



**Police & Crime Commissioner for Cleveland**  
**c/o Steria Shared Service Centre**  
**Ash House**  
**III Acres**  
**Princeton Drive**  
**Thornaby**  
**Stockton-On-Tees**  
**TS17 6AJ**

Email: [pcc@cleveland.pnn.police.uk](mailto:pcc@cleveland.pnn.police.uk)  
Website: <http://www.cleveland.pcc.police.uk>

Police and Crime Commissioner:  
Chief Executive & Monitoring Officer:  
Chief Constable:

Barry Coppinger  
Simon Dennis BA, Solicitor  
Mike Veale

Tel: 01642 301653  
Tel: 01642 301653  
Tel: 01642 301217

Rt Hon Sajid Javid MP  
Home Secretary  
Home Office  
2 Marsham Street  
London  
SW1P 4DF

23 October 2018

Dear Home Secretary,

### **Introduction of Heroin Assisted Treatment in Middlesbrough**

I would like to take the opportunity to draw your attention to the pioneering work that we are undertaking in Middlesbrough to address heroin addiction.

We believe our project will help to save lives, save money, and reduce crime.

I've been the Police & Crime Commissioner for Cleveland since 2012; prior to that I was a councillor in Middlesbrough for 28 years with a particular interest in community safety; including serving as council cabinet member; as chair of the Safer Middlesbrough Partnership; and for a period was a member of the former Cleveland Police Authority.

Throughout this period I have always taken a fairly pragmatic policy stance on drugs; recognising the need for education, treatment and rehabilitation; as well as enforcement activity by police and other agencies to disrupt the supply of these substances.

Sadly, over this time I have also witnessed at first-hand the harm and devastating impact that chronic substance misuse, particularly heroin, has had on the lives of individuals, their families and communities.



*The Police & Crime Commissioner for Cleveland is an accredited Living Wage Employer with the Living Wage Foundation.*

Set against a backdrop of high-levels of social deprivation, all four local authorities in the Cleveland area account for some of the highest numbers of opiate users, drug related deaths and adult re-offending rates in the country, with Middlesbrough local authority area topping the table for most of these.

As I refresh my Police & Crime Plan for Cleveland, I recognise that there is a greater need for us to adopt a different and innovative approach, to get 'Smart on drugs'. As such I am supporting the introduction of a Heroin Assisted Treatment scheme in Middlesbrough.

Working with Middlesbrough Public Health, drug recovery and treatment services (Foundations), and criminal justice partners, this pilot scheme will provide a supervised injecting facility where prescribed medicinal opiate treatment will be administered, and enhanced wrap-around community-based support available, seven days a week.

This pilot is not to be confused with Drug Consumption Rooms which are currently illegal in England and Wales.

As outlined in **Appendix A**, our approach will target those who have failed to benefit from traditional methods of treatment and continue to place increased demand on public services, and will seek to:

- Increase access to meaningful recovery
- Reduce drug related crime and anti-social behaviour
- Reduce drug related deaths
- Reduce drug related burden on society: drug litter, open drug use.
- Reduce demand and costs on public services

Using your Home Office Economic & Social Costs of Crime guidance, it has been estimated that a prolific cohort of 20 drug-dependent offenders, who would be targeted by this scheme, have cost the public purse almost £800,000 over the last two years - and that's only based on crimes that are detected. The cost of putting them through this pioneering programme would be £12,000 per individual per annum.

On the 3<sup>rd</sup> September this year we publicly announced our plans to introduce this scheme at the well-attended 'You Can't Recover if You're Dead' conference, where along with other national and international speakers, I spoke about the importance of enhancing harm reduction, reducing drug related deaths and improving community safety. As envisaged, our announcement attracted a lot of media interest, received cross party support, and stimulated healthy debate on social media platforms, where you can see in **Appendix B** support for this scheme is strong.

With well-established partnership support; the recent appointment of our Assistant Chief Constable as the National Police Chiefs Council lead on drugs; and Cleveland being selected to co-ordinate the Heroin and Crack Cocaine Area work for the North East region, I hope you agree that the conditions are right here in Cleveland to lead and test this new approach.

As we move forward, it will be helpful to the future success of such an initiative to have the broadest possible base of support and influence in the very best interests of the safety of our local communities and beyond.

I would very much welcome your support, and the involvement and assistance of your Alcohol and Drugs Unit in the development and implementation of this ground-breaking initiative. I also recognise that this work will be beneficial to your recently announced independent review into drug misuse.

We have a local working group which I chair which brings together Police; Community Rehabilitation Company (CRC); Public Health; Drug treatment & recovery services; and Lisa Dillon from your Drugs Policy Unit. We hope to have appropriate licences and premises ready by the end of the calendar year, to begin work with the first jointly-selected cohort of clients in the new year.

I hope you will join me in supporting this initiative, and if you would like to visit Middlesbrough at some point to view progress on the scheme, see our new Community Safety Hub which brings police and partners together, and discuss some of the ground-breaking work we are doing here, the Chief Constable and I would be happy to host a visit.

Reflecting the cross party and multi-agency support I have received for this scheme, I am also copying this letter to all our local MPs, who are interested in and supportive of the work we are doing in challenging circumstances.

I look forward to hearing from you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Barry Coppinger'.

Barry Coppinger  
Police & Crime Commissioner for Cleveland

cc. Simon Clarke MP  
cc. Alex Cunningham MP  
cc. Mike Hill MP  
cc. Andy McDonald MP  
cc. Anna Turley MP  
cc. Dr Paul Williams MP  
cc. Nick Hurd MP  
cc. Lisa Dillon, Home Office Drugs Policy Unit  
cc. Arooj Razvi, Home Office Force Insight

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 05 September 2019 11:05  
**To:** [REDACTED]  
**Subject:** RE: Heroin Assisted Treatment and POCA money

**From:** [REDACTED] >  
**Sent:** 03 September 2019 15:44  
**To:** Sue Mountstevens <[Sue.Mountstevens@avonandsomerset.police.uk](mailto:Sue.Mountstevens@avonandsomerset.police.uk)>  
**Cc:** [REDACTED] >  
**Subject:** FW: Heroin Assisted Treatment and POCA money

Hi Sue,

I will raise in our next catch up but just flagging an event next month (08/10) that might be of interest with regard to HAT's; Cleveland will be talking about their experience of setting their centre up and there will be a guest speaker from Portugal. Your diary already looks to be committed but I may be able to attend if you deem important.

Otherwise, I thought you may like to actually visit their centre 'in action'.

Thanks,  
[REDACTED]

**From:** [REDACTED] >  
**Sent:** 02 September 2019 10:45  
**To:** [REDACTED] >  
**Cc:** Marc Hole <[Marc.Hole@avonandsomerset.police.uk](mailto:Marc.Hole@avonandsomerset.police.uk)>; #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>  
**Subject:** Re: Heroin Assisted Treatment and POCA money

Hi [REDACTED],

I can connect you with people in the PCC's office there, and [REDACTED] the specialist GP running it so do let me know if you have any trouble arranging things. If Sue is going up, a good date might be the 8th October when [REDACTED] is organising a conference that also includes speakers from Portugal talking about their decriminalisation experiences, as well as on HAT and supervised Drug Consumption Rooms?

<https://www.eventbrite.co.uk/e/we-talk-they-die-a-call-for-action-tickets-64166004246>

Best wishes,  
[REDACTED]

On Thu, 29 Aug 2019 at 13:56, [REDACTED]  
[REDACTED] wrote:

Hi [REDACTED],

Thank you very much for sending this through to our office. It is a useful document and great to be kept up to speed with your work.

I believe Marc has previously eluded to the fact Sue is interested in the development and findings of HAT's, as such I have recently made contact with Cleveland to see whether we can make a visit to their Middlesbrough centre.

Thanks again.

**Senior Commissioning and Policy Officer**

Tel: 01278 646 548 Ext: 46548 Mob: [REDACTED]

Twitter: @aspcc\_scpo

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**Avon and Somerset Police and Crime Commissioner,**  
Valley Road, Portishead, Bristol, BS20 8JJ



[01278 646 188](tel:01278646188)  
[avonandsomerset-pcc.gov.uk](http://avonandsomerset-pcc.gov.uk)



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**From:** [REDACTED] >  
**Sent:** 22 August 2019 11:16  
**To:** Marc Hole <[Marc.Hole@avonandsomerset.police.uk](mailto:Marc.Hole@avonandsomerset.police.uk)>  
**Cc:** #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>; [REDACTED]  
[REDACTED]  
**Subject:** Heroin Assisted Treatment and POCA money

Dear Marc,

Attached is a new briefing laying out the case for police to get a larger share of POCA money in order to fund Heroin Assisted Treatment pilots. As you'll note, it focuses on the policing rather than health related benefits of HAT.

I hope it is of interest. We will be circulating it widely to PCCs and police in the near future, with a view to generating support for this call to be directed at the Home Office.

Best wishes,

██████

On Mon, 29 Apr 2019 at 14:12, Marc Hole <[Marc.Hole@avonandsomerset.police.uk](mailto:Marc.Hole@avonandsomerset.police.uk)> wrote:

Dear ██████,

Thanks for your email and the information - I have now had a chance to discuss this with Sue. As I am sure you are aware we are interested in approaches that address the misuse of drug and alcohol, help reduce the number of victims and improve the lives of those addicted to such substances. We have pioneered some schemes in Avon and Somerset – such as the drug education programme in Bristol – and have supported our local authority colleagues when they have developed new approaches – such as the drug checking pilot service in North Somerset. As such we are interested in the work on Heroin Assisted Treatment rooms and the evaluations that will flow from these pilots.

In relation to adopting such an approach in Bristol we would be prepared to consider supporting such a pilot (and/or lobbying for funds from POCA and elsewhere) if it was led and supported by Bristol City Council (who are the lead agency in commissioning substance misuse services), NHS England and the CCG. We feel they are the experts in this area (from a health perspective) and this is where the conversations need to begin.

Kind regards,

Marc

**Marc Hole**  
**Head of Commissioning and Partnerships**  
Tel: 01278 646547 Ext: 46547

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**From:** #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>

**Sent:** 22 March 2019 09:43

**To:** [REDACTED]

**Subject:** New PCC Case 23817 [REDACTED] /Transform

**From:** [REDACTED] >

**Sent:** 21 March 2019 16:58

**To:** #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>

**Subject:** Cleveland PCC, [REDACTED] and heroin prescribing clinic

Dear Sue,

As you'll recall at the APPG on Drug Policy Reform meeting you asked me to call your office after I'd been to Middlesbrough to visit their heroin assisted treatment project. I thought I'd email first, then would be happy to call, or come to your office if you would like to meet.

I had a good meeting with [REDACTED] and the Detective Sergeant in charge of policing drugs in the area, and prior to that I met two people from the Cleveland PCC's office and the specialist GP who runs the service where the clinic is to be based. [REDACTED] was meant to be there but something urgent came up.

Firstly, and in confidence, they are almost ready to go, but keeping a low profile now until it is up and running. They are mainly just waiting for the Home Office license. I can show you photos if you like, but promised I wouldn't circulate any until they gave me permission.

As a start they will be having 10-14 clients, with a view to rolling out further. They are looking out some more accurate numbers for me than the £12k per person per year originally talked about, but the cost of the diamorphine which was £15k under the RIOTT trials in the UK is going to be £4250-4500 as I said in Parliament. On top of that will mainly be staffing costs.

### **Funding.**

Overheads are being kept down because the GP surgery is already a drug treatment service, with GPs able to prescribe, and they are using two smallish rooms there - one for injecting, one for recovery afterwards.

It has required some improved security, but not huge amounts as they already store opiates onsite. But the service is effectively making a donation in kind by providing these facilities, the admin equipment etc and reorganising their prescribing services to accommodate the addition of HAT.

Unlike the area in the West Midlands with a CCG willing to put in half the money, the one in Middlesbrough is basically bankrupt, and not even meeting its statutory duties. Longer term, when they demonstrate the financial benefits they hope to go back to the CCG, but not at the moment.

The local CRC is putting in some money with the caveat that there is an evaluation to show the impacts on reduced crime, and perhaps imprisonment - therefore meeting their goals. NB the CRC in the area is a coalition of NGOs, health groups etc, not a for-profit private provider.

The local prison services are putting in a small amount of money.

The remainder is being funded by the PCC including through diverting funding from another drugs and prison related post into HAT. The PCC is perhaps paying more than somewhere with a solvent CCG would, but is convinced it is good value for money still.

It will have an independent evaluation, linked with Teeside Uni Health and Social Care Research Unit. The health benefits will be monitored through clients GP practices (including Foundations - the specialist GP service), hospital and A&E admissions data etc. They will specifically be looking to monitor demand on CCG services and police will be monitoring compliance with community orders, mapping crime and prison costs to potentially go back to to ask for money long term. I also suggested they approach the equivalent of Bristol's BID - especially retailers who should see less shoplifting especially if the HAT is scaled up.

The West Mids PCC has been keen to increase the POCA money to his force specifically to fund HAT. I can't recall if I mentioned this before, but there is growing interest among police and Police Commissioners in asking the Treasury to let you keep more than the current 13% (I think?) of the money.

The idea is that using money taken from drug gangs to fund a service benefiting those harmed by heroin use, and the communities they live in, that also further deprives organised crime gangs of drug profits by taking their best customers away, and frees up police time by reducing acquisitive crime is a great way to use the money.

This could be a part of the response to growing violence and gang issues, and reducing resource pressure on police which are of course a political headache for the government.



As the 87% of the money goes direct to the UK Treasury this would effectively be additional money for both police and treatment, and as it's not Home Office/MoJ/DoH money we hope they will lobby for it too.

I met ACC Harwin too last week and he liked the POCA idea. His thought was this would have more likelihood of success if it was targeted at a smallish number of areas initially, rather than seeking an across the board POCA increase. His thoughts were the 5 areas identified in the Serious Violence Strategy as heroin and crack action areas would be a good start.

While I think Bristol is not one of them, the narrative for inclusion could be same I think, given the scale of our heroin market, and IV drug use. As I think I said at the APPG, people on HAT also reduce their crack use.

I also think that if HAT pilots proved the benefits in terms of reducing the scale of the heroin and crack market as part of a wider strategy against OCGs and violence, it would be hard for the government to resist calls to roll HAT out more widely.

Jason Harwin said we'd need to pull together a solid briefing on the impacts on markets of HAT, as a proxy for impacts on OCGs - which I will do. The Swiss paper I quoted said 10-15% on HAT use 30-60% of heroin, plus the RIOTT trial saw over £250 reduction in illegal heroin use per person per week - about £13k per person per year. So a 20 person HAT would mean about £260k less money for crime gangs in the first year. More as people moved on from HAT and other previously untreatable individuals took their place. If the reduction in initiation of new people using heroin found in Switzerland because so many user-dealers had gone was also replicated the market would fall further. HAT is not a silver bullet, but it could make a good contribution.

I'm talking to a number of police and PCCs, and the APPG about this.

As I said, very happy to arrange a call, or come to your office?

Best wishes,



--

[REDACTED]  
Head of Campaigns.

A. 9-10 King St, Bristol, BS1 4EQ  
Tel. +44 (0)117 325 0295  
w. [transformdrugs.org](http://transformdrugs.org)

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[REDACTED]  
Head of Partnerships.

A. 9-10 King St, Bristol, BS1 4EQ  
Tel. +44 (0)117 325 0295  
w. [transformdrugs.org](http://transformdrugs.org)



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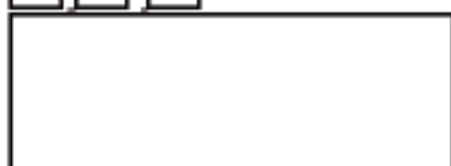
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A. 9-10 King St, Bristol, BS1 4EQ  
Tel. +44 (0)117 325 0295  
[w. transformdrugs.org](http://www.transformdrugs.org)



[REDACTED]

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**From:** #PCC  
**Sent:** 08 February 2019 11:35  
**To:** Marc Hole  
**Subject:** FW: APPG Drugs meeting/Middlesbrough Heroin Prescribing  
**Attachments:** Middlesbrough HAT Oct-18-Letter-to-the-Home-Secretary-regarding-Heroin-Assisted-Treatment.pdf

Hi Marc

Are you able to advise who within the team might be interested in this information?

[REDACTED]

**From:** [REDACTED]  
**Sent:** 07 February 2019 14:56  
**To:** #PCC  
**Subject:** APPG Drugs meeting/Middlesbrough Heroin Prescribing

Dear Sue,

I promised to report back to you (and the APPG on Drug Policy Reform) from Middlesbrough on HAT after I am there on the 15th March. Ahead of that, I thought you might be interested in the below letter from [REDACTED], the PCC there, to the Home Secretary on this issue.

Best wishes,

[REDACTED]  
Transform Drug Policy Foundation

Full text here: <https://www.cleveland.pcc.police.uk/News-and-Events/News-Archive/2018/PCC-updates-the-Home-Secretary-on-plans-for-Heroin-Assisted-Treatment.aspx>

23 October 2018

"Dear Home Secretary,

**Introduction of Heroin Assisted Treatment in Middlesbrough**

I would like to take the opportunity to draw your attention to the pioneering work that we are undertaking in Middlesbrough to address heroin addiction...

...Working with Middlesbrough Public Health, drug recovery and treatment services (Foundations), and criminal justice partners, this pilot scheme will provide a supervised injecting facility where prescribed medicinal opiate treatment will be administered, and enhanced wrap-around community-based support available, seven days a week. This pilot is not to be confused with Drug Consumption Rooms which are currently illegal in England and Wales.

As outlined in Appendix A, our approach will target those who have failed to benefit from traditional methods of treatment and continue to place increased demand on public services, and will seek to: • Increase access to meaningful recovery • Reduce drug related crime and anti-social behaviour • Reduce drug related deaths • Reduce drug related burden on society: drug litter, open drug use. • Reduce demand and costs on public services



Using your Home Office Economic & Social Costs of Crime guidance, it has been estimated that a prolific cohort of 20 drug-dependent offenders, who would be targeted by this scheme, have cost the public purse almost £800,000 over the last two years - and that's only based on crimes that are detected. The cost of putting them through this pioneering programme would be £12,000 per individual per annum. On the 3rd September this year we publicly announced our plans to introduce this scheme at the well-attended 'You Can't Recover if You're Dead' conference, where along with other national and international speakers, I spoke about the importance of enhancing harm reduction, reducing drug related deaths and improving community safety. As envisaged, our announcement attracted a lot of media interest, received cross party support, and stimulated healthy debate on social media platforms, where you can see in Appendix B support for this scheme is strong. With well-established partnership support; the recent appointment of our Assistant Chief Constable as the National Police Chiefs Council lead on drugs; and Cleveland being selected to co-ordinate the Heroin and Crack Cocaine Area work for the North East region, I hope you agree that the conditions are right here in Cleveland to lead and test this new approach...."

--

[Redacted Name]

Head of Campaigns.

A. 9-10 King St, Bristol, BS1 4EQ

Tel. +44 (0)117 325 0295

[www.transformdrugs.org](http://www.transformdrugs.org)



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## John Smith (OPCC)

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**From:** John Smith (OPCC)  
**Sent:** 09 May 2019 15:17  
**To:** [REDACTED]; Rebecca Hehir; [REDACTED]  
**Cc:** Andy Bennett (Supt Bristol)  
**Subject:** RE: Drug Consumption Rooms - Bristol

Thanks [REDACTED] – the Home Office came out in a letter which came to us via APCC in last 6 months or so saying they were not supportive of DCRS and therefore no waiver would be given so effectively illegal

Sue was mindful of this and so would not be supportive – we have made this clear at Safer Bristol in past.

Sue is more relaxed about heroin assisted treatment but considers this very much an NHS health treatment issue.

As you know we have not opposed the drug testing work at festivals also and Chief supports this.

Hope that helps – [REDACTED] and I were involved in discussions about this at SB

---

**From:** [REDACTED] >  
**Sent:** 09 May 2019 14:33  
**To:** Rebecca Hehir <Rebecca.Hehir@avonandsomerset.police.uk>; [REDACTED]  
[REDACTED]  
**Subject:** Drug Consumption Rooms - Bristol

Hi both,

I've had a query from the Bristol Director of Public Health [REDACTED] about the above. There has been quite a lot of controversy in Bristol about them. As some history:

- Two BCC drug and alcohol commissioners (pro-DCRs) wrote briefing that was advocating them being introduced.
- They have now left the organisation
- When public health and community safety came together this paper was peer reviewed by public health colleagues and not felt to be an objective assessment of the evidence. As such the policy has not progressed. There are also legal issues with DCRs that the council has briefed [REDACTED] on.
- Since then these two ex-members of staff are raising this on social media and the press calling for them to be introduced. There was a Bristol Cable article I happened to see.

[REDACTED] is interested to know if Sue has an opinion about DCRs and if that can be shared with her? Also can we consider liaising with BCC should we get any queries in? I'm not sure how much work we have done on this but [REDACTED]'s team in public health will be the authority in terms of the evidence base/effectiveness.

Charlotte I can raise at the Sue catch up tomorrow? Just wanted to give you a heads up.

Many thanks,

[REDACTED]

**Senior Commissioning and Policy Officer**

Tel: 01278 646 550 Ext: 46550 Mob [REDACTED] Twitter: @aspcc\_scpo



[REDACTED]

---

**From:** [REDACTED] >  
**Sent:** 11 December 2019 14:46  
**To:** #PCC  
**Subject:** Bristol: Take Drugs Seriously - The Big Debate  
**Categories:** [REDACTED] (PCC)

Dear Commissioner Mountstevens,

We would like to invite you to attend a groundbreaking event at Colston Hall on **drug use, policy and harm reduction**. This evening will showcase Bristol's role in cutting-edge research and innovative policy.

**What:**  
Bristol: Take Drugs Seriously - The Big Debate

**When:**  
Thurs 23rd January, 5pm - 9:30pm

**Where:**  
Colston Hall, Colston St, Bristol BS1 5AR

From 5pm, a free exhibition offers you a chance to explore the latest research and insights into drug use, supply and harm reduction. It showcases the latest work into drug use culture, addiction, drug markets, psychedelics and opioid use, with the chance to speak to experts, see new perspectives and view a mock-up safer drug consumption facility.

At 7.30pm [REDACTED] will share his experiences as a government drug adviser, pioneer of new drug treatments and campaigner for policy reform. This will be followed by a panel discussion and public debate on drug policy in Bristol and beyond, with [REDACTED], [REDACTED] from Imperial College, London; and [REDACTED].

Tickets for the talk and panel debate can be bought [here](#). Entry to the exhibition is free.

The Big Debate is part of a series of events hosted in Bristol exploring new approaches to drug use, policy and harm reduction, organised by Transform Drug Policy Foundation, the University of Bristol and the University of the West of England. For more information please visit the [Transform website](#).

If you have any colleagues you think might be interested in this event, please do forward this invitation on.

Please let me know if you have any questions.  
Kind regards,

--  
[REDACTED]  
Research and Policy Officer.





9-10 King St, Bristol, BS1 4EQ

+44 (0)117 325 0295

[transformdrugs.org](http://transformdrugs.org)

[anyoneschild.org](http://anyoneschild.org)



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## John Smith (OPCC)

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**From:** Rebecca Hehir  
**Sent:** 09 May 2019 16:30  
**To:** [REDACTED]  
**Cc:** John Smith (OPCC)  
**Subject:** RE: Drug Consumption Rooms - Bristol

We had a BBC enquiry at lunchtime regarding this and we re-issued the statement we produced in December. The Points West piece is not running until next week:

Police and Crime Commissioner Sue Mountstevens said: “The use of drug consumption rooms is part of a wider national debate on the legalisation of drugs. I have always been clear it is up to the government to change the law regarding drugs and drugs policy. However, I do believe in giving people a second chance and am very supportive of initiatives such as the Drugs Education Programme. I have also met with drug charity’s Transform Drug Policy Foundation and Anyone’s Child to listen to their views on drugs policy.

“Drugs have a detrimental impact not only on those who use them but also the wider community. I know that where drugs are present, communities can be affected by drug-related crime and anti-social behaviour and that for those people it affects how they feel about their neighbourhood. In order to protect the most vulnerable from harm and ensure our communities are safe and feel safe we must work together to tackle drugs, prevent misuse and ensure treatment is available for those who seek help.”

**Rebecca Hehir**  
**Head of Communications and Engagement**  
Tel: 01278 646544 Mobile: 07802 875100 Ext: 46544

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## John Smith (OPCC)

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**From:** Rebecca Hehir  
**Sent:** 09 May 2019 16:30  
**To:** [REDACTED]  
**Cc:** John Smith (OPCC)  
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We had a BBC enquiry at lunchtime regarding this and we re-issued the statement we produced in December. The Points West piece is not running until next week:

Police and Crime Commissioner Sue Mountstevens said: “The use of drug consumption rooms is part of a wider national debate on the legalisation of drugs. I have always been clear it is up to the government to change the law regarding drugs and drugs policy. However, I do believe in giving people a second chance and am very supportive of initiatives such as the Drugs Education Programme. I have also met with drug charity’s Transform Drug Policy Foundation and Anyone’s Child to listen to their views on drugs policy.

“Drugs have a detrimental impact not only on those who use them but also the wider community. I know that where drugs are present, communities can be affected by drug-related crime and anti-social behaviour and that for those people it affects how they feel about their neighbourhood. In order to protect the most vulnerable from harm and ensure our communities are safe and feel safe we must work together to tackle drugs, prevent misuse and ensure treatment is available for those who seek help.”

**Rebecca Hehir**  
**Head of Communications and Engagement**  
Tel: 01278 646544 Mobile: 07802 875100 Ext: 46544

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**From:** lightlunch@clinks.org on behalf of Clinks <lightlunch@clinks.org>  
**Sent:** 26 November 2019 12:50  
**To:** #PCC  
**Subject:** Clinks Health and Justice Bulletin | November 2019  
**Categories:** Newsletters

# Health & justice BULLETIN



CLINKS

The latest news on **health and care** for organisations working in **criminal justice**

## In this month's edition...

- [News](#)
- [Events](#)
- [Publications](#)
- [Funding](#)
- [Resources](#)
- [Blogs](#)
- [Extra Information](#)

## NEWS

### Crime and Consequence

Clinks and National Criminal Justice Arts Alliance (NCJAA) have published a new book, *Crime & Consequence – what should happen to people who commit criminal offences?* The book is a collection of essays and creative reflections on one of the most important questions in our society. The wide range of insights from academics, artists, criminal justice professionals, charity leaders and prisoners themselves explore how our society can respond to crime to tackle the causes and consequences. This is the third in a series of books curated by the Monument Fellowship. A selection of contributions from the book are also available as [podcast episodes](#), produced by Prison Radio Association. The book can be [purchased for £10 from Koestler Arts](#) or [read online for free here](#)

### Joint statement on better health debate

Clinks has signed a Voluntary, Community and Social Enterprise joint statement calling on the next government to work across parties and departments to focus on people's

health. Building on recent calls for the debate around healthcare to focus on facts and be less ‘weaponised’, the statement called for a shift beyond a focus on services, to a broader view of health that considers all that people need for good, healthy lives. It says: “‘Health’ is about physical and mental health and wellbeing — across the life-course, including at the end of life. As important as hospitals are, they are rarely where good health is created. Health is made good or bad within the neighbourhoods and communities we live.” [Read the statement here](#)

### **Restraint, segregation and isolation survey**

CHANGE and Advonet are working with the Care Quality Commission on its Restraint, Segregation and Isolation Review. They are supporting people who have had experience of restraint, segregation and isolation to share their experiences and help them to develop recommendations. [Take the survey here](#)

### **Programmes for young people**

UK Youth, a member of the Young People's Health Partnership, has been commissioned by NHS England to conduct a scoping study to learn about programmes for young people involving first aid, mental health first aid and the life skills that underpin these, as well as more general health and wellbeing initiatives. They are particularly interested in learning about approaches that engage 7–14 year olds from diverse backgrounds and those experiencing disadvantage. They will be collating findings and putting together recommendations for a potential pilot programme in Jan 2020. If you have any insights to share please contact [Polly.Seward@UKYouth.org](mailto:Polly.Seward@UKYouth.org)

### **Peer leadership**

Applications are now open for the Spring 2020 Peer Leadership Academy. Run by NHS England and NHS Improvement’s Personalised Care Group in collaboration with Peoplehub, this is a personal development programme for people who have experience of personalised approaches to health and social care. Participants will have the opportunity to share their story and play an active role in promoting personalised care across the country. If you know someone who might be interested, please invite them to consider applying. [Applications must be made before 19th December here](#)

### **Coaching for people representing patient and public voice**

NHS England and NHS Improvement is offering coaching for Patient and Public Voice (PPV) partners as part of its ongoing support offer. It is offering places to people who are currently involved in the work of NHS England and NHS Improvement or are supporting health and care system transformation programmes on a regular basis. This development opportunity is aimed at strengthening patient voice. The offer is for six hours coaching including one face-to-face meeting. The closing date for receipt of completed application forms is **5th December**. If you are interested please email

to [england.ppve-learning@nhs.net](mailto:england.ppve-learning@nhs.net) requesting an application form and a guide with more details.

### Neuro diverse strategy coaching

3SC's Neuro diverse strategy coaching (NDSC) programme works to coach and mentor those diagnosed as Neuro diverse within the workplace. The programme offers hours of face to face coaching spread across several weeks. The content, whilst structured, is personalised to the needs of the candidate and the goals are set in partnership. Some of the popular areas covered in the coaching include: communication skills; short term memory; planning, prioritisation and organisation; time and stress management; note-taking and active listening. Neuro diversity covers conditions like Dyslexia, Autism, Aspergers and Dyspraxia. The programme is available nationwide and can be tailored to the specific needs of the learner. To find out more contact [info@3sc.org](mailto:info@3sc.org)

## EVENTS

### Winter pressures

NCVO's webinar 'Supporting communities to stay well and access support over the winter months' was postponed and is now running on **[27th November, online, free]**. Speakers include: Jo Boswell, Energy Team Manager, CAB Manchester; Cathy Deplessis, Director, Southwark Pensioners' Centre; Emma Easton, Head of Voluntary Partnerships, NHS England and NHS Improvement. [Register here](#)

### Health inequalities in cardiovascular and respiratory disease

The Clinical Policy Unit at NHS England / NHS Improvement is holding a workshop **[28th November, Leeds]** bringing together patients, clinicians and representatives from voluntary sector organisations to look at how to address health inequalities for people with cardiovascular and respiratory disease. It is keen to hear from people with experience of working with marginalised communities and to facilitate a focused discussion on how to improve access to services and better engage people in their healthcare. If you would like to attend, please email [england.clinicalpolicy@nhs.net](mailto:england.clinicalpolicy@nhs.net)

### Peer development day

NCVO is running a free day for those that are actively responsible for the engagement and involvement of the voluntary sector in strategic health and social care transformation in a locality or Sustainability and Transformation Partnership Area **[28th November, London, free]**. This new peer network will support organisations with challenges in building the voluntary sector's role in system transformation. The agenda and structure is designed to help work on real-life current issues. [Book here](#)



## Improving access to NHS 111 for deaf and hard of hearing people

NHS England is holding an engagement event **[5th December, London, free]** aimed at patients and patient representatives of the deaf or hard of hearing community, and commissioners and providers of NHS 111 services, to improve the patient experience. There will also be deaf and hard of hearing organisations in attendance, and colleagues from NHS England. The purpose of the event is to explain how the current NHS 111 service operates and to explore where potential improvements can be made. Information gathered on the day will be used to inform developments in the NHS 111 service as they continue to make improvements to the patient experience. [Register here](#)

## Wellbeing

The What Works Centre for Wellbeing, supported by the National Lottery Community Fund, are pleased to announce a programme of free workshops around the country designed especially for small to medium-sized charities, starting in February 2020. 'Introductory workshops: Understanding, improving and measuring wellbeing' **[5th February, London | 18th March, Edinburgh | 13th May, Birmingham | free]** will cover wellbeing concepts and evidence, how to use evidence to improve your activities, and recommended measures for wellbeing evaluations. 'Advanced workshop: Designing and preparing for evaluation' **[26th February, London, free]** is a more advanced workshop on wellbeing evaluations designed for medium-to-large charities and social enterprises who would like to conduct or commission a wellbeing evaluation. [Learn more about the workshop programme here](#)

## PUBLICATIONS

### Deaths in prison

The PPO has published its annual report, which reports that prisons are failing to act on the same safety recommendations repeated over several years to prevent self-inflicted deaths. There were 91 self-inflicted deaths investigated in the report (an increase of 23% compared to the previous year), and the PPO highlights repeated failings in the way Assessment, Care in Custody and Teamwork (ACCT) is managed in prisons. The report also details problems in health care provision, the treatment of older people and the use of segregation. The PPO is a public body that investigates complaints made by people in prison, all deaths of people in prison and some deaths of people recently released from prison. [Read more](#)

### Deaths of people under probation supervision

The government has published figures on the number of people who died while under the care of the probation service. 1,093 people under the supervision of the probation service died in 2018/19, the highest number ever recorded, and an increase of 13% from last year. 337 of these deaths were self-inflicted, the highest number ever recorded, and

an increase of 19% from last year. This is despite the number of people under community supervision being broadly stable. These concerning figures demonstrate the well-documented failures of the current probation system. The Ministry of Justice is reforming the probation service and Clinks continues to work to try and ensure the voluntary sector's role, knowledge and expertise are reflected as these plans develop.

[Read more](#)

### Drugs policy

The Health and Social Care Committee has called on the government to adopt a new direction in drugs policy. They recommend more funding should be made available to ensure harm reduction services are available to all who need them – including needle and syringe exchanges, and take-home naloxone, and highlight the specific need for such services for people in prison and at the point of release from prison. The committee recommends that drug consumption rooms (facilities where people can use drugs in a clean environment with medical supervision) should be introduced on a pilot basis in areas of high need, and accompanied by robust evaluation. The committee also recommends that the government consults on the decriminalisation of drug possession for personal use. [Read more](#)

### Children and young people's mental health: prevention evidence

Public Health England has published a summary report and outputs from its review of evidence for universal approaches to improving children and young people's mental health and wellbeing. This series of reports summarises the evidence for the effectiveness of universal approaches to improving children and young people's mental health and wellbeing and are intended for strategic and operational leads. The report includes the results of work the Young People's Health Partnership's led with Health and Wellbeing Alliance partners to gather existing evidence and run focus group discussions with young people to explore their perspectives on what keeps them mentally well. [Read the full review here](#)

## FUNDING

### BAME health inequalities

The Personalised Care Group are commissioning a project to explore the experience of people from black, Asian and minority ethnic (BAME) backgrounds in receipt of a Personal Health Budget (PHB) under section 117 Mental Health aftercare support. The chosen organisation will work with Birmingham and Solihull Mental Health Foundation Trust to conduct interviews and focus groups and produce recommendations/guidance on how best to implement PHBs under section 117 to best address the underlying health inequalities for people from BAME communities. The amount available for the work is up



to £10,000. Bids must be submitted by 5pm on 25th November. For a discussion about the opportunity please contact: [Philip.salter@nhs.net](mailto:Philip.salter@nhs.net)

## RESOURCES

### Menu of evidence based interventions

NHS England's menu of evidence-based interventions and approaches for addressing and reducing health inequalities has been published. The menu provides a catalogue of interventions that local healthcare systems and commissioners, working with partners across the system, can draw on to take effective action at neighbourhood, place and system-level to reduce health inequalities. It is the result of collaboration with Public Health England (PHE) and partners in the voluntary sector and local government and is part of the NHS Long Term Plan. [Read it here](#)

## BLOGS

### Public health approach to violence prevention

Jabeer Butt, the Chief Executive of the Race Equality Foundation has written a blog for Kaleidoscope Health and Care on the challenges of implementing a public health approach to youth violence. [Read it here](#)

### The Autism Act turns 10

The National Autistic Society, marked the day the Autism Act turned 10 with a blog from its new Chief Executive, Caroline Stevens. She writes about the difference that the Autism Act has made for autistic people in England and what still needs to be done. [Read it here](#)

## EXTRA INFORMATION

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[Contact Us](#) [www.clinks.org](http://www.clinks.org) | [info@clinks.org](mailto:info@clinks.org) | 020 7383 0966

### About Clinks Health and justice bulletin

This regular bulletin provides Clinks members with the latest news for voluntary organisations involved in the health and care of people in the criminal justice system. It currently has 2,428 subscribers.

To submit content, or have comments or ideas about how this bulletin could be improved, please email [ben.watson@clinks.org](mailto:ben.watson@clinks.org)

[Click here to manage your subscriptions.](#) For assistance, email [info@clinks.org](mailto:info@clinks.org)



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[REDACTED]

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**From:** [REDACTED]  
**Sent:** 02 September 2019 10:45  
**To:** [REDACTED]  
**Cc:** Marc Hole; #PCC  
**Subject:** Re: Heroin Assisted Treatment and POCA money

Hi [REDACTED],

I can connect you with people in the PCC's office there, and [REDACTED] the specialist GP running it so do let me know if you have any trouble arranging things. If Sue is going up, a good date might be the 8th October when [REDACTED] is organising a conference that also includes speakers from Portugal talking about their decriminalisation experiences, as well as on HAT and supervised Drug Consumption Rooms?

<https://www.eventbrite.co.uk/e/we-talk-they-die-a-call-for-action-tickets-64166004246>

Best wishes,  
[REDACTED]

On Thu, 29 Aug 2019 at 13:56, [REDACTED]  
[REDACTED] > wrote:

Hi [REDACTED],

Thank you very much for sending this through to our office. It is a useful document and great to be kept up to speed with your work.

I believe Marc has previously eluded to the fact Sue is interested in the development and findings of HAT's, as such I have recently made contact with Cleveland to see whether we can make a visit to their Middlesbrough centre.

Thanks again.

[REDACTED]  
**Senior Commissioning and Policy Officer**  
Tel: 01278 646 548 Ext: 46548 Mob: [REDACTED]

Twitter: @aspcc\_scpo



**Avon and Somerset Police and Crime Commissioner,**  
Valley Road, Portishead, Bristol, BS20 8JJ

01278 646 188  
[avonandsomerset-pcc.gov.uk](mailto:avonandsomerset-pcc.gov.uk)



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**From:** [REDACTED] >  
**Sent:** 22 August 2019 11:16  
**To:** Marc Hole <[Marc.Hole@avonandsomerset.police.uk](mailto:Marc.Hole@avonandsomerset.police.uk)>  
**Cc:** #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>; [REDACTED]  
<[REDACTED]>  
**Subject:** Heroin Assisted Treatment and POCA money

Dear Marc,

Attached is a new briefing laying out the case for police to get a larger share of POCA money in order to fund Heroin Assisted Treatment pilots. As you'll note, it focuses on the policing rather than health related benefits of HAT.

I hope it is of interest. We will be circulating it widely to PCCs and police in the near future, with a view to generating support for this call to be directed at the Home Office.

Best wishes,

[REDACTED]

On Mon, 29 Apr 2019 at 14:12, Marc Hole <[Marc.Hole@avonandsomerset.police.uk](mailto:Marc.Hole@avonandsomerset.police.uk)> wrote:

Dear [REDACTED],

Thanks for your email and the information - I have now had a chance to discuss this with Sue. As I am sure you are aware we are interested in approaches that address the misuse of drug and alcohol, help reduce the number of victims and improve the lives of those addicted to such substances. We have pioneered some schemes in Avon and Somerset – such as the drug education programme in Bristol – and have supported our local authority colleagues when they have developed new approaches – such as the drug checking pilot service in North Somerset. As such we are interested in the work on Heroin Assisted Treatment rooms and the evaluations that will flow from these pilots.

In relation to adopting such an approach in Bristol we would be prepared to consider supporting such a pilot (and/or lobbying for funds from POCA and elsewhere) if it was led and supported by Bristol City Council (who are the lead agency in commissioning substance misuse services), NHS England and the CCG. We feel they are the experts in this area (from a health perspective) and this is where the conversations need to begin.

Kind regards,

Marc

**Marc Hole**  
**Head of Commissioning and Partnerships**  
Tel: 01278 646547 Ext: 46547

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**From:** #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>

**Sent:** 22 March 2019 09:43

**To:** [REDACTED] >

**Subject:** New PCC Case 23817 Powell/Transform

**From:** [REDACTED] >

**Sent:** 21 March 2019 16:58

To: #PCC <[PCC@avonandsomerset.police.uk](mailto:PCC@avonandsomerset.police.uk)>

Subject: Cleveland PCC, ACC Harwin and heroin prescribing clinic

Dear Sue,

As you'll recall at the APPG on Drug Policy Reform meeting you asked me to call your office after I'd been to Middlesbrough to visit their heroin assisted treatment project. I thought I'd email first, then would be happy to call, or come to your office if you would like to meet.

I had a good meeting with [REDACTED] and the Detective Sergeant in charge of policing drugs in the area, and prior to that I met two people from the Cleveland PCC's office and the specialist GP who runs the service where the clinic is to be based. [REDACTED] was meant to be there but something urgent came up.

Firstly, and in confidence, they are almost ready to go, but keeping a low profile now until it is up and running. They are mainly just waiting for the Home Office license. I can show you photos if you like, but promised I wouldn't circulate any until they gave me permission.

As a start they will be having 10-14 clients, with a view to rolling out further. They are looking out some more accurate numbers for me than the £12k per person per year originally talked about, but the cost of the diamorphine which was £15k under the RIOTT trials in the UK is going to be £4250-4500 as I said in Parliament. On top of that will mainly be staffing costs.

### **Funding.**

Overheads are being kept down because the GP surgery is already a drug treatment service, with GPs able to prescribe, and they are using two smallish rooms there - one for injecting, one for recovery afterwards. It has required some improved security, but not huge amounts as they already store opiates onsite. But the service is effectively making a donation in kind by providing these facilities, the admin equipment etc and reorganising their prescribing services to accommodate the addition of HAT.

Unlike the area in the West Midlands with a CCG willing to put in half the money, the one in Middlesbrough is basically bankrupt, and not even meeting its statutory duties. Longer term, when they demonstrate the financial benefits they hope to go back to the CCG, but not at the moment.

The local CRC is putting in some money with the caveat that there is an evaluation to show the impacts on reduced crime, and perhaps imprisonment - therefore meeting their goals. NB the CRC in the area is a coalition of NGOs, health groups etc, not a for-profit private provider.

The local prison services are putting in a small amount of money.

The remainder is being funded by the PCC including through diverting funding from another drugs and prison related post into HAT. The PCC is perhaps paying more than somewhere with a solvent CCG would, but is convinced it is good value for money still.

It will have an independent evaluation, linked with Teeside Uni Health and Social Care Research Unit. The health benefits will be monitored through clients GP practices (including Foundations - the specialist GP service), hospital and A&E admissions data etc. They will specifically be looking to monitor demand on CCG services and police will be monitoring compliance with community orders, mapping crime and prison costs to potentially go back to to ask for money long term. I also suggested they approach the equivalent of Bristol's BID - especially retailers who should see less shoplifting especially if the HAT is scaled up.

The West Mids PCC has been keen to increase the POCA money to his force specifically to fund HAT. I can't recall if I mentioned this before, but there is growing interest among police and Police Commissioners in asking the Treasury to let you keep more than the current 13% (I think?) of the money.

The idea is that using money taken from drug gangs to fund a service benefiting those harmed by heroin use, and the communities they live in, that also further deprives organised crime gangs of drug profits by taking their best customers away, and frees up police time by reducing acquisitive crime is a great way to use the money.

This could be a part of the response to growing violence and gang issues, and reducing resource pressure on police which are of course a political headache for the government.

As the 87% of the money goes direct to the UK Treasury this would effectively be additional money for both police and treatment, and as it's not Home Office/MoJ/DoH money we hope they will lobby for it too.

I met [REDACTED] too last week and he liked the POCA idea. His thought was this would have more likelihood of success if it was targeted at a smallish number of areas initially, rather than seeking an across the board POCA increase. His thoughts were the 5 areas identified in the Serious Violence Strategy as heroin and crack action areas would be a good start.

While I think Bristol is not one of them, the narrative for inclusion could be same I think, given the scale of our heroin market, and IV drug use. As I think I said at the APPG, people on HAT also reduce their crack use.

I also think that if HAT pilots proved the benefits in terms of reducing the scale of the heroin and crack market as part of a wider strategy against OCGs and violence, it would be hard for the government to resist calls to roll HAT out more widely.

[REDACTED] said we'd need to pull together a solid briefing on the impacts on markets of HAT, as a proxy for impacts on OCGs - which I will do. The Swiss paper I quoted said 10-15% on HAT use 30-60% of heroin, plus the RIOTT trial saw over £250 reduction in illegal heroin use per person per week - about £13k per person per year. So a 20 person HAT would mean about £260k less money for crime gangs in the first year. More as people moved on from HAT and other previously untreatable individuals took their place. If the reduction in initiation of new people using heroin found in Switzerland because so many user-dealers had gone was also replicated the market would fall further. HAT is not a silver bullet, but it could make a good contribution.

I'm talking to a number of police and PCCs, and the APPG about this.

As I said, very happy to arrange a call, or come to your office?

Best wishes,

[REDACTED]

--

[REDACTED]

Head of Campaigns.

A. 9-10 King St, Bristol, BS1 4EQ  
Tel. +44 (0)117 325 0295  
[w. transformdrugs.org](http://www.transformdrugs.org)

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[REDACTED]  
Head of Partnerships.

A. 9-10 King St, Bristol, BS1 4EQ  
Tel. +44 (0)117 325 0295  
[www.transformdrugs.org](http://www.transformdrugs.org)



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**Martin Powell.**

Head of Partnerships.

A. 9-10 King St, Bristol, BS1 4EQ

Tel. +44 (0)117 325 0295

w. [transformdrugs.org](http://transformdrugs.org)



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**From:** lightlunch@clinks.org on behalf of Clinks <lightlunch@clinks.org>  
**Sent:** 12 November 2019 12:33  
**To:** #PCC  
**Subject:** Clinks Policy Briefing | November 2019  
**Categories:** Newsletters



In this month's edition...

- [Policy work at Clinks](#)
- [Government announcements](#)
- [Publications](#)
- [Blogs](#)
- [Extra Information](#)

## Policy work at Clinks

Due to the general election on 12 December, parliament has been dissolved. Clinks will, where possible, continue to work with government officials, though the government will likely delay any criminal justice announcements or publications due to the restrictions imposed on officials and ministers over the pre-election period. [See here for information on what happens when parliament is dissolved](#) (via Institute for Government), and [here for information on the potential impact of the Lobbying Act on charities](#) (via National Council for Voluntary Organisations).

Clinks has signed [a letter coordinated by the Howard League](#) and sent to all party leaders asking for a balanced debate around criminal justice in election campaigning.

Anne Fox, Clinks Chief Executive, met with the incumbent Lord Chancellor and Secretary of State for Justice, Rt Hon Robert Buckland QC. At the meeting, Anne explained the

opportunities and challenges voluntary organisations currently face in supporting prisons and probation.

HM Inspectorate of Probation is collecting evidence for a thematic inspection on accommodation, and is eager to hear from accommodation providers on the challenges service users under probation supervision face in finding and maintaining suitable accommodation. Clinks is responding to the consultation. Please contact [Nicola.Drinkwater@clinks.org](mailto:Nicola.Drinkwater@clinks.org) to feed into our submission.

We've recently responded to two consultations:

- **HM Inspectorate of Prisons (HMIP) consultation on Expectations for Women** This consultation will shape the criteria used by HMIP to inspect women's prisons. Our response was informed by two consultation events held with voluntary organisations, and called for HMIP to have a clearer focus on how prisons work in partnership with gender-specific voluntary services to meet the needs of women in prison.
- **Advancing our health: prevention in the 2020s** With Nacro, Clinks submitted a response to a consultation on the government's health prevention green paper. Our response focusses on the health inequalities faced by people in the criminal justice system and how prevention is of central importance to address the health inequalities they face.

## Government announcements

**Justice Committee hearings** Both Robert Buckland QC, the current Lord Chancellor and Secretary of State for Justice and Lucy Frazer QC, the current Minister of State for Justice, gave evidence to the Justice Committee. Buckland gave evidence alongside Sir Richard Heaton, Permanent Secretary at the Ministry of Justice, and stated that the government's prison building programme would mean a significant increase in overall prison capacity by the mid-2020s. He confirmed that the government no longer supports the committee's recommendation to stop the use of short custodial sentences and that he didn't want fewer people in prison, but the "right sort of people in prison". **In her session**, Frazer answered additional questions on prison officer recruitment, and prison refurbishment and security.

**Responses to recommendations in Transforming Rehabilitation: follow-up** The government has responded to recommendations made in the Justice Committee's follow-up report on Transforming Rehabilitation (published in July 2019). The government largely accepted the committee's recommendation to evaluate the impact of

its new probation policy on the voluntary sector and to track how much probation funding flows to the voluntary sector – but fell short of committing to publishing such figures transparently. Bob Neil MP, Justice Committee Chair, criticised the government’s response, particularly the lack of detail on how the government plans to manage risk through the transition to a new system, and manage the extra demand and pressure on the service that will stem from the recently announced increased police numbers and tougher sentences.

**Supporting ex-offenders on their path to employment** The Cabinet Office published a summary of responses gathered from their 2018 call for evidence on supporting ex-offenders into employment. The summary is based on 76 responses, 46% of which came from the voluntary sector. It suggests the voluntary sector are more likely to ask about convictions later in the recruitment process, but the public sector was significantly more likely to ask at the application stage – creating a barrier for people with convictions. This stresses the importance of improving inclusive recruitment policy within the public sector. Clinks and the National Criminal Justice Arts Alliance, both Ban the Box employers, submitted evidence to the Cabinet Office, outlining our recruitment policy and examples of charities supporting people with convictions into employment.

## Publications

### Clinks publications

**Crime and consequence** Clinks and NCJAA have edited a new book, *Crime & Consequence – what should happen to people who commit criminal offences?* In the book, over 65 diverse voices offer their lived and professional experience of the justice system to answer one of the most important questions in our society. Many have seen first-hand the intended and unintended effects of our criminal justice system. The wide range of insights from academics, business leaders, artists, charity leaders and prisoners themselves explore how our society can respond to crime to tackle the causes and consequences. This is the third in a series of books curated by the Monument Fellowship, a collective of organisations, each funded through the legacy grants of the Monument Trust.

**10 prisons project family engagement programme: briefings** Clinks has published four briefings aimed at ensuring that the role of families and significant others are integrated into decision making and processes in prison across four key themes. The briefings draw on the key findings of the family engagement programme, which Clinks was commissioned to deliver as part of the 10 prisons project (set up by then Minister of State, Rory Stewart MP). The programme was delivered across four prisons over six



months with the support of family engagement workers from Pact, Lincolnshire Action Trust and Jigsaw. These briefings provide guidance about how to develop a 'Think Family' approach. [The briefings are accompanied by a series of resources.](#)

[MEAM's response to Homelessness Reduction Act 2017 consultation](#) The Making Every Adult Matter Coalition (MEAM) has responded to the government's call for evidence about the implementation and effectiveness of the Homelessness Reduction Act 2017 (HRA). In particular, the response highlights the limitations of duty to refer, brought in under the HRA, which places a duty on public authorities to notify the local housing authority of anyone at risk of homelessness. A high percentage of people leaving prison have no accommodation upon release, but the response suggests prisons are failing to refer people despite this duty. MEAM is a coalition of national charities – Clinks, Homeless Link and Mind who work together to support local areas to develop effective services that improve the lives of people facing multiple disadvantage.

[MEAM's response to Advancing our Health consultation](#) The Make Every Adult Matter Coalition (MEAM) has responded to the Department for Health and Social Care's green paper on prevention, which outlines the government's proposals on how they can better prevent ill health. MEAM's response focussed on the first question on which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups. MEAM recommends that the Department of Health and Social Care ensure trauma-informed care is adopted across local delivery plans of the NHS long term plan, and that the government should focus policies towards further expansion of alternatives to custody, including Community Sentence Treatment Requirements, which would help individuals experiencing multiple disadvantage address underlying health issues.

## Deaths in custody and the community

[Prisons and Probation Ombudsman \(PPO\) Annual Report 2018/19](#) The PPO has published its annual report, which reports that prisons are failing to act on the same safety recommendations repeated over several years to prevent self-inflicted deaths. There were 91 self-inflicted deaths investigated in the report (an increase of 23% compared to the previous year), and the PPO highlights repeated failings in the way Assessment, Care in Custody and Teamwork (ACCT) is managed in prisons. The report also details problems in health care provision, the treatment of older people and the use of segregation. The PPO is a public body that investigates complaints made by people in prison, all deaths of people in prison and some deaths of people recently released from prison.

[Deaths of people under probation supervision](#) The government has published figures on the number of people who died while under the care of the probation service. 1,093

people under the supervision of the probation service died in 2018/19, the highest number ever recorded, and an increase of 13% from last year. 337 of these deaths were self-inflicted, the highest number ever recorded, and an increase of 19% from last year. This is despite the number of people under community supervision being broadly stable. These concerning figures demonstrate the well-documented failures of the current probation system. The Ministry of Justice is reforming the probation service and Clinks continues to work to try and ensure the voluntary sector's role, knowledge and expertise are reflected as these plans develop.

## Health and justice

**Drugs policy** The Health and Social Care Committee has called on the government to adopt a new direction in drugs policy. They recommend more funding should be made available to ensure harm reduction services are available to all who need them – including needle and syringe exchanges, and take-home naloxone, and highlight the specific need for such services for people in prison and at the point of release from prison. The committee recommends that drug consumption rooms (facilities where people can use drugs in a clean environment with medical supervision) should be introduced on a pilot basis in areas of high need, and accompanied by robust evaluation. The committee also recommends that the government consults on the decriminalisation of drug possession for personal use.

**Traumatic brain injury in the prison population** Her Majesty's Prison and Probation Service has published a summary of evidence about traumatic brain injury (TBI) in the prison population, its prevalence, effects and how services can better support people with TBI. The summary suggests around half or more people in prisons may have had a TBI, and 20% in prison may have had a serious TBI. The summary recommends that better awareness and understanding of TBI is needed across the criminal justice system, including early identification prior to sentencing; evidence-based resources for frontline staff to help them effectively manage people with TBIs; and more effective management of the continuity of care for people with TBI moving through the criminal justice system.

## Families

**Farmer Review update** The government has published an update on its implementation of the recommendations from the Farmer Review 2017. In 2017, the government accepted all the review's recommendations and progress has been made on implementing most of them. A handful that require longer-term structural reform are also being considered. Six recommendations are expected to be completed by mid-2020, including a new Families Performance Measure to track how prisons support people to engage with their families. It is unlikely that four important recommendations will be completed in the near future, including the establishment of dedicated safer

custody telephone lines for families. Clinks co-chaired the Farmer review and sits on the government's Families Strategy Working Group to support the report's implementation.

**Keeping people safe in prison** A joint report from the Prison Reform Trust, INQUEST and the Prison Advice and Care Trust (Pact) has found just one in 10 safer custody departments in prisons answer phone calls from worried family members. A key recommendation from the 2017 Farmer Review, was for each prison to have an emergency phone line in place for families to share urgent concerns about self-harm and suicide risks of relatives in prison. At a time of unprecedented levels of self-harm in prisons, this report finds the provision of these phone lines is patchy, under-resourced and even non-existent in some prisons, leaving some families struggling to share their concerns with prison staff and inform the care and safeguarding of their family members in custody.

## Commissioning

**The Price of Poor Procurement** Reform, a think tank focussed on public service reform, has published a report setting out the costs to the taxpayer of poor procurement and outsourcing. This report is based upon analysis of 52 official investigations into public sector procurement between June 2016 and July 2019. The Ministry of Justice was the public body with the highest number of investigations examined, and offender tagging was highlighted as a particularly costly procurement process, involving £60.7 million in additional costs for a contract worth only £130 million. The report calls for the creation of an independent procurement regulator, a single body with the power to analyse and hold to account government external spending, coordinating the work currently conducted by many organisations.

## Probation

**2018/2019 inspections of probation services** HM Inspectorate of Probation (HMIP) has published an annual summary of probation inspections conducted in 2018/2019, across all 21 Community Rehabilitation Companies (CRCs) and seven National Probation Service divisions (NPS). HMIP used a new probation inspection programme this year. No probation provider achieved a rating of 'outstanding', though there was a clear difference between the NPS and CRCs, with five out of seven NPS divisions rates as 'good', and 19 of the 21 CRCs rated as 'requires improvement'. Across all the inspections, less than half of the interviewed responsible officers felt that their workloads were reasonable and CRC caseloads were much higher than NPS caseloads. The report highlights the well-documented flaws of *Transforming Rehabilitation*, which the government is now reforming.



### [Innovation in probation: The Eurobarometer on Experiencing Supervision](#) HM

Inspectorate of Probation (HMIP) has published a paper examining the Eurobarometer on Experiencing Supervision (EES) – a new tool designed to capture the subjective experience of people under probation supervision. The EES is a service user questionnaire, which examines (amongst other aspects) the service user's experience of supervision, their perception of the supervisor, and the quality of the relationship. The EES aims to gather Europe-wide evidence on the importance of positive experiences amongst service users to the outcomes of probation services. The paper was written by Ioan Durnescu, Professor at the University of Bucharest, Romania, and is the latest in a series of *Academic Insights*, where HMIP commission leading academics to explore the evidence base around probation.

## Youth justice

[Joint Thematic Inspection on Youth resettlement work](#) Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons have published the final report of their joint inspection on youth resettlement work. The report shows that resettlement work is not effective and outcomes are poor. Three months after release, 10 of the 50 young people they followed had already been convicted of a further offence, half were under police investigation and six had gone missing. The report makes recommendations to government departments and agencies, including for a national accommodation strategy for children released from custody and for government to review the national transitions protocol to ensure that children are only transferred to adult services when it is demonstrably in their interests to do so.

[Youth resettlement work: action plan](#) Her Majesty's Prisons and Probation Service (HMPPS) has published its action plan in response to a thematic review of youth resettlement work by HM Inspectorate of Probation and HM Inspectorate of Prisons which showed that resettlement work is failing many children making the transition from custody into the community. The action plan shows that the Ministry of Justice will review and refresh the approach to resettlement and revise the way Youth Offending Teams collect data on resettlement activity so it is more in-depth. It will also consider developing a policy framework for the transition from youth to adult custody which will require appropriate staff from the adult estate to be involved early in the transitions process.

[Annual report \(2018–19\): Youth offending services](#) Her Majesty's Inspectorate of Probation has published its annual report on its inspections of Youth Offending Teams (YOT) over the past year. The report highlights the inconsistency of out of court disposal schemes across YOT areas and the need for a national approach to the decision making and scope of those schemes. The inspectorate also raises the lack of support for

transitions to adult services and reoccurring issues with education and training provision across YOTs, with many children not getting their statutory entitlement to education.

## Veterans

[Salute her research](#) Forward Assist has published a report exploring the experiences of women veterans in Britain. The report reflects findings from 100 interviews and highlights the difficulties experienced by many women in the military. Over half of those interviewed stated that the main reason they joined the Armed Forces was to escape an abusive home environment; 73% reported witnessing and experiencing sexual discrimination whilst serving in the military; and many reported not being given sufficient transitional support when leaving the armed forces. Forward Assist is concerned about the paucity of evidence in relation to women veterans in the criminal justice system and the report recommends a single point of contact to identify women veterans subject to community-based court orders and those in custody.

## Blogs

[The secret life of prisons](#) Paula Harriott, Head of Prisoner Involvement at the Prison Reform Trust (PRT) has written a blog explaining the purpose and intent of a new podcast series, *The Secret Life of Prisons*. The podcast was developed after people in prison continually expressed their concern about the representation of prison in media and culture and the dominant public assumptions. *The Secret Life of Prisons*, a partnership between PRT and the Prison Radio Association (PRA), aims to challenge such perceptions by enabling people with experience of prison to share their stories. The series is produced by the multi-award-winning Jo Meek and presented by Paula and Phil Maguire OBE, Chief Executive of PRA, with different guests and regular contributors joining across the four pilot episodes.

[None of this is easy](#) The National Criminal Justice Arts Alliance (NCJAA) held its annual lecture to honour the legacy of Anne Peaker. This year, the keynote speech was delivered by community artist François Matarasso, who considered the historical context of participatory arts in criminal justice settings and Anne Peaker's contribution to this. In this blog, François explains the ideas he shared at the lecture, including the importance of arts in criminal justice settings to enable people to cross boundaries to think about themselves, their actions and their membership of a community differently. He also links to further information on a number of criminal justice arts projects that he mentioned in his lecture. The event also featured spoken word performances from [Lady Unchained](#) and [Jason Smith](#).

## Extra information



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Written monthly by...

Clinks' policy officers, Will Downs and Lauren Nickolls

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# HITTING HEROIN AND CRACK MARKETS: FUNDING HEROIN ASSISTED TREATMENT THROUGH ADDITIONAL POCA MONEY



Our approach to heroin and crack markets, and the violence around them, cannot continue as it is. According to [PHE](#)<sup>1</sup>, global opium production increased by 65% in 2017 to a record high, 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 (OCGs). 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 (HAT) pilots to reduce crime, and to evaluate the impact on OCGs. Priority areas could include the five Heroin and Crack Action Areas identified under the [2018 Serious Violence Strategy](#).

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, 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.<sup>2</sup>

## Funding through Proceeds of Crime Act money.

Many drug treatment services have seen large cuts in funding, and cannot meet existing demand. So to fund HAT from the treatment budget would require cutting other drug treatment services - wiping out any benefits. So instead, pilots could be partly funded by temporarily increasing the proportion of money police get from Financial Investigations and under the Proceeds of Crime Act (POCA)- currently 18.5% of money from confiscation orders, or 50% of cash seizures (see Box).

Done this way, money taken from those who profit most from the illegal drugs trade - OCGs - would be used to deprive OCGs of part of the drugs market, while helping vulnerable individuals and communities harmed as a result their activities. HAT would not only reduce demand on the police, but on the CPS and the courts, which would help offset any reduction in money they received from POCA funds. Other stakeholders also set to benefit from reduced demands on their services (such as CCGs, local

authorities, Community Rehabilitation Companies, prisons, businesses etc.) could then contribute any additional funding required.

## POCA and Financial Investigations.

A confiscation order is a post-conviction court order, which is value-based rather than asset-based. It does not confiscate property, but is an order to repay the value of the benefit the criminal has obtained as a result of the offence or lifestyle. A confiscation order is split as follows:

- 50% of the value is retained by the Treasury
- 18.75% investigation agencies (Police and Crime Commissioners)
- 18.75% prosecution (Crown Prosecution Services)
- 12.5% enforcement agencies (HM Courts & Tribunal Service)

Another tool available is cash forfeiture. Only 50% is retained by police forces, the other 50% goes to the Treasury.

## WHY IS HAT IMPORTANT FOR POLICING?

### Disempowering OCGs by taking their customers away.

In Switzerland, where HAT has been used since 1994, research suggests that the 10-15% of people eligible for HAT use 30-60% of all illegal heroin.<sup>3</sup> This is in line with other drug use patterns e.g. the 4% heaviest drinkers in the UK provide 23% of alcohol industry revenue, and the 25% heaviest some 68% of revenue.<sup>4</sup> Taking this very high-using segment of their customer base away could significantly reduce OCG income from the drugs market.

### Reducing demand for illegal heroin.

The UK trials of HAT found three quarters of those prescribed heroin substantially reduced use of 'street' heroin.<sup>5</sup> Of these, three quarters remained almost, or completely abstinent. This is remarkable in a group for whom daily illicit use - even while in treatment - was the norm.

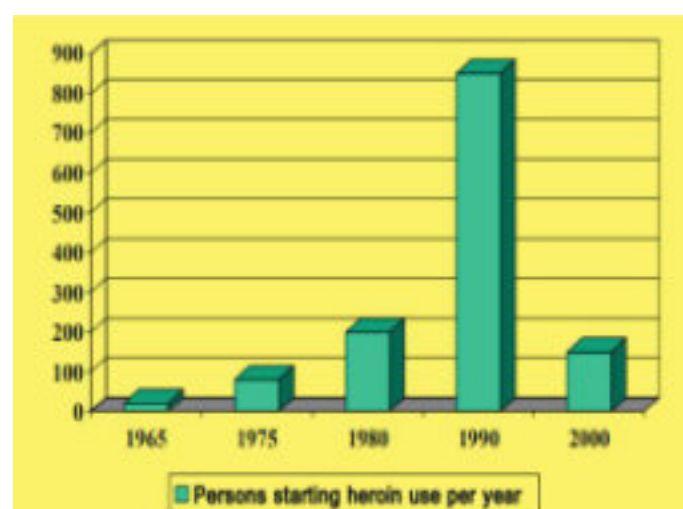
Clients were spending an average of just over £300 a week on illegal drugs before entering the UK trial. This reduced to an average of under £50 a week at 6 months. If replicated elsewhere, 50 people in HAT could reduce illegal heroin revenue by £650k per year in an area. In Switzerland about 6% of the heroin using population is in HAT at any given point. Extrapolating from the UK trial numbers, getting 6% of our ~300k people dependent on heroin into HAT would equate to £4.5m of revenue taken from the illegal market every week, or £234 million a year.<sup>6</sup> Anecdotal evidence from police and treatment staff suggests that £300 per week spent on drugs may well be conservative in many areas, so the impact may be even greater.

Swiss research concluded: "It seems likely that users who were admitted to the program accounted for a substantial proportion of consumption of illicit heroin, and that removing them from the illicit market has damaged the market's viability."<sup>7</sup>

### Reducing number of small-time dealers, and new people using heroin.

In Swiss trials, 43% of patients entering HAT sold drugs to finance their own use. This fell to 6% after 12 months, a figure confirmed by police data showing an 80% fall in the number of offences participants committed after 24 months. The researchers said that it is likely the programme disrupted the function of the market by removing retail workers. "The workers no longer sold drugs

to existing users, and equally important, no longer recruited new users into the market. The heroin prescription market may thus have had a significant impact on heroin markets in Switzerland."<sup>8</sup> With researchers also concluding that; "The harm reduction policy of Switzerland and its emphasis on the medicalisation of the heroin problem seems to have contributed to the image of heroin as unattractive for young people."<sup>9</sup> For example, following the introduction of a harm reduction approach including HAT in the early 1990s, the number of new people using heroin in the Zurich area fell from 850 per year to 150 (see graph), and the population of problematic heroin users declined by 4% a year.<sup>10</sup>



Graph: Incidence of new people using heroin in the Zurich Canton of Switzerland.<sup>11</sup>

### Reducing demand for crack.

A recent PHE report on increasing levels of crack use, and the violence around the crack market, highlighted the need to: "explore more effective methods of getting crack users into treatment and to provide a more attractive treatment offer which is tailored to their specific needs."<sup>12</sup>

The primary drug that most people who use crack are dependent on is heroin. As PHE says; "[P]eople starting crack treatment...tended to be established heroin users".<sup>13</sup> But for those who have tried existing treatments and found they don't work, entering HAT provides an opportunity to address both their heroin and crack use at the same time.

For example, prior to entering the UK HAT trials, around three quarters of the group were using crack, while at 6 months this proportion had reduced, as had the amount used.<sup>14</sup> In Switzerland, research found only 15% of new HAT clients had not used crack/cocaine in the previous six months; but the proportion of non-cocaine users increased progressively to 28% six months after admission,



35% after 12 months, and 41% after 18 months.<sup>15</sup> Dr Thilo Beck, who runs Swiss HAT clinics, explains that: “HAT is a very effective way to get a population that is otherwise difficult to reach into regular treatment. Once in treatment...marked psycho-bio-social stabilisation occurs. In this context reduction/better control of use of other substances like cocaine is frequently seen.”<sup>16</sup>

### Reducing acquisitive crime.

Reducing use of illegal drugs reduces the pressure to commit crime to pay for them. For example, the 40 people prescribed heroin in the UK HAT trials were committing 1731 crimes in the 30 days prior to entering treatment. After 6 months, this fell to 547 crimes - a two-thirds reduction. A substantial number became ‘crime-abstinent’. Evaluations in other countries has shown the same result. For example Switzerland saw: “a substantial fall in criminal involvement... This fall was greatest (50% to 90%) for the most serious offenses, such as burglary, muggings, robbery and drug trafficking.” As noted below, this is the driver for the Cleveland PCC to play a major role in funding and developing the HAT clinic in Middlesbrough, which received a Home Office license in June 2019.

A report on the impact on crime of the UK trial found: “Initially, the police thought that a whole cohort of criminals had either died or migrated away from the area because there were people they had seen on a very regular basis – apprehending them for crimes – and suddenly they weren’t on the police radar at all. Because the heroin-assisted treatment was so effective for them in reducing their criminal activity to fund their habit.”

And; “In Switzerland, one interviewee reported that instances of criminality within the patient group at his HAT clinic had fallen to almost zero. Another reported that the drop in crime has deepened support for the program from police, who generally have a cooperative relationship with clinics”<sup>17</sup>

### County Lines.

Taking a substantial part of the illicit heroin market from OCGs that run county lines in and out of large towns and cities would be a major blow to their profits and power. However, while the National Crime Agency says heroin is the most frequently supplied drug via county lines, it should be noted that HAT clinics would not necessarily be viable for towns with small populations. Longer term, expanding take-home HAT (as several hundred people already get in the UK) should also be explored.

### Cost Effectiveness.

Numerous studies show HAT is cost-effective. For example, research by Glasgow NHS found a HAT clinic could save the public purse more than £940,000 annually in reduced health and social costs.<sup>18</sup> As a result, Glasgow NHS will open a pilot clinic in Autumn 2019.

Cleveland PCC Barry Coppinger said in support of HAT: “a prolific cohort of 20 drug-dependent offenders have cost the public purse almost £800,000 over the last two years - and that’s only based on crimes that are detected.”<sup>19</sup>

Cleveland is exceptional in having found the money for an initial small HAT clinic, with the PCC playing a key role. But most areas will require pump-priming money for a pilot.

### Budget Needed.

The budget needed to open a pilot will vary depending on a number of factors. Historically, the cost of clinical-grade heroin was £12-15k per person, but that has been reduced to about £4250 - around twice the cost of buprenorphine. The bulk of the remaining cost is staffing. This cost can be minimised if an existing facility is used, reducing costs for premises, admin and other overheads. Cleveland’s HAT is estimated to be costing around £12k per person annually - far lower than the potential social and health savings.

### Recommendations.

PCCs should express support for Heroin Assisted Treatment, include it in their Police and Crime Plans, and call for an increase in POCA money going to police forces to fund HAT pilots. They should also play a convening role in their areas to build support for this call from other criminal justice, public, business and third sector groups. These calls should be made directly to the Home Office, and through the Association of Police and Crime Commissioners.

Senior police officers should also back HAT, and call on the National Police Chiefs’ Council to press the Home Office to increase POCA money to fund it.



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Transform Drug Policy Foundation is an independent charity that works to reduce drug-related harms through evidence-based improvements to policy and practice. We support the protection of people through the legal regulation of drug products, producers, suppliers and users.

[www.transformdrugs.org](http://www.transformdrugs.org) 0117 325 0295  
[info@transformdrugs.org](mailto:info@transformdrugs.org) @TransformDrugs

Anyone's Child is a campaign of Transform Drug Policy Foundation working with families affected by the drug war, who call for the legal regulation of drugs @AnyonesChild

**TRANSFORM**  
Drug Policy Foundation



[REDACTED]

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**From:** #PCC  
**Sent:** 19 September 2019 14:52  
**To:** [REDACTED]  
**Subject:** FW: Briefing: Increasing POCA money to fund heroin assisted treatment  
**Attachments:** POCA Funding for HAT.pdf

Hi [REDACTED]

Is this something for Sue to read and consider outside of the Iken/Contacts system?

[REDACTED]

**From:** [REDACTED] >  
**Sent:** 19 September 2019 10:35  
**To:** [REDACTED] >  
**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 [REDACTED] 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. [REDACTED] 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 [REDACTED]. 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,

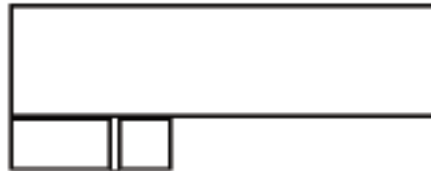
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[Redacted]

Head of Partnerships.

9-10 King St, Bristol, BS1 4EQ  
+44 (0)117 325 0295  
+44 (0)787 567 9301  
[transformdrugs.org](http://transformdrugs.org)



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[REDACTED]

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**From:** #PCC  
**Sent:** 20 June 2019 08:58  
**To:** [REDACTED]  
**Subject:** FW: DCRs - APPG  
**Attachments:** 190508 DCR letter with tracked changes1.docx

Hi [REDACTED]

This is one for Sue's sight.

[REDACTED]

---

**From:** [REDACTED] >  
**Sent:** 19 June 2019 15:00  
**To:** OPCC@nthwales.pnn.police.uk; enquiries@durham-pcc.gov.uk; police.commissioner@leics.pcc.pnn.gov.uk; opcc@warwickshire.pnn.police.uk; #PCC <PCC@avonandsomerset.police.uk>; pcc@staffordshire.pcc.pnn.gov.uk; pccoffice@derbyshire.pnn.police.uk; commissioner@cumbria-pcc.gov.uk  
**Cc:** [REDACTED]  
**Subject:** FW: DCRs - APPG

Dear Commissioner,

Please see attached a letter to the Home Secretary [REDACTED] PCC for the [REDACTED] has signed. As you have attended previous APPG Drug Reform Policy meetings would you sign this one? If so please could you add either your signature or e-signature to the letter. It has also been sent out to various partners as well.

Please could you respond by 26/06/2019.

Regards,

[REDACTED]

West Midlands Police and Crime Commissioner  
Lloyd House  
Colmore Circus Queensway  
Birmingham  
B4 6NQ

Internal: 8016057  
Office: 0121 626 5380  
Twitter: @WestMidsPCC  
[www.westmidlands-pcc.gov.uk](http://www.westmidlands-pcc.gov.uk)



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[REDACTED]

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**From:** #PCC  
**Sent:** 11 December 2019 21:17  
**To:** [REDACTED]  
**Subject:** INVITE: Bristol: Take Drugs Seriously - The Big Debate

[REDACTED]

**From:** [REDACTED]  
**Sent:** 11 December 2019 14:46  
**To:** #PCC <PCC@avonandsomerset.police.uk>  
**Subject:** Bristol: Take Drugs Seriously - The Big Debate

Dear Commissioner Mountstevens,

We would like to invite you to attend a groundbreaking event at Colston Hall on **drug use, policy and harm reduction**. This evening will showcase Bristol's role in cutting-edge research and innovative policy.

**What:**  
Bristol: Take Drugs Seriously - The Big Debate

**When:**  
Thurs 23rd January, 5pm - 9:30pm

**Where:**  
Colston Hall, Colston St, Bristol BS1 5AR

From 5pm, a free exhibition offers you a chance to explore the latest research and insights into drug use, supply and harm reduction. It showcases the latest work into drug use culture, addiction, drug markets, psychedelics and opioid use, with the chance to speak to experts, see new perspectives and view a mock-up safer drug consumption facility.

At 7.30pm [REDACTED] will share his experiences as a government drug adviser, pioneer of new drug treatments and campaigner for policy reform. This will be followed by a panel discussion and public debate on drug policy in Bristol and beyond, with [REDACTED] from Imperial College, London; and C [REDACTED].

Tickets for the talk and panel debate can be bought [here](#). Entry to the exhibition is free.

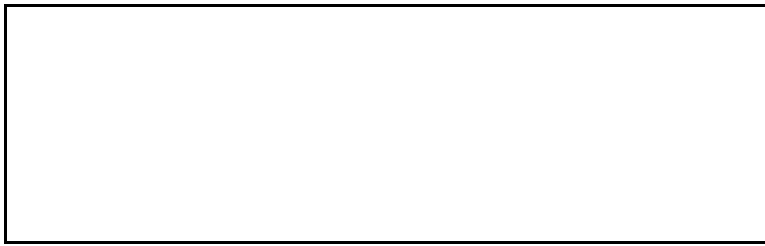
The Big Debate is part of a series of events hosted in Bristol exploring new approaches to drug use, policy and harm reduction, organised by Transform Drug Policy Foundation, the University of Bristol and the University of the West of England. For more information please visit the [Transform website](#).

If you have any colleagues you think might be interested in this event, please do forward this invitation on.

Please let me know if you have any questions.  
Kind regards,

--  
[REDACTED]

Research and Policy Officer.

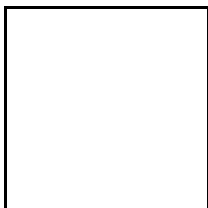
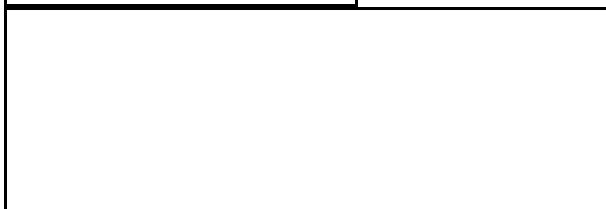


9-10 King St, Bristol, BS1 4EQ

+44 (0)117 325 0295

[transformdrugs.org](http://transformdrugs.org)

[anyoneschild.org](http://anyoneschild.org)



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**Gender in public health and safety:  
addressing the needs of women as employees and clients in criminal justice**

**Friday 18<sup>th</sup> and Saturday 19th October 2019, COSLA Centre, Edinburgh, Scotland**

Following the popular special lunchtime session at **LEPH2018 in Toronto**, this year at LEPH2019 a two-day pre-conference consultation will be held on **Gender in public health and safety: addressing the needs of women as employees and clients in criminal justice**.

The consultation will examine local and international issues to advance progress towards achieving **UN Sustainable Development Goals 5 (Gender equality)** and **16 (Peace, justice & strong institutions)**, including how to maximise the role of women in policing and provide gender responsive services. The event is intended to be as interactive as possible and be an exchange of learning from Global North and Global South. The event will be of interest to police, researchers, civil society representatives, service providers, government representatives and people with lived experience.

The consultation will focus on multi-stakeholder collaborations and innovative approaches as well as how challenges may be overcome in implementing new approaches or policy changes which may provide useful lessons learned for other local and international scenarios.



**Objectives:**

1. To better understand the connections between law enforcement and public health to promote gender equality and eliminate violence against women
2. To highlight the importance of embedding gender responsive and public health approaches across all areas of policing, government and community services
3. To build a supportive network to develop research, practice and collaborative leadership across LEPH issues to promote gender equality and eliminate violence against women (GLEPHA Special Interest Group (SIG) on gender)

Registration details available on the LEPH2019 website.

LEPH2019 delegates benefit from a reduced registration fee.

Participants registered for the main LEPH2019 conference will have preference due to limited numbers with a maximum of 80 people.

For enquiries contact: Dr Melissa Jardine at [melissa.jardine@gmail.com](mailto:melissa.jardine@gmail.com)

**Agenda below:**

## Day 1 Friday 18<sup>th</sup> October 2019

Day 1.	Session title	Summary	Leads
8.30-9am		Registration	
9-9.05am		Introduction	<b>Melissa Jardine,</b> Global Law Enforcement & Public Health Association
9.05-9.20am		<p>Welcome remarks</p> <ul style="list-style-type: none"> <li><b>ACC Angela McLaren,</b> Organised Crime, Counter Terrorism and Intelligence, Police Scotland</li> </ul>	
9.20-9.40am		House-keeping and introductions	<b>Melissa Jardine,</b> Global Law Enforcement & Public Health Association
9.40-11.00am	Gender Agenda International	<p>This session will provide an outline of Gender Agenda; maximising the role of women within policing, how it changed attitudes to ensuring a workforce and a service is fit for purpose. The facilitators will share how the framework was developed, and how consultation ensured a clear insight into problems and defining solutions. The facilitators will highlight key lessons and successful outcomes from the framework which defined new ways of working.</p> <p>They will focus on critical aspects of service delivery; within law enforcement and public health, and explore the impact of public policy and organisational practice. Using the GAI framework they will demonstrate the need for more effective engagement to ensure better service delivery and protection for women.</p>	<b>Facilitators:</b>  <b>Jane Townsley,</b> Director, Force International & <b>Ellie Lenawarungu,</b> Amuka Ltd, Kenya
11-11.30am		Morning tea	

11.30-12.45pm	Gender Agenda International	Continued	
12.45-1.45pm		Lunch	
1.45-3.15pm	Violence against women: risks and responses (1)	<p>This session will focus on domestic abuse/violence. Speakers will provide multiple perspectives on the strategies, innovations, and challenges to respond to and prevent violence against women.</p> <ul style="list-style-type: none"> <li>• <b>D/Supt Gordon McCreadie (30-40 mins)</b> National Lead for Domestic Abuse, Forced Marriage, HBA, Stalking &amp; Harassment, Police Scotland</li> <li>• <b>Speaker, TBC</b> IMPRODOVA - Improving Frontline Responses to High Impact Domestic Violence <i>Providing solutions for an integrated response to High Impact Domestic Violence (HIDV) in Austria, Finland, France, Germany, Hungary, Portugal, Slovenia, and UK (Scotland)</i></li> <li>• <b>Dr Emma Forbes,</b> University of Glasgow <i>Beyond Glass Walls: Tackling Gendered Barriers to Justice in Scotland</i></li> <li>• Grampians Women's Aid, Scotland (TBC)</li> </ul>	<p><b>Chair:</b></p> <p><b>Melissa Jardine,</b> Global Law Enforcement &amp; Public Health Association</p>
3.15-3.45pm		Afternoon tea	
3.45-5pm	Violence against women: risks and responses (2)	<p>This session will focus on specific impacts and needs of key populations in domestic abuse (DA) and intimate partner violence (IPV) in Scotland and international settings.</p> <ul style="list-style-type: none"> <li>• <b>Professor Amber Christensen-Fullmer,</b> University of Alaska, USA <i>First responder &amp; public health cultural competency &amp; Indigenous</i></li> </ul>	<p><b>Chair:</b></p> <p><b>Jane Townsley,</b> Director, Force International</p>

		<p><i>populations</i></p> <ul style="list-style-type: none"> <li>• <b>Janine Ewen</b>, Scotland <i>Lived experience contribution of child domestic abuse</i></li> <li>• <b>Alex Workman</b>, Western Sydney University, Australia <i>LGBTIQ perspective on barriers to IPV support</i></li> <li>• <b>Facilitated discussion to explore how the Gender Agenda International framework can support law enforcement service delivery to eliminate violence against women</b></li> </ul>	
	Output Day 1	<i>Document key points from facilitated discussion summarised</i>	<b>Melissa Jardine</b> , Global Law Enforcement & Public Health Association
5-5.15pm		Close for the day	<b>Melissa Jardine</b> , Global Law Enforcement & Public Health Association

## Day 2 Saturday 19<sup>th</sup> October 2019

Day 2			
8.30-9am		Registration	
9-9.10am		Opening Day 2	<b>Melissa Jardine</b> , Global Law Enforcement & Public Health Association
9.10-10.30am	Defining Effective Solutions; Understanding the Complexity of the Problem	This will draw upon two case studies from Kenya; the first addressing harmful traditional and cultural practices affecting the lives of women and girls in the pastoralist community. It will consider criminal matters, the role of law enforcement and transitional justice alongside issues of health and wellbeing. The second case study will focus on the adverse	<b>Facilitators:</b>  <b>Ellie Lenawarungu</b> , Amuka Ltd, Kenya

		<p>impact of humanitarian crisis and conflict on women and children from a criminal and health perspective. It will consider the status of women in conflict settings, conflict related sexual violence and transition to new standards of justice and compliance.</p> <p>The objective will be for participants to understand the need to understand the complexity of any problem, considering it from different perspectives whether that is law enforcement of public health, understanding the difference of transactional and transformational solutions and sustainability. It will prompt discussion on the impact of budgetary constraints, performance frameworks and priority themes.</p>	<p><b>&amp; Jane Townsley,</b> Director, Force International</p>
10.30-11am		Morning tea	
11-12.30pm	Defining Effective Solutions; Understanding the Complexity of the Problem	Continued	
12.30-1.30pm		Lunch	
1.30-3pm	Sex work, harm reduction, criminalisation & navigating multi-stakeholder relationships	<p>This session will explore a range of local and international approaches to sex work and their implications for women's health, safety and human rights.</p> <ul style="list-style-type: none"> <li>• <b>Dr Anastacia Ryan,</b> Founder and lead Director, Umbrella Lane &amp; Co-ordinator, TAMPEP, Scotland</li> <li>• <b>Donna Evans,</b> RMIT University, Australia <i>The Policing of Sex Work in South Africa: The Positive Policing Partnership approach to catalysing positive change</i></li> </ul>	<p><b>Chair:</b></p> <p><b>Janine Ewen,</b> Umbrella Lane</p>

		<ul style="list-style-type: none"> <li>• <b>Professor Lucy Platt,</b> London School of Hygiene and Tropical Medicine, England</li> <li>• <b>Dr Pippa Grenfell,</b> London School of Hygiene and Tropical Medicine, England</li> </ul>	
3-3.30pm		Afternoon tea	
3.30-4.50pm	Sex work, harm reduction, human trafficking & navigating multi-stakeholder relationships	<p>This session will highlight international case studies of multi-stakeholder partnerships with respect to sex work, harm reduction and human trafficking.</p> <ul style="list-style-type: none"> <li>• <b>Senior Supt. Maria Justina Eduardo Cumbe,</b> National Co-ordinator Network of Police Women, Mozambique Police Force</li> <li>• <b>Professor Susan Sherman,</b> Johns Hopkins University, USA <i>Policing and sex work in the US</i></li> <li>• <b>Facilitated discussion about complex problem solving and developing multi-stakeholder partnerships on sensitive issues in different legal environments, performance frameworks and cultural settings.</b></li> </ul>	<p><b>Chair:</b></p> <p><b>Ellie Lenawarungu,</b> Amuka Ltd, Kenya</p>
	Output Day 2	<i>Document key points from facilitated discussion summarised</i>	<b>Melissa Jardine,</b> Global Law Enforcement & Public Health Association
4.50-5pm		<p>Call for ideas for key themes at the next Consultation and LEPH2020</p> <p>Closing remarks</p> <p>Evaluations</p>	<b>Melissa Jardine,</b> Global Law Enforcement & Public Health Association
5.30pm onwards		Networking drinks (at own expense) at location TBC	







ADDRESSING THE  
NEEDS OF WOMEN  
AS EMPLOYEES AND  
CLIENTS IN  
CRIMINAL JUSTICE

# GENDER IN PUBLIC HEALTH AND SAFETY

*Join us for this fully catered 2 day event which aims to promote gender equality and the elimination of violence against women. Let's build a network to develop research, and practice collaborative leadership across LEPH issues. PLACES ARE LIMITED, DON'T MISS OUT! REGISTER AT [WWW.LEPH2019EDINBURGH.COM](http://WWW.LEPH2019EDINBURGH.COM)*

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**FRIDAY 18TH AND  
SATURDAY 19TH  
OCTOBER 2019, COSLA  
CENTRE, EDINBURGH,  
SCOTLAND**

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## 5th LEAHN Consultation: Law Enforcement, Drugs and Harm Reduction

**DATES: Friday 18 and Saturday 19 October, 2019**

**VENUE: Playfair Library Hall, Old College, South Bridge, Edinburgh EH8 9YL, UK**

The Law Enforcement and HIV Network regularly holds a Consultation together with the Law Enforcement and Public Health Conferences. These Consultations bring together police, health agencies, NGOs and affected communities to discuss and address critical issues confronting people who use drugs and police and others working in the area. The Consultations produce outputs which are useful for education, advocacy and policy development on these issues.

Previous Consultations have produced, inter alia:

- A Statement of Support by Police for Harm Reduction
- A Statement of Support by Police for Drug Policy Reform
- Guidelines for Police working with drug consumption rooms, with young drug users, and with stimulant users
- An advocacy video of the LEAHN Country Focal Points

The 5th LEAHN Consultation will address, among other topics:

- Pathways to decriminalization, and the police role
- Responses to opioid overdoses, including drug consumption rooms and naloxone availability
- Managing aggressive amphetamine-affected people
- The police role in the HIV response: International AIDS Society police brief

Cost for the two days is £35, to cover catering. You can register for the Consultation at <https://leph2019edinburgh.com/registration/>

- there is plenty of room but preference will be given to local members of Police services, the affected communities and civil society organisations.

CO-HOSTED BY:



# HITTING HEROIN AND CRACK MARKETS: FUNDING HEROIN ASSISTED TREATMENT THROUGH ADDITIONAL POCA MONEY



Our approach to heroin and crack markets, and the violence around them, cannot continue as it is. According to [PHE](#)<sup>1</sup>, global opium production increased by 65% in 2017 to a record high, 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 (OCGs). 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 (HAT) pilots to reduce crime, and to evaluate the impact on OCGs. Priority areas could include the five Heroin and Crack Action Areas identified under the [2018 Serious Violence Strategy](#).

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, 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.<sup>2</sup>

## Funding through Proceeds of Crime Act money.

Many drug treatment services have seen large cuts in funding, and cannot meet existing demand. So to fund HAT from the treatment budget would require cutting other drug treatment services - wiping out any benefits. So instead, pilots could be partly funded by temporarily increasing the proportion of money police get from Financial Investigations and under the Proceeds of Crime Act (POCA)- currently 18.5% of money from confiscation orders, or 50% of cash seizures (see Box).

Done this way, money taken from those who profit most from the illegal drugs trade - OCGs - would be used to deprive OCGs of part of the drugs market, while helping vulnerable individuals and communities harmed as a result their activities. HAT would not only reduce demand on the police, but on the CPS and the courts, which would help offset any reduction in money they received from POCA funds. Other stakeholders also set to benefit from reduced demands on their services (such as CCGs, local

authorities, Community Rehabilitation Companies, prisons, businesses etc.) could then contribute any additional funding required.

## POCA and Financial Investigations.

A confiscation order is a post-conviction court order, which is value-based rather than asset-based. It does not confiscate property, but is an order to repay the value of the benefit the criminal has obtained as a result of the offence or lifestyle. A confiscation order is split as follows:

- 50% of the value is retained by the Treasury
- 18.75% investigation agencies (Police and Crime Commissioners)
- 18.75% prosecution (Crown Prosecution Services)
- 12.5% enforcement agencies (HM Courts & Tribunal Service)

Another tool available is cash forfeiture. Only 50% is retained by police forces, the other 50% goes to the Treasury.

## WHY IS HAT IMPORTANT FOR POLICING?

### Disempowering OCGs by taking their customers away.

In Switzerland, where HAT has been used since 1994, research suggests that the 10-15% of people eligible for HAT use 30-60% of all illegal heroin.<sup>3</sup> This is in line with other drug use patterns e.g. the 4% heaviest drinkers in the UK provide 23% of alcohol industry revenue, and the 25% heaviest some 68% of revenue.<sup>4</sup> Taking this very high-using segment of their customer base away could significantly reduce OCG income from the drugs market.

### Reducing demand for illegal heroin.

The UK trials of HAT found three quarters of those prescribed heroin substantially reduced use of 'street' heroin.<sup>5</sup> Of these, three quarters remained almost, or completely abstinent. This is remarkable in a group for whom daily illicit use - even while in treatment - was the norm.

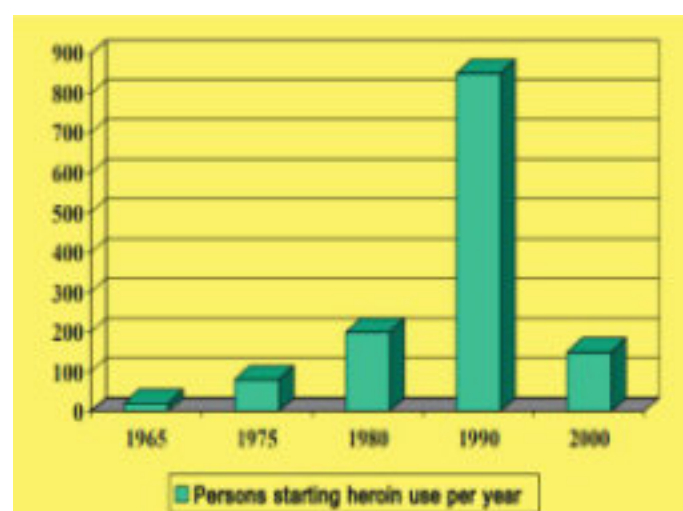
Clients were spending an average of just over £300 a week on illegal drugs before entering the UK trial. This reduced to an average of under £50 a week at 6 months. If replicated elsewhere, 50 people in HAT could reduce illegal heroin revenue by £650k per year in an area. In Switzerland about 6% of the heroin using population is in HAT at any given point. Extrapolating from the UK trial numbers, getting 6% of our ~300k people dependent on heroin into HAT would equate to £4.5m of revenue taken from the illegal market every week, or £234 million a year.<sup>6</sup> Anecdotal evidence from police and treatment staff suggests that £300 per week spent on drugs may well be conservative in many areas, so the impact may be even greater.

Swiss research concluded: "It seems likely that users who were admitted to the program accounted for a substantial proportion of consumption of illicit heroin, and that removing them from the illicit market has damaged the market's viability."<sup>7</sup>

### Reducing number of small-time dealers, and new people using heroin.

In Swiss trials, 43% of patients entering HAT sold drugs to finance their own use. This fell to 6% after 12 months, a figure confirmed by police data showing an 80% fall in the number of offences participants committed after 24 months. The researchers said that it is likely the programme disrupted the function of the market by removing retail workers. "The workers no longer sold drugs

to existing users, and equally important, no longer recruited new users into the market. The heroin prescription market may thus have had a significant impact on heroin markets in Switzerland."<sup>8</sup> With researchers also concluding that; "The harm reduction policy of Switzerland and its emphasis on the medicalisation of the heroin problem seems to have contributed to the image of heroin as unattractive for young people."<sup>9</sup> For example, following the introduction of a harm reduction approach including HAT in the early 1990s, the number of new people using heroin in the Zurich area fell from 850 per year to 150 (see graph), and the population of problematic heroin users declined by 4% a year.<sup>10</sup>



Graph: Incidence of new people using heroin in the Zurich Canton of Switzerland.<sup>11</sup>

### Reducing demand for crack.

A recent PHE report on increasing levels of crack use, and the violence around the crack market, highlighted the need to: "explore more effective methods of getting crack users into treatment and to provide a more attractive treatment offer which is tailored to their specific needs."<sup>12</sup>

The primary drug that most people who use crack are dependent on is heroin. As PHE says; "[P]eople starting crack treatment...tended to be established heroin users".<sup>13</sup> But for those who have tried existing treatments and found they don't work, entering HAT provides an opportunity to address both their heroin and crack use at the same time.

For example, prior to entering the UK HAT trials, around three quarters of the group were using crack, while at 6 months this proportion had reduced, as had the amount used.<sup>14</sup> In Switzerland, research found only 15% of new HAT clients had not used crack/cocaine in the previous six months; but the proportion of non-cocaine users increased progressively to 28% six months after admission,

35% after 12 months, and 41% after 18 months.<sup>15</sup> Dr Thilo Beck, who runs Swiss HAT clinics, explains that: “HAT is a very effective way to get a population that is otherwise difficult to reach into regular treatment. Once in treatment...marked psycho-bio-social stabilisation occurs. In this context reduction/better control of use of other substances like cocaine is frequently seen.”<sup>16</sup>

### Reducing acquisitive crime.

Reducing use of illegal drugs reduces the pressure to commit crime to pay for them. For example, the 40 people prescribed heroin in the UK HAT trials were committing 1731 crimes in the 30 days prior to entering treatment. After 6 months, this fell to 547 crimes - a two-thirds reduction. A substantial number became ‘crime-abstinent’. Evaluations in other countries has shown the same result. For example Switzerland saw: “a substantial fall in criminal involvement... This fall was greatest (50% to 90%) for the most serious offenses, such as burglary, muggings, robbery and drug trafficking.” As noted below, this is the driver for the Cleveland PCC to play a major role in funding and developing the HAT clinic in Middlesbrough, which received a Home Office license in June 2019.

A report on the impact on crime of the UK trial found: “Initially, the police thought that a whole cohort of criminals had either died or migrated away from the area because there were people they had seen on a very regular basis – apprehending them for crimes – and suddenly they weren’t on the police radar at all. Because the heroin-assisted treatment was so effective for them in reducing their criminal activity to fund their habit.”

And; “In Switzerland, one interviewee reported that instances of criminality within the patient group at his HAT clinic had fallen to almost zero. Another reported that the drop in crime has deepened support for the program from police, who generally have a cooperative relationship with clinics”<sup>17</sup>

### County Lines.

Taking a substantial part of the illicit heroin market from OCGs that run county lines in and out of large towns and cities would be a major blow to their profits and power. However, while the National Crime Agency says heroin is the most frequently supplied drug via county lines, it should be noted that HAT clinics would not necessarily be viable for towns with small populations. Longer term, expanding take-home HAT (as several hundred people already get in the UK) should also be explored.

### Cost Effectiveness.

Numerous studies show HAT is cost-effective. For example, research by Glasgow NHS found a HAT clinic could save the public purse more than £940,000 annually in reduced health and social costs.<sup>18</sup> As a result, Glasgow NHS will open a pilot clinic in Autumn 2019.

Cleveland PCC Barry Coppinger said in support of HAT: “a prolific cohort of 20 drug-dependent offenders have cost the public purse almost £800,000 over the last two years - and that’s only based on crimes that are detected.”<sup>19</sup>

Cleveland is exceptional in having found the money for an initial small HAT clinic, with the PCC playing a key role. But most areas will require pump-priming money for a pilot.

### Budget Needed.

The budget needed to open a pilot will vary depending on a number of factors. Historically, the cost of clinical-grade heroin was £12-15k per person, but that has been reduced to about £4250 - around twice the cost of buprenorphine. The bulk of the remaining cost is staffing. This cost can be minimised if an existing facility is used, reducing costs for premises, admin and other overheads. Cleveland’s HAT is estimated to be costing around £12k per person annually - far lower than the potential social and health savings.

### Recommendations.

PCCs should express support for Heroin Assisted Treatment, include it in their Police and Crime Plans, and call for an increase in POCA money going to police forces to fund HAT pilots. They should also play a convening role in their areas to build support for this call from other criminal justice, public, business and third sector groups. These calls should be made directly to the Home Office, and through the Association of Police and Crime Commissioners.

Senior police officers should also back HAT, and call on the National Police Chiefs’ Council to press the Home Office to increase POCA money to fund it.





## References.

1. Increase in crack cocaine use inquiry: summary of findings (25 March 2019) <https://www.gov.uk/government/publications/crack-cocaine-increase-inquiry-findings/increase-in-crack-cocaine-use-inquiry-summary-of-findings>
2. Advisory Council on the Misuse of Drugs (2016), Reducing Opioid-Related Deaths in the UK [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf)
3. Killias, M. and Aebi, M. (2000) 'The impact of heroin prescription on heroin markets in Switzerland', Crime Prevention Studies, vol. 11, pp. 83-99 <https://transformdrugs.org/wp-content/uploads/2019/09/impact-of-heroin-prescription.pdf>
4. Aveek Bhattacharya et al, (2018) How dependent is the alcohol industry on heavy drinking in England? <https://onlinelibrary.wiley.com/doi/full/10.1111/add.14386>
5. Untreatable or just hard to treat? Results of the Randomised Injectable Opioid Treatment Trial (RIOTT) <http://fileserv.idpc.net/library/Untreatable%20or%20just%20hard%20to%20treat.pdf>
6. 6% of approx 300k UK opiate users = 18k. 18,000 x £250 x 52 weeks = £234m
7. Killias, M. and Aebi, M. (2000) 'The impact of heroin prescription on heroin markets in Switzerland', Crime Prevention Studies, vol. 11, pp. 83-99 <https://transformdrugs.org/wp-content/uploads/2019/09/impact-of-heroin-prescription.pdf>
8. Ibid
9. Carlos N, Stohler R, 'Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis' (June 03, 2006) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)68804-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)68804-1/fulltext)
10. Ibid
11. Ibid
12. Increase in crack cocaine use inquiry: summary of findings (25 March 2019) <https://www.gov.uk/government/publications/crack-cocaine-increase-inquiry-findings/increase-in-crack-cocaine-use-inquiry-summary-of-findings>
13. Home Office and PHE, 'Increase in crack cocaine use inquiry: summary of findings' 25 March 2019 <https://www.gov.uk/government/publications/crack-cocaine-increase-inquiry-findings/increase-in-crack-cocaine-use-inquiry-summary-of-findings>
14. Untreatable or just hard to treat? Results of the Randomised Injectable Opioid Treatment Trial (RIOTT) <http://fileserv.idpc.net/library/Untreatable%20or%20just%20hard%20to%20treat.pdf>
15. Killias, M. and Aebi, M. (2000) 'The impact of heroin prescription on heroin markets in Switzerland', Crime Prevention Studies, vol. 11, pp. 83-99 <https://transformdrugs.org/wp-content/uploads/2019/09/impact-of-heroin-prescription.pdf>
16. Personal communication to Transform available on request
17. Heroin-Assisted Treatment and Supervised Drug Consumption Sites Experience from Four Countries p25 [https://www.rand.org/content/dam/rand/pubs/working\\_papers/WR1200/WR1262/RAND\\_WR1262.pdf](https://www.rand.org/content/dam/rand/pubs/working_papers/WR1200/WR1262/RAND_WR1262.pdf)
18. 'Update on proposed safer drug consumption facility and heroin assisted treatment in Glasgow.' Friday, June 9, 2017 <https://www.nhsggc.org.uk/about-us/media-centre/news/2017/06/proposed-sdcf-and-hat/#>
19. 'PCC Updates the Home Secretary on plans for heroin assisted treatment' <https://www.cleveland.pcc.police.uk/News-and-Events/News-Archive/2018/PCC-updates-the-Home-Secretary-on-plans-for-Heroin-Assisted-Treatment.aspx>

Transform Drug Policy Foundation is an independent charity that works to reduce drug-related harms through evidence-based improvements to policy and practice. We support the protection of people through the legal regulation of drug products, producers, suppliers and users.

[www.transformdrugs.org](http://www.transformdrugs.org) 0117 325 0295  
[info@transformdrugs.org](mailto:info@transformdrugs.org) @TransformDrugs

Anyone's Child is a campaign of Transform Drug Policy Foundation working with families affected by the drug war, who call for the legal regulation of drugs @AnyonesChild

**TRANSFORM**  
Drug Policy Foundation

[REDACTED]

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**From:** #PCC  
**Sent:** 19 September 2019 14:52  
**To:** [REDACTED]  
**Subject:** FW: Briefing: Increasing POCA money to fund heroin assisted treatment  
**Attachments:** POCA Funding for HAT.pdf

Hi [REDACTED]

Is this something for Sue to read and consider outside of the Iken/Contacts system?

[REDACTED]

**From:** [REDACTED]  
**Sent:** 19 September 2019 10:35  
**To:** [REDACTED]  
**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 [REDACTED] 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. [REDACTED] 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 [REDACTED]. 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,

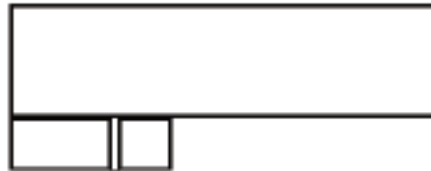
[Redacted]

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[Redacted]

Head of Partnerships.

9-10 King St, Bristol, BS1 4EQ  
+44 (0)117 325 0295  
+44 (0)787 567 9301  
[transformdrugs.org](http://transformdrugs.org)



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AVON & SOMERSET POLICE & CRIME COMMISSIONER  
Valley Road, Portishead, Bristol BS20 8JJ

Email: [pcc@avonandsomerset.pnn.police.uk](mailto:pcc@avonandsomerset.pnn.police.uk)

## **Freedom of Information Request Appeals Procedure**

If, upon receipt of a response to a request for information, you as the applicant are unhappy with the outcome, you are entitled to appeal against the decision reached in the following way:

In the first instance, you should write to the Police & Crime Commissioner at the address given above. You will need to include the reference number and date of your request, plus details of why you are appealing.

Receipt of your appeal will be acknowledged including confirmation of the issue/s raised, a target date for response (*within 20 working days from the date of request for review*) and the point of contact dealing with the appeal (*who will be independent from the original decision maker*).

A review of the appeal will then be conducted and you will be subsequently informed of the outcome, which could be one of three possibilities:

1. All the information will be provided.
2. Some additional information will be provided.
3. The original decision will be upheld and no additional disclosure made.

In a small number of cases which involve exceptional circumstances the appeals process may take longer. You will be advised why more time is needed. No case will exceed 40 working days.

If after the appeals procedure has concluded, you are still dissatisfied, you have the right to direct your comments to the Information Commissioner ([www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk)) who will give it due consideration.



7 February 2020

Sent via email [marcus.edwards@itn.co.uk](mailto:marcus.edwards@itn.co.uk)

Dear Mr Edwards

**RE: FREEDOM OF INFORMATION REQUEST – FOI 820/26122**

Avon and Somerset Police and Crime Commissioner's (PCC's) office have now completed the search for the information which you requested on 13 January 2020.

**INFORMATION PROVIDED**

A response to your request for information is provided below, with answers in blue:

Question 1:

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.

Answer 1:

A Keyword search has been actioned using the suggested format "drug consumption" and "overdose Prevention" and the results found from this process are attached as requested. Personal data has been redacted where appropriate but we have provided as much detail as possible under Section 40 (2) and website links to information found within the search, which are also within the public domain, have also been provided.

Please note that any third party personal cases are exempt from inclusion under GDPR.

Under Section 21 of the act, information identified from the search such as attachments and articles which are already in the public domain are available here:

CLINKS Nov 19 newsletter

<https://www.clinks.org/node/1868>

CLINKS Policy briefing Nov 19

<https://www.clinks.org/node/1849>

The Transform Drug Policy Foundation

<https://transformdrugs.org/wp-content/uploads/2019/11/POCA-Funding-for-HAT.pdf>

Satellite meetings:

<https://www.fph.org.uk/media/2675/leahn-consultation-flyer-a4-1.pdf>

If you have any queries about this letter then please contact me, quoting the reference number above in any future communications.

If you are unhappy about how your request has been handled and wish to make a complaint or request a review of the decision then you should write to:

The Chief Executive  
Avon and Somerset Police and Crime Commissioner's Office  
Valley Road  
Portishead  
Bristol  
BS20 8JJ

Please note, Avon and Somerset Police and Crime Commissioner's office provides you with the right to request a re-examination of your case under its review procedure. The appeals document is attached for your reference.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by Avon and Somerset Police and Crime Commissioner's office. The Information Commissioner can be contacted at:

<http://ico.org.uk/> or on 0303 123 1113 (local rate) or 01625 545 745 if you prefer to use a national rate number.

Yours sincerely,

***Freedom of Information Officer***