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West Mercia



Drugs Strategy

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Foreword

Drug misuse causes huge damage within our society, either on an individual basis, or sometimes to entire communities.

There is no single solution. It is an inherently complex area where perpetrators of crime can also simultaneously be victims. We also see many scenarios where offenders enter the criminal justice system for offences that don't directly involve the possession, production or supply of drugs. However it is clear that drugs are linked to their crime either as a cause or motivation for offending. Those causes and motivations also need to be better acknowledged, understood and dealt with if we, as a society, are to more effectively reduce the misuse of drugs, the associated harm it causes and the strain it places on our public services.

I firmly believe that a holistic approach is needed. Our laws, and enforcement of them, need to be appropriate for our 21st century society and offer an effective deterrent. Equally, we also need effective measures to treat the root causes of drug misuse and, whenever possible, prevent people from falling into such destructive patterns of behaviour.

The worlds of policing, criminal justice, local authorities, and health services share a common interest in delivering better outcomes for communities around drug misuse, and have both collective and individual roles to play in making that happen.

This strategy outlines how I will deliver on my responsibilities as Commissioner in a policing and crime context, and how I will continue to actively work with local and national partners to try and ensure that effective, holistic approach exists in West Mercia.

We are comparatively fortunate that the scale of damage caused by drugs is much smaller in our communities than in some areas. However, where and when it does occur here, there is no doubting the harm it causes. I am committed to doing everything I can to effectively reduce that harm within our communities and deliver a safer West Mercia.



John Campion
West Mercia Police and Crime Commissioner

NB: This strategy needs to be read in conjunction with other Police and Crime Commissioner strategies.

Existing policy and context

Drugs in West Mercia

- It is estimated that over 61,000 adults in West Mercia used an illegal drug in the last year; 9% of the total adult population.
- It is estimated that within the last year, there were 6,000 opiate and/or crack cocaine users in West Mercia, at an approximate total cost to society of £265m.
- In 2016/17, there were 5,000 people in the force area receiving community drug treatment.
- 187 drug related deaths in West Mercia between 2015 and 2017, at an average of 62 per year. This is 30% higher than a decade ago, and accounts for more lives lost in the area than road traffic collisions.
- 2,181 recorded drug offences in 2017/18, 75% of which related to possession, 25% related to production and/or supply.
- In 2016/17, 6% of all recorded offences were marked as 'drugs related'. This may not involve possession, supply or production, but where drugs were a cause or motivation behind an offence, such as (for example) shoplifting or violence.
- 63% of detainees tested in West Mercia custody suites had taken at least one class A substance.
- Drug trafficking and supply is the primary crime type for just over 60% of all active Organised Crime Groups (OCGs) in the area.

- Our communities are also being infiltrated by OCGs and urban street gangs based in other force areas through the County Lines (CL) model of drug supply.

Further detail and source information are given at Appendix 1.

National policy

The national Drug Strategy sets out the Government's chosen approach to tackling drug misuse at a nationwide level. The overarching aims of the national strategy are to:

- reduce the illicit and other harmful use of drugs;
- increase the rate of individuals recovering from their dependence.

To successfully achieve these aims and tackle the harm caused by drug misuse, a whole Government approach is required across four key themes of:

- reducing demand;
- restricting supply;
- building recovery;
- global action.

Public Health Grant

Local authorities in England receive an annual Public Health Grant (PHG), a condition of which is that drug and alcohol services are delivered to those in need, which meet the following principles:

1. An accessible drug and alcohol treatment and recovery system that includes a full range of NICE (National Institute for Health and Care Excellence)-compliant drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes. Recovery rates and successful completions must be reviewed regularly with active measures undertaken when needed to ensure best possible service and outcomes.
2. Evidence-based prevention activities to reduce harm and improve resilience among young people and vulnerable groups, such as homeless/hostel dwellers, offenders, men who have sex with men, and new psychoactive substance users.
3. Compliance with National Drug Treatment Monitoring System (NDTMS) reporting.
4. Working towards the average waiting times for treatment interventions provided to local authority residents.
5. Improving recovery rates – or stability if performance is already in the upper quartile.
6. Needle exchange, particularly as an entry point to treatment, widely available.

7. Clarity on clinical governance arrangements including reporting of serious untoward incidents.
8. Effective pathways between prison and community treatment – alcohol and drugs.
9. Evidence-based commissioning with service reconfigurations driven by improving cost-effective outcomes.

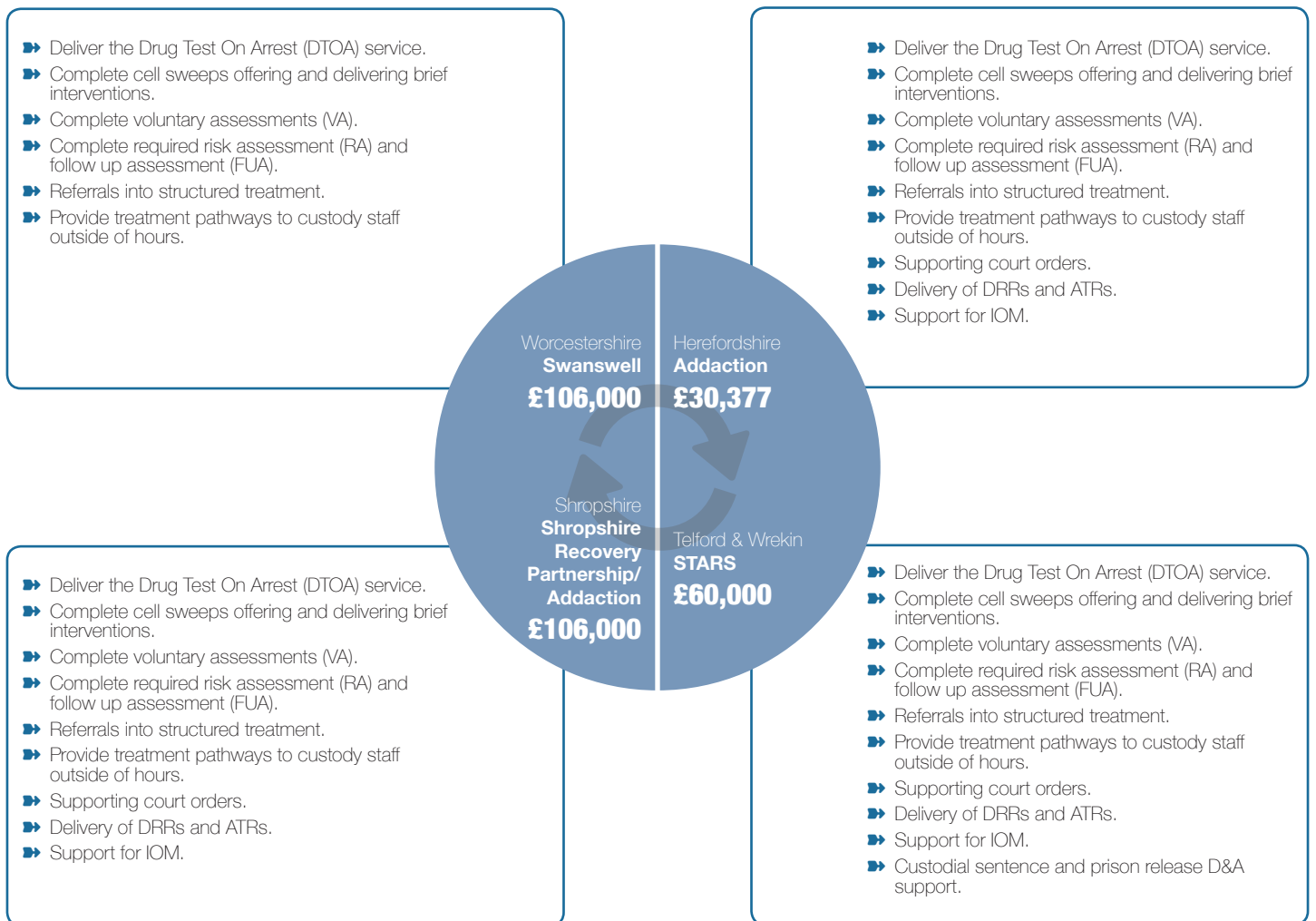
Local authorities must ensure those principles are effectively delivered, but precisely how this is achieved is determined at a local level. No proportion of the PHG is ring-fenced specifically for drug and alcohol services. Consequently, levels of resourcing and financial spend vary from one area to another, as shown below:

Local Authority	Proportion of PHG spent on drug & alcohol services (2018/19)
Herefordshire	18%
Shropshire	28.5%
Telford & Wrekin	18.5%
Worcestershire	14%

From 2020, PHG will cease and local authorities will be expected to fund public health services via revenue raised and collected from business rates.

Police and Crime Commissioner grants

I currently fund the drug intervention programmes set out below via my PCC grants fund:



Proposed approach

Alignment with national strategy

I will ensure West Mercia plays its part in delivering the key aims and objectives of the Government's national policy, by ensuring alignment between it and the work carried out within my own office.

I have identified broad similarities between the national strategy and my own Safer West Mercia Plan, as set out in the table below, which will provide a framework for ensuring we contribute effectively to the national agenda.

Strategy	Home Office Drugs Strategy (2017)	Safer West Mercia Plan (2016-21)
Aims and objective(s):	Reduce illicit and other harmful drug use. Increase the rate of individuals recovering from their dependence.	Putting victims and survivors first. Building a more secure West Mercia. Reassuring West Mercia.
Key themes:	Reducing demand: <ul style="list-style-type: none"> • focus on early intervention and prevention; • universal action combined with activity to target the most vulnerable. 	Preventing harm: <ul style="list-style-type: none"> • focus on early intervention and prevention; • reducing harm and protecting the most vulnerable within communities.
	Restricting supply: <ul style="list-style-type: none"> • tackling drugs and associated criminality including serious organised crime and violence. 	Reducing crime: <ul style="list-style-type: none"> • working with partners to prevent, resolve and reduce crime that causes the greatest harm; • proactively targeting the causes of crime.
	Building recovery: <ul style="list-style-type: none"> • improving treatment quality and outcomes for different user groups including those in the Criminal Justice System; • drug interventions as a means of reducing reoffending. 	Putting victims and survivors first: <ul style="list-style-type: none"> • identifying and supporting people with vulnerabilities and understanding and managing associated risks; • reducing re-victimisation and reoffending.
	Global action: <ul style="list-style-type: none"> • HO taking a leadership role in driving international action; • focus on joined-up and evidence based commissioning. 	Working with partners: <ul style="list-style-type: none"> • PCC taking a leadership role in driving partnership arrangements to prevent and reduce harm in communities; • evidence-based commissioned activity, dovetailing where possible into existing provision from partner agencies.

Policing and crime

I will continue to hold West Mercia's Chief Constable to account in the following ways, related to the force's performance on drug related crime:

- ensuring the force is making best use of data, both locally, regionally and nationally, to inform its work related to drugs;

- how the police are working with partners and communities to either prevent drugs related offending, or deliver more effective outcomes where it does occur;
- ensuring the force is responsive to emerging trends and changes to legislation;
- how the force is effectively prioritising drugs related offending and offenders that cause the most harm in our communities;

- ensuring neighbourhood policing teams play an effective role in preventing and tackling drugs related offending;
- ensuring police are taking effective steps to tackle County Lines offenders operating within West Mercia;
- ensuring drugs related offending plays an appropriate and integrated part within strategies to tackle serious organised crime;
- whether the force is effectively restricting the supply of drugs in West Mercia;
- establishing and maintaining effective relationships with neighbouring forces to deliver robust cross-border policing;
- ensuring West Mercia Police are taking effective steps to engage with the most vulnerable people in our communities, to protect them from drug misuse and the harm it causes.

Partnerships

As demonstrated below, the key themes of the national drugs strategy are heavily reliant on effective partnership working at both a national and local level:



In West Mercia, I will work with local communities and partners to:

- understand the true and changing picture of drugs in West Mercia and the harm they cause;
- where appropriate, share information to prevent victimisation, deliver better outcomes, and enable community resolutions;
- offer the best possible protection to the most vulnerable people in our communities;
- reduce demand on police and other public agencies through effective early intervention programmes;
- improve pathways for victims of drugs related crime, enabling them to cope and recover;
- ensure effective criminal justice pathways and outcomes, appropriate to individuals and their circumstances to deliver better results for our communities;
- jointly commission services wherever it is appropriate and in the best interests of local communities.

Commissioning

I will protect funding for drug intervention programmes through the remainder of my term as Commissioner.

In addition to this, I will also explore additional commissioning opportunities in collaboration with local partners.

My commissioning intentions will cover:

- Continued investment in Drug Intervention Programmes (spanning both Adult and Youth Offending); ensuring provision is seamless and consistent throughout West Mercia. I will continue to work and jointly invest with Public Health leads across our region to co-commission these targeted programmes of support. I will work strategically with these partners to support commissioning cycles, provide interventions for people in the criminal justice system needing support with their addictions and support the opportunity to live a life away from both crime and substance misuse.
 - I will explore the possibilities of investing additional resource into a communication strategy, action plan and activity where possible sharing a consistent and joined up message with other statutory partners. This will focus on prevention, early intervention and the effects/impact of criminality.
 - I will investigate the feasibility, and from best practice seek to pilot an education programme for first time offenders (low level and risk), providing an education programme as an alternative to a criminal intervention. I would seek to reduce the risk of misuse and criminality on others helping people to reconsider a life of substance misuse; signposting to support where appropriate and positive diversionary activity.
 - I will work with providers and the force to support the use of Opioid Naloxone (medication used to block the effects of opioids) for all first responders. I will work with regional commissioning leads (including PCC offices) to consider a collective approach to this where there is appetite, in order to share knowledge and approaches, looking to optimise any procurement opportunities.
 - I will support the national roll out of the NHS liaison and diversionary scheme across West Mercia. This will be supported with a redesigned diversionary network, offering bespoke and measured positive interventions and support for offenders/those on the brink of offending. Especially where substance misuse has played a part.
 - I will continue to support and work with West Mercia Police to ensure that, collectively, we fully cooperate and play a strong leadership role on both the regional and local work around county lines; coordinating support for offenders to get into services appropriate to their need and to support recovery; in addition to ensuring a full range of bespoke victim support packages offering free practical and emotional support are available to 24/7.
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Safer West Mercia Plan 2018-19 - key objectives aligned to substance misuse:

Putting victims first - make sure victims and survivors get effective services, enabling them to cope and recover and reduce their chances of re-victimisation.

Building a more secure West Mercia - provide oversight and support to West Mercia's Reducing Reoffending Strategy.

Reforming West Mercia - give leadership to the force and partners in forging new collaborations to deliver efficient and improved public services.

Reassuring West Mercia's communities - ensure that the police and partner organisations are active and effective in tackling the issues that are important to our communities.



Ring fenced budget for substance misuse: £371,377 (plus investment for three future projects)

2019-21 Substance misuse commissioning intention framework

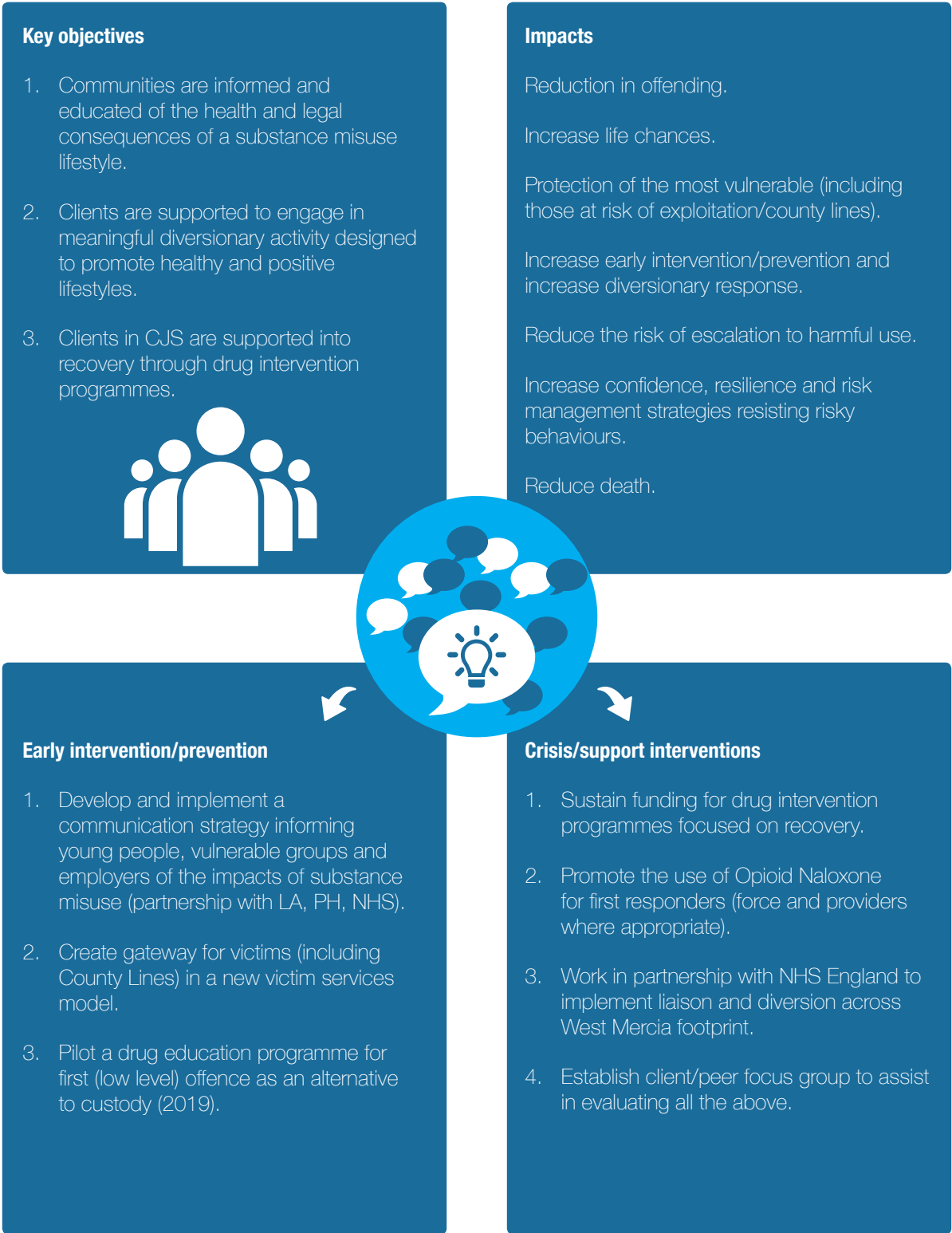
Resources	Category	Activity	Provider(s)	Area	Contract end date	Output	Outcome	Impact
£30,377	Offender	Drug intervention programme - Herefordshire	Addaction (via Herefordshire Council)	Herefordshire	2020	<ul style="list-style-type: none"> Deliver drug test on arrest Complete cell sweeps and provide brief interventions Voluntary assessments 	<ul style="list-style-type: none"> Physical health Mental and emotional wellbeing Being safe Healthy relationships 	<ul style="list-style-type: none"> Seamless pathway of service delivery Improved police satisfaction for victims Making sure victims and witnesses are kept informed and supported
£106,000	Offender	Drug intervention programme - Worcestershire	Swanswell (via Worcestershire County Council)	Worcestershire	2020	<ul style="list-style-type: none"> Referrals into structured treatment Treatment pathways to custody staff out of hours 	<ul style="list-style-type: none"> Meaningful use of time Family, friends and network Confidence and self esteem Education/ learning 	<ul style="list-style-type: none"> Tailored response to individuals More cases supported through the CJS Victims feel safer
£60,000	Offender	Drug intervention programme - Telford	STARS (via Telford Borough Council)	Telford & Wrekin	2020	<ul style="list-style-type: none"> Deliver DRRs and ATRs Support court orders 	<ul style="list-style-type: none"> Accommodation sustained Community involvement Use of alcohol Use of drugs 	<ul style="list-style-type: none"> Harm will be reduced Increased understanding and ability to tackle crimes
£54,000	Offender	Drug intervention programme - Shropshire	Addaction	Shropshire	2020	<ul style="list-style-type: none"> Support IOM Custodial sentence and prison release D&A support Establish a focus group of client group to co-produce developing models 	<ul style="list-style-type: none"> Money/ budgeting Offending 	<ul style="list-style-type: none"> A developed market place of agencies working alongside the police to deliver a safer West Mercia Communities feel valued, informed and involved

2019-21 Substance misuse commissioning intention framework (cont'd)

Resources	Category	Activity	Provider(s)	Area	Contract end date	Output	Outcome	Impact
£111,000	Offender	Youth Offending Team Substance Misuse Programme	YOS	West Mercia	2020		<ul style="list-style-type: none"> Physical health Mental and emotional wellbeing Being safe Healthy relationships 	<ul style="list-style-type: none"> Seamless pathway of service delivery Improved police satisfaction for victims Making sure victims and witnesses are kept informed and supported
£20,000	Offender/pre-offence	Communication strategy and campaign(s)	OPCC/Force Comms	West Mercia	2020 proposed	Develop and implement a communication strategy informing young people, vulnerable groups and employers of the impacts of substance misuse	<ul style="list-style-type: none"> Meaningful use of time Family, friends and network Confidence and self esteem Education/learning Accommodation sustained 	<ul style="list-style-type: none"> Tailored response to individuals More cases supported through the CJS Victims feel safer Harm will be reduced
TBC	Offender	Drug education programme for first offence	TBC	West Mercia	2019 proposed	Provide a drug education programme for first low level offences as a pathway out of the CJS Outcomes to be defined	<ul style="list-style-type: none"> Community involvement Use of alcohol Use of drugs Money/budgeting Offending 	<ul style="list-style-type: none"> Increased understanding and ability to tackle crimes A developed market place of agencies working alongside the police to deliver a safer West Mercia
TBC	Offender	Opioid Naloxone programme for first responders	TBC	West Mercia	2019 proposed	Support Opioid Naloxone provision for first responders Outcomes to be defined		<ul style="list-style-type: none"> Communities feel valued, informed and involved
TBC	Offender	Liaison and diversion	TBC	West Mercia	2019 proposed	Support/work in partnership with NHS England to roll out 'liaison and diversion' across West Mercia Outcomes to be defined		

Substance misuse, early intervention and prevention

Strategic commissioning intentions 2019/21



Appendix 1

Tackling Drug Misuse in West Mercia: Context, Policy and Local Commissioning

1. Executive summary

- There is clear synergy between the national Drug Strategy (2017) and the Safer West Mercia Plan (2016-2021). Three local-national priorities for tackling drug misuse have been identified: Reducing demand through early intervention, restricting supply and drug-related criminality and building recovery to support the most vulnerable.
 - The aim of early intervention is to prevent the onset and escalation of drug use and drug-related criminality. Early intervention activity should combine universal action for children and young people with more targeted action for those at risk of misusing drugs.
 - The interconnectivity between the illicit drug trade and other types of criminality is well established. Drug use has traditionally been associated with acquisitive crime but is also a driver for high harm offending related to serious organised crime and drug market violence.
 - There is strong evidence to link drug treatment to reductions in offending, improved health outcomes and significant economic savings.
 - Locally-led treatment systems require close collaboration between a wide range of agencies and organisations. PCCs are well placed to use their convening powers to enhance and develop these partnership arrangements.
 - National and local data sources have been used to estimate the scale of drug use in West Mercia in terms of prevalence and drug-related criminality.
 - It is estimated that within the last year there were 6,000 opiate and/or crack cocaine users in West Mercia; at a cost of £265 million to society.
 - Drug-related deaths in West Mercia have increased by 30% over the last decade and account for more fatalities than road traffic collisions.
 - Over 2,000 trafficking and possession offences were recorded in West Mercia in 2017/18. Drug-related offences (identified through use of a marker) accounted for at least 6% of total recorded crime.
 - A number of recommendations have been made based on the policy and research outlined within the report. These recommendations should inform any future PCC commissioning strategy to tackle drug misuse.
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2. Home Office National Drug Strategy (2017)

The national Drug Strategy sets out the Government’s approach to tackling drug misuse. The overarching aims of the national strategy are to:

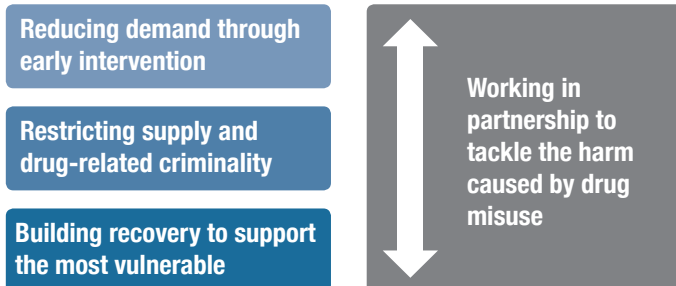
- reduce the illicit and other harmful use of drugs;
- increase the rate of individuals recovering from their dependence.

To successfully achieve these aims and tackle the harm caused by drug misuse, a whole government approach is required across four key themes of reducing demand, restricting supply, building recovery and global action.

There are broad similarities between the four themes identified nationally, and the priorities outlined in the PCC’s Safer West Mercia Plan (2016-2021). The table below sets out where the national priorities most clearly correspond with local policing priorities.

Strategy	Home Office Drugs Strategy (2017)	Safer West Mercia Plan (2016-21)
Aims and objective(s):	Reduce illicit and other harmful drug use. Increase the rate of individuals recovering from their dependence.	Putting victims and survivors first. Building a more secure West Mercia. Reassuring West Mercia.
Key themes:	Reducing demand: <ul style="list-style-type: none"> • focus on early intervention and prevention; • universal action combined with activity to target the most vulnerable. 	Preventing harm: <ul style="list-style-type: none"> • focus on early intervention and prevention; • reducing harm and protecting the most vulnerable within communities.
	Restricting supply: <ul style="list-style-type: none"> • tackling drugs and associated criminality including serious organised crime and violence. 	Reducing crime: <ul style="list-style-type: none"> • working with partners to prevent, resolve and reduce crime that causes the greatest harm; • proactively targeting the causes of crime.
	Building recovery: <ul style="list-style-type: none"> • improving treatment quality and outcomes for different user groups including those in the Criminal Justice System; • drug interventions as a means of reducing reoffending. 	Putting victims and survivors first: <ul style="list-style-type: none"> • identifying and supporting people with vulnerabilities and understanding and managing associated risks; • reducing re-victimisation and reoffending.
	Global action: <ul style="list-style-type: none"> • HO taking a leadership role in driving international action; • focus on joined-up and evidence based commissioning. 	Working with partners: <ul style="list-style-type: none"> • PCC taking a leadership role in driving partnership arrangements to prevent and reduce harm in communities; • evidence-based commissioned activity, dovetailing where possible into existing provision from partner agencies.

The shared local – national priorities identified in the table are summarised in the infographic opposite. Working in partnership is an overarching theme relevant to each priority.



Each priority area is underpinned by extensive policy and research which is outlined in this report. Any future PCC strategy to tackle drug misuse within West Mercia must give due regard to these priorities and the associated evidence base.

3. Reducing demand through early intervention

The national Drug Strategy and the Safer West Mercia Plan emphasise the importance of prevention and early intervention. The primary aim is to act at the earliest opportunity to prevent young people and at risk groups from being drawn into drug use and drug-related criminality.

Local partner agencies must work together to prevent the onset and escalation of drug use. Activity should combine universal action with more targeted action for the most vulnerable.

The Government approach to universal action focuses on building confidence and resilience amongst all children and young people to prevent the range of risks they face, (e.g. drug and alcohol misuse, crime, exploitation and unhealthy relationships)ⁱ. Schools, colleges and other education providers are identified as having a key role in delivering the relevant prevention programmes.

Targeted prevention and early intervention activity must be focused on the specific cohorts who are most vulnerable to drug-use and drug-related criminality.

Cohorts identified as being most at risk of misusing drugs includeⁱⁱ:

- vulnerable young people (e.g. NEET, experience of adverse childhood experiencesⁱⁱⁱ, looked after children);
- offenders within the Criminal Justice System (CJS);
- victims of extensive partner violence/abuse;
- socially excluded groups (e.g. homeless, sex workers, veterans);
- individuals with co-occurring mental health issues;
- Black and Minority Ethnic (BME) communities.

Local partner agencies are encouraged to share information and work together to identify the groups or individuals at risk within the community, and deliver the appropriate prevention/early intervention activity.

4. Restricting supply and drug-related criminality

A co-ordinated partnership approach is also required to tackle the significant and enduring threat, risk and harm caused by drug-related criminality. This should include activity to tackle serious organised crime and violent offending.

The interconnectivity between the illicit drug trade and other types of criminality is well established. Drug users report engaging in more criminality than non-drug users, and drug use intensifies and motivates offending behaviour^{iv}.

ⁱ Acquisitive crime is defined as an offence where the offender derives material gain from the crime. Examples include: shoplifting, burglary, theft and robbery.

The highest levels of drug use are found amongst the most prolific offenders including those within the prison population^v.

Drug use has traditionally been associated with acquisitive crime ⁱ¹. It has been estimated that 45% of acquisitive offences are committed by regular opiate and crack cocaine users^{vi}. Drug use is also a key driver for less visible, high harm offending related to serious organised crime and drug market violence.

In West Mercia, drug trafficking and supply is the primary crime type for just over 60% of all active Organised Crime Groups (OCGs) in the area. A significant number of these groups will be involved in other criminality including firearms, modern slavery human trafficking and economic offences. Our communities are also being infiltrated by OCGs and urban street gangs based in other force areas through the County Lines (CL) model of drug supply ⁱ².

CL criminals target children and vulnerable adults (particularly Class A drug users), to facilitate drug supply within the local area. CL groups are more violent than the local dealers who previously controlled drug markets^{vii}. Once involved in CL, children and vulnerable adults are at risk of exploitation, debt bondage, extreme physical and sexual violence as well as human trafficking^{viii}.

The emergence of CL and the increased involvement of young and vulnerable people in the drugs trade has been linked to national increases in serious violence. It is therefore unsurprising that tackling CL and drug misuse is a key priority in the Home Office's approach to reducing serious violence^{ix}, gang violence and exploitation^x.

Supporting individuals through recovery will be essential to any approach aimed at breaking the cycle of drug misuse, exploitation and serious criminality outlined above.

5. Building recovery to support the most vulnerable

The national Drug Strategy sets out the Government's commitment to treatment and highlights the importance of recovery in reducing offending behaviour^{xi}.

There is strong evidence to link drug treatment to reductions in offending. Drug treatment prevents an estimated 4.9 million crimes nationally every year^{xii}. Treatment leads to reductions across a range of crime types including violence, sexual offences, acquisitive crimes and possession of weapons^{xiii}.

Evidence-based drug treatments can also help reduce harm to individuals and communities through improved health outcomes, reduced drug-related deaths, lower levels of blood-borne infection and significant economic savings. The latest Public Health England commissioning tool estimated that for every £1 invested in drug treatment, there was a net benefit of £4 generated to society. This increases to £21 over 10 years^{xiv}.

Whilst the majority of drug misuse treatment is funded through local authorities, recovery is only achievable through a partnership-based approach. Locally-led recovery systems require close collaboration between agencies and organisations to deliver a wide range of end-to-end services. These services should include early intervention, diversion and support to tackle the drivers of drug use; as well as treatment services for those in crisis or in the mature stages of their dependency.

ⁱ¹ Acquisitive crime is defined as an offence where the offender derives material gain from the crime. Examples include: shoplifting, burglary, theft and robbery.

ⁱ² County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas, using dedicated mobile phone lines or other form of "deal line".

PCCs are well placed to use their convening powers to enhance and develop partnership arrangements to tackle drug misuse and related criminality^{xv}. PCCs are particularly well placed to leverage other criminal justice partners. As outlined previously, there is a strong association between drug use and involvement in the CJS. The CJS therefore provides a prime opportunity to ensure individuals have access to services to prevent further drug misuse and offending.

In West Mercia, the CJS ^[3] already provides a key pathway into treatment and recovery, accounting for a fifth of all referrals into community drug treatment^{xvi}. The national strategy encourages the CJS to take this further, by focusing on early intervention for offenders (including health-based interventions) alongside traditional sanctions and enforcement.

In addition to bringing partners together, PCCs also have the commissioning power to invest in evidence-based activity that can dovetail into services already commissioned by local authorities. Commissioning should be informed by robust service user involvement which can contribute significantly to the evolution of effective support services and treatment systems^{xvii}.

6. The prevalence of drug use in West Mercia

Establishing the scale of drug use is challenging given its illicit nature. The Government relies heavily on self-reporting through national surveys such as the Crime Survey for England and Wales (CSEW) ^{xviii}.

Based on the CSEW, it is estimated that over 61,000 adults in West Mercia used an illegal drug in the last year; 9% of the total adult population ^[4]. Younger people are more likely to take drugs than older people. 17% of 16-19 year olds and 22% of 20 – 24 years olds used drugs in the last year; equating to roughly 23,000 young people within West Mercia.

Whilst the CSEW provides a useful measure of mainstream drug use, it does not capture problematic abuse and addiction. Those struggling with severe drug misuse problems are less likely to respond to a household survey, and the survey does not measure drug use amongst those in temporary housing, the homeless or those in prison.

Other sources are therefore used to estimate the prevalence of more serious drug use such as the use of opiates and crack cocaine^{xix}. It is estimated that within the last year, there were 6,000 opiate and/or crack cocaine users in West Mercia ^[5].

One problematic drug user is estimated to cost society £44,231 per year^[6] when considering drug-related crimes, health service use, drug related deaths and social care^{xx}. On this assumption, the estimated 6,000 opiate and crack cocaine users in West Mercia cost society £265 million a year.

Within West Mercia, opiate users make up the overwhelming majority of clients in community drug treatment. Of the 5,000 adults in the force area in treatment in 2016/17; approximately 3,000 were opiate users.

Local and national estimates indicate that only

[3] 'Criminal Justice' includes but is not limited to arrest referral schemes, prison, probation and drug rehabilitation requirements.

[4] Adults defined as 16 – 59 years old as per the sample used in the CSEW.

[5] Based on the population aged 16 - 64 years old as per the Public Health England prevalence estimates.

[6] Estimate produced in 2003/4. Estimated costs are likely to have risen considerably (taking account of inflation), therefore this is a conservative estimate of current costs to society.

50% of opiate users in need of specialist treatment are receiving it^{xxi}. Of the opiate users who are in treatment in the force area, only 6% left treatment successfully^[7]; comparable to national figures. These statistics are concerning given the complex needs, and the disproportionate number of offences committed by this cohort of drug users^{xxiii}.

The latest statistics on drug-related deaths further reinforce the need to enhance treatment quality and improve outcomes. Drug-related deaths^[8] in England have increased year-on-year since 2012 and are amongst the highest in Europe^{xxiii}. There were 187 drug-related deaths in West Mercia 2015 – 2017; an average of 62 deaths a year. This is a 30% increase compared to a decade ago. The number of drug related deaths in West Mercia exceeds the number of fatalities from road traffic collisions.

7. Drug-related crime in West Mercia

There are a number of specific drug offences set out by the Home Office^{xxiv}, including possession and trafficking offences.

There were 2,181 drug offences in West Mercia in 2017/18. Three quarters of these offences were possession offences. Possession of cannabis accounted for the largest proportion of total drug offences (57%; 1,646 offences). This was followed by trafficking of controlled substances (i.e. production and supply), which accounted for 25% of all drug offences (538 offences).

There have been year-on-year decreases in

recorded drug offences in West Mercia from 2015. However findings from CSEW show that drug use has remained stable during this time^{xxv}. This would suggest that the reduction in recorded offences is the result of changes within the policing environment (e.g. changes to policing priorities, numbers of proactive operations and enforcement activity, etc) as opposed to a reduction in offences being committed.

The force also captures data on drug-related offending where the primary offence is not possession or trafficking but drugs are believed to be a causal or motivating factor. These offences are captured by use of a marker on the crime recording system. The flagging of a crime as drug-related is subjective and reliant on manual processes. Therefore caution must be taken when reviewing these figures.

The use of markers significantly reduced in October 2017 following a change to the force crime recording system. As such, data for 2016/17 has been used. Further work should be undertaken by the force to understand current use of the drugs marker and raise awareness of the marker with front-line officers.

4,785 drug-related offences were recorded in 2016/17; accounting for 6% of all crimes recorded in West Mercia. Markers were primarily used for violence with injury, shoplifting, criminal damage and other crimes against society (i.e. public order, weapons and drug offences).

Markers were rarely used for burglary offences.

^[7] Success defined as clients being free of drug dependence between January and December 2016 and not re-entering treatment within the following 6 months.

^[8] As registered on the death certificate. This includes deaths related to drug misuse, intentional and accidental drug poisoning.

This may be because the application of a marker is dependent on an officer's perception of the drivers of a crime. Where a suspect has not been identified or is not arrested at the scene, (as is frequently the case with burglary offences), it would be difficult for an officer to make this kind of judgement.

The impact of drugs on criminality within West Mercia can be further evidenced by data from custody. Under the Drugs Act 2005, a drug test can be administered in custody if the detainee has been arrested or charged with a 'trigger' offence, or an officer has reasonable grounds to suspect that misuse of any Class A drug caused or contributed to the offence. In West Mercia, 63% of drug tests administered in custody came back positive for at least one Class A drug ^[9].

Drug testing in custody is an integral part of West Mercia's Drug Intervention Programme (DIP) which is funded by the PCC. The programme aims to break the cycle of drug use and offending by offering those who have tested positive a pathway into treatment.

A more detailed analysis of drug offences, drug-related crimes and drug testing in custody, (including geographic location) is recommended prior to the commissioning of any PCC-funded services.

8. The commissioning landscape of drugs services

i) Public Health Grant (PHG)

West Mercia (WM) is comprised of Telford and Wrekin and the counties of Herefordshire, Shropshire and Worcestershire. The area covers 2,868 square miles (7,430 km²) making it the 4th largest policing area in England and Wales. The resident population is 1.19 million and it is represented by four local authorities (LA) all with a responsibility to reduce substance misuse through multi-agency working. The LAs are in receipt of an annual PHG with a condition (as part of the grant) to deliver drug and alcohol services to those in need, as follows:

1. An accessible drug and alcohol treatment and recovery system that includes a full range of National Institute for Health and Care Excellence (NICE) compliant drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes. Recovery rates and successful completions must be reviewed regularly with active measures undertaken when needed to ensure best possible service and outcomes.
2. Evidence-based prevention activities to reduce harm and improve resilience among young people and vulnerable groups, such as homeless/hostel dwellers, offenders, men who have sex with men, and new psychoactive substance users.
3. Compliance with NDTMS reporting.

^[9] This data is based on 802 tests administered in the period April – Sept 2017. Data post-October 2017 has not been included due to changes to the crime recording system.

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4. Working towards the average waiting times for treatment interventions provided to local authority residents
 5. Improving recovery rates – or stability if performance is already in the upper quartile
 6. Needle exchange, particularly as an entry point to treatment, widely available
 7. Clarity on clinical governance arrangements including reporting of serious untoward incidents
 8. Effective pathways between prison and community treatment – alcohol and drugs
 9. Evidence-based commissioning with service reconfigurations driven by improving cost-effective outcomes.

LAs have a duty to adhere to these conditions but they are non-mandatory. As a result, the commitment is not ring-fenced under the grant conditions and councils can invest as little or as much as they are able as long as 1-9 are met. The tables below identify the 2018-20 commissioned services and the proportion of the PHG allocated to the drug and alcohol contracts for 2018-19:

Worcestershire	14%
Herefordshire	18%
Telford and Wrekin	18.5%
Shropshire	28.5%

**“In 2018 Worcestershire public health received £29,129,000 and £3,984,000 was spent on commissioning drug and alcohol provision.”
(Worcestershire County Council)**

Unfortunately, existing drug services remain under financial pressure. National government have announced the cessation (31st March 2020) of the 'public health grant' (PHG) and LAs will be expected to deliver public health services through the revenue from business rates. As a result commissioned drug and alcohol contracts are at risk of being streamlined in Worcestershire, Shropshire and Herefordshire. Telford and Wrekin have made a commitment to provide full service provision (as per the PHG) until 2025. The knock-on effect to policing and the criminal justice system that could stem from an under-funded drug treatment and recovery service would be significant.

	Worcestershire	Herefordshire	Shropshire	T&W
Centralised advice support and treatment				
1:1/group therapeutic and educational sessions	✓	*✓	✓	✓
Support services to meet holistic needs e.g. access to housing and employment	✓	✓	✓	✓
Professional assessment, prescribing and referrals	✓	✓	✓	✓
Needle Exchange & Immunisations to prevent blood borne viruses	✓	✓	✓	✓
Community Support and treatment				
GP shared care - prescribing for detoxification and maintenance	✓	*✓	✓	✓
Pharmacy shared care – supervised dispensing of medication	*✓	✓	✓	✓
Peer support and voluntary groups supporting recovery	✓	✓	✗	✓
Residential rehab and day care	*✓	✗	✗	✓
Other services				
Young Person's Service	*✓	*✓	*✓	*✓
Family Support Service	✓	✓	✓	✓
Prison leavers	*✓	*✓	*✓	*✓

Key: ✗ No provision in area
 * Limited or only one aspect covered
 ✓ Provision provided

ii) Police and Crime Commissioner Grant Scheme (CGS)

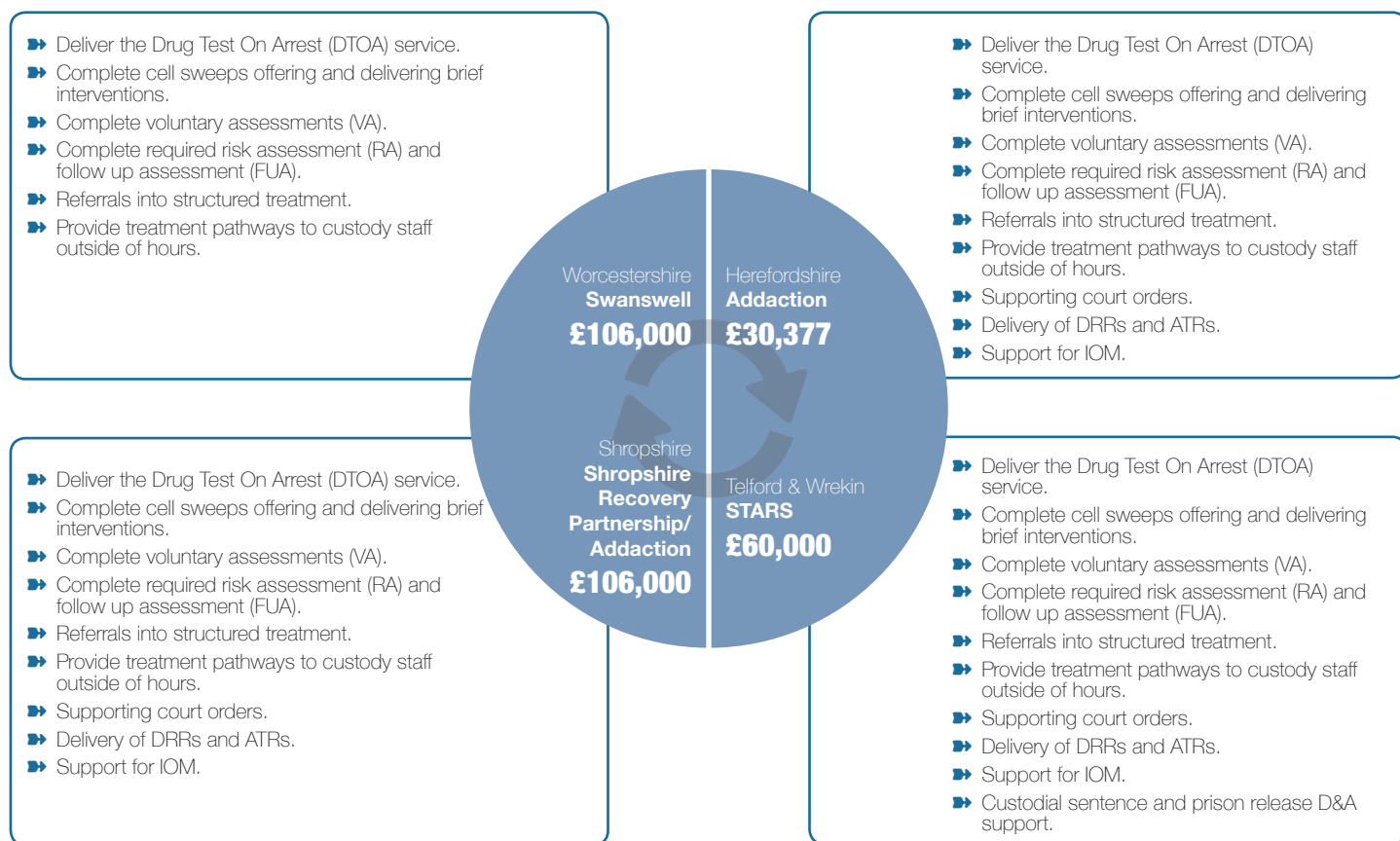
A Drug Treatment Outcomes study found a benefit of £2.50 to society for every £1 spent on structured treatment and that treatment was cost beneficial in 80% of cases. The PCC has committed to grant fund the DIPs until 1 April 2020. His intention is to continue investing and enhancing provision beyond this term as part of his drugs strategy.

The LAs in WM receive additional funding from the PCC to engage drug-misusing offenders involved in the criminal justice system in formal addiction treatment and other support, thereby reducing

drug related harm and offending behaviour. All PCCs used to receive a Home Office Community Safety Fund (CSF) to commission services to 'help tackle drugs and crime, reduce re-offending and improve community safety in their force area'. From 2014/15 the CSF was integrated within the main police grant. However, PCC John Campion made an annual commitment to continue to fund the historical Drug Intervention Programmes (DIP) as detailed below.

iii) Other funding

All prison healthcare, including drug treatment will continue to be funded and commissioned by NHS England.



9. The commissioning intentions

The PCC's commissioning team conducted a scoping exercise with LA commissioners to look at the limitations they face within their contracted provision and to identify new avenues for working together to reduce crime and harm caused by drugs. Interestingly, some common requests for enhanced or additional provision emerged and are summarised below to align with the priorities in the West Mercia PCC Drugs Strategy:

Reducing demand through early intervention

Drugs education programme - a comprehensive and standardised universal drugs curriculum focused on emerging threat for young people

Drugs outreach - provision for target individuals/groups in need who have not yet accessed treatment

Holistic support - family mentoring to identify others at risk and requiring support in the immediate environment, i.e. children of adult service users in treatment

Restricting supply and drug related criminality

Diverting people from the CJS - relevant offenders who the police would usually charge for prosecution are provided with a drugs diversion programme

Enhanced service for prison leavers - co-ordination of a seamless pathway into community treatment

Reinvesting seized 'drugs money' into treatment and recovery - maximise the financial investigation and asset seizure from SOC and ensure this is reinvested into drug policy/commissioning to reduce demand and build recovery

Building recovery to support the most vulnerable

House of multiple occupation (HMO) - support vulnerable people who are at risk of relapse by providing alternative safe and secure accommodation

Drug intervention programmes (DIP) - continue to utilise police powers to drug test offenders in custody and support the role of the criminal justice and treatment liaison workers

Naloxone provision - increase the number of people engaged in treatment for their addiction and reduce drug related deaths by training non-medical professionals to administer

Consultation with the LAs, the PCC's drugs policy context and the national drugs strategy (2017) provide a clear foundation for the following evidence based commissioning intentions.

10. Recommendations

1. This West Mercia PCC Drugs commissioning strategy will give due regard to the priorities set out in the national Drug Strategy (2017) and the Safer West Mercia Plan (2016-2021):
 - reducing demand through early intervention;
 - restricting supply and drug-related criminality;
 - building recovery to support the most vulnerable.
2. A partnership approach should be taken to commissioning and delivering services related to each key priority.
3. Early intervention and prevention activity should combine universal action, with more targeted action for cohorts identified by partners as being 'at risk'.
4. Schools and other education settings should be used as key vehicles to deliver universal action for children and young people.
5. Partner agencies should share information to identify those most at risk of misusing drugs and work together to deliver prevention/early intervention activity.
6. Partnership activity aimed at reducing drug-related criminality should focus on tackling serious organised crime and the exploitation and violence associated with County Lines.
7. Any approach to tackling drug misuse and criminality must include support interventions and treatment for those in crisis or in the mature stages of their dependency.
8. PCCs should use their convening and commissioning powers to enhance and develop partnership arrangements for delivering the wide range of services required to build recovery.
9. Commissioning and delivery of such services should be informed by robust service user involvement.
10. Further work should be undertaken by the force to understand current use of the drugs marker and raise awareness of the marker with front-line officers.
11. A more detailed analysis of the data included within this report should be undertaken to inform future funding decisions.

Commissioning intentions for 2019-2021

The PCC term runs until May 2020. It is therefore planned to produce a strategic plan which runs 12 months into a new term – enabling the new term to consolidate and align to any specific priorities to be considered.

End notes

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- xii Public Health England, 'Alcohol and drugs prevention, treatment and recovery- why invest?' (2018), <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>
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- xv Second Generation Project 'Spotlight on Substance Misuse' (2018), http://www.revolving-doors.org.uk/file/2282/download?token=L_-3-DmW
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- xxi Public Health England, 'PCC support pack 2018-19: key drug and alcohol data. Summary of area data for Police and Crime Commissioners. West Mercia police force area' (2018).
- xxii Ministry of Justice and Public Health England, 'The impact of community based drug and alcohol treatment on re-offending' (2017), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf
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