HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Drugs, HC 198

Wednesday 15 June 2022

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Watch the meeting

Members present: Dame Diana Johnson (Chair); Paula Barker; Simon Fell; Carolyn Harris; Tim Loughton; Stuart C. McDonald.

Questions 194-264

Witnesses

I: Chief Constable Serena Kennedy, Merseyside Police, Assistant Chief Constable David Thorne, South Wales Police, and Chief Constable John Campbell QPM, Thames Valley Police.

II: Andy Dunbobbin, Police and Crime Commissioner for North Wales, Zoë Metcalfe, Police, Fire and Crime Commissioner for North Yorkshire and the City of York, and David Sidwick, Police and Crime Commissioner for Dorset.

Examination of witnesses

Witnesses: Chief Constable Serena Kennedy, Assistant Chief Constable David Thorne, and Chief Constable John Campbell.

Q194 **Chair:** Good morning, everybody. This is the next session in the Home Affairs Committee's inquiry into drugs. Today we will look at policing, and we are pleased to welcome a number of very senior police officers, and, in our second panel, police and crime commissioners. I welcome our first panel of witnesses, who are all appearing virtually. Would you like to introduce yourselves for the record?

Chief Constable Serena Kennedy: Good morning, everybody. I am Chief Constable Serena Kennedy from Merseyside police.

Assistant Chief Constable David Thorne: Good morning, everyone. I am Assistant Chief Constable David Thorne of South Wales police.

Chief Constable John Campbell: Morning, everybody. I am Chief Constable John Campbell of Thames Valley police. If it helps, we cover Buckinghamshire—*[Inaudible.]*

Chair: Your connection dropped out just then. Could you repeat that?

Chief Constable John Campbell: I was just explaining that Thames Valley police cover Berkshire, Oxfordshire and Buckinghamshire.

Chair: Thank you very much. Do any members of the Committee wish to make any declarations?

Paula Barker: Yes. I know Serena Kennedy in a professional capacity. We work together on Merseyside.

Q195 **Chair:** Anybody else? No? Okay. I will start the session and then we will have questions from every member of the Committee. Chief Constable Kennedy, could you give us a state of the nation assessment of drugs at the moment? What are your major concerns in terms of drugs and the criminal justice system?

Chief Constable Serena Kennedy: It would be fair to say, from the Merseyside police perspective, that drugs have a significant impact on the way in which our organised crime groups operate, both in Merseyside and across the country, from a county lines perspective as well as an international perspective. We know that Merseyside organised crime groups operate across many other parts of the country, as do county lines.

We have a very strong four-piece plan for our drugs operations, which focuses on four elements. There is a strong pursue element, as is required, and a very heavy emphasis on prevent and pursue. Within Merseyside, three of our local authority areas have been identified as areas for Project ADDER. We have really strong collaborative working

relationships with, and strong support from, our partners in embedding the key requirements of Project ADDER.

Q196 **Chair:** Thank you. Chief Constable Campbell, would you like to comment on that? What is your view on the state of policing and the issue of drugs at the moment?

Chief Constable John Campbell: It is pretty significant. Organised crime and the violence associated with it are a challenge for all of us in policing. That is also associated with county drug lines, which you will be very familiar with as a term. There is also home-grown drug dealing as well, which can sometimes be missed; it is not always imported into our force areas.

Thames Valley police would map that we have about 50 organised crime groups—that is the mapping that we do with the National Crime Agency. Of those groups, 37 are drugs related. Of course, on top of that, you get a significant amount of violence, because the money and time investment is significant, so people are more willing to use weapons and violence to further their needs.

You then have the local impact as well, and there is definitely a community confidence issue. There will be pockets of open-air drug dealing, sometimes of class B drugs—cannabis and the like—but the ability for the policing to regularly and consistently disrupt that low-level dealing is something where I get feedback from the community that they do not see enough of it. I would agree with that on occasion: it can be a difficult one to nail down, because in truth, the dealers will not be there when the police are there. We need to match their tactics.

On top of that, there is a significant resourcing issue to match those threats, both when it comes to the organised crime aspect of things in terms of our force crime units, our regional crime units, and the efforts that we put in at a local policing level—your 24-hour police stations, which have capability around disruption as well.

It is a combination of all those factors. Hopefully, Chair, we will get the opportunity to talk about our drugs diversion scheme, but in essence this is a significant threat, both in terms of community confidence and the health and wellbeing of users and addicts, and additionally the threat of violence associated with organised crime.

Q197 **Chair:** Yes, we will come on to look at a number of the points that have already been raised with more specific questions. I am just trying to get a sense across the piece around policing and the issue of drugs, and I am very pleased that you have just raised the issue of community confidence, as well as the issues with drug dealing that I know blight many communities. Could I just come to Assistant Chief Constable Thorne?

Assistant Chief Constable David Thorne: The picture here in Wales is not too dissimilar from what you have just heard from Merseyside and Thames Valley. We also have 53 mapped organised crime groups, the

majority of which are drug related. In terms of the drug use here, there are some real issues around drug deaths, and we are very concerned about that. I think it is safe to say that we were making some very good progress up until the years of covid. Since the lockdown has lifted, drugs deaths have unfortunately gone back up again, and that is something we are taking very seriously.

One thing that we have seen is the poly use of drugs. That is to say that drug users will not just choose one type, but will use multiple types of drugs, benzodiazepines being one of the key ones that we are seeing, which are related and connected to drug deaths. Wales has seen a long period of time where prevention has been at the top of the agenda, with treatment services in place for that. However, there is always still more to do, and we are grappling with the way that the market has changed over the past two or three years, making sure that our treatment services and out-of-court disposals are lined up with the market profile that we have recently seen.

Q198 **Chair:** Can you say a little more about how the market has changed over the past two or three years, and the effects of covid?

Assistant Chief Constable David Thorne: First, with county lines, it is safe to say that covid did not inhibit the supply, but we also saw the exploitation of younger members of our community in getting the drugs to their destination. We have also seen a greater use of drugs that we might call downers—suppressants—rather than the more typical party drugs that we would have perhaps previously seen, such as cocaine and MDMA. There seems to have been a turn in people's appetite for more of the suppressant types of drugs, rather than those party types of drugs.

Chair: Thank you.

Q199 **Simon Fell:** Thank you to our witnesses for joining us. I want to build on the question that Diana was asking: could you outline your top three priorities around drugs in your police force area? What are you most worried about at the moment? Serena Kennedy, could I come to you first?

Chief Constable Serena Kennedy: One of our primary concerns is county lines because of the volume of county lines that we have and the impact that it has on young people. Merseyside has been identified as one of the forces outside the Met that has a large number of county lines. That is one of our priorities in the work that we do. We have a dedicated Project Medusa that looks at tackling county lines in a number of ways. We have operations with British Transport police, operations focusing on the motorway network and operations that focus on street dealing.

We operate county lines initiatives with many other forces because we know we have nominals operating in our force areas. We recognise the harm that that causes in communities outside Merseyside. We work really closely with those forces affected within the region—for example, north Wales and Cumbria—but we also travel down to the south coast and make sure that we are present with our colleagues there. It is quite a surprise to

our Merseyside nominals when they think they are out of sight and see our officers on the streets working collaboratively with colleagues on the south coast.

In terms of the work that we are picking up under Project ADDER, there is the impact of our ageing population who have been addicts for some time, including on a number of public sector agencies. We work together to deal with the impact of their use and demand across a number of services, and the broader impact they have on the community. Thinking particularly of our ADDER areas, there has been some quite positive work where, through the programmes that we have been able to implement, there has been a positive impact on the broader community.

You asked for three, but I will give you four if that is okay. The third one would be the impact of drugs: 106 of our organised crime groups have drugs as their primary commodity. We have in the region of 150 mapped OCGs in Merseyside. Of them, 106 had drugs as their primary commodity. Having such a high volume—over two thirds of our OCGs where that is their primary work—right across the region has an impact in terms of demand, trust and confidence, and on communities in terms of their tolerance levels, and on our young people. The Merseyside police have put huge emphasis on how we target those OCGs. The fourth one would be the night-time economy impact.

Simon Fell: As a Cumbrian MP, I appreciate the cross-border work you are doing with Cumbrian police, which is very effective.

Chief Constable John Campbell: The three priority areas for me would be, first, disruption of the market flow, which is the county drug lines and OCGs that we talked about. That is the bulk supply of drugs into the force area. Serena and David talked about the volumes in organised crime groups, which are significant.

Secondly, there is disrupting the violence and intimidation associated with the drugs market. We would assess that 30% of our homicides have been drug related, in terms of some form of dispute that has caused the violence that has ended up in homicide. It also translates into serious violence and harm that does not end in in the death of anybody.

Thirdly, there is the exploitation of the young people involved in some of the supply issues. Serena talked about the county drug lines; we know that, as a tactic, county drug lines gangs will use younger people who perhaps do not have much of a footprint with policing and no obvious previous convictions for stop and search and checks. In that way these gangs are, to some degree, entrepreneurial, although I am cautious about using positive adjectives, for obvious reasons. They will adapt their tactics. The exploitation of young people, in particular, as drug mules and traffickers is a concern, and we had a particularly sad murder of an individual in Oxford a number of years ago, which was exactly a consequence of that.

Assistant Chief Constable David Thorne: The top priority for us is ultimately to reduce drugs deaths. From that, come the other two priorities. The second one is relentless enforcement to make a hostile environment for serious organised crime groups operating in the South Wales area.

The third priority is about getting our treatment right. That is about stopping people getting addicted in the first place, but also, once people are on that addiction cycle, giving them the treatment that will be effective, based on evidence. What that would mean to us is giving low-level users treatment and keeping them away from the custody centre and punitive measures, to give them the space to deal with their addiction, to get them off and to reduce the demand in the first place. Our three priorities are focused around those areas.

There are some of the other things that John and Serena spoke about, as well, particularly related to violence. With some of the markets that might be seen as less harmful, such as the cannabis market, the general public are not aware of what we have seen, which is the violence that goes on behind the scenes to enable people to buy and use the likes of cannabis. I cannot go into specifics, because they are still live cases, but we have seen extreme levels of violence used to enforce cannabis cultivation, as an example.

Q200 **Simon Fell:** I would like to come back to that point later, but you lead me to my next question, on the Home Office's 10-year drugs plan, which talks about moving to far more drug treatment—to your point—with the aim of preventing three quarters of a million crimes by 2024. What is your level of confidence that that can be delivered in that timeframe? I'll stick with you, David Thorne.

Assistant Chief Constable David Thorne: I think 2024 is a challenging timescale, but we are outcomes focused and we can make a significant difference in the amount of harm caused. The problem with substance misuse is far greater than just the supply. It is far greater than those business chains that are involved to gain huge amounts of money for people at the top of them. It is about the complex needs of our communities.

It will not come as a surprise to anyone that there are huge links between that and mental health issues; and there are huge links between that and people who live in areas of deprivation. It is about proactively dealing with some of those issues, to reduce the amount of demand.

I see this as a three-strand approach. On one end of the spectrum, we have a public health-led approach of stopping people getting addicted in the first place. At the other end of the spectrum, we have that relentless enforcement that I talked about. In the middle, that is where enforcement meets treatment, with diversionary methods we can put in place. Can we make a difference by 2024? I think we can. We do need to remain outcomes focused, but this is going to take a lot longer to deal with in its totality.

Simon Fell: Thank you. Would anyone else like to come in on that point?

Chief Constable John Campbell: I think we would all collectively welcome the 10-year strategy. It is a recognition. We can be guilty in policing, and in lots of public services, of a year-on-year strategy that doesn't look at some things like diversion and the preventive aspects, and just focuses on the criminal justice outcomes.

It is really welcome. In my experience, any diversion or dealing with addiction, or even a first-time user with potential addiction, which is about diversion or treatment, has to be matched by the resources to make that efficient and swift. Because quite often we will have people within our custody system that we might drive and move towards drug treatment but unfortunately that can take a long time for appointments and the like.

If you are a chaotic drug user, tomorrow can be a long time away; if you are talking about an appointment in four, five or six weeks' time, that can be a complete barrier to you engaging properly. I am sure it is the same in David's area. I have never met a drug addict who wants to be a drug addict. Anything we can do ultimately to divert them away public health-wise is to be applauded and would have my full support.

Chief Constable Serena Kennedy: To pick up on the point that Dave and John made, I agree that 2024 will be a tough ask, specifically on your point about achieving the outcomes in relation to reducing offences. Dave made a point about mental health, and I don't think we have yet seen the totality of the impact of covid on people's mental health and therefore its impact on drug-related offending.

I also have concerns about the impact of the cost of living crisis and how that will play out in some of the crimes that are specifically mentioned in the 10-year strategy. It is difficult, without qualitative pieces of research, to understand the motivation behind someone's offending, so while we have some really good case studies that talk about positive outcomes for offenders and reducing their offending behaviour, the point of why an offender is offending cannot be made by just looking at binary numbers, so I will have some slight concerns between now, in 2022, and 2024.

Taking the outcome as a range of measures together, I have every confidence that we will be able to show real positivity in terms of what we are delivering across the public services together on the 10-year strategy. That specific one on the significant decrease in drug-related crime offending, however, gives me some concerns.

Q201 **Simon Fell:** May I pick you up on that point? What would your expectation be of what will happen as a result of the cost of living? What will that drive people to do more of, or continue doing?

Chief Constable Serena Kennedy: My expectation as chief constable is that I am committed to crime reductions, as set out in the beating crime plan and the neighbourhood outcomes framework. But, in terms of the cost of living crisis and whether we see an increase in serious and acquisitive crime where the motivation is linked to the cost of living, as

opposed to drug offending, it is really difficult to understand what someone's motivation for offending just from looking at binary numbers. Work will need to be done on understanding those motivations, and that can only be done by qualitative research—rather than just looking at quantitative numbers.

Q202 **Simon Fell:** The last question from me: we heard from David Thorne about some of the challenges faced with cannabis and how gangs operate and enforce that. As a Committee, we have heard plenty from organisations and groups that are on the side of decriminalisation and of regulation of some drugs. I am curious to hear your views of what you think that the impact of decriminalisation might look like for your day job?

Chief Constable John Campbell: Any process of decriminalisation has to take a whole-system approach. I think we all learnt lessons from the reduction in classification of cannabis a number of years ago, which led to confusion among members of the public about enforcement activity as well. It has to be systemic, I think.

In simple terms, any decriminalisation of a crime basically allows me to put resources elsewhere. If you have an illegal market that is lucrative, violence comes in to support your role in that market. If you remove the market forces from there, you could conclude that you would remove the need for violence to be associated with the criminal enterprise to promote your needs and your income. But as we know, the public have mixed views on enforcement versus decriminalisation, and cogent arguments have to be made.

If you look at the evidence and the amount of resources that the police are putting into the drugs market and our ability to impact on that—you have heard the kinds of numbers—we will consistently focus on this area. For many years it has been a recurring problem, so you might argue that there has to be an alternative consideration of trying something else, but that comes with a great deal of risk attached to it and whole aspects of public perception about whether there is a political aspect of that.

Assistant Chief Constable David Thorne: We need to step into this territory with a great deal of caution, as I am sure we would anyway, and whatever we do needs to be based on an evidence-based approach. I think what we can look at are legalised substances, such as alcohol and tobacco. What we know is that there is still a huge amount of harm that comes from alcohol abuse, even though it is legal, and we also know that there is quite a significant black market for both tobacco and alcohol, despite the fact that both are legal, so we would need bear that in mind. Having said that, I think there have been some benefits shown from decriminalisation of low levels, like I was mentioning earlier, in terms of getting people into treatment rather than criminalising them. But whatever we do in this space has to be evidence led, rather than just based on opinion.

Chief Constable Serena Kennedy: I agree with the points made by my colleagues. It is a really difficult debate because of the profit to be had

from drugs. As I said, in Merseyside, it is the chosen commodity for two thirds of our organised crime groups because of the financial benefit in selecting that as your commodity. I agree with Dave's point about alcohol and the impact that it has across a whole range of offending behaviour—whether that is in the night-time economy or when we look across vulnerability in terms of linking into domestic abuse. It is a really difficult one, but I wholeheartedly agree with Dave's point about where we are looking—obviously it is a common thread throughout the "harm to hope" strategy—at how we can treat users differently and look for alternatives to the criminal justice system. Actually, we probably see some of our better results, in terms of changing behaviours and changing offending moving forward, when we look at some of the alternatives. But as it stands at the moment, we still need that very hard option of the criminal justice system as well.

Simon Fell: Thank you very much.

Q203 **Tim Loughton:** Can I come on to the 10-year drugs strategy, which, as you have commented, was broadly welcomed by police chiefs? One of the things in the strategy that raised some headlines was about the Government coming up with a White Paper later this year that will consider a series of escalating sanctions for recreational drug users. I think something like 80% of recorded police drug offences in the last 10 years have been for minor possession offences, and this was interpreted as being a way of deterring the "middle classes" from recreational drug use. What is your view on that approach? Is it going to be problematic in enforcement? How could it be improved, or is it not going to work? Let's go to Liverpool first.

Chief Constable Serena Kennedy: It will depend on the expectation. My reading of it—it is only a couple of lines within the strategy at the moment—is that the criminal justice route would still be seen as a last resort. So when I look at our deferred prosecution scheme and some of the case studies from that, they are people who have been identified through use in the night-time economy for what they might think is a one-off or weekend pleasure. Through engaging with a 16-week programme, they get a much better understanding of the impact of their offending on them, their families, their friends and our communities.

I think that absolutely we have got still to have the option there where we can keep people out of the criminal justice system, use deferred prosecution schemes, use out-of-court disposal methodology—

Q204 **Tim Loughton:** Okay. Chief constable, can I pursue that? This is a group of people whom, as the law stands, are committing a crime but have occasional recreational use which they may view as, "This doesn't do anybody any harm." Therefore, they do not think that they have got a drugs problem and they would not necessarily react positively to going on some rehab programme. So if they are to have a criminal conviction at the moment, which involves payment of a fine, for many people, that is not much of a deterrent. My understanding is that this is looking at a series of escalating measures that could cause much greater

inconvenience and an aggravation factor to that person—deprivation of a driving licence for a period of time, or whatever it might be—which might be more effective in making that person say, "Actually, it is not worth the risk now, so I will not be a recreational drug user," and, therefore, they will not contribute to the drug market like that. In your view, is that realistic, or is that wishful thinking?

Chief Constable Serena Kennedy: I would still be willing to pilot it in terms of the evidence base. I go back to the cases that we have seen on Merseyside. We have had 214 offenders referred into our scheme and we have had 24% success—and we have only had 58 offenders who have failed to start the scheme. The case studies that we have got are that some of them are from night-time economy. They have completed the scheme, and it has had a positive impact in terms of increasing their understanding of the impact of that, as it is called, middle-class recreational drug use.

I agree with you that there is not that understanding of the broader impact of buying some cocaine for the weekend on our communities and the drugs market. If they fail to complete the programme, they revert back to the criminal justice process. So there is an incentive for them to engage with the programme and, hopefully through completing 16 weeks, that broad understanding will impact on them and their group offending at the weekends. If that does not work, I agree that we need to be able to escalate those measures.

Q205 **Tim Loughton:** Okay. Can I go to David Thorne for your thoughts on that? I draw the parallel—I may have some personal experience—with people who go on speed awareness courses rather than take points on their licence. My experience is that quite a few of the people resent being there. They think that they are perfectly good drivers and, for some people, being told that what they have done is actually dangerous to other people—just as getting involved with drugs is dangerous to other people because of the supply chain and everything that goes on behind the scenes before you get your coke, your cannabis or whatever—has little impact, whereas taking away certain of their everyday necessities might have more of an impact. Do you think that is a goer?

Assistant Chief Constable David Thorne: First of all, I think that this area of business absolutely needs tackling. We do believe that there is quite a hidden market out there of high-functioning, employed, wealthy individuals who are partaking in this activity. In fact, in some places, I think it is said that it is widespread, and people see it as acceptable. That absolutely does need tackling, because, like you just described, people are not aware of the violence and exploitation that goes on behind the scenes in order for them to be able to take their line of cocaine, MDMA or ketamine—whatever it might be. They don't realise.

I think that awareness raising is really important. There are schemes across the country, including one in north Wales, with a drug education programme, which is exactly along the lines of the speed awareness type scenario. People are put on a programme as a result of being found in

possession of recreational drugs. Do I think that is the be-all and end-all? Well, as you have just described, we know that some people will not take heed of it.

Does it seem right that we have some kind of punitive result at the end of that chain of activity? On the surface, yes. I would say that it probably is a good thing, but I would go back to one of the points that Serena made, which is that anything we do in this space absolutely needs to be based on evidence of what works.

On punitive final sanctions for drug users in general—not necessarily distinguishing between recreational or those more addicted users—the experts tell me that the evidence says that having a punitive result at the end is not helpful for people who are misusing drugs. The reason is that it puts additional stress or strain on them, causing them to want to abuse drugs more. That is a general comment. I haven't got evidence that suggests that that is the same for recreational drug users, but that is what the evidence says. On the surface, from my point of view, do I think some kind of punitive effect at the end of that chain of events is right? It seems like it probably is.

Tim Loughton: Okay. Do you have any different comment, Chief Constable Campbell?

Chief Constable John Campbell: Only to add that "recreational drug use" is an unfortunate term, because it minimises it. If we all called it "drug use", it might have a different element of stigma for those who buy drugs and do not see themselves as habitual or criminally motivated drug users or addicts. Dave has touched on diversion programmes. We have quite a well-established one within TVP. There has to be an element of encouragement for education and understanding. On the point that Serena made about the link to the drugs market and the link with violence, I think people distance themselves from that. It is an uncomfortable message to hear—that you are part of the problem and the issues happening in your own community.

I think there has to be an element of carrot and stick. Ultimately, any diversion scheme has to be reinforced by what we want to educate on, but if we don't do that, there ultimately has to be some form of sanction. That is entirely the principle behind the driver awareness scheme, in essence. Some people do retain it. Most of the evidence I get from driver awareness schemes is that it allows people to reflect, and it does change driving behaviours—how long for can be a bit of a moot point. I think escalation of punitive measures is in essence reflected back across the whole criminal justice system, so from the first offence you will get x fine, and so on.

Q206 **Tim Loughton:** Can I just ask one further question? It is on a completely different subject, and it will be a brief answer. Chief Constable Campbell, we have had the Misuse of Drugs Act for 50 years now. When it came in in 1971, there were around 100 drug-related deaths recorded in England and Wales. Last year, there were 4,553 drug-related deaths across the

whole of the UK—almost 3,000 of those in England and Wales. That is 4.5 times the EU average. In Scotland, it is the worst. It is 16 times the EU average. Why are we doing it so badly in this country?

Chief Constable John Campbell: When you say, "doing it so badly," one reason is access to drugs, which we just discussed, and that ability for people to engage with and access drugs. It is difficult for me to comment on, if you like, the health position around it, but our general approaches over the lifetime of the Misuse of Drugs Act have been around enforcement as the principal focus. As a consequence, if enforcement is your main strand, and that is the one that is most effectively funded and seen as the solution to the problem, then any form of health resolution and diversion of ultimately death or serious harm caused by drugs will always see an increase in that area. Enforcement has been the primary focus, rather than treatment and diversion. I think with all of the aspects of the drugs strategy, there is an opportunity to reflect on that, and collectively we will accept that there is an increased role for that.

Q207 **Tim Loughton:** David Thorne, why are we so out of kilter with other European countries?

Assistant Chief Constable David Thorne: Originally, the convention did not look at criminalisation of low-level drug use. That is something we need to reflect on. We see that criminalising low-level drug use does not help addicts kick the habit and get off that cycle of addiction. I think that that the prevention and treatment side is all-important in stopping that cycle. I don't think enforcement will ever go away, and it is quite right that it's there. However, as John said, drugs have never been more available or affordable. There is something about the market there, as well. We do need to have a good, hard look at that low-level use and whether criminalisation is the right method for it, because evidence might suggest that there are better ways of dealing with it.

Tim Loughton: Finally, Chief Constable Kennedy.

Chief Constable Serena Kennedy: I agree with my colleagues that it is difficult to comment on why we are so different from our European colleagues, from a health position. There have been various strategies and programmes in recent years—we have had the troubled families programme, early intervention programmes, the Home Office crime prevention strategy—that have, for a number of years, spoken about needing to identify the root causes of issues and tackle them sooner, before those problems become acute. While they have not identified drugs as the total reason, drug use, misuse and dealing have been part of the reasons in those early intervention strategies. The national drugs strategy makes loud and clear the relationship between policing having a primary role of enforcement and working collaboratively with other public sector colleagues. As colleagues have said, there is a real need for drug treatment and recovery services, as well as addressing all drug use, to be brought together in one place, with a focus on everything, as opposed to just being part of other early intervention strategies, which have focused on prevention.

Tim Loughton: Thank you very much.

Q208 **Chair:** Can I just follow that up? Why do we have such access to drugs at such cheap rates, compared to other countries? Can someone explain that to me?

Assistant Chief Constable David Thorne: Recently, the reason for availability and price has been down to stockpiling during covid. Not as much was able to be supplied during that time, so it was stockpiled. As a result, we have seen greater availability and the price being cut. Another factor in this area of business is the use of the dark web. People are able to order this stuff from their front rooms—they do not have to step out of their houses to get it. That has also multiplied the ability for people to both afford it and get access to it.

Q209 **Chair:** But other countries had covid, and other countries have access to the dark web. Why is it a much bigger issue for us?

Assistant Chief Constable David Thorne: I am not able to answer why we are worse than other countries, in all honesty. I am familiar with our problems, but I can't say why it is a less of a problem elsewhere.

Q210 **Chair:** Okay. Does anybody else want to comment on that?

Chief Constable John Campbell: I do not know how we compare, really. You might be better sighted than me on how we compare on supply internationally. I do not have that information to hand.

Chair: All right. Thank you.

Q211 **Paula Barker:** I would like to concentrate on Project ADDER and start with Chief Constable Kennedy. In an earlier response, you talked about the impact of the ageing population in Merseyside, which leads to the demand on public services and the impact on the local community and the wider community. Can you expand your response to outline what difference that Merseyside police involvement in Project ADDER has made to drug offending and drug-related harms in Merseyside?

Chief Constable Serena Kennedy: Having seen it first hand, Project ADDER has given us the opportunity to work more closely—as I keep saying—with our partners, to tackle the problem together. There has been a shift in mindset from some of the officers, recognising that they have arrested some of our ageing population, who have been heroin addicts, predominantly, for quite some time, and have continually treated them as offenders. Now, working together, and treating the members of our community who are long-term addicts, with a real focus on that treatment and recovery service, we have seen some positive differences in their lifestyles. The impact on them has made them less dependent on public services. There has been a reduction in calls for us. But people have also managed to move on; they have moved from being homeless or dependent on YMCAs. They have been able to move on and into self-supported accommodation. There has been a reduction in demand across all the public services, because of that renewed public service issue.

The other thing that is not really touched on in the strategy is the impact it then has on local communities and changing behaviour. I can give an example from the Wirral of the impact on users, and of the link to the YMCA, of that change in mindset and that change in terms of educating people around drug use and in terms of the impact on behaviours in the local community. The local park was frequented by drug users. It was a no-go area for the community as a result. By working together through local policing, third sector charities, the YMCA and the users themselves, that education around understanding the impact on the local community and the impact on that park, has led to some use of ADDER funding to reinvest in that park. Having been on patrol and seen it, that park is now a thriving community resource, well used by the community. Some of the residents of the YMCA, understanding the impact of their behaviours, no longer use that area. There is no displacement in terms of reports of antisocial behaviour or other reports of offending.

That is a complete, whole-system approach, with a different style in how we engage with those members of our community. I have seen the positive impact, having met some of them on a visit to the YMCA, and being out on patrol and coming across them when I was out in Birkenhead. There has been a real, positive effect.

I have met people who have gone from being 30 years in treatment, to being peer mentors now. People who had antisocial behaviour orders against them in the past, because of behaviours linked to their drug use, are now in independent living. That is a case study of Project ADDER. I have facts and figures of what we are achieving by Project ADDER, but the richness of seeing that in action speaks for the positive impact of ADDER.

Q212 **Paula Barker:** Thank you. Just for the purposes of our evidence and transparency, and for the record, my husband is the chair of YMCA in Liverpool.

Could our other witnesses let the Committee know their views about Project ADDER? Obviously, it is not within your areas, but I am keen to understand your views of it. Can we start with Assistant Chief Constable Thorne?

Assistant Chief Constable David Thorne: We do have ADDER in one part of our force, in Swansea bay. The advantages of Project ADDER that we have seen are partly around building on what is already in place in relation to treatment services and so on. Project ADDER has enabled us to have an increased focus and identify the gaps in service provision, and then put in place additional service provision as a result.

Within the Welsh structure, which I understand is different to the way things are run in England, we have area planning boards. These multi-agency boards are made up of a group of people from police, health, the offices of police and crime commissioners, probation, prisons and local authorities. The boards have harm reduction leaders and case review co-ordinators in place. They have enabled us to conduct reviews of every single fatal and non-fatal overdose, so that if there is anything within the

toxicology of the drugs taken by people, we can get that information out across the area and across Wales through our drug information system to notify people that perhaps there are drugs out there of increased risk or cut with something that is poisonous. That has been really helpful. We also have a drug poisoning taskforce to help us deal with that side of things.

I mentioned adding provision to some of our treatment. A good example of that is being able to provide an additional mental health worker within some of the diversionary treatment. We have already talked about the connection between drug use and mental health. Having sufficient services out there to refer people to is really important, so ADDER has helped us to put some of that additional provision in place.

Finally, I want to make a point about drug testing. This links to my earlier point about getting information out about the drugs that people are taking. We are able to do that drug testing, particularly when people come into custody. We have drugs workers who will work with anyone who is either in for a drugs offence or who we believe has got a connection to drug misuse. We are able to do a test with them to see what they have been taking and what is out there, which gives us an increased level of intelligence around what drug users are using at that moment in time. As we know, that flexes considerably from one day to another.

Those are a few key points I want to raise about the benefits of operation ADDER.

Q213 **Paula Barker:** Thank you. Chief Constable Campbell?

Chief Constable John Campbell: We don't have ADDER in our force, but it all sounds extremely positive. It builds on the important principles that it is not all about enforcement and that enforcement is the last resort; it is also about engaging with health and social care. Serena's observations about parks flourishing and people being happy to go out of their homes is some of the softer stuff that doesn't get measured in terms of the impact of such operations and projects, but it all sounds very good.

Q214 **Paula Barker:** Thank you. Chief Constable Campbell, if you had the opportunity to have Project ADDER, how would you tailor it to your force?

Chief Constable John Campbell: There are quite well-established models. You might have heard evidence in the past about the violence reduction units—18 or so—that certain forces have. They are funded by the Government and they are in areas where there is a high level of knife crime and violence, and Thames Valley benefited from that. We have a pretty well-established partnership arrangement with health and local authorities that come together to identify and address pockets and individuals who are likely to be violent and/or likely to be victims. It is a double-edged approach.

We would transfer that very successful approach. It is at the early stages in the scheme of things but it shows some very obvious benefits already. It is about anything that, in effect, gets all the agencies round the table and looks at diversion, reduction and prevention. We exist, as a police

service, to prevent crime. We ultimately have the enforcement capability but would rather use that as a last resort. We want to get people back to having flourishing and productive lives, and that has to be a success for everybody.

It would be something that would need suitable funding—that is always an issue, isn't it? In terms of translating that into any force area, I think there are well-established relationships that would adapt to ADDER, but we would take the benefit and learning from colleagues like Serena and Dave. *[Interruption.]*

Paula Barker: Sorry, Serena. You wanted to come back in?

Chief Constable Serena Kennedy: I could not resist the opportunity, with John having mentioned a funding issue. What has worked is the funding coming in a three-year funding envelope, which has obviously made it a lot easier for us to plan with our partners. It was really difficult when it was one-year funding, but three years of funding makes it easier to plan and recruit people, because clearly there is a resource needed here. Without that resource, we would not be having the successes across the partnership that we are seeing. The concern is around what will happen to that funding at the end of the three years and how we will sustain that delivery.

Q215 **Paula Barker:** Would all our witnesses be in favour of extending Project ADDER across the whole of England and Wales? Dave, you are nodding.

Assistant Chief Constable David Thorne: Absolutely. I think we have seen the benefits of it, as has just been described, and the additional funding and focus on some of the intricacies of that complex treatment service is helpful. It does enable us to pick out what is working and what is not. The only way you can do that is by having that extra resource and financial backing. I certainly would be an advocate for that.

Chief Constable John Campbell: While I am less sighted on the detail of it, in terms of the professional judgment of Serena and Dave, that seems very positive. If the outcomes are as sustainable as has been suggested, then yes, I would be.

Chief Constable Serena Kennedy: Yes, I would. I think Dave's point around the evaluation being critical is absolutely spot on. As I said in answer to a previous question, drugs early intervention and prevention have been picked up in other strategies nationally, but this is the first time where they are sitting in a drugs strategy. We need to establish what works and get the evidence base, so that we can roll it out and start making a difference on this agenda.

Q216 **Stuart C. McDonald:** Thank you to our witnesses for your evidence so far. We have already touched a bit on intervention and diversion schemes—I want to focus more on that now. John Campbell, could you tell us more about the scheme that Thames Valley police has been operating? I guess that the answer will be yes, but do you think it has been effective and why?

Chief Constable John Campbell: We started a pilot in one of our police areas in 2018-19. The pilot is, in effect, looking at simple street possession—first-time offending—and then giving people the option to divert into education programmes. They are six-session programmes. We started the pilot as part of what is called a community resolution, which means there is no sanction if you decide not to engage with the education programme. We amended that. We have now introduced a conditional aspect to it—for adults rather than children—where you go along to your driver or drugs awareness sessions and if you do not, we can impose the sanction of a caution, if necessary. That has certainly increased the uptake from adults, because uptake on the first programme was quite low.

One of the challenges about evidencing the real impact is that we can instinctively and professionally say, "It is a good thing to divert." We are not criminalising young people, in particular, for what is a simple possession offence. From some of the anecdotal feedback from young people, 50% of them want to do more sessions. They wanted more awareness. They were unsighted on some of the broader issues that were fed back to them. In terms of recidivism or further offending, it is a bit difficult to nail down, because it is a longer tail to confirm whether someone has had drugs and then has drugs again. Those opportunities are a bit limited.

We have now rolled it out across the board, and professional judgment would say that it is entirely the right thing to do. The feedback is very strong, and the drug charities that we work with are very supportive and positive about the scheme. In addition, it frees up police resources. We had one incident in Newbury where a diversion scheme was used to deal with street possession, and the officer then went on to arrest the dealer who, was up the road. Otherwise, that person would have been in custody for a possession offence. We believe in drugs diversion. It has been a success for our force. I think the longer-term evaluation of further drug use is something that we would want to develop. All our professional instincts suggest it is a very positive thing. Last year, around 960 people were referred into the drug referral process across the force area, and we had high uptake and engagement with the awareness and education sessions.

Q217 **Stuart C. McDonald:** Dave Thorne, you have spoken about diversion schemes as well. Freeing up police resources seems to be an obvious benefit from that. Are there other benefits for police forces? What support do the police need from partners to make those schemes work effectively?

Assistant Chief Constable David Thorne: We have a couple of schemes in place in South Wales. One of them is called Dyfodol, which is the Welsh word for future. When people come into custody—I have touched on it already—we have a drugs worker that meets every individual that comes in and sees if they have an issue. They then either signpost or refer the individual to drug treatment services. We have another range of treatment services that are through our area planning boards—through an umbrella service called Newid, which is the Welsh word for change. That is an

umbrella co-ordination agency to direct people to the correct level of service. That gives you an idea of what we have got in place.

What are the benefits of that? First, I think it is going to the root cause of why people are taking drugs in the first place. It is not just dealing with the symptoms of their condition—drug use—but is helping people with things such as mental health, housing and other health issues that they might have. It is helping with a wide range of complex issues that a lot of individuals involved in drugs are caught up in. They have no way out unless we help them. There are massive benefits to the right service with the right treatment. Of the two schemes we have running, one is criminal justice based, and the other is a voluntary referral, where we can put the people we come into contact with in touch with those agencies. The systems we have are diverse, but it is about being trauma informed. It is about treating the causes of the issues in the first place. The outcome of that will ultimately have an impact on demand, but that is not the key reason we are doing it. The key reason is to try and get people the help they need to deal with the issues they are struggling with. For me, that is the key advantage of those diversionary schemes. Ultimately, I believe that will help people not to fatally overdose.

Q218 **Stuart C. McDonald:** Serena Kennedy, I do not know if you have a view on whether diversion schemes are particularly successful with certain parts of the population. Are they more successful with certain age groups or people from different backgrounds? Do you have any insight into that?

Chief Constable Serena Kennedy: I do not think we are at the stage yet where we have got that type of evidence base. Like other colleagues, we have got several schemes. We have got the deferred prosecution scheme, which I have referenced already, which is a 16-week programme for 18 to 25-year-olds. The first nine months of that finished in March 2022, and that is going through evaluation at the moment to find out if there a difference in outcomes for certain demographics or protected characteristics—minority ethnic background, for example. I could not answer that question now. We have an out-of-court disposal scheme as well, and we have different providers. There is a women-only option there, so there is recognition that there may be a need to have different provision for different parts of our community.

Q219 **Stuart C. McDonald:** Thank you very much. Dave Thorne, I think you were wanting to jump in there. Is there anything you want to add to that?

Assistant Chief Constable David Thorne: I apologise: I thought you were directing the question at me. Yes, a little bit like what Serena says, we have schemes that address different age groups. We have an under-18-year-old scheme, we have another scheme for 18 to 25-year-olds, and we have an additional scheme purely for women, because we believe the health issues that they are experiencing are specific to gender.

Q220 **Stuart C. McDonald:** But there is no evidence at this stage as to whether some of these programmes are more effective than others, depending on

who is involved?

Assistant Chief Constable David Thorne: The reason we have those programmes for different groups of people is that yes, absolutely, there are different requirements. One size doesn't fit all is what I am trying to say. So yes, there are certain things that will work with younger people; there are certain things that will work with that young adult group. The simple answer to your question is yes, some things are more effective than others. But we have to target appropriately towards what their needs are.

Q221 **Stuart C. McDonald:** This is my final question on this. Maybe John Campbell will answer it, but anyone else can jump in as well. Is there a particular reason why post-arrest schemes are much more prevalent than pre-arrest schemes? Has that been a conscious decision? Is there evidence behind it, or is it just the way that schemes have been developed?

Chief Constable John Campbell: Sorry, could you repeat the question? You broke up there. Did you say "postcode schemes"?

Stuart C. McDonald: No, post-arrest schemes, as opposed to pre-arrest interventions.

Chief Constable John Campbell: Well, post arrest is the most obvious way we can access someone that we know is subject to drugs misuse. That's the easiest way, and certainly in operational activity, that allows us then to put into the education and awareness that we have talked about. We do an awful lot of work around drugs awareness in schools, with our local authority partners, as well. But of course, anything that is prior to arrest is entirely voluntary, and as we know, the appetite for people to recognise themselves that they might have an issue is something that probably undermines the volume of attendance. So having that point in people's lives where they are engaged with the police service and they are then directed to health and harm education as well is probably the way we would go, notwithstanding education programmes with local authorities.

Stuart C. McDonald: Thank you very much.

Q222 **Carolyn Harris:** I remember sitting in the office of the then chief constable of Swansea—sorry, the chief superintendent—and watching a film called "Swansea Love Story". I'm sure ACC Thorne will know of it. I think it was only the police and those of us working in the communities who really understood where that was going to end up, and I think that's the story right across the country now. In terms of the communities that we are dealing with, mine is no different from any others. In very deprived economic communities, drugs and the selling of drugs and the production of drugs is the main economic driver. How successful is this treatment method in actually stopping drugs-related offences? This question is for ACC Thorne primarily, but anybody can answer.

Assistant Chief Constable David Thorne: As you can tell from my accent, I am not originally from Swansea, but I have done my best to get

my head around the issues that are affecting us there, and you're absolutely right: 50% of the areas in Swansea bay mainly affected by this are the top areas of deprivation within Wales. You are absolutely right about that. How effective are the treatment services? I think the treatment services themselves are effective. There are some inhibiting factors in there. Part of it is about the capacity of the services in the first place. Are there enough services to provide for all people affected by this? Possibly not. What we have seen from Project ADDER is that we have been able to enhance some of those services.

There are some other factors involved. Some of that is in relation to policy and legislation, in terms of the punitive end result. As I have mentioned previously, that punitive end result, as we have seen from evidence-based studies, almost sends addicts into more of a tailspin, bearing in mind that they are living complex lives and dealing with a lot of stresses and strains, and the thing hanging over their head—if they do not do this, they are going to be fined or imprisoned—almost makes it worse. So I think there are some inhibiting factors in there that could be ironed out. As we have discussed today, that is something that we would advocate as we move forward. The simple answer to your question about whether they are effective is yes. Are there enough of them? No, and there are some inhibiting factors that we need to iron out.

Q223 **Carolyn Harris:** Many of those young people—the delivery drivers, if you like, of the product—are working for older siblings and in some cases for parents. How time-consuming is it for you as a force to monitor and support those young people into the right treatment?

Assistant Chief Constable David Thorne: It is very intense. There is a huge amount involved in that and we could not do it without the help of our partners and the services that I have already described. Some of those are criminal justice-provided treatments, but some are also provided by the area planning boards, which is a health-based approach funded by the Welsh Government. A lot of the strain is taken by those additional services. We could not do that on our own. In terms of enforcement and monitoring of breaches of bail conditions, etc., a huge amount of activity goes into that to keep on top of it.

Q224 **Carolyn Harris:** Thank you, ACC Thorne. What are the legal obstacles that police forces have to consider when they are looking at a harm reduction method? CC Campbell?

Chief Constable John Campbell: We obviously have to work within the legal framework as it currently stands. When you are looking at harm reduction, and certainly diversion schemes, we have to make sure that our community resolutions and our conditional cautions, as part of deferred prosecutions, are in line with current policy, and we have to engage with the CPS and the courts around that.

In terms of the other examples—"extremes" is probably the wrong term—we moved from, if you like, diversion into monitored drug use, into systems across Europe in particular. I think Copenhagen has a well-

developed one, where drug rooms are available for users to inject and then also at the same time have access to health services. So it is monitored: there is an acceptance that there is a drug addiction. It may or may not be illegal, but either way, there is a framework around that in terms of health being the primary supporter of that.

In the UK—or, obviously, England and Wales in particular—there are offences around allowing premises to be used for drug use, so there would have to be a change in legislation if there was a move towards those kinds of facilities being available in England and Wales. That would instinctively be my answer around that.

Q225 **Carolyn Harris:** Would you support drug consumption rooms in your force?

Chief Constable John Campbell: There are two aspects to drugs consumption. One is when people are on drug rehab programmes, which is where they have been prescribed drugs, and that then facilitates effective use. Where we have people who might take in methadone and other prescription drugs to take them away from their addiction, I think we could facilitate that kind of programme. I'd want to see more evidence around the illegal facilitation of the drugs, if that makes sense. I'd want to be reassured that the outcomes are worth what it would do to communities' concerns locally, because these have to be located somewhere. There has to be a holistic and a police force discussion with health around the benefits of that.

As the current legislation is, I would be saying that I am not complying with the law at this time. On the further margins of illegal drug use—facilitating that would be an acknowledgment that it happens anyway; so therefore just provide a system where we might divert people more effectively—I'd want to see a little more evidence internationally about the benefits of that as a police strategy. Again, it is not just a police strategy; it has to be a whole-system strategy, rather than just a police force approach.

Q226 **Carolyn Harris:** As someone who has visited too many post offices and fish shops in local communities and seen the thing that is on sale most is foil, I worry that we do not pay more attention to drug consumption rooms. Same question to you, CC Kennedy. Would you support drug consumption rooms in your force?

Chief Constable Serena Kennedy: I would echo John Campbell's thoughts about needing to see the evidence base and to consider how the whole system operates, recognising the role of policing in that system. As I touched on in my opening remarks, I think that in Merseyside police we are successful in our approach to drugs because we focus heavily on pursue—we need to recognise that, as the police, we are one of the only agencies, working with our NCA colleagues, that absolutely have to take that strong, hard-edged approach to pursue—but we also have a really strong emphasis on protect and prepare. I would need to see the evidence

base to understand how the strategy would fit within the whole system and what our role within that would be.

Q227 **Carolyn Harris:** ACC Thorne, I do a lot of work with the police in Swansea, for obvious reasons, and I think that about 50% of their workload is now social work, as opposed to policing, because they have to deal with the consequences of drugs. Are you an advocate of drug consumption rooms in South Wales?

Assistant Chief Constable David Thorne: There are two things here, as John says. First there is heroin-assisted treatment, in which prescribed drugs are administered, and in Wales we are seriously considering, alongside the Welsh Government, whether we can introduce that. There are definite benefits, such as getting rid of blood-borne diseases, and it also enables people to be treated by bringing them out from behind closed doors.

There is a distinction between that and consumption rooms, which there are some concerns about. Obviously, they provide a safe environment in which people can take drugs that they have obtained themselves. They take away the risk of blood-borne diseases and respiratory diseases, from smoking the drugs, so there are definite benefits. But I think we need to enter that territory really cautiously, because we can probably work out very quickly where the supply chain will set up shop—probably quite close to the consumption rooms.

We need to step into that territory carefully and, as John and Serena have said, consider the evidence. In order to do that, we need to consider the legislative constraints that currently stop us entering that territory. I am not saying that they are not effective, and I think we have seen some success with these in other countries, but we would have to consider, as Serena says, the impact on the whole system.

Q228 **Carolyn Harris:** This is my last question—you can say yes or no. Would you like to see officers carrying naloxone?

Chief Constable John Campbell: Well, I have around 250 officers who already carry it, because we have trialled that, so we carry that in various aspects of our police areas. So far we have not had to use it, which I guess is good news. We have had a pilot with naloxone running in TVP.

Chief Constable Serena Kennedy: Our officers are not carrying it at this moment in time. Having looked at it and really carefully considered it, we have not felt the need, perhaps because we are one of the smaller forces geographically. When we look at our drugs deaths and the number that naloxone could have potentially assisted in, the numbers are very low, and we have not had any unmet need from our colleagues in the North West Ambulance Service, in terms of their treatment of those jobs as a grade 1, and that is despite all the reported delays with covid. Considering it in the main, with our partners, we made that decision at this moment in time, and until we start—

Chair: Sorry to interrupt, but we are running really short of time and I

think you have set out why you have decided not to do that. Perhaps we can just have the last answer.

Q229 **Carolyn Harris:** ACC Thorne, yes or no?

Assistant Chief Constable David Thorne: In South Wales, like all the other three forces in Wales, we have a naloxone-carrying pilot. We have seen some successes—we had two uses in South Wales and two lives have been saved—so on that basis I would advocate its use, yes.

Carolyn Harris: Thank you.

Chair: Thank you very much. I was going to go round the panel to see whether there was anything you had not been able to say to the Committee that you felt we needed to hear, but because we are running really short of time I am going to ask you to please write to the Committee if there are any issues that you do not think we have covered or asked you questions about but that you would have liked to have raised with us today.

Thank you very much for giving evidence this morning. It has been very useful. It is always really helpful to the Committee to hear about what is going on practically. I am sorry that I had to cut you short at the end, but we must now move on to the next panel, who are police and crime commissioners. We are very keen to hear what they have to say as well, but thank you for your time this morning.

Examination of witnesses

Witnesses: Andy Dunbobbin, Zoë Metcalfe and David Sidwick.

Chair: Good morning. We have two real live witnesses in the room, which is great, and we have a virtual witness. Are you able to hear us okay, Zoë Metcalfe?

Zoë Metcalfe: Yes I am, Chair. Thank you.

Q230 **Chair:** Thank you. I am going to start with everyone introducing themselves. We are conscious that time is short this morning, so I am going to switch things round a bit in terms of where we want to focus our attention. David Sidwick, could you explain who you are?

David Sidwick: Absolutely. My name is David Sidwick and I am the Dorset police and crime commissioner. I am also the co-chair of the addictions and substance misuse portfolio for the Association of Police and Crime Commissioners. It may also be relevant that I have a background in the pharmaceutical industry. I was there for 20 years, working on pain drugs, which are exactly the drugs we are talking about.

Chair: Thank you very much. That is helpful. Would you like to introduce yourself, Andy Dunbobbin?

Andy Dunbobbin: Good morning—bore da. I am Andy Dunbobbin and I am the police and crime commissioner for North Wales.

Chair: Thank you. Would you like to introduce yourself, Zoë Metcalfe?

Zoë Metcalfe: Good morning, everyone. I am Zoë Metcalfe and I am the police, fire and crime commissioner for North Yorkshire and York.

Chair: Thank you very much. We are going to start off by looking at Project ADDER, because we talked about it quite a lot in the previous session. I will go to Paula Barker first.

Q231 **Paula Barker:** Good morning to our witnesses. Thank you for being here. Mr Sidwick, does the APCC support the extension of Project ADDER across England and Wales?

David Sidwick: Yes—unequivocally and absolutely we do. We know that there has been a lot of progress on the 13 ADDER pilot sites so far. We held a roundtable with the Home Office and the Office for Health Improvement and Disparities back in January 2022, and that was able to report some of the successes. There have been more than 10,000 arrests, 600 disruptions to organised crime gangs, 4,300 offers of out-of-court disposals and 800 safeguarding events, plus meaningful engagement via outreach with 13,400 people with drug problems. I believe you have also heard from Dame Carol Black that she has been impressed by the project.

Where funding has been provided for the Project ADDER pilots, PCCs have demonstrated the effectiveness of bringing together enforcement, treatment and recovery, but there are local areas that have missed out. To show the flag as a Dorset PCC, Bournemouth is listed in the Government's drugs strategy as having the ninth highest opioid and crack use in England and the eighth highest number of adults with multiple and complex needs. Unfortunately we have not received ADDER funding, VRU funding or the first tranche of the "From harm to hope" funding, and we are trying to mirror Project ADDER as far as we can with the resources we have. There are differences across the country in terms of whether you have ADDER or not.

Q232 **Paula Barker:** That brings me to my next question. I was going to ask what would be required to extend the project across England and Wales. Clearly funding is key to that, but is there anything else?

David Sidwick: In terms of the ""From harm to hope"" strategy, which we will probably come to, the idea of local drug strategy partnerships is actually a game changer. One of the big deals about Project ADDER, as you heard from the chief constables earlier, is the way that it cross-partners, and that is exactly what the local drug strategy partnerships are intended to be. For those areas that do not have ADDER and that are already moving in that direction, I would say that that probably comes in and that you need to cross-match the two things.

Q233 **Paula Barker:** Mr Dunbobbin, what do you think will be required to extend the project?

Andy Dunbobbin: I think it is a bit different in Wales—maybe it is not appropriate for me to say that, but I feel like I have an obligation. Where I am, in North Wales, we get the best of both worlds: regionally, we tie in

with the north-west, but we also have that all-Wales perspective. From our point of view—from a Wales point of view—there is a lot more that can be done. There are a lot of positives as well, but the elephant in the room—I know we have touched on it this morning—is the Misuse of Drugs Act and any potential amendments that could be made. We do not need to get rid of the Act, but we could supplement it with amendments and look at better, more appropriate regulation—we all know it is over 50 years old, and it might be a bit more progressive. We know of schemes across the country, across Europe and across the world that are providing far more positive experiences for those who, unfortunately, make a wrong choice at the wrong time. I just do not think it is particularly fair that we should continually criminalise them when we should be supporting them in the context of a choice that they have made.

Q234 **Paula Barker:** Thank you for that. You have raised a really interesting point. Ms Metcalfe is there anything you would like to add on what it would take to widen the scope out across England and Wales?

Zoë Metcalfe: I agree with what both the other witnesses have said. The bottom line is funding, and we cannot skirt around that. Here in North Yorkshire we do not have Project ADDER, but we are very creative and we already do an awful lot that is tailor-made to the North Yorkshire community. We promote diversionary schemes through Operation Choice, which is about drug testing on arrest, and we work very closely with our partners. So while this is obviously about more funding, we do try to implement these things anyway.

Q235 **Paula Barker:** Just on that, my next question is about tailoring the project to local demographics. You just touched on diversionary schemes, for example. Is there anything else you would require to tailor it to your area, in North Yorkshire?

Zoë Metcalfe: We do really well with the two diversionary schemes we have here, one for adults—for men and women—and one for children. It is about creating pathways with our partners and creating strong relationships, especially with the CCGs. Actually, here in North Yorkshire, we are not coterminous; our area footprint has four CCGs in it and we find it quite difficult to co-commission and to have that engagement with our health partners, although not with public health, which done is through the county and the city councils. I would make a plea for more engagement from health.

Q236 **Paula Barker:** In your opinion, Ms Metcalfe, how easy is it to facilitate partnership working, which would be crucial to the success of projects such as Project ADDER? Who do you think should take the lead?

Zoë Metcalfe: I can only speak as I find. I am one of the newest PCCs—I started at the end of November. Here in North Yorkshire, we have a really good partnership working landscape. We work very well together—my office, North Yorkshire police, our partners, our council partners and Public Health England—so I don't actually think we could have improvement there. We do work really collaboratively together, although obviously I would like the PCC to take a more effective leadership role in this. You will

have to ask the others, but I can only speak as I find in North Yorkshire, and we already work very well together here.

Q237 **Paula Barker:** Thank you. Mr Dunbobbin, what is your view on the ease of partnership working and its facilitation?

Andy Dunbobbin: I think we are particularly good at that in Wales and the force area through the previously mentioned area planning boards and community safety partnership work that goes on between police and crime commissioners and the forces.

We also have the police liaison unit, which is our link between us and the Welsh Government. We really do use devolution to the best of its ability to maximise what we can do. That is very productive and constructive. I am not saying it does not come without challenges; of course there are challenges on occasion, but we deal with them in a very progressive way. I would say that a lot of good work has gone on through that forum.

There is more that we could be doing. As I said earlier—I am conscious that I might sound a bit like a repeating record—about the Misuse of Drugs Act, I am not saying there is no place for it at all; I am just saying that amendments could be made that would help. I know we have the "From harm to hope" programme going with the UK Government, which puts us on a good trajectory, but, unfortunately, it is not going at the pace I would like it to go, and some feel the same way as I do about that.

Q238 **Paula Barker:** Mr Sidwick, what are your thoughts about partnership working?

David Sidwick: Partnership working in Dorset is very good. What we did not have is a framework that looked at drugs per se across the county. That is why I am so excited about the "From harm to hope" strategy, which will bring that together.

If am honest, the two hardest partners are health—although it is moving far quicker now, and the local drugs strategy partnership board has elements to address that—and education. I have real concerns about how good we are at talking to our education colleagues. That is one area I am really keen that we get right, because there has been a lot of talk this morning, but what we are not talking about is how we get ahead of demand.

Q239 **Paula Barker:** If we had our colleagues from education, health and other partnership agencies, who do you think should lead?

David Sidwick: A local drugs strategy partnership? I would say unequivocally that it should be the PCC, because they have a cross-cutting voice.

In my own area, we have two community safety partnerships for different unitary authorities; we also have a criminal justice board for Dorset, which the PCC chairs. That gives you an opportunity to bring together all the criminal justice partnerships. The ones you are left with are the health partners, the education partners and the unitary authority. What we have

looked at is, from our local drugs strategy partnership, bringing all that together.

The key question then is how you engage with the people in the education system. You have your local authority officers and directors of children's services, but suppose you also have a number of academies across your patch. How do you get them all engaged to really drive change in this area? That is one of the challenges for us.

Q240 **Chair:** Mr Dunbobbin, you have made your views clear on the Misuse of Drugs Act and the problems with it. There is quite a variety of opinions among PCCs. Do you feel that you have flexibility in the approach you take in your area? Bearing in mind what you have said about the Act, do you think you could push the envelope?

Andy Dunbobbin: I think we are doing as much as we can. We have the drug education programme across all four forces in Wales, as well as the Checkpoint Cymru programme, which was started by my predecessor and which I think is a really progressive way forward, so I am beginning to commission the work for it to continue. Other than that, we are doing as much as we can through devolution. Carolyn will agree that we are really good at that in Wales—using devolution to the best of its ability. However we are still constrained in many respects, with crime and criminal justice not being devolved yet—in my view, it is only a matter of time—

Chair: That is a whole other debate.

Andy Dunbobbin: Yes, but I do think we are pushing it as far as we can.

Chair: Okay. I will go to Stuart McDonald to raise some of the issues that we need to consider as well.

Q241 **Stuart C. McDonald:** I want to ask about intervention and diversion schemes. Already in evidence this morning, you have used the word "local" quite a lot; we have heard "tailor-made" as well. To what extent is it important for these schemes to be designed locally, with local needs in mind, or should we be pushing for these things to be rolled out nationally with a template that can be replicated?

David Sidwick: That is a very good question. One of the issues, and one of the problems with the debate, is that we tend to combine things and talk about them almost in the same breath. We have just talked about the Misuse of Drugs Act and decriminalisation, and now we are talking about diversion. Those are two separate things.

I will make my point about the Act later, if I may. The point to make about intervention is that we do not have a clear view on what exactly works. We all do what works best in our areas. Some of those schemes have won awards; some are well-known reputationally—for example, my colleague in Durham had a cracking scheme up there. What we have not done, but which I think it would be very useful to do and which we are going to suggest as the portfolio, is look at what schemes are working from an evidence-based point of view. What is the actual outcome?

We have to be clear what outcome we are looking for. There are two outcomes here: one is keeping everybody out of the criminal justice system, no matter what; the other is looking at it with the question "Is that the best for the person and for the community?" in mind. We have to understand what lens we are looking at intervention and diversion schemes though.

Broadly speaking, the Association of Police and Crime Commissioners is very interested in diversion and intervention schemes and we are broadly supportive of them. But the devil is in the detail, and we really want to know what works and where.

Q242 **Stuart C. McDonald:** Is that a programme of work that you are going to take forward, or do you hope that the Home Office will take it forward?

David Sidwick: I'll have an ask with the portfolio and we will all have a look at it.

Stuart C. McDonald: Mr Dunbobbin, do you want to come in on this?

Andy Dunbobbin: I generally agree with David on this. The more local you can make decisions, the better the outcomes are going to be. We know that. To give a bit more of my background, I have been involved in local government since 2013, so I understand the value of local decision making and how that impacts our communities at that real grassroots level. That is where it should be led from.

I know of some schemes in my area of North Wales, in particular Wrecsam, where there is a group called Yellow and Blue. Established during the pandemic, it has been really successful. It attracts all sorts of people, who go along there having been homeless or with drug addiction. It is quite informal, and they can be signposted along the way, just to help them out. But if you were to put the North Wales police logo on there, or maybe the local authority's emblem on there, that would immediately create a barrier, because people tend not to engage with what they would class as an authority figure. So there are things that can be done to break that barrier down, so that people can engage and then be coached along or mentored along to make sure they get the correct, adequate support.

Q243 **Stuart C. McDonald:** Ms Metcalfe, do you want to come in? Have you looked at what other areas are doing in this regard? Have you developed your own proposals?

Zoë Metcalfe: Definitely. First of all, I agree with both the other witnesses. It is about what is appropriate for that community and what works best—absolutely. There is a lot of value in collaborative learning—evidence-based joint learning. I completely agree with that. That is so important, because I represent a very rural area, and there is a lot we can learn from our counterparts in other rural areas. A lot of areas are very similar, and it is important that we always work in a really collaborative fashion to understand what other schemes are out there. One size does not fit all, and you have to be open to different schemes that could work just as well. So, yes, we definitely look outwards.

Stuart C. McDonald: Thank you very much.

Q244 **Carolyn Harris:** Can I just declare that I know Mr Dunbobbin— shw'mae, Andy.

Andy Dunbobbin: Shw'mae.

Carolyn Harris: Drug consumption rooms—would you be an advocate for them in Wales?

Andy Dunbobbin: I would be an advocate for them in Wales. However, the legislation prohibits that from happening. I understand that there is talk of a memorandum of understanding between chief officers and providers, so I do know that these conversations are taking place. I would be personally supportive of that as a way forward, but the caveat would be the Misuse of Drugs Act. It is over 50 years old now, and it could be amended—

Q245 **Carolyn Harris:** And naloxone? Would you like to see officers carry it?

Andy Dunbobbin: Our officers voluntarily carry naloxone.

Q246 **Carolyn Harris:** Thank you. David, the same two questions.

David Sidwick: Unequivocally no to the consumption room. You asked me the personal question about Dorset. I will also give you the majority view of the PCCs I have spoken to. There are a number of concerns here; some of them are individual—some people I have spoken to have a moral concern about the fact that they are helping somebody to, basically, carry on doing a negative thing to their body. There is concern about the illegality—you have heard that already. There are also concerns about it being a facilitative thing—because you are doing this, it is seen as making the whole concept of drug taking easier.

But there is something else as well. I believe that there are about 30 schemes; there are a good few in the EU, and there is a significant one in Vancouver. I have actually looked at all these individual schemes to see what the evidence is, and the evidence is not broad enough. It is clear what the people in the scheme get out of it, but it is not clear for the community, in terms of the harm to the community or the criminal acts in the community.

Then it comes to what is clearly an opportunity cost. We have a number of things that we need to do to address this problem. We need tough enforcement, effective rehabilitation, increased education and awareness, and diversion. I cannot see how the £1.2 million spent on the pilot for 12 people in Cleveland could not be better spent to address the issues we have. So, on that one, I am pretty clear.

Q247 **Carolyn Harris:** And naloxone?

David Sidwick: That one is different. We actually looked at that from the point of view of the APCC. Across the board, PCCs are generally supportive of widening access to naloxone. We have seen the potential to reduce the overdose deaths. This is emergency treatment. There is strong support for

enabling drug treatment workers to have naloxone. Let's endorse it. I know that the police have it and use it. I have also visited refuges. The local authority equip local refuge personnel with naloxone. It is something that I think there is a lot of value in.

Q248 **Carolyn Harris:** Thank you. Zoë, same two questions.

Zoë Metcalfe: For the room, it is fair to say I would need to see a lot more evidence, and I would like to understand the role that the police have in that. That answers that question.

On naloxone, I know that this has been discussed previously. North Yorkshire police do not carry it on them, but their healthcare workers in the custody suites have access to it and administer it there.

Carolyn Harris: Thank you.

Q249 **Tim Loughton:** Certainly the two PCCs in the room were here for the earlier session, when I asked the chief constables and the assistant chief constable about the part of the 10-year strategy that alludes to the escalating penalties against the recreational use of drugs. Given that PCCs are supposed to be closer to the public, and therefore closer to the people who might be using recreational drugs, and you will get their ire if they do not like the policies coming out, what is your view on how workable this is? Might it just be seen as another speed awareness course-type alternative to people going on rehabilitation who will resent that? Would the threat of having a passport or a driving licence taken away be a more effective way of getting recreational users to realise that this is not a victimless act? Mr Sidwick, do you want to go first?

David Sidwick: From the point of view of the community and what the community would think of it, I am 99.9% sure, without conducting a consultation, that they would support it. I say that because we have changed the dialogue in Dorset generally around drugs to talk about the enforcement that the police are doing, and it has been the most popular thing that the community have commented on to me.

But you have asked a slightly different question as well: do I think it is effective? I think it needs to be part of a spread of interventions, and that spread of interventions has to be tailored to the individual. You almost have to figure out whether the individual will respond to it. That is where I am with it. The actual idea of having something like, "You will lose your passport for six months" might work. Given the conversation we had earlier about a stereotypical middle-class drug user, that might hit them hard. I actually buy that as a tool in the armoury.

The area that I think we are not talking enough about is what we need to do with our very young people who will not be in that bracket, who might not be a middle-class drug user, but they are using—*[Interruption.]*

Chair: Do go on. That bell is just telling us to go to the Chamber.

David Sidwick: I am talking about those who use what I term illegal gateway drugs—I don't use the term "recreational drugs", because I think it is misleading. It implies health and wide open spaces, and that is not what they are.

Q250 **Tim Loughton:** So you think it has a chance of being more effective for certain people—

David Sidwick: I think it is part of the toolbox.

Q251 **Tim Loughton:** —for whom a fine or a rehab course will have little impact?

David Sidwick: Yes, absolutely.

Q252 **Tim Loughton:** Thank you. Mr Dunbobbin?

Andy Dunbobbin: I think there is a place for that. As I said earlier, we have the drug education programme in Wales. Since that launched in 2019, there have been just under 800 participants. That has been quite progressive. I do not have the reoffending figures to hand, but having that engagement and trying to educate people about the things that could happen and the things that go on behind the scenes is far more progressive than trying to beat somebody with a stick because of the choice that they have made for a particular reason at a particular time.

I think it needs to be based on individuals. Aristotle said, "Poverty is the parent of revolution and crime." Some people will work through it and become quite successful. I want to look at that aspect of crime. It is about educating, preventing and disrupting, and helping people make more informed choices. We are all human. We can all make mistakes at a particular point in our lives, under a particular set of circumstances, but we should not let that define who we are.

Q253 **Tim Loughton:** That is the first time I have heard a Greek philosopher mentioned in an inquiry on drugs, which is interesting.

Zoë Metcalfe, perhaps you can give your take on it. Mr Dunbobbin has just made a point about making mistakes. What I am most concerned with, what I think the suggestion in the White Paper will be, is those people who would not acknowledge that they are making a mistake. Actually, for them, the recreational use of drugs, occasionally, as a social part of their lifestyle—certainly if it is cannabis, and maybe cocaine as well—is seen as, "Well, that is something we do. We do it behind closed doors, and we don't harm anybody." What that of course completely ignores is the fact that it is not a victimless act, because the supply line to get them that drug has got big consequences and influences on more vulnerable people.

These are people who think that they don't have a problem and that they are not doing anybody any harm, and if they get caught and pay a fine, that is an occupational hazard. They certainly wouldn't go on a rehab course, because they don't think they have a problem. Do you think, as Mr Sidwick said, that this could be one way of saying, "There is a

problem—you do have a problem—and this is what we are going to do about it"?

Zoë Metcalfe: Yes, certainly, and I do have a concern about this middle-class drug user group. It certainly hits part of my patch here in North Yorkshire. I would say that you have to tailor it to the person. Maybe for a middle-class person, taking their passport away would make them sit up and think twice. For me, it is not just about education of our younger people, but about education of those middle-class users. If they actually knew what happened and all the victims involved in getting to the point where they are buying their cannabis or crack cocaine or whatever, if they actually understood and didn't think it was a bit of a novelty that was not hurting anybody, maybe that would help as a deterrent. There needs to be some form of education to that middle class as well, for them to understand the process of that drug getting into their hands and how many lives it's ruined.

Q254 **Tim Loughton:** That is helpful. Do you want to say something else, Mr Dunbobbin?

Andy Dunbobbin: Yes. I totally understand that view. I am on board with that, but surely this would form part of an educational programme that would follow as a consequence of them taking the step and making that choice. That is just to try to provide a bit more balance.

Q255 **Simon Fell:** Can I pick up on one of your points from earlier, Andy Dunbobbin? You talked about the progressive approach you are taking in Wales, as much as you can within the framework of the Misuse of Drugs Act. I am really interested to know what that is delivering. Are you seeing fewer arrests? Are you seeing more prevention? Are you seeing less bad outcomes for individuals? What is the output from it?

Andy Dunbobbin: Unfortunately, I haven't got that to hand at the moment, but I will certainly make sure that members of the Committee get that.

Q256 **Simon Fell:** That answered that one quickly. Thank you.

Zoë Metcalfe, I was reading about your Crossroads project. I will expand this out to the panel. In my constituency, we have a number of agencies working together, from the PCC's office through to health and education, to try to deal with the drugs problem. In terms of Crossroads and any other projects you have running, what is your experience of bringing people to the table, getting them to stay there and incentivising them to realise that, even though they may be focused on education, say, this is an issue that matters for them?

Zoë Metcalfe: For me—for the office—it works exceptionally well. You might say to me, "Where's your evidence on that?" I can only go by anecdotal evidence at the moment that our reoffending rates are lower. What we have done since I've been in is to employ a data modeller to see if it has been as successful as we feel it has, so that we can track individuals. When we get it, I am more than happy to submit that information to the Committee through the Chair.

Q257 **Simon Fell:** Thank you. To widen that out, cross-agency working in this area—what is your experience of it? How do you get people to the table? How do you incentivise them? David, I will come to you first.

David Sidwick: That is a very good question. Locally, there has been work largely between the police, the unitary authority and local public health. That seems to have worked well with our drug treatment strategies. I mentioned pretty fully earlier where I think the gap is and where we have to go.

Again I mentioned it earlier, but the local "From harm to hope" drugs strategy will, I think, bring in an overarching strategy across the whole county with all the key elements. When you look at what is involved, it is taking a totally holistic approach, getting away from the, "It's a totally criminal justice system," or—dare I say it—"It's a totally look-after-the-individual system," and getting the whole piece correct, including how these people are going to work, how they are going to get out of addiction and what homes they are going to have if they don't have homes. That is all part of that overarching strategic board.

Q258 **Simon Fell:** Is there enough of a clear steer in that report to bring people to the table?

David Sidwick: I can only speak locally in that regard, but we are already having conversations. Some of those conversations are building on structures that are there already—for example, elements of the CSP, elements of the criminal justice board and so on. The crunchy bit will be getting the new people to the table, but that always is.

Q259 **Simon Fell:** Thank you. The same question to you, Andy.

Andy Dunbobbin: We do things differently in Wales because of the devolution environment. We have been talking about substance misuse and crime reduction for quite some time now. When we hear of this Committee wanting our view, the opportunity to express how we are doing things, that is very much welcome. The police in Wales submitted evidence back in March, as well as the chief constables—that is my understanding.

We are very good at this, but to go back to the area planning boards and the safer community partnership boards that we have established in Wales, those are working well. There are opportunities for that to develop further. I would say that partnership working is very important, and funding would also play a part in that—I wonder what sort of consequential the Welsh Government would get if any funding became applicable over in England.

We also have to think about integrated offender management and how that links in with a scheme called Housing First. I don't know if any Members are aware of Housing First. I feel that that could play a part in tackling harm reduction.

There are things that we can do, but we should celebrate the success that we have had. Like I said, I will get that data to you. There are also opportunities for how we can develop things further with other partners.

Whatever learning that colleagues over in England can get from Wales, we are always willing to share. As a group of the APCC, we do have respectful understanding of each other's views, and we share that information as well.

Q260 **Simon Fell:** My last question is an easy one. I asked the previous panel about decriminalisation and the impact it might have on resources in your force areas. Notwithstanding the very valid point that was made, that decriminalisation—and alcohol and tobacco—brings its own problems, I would interested to hear what you think the impact might be on your resourcing.

Andy Dunbobbin: To be clear, I am not advocating decriminalisation at all, although many people out there are supportive of it. It would be far easier to regulate than to legalise—I think that is a fair comment, and it would be a sensible way forward. In turn, that would then play a part in making appropriate amendments to the Misuse of Drugs Act.

Q261 **Simon Fell:** But what about the potential impact on your resources and how you spend your time?

Andy Dunbobbin: That is quite operational, from my perspective. I would have some difficulty in answering that. I can certainly get back to you.

Q262 **Simon Fell:** Thank you. David?

David Sidwick: May I ask a favour? Will you define for me what you mean by decriminalisation in this context?

Simon Fell: Let us assume we are talking about cannabis and cannabinoids.

David Sidwick: Right, super.

Chair: May I just say that we are up against the clock?

David Sidwick: We will talk quickly.

Chair: That would be very helpful.

David Sidwick: The first thing I will say is that this question is intimately connected with the cannabis question. I am speaking on behalf of the majority of PCCs in this regard, given that I have spoken to the majority of Conservative PCCs, which is the majority. There are two issues here: first, would it make life any easier from the point of view of the crime aspect? No—unequivocally. If you look at places across the world where they have done it, like California, the black market there is five times larger than it was before. So it will not change a thing; it will just make it worse.

Secondly, from a public health perspective, this has been tried. Portugal had a thirtyfold increase in its psychosis hospitalisations between 2010 and 2015. Scotland itself mentioned a 74% increase in the same thing—that was reported in the papers in January—and professors of psychiatry are calling for cannabis to be a class A drug again. In the US, we know

that every four minutes someone is hospitalised for psychosis from cannabis. Just from that perspective, just looking at psychosis, I would say no.

I have had to examine this in depth. We can see the same thing with autism—a 60% uplift in most states. You can see an increase in those states that have legalised for cancer, for birth defects—

Chair: I will have to stop you there. If you want to submit in writing anything you have not been able to put to the Committee, that would be helpful.

David Sidwick: May I add one last sentence?

Chair: If you are very quick.

David Sidwick: The last time there was a state-sanctioned drug like this it was called thalidomide.

Q263 **Simon Fell:** Thank you. Zoë, I saw you nodding away. Do you have anything to add to that?

Zoë Metcalfe: No, nothing further, except that the funding for the health sector would have to be exceptional, to implement that.

Q264 **Chair:** Thank you, and I thank colleagues for being so quick with their questions in this session. I apologise that we have had to limit it. Just before you go, I want to ask one question: with the 10-year drugs strategy, what is your one major concern? Does anyone have any concerns?

David Sidwick: Yes. I think it is a really good opportunity, it is great and it could be a game changer, but the piece that needs to come forward in the White Paper is not just the OOCDs, which we have talked about, but it needing to address the illegal gateway drugs and the education of our young people about the risk and harm that is there, which we are not doing at the moment.

Chair: Okay, that is really helpful.

Andy Dunbobbin: I am going to sound like a broken record here, aren't I?

Chair: The Misuse of Drugs Act—you want to see reform?

Andy Dunbobbin: And I would like to see that process accelerated further, because it is over a period of 10 years.

Chair: Okay. So, too long?

Andy Dunbobbin: A bit too long, in my opinion.

Chair: Finally, Zoë.

Zoë Metcalfe: For me, it is education. Education is missing for our young. That primary prevention needs to be supported through our schools—definitely.

Chair: Thank you very much for those very brief answers. We very much appreciate your time today. If there is anything you want to send us in writing, that will be looked at and considered. Thank you.