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**Police and Crime
Commissioner for Dyfed-Powys**

Deep Dive Scrutiny Review

into

Dyfed-Powys Police's

Approach to tackling illegal drugs

April 2019

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1.0 Executive Summary

In light of the responsibility of the Police and Crime Commissioner (PCC) to scrutinise the effectiveness of Dyfed-Powys Police (the 'Force'), the rise in Organised Crime Groups (OCGs), as well as both the public interest and increase in recent national press, the Office of the Police and Crime Commissioner (OPCC) undertook a 'deep dive' scrutiny review into the effectiveness of the Force in addressing the issue of illegal drugs throughout Dyfed and Powys. The review found that:

The Police and Crime Plan 2017-2021¹ highlights the PCC's priority areas in relation to serious organised crime. The PCC committed to "*identify and dismantle organised crime groups and work with others to disrupt organised crime activity, in particular the trafficking and supply of class A drugs*". There has been extensive work undertaken to address the issue of illegal drugs in the Dyfed-Powys area. This is demonstrated by the rise in trafficking offences between 2016 and 2018; with an increase of 49% over this period. This increase is resultant from a series of drug disruption operations; targeting those individuals involved in the supply of class A drugs, as well as those who form part of an OCG. These operations culminated in the arrest and charge of 117 individuals (not including operations Regent and Cryptic), with a combined sentence of 421 years and 5 months, along with the seizure of £23.6 million of class A drugs (Heroin and Cocaine).

There is a need for a closer working relationship between the police and substance misuse providers, ensuring that there is a consistently applied protocol, aimed at addressing the supply and demand for class A substances. Previous examples of this are found in the joint working undertaken to identify key themes surrounding the rise in drug related deaths in 2015 and 2016, which reported several lessons to be learnt by partners.

There is need for substance misuse services to be used more by police officers to both identify and address offending behaviour. The use of the Test on Arrest processes could be greater, with a need for better IT systems being in place to allow this process to be as effective as possible. Current recording practice does not allow for this process to be as effective as possible and focuses on class A substances. A more holistic approach is needed, consisting of greater utilisation of the Pathfinder scheme and an increase in conditional cautions and adult community resolutions where engagements with diversionary programmes are conditions. Other key findings from an internal Dyfed-Powys Police report (June 2017)² focuses on the increase in needle and syringe exchange programme

¹ [Police and Crime Commissioner for Dyfed-Powys - Police and Crime Plan 2017-2021](#)

² [Heroin Problem Profile - Dyfed-Powys Police - June 2017](#)

users. The report identifies the doubling of the number of syringes being dispensed to heroin users across Pembrokeshire and Powys.

Drug Consumption Rooms (DCRs) in other countries have led to a number of positive outcomes. The evaluation of the Copenhagen model found their use reduced drug related litter and nuisance, provided a safer injecting environment, allowed access to hard to reach drug users as well as increasing the access to treatment and support services. It is recommended that both the Police and Crime Commissioner and Chief Constable review the effectiveness of DCRs, with a view of their potential impact within Dyfed-Powys and their alignment with current policing practice.

The Welsh Strategy for Substance Misuse promotes a focus on improving health and well-being for our population, and not just substance misuse. There is a need for a whole system approach to this work, linking with all partners and across agencies to build resilience within individuals as a protective factor.

Police Intelligence as a theme was regularly raised by police officers and PCSOs. The communities of Dyfed-Powys provide drug related intelligence to police officers, however this is often not detailed enough to form actionable intelligence. This can lead to a lack of public confidence, a perception that the police are not acting on intelligence they are provided and ultimately a reduction in intelligence being provided.

Police officers also refer to the process of charging individuals with drug related offences as long winded and often they feel unable to charge individuals who are arrested in a timely manner. This appears to be two-fold; the need for controlled substances to be submitted for external testing and the need for mobile phone devices to be submitted to the Digital Crime and Cyber Unit (DCCU). During the course of this review the process for substances testing in police custody was reviewed, resulting in specially trained police officers now being able to test substances using Home Office approved Evidential Drug Identification Testing (EDIT) process. A pilot was also being delivered in Pembrokeshire, with a Digital Media Investigator based within this area. This was aimed at reducing the time required for mobile phone examination. It is recommended that this pilot is evaluated to show any benefits and to assess a possible Force-wide rollout.

The Police and Crime Commissioner therefore recommends the Force:

1. Engages with partners at an early planning phase when delivering drug disruption operations to ensure maximum 'buy-in' from all partners, including partner agencies such as CrimeStoppers to run intelligence gathering campaigns within localised drug hot spot areas.
2. Develops a consistent 'drug supply and treatment' protocol between Dyfed-Powys Police and specialist substance misuse providers.

3. Provides an update on the Test on Arrest action plan created as part of the 2017 Continuous Improvement event, to include:
 - i. ensuring that all police officers are aware of the importance of the Test on Arrest process and the part it plays in accessing substance misuse treatment;
 - ii. implementing an electronic process for the recording of Test on Arrest occurrences, allowing easy extraction of this information and comparison against trigger offences in each division;
 - iii. creating an electronic flagging system to notify custody staff when an individual is arrested for a trigger offence; and
 - iv. implementing a means of electronic transfer of referrals to substance misuse providers following a positive test.
4. Implements the Pathfinder scheme across the Dyfed-Powys area, providing a robust operational structure that supports referral to the scheme and the introduction of a two-tier out of court disposal model.
5. Reviews the effectiveness of Drug Consumption Rooms with a view of their potential impact within Dyfed-Powys, in terms of reducing drug related harm.
6. With the support of the PCC, engages with the Area Planning Board in support of the wider prevention agenda, in delivering a truly cross-organisation approach.
7. Ensures that best practice highlighted within the 'Drug Related Deaths Key Learning Points' work is embedded into Force practice.
8. Reviews the outcomes following the use of stop and search, to ensure that these are being appropriately and consistently applied and are in line with Force policy.
9. Conducts an evaluation of the use of Digital Media Investigator's pilot in Pembrokeshire to identify possible benefits of a Force-wide rollout.

2.0 Outcome

This review contributes to the Police and Crime Plan³ by supporting priorities:

- Tackle the harm caused by substance misuse (Priority 1 – Keeping our communities safe)
- Work with communities and partners to disrupt serious and organised crime activity (Priority 3 – Protecting our communities from serious threats)
- Ensure that the public receive a visible and accessible service (Priority 4 – Connecting with communities)

The review aimed to identify:

1. The Force's current response to tackling illegal drug use;
2. The Force's effectiveness in tackling illegal drug use;
3. The consistency to which the Force drug policy is applied;
4. The impact on local communities of the Force's approach to tackling illegal drug use; and
5. Local drug treatment services and their effectiveness.

Through:

- a. Identifying the current Force strategy in addressing class A drug use across Dyfed-Powys;
- b. Identifying the uptake of processes used to identify and treat those affected by substance misuse;
- c. Identifying the level of resources being deployed in direct response to illegal drug use;
- d. Highlighting areas of good practice and any areas where improvements could be made; and
- e. Seeking the views of both the public as well as service users on illegal drugs and the Force's effectiveness in addressing them.

¹ <http://www.dyfedpowys-pcc.org.uk/en/the-commissioner/the-police-and-crime-plan/>

3.0 Situation

3.1 Background

There were a number of factors that prompted this review, namely:

- The emergence of Serious Organised Crime (SOC) and county lines issues across the Dyfed-Powys Police Force area.
- The Dyfed-Powys Police Control Strategy contains 'class A drugs & psychoactive substances.'
- During both the 2018 Royal Welsh Agriculture Society show and the Pembrokeshire Agricultural Society show, the public were canvassed as to what they felt the Police and Crime Commissioner should scrutinise. Tackling illegal drug use was top of their list.
- National debate regarding possible reclassification of some drugs, in particular cannabis, including the use of cannabis-based products for medicinal use.
- Some Police and Crime Commissioners across the UK are supportive of Drug Consumption Rooms.

3.2 UK Drug Laws

There are three main pieces of legislation that regulate the availability of drugs in the UK:

- Misuse of Drugs Act (1971)
- The Medicines Act (1968)
- The Psychoactive Substances Act (2016)

3.2.1 Misuse of Drugs Act

The intention of this Act is to prevent the non-medical use of certain drugs. Drugs which are covered under this act are known as 'controlled drugs'. The law defines a series of offences in relation to drugs including: unlawful supply, intent to supply, import or export as well as unlawful production. The Misuse of Drugs Act also prohibits the unlawful possession. In order to be able to enforce these laws, the police have powers to be able to stop, detain and search people on 'reasonable suspicion,' if they believe them to be in possession of a controlled drug. A table detailing the different drug classes, along with the possible custodial sentences can be found in Appendix A.

3.2.2 Psychoactive Substances Act 2016

The Psychoactive Substances Act received Royal Assent on 28th January 2016 and came into force on 26th May 2016. The Act applies across the UK and makes it an offence to produce, supply, offer to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence for this would be 7 years imprisonment.

The Act carries certain exemptions which exclude legitimate substances such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the Act. It also exempts controlled drugs which remain covered by the Misuse of Drugs Act 1971. The Act also provides provision for civil sanctions including prohibition notices and orders as well as providing the police powers to stop and search persons, vehicles and vessels, enter and search premises with a warrant and to seize and destroy psychoactive substances.

The Crime Survey for England and Wales (CSEW) has asked questions on certain aspects of New Psychoactive Substances (NPS) use since 2014/15. Evidence suggests there may be a high prevalence of NPS use amongst the prison population and homeless community. As these groups are not captured in the CSEW, the overall use of NPS is likely to be under reported and under estimated across the entire UK population.

Key findings from the CSEW in relation to NPS is that their overall use has not changed in the last year (2017/18), with approximately 0.4% of adults aged 16 to 59 using NPS in the last year. This equates to approximately 121,000 adults. This figure remains consistent with 2016/17, however a slight reduction from 2015/16 (0.5%). The more concerning findings relate to the age demographic of those adults using NPS, with around half aged between 16 and 24 years old. The likelihood of someone taking NPS increases if they visit a pub or nightclub, consume alcohol or use another drug⁴. This makes this age group the most at risk of exposure to NPS.

The 2017/18 CSEW also reported on the use of Nitrous Oxide (known as laughing gas) within the last year. Whilst Nitrous Oxide is included within the Psychoactive Substances Act, this is still legal to be sold for legitimate purposes. As with other NPS, use of Nitrous Oxide is most prevalent in adults aged 16 to 24 with 8.8% reporting using an NPS at some point during the previous year. When genders are compared, men are more likely to have used nitrous oxide than women (2.9% compared to 1.8%). Whilst this figure may seem low, this still equates to 758,000 individuals in the UK having used this substance over the last year.

⁴ *Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales*

3.3 National Drug Use

Whilst the overall trend of drug use amongst adults aged 16 years to 59 years has seen a steady decline since 1996⁵, the use of class A drugs amongst 16 to 24 year olds has been on the increase since 2011/12. In addition to the use of class A drugs, the use of cannabis was the most commonly used drug in 2017/18 with 7.2% of adults aged 16 to 59 having used during this time.

The use of powder cocaine remained the second most prevalent substance used among adults aged 16 to 59. Whilst the overall trend for powder cocaine use amongst 16 to 59 year olds has seen a decline from 2003/04 to the current year, this is less stable when compared against 16 to 24 years olds, where the use of powder cocaine has fluctuated far more. Since 2012/13 there has been a general increase in its use, with approximately 6% of those aged 16 to 24 having used powder cocaine during 2017/18.

3.3.1 Access to illegal drugs

The 2017/18 CSEW considered the ease in which respondents felt that they were able to access drugs. Around one third of adults aged 16 to 59 felt that it would be 'very easy' or 'fairly easy' for them to obtain illegal drugs within 24 hours; comparatively a third of those asked stated that they would find it 'fairly difficult' to obtain drugs. 40% of male respondents stated they could access drugs 'easily' within 24 hours. As expected, those who had taken drugs in the last year were twice as likely to report being able to easily access drugs than those who had not taken drugs before.

The above is echoed when looking at the ease of being able to access NPS, with those aged 16 to 24 years old feeling more able to access NPS than the wider age group of 16 to 59 year olds.

3.4 National Legalisation

Within the UK, legislation regarding cannabis use has changed as of the 1st November 2018. Previous to this date almost all cannabis-based medicinal products were based as Schedule One drugs, meaning that they were deemed to have no therapeutic value. Any drugs classed as Schedule One drugs could not be legally prescribed in the UK without a special licence from the Home Office.

The law change came after the Home Secretary called for an urgent review into cannabis-based medicinal products. Recommendations from the Advisory Council on the Misuse of Drugs (ACMD) and the UK's Chief Medical Advisor were

⁵ Home Office – Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales

accepted, meaning there is no longer a requirement for doctors to seek approval from an expert panel in order for patients to access medicines. However any decision to prescribe would have to be made by a specialist doctor and not a General Practitioner. Each decision to prescribe must be based on its individual merits and cannabis-based products must only be prescribed when the patient has a special clinical need that cannot be treated by licenced medicinal products.

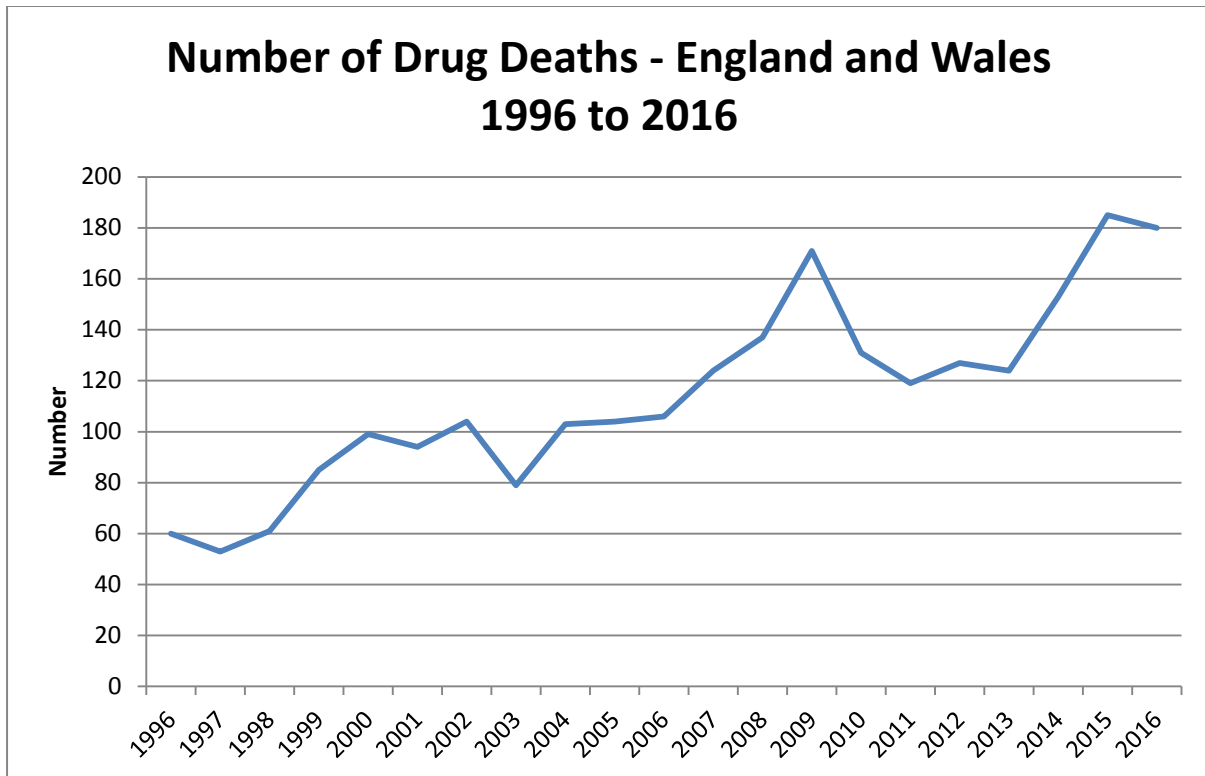
It should be noted that upon changing the laws in relation to the above, the Home Secretary has made a clear comment that this would not affect the laws relating to non-prescribed cannabis, where the penalties for possession and supply remain unchanged. At the time of writing this report the Police and Crime Commissioner for Dyfed-Powys continues to discuss this issue with both national and local lobbying groups who are calling for the legalisation of cannabis as well as the ability to be able to grow cannabis for personal medicinal use.

3.5 Financial and Social Impact of Illegal Drugs

The cost of illegal drugs in the UK is made up of many factors including the cost to the health service, the cost of enforcement, the cost of deaths linked to illegal substances as well as drug related crime.

Overall the total number of people taking drugs in the UK has decreased steadily since the turn of the century; figures have remained fairly static since 2009. Whilst this is promising to see such a decrease, the mortality rate for drug users in England and Wales has steadily risen since 1996, with the highest number of deaths involving illegal drugs in England and Wales being registered in 2016 (2,593 deaths). Whilst the rate for female drug users has seen a steady rise, the number of male drug deaths has increased sharply over the three years leading to 2016, where it was recorded as 67.1 deaths per million population. Public Health England noted that there had been a particular rise in the deaths related to heroin and morphine usage.

The picture in Wales follows a similar pattern, with a sharp increase in drug related deaths from 2003 to 2016, seeing the annual figure rising by more than double, from 79 in 2003 to 180 in 2016.



In a 2016 report⁶, the Advisory Council on the Misuse of Drugs (ACMD) compared drug related misuse and opioid-related deaths in the UK and noted a rise in Wales of 23% between 2012 and 2015. The report concluded that this is largely due to an ageing cohort of heroin users with complex health and social needs. This is supported by ONS data⁷, highlighting an increase in the number of drug related deaths among 40-70 year olds between 2012 and 2016, relative to other age groups.

Due to an increase in the number of drug related deaths during the period November 2015 to October 2016, a significant piece of collaborative work was undertaken between Dyfed-Powys Police and Hywel Dda Health Board to address the issue. This involved a multi-agency approach to identify key lessons being learnt from these tragic deaths. The aim of this work was to implement Welsh Government guidance on the review of fatal and non-fatal overdoses. Progress against this action plan was overseen by the Area Planning Board, Treatment and Harm Reduction Group and multi-agency Drug Related Task & Finish group. These groups identified the impact that prison release can have on individuals and the risk that returning to drug use after release can pose, contributing to the risk of drug related overdoses. HM Prison & Probation Service (HMPPS) recognise the issues that drugs cause within the prison setting and how this can permeate beyond the prison walls and back into the community. The HMPPS National Prison Drugs Strategy aims to restrict supply, reduce demand and build

⁶ *Advisory Council on the Misuse of Drugs - Reducing Opioid-Related Deaths in the UK*

⁷ *ONS - Deaths related to drug poisoning in England and Wales: 2016 registrations*

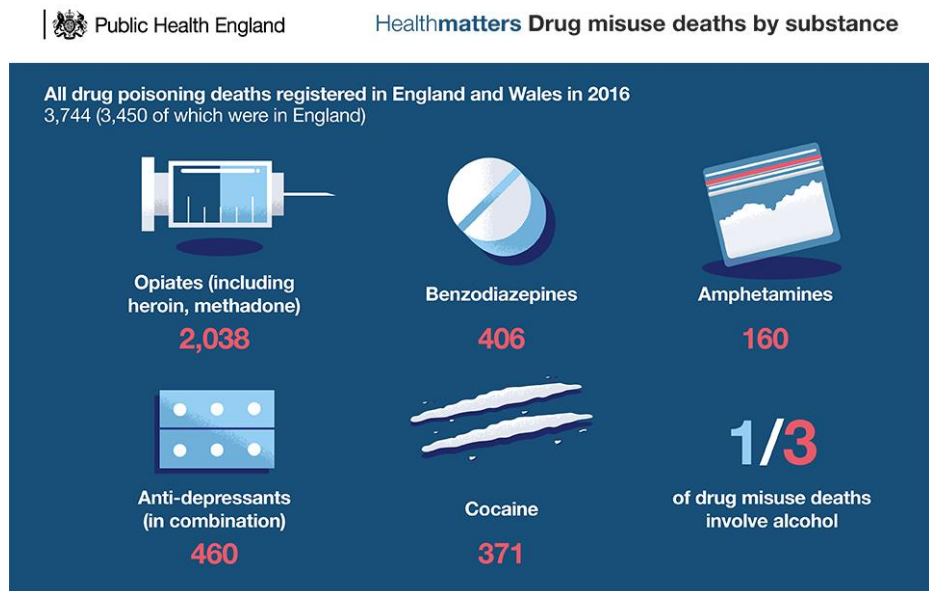
recovery by creating tailored strategies within each prison with clear actions and responsibilities. This aims to not only create safer prisons, but also to disrupt the activity of organised crime groups and criminal gangs who often exploit vulnerable persons in the community.

The availability of housing also plays an important part of this process, as well as the availability of adequate substance misuse support services to support those leaving prison. Without this, the risk of drug related overdoses and drug related deaths are far greater. Amongst the key findings of the 'Drug Related Deaths Key Learning Points' work were issues which were particularly pertinent to criminal justice partners. These include:

- individuals having had multiple contacts with criminal justice services including direct contact with the police and associate crime patterns;
- the need for breaches to be enforced and that in some cases a recall to prison can even be a protective factor; and
- access to mental health and other support services within prison.

There is a need for the actions and key learning points from this work to be embedded into normal policing practice.

The below shows the breakdown of all drug poisoning deaths registered in England and Wales in 2016:



Drug misuse and drug dependency can lead to a range of harms for drug users including; poor physical and mental health (and ultimately death), unemployment, homelessness, family breakdown and criminal activity. Whilst

⁸ Public Health England - Health matters: preventing drug misuse deaths

this impacts the drug user, there are also known effects to those people close to the user, as well as the wider society. The Home Office estimated that in 2010/11, the cost of illicit drugs in the UK was £10.7 billion per year. This is broken down into 4 key areas:

- Health Service use – 8%
- Enforcement – 10%
- Deaths linked to eight illicit substances – 28%
- Drug related crime – 54%

Across the UK, OCGs produce, supply and distribute illegal drugs across our communities. There will undoubtedly be other smaller examples where illegal drugs are produced by individuals for personal use, however comparatively these are on a much smaller scale.

3.6 International Comparators to Drugs Approaches

To fully understand how best to approach and tackle illegal drug use and supply in Dyfed-Powys, it is key to further understand how drugs policy is delivered in other countries and some of the factors that affect illegal drug consumption within their communities. The Home Office reported on several different approaches to drug policy in their International Comparators report, published in October 2014⁹. These approaches are summarised below:

3.6.1 Drug Consumption Rooms

Drug Consumption Rooms (DCRs) are medically supervised facilities where drug users are able to bring their own illegally acquired drugs, to use under careful supervision and away from public spaces. These facilities can operate on several different models however their general features include:

- screening or assessment of users upon entry;
- provision of sterile equipment, such as needles;
- availability of medically trained staff;
- consent and co-operation of local police; and
- connections with other services such as treatment and counselling.

Key to note is the focus to provide a safe environment for their drug consumption to be medically supervised and monitored. It aims to reduce the potential of drug related overdoses resulting in Drug Related Deaths (DRDs). Their secondary purpose is to have direct access with drug users to offer drug treatment advice, with a direct referral link to drug treatment services.

⁹ *Home Office - Drugs: International Comparators*

The Home Office conducted a detailed review of the DCRs located in Copenhagen. The consumption market in Copenhagen differs somewhat to that in Wales, with cocaine being the most prevalent substance and heroin far less so. This was reflected in the number of users accessing the DCRs, with the below being reported during a year period, across the different DCRs across Denmark:

- Approximately half of the overall users were not from Copenhagen, with many people travelling considerable distances to access this service.
- Much of the capacity is used by a small number of regular users.
- The demand for smoking facilities is outstripping supply.
- Demand for the facilities has grown considerably, and at the end of the year period was stable at 3,800 visits per week.

The below chart shows the rise in DCRs in Copenhagen during the year period:

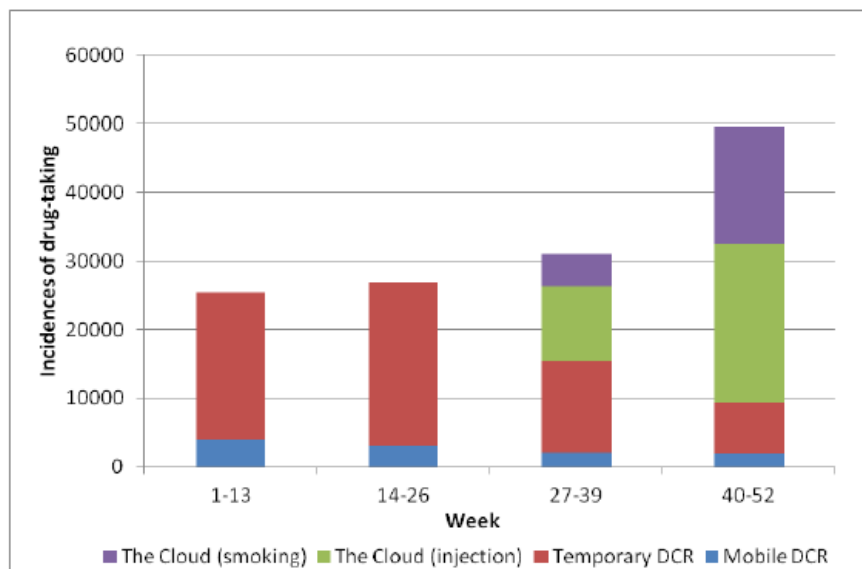


Figure 4.1: Incidences of drug-taking in Copenhagen’s DCRs during 2013
(Source: City of Copenhagen, Dept of Social Services)

DCRs are common in many countries across the world including, Switzerland, Denmark, Canada, Germany, Australia, the Netherlands, Norway, Spain and Luxembourg.

An evaluation of DCRs was conducted as part of the European Monitoring Centre for Drugs and Drug Addiction’s (EMCDDA) report on Hard Reduction: evidence, impacts and challenges¹⁰. This report concluded that there was generally enough evidence to support the below key benefits of DCRs:

¹⁰ <http://www.dldocs.stir.ac.uk/documents/EMCDDA-monograph10-harm%20reduction.pdf>

- **Reduce public drug use and associated nuisance**

The use of DCRs had the effect of reducing public consumption of drugs and public nuisance during their opening hours, with local residents campaigning for longer opening hours. The research also found that there was no evidence of a rise in acquisitive crime, however there was some small scale drug dealing in the local area.

- **Provide a safer injecting environment**

The report found that DCRs provided a lower risk, safer environment for people to inject drugs in their communities and those using illegal substances reported engaging less in risky injecting behaviour due to the DCR facility.

- **Target difficult, hard to reach drug users**

The DCRs were successful in allowing access to hard to reach drug using communities, principally street users and more long term users. The report found no evidence that the DCR promoted new users into injecting.

- **Increased access to social, health and drug treatment services**

The report found that DCRs increased access to drug treatment services and also reduced the stigma regarding drug addiction.

At the time of writing this report, a bill is in the process of being considered in Parliament to legalise the use of consumption room type facilities within the UK. The 'Supervised Drug Consumption Facilities Bill 2017-2019' received its first reading in the House of Commons on the 14th March 2018. If the Bill were to be passed it would result in amendments being made to the Misuse of Drugs Act 1971 along with the requirement for annual reporting by the Secretary of State; detailing the level of drug related deaths, incidences of on-street injecting and level of discarded needles amongst other requirements. This Bill demonstrates a move towards a more preventative and treatment based approach to supporting those affected by substance misuse, and the impact this can have on the wider social community.

3.6.2 Heroin Assisted Treatment

Heroin Assisted Treatment (HAT) is similar to the concept of a DCR, however is purely for the safe injecting of heroin. This facility allows heroin users, assisted by medically trained staff, to safely inject pure heroin under careful supervision. These facilities are primarily to treat those individuals who are entrenched in drug use and dependent on heroin, where other drug treatments have been ineffective.

HAT facilities require regular injecting of diamorphine to patients, with some requiring multiple injections per day over the course of a programme. These

facilities differ to DCRs in this respect, in that the grade of drugs administered are medical grade and therefore there is a greater degree of supervision required, ensuring that diamorphine is not diverted to the black market. This coupled with the frequency of the injection programme makes HAT facilities an expensive treatment.

The main difference between the DCRs and HATs is that HAT facilities focus less on a recovery from addiction but more on a focus to move towards other goals such as a reduction in the use of illegal substances, reduction in offending patterns, improved health and social functioning. The Home Office report¹¹ studied a HAT in Switzerland '*aimed to create stability in users' lives by establishing a structure around the regular appointments and facilitating contact with social services and wider health advice and support*'.

Since the introduction of HATs in Switzerland in 1994, the UK has trialled this treatment method in three sites across England (London, Brighton and Darlington) in 2009. The UK trials found that the treatment had health benefits for those in the trial, but also that acquisitive crime fell on average by two thirds – from approximately 40 to 13 crimes per month, per individual¹².

3.7 Dyfed-Powys Force Area Context

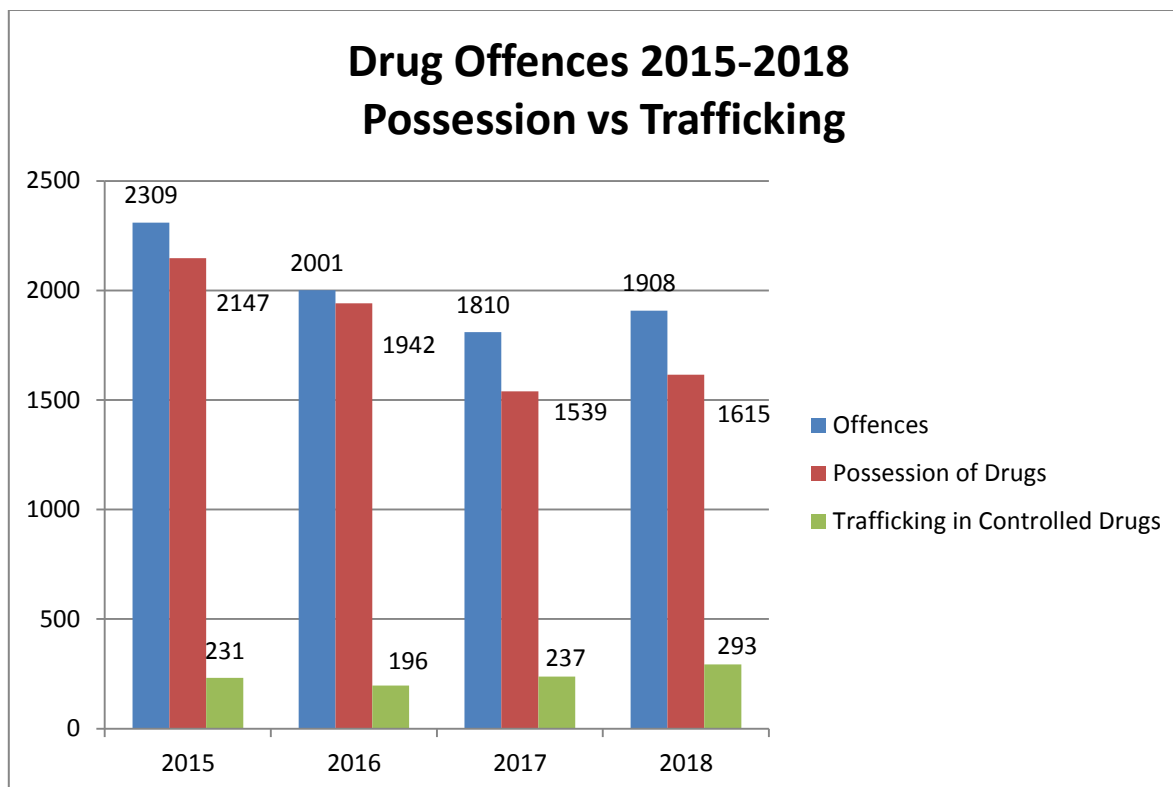
Dyfed-Powys Police has over recent years seen an increase in the emergence of organised crime groups (OCGs) operating county lines activities across the borders of Dyfed and Powys. County lines typically involve a group (not necessarily affiliated as a gang) establishing a network between an urban hub and county location, into which drugs are supplied. The groups target vulnerable persons within the county location, exploiting them regularly to travel between the urban and counties to replenish stock and deliver cash.

County lines issues have resulted in an increase in drug use and supply in certain areas of Dyfed-Powys, predominantly Powys and Llanelli. Dyfed-Powys Police are aware of the impact of these OCGs and county lines activities and the serious violence tactics that these groups can use. These are being addressed via several Force operations, which are detailed later in this review.

The graphs below show the volume of drug offences from 2015 to 2018 in Dyfed-Powys, along with the breakdown of these offences by either possession or trafficking.

¹¹ Home Office - Drugs: International Comparators

¹² BMJ, (2009), 'Heroin clinics reduce street drug use and crime, shows study'



Whilst overall there has been a reduction in drug offences, an increase can be seen of almost 100 trafficking offences from 2016 to 2018 (196 to 293). The Police and Crime Commissioner’s Police and Crime Plan 2017-2021¹³ sets out the Commissioner’s aims at addressing the issue of illegal substances, in particular the threat posed by OCGs and the part they play in the trafficking of class A substances. The above demonstrates an increase in pro-active policing across Dyfed-Powys in direct response to this plan, demonstrated by the increase in trafficking offences being recorded, as well as the volume of drug disruption operations carried out by Dyfed-Powys Police.

In addition and to assist in addressing substance misuse across Wales, Area Planning Boards (APBs) have been established to look to provide consistent planning, commissioning and performance management of substance misuse services. APBs commission a range of services and programmes of work to support those affected by substance and alcohol misuse. For adult services there are two providers contracted across the Force area:

- Kaleidoscope – providing a service in Powys
- Dyfed Drug and Alcohol Services (DDAS) – providing a service across Carmarthenshire, Ceredigion and Pembrokeshire

¹³ Police and Crime Commissioner for Dyfed-Powys – Police and Crime Plan 2017-2021

These providers offer an insight into substance misuse trends across Dyfed-Powys, with both providers reporting on drug referrals and trends across the four counties.

3.7.1 Cannabis

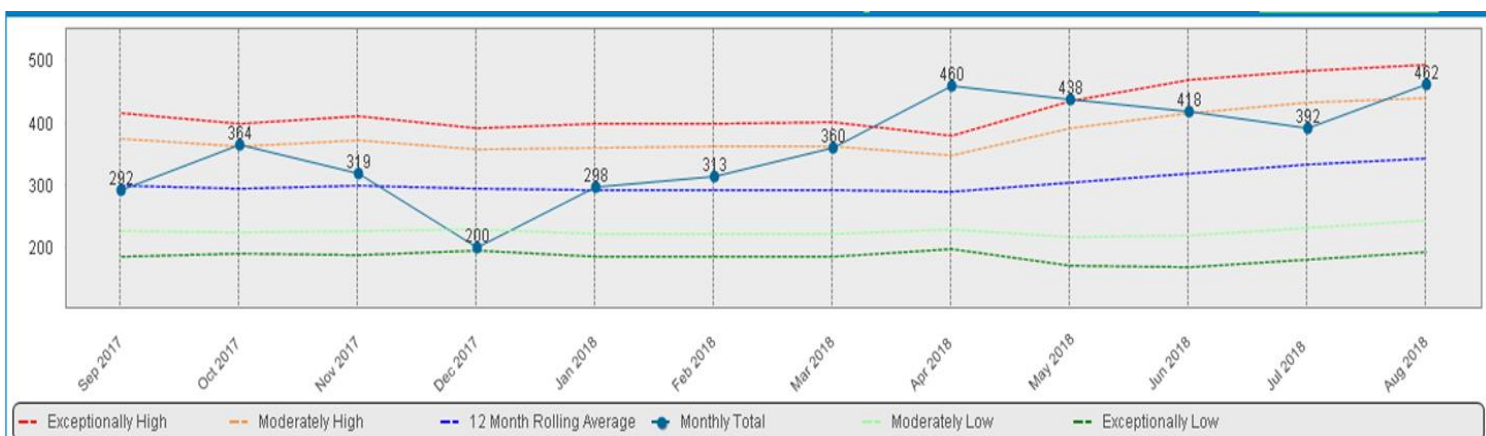
The use of cannabis remains prevalent within all counties of Dyfed-Powys, with both DDAS and Kaleidoscope reporting a consistency in the referrals into their services. Cannabis has consistently been one of the highest recorded drugs used, with approximately 10% of the referrals being due to cannabis use. These referral levels remain the same when the generic substance misuse services and the criminal justice substance misuse services are compared.

3.7.2 Heroin

From police data, Dyfed-Powys identified a number of indicators suggesting an increase in Heroin use¹⁴. These are detailed below:

- Average increase in purity of Heroin seized at dealer level. This increased from 18.2% in 2014 to 34% in 2016.
- Increase in OCG activity within Dyfed-Powys Force area.
- Increase in drug related violence.
- Increased reports of drug related litter in certain places within the Force area.
- Increase in heroin related overdoses and drug related deaths (rise from 88 heroin or morphine related deaths in 2014 to 166 in 2017).
- Increase in drugs intelligence submissions relating to heroin use and supply of total proportion of all drugs intelligence – 8% to 21%.

The below graph highlights the volume of intelligence logs submitted by Dyfed Powys Police officers between the period September 2017 to August 2018¹⁵:



¹⁴ Dyfed-Powys Police – Heroin Problem Profile – June 2017

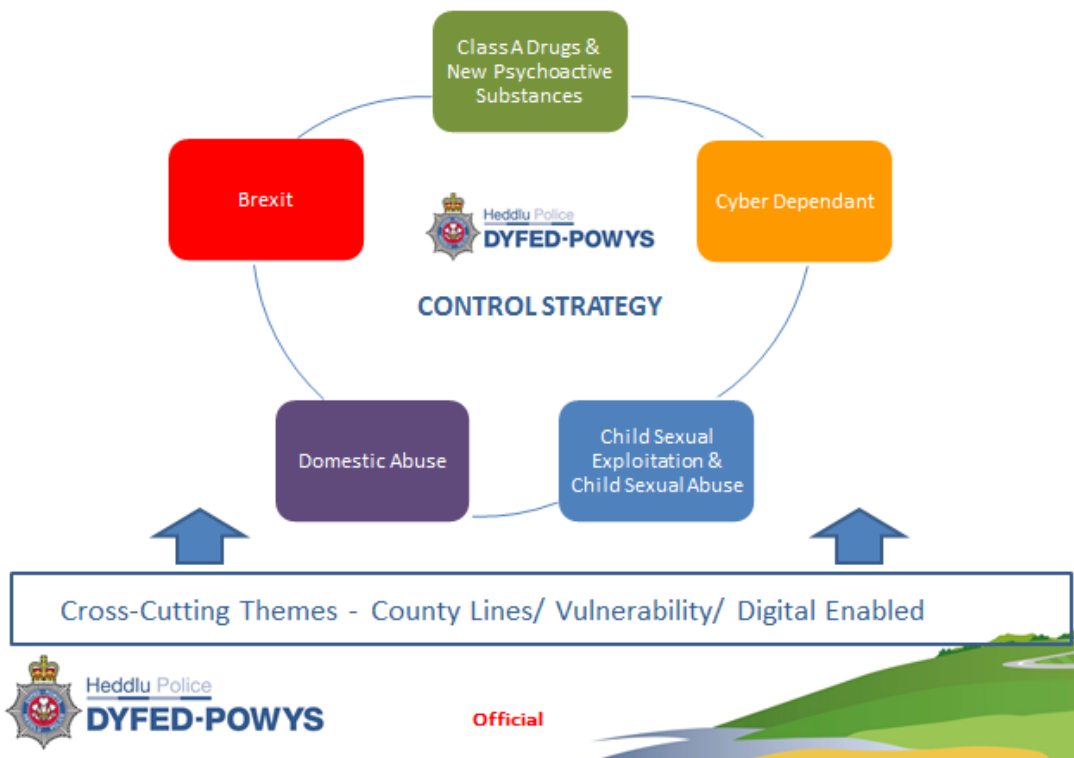
¹⁵ Data produced for Force Tasking and Co-Ordination Board – September 2018

When these intelligence logs are broken down into the counties of Dyfed-Powys, 50% of these relate to Powys, with Carmarthenshire, Ceredigion and Pembrokeshire sharing the remaining Intel logs equally.

3.8 Dyfed-Powys Police’s Approach to Addressing Illegal Drug Use

Dyfed-Powys Police operates within a control strategy framework, used to prioritise resources. This is used across the organisation and is reported against regularly.

DPP Control Strategy – Revised November 2018



Dyfed-Powys Police use a '4Ps' action plan to form the basis of the approach for all matters within the Control Strategy, with class A drugs & new psychoactive substances (NPS) forming part of this.

This is summarised below:

Prepare – This section is aimed at ensuring that relevant intelligence profiles are completed in relation to both County Lines as well as class A substances and NPS.

Pursue – This section relates to ensuring that the resources of Dyfed-Powys Police are best placed and best equipped to tackle illegal drug use across our counties.

Protect – This section focuses on how those affected are best supported.

Prevent – Lastly, this section focuses on the need for education.

3.9 Substance Misuse Services

Substance misuse services are commissioned across the Dyfed-Powys Force area via the Area Planning Boards (APB). APBs are statutory boards created to provide accountability, governance and scrutiny of substance misuse strategic planning, performance and financial management of substance misuse services across Dyfed-Powys. These Boards are co-terminus with the Local Health Board boundaries and as such there are two APBs within the Dyfed-Powys; namely Dyfed APB (Pembrokeshire, Ceredigion and Carmarthenshire) and Powys APB.

Within these Boards there are 'Responsible Authorities' and 'Co-opted and Advisory Agencies', as listed below:

Responsible Authorities:

- Dyfed-Powys Police
- Local Authorities
- Health Boards
- Probation
- Fire Service

Co-opted and Advisory Agencies:

- Public Health Wales
- Police and Crime Commissioner's Office
- Youth Offending Services
- Welsh Government

The APBs have four main objectives in relation to substance misuse, these are:

1. Strategic Direction, Progress and Delivery
2. Governance, Scrutiny and Accountability
3. Finance
4. Performance

In addition to the main responsibilities, each APB has key strategic themes which direct the services commissioned via the Board. These include treatment, harm reduction and prevention. Services being delivered via APB funding must fall into one of these categories.

Each APB has commissioned a single point of contact service provider for adult services (young person services are separate), who deliver the main service to the communities of Dyfed and Powys, who are suffering with substance and

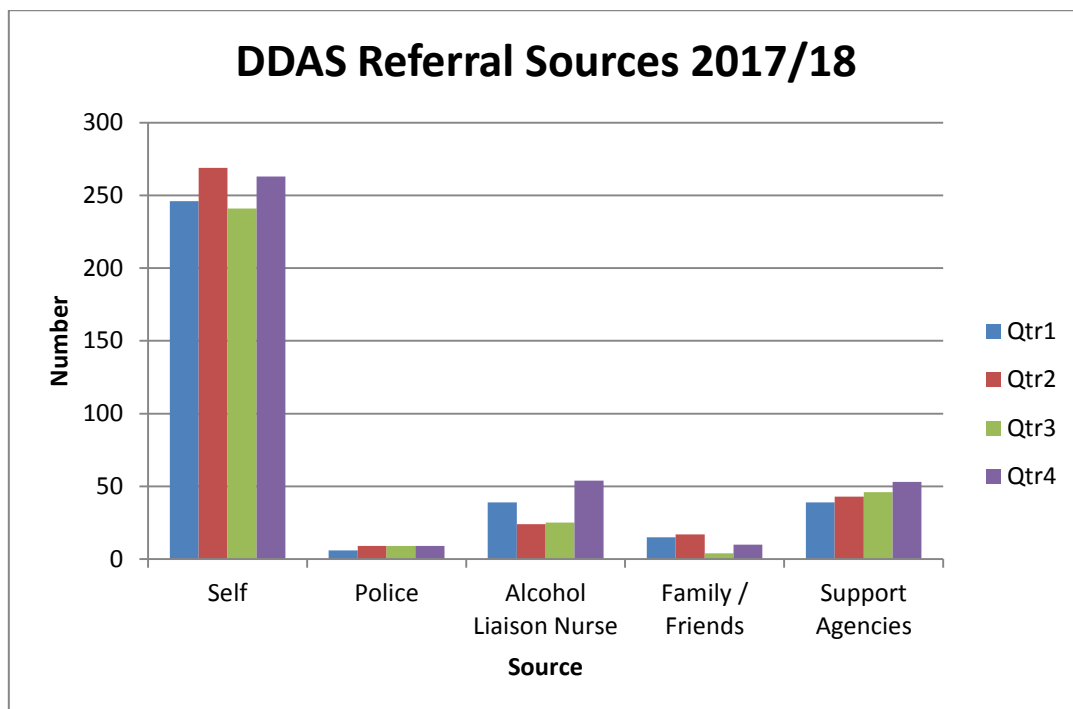
alcohol misuse issues. For Dyfed this contract has been awarded to Dyfed Drug and Alcohol Service (DDAS) and for Powys this is awarded to Kaleidoscope.

3.9.1 Dyfed Drug and Alcohol Services (DDAS)

Dyfed Drug and Alcohol Service (DDAS) have provided the main substance and alcohol misuse support service to the communities of Pembrokeshire, Ceredigion and Carmarthenshire since April 2015. The service is co-commissioned by Health, Local Authorities, National Probation Service and the Police and Crime Commissioner for Dyfed-Powys.

3.9.2 Referrals to Service Providers – DDAS

During 2017/18 DDAS received 1,856 referrals, resulting in 1,257 assessments being carried out. There are a wide range of entry methods for the DDAS service however the main source of referrals is consistently self-referrals. This equated to 1,019 referrals over the 2017/18 financial year.



The above shows the comparison in police referral figures against the other referral sources. This coupled with the low numbers of conditional cautions suggests an underuse of the substance misuse services in Pembrokeshire, Ceredigion and Carmarthenshire.

3.9.3 Kaleidoscope

Kaleidoscope has provided the service for Powys since 2015. The OPCC currently provides funding to this service.

The total referrals to Kaleidoscope during the 2017/18 financial year were 757, averaging 63 referrals per month. As with DDAS, self-referrals were consistently the highest percentage of referral type in Powys averaging 48% over the year, with criminal justice referrals averaging 33% of the total referrals into the service. When these criminal justice referrals are further analysed, police referrals (including arrest referrals) make up 22% of the overall referrals over the year, however the quality of these referrals is often reported to be poor, making engaging with service users incredibly difficult from this referral source.

The outcomes service users achieve is a key measure being monitored, including monitoring problematic substance reductions, the quality of life of each service user, as well as the cases which are closed as 'treatment complete'. During the 2017/18 period, an average of 81.5% of individuals reduced their substance misuse from the commencement of their treatment to the point they exit treatment. The numbers of individuals who failed to attend their appointment also remained positive over this period with less than 20% of individuals failing to attend their appointments, with 96% of individuals receiving treatment within 20 days of referral. These areas are both above the Welsh Government measures, demonstrating the effectiveness of the services in Dyfed-Powys.

3.10 Organisational Structures

Dyfed-Powys Police use a number of different fora to manage resources in tackling illegal drugs. This includes several partners, each with their own role to play in addressing illegal drugs across the Dyfed-Powys force area. From discussions with police officers and police staff there is a general feeling that it can be difficult to effectively police current drugs issues in Dyfed-Powys. Pembrokeshire and Ceredigion officers both highlighted Neighbourhood Tasking Units (NTU) as one of the most effective ways of addressing drugs issues in their divisions. These units consist of a sergeant and a small team of constables, who are given a more defined remit to deal with these issues, and are often used to carry out intelligence gathering and research, as well as executing drug related warrants.

In an effort to address illegal drug use and supply in Dyfed-Powys, there are currently several police led operations active across the force area. These operations all contribute towards the Police and Crime Commissioner's Police and Crime Plan 2017-2021; namely Priority 3 – Protecting our Communities from serious threats. The Serious and Organised Crime Team (SOCT) assist in the management of these operations, providing specific investigation skills into more serious and complex crimes, including organised crime. This team consists of 12 police officers and 1 police staff member, supervised by 2 detective sergeants and a detective inspector, a total of 16 individuals.

At the time of writing this review county lines networks were actively under investigation in the Dyfed-Powys area, through multiple drug disruption operations. To determine the effectiveness of these operations they are reviewed from two separate aspects; the impact of the direct policing of operations, including the number of individuals who were arrested as part of each operation, as well as the quantities of controlled drugs seized. The perspective of substance misuse service providers are also considered, as to the impact they had on the availability and demand for class A substances. The below table, provided by the SOCT, details the impact of these operations during the period 2016 to 2018. It highlights the number of individuals convicted, the combined total of their sentences, as well as the volume of class A drugs seized.

Total number of persons convicted	Total number of years sentencing	Total value of commodity disrupted
117	421 years and 5 months (awaiting sentencing for Op Regent and Op Cryptic)	£23.6 million Class A (Heroin and Cocaine)

When assessing value for money and return on investment it is important to quantify the financial cost of delivering the policing units predominantly delivering serious organised crime and county lines disruption exercises along with the cost of drug disruption operations themselves. These costs are able to be measured in two ways; firstly the staffing costs of SOCT, as well as the spend incurred to deliver the force drug operations

The staffing costs of SOCT total £910,608 per annum. This figure is made up of salary costs for the individuals within this team, including overtime, national insurance and pension contributions.

Spend against drug disruption operations is not easily identified. This is due to police officers and police staff not working solely on these operations and often carrying out additional policing duties within their normal tour of duty. Whilst this limits the full cost of such exercises being identified, it is possible to identify some additional spend for operations where a financial project code is applied. This allows such spend to be easily identified.

Below is a list of the drug disruption operations that have been allocated a project code, along with spend against each:

- Op Siren - £18,232
- Op Regent - £82,385
- Op Rocket - £7,885

- Op Tweed - £6,313
- Op Crossfield - £4,754

Total - £119,569

The above demonstrates the work carried out by Dyfed-Powys Police in response to the issue of illegal drugs in Dyfed-Powys and the emergence of OCGs. There is a need to ensure that those who are affected by drugs are not seen just as offenders, but are provided treatment to be able to address their dependence on class A substances. During Operation Regent, a review was undertaken by Kaleidoscope's Service Manager, identifying the availability and access to class A drugs. The review looked at several areas, including the availability of class A drugs, changes in ingestion methods, and any increase in arrest referrals being made to Kaleidoscope during the period of the operation.

This showed little impact on crime levels along with no change in ingestion methods of substance users. Service user feedback also confirmed that the availability of class A substances had not been affected. This was supported by police officers who stated that other 'lines' were in operation within the area and may have filled any gaps in the market. Whilst Operation Regent resulted in substantial quantities of class A substances being seized, it had not addressed the underlying issues behind why individuals use illegal substance. This must be achieved via joint working between the police and substance misuse service providers. A more consistent and closer working relationship between the police and service providers is needed, however there needs to be a degree of independence from a service provider perspective to ensure maximum engagement from service users.

The Welsh strategy for substance misuse and the three strategic goals within the recently published Hywel Dda Health Board Strategy "Our Future Generations Living Well" (2019)¹⁶ promotes a focus on improving health and wellbeing for our population, not just misuse of substances. This is being translated into the work of the Area Planning Board who have recently recognised the need to develop a wellbeing approach across partnerships and organisations. Prevention approached and building resilience within young people is a protective factor across a number of issues including substance use, risk taking behaviour, county lines, the risk of sexual exploitation and positive mental health. A wider partnership approach to prevention would build on protective factors, resilience building and trauma informed approaches across children, young people, families and communities.

¹⁶ *A Healthier Mid and West Wales - Our Future Generations Living Well*

3.11 Operational Process

Dyfed-Powys Police have processes in place to assist police officers in identifying individuals who they suspect to be in possession of illegal substances, or to test individuals who have been arrested to identify whether illegal substances were a factor in them committing an offence. These include the power to stop and search individuals, as well as the power to conduct drugs testing in custody. In addition, processes are in place to support police officers during the arrest process to enable potential drug related offenders to be charged with drug related crimes. These include the requirement for sampling and testing of substances seized as part of an arrest, or the requirement for electronic devices to be examined, such as mobile phones, in order to elicit information to support a charging decision.

3.11.1 Charging Process

During the review process the issue of charging decisions relating to drug offences were raised by police officers. Police officers reported that the process of charging individuals who were found to be in possession of illegal drugs or involved in the supply of illegal drugs was felt to be “long winded”, often with individuals being released under investigation for further work to be undertaken. This was considered to be due to the requirement for the seized substances to be tested for identification purposes, as well as the need for mobile devices to be examined. This process was highlighted during discussions with police officers and examples were provided which caused them frustrations. Officers felt that the ability to be able to test substances within custody would reduce the need to release individuals and could have led to a speedier charging decision.

The National Crime Agency (NCA) provides national guidance used by the Dyfed-Powys Health and Safety Committee to feed into Force guidance to police officers, aimed at mitigating the risk to police staff and officers. In March 2017, restrictions were placed on police officers in testing illegal substances, due to an increased risk of the presence of Fentanyl. This guidance has been under continual review and during the process of this report the restrictions on testing illegal substances has been removed. This now allows specifically trained police officers and staff to test substances without the need for these to be submitted for further analysis. This is carried out by use of Evidential Drug Identification Testing (EDIT) process, making use of Home Office approved drug testing kits. This process is supported by National Police Improvement Agency (NPIA) guidance¹⁷, along with Dyfed-Powys Police guidance on the submission of drugs¹⁸. It should be noted however, that for cases of suspected possession with intent to supply, there would still be a requirement for further analysis of seized

¹⁷ *Guidance for Evidential Drug Identification Testing in Police Stations*

¹⁸ *SSU Drugs Submission Guidance – Revised February 2019.*

substances. This is due to courts requiring weight and purity information to make correct sentencing decisions.

In addition to the above, the forensic examination of mobile phone devices was raised during discussions with police officers. Pembrokeshire was highlighted as piloting a 'Digital Hub', consisting of a dedicated Digital Media Investigator being based within one of the stations in Pembrokeshire. This practice was sighted as positive, giving police officers far speedier access to digital cyber-crime analysis, in order that mobile phone examinations could be accessed more readily. It was not clear whether this practice was to be replicated across the Force area.

3.11.2 Stop and Search

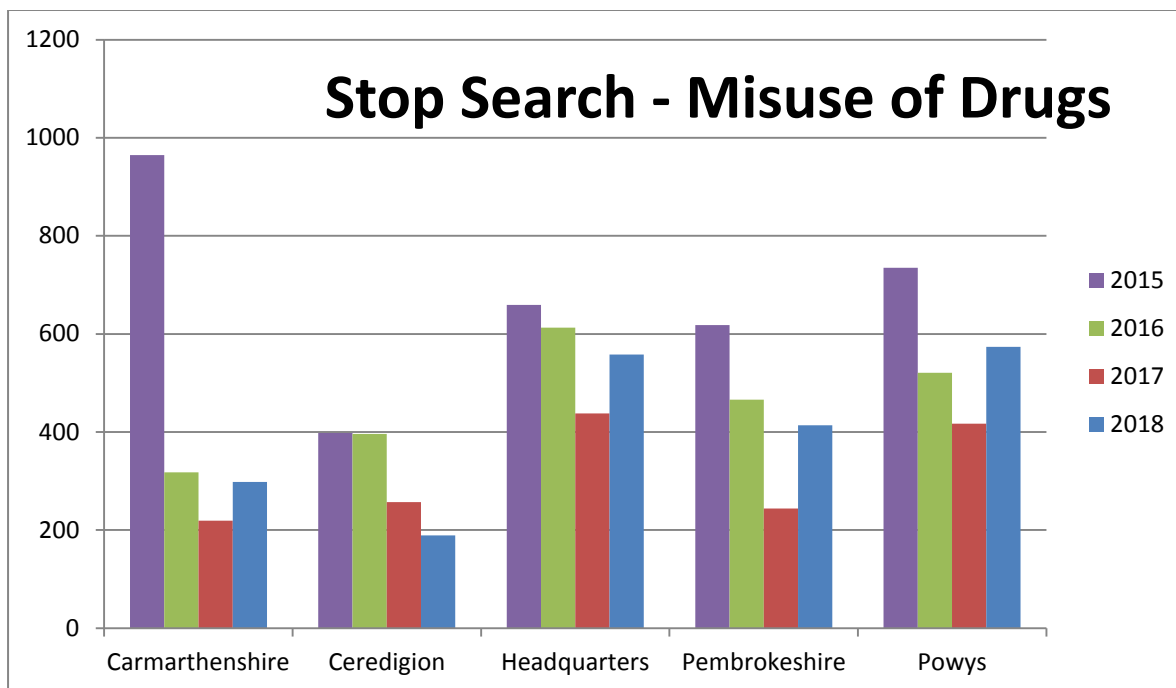
The police have the power to stop and search people only where there are reasonable grounds to do so.

There are processes in place for police officers to follow to ensure that stop and search is used effectively and in a non-discriminatory manner. Each time a stop and search is carried out a record must be made, including the time, date and location of each stop search. Officers should also record the encounter using their Body Worn Video. This ensures that there is a record of where and when this power is being used.

During 2017/18 Dyfed-Powys carried out a total of 2,235 stop searches compared to 960 in Gwent, 1,593 in North Wales and 6,788 in South Wales. Similarly, drug related stop searches followed a similar pattern.

Since 2015, the number of searches has steadily decreased year on year until 2018 where all have seen a rise in number, with the exception of Ceredigion. During a focus group in Ceredigion, it was suggested that a lack of confidence of police officers who are younger in service has resulted in less searches being conducted, with a lack of 'street craft' being cited as a potential factor in the drop in figures. This issue was being addressed through additional supervision and support.

The below graph shows the total searches conducted from 2015 to 2018:



During the focus groups in Ceredigion it was raised that there were plans to commence a Stop and Search Mentor Scheme. The intention of this scheme is to improve police officer confidence in identifying opportunities to use stop search powers.

A review was also undertaken of the outcomes following stop and searches conducted during 2017 and 2018. This showed that a total of 3,572 stop searches were conducted over the two year period, under the power of Section 23 of the Misuse of Drugs Act 1971, with 1,315 resulting in a controlled substance being found (36.8% success rate). Conditional cautions and simple cautions were used infrequently in 2017 however in comparison the 'no further action' disposal method was used in an average of 13.5% positive searches across the Force, with the highest use in Ceredigion with 23.3%. This disposal method saw a large increase across in 2018, with an average of 30% across the Force area. This appears contradictory and requires further investigation, given that this relates to stop searches where illegal drugs were identified and no action was taken. This coupled with the lack of use of conditional cautions suggests possible missed opportunities to refer individuals into substance misuse treatment.

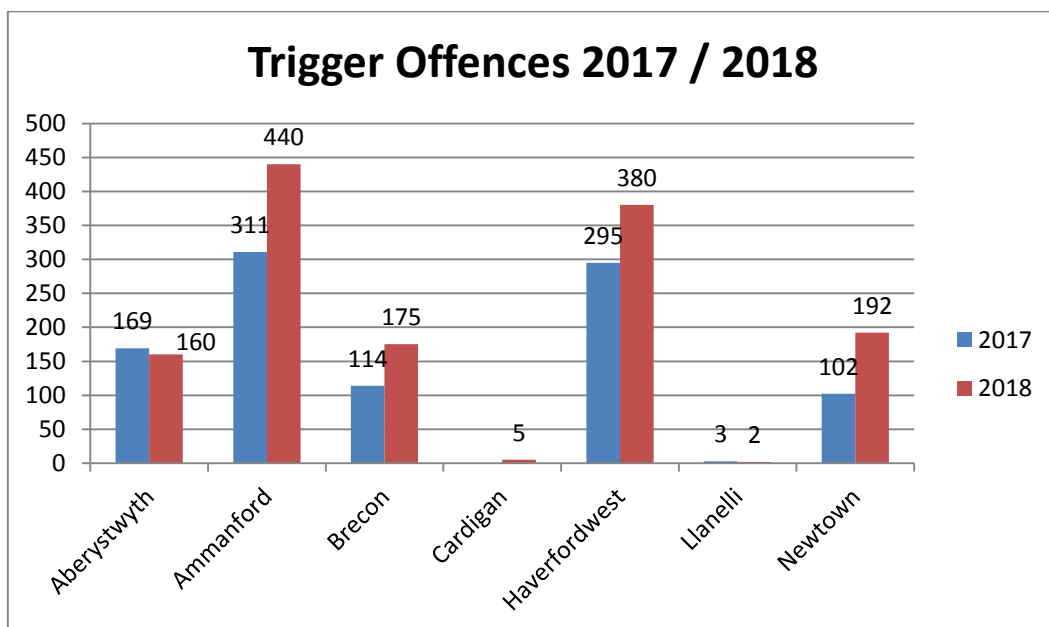
The breakdown of the outcomes for positive drug searches for 2017 & 2018 can be found in Appendix B.

3.11.3 Test on Arrest

Dyfed-Powys Police operate a drug testing on arrest scheme at several of the custody suites across the Force area. This provides powers to test detainees for the purpose of identifying class A substances. This is done in accordance with the Police and Criminal Evidence Act 1984¹⁹ (PACE), Section 63B as amended by the Drugs Act 2005. This act allows groups of detainees to be tested for class A substances based on their offence. These offences are known as ‘trigger offences’ and are listed within Schedule 6²⁰ of the Criminal Justice and Courts Services Act 2000.

Within Dyfed-Powys the drug testing on arrest process mirrors the national guidance laid down by the Home Office in their document ‘Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail’²¹. Within the Home Office guidance, reference is made to custody officers and other custody staff being aware of the Drug Intervention Programme. Whilst this reference is outdated, there remains a need awareness of current substance misuse strategies and services, and what impact testing individuals for drug use can have on reducing offending patterns and crime in general.

Over the 2017 and 2018 calendar years there was a general rise in the number of trigger offences being processed at each custody suite, with the exception of Aberystwyth.



¹⁹ Police and Criminal Evidence Act 1984

²⁰ Criminal Justice and Courts Services Act 2000 – Schedule 6

²¹ Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail

When drug related trigger offences only are compared, the reduction from 2017 to 2018 in Aberystwyth is starker.

Currently, the process for recording tests is not effective, with manual records maintained in each custody suite. Additionally, the process of referring individuals into treatment is not efficient, with no means to forward referrals electronically, resulting in a paper based system being utilised. This poses issues in the ability to evaluate the effectiveness of this process and whether it is being fully utilised.

The Heroin Problem Profile of 2017²² recommended that there were issues of underuse of the test on arrest process as well as a need for this process to be audited to ensure it could be monitored and evaluated on a regular basis. This is also supported by recommendations from a continuous improvement event which took place in January 2017. The action plan from this event outlined several of the comments made within this report.

3.11.4 Drug Offence Outcomes

A review of the outcomes for drug offences over the 2017 and 2018 calendar years was undertaken as part of this study. 30% of the outcomes in 2017 were cannabis warnings, reducing slightly to 25% in 2018. The next most prevalent were summons (13%) and adult caution (13% and 12% respectively for 2018). Adult conditional cautions and adult community resolutions were used infrequently in both years. Adult conditional cautions made up just 1% of the overall outcomes for drug offences in both 2017 and 2018, with adult community resolutions increasing from 1% in 2017 to 3% in 2018. Comparatively, standard adult cautions made up 14% of the total outcomes in 2017 and 12% in 2018.

Conditional outcomes and adult community resolutions act as important routes to divert individuals into substance misuse treatment, with a condition of their arrest being to engage with substance misuse treatment services. The lack of these outcomes also suggests an underuse of substance misuse services.

Similar to that of test on arrest, the Heroin Problem Profile (2017) also recommended that conditional cautions was an underused means of referring into treatment. This remains the case. The proposed withdrawal of simple cautions and a move to a two-tier approach to out of court disposal methods would increase the opportunities for police officers to refer individuals into substance misuse treatment services.

²² *Heroin Problem Profile – Dyfed-Powys – June 2017*

An example of the effectiveness of conditional cautions is highlighted by DDAS, with an individual arrested for a drug related offence who was referred into treatment as part of their conditional caution. The individual had not previously engaged with substance misuse services and was a regular user of amphetamine, amongst other drugs. Through engagement with DDAS they were able to engage in a number of activities, one of which being blood borne virus (BBV) screening, assisting their diagnoses of hepatitis C for which they were able to access treatment.

3.12 Intelligence & Communication

During the course of this review a recurring theme raised by police officers was the public's perception of what constitutes actionable intelligence. Police officers and PCSOs report that they are regularly provided information from members of the public which directly relate to either known drug users or areas of high drug activity. The issues however, appear to be one of content and detail. Police officers are often provided information which is too vague to obtain a warrant for drug activity and are only then able to log an intelligence submission detailing what they have been told.

This has led to police officers being approached on multiple occasions by members of the public who perceive that the police are not acting upon the information they have been provided. This could impact on the level of intelligence being provided by members of the public and public confidence in the police. This is supported by consultation undertaken as part of this review, where individuals commented that they had provided information to the police in the past, however to their knowledge, nothing was ever done. In addition, some residents also felt that they would not provide information to police on drug users in their communities, for the fear of retribution.

There is a need for Dyfed-Powys Police to work with partners agencies to deliver a localised, targeted drug intelligence gathering campaign. This would allow specific intelligence to be gathered in known drug hot spot areas, maximising the impact that drug related intelligence can have. This would offer members of the public a means of providing drug related intelligence within specific areas, allowing the police to be able to build a comprehensive understanding of drug related activity within given areas, and to be able to act upon it.

3.13 OPCC Pathfinder Diversionary Scheme

The Police and Crime Commissioner funds a Pathfinder Diversionary Scheme pilot which commenced in April 2018. The proposal for the scheme was a

culture-changing initiative that seeks to tackle the root causation of offending and associated health and community related issues. The scheme is a multi-agency programme, seeking to address offending behaviour at a much earlier stage in an individual's offending journey. Individuals identified as the highest risk of offending are excluded from the programme and are dealt with via traditional criminal justice disposals.

Within 24-72 hours of their release from custody (under investigation), participants will meet with a specialist assessor who will complete an in-depth risk/needs assessment to determine what has contributed to their offending. From the risk/needs assessment, the assessor will agree with the individual a contract to engage.

The contract will list up to 5 conditions:

- ✓ Not to re-offend for the duration of the 4 month contract (offending condition – mandatory)
- ✓ To take part in Restorative Justice approach if asked (victim's condition)
- ✓ Intervention to address critical pathway of need 1 (Pathway condition)
- ✓ Intervention to address critical pathway of need 2 (Pathway condition)
- ✓ Intervention to address critical pathway of need 3 OR take part in 18-36 hours of volunteering.

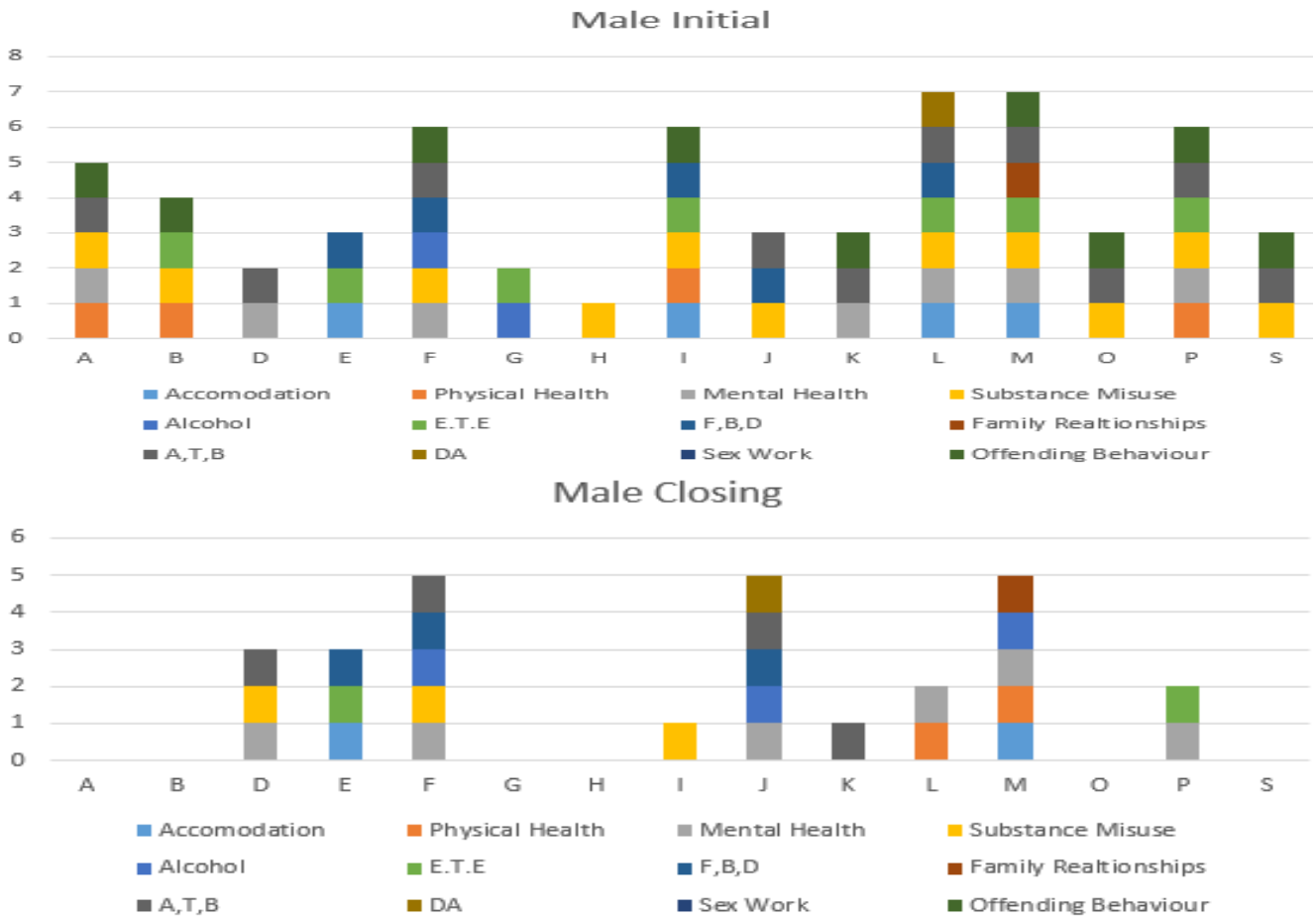
The interventions will last as long as required; the 4 months diversionary scheme contract will merely be the gateway into services and will be dependent on individual need and the services on offer.

Between September 2018 and November 2018 a review of the scheme was carried out to assess the effectiveness of the pilot period and to look to provide an evidence base for a decision on the future of the scheme. The review focused on the period of April 2018 to November 2018.

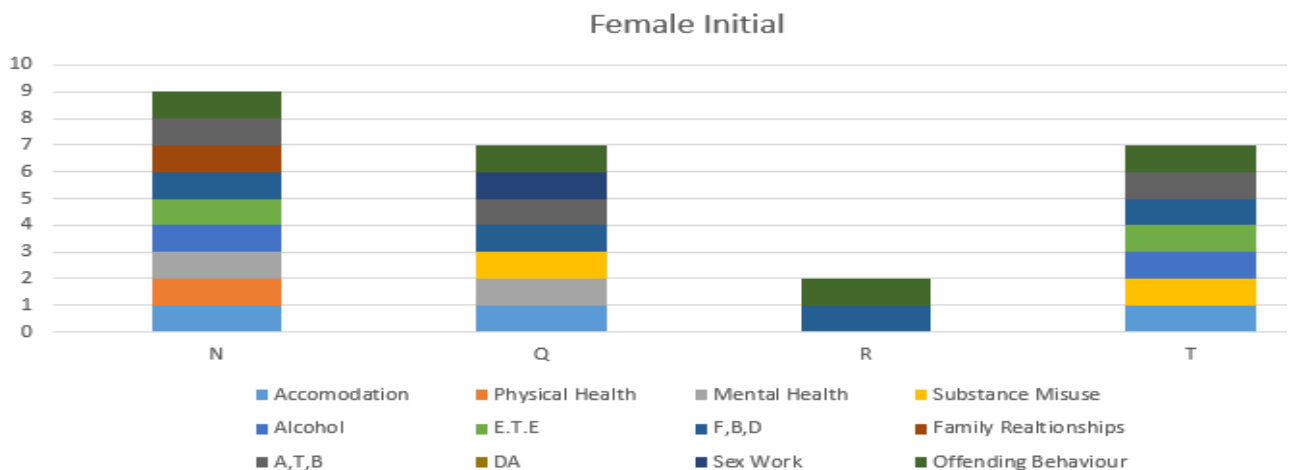
Overall the scheme saw an initial low uptake of referrals. When comparing genders this was consistent between male and female offenders, with both being on average 5 per gender, per month. The lack of take-up of the scheme was initially attributed to a lack of awareness of the scheme amongst officers, as well as confusion over the eligibility criteria. Given the above, a concerted effort was made to promote the scheme locally within Pembrokeshire which resulted in a doubling of the number of referrals that were received during the months of September, October and November. This resulted in a significant increase in the number of male offenders being referred to the scheme.

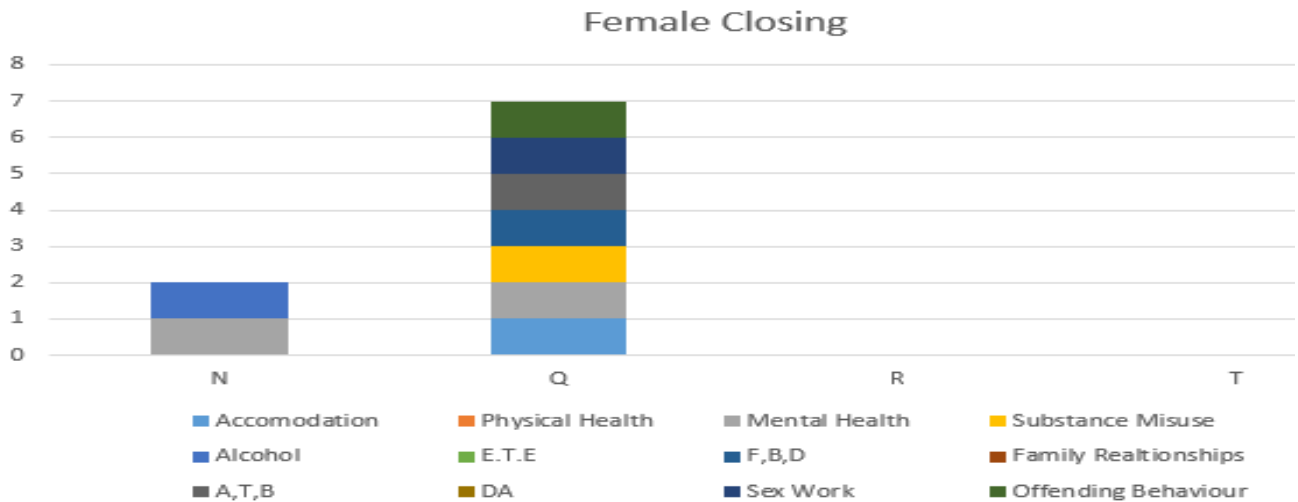
As mentioned earlier in this section, each individual taken onto caseload will be assessed to identify their needs and will be supported through a 4 month support package. Each person undertakes an initial assessment, followed by one at the close of their programme. This identifies any changes in their offending behaviour and identified risks. By November there had been 20 individuals

successfully complete their 4 month programme and their needs assessment are displayed below:



There was a 56% reduction in the identified needs of male offenders completing the scheme, with 12 of the 19 males closing assessments showing less identified needs that their opening assessment. The comparison data for female offenders is shown below:





The female data shows a reduction of 64%, with 75% of the females reducing their needs from the opening assessment to the closing assessment.

The re-offending levels of individuals were also assessed, with 15% re-offending post scheme. It should, however, be noted that due to the brief period post scheme it is not clear how robust this is, however it shows an overall reduction in criminogenic needs for individuals engaging with the Pathfinder programme.

When reviewing the scheme with a specific focus on substance misuse there was a 76% reduction in substance related needs identified. Given the complexity of substance misuse, not all individuals will have their needs met, however the scheme offers a vital entry point to support and treatment at an early stage.

As indicated the referrals to this scheme were lower than expected, although those engaging had their needs met and reduced. For the scheme to be maximised, Dyfed-Powys Police must provide a robust operational model to support effective referral for low level offenders.

4.0 Consequences

Partnership working

The perceived gap in adequate partnership working between the Police and substance misuse service providers means there is a lack of a consistent joint approach in how those affected by substance misuse are treated. Whilst there is clearly a lot of positive engagement taking place with partners in terms of addressing drug problems across Dyfed-Powys, there is a need for more work with specific substance misuse services. Due to the lack of a consistently applied joint 'drug supply and treatment' protocol between Dyfed-Powys Police and the substance misuse treatment providers, this hampers the ability to provide a consistent and sustainable joint approach. The implications of this may result in a lack of:

- joined up approach to consistently address drug related issues;
- resources available when planning drug disruption operations; and
- suitable support and advice on the most effective means of addressing drug related matters.

Stop and Search

The reduction in the level of stop searches conducted in Ceredigion leaves a potential gap in identifying individuals who may be in possession of illegal substances as well diverting them into treatment. This coupled with a perception of drug related intelligence not being acted upon could impact the ability for a comprehensive drug intelligence picture to be formed in this area.

The lack of use of conditional cautions and adult community resolutions as a means of disposal methods and rise in 'no further action' outcomes reduces the opportunities to refer individuals into substance misuse treatment. The implications of this may result in:

- potential for reduced drug related intelligence picture;
- possible increase in drug related activity due to reduction in proactive stop searches; and
- missed opportunities to refer individuals into treatment for assessment and identification of criminogenic needs.

Test on Arrest

The current IT systems which support the test on arrest process are not adequate and result in a lack of suitable oversight of this process. The current manual process leaves gaps in testing with potential for offenders not receiving suitable testing if they are arrested for a trigger offence. Additionally, the nature in which these test occurrences are recorded, and subsequent information passed to partners is outdated and requires improvement. The quality of arrest referrals often requires further detail and can lead to poor quality information being passed to substance misuse providers and a lack of clear oversight of the process as a whole. The implications of this may result in:

- lack of treatment being offered to suitable offenders;
- substance misuse services spending exhaustive amounts of time attempting to contact service users due to missing details on arrest referral forms;
- potential for repeat offenders, resulting in additional demand for police officers; and
- difficulty in quality assuring process, including ensuring that data is effectively and safely transferred to substance misuse providers.

Intelligence

The lack of understanding of how the police use intelligence and what constitutes 'actionable intelligence' can have an impact of public confidence in the police. The current understanding of this area results in drug related intelligence being given to police officers, with the public perception being that this is not being acted upon. The implications of this may result in:

- lack of public confidence in the police in terms of their ability to act upon drug related intelligence;
- reduction in the volume of drug related intelligence provided to police officers by members of the public; and consequently.
- reduced understanding of the local drug intelligence picture.

5.0 Actions

Upon consideration of the information obtained as part of this review, the Police and Crime Commissioner requests that the Chief Constable considers the following recommendations.

1. Engages with partners at an early planning phase when delivering drug disruption operations to ensure maximum 'buy-in' from all partners, including partner agencies such as CrimeStoppers to run intelligence gathering campaigns within localised drug hot spot areas.
2. Develop a consistent 'drug supply and treatment' protocol between Dyfed-Powys Police and specialist substance misuse providers.
3. Provide an update on the Test on Arrest action plan created as part of the 2017 Continuous Improvement Event, to include:
 - i. Ensure that all police officers are aware of the importance of the Test on Arrest process and the part it plays in accessing substance misuse treatment.
 - ii. Implement an electronic process for the recording of test on arrest occurrences, allowing easy extraction of this information and comparison against trigger offences in each division.
 - iii. Create an electronic flagging system to notify Custody staff when an individual is arrested for a trigger offence.
 - iv. Implement a means of electronic transfer of referrals to substance misuse providers following a positive test.
4. To implement the Pathfinder scheme across the Dyfed-Powys area, providing a robust operational structure that supports referral to the scheme and the

introduction of a two-tier out of court disposal model.

5. To review the effectiveness of Drug Consumption Rooms with a view of their potential impact within Dyfed-Powys, in terms of reducing drug related harm.
6. Police and Crime Commissioner and Chief Constable to engage with the Area Planning Board in support of the wider prevention agenda, in delivering a truly cross organisation approach.
7. Ensure that best practice highlighted within the Drug Related Deaths Key Learning Points work is embedded into Force practice.
8. To review the outcomes following the use of stop and search, to ensure that these are being appropriately and consistently applied and are in-line with Force policy.
9. To conduct an evaluation of the use of Digital Media Investigator's pilot in Pembrokeshire to identify possible benefits of a Force-wide roll out.

6.0 Review

6.1 Aims

This body of work sought to identify:

1. The Force's current response to tackling illegal drug use;
2. The effectiveness of the Force's approach to tackling illegal drug use;
3. The consistency to which the Force drug policy is applied;
4. The impact on local communities of the Force's approach to tackling illegal drug use; and
5. Local drug treatment services and their effectiveness.

Through:

- a. Identifying the current Force strategy in addressing class A drug use across Dyfed-Powys;
- b. Identifying the uptake of processes used to identify and treat those affected by substance misuse;
- c. Identifying the level of resources being deployed in direct response to illegal drug use;
- d. Highlighting areas of good practice and any areas where improvements could be made; and
- e. Seeking the views of both the public as well as service users on illegal drugs and the Force's effectiveness in addressing them.

6.2 Conclusion

The impression formed through this review is that Dyfed-Powys Police understand the issues faced by the communities of Dyfed and Powys in terms of the effect of illegal drugs and the impact of Organised Crime Groups (OCGs). This is demonstrated in the inclusion of both class A substances and OCGs in the Force's current control strategy, as well as the extensive work carried out in terms of drug disruption operations. This is evidenced by the number of individuals arrested and charged, as well as the quantities of illegal drugs seized during these operations. Whilst this is clearly positive, it has not resulted in less class A substances being available throughout our communities, nor has it affected the demand for such substances.

Substance misuse support services offer proven results in the reduction of both offending behaviour and substance/alcohol misuse needs, however these are underused. The underuse of the Test on Arrest process as well as referrals into substance misuse treatment by way of conditional caution can lead to repeat offenders not receiving the treatment they require to fully assess their needs and can increase demand on front line officers. There is a need for greater awareness amongst police officers of the services and processes available to them, in terms of supporting those with substance misuse needs. In addition to awareness, there is a need for a robust support structure to be in place to allow police officers greater opportunity to refer individuals into the Pathfinder scheme in a more seamless and efficient manner. It is recognised that this process is underutilised, however further work is required to ensure that the Force's IT systems are effective in supporting police officers in their role.

Lastly, there is a need to review other drug related approaches from both within and outside of the United Kingdom. The rise in drug related deaths clearly has a huge impact on both the local public as well as causing financial and social harm within Wales. These tragic occurrences also have a significant impact on already stretched public services. The use of Drug Consumption Rooms must be reviewed in terms of their effectiveness in reducing drug related harm and their effect on engaging hard to reach drug users.

In light of the above, the Police and Crime Commissioner is committed to monitoring the Chief Constable's progress against the recommendations set out within this review, through regular reviews of progress through the Policing Board.

Appendix A – Drug Classification and Sentencing Information

Class	Drug	Possession	Supply and production
A	Crack Cocaine, Cocaine, ecstasy (MDMA), Heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (e.g. mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat	Up to 2 years in prison, an unlimited fine or both (except anabolic steroids - it's not an offence to possess them for personal use)	Up to 14 years in prison, an unlimited fine or both
Temporary class drugs*	Some methylphenidate substances (ethylphenidate, 3,4-dichloromethylphenidate (3,4-DCMP), methylnaphthidate (HDMP-28), isopropylphenidate (IPP or IPPD), 4-methylmethylphenidate, ethylnaphthidate, propylphenidate) and their simple derivatives	None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine or both

**The Government can ban new drugs for 1 year under a 'temporary banning order' while they decide how the drugs should be classified*

Appendix B - Outcomes Following Drug Related Stop Searches

	Outcome of Search	Carmarthenshire	Ceredigion	Headquarters	Pembrokeshire	Powys	Grand Total	Average
2017	A no further action disposal	8.4	23.3	9.7	13.2	12.8	12.2	13.5
	Arrest	14.0	16.4	13.4	10.3	16.3	14.2	14.1
	Article found - detailed outcome unavailable	30.8	28.8	32.3	35.3	41.1	34.0	33.7
	Caution (simple or conditional)	6.5	4.1	6.5	0.0	6.4	5.4	4.7
	Community resolution	4.7	0.0	0.0	7.4	0.7	1.8	2.5
	Khat or Cannabis warning	24.3	13.7	25.8	26.5	17.7	22.3	21.6
	Penalty Notice for Disorder	1.9	2.7	8.8	0.0	2.8	4.5	3.2
	Summons / charged by post	9.3	11.0	3.2	5.9	2.1	5.3	6.3
	Suspect arrested	0.0	0.0	0.5	1.5	0.0	0.3	0.4
2018	A no further action disposal	36.1	40.4	18.5	41.9	19.1	27.2	31.2
	Arrest	23.5	24.6	28.6	17.1	36.0	27.4	25.9
	Caution (simple or conditional)	5.0	3.5	3.4	4.3	5.1	4.2	4.2
	Community resolution	2.5	0.0	0.0	2.6	2.2	1.4	1.5
	Khat or Cannabis warning	22.7	24.6	37.0	24.8	25.3	28.6	26.9
	Penalty Notice for Disorder	3.4	0.0	8.8	0.0	4.5	4.7	3.3
	Summons / charged by post	6.7	7.0	3.8	9.4	7.9	6.5	7