

Written evidence from National Police Chiefs' Council (DRU0079)

Home Affairs Committee Drugs Inquiry – Call for Evidence – Submission by National Police Chiefs' Council (NPCC)

PURPOSE

- 1.1. This paper provides a response by the National Police Chiefs' Council (NPCC) to the House of Commons Home Affairs Select Committee (HASC) call for evidence in order to inform its ongoing Drugs Inquiry.
- 1.2. The response report was approved for submission by DCC Jason Harwin, NPCC Drugs Portfolio Lead, on 17th March 2022.
- 1.3. What follows is a summary of the responses received per each of the questions within the consultation.
- 1.4. The NPCC welcomes the opportunity to contribute to this consultation and would wish to continue to be involved in the development of options and policy as a result of these responses.

2. BACKGROUND

- 2.1. The inquiry was launched in light of the Misuse of Drugs Act (MDA) 1971 reaching its 50th anniversary last year, publication of the two-part Independent Review of Drugs by Dame Carol Black and launch of the Government's long-term 10 year Drugs Strategy for England and Wales, *From Harm to Hope*. Seeking to implement review's recommendations, the strategy aims to reduce overall illicit drug use to a historic 30-year low and includes cross-Government commitments to break supply chains whilst also simultaneously reducing demand by getting addicts into treatment and deterring 'recreational' drug use. It does so by focusing on three overarching objectives to: Break supply chains; deliver a world-class treatment and recovery system; and achieve a generational shift in demand for drugs.
- 2.2. Submissions were sought from police forces via a letter circulated on NPCC Chiefs' Net on 16 February 2022, supported by an email to force drugs leads sent by the National Drugs Coordinator Portfolio Lead. Respondents were requested to provide answers to the specific question set included in the terms of reference for the Committee's call for evidence.
- 2.3. A total of 24 detailed responses were received from both Home Office forces, BTP and three groups within the NPCC portfolio structure (namely: Football Policing; the National County Lines Coordination Centre; and National Drugs Working Group). These were analysed and are presented below in line with the specific questions listed in the call for evidence as set out on the HASC website.

3. RESPONSES SUMMARISED BY QUESTION

- 3.1. The following is a summary of comments and feedback received in response to the individual questions within the consultation:

THE UK DRUG FRAMEWORK

- 3.2. **Question 1: How effective is the UK drug framework in today's society?**

- 3.2.1. In terms of the effectiveness of the existing drugs framework, there was some variation among respondents. Although a few forces stated it is generally fit for purpose, continues to be relevant and robust in terms of pursuing those who manufacture, import and supply illicit drugs, most were either critical or mixed in their views. Several described flaws in the framework, particularly a lack of focus on prevention and ineffective or insufficient support and treatment for those with addiction. Also, while one respondent criticised the framework for its inability to keep pace with changes in drug markets and substances being misused, another believed it did so. Further, it was argued that effectiveness is inhibited in locations that are under-policed, such as the night time economy (NTE) and festivals.
- 3.2.2. The UK's record high rates of drug-related deaths (DRD), when compared to other European countries was cited by six areas as an indicator of the framework's ineffectiveness, suggesting a failure to deliver reductions in harm. However, one force recognised other social factors outside the scope of the framework are contributory factors. Another respondent suggested the framework could be exacerbating social inequalities, given the economic vulnerability of many dependent users who are in most need of social and economic support. The lack of a national framework or guidance relating to DRDs and reporting metrics to allow a better understanding of the scale and nature of cases was noted by one force.
- 3.2.3. Several responses referred to challenges around prevention, treatment and support services for people with drug dependency. These stated local services are struggling to maintain provision due to budgetary constraints over recent years which have led to reduced staffing, less knowledge and experience and workforce retention issues. Also, according to one respondent, funding challenges within policing has resulted in a limited capacity to sustain proactive targeting of drug supply.
- 3.2.4. The emphasis on a criminal approach to drug misuse and 'simple' possession cases, as opposed to primarily a health problem, was also highlighted. It was suggested that this approach stigmatises individuals and can lead to ineffective, inconsistent or inappropriate punitive sanction being imposed by the courts on people who would be better assisted by treatment and recovery-based requirements, either within or outside the criminal justice system (CJS). Arguably, this is detrimental to breaking the cycle of addiction and provides limited opportunities to utilise out of court disposals (OOCs) as a means of early intervention and alternative to prosecution. When fines and breach of court orders are imposed on dependent users/addicts, such an approach could be counterproductive.
- 3.2.5. Effectiveness of the MDA 1971 is considered dependent on the process of regular monitoring, review and updating/amendment in line with new drugs – this was also applicable to the Psychoactive Substances Act (PSA) 2016. Other particular issues with the MDA included:
- A lack of wide understanding and confusion among both the general population and law enforcement over what classification means, e.g. misconceptions over the legal status of cannabis and associated edible products;
 - The classification system not properly reflecting current levels of potential harms of substances (mentioned by three forces); and
 - A failure to differentiate between chronic/addicted drug users and those who consume 'recreationally'.
- 3.2.6. Forces' experiences of the PSA 2016 was variable. Although a few perceived the legislation to have had little impact, be under-used, or the offences were not commonly encountered (with the exception of nitrous oxide which appears to be a widespread

issue), others referred to it having a significant and positive effect. For example, some forces found there was a decline in street use of 'Spice', a fall in the availability of Mephedrone and reduced trading in, and user base for, new psychoactive substances (NPS). Also, the Act had discouraged widespread use, provided greater clarity on/awareness of such substances and made prosecution of cases involving NPS easier. Specifically with regard to the policing of nitrous oxide, the legislative framework under the PSA 2016 was described as ineffective, given possession continues to be legal and the requirement to prove supply was intended for human consumption.

3.3. Question 2: Does the current framework, or a particular aspect of the framework, need to be reformed? Could reform align with the UK's international obligations under the: Single Convention on Narcotic Drugs of 1961 (as amended by the 1972 Protocol); Convention on Psychotropic Substances of 1971; and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988?

3.3.1. Almost all 24 responses agreed on the desirability of, and need for, reform of the UK's drugs framework, particularly diversion from the CJS and to improve treatment and recovery as part of a health-based, multi-agency/whole systems approach for dependent users. Such an approach should, according to two forces, ensure involvement of service users in design and delivery of programmes. This was in line with recommendations from Dame Carol Black's independent review of drugs and taking account of the evidence base. One force expressed support for moving responsibility for drugs policy from the Home Office to the Department of Health and Social Care, linked to taking a health-led approach to drug harm reduction. Only one respondent considered no substantive reform is necessary.

3.3.2. However, more robust approaches to deterrence and/or education campaigns to tackle recreational drug use were called for, better reflecting societal harm of drugs and as a crime. This is considered necessary to achieve cultural change and address any perception among some that drug use is 'harmless'. A specific example provided in this context around use by West Yorkshire Police of a video produced by the National Crime Agency for both police training inputs and a similar approach to educating the public to tackle a lack of understanding among recreational users of the link between drugs and serious organised crime (SOC). The force indicated this approach could mirror that taken in speed awareness courses for low level driving offences. Also, drugs education in schools could be reviewed, including drawing links between drugs production and environmental harms. One force noted it had re-introduced schools officers.

3.3.3. Greater capacity within CPS and the judiciary is considered necessary to better manage at scale with the challenge posed by drugs misuse and ensure offenders are dealt with at the earliest opportunity to provide opportunities for intervention and prevention of future offending.

3.3.4. In a contemporary context, measures to reduce demand and increase provision of diversionary/alternative non-criminal justice disposals and outcomes were considered more relevant compared to when the MDA 1971 was introduced nearly 50 years ago. Similarly, it was argued the legislative framework should better reflect current aspects and models of drugs and their supply, e.g. current laws not effectively addressing the exploitative elements of County Lines (CL). An explicit reference in s.3 of the Modern Slavery Act 2015 on using a victim of trafficking for selling or storing drugs could help tackle CL and other exploitative drug supply models. Also, it was proposed courts should receive powers to better refer dependent users into effective treatment and desistance programmes, including sanctions for non-compliance, with prison or financial penalties only used as a last resort.

- 3.3.5. It is thought local partnership boards would benefit from strengthening legal requirements placed on letting agents and or property owners in ensuring that they know who is using the premises they control and for what purpose. This relates to the significant challenges around the number of cannabis factory cases dealt with that result in No Further Action (NFA) of those ‘controlling minds’ and therefore legislation is necessary to build in better safeguards. Such safeguards could be similar to controls over the use of illegal migrant workers that are built into employer obligations now.
- 3.3.6. Some forces proposed reforms to Drug Testing on Arrest (DToA), including potentially making this mandatory for all, or more, offences in order to:
- Increase the knowledge base of drug use by individuals and issues arising; provide more opportunities for diversion away from the CJS;
 - Review links between drug use and other offending such as domestic abuse and football disorder; and
 - Improve understanding of the extent of drug use and ensure early opportunities are available to signpost into treatment services. Also, doing so could increase understanding of cannabis use on low-level anti-social behaviour (ASB) by young people.

Also, the current requirement for Inspector authority for DToA was believed to be a barrier to its efficient use. Closer working between forces and treatment services could also be improved in this context.

- 3.3.7. Home Office Circular 015/2012, on the testing of substances suspected to be controlled drugs under the MDA 1971 is believed to be out of date and should be reviewed and linked to increases in testing capability and capacity in forces.
- 3.3.8. Legislation should be updated to provide protection to law enforcement officers tasked with arresting and searching of suspects that secrete and swallow drugs with modern technology and powers to detain and detect drugs, e.g. use of x-ray machines and suitable cells. This is particularly relevant to street gangs whose *modus operandi* includes such tactics to circumvent arrest and detection. Forces are affected by the practice of ‘plugging’ of drugs and therefore legislation needs to keep pace with such methods of concealment.
- 3.3.9. The need for more prioritisation of drugs training in police forces and other law enforcement agencies is considered necessary in terms of drug offences, investigations and prosecutions. Due to the high percentage of new officers in policing and a high attrition rate among new recruits, having the right training and use of their powers, with support from the Government is vital.
- 3.3.10. A proposal to address increased use of drugs, particularly cocaine, among football supporters, was made by the NPCC national lead for football and UK Football Policing Unit (UKFPU). This was that drugs offences could be included within the Football Banning Order regime alongside alcohol related offences.
- 3.3.11. An apparent anomaly whereby some Class C substances are associated with causing significant harms and consistently present in DRDs, whereas Class B substances e.g. cannabis and amphetamine are rarely linked to deaths was identified. Three forces suggested legislation on supply of Class C should better reflect this situation; and associated to this, stronger regulation/licensing of tablet press and hydroponic suppliers may be desirable. Further capacity and capability to tackle this class of drugs and support other stakeholders around importance and supply (e.g. UKAD and MHRA) is also believed necessary.

3.3.12. Only limited responses were received regarding the alignment of UK drugs policy and legislative reform with obligations under relevant international conventions as specified in the call for evidence. Of those that expressed a view, there was a lack of consensus on whether reform would, or would not be, consistent with these obligations if a greater public health and harms-based approach were taken by the UK and devolved administrations. However, two forces believed it would be possible to overcome any challenges, including noting a whole-systems approach to drugs such as that being piloted under Project ADDER still encompass elements of enforcement, thereby allowing continued alignment. However, others considered the conventions to be outdated and questioned whether the UK should still be bound by them.

3.4. Question 3: Should a ‘right to recovery’ (the right of a person dependent on drugs to seek drug treatment and services) be legally enshrined in UK law?

3.4.1. A clear majority of the 24 respondents were generally supportive of such a right, albeit subject to caveats and other concerns that in some circumstances, it could be vulnerable to abuse. The right would be consistent with approaches covered in Dame Carol Black’s review and may be relevant to DToA, OOCs and in conjunction with criminal proceedings to ensure availability of support irrespective of a CJ outcome (i.e. whether someone is prosecuted or not). Also, an associated requirement for statutory partners to be bound to such a commitment may be required.

3.4.2. However, several factors were noted as necessary to ensure such a right was workable, specifically:

- The provision of funding to ensure widespread national availability of recovery and treatment services to avoid a ‘postcode lottery’ arising and sufficient to meet an uplift in demand;
- Clarity on treatment options and clear governance structures;
- Inclusion of positive requirements on individuals to participate in diversion, education or treatment programmes; and
- Appropriate safeguards to prevent abuse, exploitation or manipulation of the right.

UK DRUG POLICY

3.5. Question 4: What are the trends and patterns in drug use across the four UK Nations?

3.5.1. Concerns were expressed in many responses around increased use of cocaine and cannabis/THC-based products, including cannabis edibles. In areas that referred to it, generally, heroin and crack cocaine use is restricted to specific and ageing cohorts of users, carrying a greater level of social ‘stigma’ compared to other drugs consumed recreationally.

3.5.2. With regard to cocaine, believed by some forces to be one of two substances organised crime groups (OCGs) are primarily involved in dealing e.g. through CL supply routes, (the other being cannabis), this can generate significant illicit profits. Cocaine was associated by two forces with growing recreational use by ‘middle class’ people. The national policing lead for football/UKPFU and one force highlighted increased cocaine consumption among ‘risk’ supporters and recent research has indicated a potential association with increased availability of cheap, high purity cocaine and aggression (Newson, 2021). Also, there is understood to be an emerging pattern of acceptance, particularly among young football supporters of drug use. This is suggested to be a potential deterrent to families and other vulnerable people attending matches. Also, proactive drugs operations at recent matches have led to the recovery of cocaine ‘deal bags’.

- 3.5.3. Large scale cannabis grows were reported by several forces, such as in disused commercial premises, as well as a trend for OCGs moving into this production and linked escalation of serious violent crime in supply. Dismantling such operations can incur significant resource and time costs to forces. Motivations for such production include gangs' perceptions that cannabis poses a less 'risky' venture from an enforcement and severity of criminal penalties perspective. This is combined with the potential for very large profits and significant demand from a wide customer base. A large metropolitan force reported around 70% of all its drugs efforts were focused on cannabis, with an associated significant demand on resources, having dismantled 1,031 cannabis farms during 2020/21. For BTP which covers the rail network including stations, the force predominantly encounters cannabis, comprising around half of all work for its expert witnesses. Associated cannabis edible products are a common concern due to their attractiveness to children and young people, which can lead to overdose. One force experienced a three-fold increase in such products over the last year.
- 3.5.4. CL continued to be an issue for several forces, with both 'importing/receiving' and 'exporting' areas represented in the responses received. This included associated risks from exploitation of vulnerable people including by growing use of 'cuckooing' tactics by OCGs noted in two areas. Despite significant activity and funding available in one respondent force area to deal with CL, post-intervention the lines were quickly re-established.
- 3.5.5. A further common trend identified by respondents was the increasing significance of drug trading online via the regular internet and dark web and also on social media including use of encryption and targeting of sales at young people/peer-to-peer in this age group. One force suggested the police and law enforcement continued to be behind the curve in dealing with these kinds of trading. Another referred to observing the emergence of a more 'niche' and largely hidden drugs market being driven by sales on the dark web.
- 3.5.6. Abuse of stolen or otherwise illicitly supplied prescription drugs, e.g. Pregabalin and/or counterfeit products, such as fake diazepam was a factor noted in several forces. One area stated this was a cheap and accessible market supplied by a mix of dealers embedded in communities, parcel delivery, online or increasingly through CLs. In addition, BTP reported a prevalence of 'street benzodiazepines' in Scotland, a trend believed to be spreading to Wales but not currently to England.
- 3.5.7. A further anticipated or current trend could be for increased demand and supply of recreational drugs such as ketamine, MDMA, other hallucinogenic substances and amphetamine etc. associated with reopening of the NTE following relaxation of Covid-19 restrictions. One respondent said this may be exacerbated due to potentially lower tolerance levels among users. Another noted that some young people were moving away from alcohol consumption towards illicit recreational drugs which many view as a 'healthier' option compared to alcohol.

3.6. Question 5: What are respondents' on the UK Government's 10-Year Drug Strategy for England and Wales, which was published in December 2021?

- 3.6.1. There was widespread and almost universal support for the Government's new long-term strategy, welcomed as a positive step forward and recognised the balanced approach across its three strands of enforcement, diversion and treatment. Given the longer 10-year timespan compared to previous iterations, a whole systems multi-agency approach, cross-Government support for its commitments and focus on being evidence-led, some believed it had a greater chance of success. Also, the prioritisation afforded to

treatment services and reducing demand were considered progressive developments, as was the expectation on partner agencies to take the lead on many areas of the strategy outside policing's core responsibilities.

3.6.2. However, a key issue raised by several respondents was that sufficient budgets and resourcing will need to be provided to deliver the strategy's commitments, noting despite promised uplifts, budget levels will still not reach those of a decade ago. Also, it was anticipated drug services will take several years to address staff shortages and re-establish capacity/resilience. One force questioned whether targeting 'middle class/white collar' recreational users could lead to support for drug users in greatest need being neglected; and another respondent noted to address the former, a high profile campaign to 'shame people out of using drugs' similar to drug driving messaging run in the 1980s and 1990s would be beneficial.

3.6.3. Other concerns/omissions relating to the strategy highlighted included: A lack of detail on operational delivery for which a tactical plan to follow up is considered necessary; the allocation of funding using a formula not apparently taking account of CL importing areas; and use of apparently punitive language/terminology that may be at odds with commitments to improve diversion and treatment. Also, a further factor could be insufficient resources available to Regional Organised Crime Units to tackle mid-market drugs supply, leading to much of the work instead falling to forces whose capacity are also limited.

3.7. Question 6: Are there particular policies at national or local level across the four UK nations that have been effective in reducing: Drug use; drug-related deaths; and/or drug related offending?

3.7.1. Three forces involved in the pilot, Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) responded to the call for evidence. Early analysis indicates this project is well received and successful, with a positive impact including in terms of enhanced and focused capabilities for DToA and deferred prosecution schemes. Whilst ADDER has not yet been evaluated, it is expected to demonstrate good practice and support further work to achieve excellence. Two other forces not involved in the pilot also referred to useful elements, including co-location of police, other law enforcement and staff working for diversion schemes, which was suggested to make a marked difference in understanding drug use.

3.7.2. Seven areas supported, or were interested in, the use of Naloxone by officers and partner agencies, highlighting early positive indicators from such policies and practice in Scotland, West Midlands and Gwent. Widespread provision, accompanied by early warning systems are likely to have an impact on reducing DRDs. One area enabled its Neighbourhood Policing Team officers to carry Naloxone and another is about commence a similar pilot. However, another force which although welcomed the expansion Naloxone deployment, also noted this continues to be a divisive issue among policing around its issue to frontline officers. Another respondent cited financial costs and potential (health and safety) risk to staff without appropriate safeguards being in place.

3.7.3. Heroin Assisted Treatment (HAT) programmes, including one in Middlesbrough (Cleveland) are understood to have supported some individuals in the most complex and challenging dependent drug users, which may have been successful in preventing DRDs. HAT and other harm reduction initiatives were supported by a few other forces for use with some, but not all, of the most problematic users, e.g. to remove a need/motivation to commit acquisitive crime.

- 3.7.4. One force noted many effective policies were developed and delivered with short term funding, little or no evaluation and/or strong steer Government. Therefore, it was recommended the Government should specify a standardised policy for evaluation of all police drug intervention and prevention initiatives. This could also support the informed and evidence-based commissioning of drug and alcohol services.
- 3.7.5. Establishment of the National County Lines Coordination Centre (NCLCC) has apparently led to the ROCU (Regional Organised Crime Units) framework being able to better coordinate activity across force boundaries, thereby ensuring a better national approach was taken to tackling 'county lines' (CL).
- 3.7.6. Other specific successful projects highlighted by respondents included:
- **Project Medusa** (Merseyside) – using pilot funding from the Home Office to tackle CL and associated criminal exploitation of young and vulnerable people which to date has closed down over 500 CLs, made over 1,400 arrests and safeguarded over 800 children and young people.
 - **Street Safe** (Leeds, West Yorkshire) – a multi-agency initiative conducted during 2018 to combat rise in synthetic cannabinoid, i.e. 'Spice' use in the city centre to provide outreach services and led to a significant reduction.
 - Deferred prosecution and conditional cautioning schemes to positively engage with drug users and reduce criminalisation (e.g. Operation Stonehaven in Merseyside, North Wales, Greater Manchester, South Yorkshire and Humberside).
 - Drugs diversion programmes are being operated in Durham (*Checkpoint*) and Thames Valley Police.

4. THE IMPACT OF DRUG USE IN THE UK

4.1. Question 7: What is the impact of drug use? In particular, on: Drug users and their loved ones; local communities and wider society; and/or the economy.

- 4.1.1. There was consensus among respondent forces that drug misuse continues to have a significant and devastating impact at individual, community and wider societal levels. At a personal level, particularly for problematic Class A users and for those closest to them, impacts can be unique/specific to their circumstances and are devastating. For example, the estimated cost of drug misuse in local communities across the West Midlands is £1.4 billion, including harms, long-term health problems and DRDs. In terms of DRDs, one area argued services to support relatives and loved ones of deceased drug users are insufficient. Another force referred to a 'Ripple Effect' model, describing the effect of this issue on wider society including links to SOC and where drug use escalates into addiction. Specific dangers also exist in relation to individuals under the influence of drugs while being in the risky environment of the rail network.
- 4.1.2. Highest harms are considered to be among vulnerable people living with co-morbidities in low socio-economic areas, e.g. some areas having higher than average rates of crack and heroin use. Such areas are vulnerable to the 'alternative economy' which provides an opportunity for individuals from deprived backgrounds to earn vast sums through illicit drug supply. In relation to CL exploitation and offending, there are believed to be secondary risks to wider family members through threats, violence, intimidation and grooming of children and vulnerable people. Also, according to the NCLCC and another respondent force, 'cuckooed' addresses can lead to increased ASB in the locality and nearby residents feeling intimidated/fearful of raising concerns.

- 4.1.3. However, one respondent suggested harms/impacts on self-medicating users of cannabis products for perceived medical need without prescription come from the associated stigma and criminalisation as opposed to the substance itself.
- 4.1.4. Reductions in funding over the last decade or so for early intervention and youth provision is understood to have contributed towards further entrenching drug use in some communities.
- 4.1.5. Also, several forces referred to the significant association of drug supply and use with serious and violent crime, including rivalries between OCGs or 'drug taxing' which is often underreported due to being 'criminal and criminal'. However, this can still impact on public confidence in policing and perceptions of crime in areas where such violence is played out in public. There is a link between drugs and serious violence and homicide – almost and 43% of acquisitive crime is understood to be drugs-related.

5. INTERNATIONAL COMPARISONS

5.1. Question 8: Are there laws, policies or approaches adopted in other countries that have been effective in reducing: Drug use; drug-related deaths; and/or drug-related offending? If so, could they reasonably be expected to work in the UK?

- 5.1.1. Compared to other questions covered by this call for evidence, only a relatively limited response was received from stakeholders. Several references related to the decriminalisation of illicit drugs for personal possession and use in Portugal from 2000, which was part of a shift in resources for tackling drugs from the country's CJS to health. This resulted in dramatic falls in rates of DRDs, overdoses and HIV. However, it was noted there continues to be a market for illicit substances in the country.
- 5.1.2. One force stated there was a consensus among colleagues that legalisation would be a bad idea in the UK; and along with another area raised the importance of considering differences in cultural factors between countries that may affect such public health-focused policies. For example, arguably the attempt to replicate a European style 'café culture' through the Licensing Act 2003 worsened the effects and impact of alcohol-related offending. Also, the NCLCC was concerned with differences between drug legislation and policies within the UK, specifically the definition of a 'child' being 16 in Scotland and 18 in England. This leads to a lack of coordination and different focus across national borders.
- 5.1.3. Other examples of approaches from other countries provided included:
- Use of wastewater projects in Australia to understand drug consumption through quantitative analysis over time and enable connections to be made between large scale seizures, long-term policing operations and any decline in use in a monitored area. This is understood to be currently only used in London in the UK, with potential expansion to Birmingham and Manchester. It was suggested national rollout could provide a wide evidence base on illicit drug consumption rates.
 - Effective provision of drug consumption rooms in Denmark and Switzerland intended to reduce harms faced by users compared to an uncontrolled environment and enable engagement with support and treatment services. An unofficial, small-scale equivalent currently operates in Glasgow using a converted ambulance.
 - An Icelandic drugs intervention model focusing on young people, education and provision of extra-curricular activities involving consequences non-engagement. Police Scotland (in Dundee) are understood to be reviewing this model.
 - Some emerging evidence from Canada that cannabis users are turning away from legitimate purchase using state-controlled options back to the illicit market.

- A four-pillared approach in Frankfurt, Germany based on: Prevention; crisis and survival; drug free-programmes; and law enforcement. This initiative, under which addicts do not enter the CJS until receiving a medical examination, led to a cultural change in police thinking about drugs not in terms of crime and offending, but as illness. Also involving HAT, dramatic reductions in DRDs, broader health-related problems and street crime were achieved.
- User involvement in design, delivery and organisation of drug treatment and recovery services across Europe and partially within the UK.
- Community drug treatment schemes in Europe and Australia, noting the Government recently approved the first licence for a drug testing clinic to enable the submission of illicit substances for checking. This is understood to also provide an opportunity to engage with users and distribute information on harm reduction.

5.1.4. The College of Policing are developing its understanding of 'what works' around drugs from the local to international levels which will be shared with forces.

6. CONCLUSION

6.1. This report provides a summary based on a significant volume of evidence provided by 24 forces and other national policing bodies. For brevity, it was not possible to fully expand on the answers provided. However, further detail and information on any of the responses, is available from the Strategic Planning and Performance (SPP) team at the NPCC Strategic Hub.

April 2022