



**Chief Officer Team
Briefing for COM**

Title: Drug and Alcohol Misuse
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SUMMARY

This report provides a summary of the interventions undertaken by West Yorkshire Police, in conjunction with Partners, to address drug and alcohol misuse.

REPORT DETAILS

West Yorkshire Police and Partners work together to address drug and alcohol misuse and offer interventions to support offenders and prevent reoffending.

Addiction - can be defined as a chronic, relapsing brain disease that is characterised by compulsive drug seeking and continued use, despite harmful consequences. It is considered a brain disease because drugs change the brain in terms of its structure and how it works.

Signs of Addiction – a person who is dependent upon alcohol / drugs will usually exhibit three or more signs of dependency. Such signs are an inability to stop or control the amount of alcohol or drug taken; having to take more to get the same effect and exhibiting symptoms of withdrawal if not taken.

The Police and Crime Plan 2016 to 2021 outlines that substance abuse is often linked to crime and ASB. To reduce crime and reoffending it is necessary to address the underlying issues of substance abuse.

Offences committed whilst under the influence of alcohol or drugs usually fall within two categories:

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- those that are committed by being under the influence or being in possession of such a drug, i.e. driving whilst unfit through drink or drugs or possession of a controlled drug
- or other criminal offences where the use of alcohol or other drug has contributory factor

Between 1st January and 31st December 2020, West Yorkshire Police recorded 8,613 drug offences. Of these, 205 were the supplying of drugs, 1,085 were possession with intent to supply and 6,310 were possession offences.

Year	Total offences	Production	Possession	Supply	PWITS	Other
2019	7305	785	5168	433	883	36
2020	8613	956	6310	205	1085	57
2021	4266	555	2972	116	610	13

*2021 is for the period 1st January to 30th June 2021

In January 2020, 4,048 persons were arrested and detained in Custody in the West Yorkshire Police area. In January 2021, 3,687 people were arrested and detained, a decrease of 8.9% on the previous year. This stabilises over the full year, but still shows a downward trend of 2.9% overall with COVID restrictions being one factor that explains some of these variances.

In January 2020, 530 people (11%) were recorded as being drunk or in drink at the time of arrest / detention and 1,355 (33%) stated they had consumed alcohol recently prior to arrest. In January 2021, 322 persons (9%) were recorded as being drunk or in drink at the time of arrest / detention and 963, persons (26%) stated they had consumed alcohol recently prior to arrest. This represents a notable decrease of 208 persons (39%).

When arrested in January 2020, 1,036 persons (27%) and in January 2021, 1,056 persons (28%) stated they were alcohol or drug dependent. This represents a slight increase. It is important to remember that detained individuals who are recorded as being drunk / in drink / under the influence of alcohol / under the influence of a drug are not necessarily suffering addictions. What can be said is that at the time of arrest and detention the individual appeared to be under the influence of an intoxicant.

People in drug and alcohol treatment in WY

Over the last year (March 2020-April 2021) there were 8,593 opiate users, 1,461 non-opiate only, 1,197 non-opiate and alcohol users and 4,254 alcohol users in treatment services across West Yorkshire, totalling at 15,505 service users. These figures do not represent those drug users not accessing treatment and consist of more 'entrenched' drug users.

Custody Interventions

The Drug testing on arrest (DTOA) was launched in 2003 and established partnership working between Criminal Justice and treatment and aftercare agencies to support drug users and

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addicts. Support is given from the point of arrest to sentencing and beyond to maximise opportunities to prevent further offending.

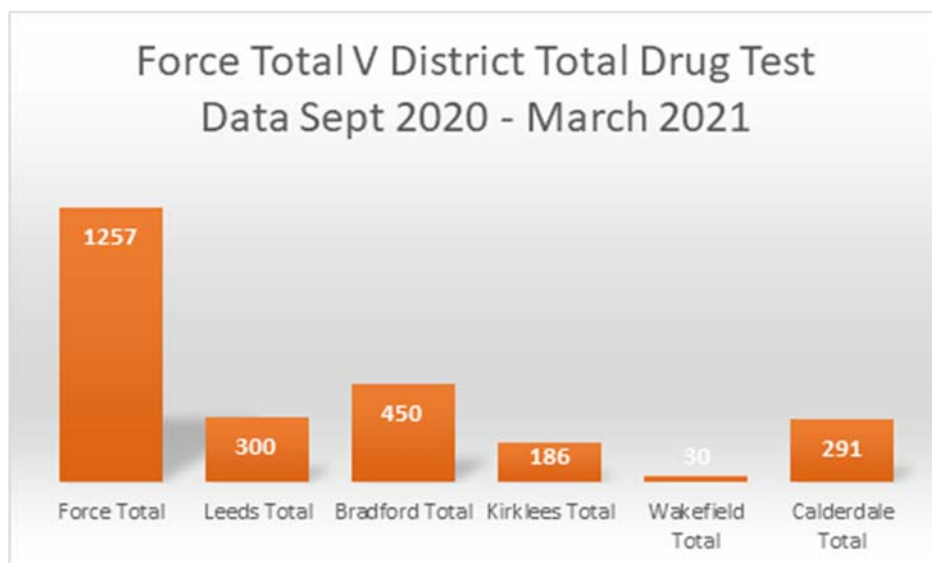
The DIP offers intensive treatment encompassing the prescription of methadone to lower level interventions such as counselling combined with support to address underlying triggers to drug misuse such as housing, mental ill health, and relationship issues.

The Police are usually a detainee’s first contact with the Criminal Justice System and have the opportunity to identify appropriate individuals to be part of the programme. This could be through referral to support agencies or statutory requirements. West Yorkshire Police currently utilise two criteria to perform tests of detained individuals for drugs leading to a referral to the Drugs Intervention Programme:

- An offender aged 18 years or older is tested for a Class A drug as a result of being arrested for a trigger offence
- An Inspector can authorise the test of a person over 18 years of age who has been arrested or charged with any offence providing that the Inspector has reasonable grounds to suspect that use by that person of a Class A drug contributed to the offence

Should the detainee provide a positive result when drug tested, they must attend a required assessment to discuss their drug misuse with a member of the intervention staff. Should the individual be charged, the drug test result is passed to the Courts to assist in any decision, should they be convicted, on bail and sentencing. This statutory provision also requires the detainee to attend and remain for a secondary assessment with DIP staff. Failure to comply with the requirements can lead to further arrest.

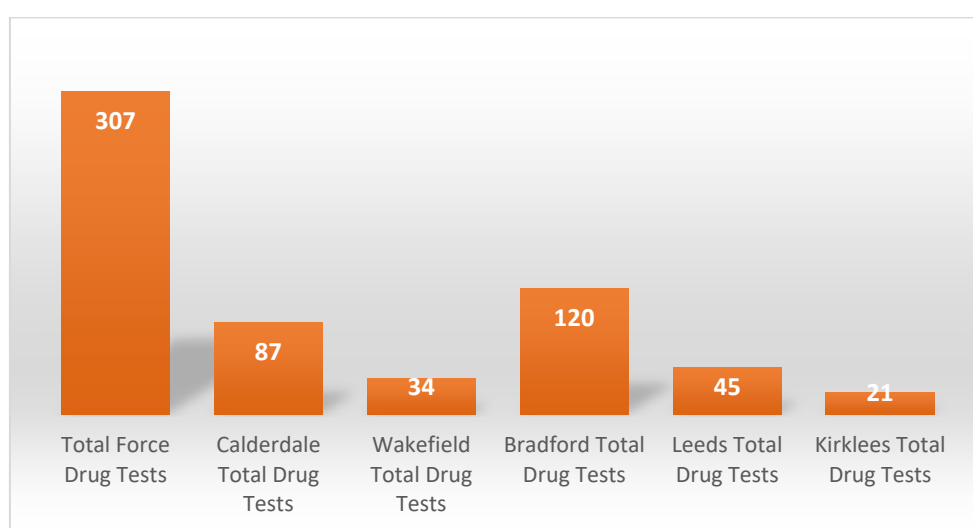
As a result of the COVID restrictions, staff safety guidance advised that Biometrics and Drug testing ceased in most cases. This initial response to the pandemic was maintained until September 2020 when refreshed advice allowed for this to be reintroduced. We have therefore presented data between 1st September 2020 and 1st April 2021. A total of 1,257 detainees were tested whilst in Police Custody in West Yorkshire during this time with an average 61% positive test result gained.



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Drug test results are monitored by District Integrated Offender Management (IOM) Teams and used to inform decisions on selection for management and intervention activities. It is noted that the volume of drug tests at Wakefield Custody suite is a low ratio during this period which is due to the Local Authority not having a drug treatment service in place until this was recommissioned to recommence in February 2021.

The Force previously used the Micase system to record drug testing, which incurred an annual cost to cover licences to access the system. A new recording system using NICHE has been developed and began from 1st April 2021. All IOM staff have access to this data without any cost implications. This provides wider access to practitioners and managers who need to access management information. Since this new system went live 307 tests have been conducted in the first two months, with Bradford completing 120 of these. DTOA also featured on the recent round of Local Accountability Meetings.



Arrest Referral Workers are still based in some West Yorkshire Police cell areas (Leeds, Bradford, and Calderdale) to provide guidance and advice to detainees with drug and / or alcohol addictions. Required assessments can also be done in these locations, with appointments arranged for anyone that cannot be seen at the time in all Custody suites. Their services are offered to all detainee's regardless of testing status and they can request to see a worker to discuss addictions and obtain referrals to external agencies able to assist with support. In other areas, this intervention is provided by the Liaison and Diversion (L&D) service who conduct Custody assessments and pathway into appropriate local services. In Wakefield, L&D also provide the DTOA service and conduct the required assessments.

The L&D service intends to improve health and criminal justice outcome for adults and children in the justice system who have complex needs as factors in their offending behaviour. This includes alcohol and drug addiction, learning disabilities and mental ill health. They also have direct referral access into dedicated women's centres, which have a provision in each of the five Districts. West Yorkshire has a single L&D provider, which was commissioned from April 2019 and is fully now embedded.

L&D part fund six police officers who work with the team in a dedicated function. In order to expand the coverage and access to L&D services, the officers' shift pattern changed in

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September 2020. It now includes weekend working to increase coverage and the opportunity to conduct custody interventions while a person is still in detention.

L&D provide updates to the police on community resolutions for young people and conditional cautions for female offenders, which are recorded on West Yorkshire Police computer systems. They also supply engagement rates for interventions at operational groups where the police are present as part of the collaborative approach to reducing re-offending. This allows the police and partners to target resources.

Conditional cautions are available to be used as an alternative to charge in certain circumstances. They can place a requirement on the individual to attend an appropriate course of treatment or awareness in respect of drug and / or alcohol addiction and are actively used. Officers are now able to include L&D as a secondary condition to another rehabilitative or restorative condition. This has been created on our computer system NICHE to auto populate the disposal fields.

Leeds Community Healthcare (LCH) are the medical provision embedded within West Yorkshire Police cell areas. They provide 24/7 staff to deal with all medical issues including alcoholism and drug addiction. They provide advice to custody staff on welfare issues and have access to the NHS System 1 database providing them with a detainee's medical history to ensure an appropriate diagnosis. LCH will refer detainee's to appropriate agencies to provide support after release.

Upon release from Custody, all detainees undergo a pre-release risk assessment which encompasses the consideration of drugs and alcohol addiction amongst others. The detainee is provided the opportunity of information, leaflets and contact details of suitable agencies who can support them after release. The responsibility to make contact and engage with the support service lies with the individual, although Custody officers will contact agencies by phone on behalf of the individual if appropriate. A similar process for Voluntary Attendance (VA) interviews has also been introduced and now includes a specific question around support needs that also captures consent to refer to L&D services.

The Together Women's Project operate in Leeds / Bradford and have a Hub in New Hall Prison offering a bespoke intervention service to women over the age of 18 years to assist in reducing offending. Various support services are offered including alcohol and drug intervention.

Further work by the Force Drugs Coordinator has established a 'Drug Alert Group' mailing list linking the Police to Partners providing supportive services or engaged with substances misusers across West Yorkshire. Information is shared to identify new trends, share good practice, and coordinate a collaborative approach to current and emerging drug issues.

Future work is in development for further alcohol-based interventions. WYP is the NE Regional lead for Electronic Monitoring (EM) and a member of the new working Group with the Home Office to help improve the use of EM and expanding the use of GPS tagging. AAMR (Alcohol abstinence monitoring requirements) or 'sobriety tags' became operational in WY from 1st April 2021 and can be ordered as part of Court bail, or as a community order / suspended sentence and we have already had some AAMR tags issued.

Preventative Action

Integrated Offender Management (IOM)

West Yorkshire Police is moving from a 3-cohort IOM model of managing offenders to the new National refreshed model for IOM. This includes Fixed, Flex and Free cohorts that is designed to focus on Neighbourhood crimes and reduce acquisitive crime re-offending. The transition to this new model is in progress and over the autumn period will introduce a new partnership approach:

- Fixed – Serious Acquisitive Crime (SAC) offenders make up a minimum of 60% of all managed cohorts
- Flex – Can include local priorities to meet local needs, examples include prison transitions, female offending, or other locally defined priorities
- Free – If capacity allows, other cohorts can be added for IOM focus

IOM Teams will focus on crime types and offenders that cause the most harm to communities. Both Registered Sex Offenders and Domestic Abuse perpetrators have been removed from the core IOM function and now have their own dedicated Offender Managers (OM) that are part of the Safeguarding teams and they apply IOM principles to focus on these offenders.

IOM and OM teams engage with offenders to identify their triggers to offending and provide referrals and pathways to agencies (e.g. housing, substance abuse, mental ill health, training etc.) who support and guide offenders towards the removal of such triggers. IOM teams have strong links to the DTOA service providers and will also refer offenders to voluntary and funded agencies who support offenders to manage their addictions and thus reduce the risk of offending. To ensure this model is resourced to operate effectively, the Force has invested an additional 21 Officers (20 PC's and 1 Sgt).

- 10 additional PC's to complement existing staff to create the DA OM teams
- 10 additional PC's to create a new proactive capability called 'catch and control' to located wanted people to ensure that are brought to justice promptly
- 1 new Sgt to complement existing staff and ensure there is dedicated leadership for each of the new IOM and OM teams once the transition is complete

The IOM teams continue to have access to Buddi GPS tags and West Yorkshire possess 24 tags for general use. We also have an additional 32 that are funded by the Home Office as a pilot for use with DA Perpetrators and those tags can be paired up with a 'victim clip', which is a small keyring that will trigger an alert if the perpetrator wearing the linked Buddi tag comes within a pre-defined proximity of the victim. This is fairly new technology and Ministers have expressed specific interest in this pilot.

Impact of COVID-19 on Drug Supply

A recent report from the University of Nottingham stated that there has been an increase in the online grooming and exploitation of both males and females for criminal and sexual exploitation, including County Lines type criminality, thought to be linked to lockdown /

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restrictions of movements. This has been corroborated locally by the Regional Dark Web's Team covering Yorkshire and the Humber who have stated that through the increase of children / young people ordering drugs via the internet / Dark Web – those children / young people have found themselves in difficult scenarios where they are being coerced into sexual and / or criminal exploitation.

Across May / June 2021 drug trafficking offences increased by 17% compared to the previous 6-week period, possibly indicating that the movement of drugs is going back to normal and that drugs will become more readily available on the streets.

As restrictions ease over the summer and as Festivals / Night Club's fully reopen, it is expected that there will be an increase in drug related hospital admissions and possibly deaths. This is due to the tolerance levels of recreational drug users more than likely being lower than usual and those users consuming the same amounts as previously consumed (i.e. prior to Covid-19). Also, it is an assumption that this demographic will want to celebrate the ease of restrictions and some may decide to celebrate by including the use of drugs. Concerns have been raised amongst colleagues and by Partners such as Public Health England (PHE) and local drug and alcohol services. There is also an uncertainty of purity levels across the drugs market as there have been significant national / international seizures over the last 12 months and a lack of movement / transport resulting in drugs being harder to obtain, which may mean that there is an inconsistency in purity levels across the drugs market.

Nitrous Oxide

Nitrous Oxide is normally treated as a "psychoactive substance" under the Psychoactive Substances Act 2016. Producing, supplying and importing and exporting psychoactive substances for human consumption is illegal. It is not illegal to possess psychoactive substances unless it is with intent to supply. Those selling psychoactive substances can be found guilty of supplying the drug when they are "reckless" as to whether it is being consumed by people. Even if someone advertises the sale of a psychoactive substance for a legitimate purpose, if they know (or ought to know) it is being bought for recreational purposes they can be found guilty. Those found guilty could face up to six months in prison or an unlimited fine.

Police have a range of powers that help them enforce the law. They can stop and search those they suspect are committing an offence under the 2016 Act. Police can also obtain a warrant to search premises for psychoactive substances and can seize substances they find if they suspect they are drugs meant for recreational use.

It would appear there has been an increasing problem with Nitrous Oxide during lockdown and this has caused some public concern. Bradford and Leeds Districts currently account for the most intelligence reports in relation to the drug, with lower levels of reports in the other three Districts. Reporting from March to June 2021 shows that there were 192 reports relating to Nitrous Oxide use compared to just 39 reports for the same period in the previous year.

The drug appears to be more popular with young people. Numerous reports where Nitrous Oxide was mentioned were included in reports alongside anti-social behaviour, group gatherings that flouted social distancing regulations and concerns linked to motor vehicles. This included using whilst in control of a vehicle, vehicles driving erratically (due to intoxication)

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and drug dealing from vehicles. In terms of arrests during the same period, this year there have been 3 arrests relating to Nitrous Oxide (Possession with Intent to Supply / Psychoactive Substance with Intent to Supply).

The real impact of the COVID lockdown period on Nitrous Oxide use remains limited. It is suggested that a significant impact on reporting figures could be attributed to users spending more time in public spaces and beauty spots and / or 'different' places to where they previously might have chosen to use due to a change in their lifestyle because of COVID19 / lockdown. In addition, there has been an increase in use of these same public spaces by the wider, general public during lockdown, resulting in more awareness of discarded capsules and witnessing of drug use.

Cannabis Edibles

Cannabis Edibles are an increasing trend nationally and within West Yorkshire. From July 2019 to June 2020 there were 144 intel reports that mentioned Cannabis Edibles, whereas during 2020/21 there were 297 – double the reports of the previous year. In terms of offences there were 6 during 2019/20 compared to 34 offences during 2020/21.

Cannabis Edibles can come in a variety of forms, with the most popular being in the form of sweets, crisps, chocolate, and drinks. As Cannabis Edibles contain THC they are a Class B drug (THC is the psychoactive component of cannabis). Cannabis Edibles are often packaged in brightly coloured packaging, usually with a 'spin off' brand name (e.g. 'Calibo' instead of 'Haribo' or 'Dorweedos' instead of 'Doritos') and the packaging typically contains obvious signs that the foods contain Cannabis (e.g. Cannabis leaf on packet or stating THC levels). Due to brightly coloured packaging and the types of foods the Cannabis is infused into, Cannabis Edibles seem to be very appealing to children and young people. Intelligence reports and feedback from officers and Partners ascertain that it tends to be children and young people using Cannabis Edibles.

Cannabis Edibles appear to be imported into the UK but are also being made by local individuals who are creating their own 'backstreet labs' as well as creating their own packaging for the sweets. The amount of THC within the Edibles is therefore inconsistent and increases the risk of hospitalisations. Recently a packet of Cannabis sweets seized in Bradford were found to contain five times more THC than advertised on the packet. Based on the THC content that are advertised on the packets of Cannabis Edibles (usually 600mg THC), consuming just one sweet would be the equivalent of the user smoking a Cannabis joint (sweet containing average 10-15mg and a typical Cannabis joint containing 12mg).

Over the last year in West Yorkshire, at the beginning of July 2021 a 'lab' was found in Wakefield and also another was found in Bradford in July 2020. On social media sites such as TikTok, there are video's showing the viewer how to make Cannabis Edibles from home. The use of Cannabis Edibles is widely advertised on social media and considering the age range of users on social media as such as TikTok, there is an increased risk of children and young people wanting to experiment with Cannabis Edibles themselves.

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In West Yorkshire, over the last 6 months, we have had several reports of groups of children and young people being hospitalised after consuming Cannabis Edibles. As this 'form' of Cannabis is relatively new to the drugs market, there is a lack of knowledge amongst children and young people and professionals around Cannabis Edibles, their potency and how to 'safely' use them. This is possibly why we are seeing children and young people being hospitalised. There has not yet been a Cannabis Edible related death recorded nationally and it is thought that this is unlikely to happen unless the user consumes a mixture of other drugs at the same time.

The Force Drugs Coordinator is working with DCI Nicola Rowarth and other regional drug leads to produce a consistent approach on how to reduce harm that is posed by Cannabis Edibles and raise awareness across the public, professionals, and Partners. The Force Drugs Coordinator has also developed a presentation on Cannabis Edibles that has been disseminated across the Force and also to partners, schools and other professionals working with children and young people.

Illicit use of Prescribed / Counterfeit Medication

There seems to be an increase in the amount of people using prescribed medication (illicitly) and counterfeit medication. This has been reported by partners who work closely with drug and alcohol users and is also supported by internal statistics. During June 2019 – July 2020 there were 355 intelligence reports mentioning illicit / counterfeit medication, compared to 2020/21 which was 529.

There is also a statistical increase in the amount of 'fast parcels' (courier or next-day parcel services) containing illicit / counterfeit medication and the amount that these fast parcels contain. During July 2019 – June 2020 there were 19 fast parcels reported containing illicit / counterfeit medication, compared to 71 during 2020-21. Which also support an increase in use and demand.

The Force Drugs Coordinator is working with regional colleagues on a joint approach to raise the awareness of illicit and counterfeit medication.

Neighbourhood Teams

The issues of drug and alcohol abuse tend to be associated with ASB that directly affects the community. Neighbourhood teams collaborate with Partners to address the various triggers of ASB and make referrals where appropriate. This includes providing information on drug and alcohol support services.

Neighbourhood Teams' partnership with the Local Authority often utilise Public Space Protection Orders (PSPO's) to address behaviour which is or is likely to have a detrimental effect on the quality of life of those in the locality, be persistent or continuing in nature, and be unreasonable. They provide Police with discretionary powers to stop persons from drinking alcohol and to seize alcohol in public places. These orders also encompass intoxicating substances allowing the Police and Partners to address the issue of legal highs.

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The Force Drug Coordinator has delivered drug awareness training to new cohorts of Police Community Support Officers (PCSO's) around the subjects of substances misuse, addiction, and the supportive services available. This involves inputs from previous drug misusers with the aim of challenging stereotypes, promoting understanding, and encouraging PCSO's to signpost the misuser onto treatment services wherever possible. There have also been inputs given to Neighbourhood staff at the Training days for the Neighbourhood Policing Teams across the Force, as well as inputs to officers attending the National Drug Investigation Course.

To address prescribed medication addiction, which is rising, West Yorkshire Police now has a Controlled Drug Liaison Officer engaging with pharmacies, hospitals, and vet surgeries across the County. They provide support and guidance on good practices and ensuring correct controlled drug procedures are followed. They also assist healthcare providers to investigate controlled drug crime and intelligence and contribute to the Controlled Drug Local Intelligence Network.

Drug Threat Delivery Group

Superintendent Paul Greenwood, as the Force Drugs Lead, is introducing this new meeting which aims to encompass all WYP actions around tackling substance misuse. The Tactical Plan that ACC Khan and Superintendent Paul Greenwood have developed will be actioned through this meeting, which includes representation from around the Force. As well as this meeting, Superintendent Paul Greenwood will also be hosting a quarterly Strategic Partnership Meeting with external stakeholders including Local Authorities, PHE, Prisons and Probation. External actions in terms of tackling substance misuse will be monitored through this meeting. To support and steer the actions through these meetings the Drugs Analyst on the Threat Desks has created a Drugs Problem Profile and is now developing a Drugs Market Profile.

CONCLUSION

The Force understands the link between addiction and offending and continues to work with partners and offenders to provide the support individuals need to make positive changes to their lives. We are responsive to external factors that affect drugs supply and can adapt our Policing tactics locally, nationally, and internationally to effectively disrupt and arrest offenders. Through training, we are able to make our staff aware of new and emerging drugs of preference so that they can identify activity and take positive action within their communities to reduce crime, protect vulnerable people and reassure the public.