

Reducing Crime and
Preventing Harm:

WEST MIDLANDS DRUG POLICY RECOMMENDATIONS

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west midlands
police and crime
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Introduction by David Jamieson

All public policy should be informed by open debate. I organised the West Midlands Drug Policy Summit as an opportunity to invite open thinking and create a space for that sensible and mature discussion. On 15th December 2017, organisations involved in drug policy from across the region attended the summit. They were also given the opportunity to share their views and shape the agenda through a prior consultation.

The following recommendations are based on ideas proposed to us in our consultation and at the summit. There was consensus that, at the very minimum, these ideas were worthy of being closely looked at for their ability to reduce crime and prevent harm.

As background to the summit, my office produced a hard-hitting 'cost of drugs' report in September 2017.¹ It revealed that £1.4bn is the estimated annual cost of substance misuse to the West Midlands region. This is the cost to society of drug-related crime, health service use, drug-related deaths and social care.

Half of all burglary, theft, shoplifting and robbery is committed by people who use heroin, crack cocaine or powder cocaine regularly. This represents one in five crimes reported to West Midlands Police and tens of thousands of victims. Every three days in the West Midlands somebody dies from drug poisoning, with a death every four hours in England.

Despite the good work being done by many, collectively drug policy is failing. This failure means the public put up with more crime, public services are put under more strain, and not enough is done to reduce the harm of those suffering from addiction.

The effective provision of mainstream treatment and harm-reduction services is the foundation of good drug policy. These services, like the police and wider public sector, have faced significant cuts to their funding in recent years. The knock on effect of these cuts is becoming clear, with drug related deaths at an all-time high for the fourth year in a row, burglary and violent crime on the rise, and an estimated 22,500 children in the West Midlands growing up with a parent or parents suffering from serious drug problems.

Current services have not prevented this from happening, and so this report's recommendations set out a number of new ways in which we can all work together to reduce the crime and harm of drugs in the West Midlands.

There are a number of crucial links between drugs and the economic development of the region. If people are at risk of falling into addiction or choosing to deal drugs, we need to ensure alternatives are available so they can instead pursue positive opportunities for themselves and enter legitimate work. Scenes of public injecting, overdoses and needle litter reflect poorly on a region's reputation and ability to attract investment.

The following key points are drawn from the eight recommendations captured later in this report. Please continue reading for full detail of the recommendations, as well as background information.

- 1) **Diverting people away from the Criminal Justice System:** A formal scheme to divert those suffering from drug addiction away from the criminal justice system into proper treatment, building on the success of West Midlands Police's Turning Point pilot. Those suffering from addiction should be treated as having a health problem, not just as criminals.

Reducing Crime and Preventing Harm:

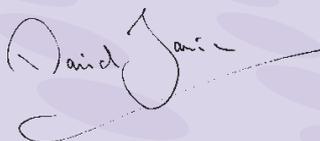
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- 2) **Regional Drug Interventions Programme:** Currently funding for drugs interventions is dispersed between Community Safety Partnerships, West Midlands Police and Public Health teams in local councils. Funding should be joined-up to increase efficiency and ensure all funding is supporting the same goals.
- 3) **Heroin Assisted Treatment:** Prescribe heroin in a medical setting to people suffering from addiction who have not responded to other forms of treatment. This will take the market away from organised criminals and reduce crime to fund people's addiction. Work with the Home Office, who have championed the benefits of Heroin Assisted Treatment.
- 4) **Drugs Early Warning Programme:** To reduce harm, a comprehensive regional warning programme should be established to make the public, outreach workers and medical professionals aware of the danger of emerging drugs and reduce the number of deaths.
- 5) **Safety testing of drugs in night time districts or festivals:** To reduce the number of deaths at night time economy venues, city centre testing of drugs should be introduced. This can reduce harm, by making people aware of the dangers they face and increasing intelligence on the nature and identity of drugs in circulation.
- 6) **End the postcode lottery of naloxone provision:** Train and equip first responders in the application of naloxone, and make naloxone consistently available in places where overdose risks are higher, such as bail hostels. Naloxone is a medication used to block or reverse opioid overdoses. It has little effect if opioids are not present, so is safe to be administered by first responders such as police officers.
- 7) **Drug Consumption Rooms:** Consider the benefits of Drug Consumption Rooms to see if they would add value to current services in the West Midlands. Drug Consumption Rooms are clinical spaces in which people suffering from addiction can access clean equipment, medical support and drug treatment services. This support is typically targeted at hard to reach homeless people, improving their access to treatment while taking their injecting and needle litter off the streets.
- 8) **Taking money from organised criminals to improve drug services:** Those profiting from the misery of drug addiction should pay for treatment. All the organised crime groups of the greatest concern to local police are involved with drugs and firearms. West Midlands Police is seeking to maximise the money it seizes from large-scale drug dealers. The extra money seized relating to drugs should be re-invested into helping those suffering from addiction.

I will work with organisations and the people of the West Midlands to turn these recommendations into reality. These recommendations set out practical ways to prevent harm, protect communities from the effects of drug abuse, and make better use of finite resources.

I aim to see significant progress made against these recommendations by 2020, which will make a real impact on reducing crime and the cost to society of drugs.

Each of us has a part to play.



David Jamieson
West Midlands Police and Crime Commissioner

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Note on language - unless otherwise stated:

- 'West Midlands' refers to the metropolitan county, not the wider region.
- 'Drugs' refers to illicit substances scheduled under the Misuse of Drugs Act 1971.

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Recommendations

1

Diverting people away from the Criminal Justice System

Drug use and dependence should first and foremost be treated as a health issue rather than a criminal justice one. The Lammy Review recently praised West Midlands Police's pilot diversion scheme, Turning Point, for its success in improving victim satisfaction, reducing reoffending and creating cost-savings for the public sector. Turning Point was a randomised pilot involving offenders who the police would usually charge for prosecution, which found that certain types of offenders could be better dealt with in a diversion programme instead of through the court process. Many aspects of the Turning Point model are still used by West Midlands Police, but the region currently has no formal diversion scheme for drug offences and drug-related offending.

1.1

West Midlands Police and partners to establish a formal diversion scheme that includes tackling problematic drug use primarily through routes other than the criminal justice system, in order to reduce reoffending, protect public health and improve community safety. This will build on the success of the West Midlands Police Turning Point pilot.

2

Regional Drug Interventions Programme (DIP)

The Drug Interventions Programme was a key initiative launched in 2003 aimed at engaging substance misuse offenders in drug treatment. While the Programme was decommissioned as a national programme in 2013, 'legacy' activity continues. This includes through the use of police powers to drug test offenders in custody, as well as the funding of criminal justice and treatment liaison workers. The public sector and provider agencies must work together to make the most of available funding to engage people in drug treatment and deliver successful interventions.

2.1

Conduct an audit of the legacy of the Drug Interventions Programme across the West Midlands region.

2.2

Review alternative models of commissioning and service delivery and examples of good and poor practice. Consider if legacy Drug Interventions Programme funds can be pooled for joint commissioning.

2.3

Set out a commissioning model for 2019/20 onwards which improves the interactions between the criminal justice system and substance misuse treatment, reduces reoffending and delivers value for money.

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3 Heroin Assisted Treatment (HAT)

Tackling organised crime will have a limited impact if we only disrupt supply, so we must be creative in addressing demand too. The most chaotic problematic users of heroin are by far the most reliable and lucrative customers for organised criminals. They can be particularly difficult to reach with existing treatment programmes. Prescribing heroin instead of methadone for these individuals is an evidence-based way to reduce crime, improve recovery, and deny customers to organised criminals.

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| 3.1 | Work with local drug treatment agencies to establish who in their geographies might be suitable clients for Heroin Assisted Treatment. |
| 3.2 | Share the results from Heroin Assisted Treatment trials in England, particularly to identify where prescribing heroin can reduce crime and support a person's recovery from addiction. |
| 3.3 | Establish collaboration between criminal justice and health colleagues to closely monitor the impact of Heroin Assisted Treatment on making people safer, reducing acquisitive crime and organised crime profits, and improving individuals' health. |
| 3.4 | Work with the Home Office and local clinicians to reduce any unnecessary extra cost to this treatment, ultimately to bring cost-implications closer in line with that of methadone prescription. |

4 Drugs Early Warning Programme

Drug Early Warning Programmes are a crucial tool to share information about drugs that can save lives. The recent rise of New Psychoactive Substances, as well as a string of deaths resulting from adulterated or high strength ecstasy and heroin (including fentanyl), demonstrate the importance of protecting the public from emerging drugs. This information and practical advice should be proactively distributed to medical professionals and the public to limit the harm of drugs.

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| 4.1 | The West Midlands should have in place a centrally co-ordinated Drug Early Warning Programme, designed to save lives and identify new or changing drugs. |
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5 Safety Testing of Drugs in Night Time Districts or Festivals

The recent drug related deaths in Birmingham's night time economy highlight the risks of drug use in these environments. The Government's recent drug strategy evaluation states that enforcement does not necessarily deter drug use. We must therefore look at new ways to keep young people safe. Emerging evidence suggests that testing of drugs in night time districts or at festivals can reduce drug related harms in these environments and increase intelligence on the nature of drugs in circulation.

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| 5.1 | Review current policies, risks and outcomes in the West Midlands relating to drugs and the night economy. |
| 5.2 | Assess the benefits and challenges offered by on-site safety testing, including as a means to prevent drug-related deaths of young people, reduce demand on public services during night time environments and events, and build intelligence of drugs currently in circulation. Explore the practicalities and viability of a pilot project. |

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Naloxone Provision

Naloxone is a medication used to block or reverse opioid overdoses. It has little effect if opioids are not present, so is safe to be administered by people who are trained but not medical professionals. Where it is provided it can save lives and increase the number of people engaged in treatment for their addiction. Currently, due to inconsistent provision of naloxone, saving lives is a postcode lottery.

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| 6.1 | Work to ensure consistent provision of naloxone at targeted points of risk to end the current postcode lottery. Key points of risk include prisons, bail hostels and homeless shelters, where consistency and outcomes should be monitored. |
| 6.2 | Create 'hotspot' maps to identify and evidence geographies or demographics where naloxone will save lives. |
| 6.3 | Use the hotspot mapping to inform who offers naloxone kits and/or interventions, including agencies active in the area from the public, private and third sector. Consider, as part of this, the merits of West Midlands Police and West Midlands Fire Service officers carrying naloxone kits, and which people would benefit from naloxone awareness training. |

7

Drug Consumption Rooms (DCRs)

Drug Consumption Rooms are spaces where drugs can be used under the supervision of trained staff. Drug consumption rooms typically provide sterile injecting equipment, counselling services before, during and after drug consumption, emergency care in the event of an overdose, primary medical care, and referrals to appropriate social healthcare and addiction treatment services. The international evidence base strongly suggests that these rooms can reduce key health and social harms associated with the most vulnerable and hard to reach people who use drugs. They have been shown to be a cost effective way of reducing overdose deaths, HIV and Hepatitis C transmission, drug-related litter, public injecting and related public nuisance, whilst also increasing engagement in treatment and recovery services. Concerns about increasing drug use or attracting people who use drugs from other areas have proved unfounded. There has never been a Drug Consumption Room in the UK, although a number of cities and regions are looking into the possibility.

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| 7.1 | Assess the benefits and challenges offered by Drug Consumption Rooms to community safety in the West Midlands, as well as its potential to improve community safety and routes for homeless drug users to access treatment and other support. |
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8

Taking money from organised criminals to improve drug services

Financial investigation and seizing assets gained from trafficking and dealing illegal drugs will send a clear message that the West Midlands is a region where organised criminals will not be allowed to profit from misery. We want to see the cash seized from organised criminals used for drug policies that further undermine their trade and support those suffering from addiction.

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| 8.1 | West Midlands Police and the Regional Organised Crime Unit to maximise the impact of financial investigation and asset seizures from organised criminals. |
| 8.2 | Increase the amount taken through the Proceeds of Crime Act (POCA) from organised criminals who profit from the drugs trade. Ensure that money seized is put back into drug policy initiatives that make our streets safer and further disrupt organised crime. |

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Reducing Crime and Preventing Harm: WEST MIDLANDS DRUG POLICY RECOMMENDATIONS

Background

1 Diverting people away from the Criminal Justice System

- 1A** Diversion was the most common theme to arise in the PCC's consultation on drug policy, which closed in November 2017.² Submissions from organisations and individuals called for greater emphasis on diverting people away from the criminal justice system and into treatment or education programmes for drug-related offending. Diversion was suggested for drug offences, such as possession of drugs, and related crime to fund an addiction, such as theft. Many submissions emphasised that criminal justice system responses to drug use – particularly the long lasting stigma of a criminal record – can often have adverse consequences for tackling addiction. Consultation responses emphasised that these burdens can fall most heavily on already vulnerable and marginalised individuals, which led to calls for drug use and dependence to first and foremost be treated as a health issue rather than a criminal justice one.
- 1B** Diversion recognises that the traditional criminal justice system route for dealing with minor drugs offences has not been effective in making the public safer or preventing substance misuse. The wider context to this is presented by the Government in their 2017 evaluation of the 'Drug Strategy 2010'. They conclude that "there is, in general, a lack of robust evidence as to whether capture and punishment serves as a deterrent for drug use".³ The Ministry of Justice has also observed that of all prisoners who report using heroin, one in five of them tried heroin for the first time while in prison.⁴
- 1C** The Advisory Council on the Misuse of Drugs (ACMD) has twice recommended diversion schemes as an effective drug policy approach. They have argued, "For people found to be in possession of drugs for personal use (and involved in no other criminal offences), they should not be processed through the criminal justice system but instead be diverted into drug education/awareness courses or possibly other, more creative civil punishments...reducing repeat offending and reducing costs to the criminal justice system."⁵
- 1D** 'Operation Turning Point' was a West Midlands Police randomised pilot that ran from 2011 to 2014 with Cambridge University. It involved offenders who had not previously been convicted at court, but whom the police would otherwise charge for prosecution, to explore if they can be more cost effectively dealt with by police-led offender management than by prosecution.⁶ This was subject to a condition that prosecution was certain in the event of reoffending or breaking an agreed "contract" about their conduct.
- 1E** The early evaluation of Operation Turning Point has shown that victims whose case went through the diversionary scheme were significantly more satisfied with the process than those with cases sent to court.⁷ Victims thought that Turning Point was more likely than court to stop the offender from reoffending, while many were dissatisfied with their experiences at court when cases were dismissed, individuals were found not guilty or were given a conditional discharge.
- 1F** Turning Point's impact on reoffending was also positive.⁸ Overall reoffending rates were similar between the two test groups, but positive differences were recorded for violent offenders in particular. This group proved 35% less likely to reoffend under Turning Point, and less likely to engage in serious reoffending when they did.

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1G	The cost of diversion is lower than traditional prosecutions. The Turning Point scheme yielded 68% fewer court cases than those cases that were prosecuted in the usual way. ⁹ The result was a saving of around £1,000 per case, despite the costs associated with the structured interventions paid for through the Turning Point scheme.
1H	Turning Point featured as a recommendation in the Lammy Review of the criminal justice system, published in September 2017. It stated that: “The ‘deferred prosecution’ model pioneered in Operation Turning Point should be rolled out for both adult and youth offenders across England and Wales. The key aspect of the model is that it provides interventions before pleas are entered rather than after”. ¹⁰
1I	Elements of Turning Point have been rolled out across West Midlands Police as ‘Neighbourhood Justice Projects’, focusing on alcohol-related anger management and the Domestic Violence Perpetrator’s Programme. The results also influenced the ‘Troubled Families’ programme, but as of yet there is no Turning Point-style diversion scheme with a clear link to illegal drug misuse.
1J	Processing offenders through traditional CJS routes is time-consuming and costly, so diversion schemes can require fewer resources to deliver better outcomes.
1K	Another example of diversion is Avon and Somerset Constabulary’s ‘Drug Education Programme’, which offers those caught in Bristol in possession of small amounts of any drug the choice of going through the normal criminal justice route or taking a drug education course. ¹¹ If caught again, normal criminal justice disposals are used. Following successes in reducing reoffending and improving intelligence of drugs markets, the scheme is due to be rolled out across Avon and Somerset police force area from April 2018.
1L	Meanwhile, Durham Constabulary operate the ‘Checkpoint Programme’, which is acknowledged as building on the success of the West Midlands’ Turning Point pilot. Those on Checkpoint avoid prosecution if they complete a four month contract requiring no reoffending, community work, restorative justice measures, and one-to-one work with a ‘navigator’ to address underlying problems. ¹²
1M	Early analysis suggests a significant impact on reoffending by the Durham Checkpoint scheme. Of those eligible who still go through the normal criminal justice route, which includes traditional out of court disposals, 19% are reconvicted within 12 months, compared with just 4% in 18 months going through the Checkpoint scheme. ¹³ Deciding which offenders went through the scheme was randomised but, following these early successes, Durham Constabulary are now rolling out the scheme for a wider set of offenders. Her Majesty’s Inspectorate of Constabulary (HMIC) states Checkpoint is “an exceptional offender management system”.
1N	The PCC’s Commission on Gangs and Violence, following two years of research, advocated in December 2017 for “a shift away from the ‘law enforcement’ response and towards community-led mediation and conflict interventions and approaches”. ¹⁴ As there is a clear link between gangs and the drugs trade, the diversion work recommended by the Gangs and Violence Commission is closely associated with this report’s recommendation of a drugs-focused diversion scheme.

2 Regional Drug Interventions Programme (DIP) Audit

2A	The Drug Interventions Programme (DIP) was rolled out across England between 2003 and 2005. Its aim was to identify and engage with drug using offenders at every stage of the criminal justice system (including pre-arrest, arrest, sentencing, prison and post-prison release). DIP aimed to divert drug using offenders out of crime and into treatment.
2B	Home Office research published in 2007 found that overall volume of offending was 26 per cent lower following DIP identification and around half of the drug misusers who came into contact with DIP through custody showed a decline in offending of around 79 per cent in the six months following DIP contact. ¹⁵
2C	While DIP was decommissioned as a national programme in 2013, 'legacy' activity continues in the West Midlands. This includes the use of police powers to drug test on arrest for trigger offences, ¹⁶ use of restrictions on bail, ¹⁷ and through funding of CJS/treatment liaison workers.
2D	However, with budget cuts and without a national programme DIP has become more fragmented and provision varies across the region.
2E	With continuing pressures on police, local authorities, PCCs and public health, funding efficiencies will need to be found to ensure that the important interactions between various agencies of the criminal justice system and drug treatment are maintained or improved.

3 Heroin Assisted Treatment (HAT)

3A	Oral Methadone Treatment is the most common form of treatment offered to people with heroin dependency. ¹⁸ The synthetic opioid methadone is offered on prescription, and is usually taken in a community pharmacy or clinic under the supervision of a pharmacist. Medical-grade heroin, diamorphine, if prescribed under a HAT model is used on-site to manage health risks and eliminate diversion into the criminal market. Prescribing diamorphine can be up to four times more expensive than methadone. ¹⁹ However, trials have found that it is more cost effective than oral methadone for specific individuals that have not responded to other existing treatment programmes. ²⁰
3B	Heroin has been prescribed in the UK since 1926 with take-home prescriptions, but it was not widely practiced. ²¹ Supervised HAT is a more recent option being explored. It is a highly specialised clinical intervention where diamorphine is prescribed for the treatment of opiate addiction, and can only be undertaken by doctors with a licence from the Home Office. Evidence has shown that where HAT is offered, it has led to reductions in crime, blood-borne viruses, discarded needles and street sex work. ²²

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3C	<p>The first UK trials of supervised HAT took place from 2006-2011 (The Randomised Injectable Opioid Treatment Trial, RIOTT) in London, Brighton and Darlington.²³ RIOTT was commissioned by the Home Office and extended to 2016 after proving successful. Around one hundred known heroin users with long histories of dependence were enrolled onto the trial which utilised blind test groups' oral or injectable diamorphine or opioid substitutes. Research funding was provided by Action on Addiction, a national voluntary sector charity, and the Big Lottery.²⁴ Setting up of the HAT injection clinics and other clinical services were funded by the Home Office and National Treatment Agency, together with local authority funding. The pilot's costs were higher than necessary because HAT was offered at locations that were separate to mainstream treatment provision. It is unlikely this would be the case if pursued by local authorities.</p>
3D	<p>Supervised heroin treatment produced larger reductions in street heroin use than supervised methadone treatment during the trial.²⁵ RIOTT also confirmed the potential for HAT to substantially reduce criminal activity. In the 30 days prior to the start of the scheme, patients in the heroin injecting group reported carrying out 1,731 crimes. After six months, this fell to 547 offences - a reduction of more than two-thirds.²⁶</p>
3E	<p>The related savings from legal, prison and health service costs can more than cover the cost of treatment; supervised heroin treatment in the RIOTT trial cost around £18,000 annually per patient,²⁷ while the average heroin user not in treatment commits crime costing £26,000,²⁸ or the typical cost of a prison place is just over £35,000 annually.²⁹ It is noted that during the RIOTT trial methadone was a cheaper intervention, around £9,000 or £5,000 for injectable or oral methadone respectively.³⁰ However if the offer of methadone does not retain certain individuals in treatment, and therefore fails to prevent crime or imprisonment, then the costs to the taxpayer are significantly greater.</p>
3F	<p>HAT can gain support following initial community uncertainty. In Switzerland, 55% of voters supported HAT in a national referendum in 1999,³¹ rising to 68% support in another national referendum in 2008,³² and majorities in around 12 sub-national referendums.³³</p>
3G	<p>The Home Office is supportive of HAT. In 2016, Brandon Lewis, then Home Office Minister, encouraged PCCs and police forces to explore HAT with partners. In answer to a Parliamentary Question he stated that "The Modern Crime Prevention Strategy...highlighted the value of supervised injectable diamorphine/heroin in reducing crime...Police and Crime Commissioners and police forces wishing to explore issues relating to heroin assisted treatment are encouraged to engage with the relevant local authorities which commission drug and alcohol treatment in their areas".³⁴</p>
3H	<p>The Advisory Council on the Misuse of Drugs (ACMD) recommended in 2016 that "Central government funding should be provided to support HAT for patients for whom other forms of Opioid Substitution Treatment have not been effective".³⁵ Despite this, the government has not made central funding available for HAT and has not indicated it will do so.</p>

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3I	CGL, a major drug treatment provider in the West Midlands and UK, have stated that they are open to working with any of their commissioners who may wish to consider a HAT initiative. ³⁶
3J	The College of Policing in their 2016 review of drug substitution programmes concluded that “heroin prescription reduces offending significantly more than methadone prescription”. ³⁷ Again, it must be emphasised that this is for problematic individuals that have not responded to other existing treatment programmes. As these individuals will likely have the most complex health issues as well as prolific offending histories, the potential benefits of targeted intervention can be realised by multiple sectors.
3K	A 2012 continental review of HAT programmes by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) concluded that HAT treatment can lead to: ³⁸ “the “substantially improved” health and well-being of [participants]; “major reductions” in their continued use of illicit heroin; “major disengagement from criminal activities”, such as acquisitive crime to fund their drug use, and “marked improvements in social functioning” (e.g. stable housing, higher employment rate).’ ³⁹ A 2011 review by the Cochrane Collaboration, who specialise in reviews of healthcare evidence, reached similar conclusions. ⁴⁰
3L	HAT also offers a creative way to reduce demand for drugs, and therefore reduce the profitability of the illegal trade. For example, it has been estimated that the 10% heaviest users of heroin in Switzerland (who fall into the HAT target group) consume around 50% of all the illicit heroin imported. ⁴¹ As a result, the reduction in consumption of illicit heroin by those entering a HAT programme (and the absence of any increase in new users) directly takes away the most reliable customers from organised criminals and damages their profits.
3M	The need to tackle organised crime creatively is highlighted by the Government’s analysis that “activity solely to remove drugs from the market, for example, drug seizures, has little impact on availability”. ⁴² Tackling organised crime in new and imaginative ways, such as through HAT, was a key theme emerging in the PCC’s recent consultation on drugs. ⁴³ There is little research readily available regarding HAT’s effect on the potential displacement of organised criminal activity. However the Government already notes that “the UK illegal drugs market is extremely attractive to organised criminals as the prices charged at street level are some of the highest in Europe”. ⁴⁴

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4

Drugs Early Warning Programme

4A	<p>Drugs Early Warning Programmes are a crucial tool to share information about drugs that can save lives. Such programmes are networks of information and practical advice, proactively distributed to medical professionals and the public to limit the harm of drugs.</p>
4B	<p>New Psychoactive Substances (NPS) were a common concern in the PCC's consultation, with emphasis on the changing nature of drugs and their increasing strengths. ⁴⁵ Synthetic cannabis (e.g. 'spice' or 'mamba') and synthetic opioids (e.g. fentanyl) appeared most consistently in consultation responses as of the greatest concern. The need for a consistent process for sharing warnings about dangerous new trends may involve new and creative ways of obtaining data or drug samples to test.</p>
4C	<p>Both recommendation 5 (Safety Testing) and recommendation 7 (Drug Consumption Rooms) have the potential to feed intelligence into an early warning programme. One impetus of such schemes is that drugs are currently most often tested in settings that are 'post-harm' such as custody, A&E or the Coroner's office. Early warning programmes should strive for the 'pre-harm' testing of drugs, with the intention of minimising or preventing such harm altogether.</p>
4D	<p>As a response to the increasing prevalence of NPS in the UK, and following a number of high profile fatalities, the Government passed the Psychoactive Substances Act (PSA) 2016. ⁴⁶ The issue of NPS being sold in high street shops now appears to be largely resolved. However, it is widely understood that the trade has not disappeared, but rather it has been driven 'underground'. ⁴⁷ It can therefore now be more challenging to obtain intelligence as to the nature of NPS markets, patterns of use and the content of NPS on our streets. This intelligence is vital to find suitable avenues for targeted public safety messaging.</p>
4E	<p>One NPS of serious concern is fentanyl, a synthetic opioid that can be around 100 times more potent than heroin. ⁴⁸ CGL, a major drug treatment provider in the West Midlands, held a national roundtable meeting last year in response to 60 deaths over eight months linked to fentanyls in England and Wales. ⁴⁹ Part of CGL's recommendations included the need to adopt early warning programmes, such as those found in Greater Manchester or operated by Public Health England. ⁵⁰ Most fentanyl-related deaths in the country to date have been in the north of England, ⁵¹ but there are risks of a significant rise in fatalities should the drug become prevalent in the West Midlands. As little as 3mg of fentanyl can be fatal to an average sized male. ⁵²</p>
4F	<p>Public Health England recently recommended "that all local areas in the West Midlands, or clusters of local areas, have in place a Drug Alert System by March 2018". ⁵³ Co-ordinating these systems would ensure consistency and the best outcomes for protecting the public.</p>

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4G	The West Midlands Drug Policy summit heard evidence from the ‘Salford model’ of local drug early warning system (LDEWS). The Salford Drug and Alcohol Action Team (DAAT) have been working with Drug Watch piloting a low cost co-ordinated system for Greater Manchester. ⁵⁴ The system works on the basis of sharing resources and knowledge and has a simple organisational structure to link associated agencies and the public together. Greater Manchester’s geography and political landscape has many similarities to the West Midlands, including most relevantly the existence of regional collaboration through a Combined Authority and a directly-elected mayor.
4H	The Salford model costs just under £20,000 a year to run. ⁵⁵ These costs are kept low as a result of online co-ordination, use of existing local council warning systems, and low time commitments for those staff who maintain the central system. ⁵⁶
4I	Managing risk is a key reason for co-ordinating warning systems, and the model proposed in PHE guidance is intended to respond to immediate risk. ⁵⁷ It also intends to be a low-cost, low-maintenance and multidisciplinary system that uses existing local expertise and resources. It uses elements from established local systems in Salford, Lancashire and Scotland, and could inform a West Midlands approach.

5 Safety Testing of Drugs in Night Time Districts or Festivals

5A	The on-site testing of drugs at festivals or night time districts was suggested in a number of responses to the PCC’s consultation. ⁵⁸ In particular, people made reference to ‘The Loop’ and their work on ‘Multi-Agency Safety Testing’. ^{59*} People attending some festivals in recent years have legally had their pills or powders tested for content, purity or strength before receiving impartial harm reduction advice from drug workers. After that, they were given the choice to dispose of their remaining drugs or keep them. They did not have their samples returned. Evidence of drugs chemical content is also shared with partners to identify risks and trends.
5B	Submissions from the PCC’s consultation, as well as contributions at the summit suggested benefits of delivering a similar service, either front or back of house, in night time districts or city centres on particular nights. Front of house involves receiving drugs samples directly from the public, while back of house can involve the testing of samples received through door seizures and amnesty bins.
5C	The total number of ecstasy related deaths in England and Wales has risen from 8 in 2010, to 63 in 2016. ⁶⁰ This 8-fold increase in deaths accompanies a 5-fold increase in the MDMA content in ecstasy pills over the same period. ⁶¹ High and variable strength pills in the illegal market are reported as key drivers of the increase fatalities. ⁶² Adulterated pills - containing highly toxic substances such as PMMA - are also a contributory factor in increased mortality. ⁶³ An estimated 1 in 20 (4.5%) 16-24 yr olds have used ecstasy in the past year. ⁶⁴ Around 1 in 8 (12%) adults who have been to a club more than 4 times in the past month have used ecstasy.

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5D	<p>On-site drug safety testing, accompanied by harm-reduction advice, can prevent overdoses and poisonings by allowing users to know the strength and content of their drugs. It claims to reduce harm through three key benefits ⁶⁵:</p> <ul style="list-style-type: none"> • Identifies mis-sold drugs of variable strength and purity and high risk substances or adulterants. • Provides a unique opportunity to deliver targeted health and safety advice to ‘hidden populations’ not otherwise engaged with medical or drugs services. • Provides information and intelligence to all site medical and emergency services, as well as monitoring local drug trends.
5E	<p>In July and August 2017, large music festivals in Cambridgeshire, Cumbria and Hampshire hosted a ‘Multi Agency Safety Testing’ tent run by not-for-profit drug service The Loop. In total, 2,000 individual drug samples were analysed, with many samples submitted by groups of friends, meaning the actual number of festival-goers who received drugs advice from The Loop actually far exceeded this number. Almost one in five of these individuals asked the Loop to dispose of their drugs on learning of the contents. ⁶⁶ Substances identified that posed a serious risk included boric acid and ground up malaria pills sold as cocaine. Potency of ecstasy pills varied by a factor of more than 10 (from 20mg to 250mg). ⁶⁷</p>
5F	<p>Where safety testing has been available, festival’s medics, welfare team and police officers reported significant reductions in their workload. ⁶⁸ Police agreed to a tolerance zone of non-enforcement in and around the service venue.</p>
5G	<p>The Royal Society for Public Health is calling for on-site testing to be rolled out to all UK festivals. ⁶⁹ The predominant criticism of testing is the suggestion that it could ‘normalise’ drug taking amongst young people, although this proposition has not been supported by evidence. ⁷⁰ Further to this, despite falls in overall drug use from 1996 to 2009, it is notable that drug use has stabilised at current levels since 2009/2010. ⁷¹ The estimated scale of drug use therefore has not significantly fallen or risen for eight years.</p>
5H	<p>Similar schemes have been in operation for years in other countries including Austria, Belgium, Portugal, Spain, Switzerland and The Netherlands. ⁷² The results include reductions in drug-related deaths at festivals and night time districts, and improved public sector intelligence about the nature of drugs in circulation. ⁷³ In Switzerland, where harm-reduction testing was pioneered, people can drop off their drugs for testing mid-week in city-centres in time to pick up their test results for Friday night. ⁷⁴</p>
5I	<p>Commander Simon Bray, National Police Chiefs’ Council lead for drugs, described on-site drug testing in night time districts as possibly being ‘very useful’, and is in talks with the government about it. ⁷⁵</p>
5J	<p>In the West Midlands there are festivals where on-site testing could be considered, and there are also a significant number of night time districts that may be appropriate hosts for such a service. The Loop are already in discussion with several other urban locations across the country looking to introduce testing in night time centres this year.</p>

6

Naloxone Provision

6A	Someone dies every three days in the West Midlands from drug poisoning, most often from heroin. ⁷⁶
6B	Naloxone is a medication used to block or reverse the effects of opioids, particularly in cases of overdose. It can work within two minutes and lasts for around 30 minutes to one hour, offering a critical window for medical assistance to arrive. Public Health England note that naloxone itself has no psychoactive properties and has “no intoxicating effects or misuse potential”. ⁷⁷ It can be supplied by drug services without a prescription. ⁷⁸
6C	The Advisory Council on the Misuse of Drugs (ACMD) states that the efficacy of naloxone is not in dispute: “Naloxone is a [World Health Organisation] recommended medicine, and efficacy has been proven in several published studies and pilots. Naloxone is a safe, effective drug, with no dependence-forming potential. Its only action is to reverse the effects of opioid overdoses, and it is already used by emergency services personnel in the UK for this purpose”. ⁷⁹
6D	The Home Office 2017 Drug Strategy declares that “Heroin-related deaths can...be prevented by the provision of naloxone and all local areas should have appropriate naloxone provision in place”. ⁸⁰
6E	In the PCC’s drug policy consultation a large number of submissions highlighted naloxone’s effectiveness in preventing overdose deaths. ⁸¹ Partners called for both wider use and more consistent provision in the West Midlands.
6F	The ACMD concluded that many fatalities attributed to heroin overdose are preventable by the use of naloxone as an intervention. This is already happening in the West Midlands, an example of which being Birmingham City Council’s treatment provider CGL delivering naloxone training to over 1,567 people in the last two years, saving at least 25 lives. ⁸² HMP Birmingham also issued 78 take-home kits between 24/12/2015 and 31/01/2017. ⁸³ Provision in other areas needs to be comprehensively mapped to avoid a postcode lottery. Work to ensure consistency of naloxone provision could be developed with the assistance of the West Midlands Combined Authority and Public Health England.
6G	Significantly, people’s engagement with drug treatment services can increase where there is naloxone provision. ⁸⁴ This is crucial to a policing interest in naloxone, as it can provide the impetus with which to engage with a problematic user, offering new opportunities to support recovery and therefore reduce offending. PHE are clear in their view that “take-home naloxone supports recovery”, and they already support its use in the West Midlands. ⁸⁵
6H	Research by the ACMD could not find any significant body of evidence to support the theory that naloxone provision in the community could encourage increased or riskier drug use. ⁸⁶
6I	Distributing naloxone to people who use heroin was found in a 2013 study to be “cost-effective in all deterministic and probabilistic sensitivity and scenario analyses, and it was cost-saving if it resulted in fewer overdoses or emergency medical service activations”. ⁸⁷ It goes on to say that naloxone is cost-effective, “even under markedly conservative assumptions”.

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6J	There are a number of avenues wider than local authority drug treatment services where naloxone provision could save lives and increase engagement with treatment. These include if naloxone were utilised by police officers, fire officers, probation hostels or people with addiction issues being released from prison. While some prisons and hostels offer effective naloxone provision, there are gaps. For example, due to funding issues, some prisons offer naloxone only to their prisoners that are released to particular cities or boroughs. This is one example of the risk of naloxone provision being a 'postcode lottery'. Equally concerning are reports that people released from prison with naloxone kits have had them confiscated by their hostel.
6K	Other barriers to accessing naloxone in the West Midlands have been identified, including some areas limiting naloxone kits to drug users instead of wider family, friends and carers. ⁸⁸ Another area requires an assessment to be completed before naloxone is provided.
6L	Training to use naloxone for someone unfamiliar with First Aid usually takes around 30 minutes, and some services offer 'train the trainer' courses. ⁸⁹ Cultural change may be required to ensure that, when someone is suffering from an overdose, it is clear to those around them that their survival will always be prioritised over and above criminal sanctions for drug possession. Awareness training could benefit organisations that may come into contact with naloxone or individuals overdosing, including emergency responders and their associated call handlers.
6M	Regardless of whether a kit is provided to a specific individual, PHE guidance states that in an emergency situation anyone can use any available naloxone to save a life. ⁹⁰

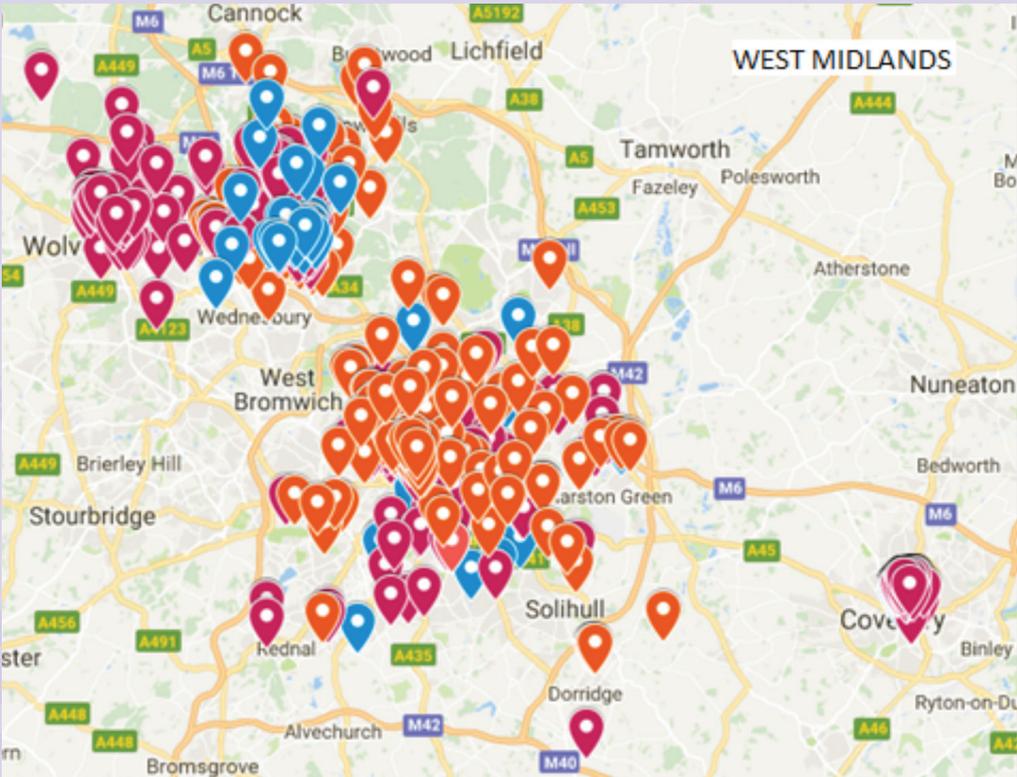
7

Drug Consumption Rooms (DCRs)

7A	Drug Consumption Rooms (DCRs), sometimes referred to as Supervised Injection Facilities (SIFs) or Supervised Drug Consumption Facilities (SDCFs), are spaces where illicit drugs can be used under the supervision of trained staff. This was the third most frequently proposed idea in the PCC's consultation, with submissions citing extensive international evidence as to the benefits of such facilities, including their impact on drug related deaths, transmission of blood borne viruses, public injecting and drug-related litter. ⁹¹
7B	There are now more than 100 DCRs operating in at least 66 cities and 10 countries worldwide: Switzerland, Germany, the Netherlands, Norway, France, Luxembourg, Spain, Denmark, Australia and Canada. ⁹² The first DCR in the USA has just been approved in Philadelphia. ⁹³
7C	There has never been a DCR in the UK, although a number of cities and regions are actively exploring the possibility.
7D	The most advanced of these is in Glasgow, where the Health and Social Care Partnership created a draft business case in June 2017 to establish a 'Safer Drug Consumption Facility' (SDFC) in the city centre. It is proposed for the SDFC and HAT service to be co-located, to ensure easy access to treatment services for those people using the facility. ⁹⁴

7E	<p>The establishment of a UK DCR would be more straightforward with an exemption from the 1971 Misuse of Drugs Act, or an amendment of that Act being passed by Government. That would guarantee there were no breaches of the law for both staff and users when implementing procedures. As this legislation is not devolved to the Scottish Government, and in light of the public health emergency relating to the rise in HIV and other drug related health conditions, a change in ‘prosecution policy’ was sought instead from the Lord Advocate of Scotland for the proposed Glasgow DCR. However, he declined to provide it. ⁹⁵ This has led the Scottish Government to call for either the UK Government to allow DCRs, or to devolve the powers to Holyrood to do so. ⁹⁶ In any case, necessary protocols with the local police force would need to be established to ensure appropriate local policing practice to support the running of the proposed facility. In plain terms, the facility will not be effective if police enforcement targets people entering and leaving the facility.</p>
7F	<p>Glasgow’s preliminary business case identified the key advantages ⁹⁷ of pursuing a ‘safer consumption facility’ as follows:</p> <ul style="list-style-type: none">• Reducing the risk of blood-borne virus transmission, reducing the risk of overdose or drug-related death and reducing injecting-related infections by promoting safer injecting practices and safer forms of drug use.• Bringing a population with complex needs in contact with effective addictions support and providing an opportunity to address other adverse circumstances in housing, welfare rights and other medical needs.• Improving the amenity of the city centre by reducing drug-related litter and public injecting while also tackling other drug-related criminal activity and anti-social behaviour.
7G	<p>DCRs clearly will be situated where street injecting is already a problem. Evidence suggests that potential clients for these facilities will not travel very far at all, so there is not a risk of attracting new drug users into areas where a problem already exists. ⁹⁸</p>
7H	<p>DCRs can reduce encounters with the police and street disorder. They also increase the number of people accessing primary health care and drug treatment, especially among the hard to reach homeless populations most likely to be street injecting. ⁹⁹ No-one has ever died from an overdose in a DCR at any time, anywhere in the world, despite millions of injections and numerous overdoses occurring in them. ¹⁰⁰</p>
7I	<p>Given the high life-time cost of treating blood-borne viruses like HIV (almost £380,000 per person) ¹⁰¹ and Hepatitis C, avoiding even a small number of infections from needle sharing can mean a DCR pays for itself rapidly. ¹⁰² They can also substantially reduce the number of ambulance call-outs, hospital stays and soft-tissue injuries and infections requiring treatment. ¹⁰³ For example, in Sydney, Australia, there was a 68% decrease in calls for ambulances in the vicinity of the DCR during its operational hours. ¹⁰⁴</p>

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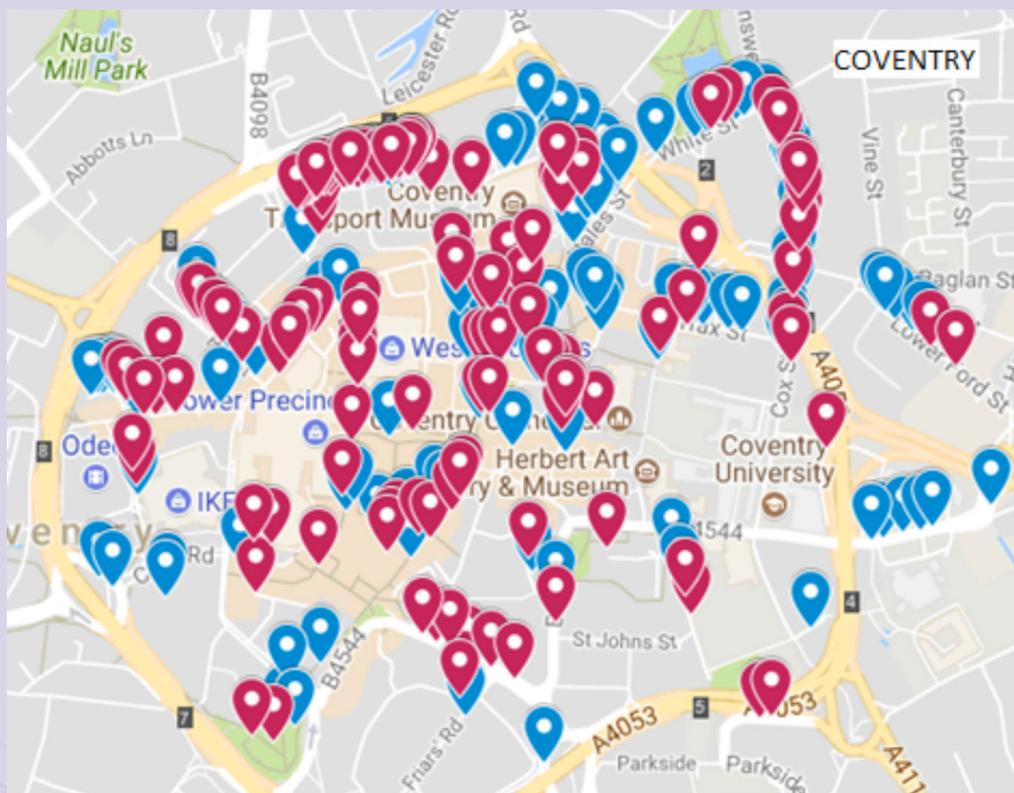
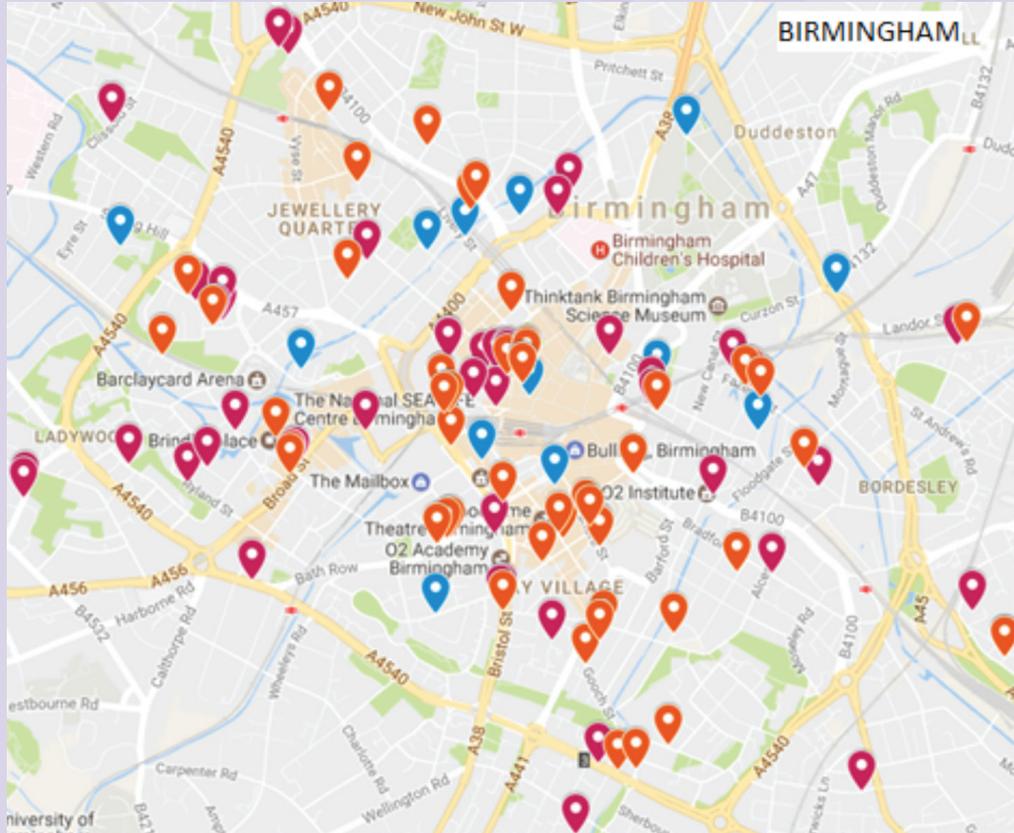
7J	<p>DCRs, like HAT, are supported by the Advisory Council on the Misuse of Drugs (ACMD).¹⁰⁵ The Home Office recently responded to an ACMD recommendation that they consider the introduction of DCRs. Steve Brine MP (Minister for Public Health and Primary Care) and Sarah Newton MP (at the time Minister for Crime, Safeguarding and Vulnerability) stated that “the government has no plans to introduce drug consumption rooms”. But significantly they added that “it is for local areas in the UK to consider, with those responsible for law enforcement, how best to deliver services to meet their local population needs”.¹⁰⁶ The ACMD’s support for DCRs appears to be in line with large parts of the UK treatment sector.^{107*}</p>
7K	<p>CGL, a major drug treatment and recovery provider in the West Midlands, have set out their position on ‘safer consumption rooms’ as able to “deliver an evidence-based approach to providing health services to some of the hardest-to-reach heroin user”.¹⁰⁸ Mirroring their statement on Heroin Assisted Treatment, CGL conclude that “we would certainly be open to working with any of our commissioners who may wish to consider this initiative [DCRs].”</p>
7L	<p>Responses to the PCC’s consultation referred to the negative image of local areas created by visible drug paraphernalia.¹⁰⁹ Needle stick injuries and associated risks of blood-borne virus infection were highlighted as driving the need for an improved drug policy response. The scale of the challenge is revealed by local authorities’ recording of the location of discarded needles. The picture below reveals the locations of needle deposits that were reported to local councils in 2015 (orange), 2016 (blue) and until March 2017 (red). This is a fraction of the number of sites where needles are unsafely discarded. It also reveals the inconsistency of recording in local councils. It appears that Dudley do not record, Sandwell record numbers but not location, and Coventry appear to have only logged needles recovered needles from the city centre.</p>  <p>The map displays the West Midlands region with various towns and cities labeled, including Cannock, Lichfield, Tamworth, West Bromwich, Stourbridge, Solihull, and Coventry. Numerous colored pins are scattered across the map, representing reported needle deposits. Orange pins (2015) are densely clustered in the central and western parts of the region. Blue pins (2016) are also concentrated in these areas. Red pins (until March 2017) are more sparsely distributed, with a notable concentration in Coventry. The map also shows major roads like the M6 and A449.</p>

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7M

The safety issues and potential reputational damage to our region is more acute when considering the concentration of discarded needles appear to be found within city centre ring-roads, demonstrated by Birmingham and Coventry maps below.



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7N	A DCR could offer a new opportunity to engage the drug using homeless population in treatment, who would not have a GP or access to services through conventional means. It also allows engagement with other issues such as housing need. In Wolverhampton, 6% of those in treatment for drugs are homeless, and 13% have a housing problem. This means 1 in 5 of those being treated has an associated issue with housing. ¹¹⁰
7O	In December 2017 the Birmingham Local Medical Committee (LMC) voted unanimously in favour of DCRs, when asked by their chair “does Birmingham LMC support Drug Consumption Rooms?” ¹¹¹ The LMC is made up of GP representatives elected by all the GPs in Birmingham to speak on their behalf.

8

Taking money from organised criminals to improve drug services

8A	West Midlands Police seized more than £17 million (£17,026,411.54) from offenders in the last five years. ¹¹² Between April 2012 and April 2017 these millions were seized under the Proceeds of Crime Act (POCA). Just over £9 million was recovered from criminals such as drug dealers and fraudsters following court convictions, while the best part of £8 million was taken from suspects after they failed to prove they had acquired the seized cash legitimately. West Midlands Police retained around £6.5 million of the total with the Home Office, CPS and courts also receiving a share.
8B	The majority of Organised Crime Groups (OCGs) active in the West Midlands are involved in drug-related crime. ¹¹³
8C	While the figure changes constantly, a snapshot in the summer of 2017 showed there were 84 OCGs being tracked by West Midlands Police. ¹¹⁴ It is possible to track the primary, secondary and tertiary concern for the police for the type of criminality an OCG is involved in, such as drugs, firearms, money laundering or organised theft. In this respect 31 OCGs were primarily involved in drug-related criminality, 18 involved as a secondary flag, and five marked with drugs as a tertiary concern. This means that 54 out of the 84 OCGs (64%) are significantly involved in drug-related crime. Note that other OCGs may also be involved in drugs as a fourth, fifth or sixth concern and so on.
8D	OCGs tracked by West Midlands Police are also ranked as priority or significant, with priority status reserved for those of the highest possible threat level. Only four of the 84 OCGs were marked priority, all of which were involved in firearms and drugs as their primary and secondary concerns.
8E	OCGs significantly involved with drugs are more likely to have an international footprint. 27 of the 84 OCGs tracked were known to have a geographic impact outside of England. Of these, 19 (70%) were involved in drug-related crime as a primary, secondary or tertiary concern.

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8F	The criminality of OCGs involved in the drugs trade are not limited to manufacturing and distributing drugs alongside intimidation and violence. In the West Midlands, many OCGs involved in drugs have a range of other interests including involvement in the firearms trade, organised theft and burglary, sexual offences, human trafficking and money laundering. Like the violence and profiteering of the drugs trade, all of these forms of criminality are a priority for West Midlands Police and the Police and Crime Commissioner.
8G	In 2010, the value of the illicit drug market in England and Wales was estimated at £3.3bn. ¹¹⁵ Factoring in inflation and applying population weighting would suggest that organised criminals in the West Midlands are profiting from a drug market worth approximately £188m. ^{116*}
8H	A RUSI report in 2017, 'Every Transaction Leaves a Trace', makes the case for the wider use of financial investigation techniques in the fight against serious and organised crime. ¹¹⁷ This can be a key tool to prevent criminals from profiting from misery. The report highlights the indelible financial footprint left by criminals, such as the "international drug trafficker buying a plane ticket to Spain to arrange shipment of his next consignment". This footprint creates a vulnerability to financial investigation.
8I	As noted earlier in this report, the Government states that currently "the UK illegal drugs market is extremely attractive to organised criminals as the prices charged at street level are some of the highest in Europe". ¹¹⁸
8J	If more money can be reclaimed from the organised criminals that profit from misery, it could be put towards drug policies that further undermine the drugs trade and support those suffering from addiction.

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