Members • Service users 	March 10
Inform local residents about the effectiveness of the implementation	We want residents to know what has worked/not worked and what we're doing to build on	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council meeting 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong Communities • Members 	January – March 10