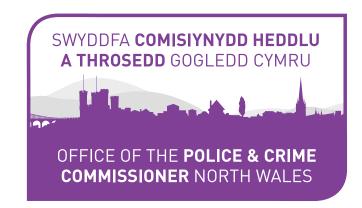
Drugs Policy 2020





Contents

- 3 Foreword
- 4 Overview of Drug Use in North Wales
- 5 Recommendations
 - 1. Diversionary Methods
 - 1.2. Checkpoint Cymru
 - 1.3. Drug Education Programme
 - 2. Naloxone Provision
 - 2.1. Officers in North Wales carrying Naloxone
 - 2.2. Naloxone in Custody
 - 3. Heroin Assisted Treatment
 - 3.1. Removal of the Market
 - 4. Drug Testing
 - 4.1. Night Time Economy and Festivals
 - 5. Drug Consumption Rooms
 - 5.1. What is a Drug Consumption Room (DCR)?
 - 5.2. What are the benefits of DCR's?
 - 5.3. Why aren't there any DCR's in the UK?

Foreword

As Police and Crime Commissioner for North Wales I have seen the catastrophic impact that drug use and addiction can have on individuals, families and the wider community. The continued criminalisation of drug addicts is failing and it is time that drug addiction is considered as a public health issue and not a criminal justice issue.

Drug related deaths in England and Wales have continued to rise with 4359 individuals losing their lives to drug poisoning in 2018 a 16% increase on the previous year. In Wales 50% of the drug related deaths were caused by opioids which include heroin and morphine. These figures will continue to rise as illegal substances become increasingly potent in the hands of organised crime¹.

Diversionary methods which address the underlying causes of offending behaviour has been proven to reduce reoffending and provide individuals with the skills to lead a normal life. These principles have also been successful in addressing drug addiction and the wider issues surrounding drug use.

Those who are entrenched in drug use often live chaotic lifestyles making it difficult for them to have access to services and support. Drug Consumption Rooms and Heroin Assisted Treatment provides these individuals with a specific location where they can not only take their drugs or receive heroin they also have access to housing, counselling and medical services.



Arfon Jones, Police and Crime Commissioner for North Wales

Diversionary measures alone cannot remove the use of illegal substances which is why this policy will set out five recommendations to strive to protect and assist the most vulnerable individuals within our communities.

The recommendations are:

- 1. Diversionary Methods
- 2. Naloxone Provision
- 3. Heroin Assisted Treatment
- 4. Drug Testing Festivals and Night Time Economy
- 5. Drug Consumption Rooms

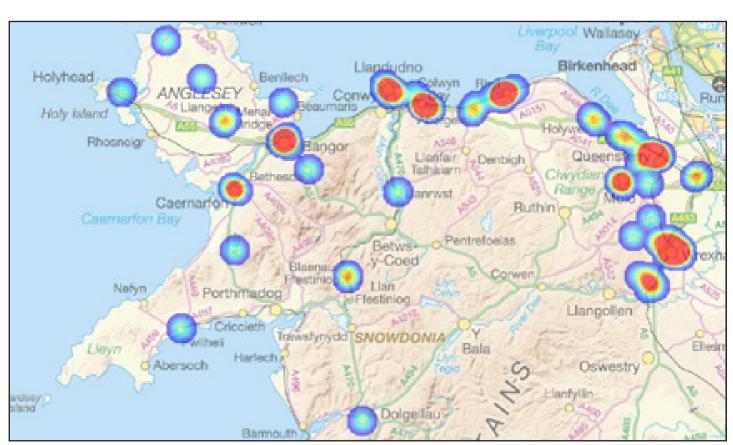
Overview of Drug Use in North Wales

Drug use in North Wales is predominately located along the coastline and in and around the Wrexham area but affects all areas of North Wales. The close proximity to the North West of England has resulted in organised crime groups extending their businesses to North Wales with a high number of county lines running across the region but local drug dealers also use violence and intimidation to ensure they have some control of the market.

It is estimated that the North Wales drugs market receives £32million every year, resulting in the exploitation of many vulnerable people. Children are coerced in to drug dealing and sexual exploitation, people with drug addictions are manipulated and abused, families are destroyed; compliance is ensured with threats of serious violence.²

It is important we protect not punish the vulnerable adults and children exploited by serious and organised crime groups.

The heat map below demonstrates just how widespread drug use is within North Wales. It affects all our communities. In addition, communities with areas of high drug use are experiencing increased levels of drug litter and paraphernalia.



North Wales Police drug litter data 01/04/2019-31/03/2020

²North Wales Multi-Agency County Lines Needs Assessment, 2019, p45

Recommendations

1. DIVERSIONARY METHODS:

1.1. Diversionary methods which address the underlying causes of offending behaviour has been proven to reduce reoffending and provide individuals with the skills to lead a normal life. Once individuals have entered the Criminal Justice System the likelihood of them reoffending increases. According to the National Statistics Proven Reoffending Rates 36.7% of adults released from custody, or starting court orders, are likely to reoffend with those released from custodial sentences of up to 12 months being 62.7% likely to reoffend.³



In December 2019 the Checkpoint Cymru diversion programme was launched in North Wales. Checkpoint Cymru diverts individuals away from the Criminal Justice System by providing an intensive 16 week intervention. As part of the programme Navigators work with the individual to address any underlying issues such as substance misuse, financial issues or housing issues.

1.3. Drug Education Programme

The Drug Education Programme (DEP) was launched alongside Checkpoint Cymru to provide recreational drug users found in possession of substances for personal use the opportunity to attend the programme to prevent receiving a criminal record. The DEP



is a 4 hour intervention which makes participants think and discuss their reasons for using drugs, how it effects themselves, their families and the wider community and the consequences had the DEP not been available to them. At the end of the session each participant has a one to one with the Navigator to discuss further support, additional issues and how they will move forward.

RECOMMENDATION

Diversionary schemes to continue to reduce the number of individuals being drawn into the revolving door of offending.

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872390/bulletin_Jan_to_Mar_2018.pdf **Accessed 24/07/20**

2. NALOXONE PROVISION

Naloxone is an emergency antidote that reverses respiratory depression from opioid overdose. It works by temporarily binding to opioid receptors in the brain and body and counteracting the effects of opioids. Naloxone can be dispensed to anyone, without a prescription, for the purpose of saving a life in an emergency. In accordance with clinical guidance, training and advice provided to those receiving naloxone, usually takes 5-10minutes. Once dispensed Naloxone will last for approximately 20minutes following administration and follow-on care is vital to ensure the prevention of subsequent poisoning.

2.1. Officers in North Wales carrying Naloxone

There are a number of arguments for and against providing officers with Naloxone however the most significant argument is to reduce the number of lives being taken due to drug overdose. There are occasions when the police are the first responders to an overdose incident, waiting for medical support to administer Naloxone could result in a fatal overdose.

Arguments to support officers carrying Naloxone

- 1. Saving Lives
- 2. Reducing demand
- 3. Added protection for officers

SAVING LIVES

As the police can be the first on the scene during an overdose, they may be the first or only people available to save a life. Saving lives is the primary purpose of Naloxone. A recent piece of academic research (which is yet to be published) has identified that over 75% of police officers and PCSO's supported carrying Naloxone. They support the proposal to ensure that they can act quickly if they are first on the scene of an overdose situation.

REDUCING DEMAND

Naloxone can reduce demand on officers in the short-term by avoiding the resourcing required to secure a scene of a drug-related death and investigate the circumstances. In addition, once medical services have arrived at the scene officers will no longer be required unless the individual becomes violent. In some cases once Naloxone has been administered it causes drug withdrawal effects leaving some individuals agitated which may require assistance.

Naloxone can reduce demand on officers in the long-term as it is proven to increase engagement with treatment when used or available. As demonstrated in the Heroin Assisted Treatment Trials in 2008 once individuals enter into services the level of acquisitive crime in that area reduces significantly.

PROTECTING POLICE OFFICERS

If officers attend a scene where fentanyl is present, especially if particles are airborne, any intoxication (which can be fatal and has been in America) can be blocked by colleagues carrying naloxone kits.

Officer welfare is affected witnessing any death, but particularly if the death is preventable. Naloxone reassures officers that they have the tools to act in a crisis. It could also avoid a subsequent Independent Office for Police Conduct supervised investigation of 'death after Police contact'.

2.2. Naloxone in Custody

Naloxone is available in all three custody suites across the North Wales Police force area. There are prefilled syringes of Prenoxad which is a Naloxone Intramuscular injection which is generally administered by the custody nurse or the trained custody staff. The Naloxone nasal spray called Nyxoid will also be made available within the custody setting once training has been given. Between July 2019 and July 2020 Naloxone was administered in custody in North Wales six times.

RECOMMENDATION

Evaluation to be carried out on the current pilot of Police Officers carrying Naloxone and if deemed successful the pilot should be extended across the force to ensure that all officers have the ability to prevent drug related deaths. Consideration for custody nurses to be given the opportunity to provide Take Home Naloxone to known opiate users at risk of overdose.





3. HEROIN ASSISTED TREATMENT

Heroin Assisted Treatment (HAT) is a public health approach to treat individuals with a long term opioid addiction who have been unresponsive to other treatments. Patients attend a specialised clinic up to two times a day to receive and take their prescription under the supervision of medically trained staff.

HAT provides chaotic users with a designated clinic where they receive their heroin prescription and have access to health services and support. Those who would be eligible for HAT generally live a chaotic lifestyle where access to support and health services are limited. By attending a clinic on a daily basis patients will have regular access to health professionals, housing services and support services.

Those who are entrenched in addiction spend their days looking for their next fix and are unable to lead normal lives. HAT removes the need to find their next fix and allows patients to start treatment and gradually return to living a stable life.

3.1. Removal of the Market

The illicit drug market in England and Wales currently costs £20billion to our society with £10.7 billion of that associated to drug related crime. It is estimated that 45% of acquisitive crime is carried out by heroin and crack users in the UK. HAT will remove the cost element to the patient's addiction and will reduce the profits of organised crime groups in the area.

The Randomised Opiate Injecting Treatment Trial occurred in three pilot areas across England. There were 40 individuals involved in the trial and they were all well known to their local police forces. The 40 individuals involved were known to have committed 1731 crimes in the 30 days prior to the trial. This figure was reduced by two thirds after the patients had been involved in HAT for six months.

Burglaries are one of the most common crimes carried out by heroin users. In Switzerland the number of burglaries dropped by 40% due to their most entrenched heroin users being included within the HAT programme.

In 2019 Cleveland Police Force started HAT with 20 of their prolific cohort of heroin users. It is estimated that that these individuals cost the public purse over £800,000 per year due to their heroin addiction. This figure has been calculated using the known offences by these individuals; the actual number will be significantly higher.

RECOMMENDATION

Raise awareness of the benefits of Heroin Assisted Treatment to gain support from the Area Planning Board, Health Board and Local Authorities to enable a pilot to be established in North Wales.

4. DRUG TESTING

4.1. Night time economy and Festivals

The unknown strength, potency and ingredients used in illegal substances have resulted in many drug related deaths in the night time economy and festivals. In 2018 there was 64% increase in the number of deaths caused by ecstasy in England and Wales compared to 2017. Ecstasy is regularly used within the night time economy setting and in festivals across the country. Drug testing can provide individuals with the knowledge of the strength and potency of the substance that they have purchased which in turn can save lives.

LOOP UK founded in 2013 provides drug testing services across the county and aims to save lives, reduce harm and give people the option to know what drugs they are taking. The key focus of drug testing is:

- To identify trends in the drug market
- To identify substances of concern that may put users at a greater level of risk
- To identify the contents of substances that are already a cause for concern for example individuals being taken ill due to a bad batch of substances.

Drug testing has been considered to support and condone individuals in taking substances which is why it is not used widely across the UK. The importance of saving someone's life by identifying dangerous substances far outweighs the assumption that drug testing supports drug use.



RECOMMENDATION

Drug testing should become a normal part of the night time economy and festival culture in North Wales to reduce the number drug related deaths.

5. DRUG CONSUMPTION ROOMS

5.1. What is a Drug Consumption Room (DCR)?

Drug Consumption Rooms are facilities which provide drug users with a clean and safe environment to inject their own pre-obtained drugs, under medical supervision.

5.2. What are the benefits of DCR's?

DCR's provide individuals living chaotic lifestyles such as rough sleepers with a safe environment and provide access to services. DCR's provide individuals who use drugs with:

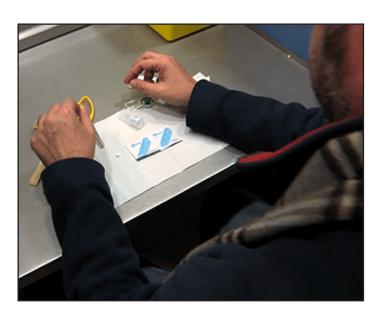
- Sterile injecting equipment
- A clean and hygienic place to use drugs
- Medical practitioners on hand to provide medical care and emergency care in the event of an emergency
- Access to additional support services such as counselling or housing services.

5.3. Why aren't there any official DCR's in the UK?

The Misuse of Drugs Act 1971 prevents the establishment of a DCR in the UK because the possession of an illegal substance is an offence and therefore all involved would be committing an offence. There have been numerous debates in recent years surrounding the benefits of a drug consumption room however; the UK Government continue to refuse to make any changes to the law.

In September 2020, Peter Krykant established a mobile drug consumption facility in Glasgow. The city has one

of the highest drug realted death rates in Europe with around 500 injecting users. The UK Governement have released a statement refusing to support the programme and continue to state that it's existence is illegal and could result in the arrest of its facilitatior. Local MP's and Councillors however, are in full support of the programme as they believe that the city has reaced a public health emergency. Police in Scotland are yet to intervene with the facility despite them patrolling the area of the van periodically.



RECOMMENDATION

To continue to raise awareness, gain support and change opinions to achieve the main goal of changing current legislation to allow the implementation of a Drugs Consumption Room in the UK.





