



**WEST MERCIA PCC: DISCLOSURE LOG
RESPONSE TO REQUEST**

Reference: 2020 – 202 / WE2296

Date of response: 26th February 2020

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Dear Sir/Madam,

I write to request copies of the following under the Freedom of Information Act 2000:

- Any correspondence relating to Drug Consumption Rooms / facilities / centres (or Overdose Prevention Rooms / facilities / centres). If it is possible to do keyword searches on “drug consumption” and “overdose prevention”, this would suffice.

For guidance, I am seeking correspondence sent or received by the office of the Police and Crime Commissioner between 1 January 2019 and today (13 January 2020).

If this FOI request is too wide or unclear in any respect, please contact me as per your section 16 duty to provide advice and assistance. If any of this correspondence is already in the public domain, I would be grateful if you could direct me to it.

I would prefer to receive the information electronically, if possible.

I would be grateful if you could confirm in writing that you have received this request.

Response.

Please see the below response to your question. All correspondence has been by email. Please note this does not include your own correspondence to the PCC in relation to the subject matter.

Should you have any further enquiries concerning this matter, please write to the Information Compliance Unit; Information Compliance Unit, PO Box 55, Worcester, WR3 8SP. Email: information@westmercia.pnn.police.uk

Yours sincerely,

**FOI Officer
West Mercia PCC**

Relevant Sent and Received Documentation from the Office of the Police and Crime Commissioner, West Mercia.

Sent: 29 April 2019 11:28

Subject: OFFICIAL: PHE Evidence Briefing on Drug Consumption Rooms

OFFICIAL

PHE's Knowledge & Library Services have published an Evidence Briefing titled "What is the current evidence for the efficacy of drug consumption rooms?" which is available online [here](#) and is attached for info.

This briefing summarises the evidence on the efficacy of drug consumption rooms from 1st January 2003 to 11th March 2019. The key messages are:

- Research has found consistent evidence of effectiveness of drug consumption rooms (DCRs) in reducing harms associated with drug use, particularly high-risk injection behaviours. Provision of sterile equipment to reduce infection transmission is a core function.
- DCRs have contributed to lower rates of fatal overdoses.
- Areas where DCRs are operating have had reductions in public drug consumption and publicly discarded drug-related litter, e.g. syringes.
- People who use drugs are more likely to use a DCR if they are homeless, or without a fixed address.
- DCRs have been used to provide people who use drugs with education on safer drug use, access to medical services and referrals to other health and social care services. Staff build harm reduction principles into all their conversations with clients.
- Some studies have shown that DCRs have decreased incidences of syringe and pipe sharing, though this is not consistent across all research.
- Ambulance call-outs for overdoses are generally reduced in the vicinity of a DCR.
- Crime rates have not increased in areas where DCRs operate.
- DCRs are generally predicted to be cost-effective, in terms of net saving and life-years. However, more economic evaluation studies would complement the current literature.
- Local police gained a mechanism to address public injection drug use in a way that promotes public safety.

The PHE official line on DCRs remains:

There is international evidence that drug consumption rooms can be effective at addressing problems of public nuisance and reducing health risks in a very specific set of circumstances (e.g. where open drugs scenes present a significant risk to public health). There is a risk that such facilities would be at the expense of other, more relevant, evidence-based drug services for local areas.

The Government has no plans to introduce drug consumption rooms. 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.

Public Health England

West Midlands Centre

Sent: 13 August 2019 08:22

Subject: Re: FW: Drafts

Hi, it's good to meet you. I've been carrying out research over the past year or so on challenges, innovation and reform in the policing of drugs (see attached summary of proposal). Having read West Mercia's drug strategy, I'm now aware that you're doing to kind of work I'm focusing on (i.e. evidence-based approach that focuses on harm reduction/public health). Would it be possible to have a quick telephone call?

All the best,

Research Proposal

One-Page Summary

Policing Drugs in a Rapidly Changing Environment Challenges, Innovation and Reform

Funding: BA/Leverhulme Small Research Grant SG171537

Purpose: Globally, countries are adopting drug polices that are rooted in public health and take an

evidence-based approach to drug problems. In the UK, however, where use remains relatively high, drug-related deaths are at record levels, and budget cuts have had a detrimental effect on existing services, the Government still favours prohibition and has failed to introduce promising new measures.

This research explores an interesting reform dynamic that is playing out in the policing of drugs. In the absence of policy reform at a national level, police services have started exercising their discretionary authority and experimenting with innovative approaches that constitute a shift away from traditional enforcement interventions towards a focus on harm reduction (e.g. Avon & Somerset, Durham and the West Midlands). A significant development is the introduction of various police-led diversion programmes that offer alternatives to arrest/prosecution and provide opportunities to address drug use/offending through partner agencies. Other initiatives include facilitating drug safety testing at festivals and in city centres, investing in heroin-assisted treatment, and planning for the establishment drug consumption rooms. The research aims to examine the impetus for these reforms and the decision-making processes behind their emergence, development and implementation. A further aim is to provide a national overview of drugs policing in order to identify where new approaches have been adopted and examples of best practice. Findings will contribute to debates about what can and should be done within the current legal framework to deal with contemporary drug problems. Drawing on concepts and

theories from a range of disciplines, the analysis will shed new light on the role of the police, the intersect between law enforcement and public health, and the processes that foster (or impede) the adoption and diffusion of innovation and reform in the fields of policing and drug policy.

Methodology: The research employs a mixed methods design consisting of four interconnected elements of data collection: **(1)** analysis of Police and Crime Plans for all service areas; **(2)** a national survey of police forces and police and crime commissioners; **(3)** semi-structured interviews with police experts and the key actors behind the development and implementation of innovative approaches to the policing of drugs (approx. 60); **(4)** semi-structured interviews with non-police experts on drug laws and drug policy reform (approx. 10).

Outputs/dissemination: **(1)** a report will be prepared for participants and other key stakeholders to inform their evidence base and facilitate knowledge exchange and the translation of research into practice; **(2)** meetings and dissemination events will be organised at which research findings will be presented and discussed; **(3)** papers will be presented at national and international academic and practitioner conferences (e.g. *Society for Evidence Based Policing, Law Enforcement & Public Health* and

International Society for the Study of Drug Policy); and **(4)** articles will be submitted for publication in leading ac

Sent: 15 August 2019 09:42

Subject: Re: FW: Drafts

Hi ,

Thanks for getting back to me so quickly. I'd very much like to speak with you and about your drug strategy. It'd also be great to interview PCC Campion about it, as well as his views on drugs more generally and the role of PCCs in drug policy/practice.

The research is primarily concerned with the impetus for recent innovations and reforms (e.g. your drug strategy, the West Mids drug policy recommendations), the decision-making processes behind them, their development, implementation and outcomes. It very much focuses on the people who made them happen, including their motivations, intentions and interpretations of the possibilities and limitations presented by the political and institutional context in which they operate.

I've attached the interview guide I put together for the West Mids team to give you an idea of the questions I'd like to ask, though it will be tailored to West Mercia. All interview data is confidential and will be anonymised (I'll send you the research ethics documents in advance).

In sum, then, what I'm requesting is interviews with you, and PCC Campion. These would take place in person, either individually or as a group, and would last approx

1-2hrs (or however long I've got). If this sounds okay, could we look into possible dates/times in early-mid September?

If you've got any questions please do ask. I'm available this afternoon for a telephone call? After today, I'll be on holiday for a week, but could speak next Thurs if that works for you.

Thanks and best wishes, academic and practitioner journals (e.g. *British Journal of Criminology, Policing & Society* and *International Journal of Drug Policy*).

Sent: 03 September 2019 20:44

Subject: Re: FW: Drafts

Hi,

Thank you for agreeing to give up your time and participate in the research project.

Out of the proposed dates, I can do Wednesday 11th or Thursday 12th September.

All the best,

On Tue, 3 Sep 2019 at 16:51, wrote:

Hi,

Sorry for the delay in getting back to you. If you are available, and I can make ourselves available for interviews in September. However, due to existing commitments and demand, the PCC will not be available.

I have included a few prospective dates below

Apologies for the short notice.

9th September – 12pm onwards

11th September – before 14pm

12-13th September – provisionally available all day

16th September – before 13pm

18th September – provisionally available all day

Policy Officer

On Thu, 5 Sep 2019 at 11:26, wrote:

Hi,

What you're proposing sounds perfect. I've booked my trains and am looking forward to meeting you and learning about your work.

I'll send you your interview guides (and some other documents relating to the project) by the end of the week.

All the best,

Sent: 06 September 2019 12:31

Subject: Re: Proposed dates

Hi,

Attached are the questions for our interviews on Wednesday 11th. They're designed to act as a guide for the conversation.

Also attached are a summary of the research proposal, the participant information sheet and consent form (I'll bring copies).

Have a great weekend and see you next week!

Thanks and best wishes,

Sent: 19 September 2019 10:35

Subject: Briefing: Increasing POCA money to fund heroin assisted treatment

Dear Commissioner,

Many people believe that our approach to heroin and crack markets, and the violence around them, cannot continue as it is, nor does it need to.

In particular, we think the evidence supports piloting more Heroin Assisted Treatment (HAT) clinics. As you may know, your fellow PCC Barry Coppinger has helped ensure a HAT clinic will open in Middlesbrough soon, now it has a Home Office Licence. Glasgow is due to open one in November.

According to PHE, global opium production increased by 65% in 2017 , and global cocaine production rose 56% from 2013-16, contributing to crack cocaine purity doubling, and use rising. Seizures in this environment are a cost of doing business for Organised Crime Groups.

To reduce the scale of the market and its negative impacts, we must reduce demand for illegal drugs. That is why a number of PCCs and senior police officers are calling for pump-priming funding for Heroin Assisted Treatment pilots. Priority areas could include the five Heroin and Crack Action Areas identified under the 2018 Serious Violence Strategy. This could be done by the Government increasing the proportion of POCA money returned to police forces.

HAT involves prescribing heroin for supervised use in a clinic to people for whom other treatments have not worked. It has been shown to substantially reduce consumption of illegal heroin (and so money going to OCGs), acquisitive crime to fund use, discarded needles and health problems including overdoses, deaths and HIV infections from needle sharing. It also increases take-up and retention in treatment, and has a long history, including successful UK trials. It is supported by the Home Office, and is included in the Government's Modern Crime Prevention Strategy. The Advisory Council on the Misuse of Drugs has called for HAT to be funded by the Government.

But while a growing number of PCCs are keen to go down this route, the key barrier remains funding. David Jamieson has suggested asking the Treasury to increase the proportion of POCA money returned to police forces to fund HAT pilots. This suggestion has been supported by other PCCs and senior police officers, including Jason Harwin. To support the case, we have produced the attached briefing which lays out the policing case for the Treasury to give PCCs this extra money.

If you would be interested in hearing more about this, I would be happy to meet you, perhaps with police officers and PCC police staff who support this initiative - or connect you to them directly? We have also arranged for a number of PCCs to visit operating HAT Clinics in Switzerland, and meet police there - which we would also be happy to do for you.

I hope to hear from you soon,

Best wishes,

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Head of Partnerships.

9-10 King St, Bristol, BS1 4EQ

+44 (0)117 325 0295

+44 (0)787 567 9301
transformdrugs.org

Complaints

If you think that the Police and Crime Commissioner has failed to supply information in accordance with the publication scheme, then you should write in the first instance, to the:

Chief Executive, OPCC – West Mercia, Hindlip Hall, Worcester. WR3 8SP

The PCC will aim to deal with your complaint within 10 working days. If you are dissatisfied with the response you can ask for the matter to be internally reviewed. Internal reviews will be completed promptly and a response given to you within 20 working days of your further request.

If, after the internal review, you remain dissatisfied, then you can complain to the Information Commissioner (Office of the Information Commissioner), Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF).