Written evidence from West Midlands Police and Crime Commissioner

What would a high-quality, evidence-based response to drugs look like?

A high-quality evidence based response to drugs is currently being delivered in the West Midlands. We would be happy to deliver a presentation on our work and current progression to the committee.

In September 2017, a paper setting out the cost of drugs was presented to the West Midlands Strategic Policing and Crime Board. This evidence based research work demonstrated a number of key findings:

- 22,500 heroin and crack cocaine users in the West Midlands were estimated to be costing the area at least £1.4bn a year
- The average heroin or crack cocaine user not in treatment commits crime costing £26,074 a year. The annual cost of each problematic drug user is estimated at £62,320 when considering only four indicators: drug-related crime, health service use, drug-related deaths; and social care.
- Half of all burglary, theft, shoplifting and robbery is committed by people who use heroin, crack cocaine or powder cocaine regularly. This represents one in five crimes reported to West Midlands Police and tens of thousands of victims.
- There were 701 discarded needles recorded by local councils in the West Midlands in 2016 alone, which is likely to be a fraction of the total number found on our streets.
- Of all prisoners who report using heroin, one in five of them tried heroin for the first time while in prison
- Every three days in the West Midlands somebody dies from drug poisoning, with a death every four hours in England. This has been rising since 2010 for four years in a row and has been the highest since records began
- An estimated 22,500 children in the West Midlands have a parent or parents with serious drug problems
- Most organised crime groups in the West Midlands are heavily involved in the drugs trade. Those organised criminals involved in drugs are more likely to be operating internationally, and more likely to have links to firearms. Organised criminals in the West Midlands are profiting from a drug market worth approximately £188m.

(Figures from 2017 cost of drugs report, likely to have increased)
Our aims therefore were threefold:

Reduce Harm  
Reduce Crime  
Reduce Cost

Inherent to the development of the subsequent recommendations was that good drugs policy should be informed by open debate. The consultation and subsequent Drug Policy Summit provided an opportunity to enable sensible and mature discussion about the pragmatic ways this issue could be tackled from organisations and members of the public. The recommendations have been developed with members of the public, family members who have lost children or relatives to drugs, the health service, third sector organisations, police, local authorities and others. The recommendations are also supported by rigorous evidence based research and academic support, particularly in the development of the Regional Drug Interventions Programme, Safety Testing and Heroin Assisted Treatment. It is truly a collaborative and informed approach.

Despite the good work happening by individuals and organisations, collectively our current drug policy is failing. This failure means more crime, public services put under further strain, and not enough is done to reduce the harm of those suffering from addiction. The recommendations currently being delivered recognise drug addiction as a public health problem but also demonstrate that policing tools such as financial investigation are key to disrupt the key individuals at the top of organised crime groups who profit from the misery of others.

West Midlands Drug Policy Recommendations

1) Diversion - Diverting people away from the Criminal Justice System: A formal scheme to divert those suffering from drug addiction away from the criminal justice system into proper treatment, building on the success of West Midlands Police’s Turning Point pilot. Those suffering from addiction should be treated as having a health problem, not just as criminals. By dealing with the drivers behind crime, we can significantly reduce the cost to the taxpayer, harm to victims and the economic cost of shoplifting, burglary and robbery. Significant savings would also be made to the wider criminal justice system. The Turning Point scheme yielded 68% fewer court cases than those cases that were prosecuted in the usual way, a saving of £1000 per case.

2) Regional Drug Interventions Programme: Originally, the National Treatment Agency funded DIP to the tune of £467m, with a further £200m from local authority health budgets until 2013. Funding was then split between PCCs, CSPs, and local public health
teams but no decisions were made to pool the money. A DIP Audit was undertaken which provided an evaluation, combining qualitative and quantitative evidence. The recommendation from this evidence based piece of work was to join up funding to increase efficiency and ensure all funding is supporting the same goals, removing the current postcode lottery. In the West Midlands, we will commission a West Midland wide custody-based assessment and referral service.

3) **Heroin Assisted Treatment**: Prescribe heroin in a medical setting to people suffering from addiction who have not responded to other forms of treatment. This will take the market away from organised criminals and reduce crime to fund addiction. This recommendation recognises that we must disrupt demand, as well as supply to have a real impact. The most chaotic, problematic individuals are also the most lucrative to organised crime groups. A conservative estimate indicated that around 10% of heroin users may account for around 50% of the total illicit market, HAT would therefore have a significant impact on the illicit market. In the West Midlands, we will pilot a Heroin Assisted Treatment service by 2020 which will be supported by a clinical evaluation.

4) **Drugs Early Warning Programme**: To reduce harm, a comprehensive regional warning programme should be established to make the public, outreach workers and medical professionals aware of the danger of emerging drugs and reduce the number of deaths. Following on from support and advocacy work from the PCC’s office, a regional EWS is now up and running, with a number of Local Authority areas including Birmingham having a local EWS established. These local systems are a vital way of sharing information and keeping key partners up to date on emerging drugs trends in the local areas. The PCC, working with PHE is also working to develop a live best practice document that will be circulated to partners and regularly updated so as to inform future practice.

5) **Safety testing of drugs in night time districts or festivals**: To reduce the number of deaths at night time economy venues, city centre testing of drugs should be introduced. This can reduce harm, by making people aware of the dangers they face and increasing intelligence on the nature and identity of drugs in circulation. This was progressed last year, where safety testing was piloted for the first time in the West Midlands at MADE Festival with significant outcomes. These included over 70 harm reduction interventions being delivered and 54 samples being tested for their strength, content and potency. Critically, festival organisers in collaboration with the police were able to send out a drug alert in relation to a particularly strong ecstasy tablet which contained 240mg of MDMA (2-3 times the average adult dose). Many individuals subsequently destroyed their drugs or confirmed that they would reduce their dosage and there were no ambulance callouts to the festival. The average age of users was 21, which suggests that Safety Testing at festivals and in the Night Time Economy allows healthcare professionals and drug treatment agencies to engage with those young people who are recreational users and may not perceive themselves to have a problematic substance misuse problem. Work is
underway to roll this scheme out into the Night Time Economy in the West Midlands, and at other festivals in the summer.

6) **End the postcode lottery of naloxone provision:** Train and equip first responders in the application of naloxone, and make naloxone consistently available in places where overdose risks are higher, such as bail hostels. Naloxone is a medication used to block or reverse opioid overdoses. It has little effect if opioids are not present, so is safe to be administered by first responders such as police officers. The West Midlands pilot for officers to carry naloxone will begin imminently. Officers are often first on the scene to an overdose and can help prevent a death by administering naloxone during the time it takes for an ambulance to arrive on scene.

7) **Drug Consumption Rooms:** Consider the benefits of Drug Consumption Rooms to see if they would add value to current services in the West Midlands. Drug Consumption Rooms have been operating in Europe for the last three decades – there are currently around 80 DCRs operating in 35 cities in 10 countries around the world. They are clinical spaces in which people suffering from addiction can access clean equipment, medical support and drug treatment services. This support is typically targeted at chronic users, and hard to reach homeless or rough sleepers, improving their access to treatment while taking their injecting and needle litter off the streets. The law currently restricts their use, but that has not prevented the Scottish Government and the Safer Bristol Partnership advocating Central Government to allow the piloting of a Drug Consumption Room in the UK.

8) **Taking money from organised criminals to improve drug services:** Those profiting from the misery of drug addiction should pay for treatment. The organised crime groups of the greatest concern to local police are involved with drugs and firearms. West Midlands Police is seeking to disrupt key organised crime groups by going after their cash and therefore maximise the money it seizes from large-scale drug dealers. The extra money seized relating to drugs should be re-invested into helping those suffering from addiction. A new Financial Investigation Team will be live in the West Midlands from April 2019, tackling those who profit the most from the drugs market.

Our response to drugs is an evidence-based, full circle approach to tackle harm, reduce crime and reduce cost through the delivery of eight key recommendations. Reducing harm and dealing with drugs through a public health approach will prevent criminalisation of those most vulnerable, reduce the illicit drugs market and target those who profit the most. These recommendations take into account finite resources and actually look to save money and combat resource demands in the future.

We would be happy to present our work to the committee in person.

*March 2019*