Written evidence from NPCC – National Police Chiefs Council

Context

I am currently the NPCC lead for drugs. Following the request for submissions from HSCC I have carried out a short period of consultation with all forces. This submission is a snapshot nationally following these discussions. I would the opportunity to contribute further as this review moves forwards.

What is the extent of health harms resulting from drug use?

The health risks associated with drug use are wide ranging and include both physical and mental harms to the individual, their family and the wider community, including emergency services. Drugs present various risks, and the extent of any potential harm will be dependent on the individuals own circumstances, the substances they are consuming and the method of consumption.

Many of these consequences will not result in police activity, or requirement for resource, however many of them will.

Drug use and dependency has the potential to destroy family ties, reduce job prospects and lower inhibition, all of which case have a devastating effect on the individual and can result in entrenched use and also homelessness, which in itself comes with further health implications.

Harms on the individual can range in seriousness, sadly often resulting in death from overdose or long term associated ailments. This is a tragic consequence which often results in police deployment, which has resulted in national discussions regarding police access to Naloxone to better respond to opiate overdoses.

It is also accepted that prolonged drug use has a direct impact on mental health, which increased demand on services, in particular the police and NHS.

From a policing perspective, there is significant harm to those communities which are affected by drug use.

It is known that 45% of acquisitive crime is committed by persons with drug dependency, and that the illicit drugs market in general has a £20 cost to society.

The supply of illegal drugs is dominated by organised crime groups who embed themselves in local communities. The street level, and higher level supply of controlled drugs creates significant profit and as a result there is often dispute over control and territory in these areas. These disputes have led to the increased prevalence of offensive weapons and firearms, and a significant rise in violent crime, with 50-60% of homicides committed by persons using, or involved in the supply of controlled drugs.

What are the reasons for both the initial and the continued, sustained use of drugs? This refers to the wide spectrum of use, from high-risk use to the normalisation of recreational use.
A number of factors can result in a person’s initial drug use. In terms of recreational use, this could be down to a perceived social acceptance, lack of education and awareness of associated risk from an early age, and peer pressure which remains as prevalent as ever. The primary problem with recreational use is that the scale is completely unknown, as many users will generally not come to the attention of health services or law enforcement, and there is therefore no opportunity for intervention or diversion. It is this area where there is a real danger of recreational use leading to prolonged use or dependency.

Sustained use of drugs, by those who are dependent is a problematic area. Limitations of current treatment methods are well known. Many users, who are prescribed substitutes, either use street drugs on top, or sell the prescribed medication to others to fund the purchase of street drugs. Realisation of these limitations has led to an increased appetite for heroin assisted treatment, which is being explored in some areas to stabilise users.

There is a general failure to recognise or deal with other underlying factors that can drive a person’s drug use, and the lack of a whole system approach means that many treatment methods are destined to fail. It is important to recognise that substance misuse may be just one part of a wider network of issues, and that a solution in other areas, could make treatment much more effective.

How effective and evidence-based are strategies for prevention and early intervention in managing and countering the drivers of use? This includes whether a whole-system approach is taken.

The problem here is that the use of prevention and early intervention strategies is sporadic and inconsistent throughout the country. Consultation with all national police forces has shown that strategies such as drug testing upon arrest and the use of out of court disposals are being used extremely well in some areas, but not at all in others. There is then the ineffective use of such strategies that falls somewhere in between.

There are also inconsistencies with the commissioning of services, which causes problems for police forces whose geographical areas are made up of more than one local authority. This means that identifying and adopting a single effective approach is not always possible, and that diversion pathways can be hard to identify.

More education and better signposting at a young age could raise awareness of the dangers of substance misuse, and could deter experimental use of controlled drugs.

There is also a need to raise awareness amongst people of all ages of the impact of drug use on society, no matter how infrequent. The messaging around links to, and funding of organised and violent crime need to be more prevalent, to deter substance misuse in persons are otherwise law abiding.

How effective and evidence-based is treatment provision? This refers to both healthcare services and wider agencies, and the extent to which joined-up care pathways operate.

Again, this is area dependent and there does not seem to be consistency throughout the UK.

Current treatment provisions are generally ineffective for the majority. Continuous use of such methods, which evidence shows generally do not reduce consumption or associated offending, continue to be used at a cost to services.
There is little recognition for drug use as a wider social issue, and a whole system care package is required in order to effectively address it. There is growing appetite for the use of heroin assistant treatment as part of a wrap-around service which is aimed at stabilising drug use, while addressing underlying social issues.

Other strategies and services such as multi agency safety testing and drug consumption rooms should be considered as part of this debate to determine whether the evidence base shows them to reduce harm on individuals and the overall demand for controlled drugs.

**Is policy is sufficiently geared towards treatment? This includes the extent to which health is prioritised, in the context of the Government’s criminal justice-led approach.**

There is not enough focus on health when dealing with offending which either involves, or is driven by a person’s use of controlled drugs. More flexibility is needed to enable police to deal with offending by the use of out of court disposals, referring people into effective and easily accessible treatment. As the NPCC lead for drugs, I have communicated with forces regarding the use of out of court disposals for drug offences, and intent to issue written advice on the matter, however in order for this work effectively, there must be clear pathways into treatment, and a whole system approach is required to make sure that not only the drug dependency is addressed, but also an individual's wider vulnerability.

The legislation surrounding drug testing upon arrest is no longer effective. More and more persons who are dealt with by police as suspects are dealt with on a voluntary basis rather than being arrested, which means police have no power to use the drug testing legislation, and divert those testing positive into treatment. There are also limitations in relation to substances which are tested for, with the legislation only allowing police to test for opiates and cocaine. This is outdated, as there are a wide range of substances that are resulting in dependency and associated offending.

There are also missed opportunities when persons are charged to court for possession of controlled drugs, or associated offences. Short term prison sentences or fines do little to address this issue and often contribute towards a further cycle of offending. Rehabilitation orders and mandatory drug treatment services should be considered as an alternative.

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

A criminal justice approach will not solve this problem. Criminalisation of drug users often creates a cycle of re-offending and does nothing to address the underlying and contributing social issues.

A whole system approach is required to reduce the demand for controlled drugs, which will mean any disruption to the supply will have a greater effect.

Prevention and early intervention is key to achieving this reduction in demand. There is a need to carefully consider regulating controlled drugs so that stablisation can be achieved in persons who are drug dependent, through appropriate treatment.

There is also a need to better equip police forces to disrupt the supply of controlled drugs, through increased sentencing powers and capability enhancement in terms of digital forensics and substance identification.
What responses to drugs internationally stand out as particularly innovative and / or relevant, and what evidence is there of impact in these cases?

Heroin Assisted Treatment

A number of countries, including Switzerland, the UK, Germany, the Netherlands, and Canada currently prescribe heroin for use under medical supervision, as part of programmes to treat long-term users of illicit opioids. Recently a number of areas in the UK have put forward proposals for Heroin Assisted Treatment (HAT) aimed to combat public health risks caused by street use. This approach not only provides a safe and controlled environment for those with drug dependencies, but also allows other services access to those who suffer from dependency to provide a greater likelihood of underlying social issues being effectively addressed. This also takes the revenue stream away from organised crime groups and prevents those with dependency needing to turn to crime to fund their dependency.

Legalisation of Cannabis

As of October 2018 adults in Canada are legally allowed to possess, consume, produce and even supply cannabis subject to a strict legal framework. The aims of this approach are to reduce access to cannabis for juveniles, reduce the income of criminal organisations involved in large scale production and supply and to protect public health and safety by allowing legal access. This is clearly innovative and relevant, although it is too early to determine any impact.

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