A picture containing text

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I welcome the Government’s release of a 10-year drug plan to cut crime and save lives – “From harm to hope”. National long-term commitment and continuity across government is essential to address this complex issue, which has evolved over many years and has such a detrimental impact upon individuals, families and our communities.

We have long been committed to the relentless pursuit of offenders and the disruption of drug supply chains however, the entrenched problem of drugs misuse is a significant societal issue that will not be solved through pursue tactics in isolation. That is why across Devon, Cornwall and the Isles of Scilly we recognise and address the issues in collaboration with our partners, acknowledging this as a Public Health issue, as much as a Criminal Justice one.

Our approach to Drugs is linked to our existing Vulnerability Reduction Strategy one of multi-agency collaboration utilising primary, secondary and tertiary prevention activity to address the root causes of drug addiction. Data and information sharing across agencies supports the development of an evidence-base to inform problem solving and drive strong, targeted disruption and enforcement tactics. We believe such an approach is essential for sustained long term change.

Our commitment to adopting a public-health approach, to breaking the cycle of harm caused by drugs & building a trauma informed workforce to deliver the best service all represent significant foundations to this strategy.

**Drug Strategy 2021 – 2025\****\*Not for external publication, FOIA Closed – Sct 31 Law Enforcement*

**Strategic Drivers**

The below are key national and force specific narratives that have been considered in the development of this strategy:

* Devon & Cornwall Police Vision & Mission
* PCC Police and Crime Plan 2021
* Beating Crime Plan 2021
* From Harm to Hope – Drug Strategy 2021
* Policing Vision 2025 / 2030
* NPCC Drug Strategy 2021
* NPCC Violence Against Women & Girls 2021
* NPCC Neighbourhood Crime IOM Strategy 2021
* Serious Violence Strategy 2018
* Serious Violence Duty (Draft 2021)
* Force Strategic Assessments 2020/21
* Force Management Statement 2020
* Vulnerability Strategy 2020
* D&C Serious Violence Prevention Strategy 2021
* Homicide Prevention Strategy 2021
* Mental Health Strategy 2021
* Public Confidence Strategy 2020
* Neighbourhood Policing Strategy 2021
* ASB Strategy 2021
* Drug Harm Reduction Strategy 2021
* Child Centred Policing Strategy 2021
* HMICFRS Inspection Criteria 20201

We recognise public concerns about drugs in our communities. The visible paraphernalia in our play parks and on our streets. The public are raising their concerns to us directly through StreetSafe and we are listening.

There has been a significant loss of funding from services across the public sector in the last ten years which has severely limited the scope for early intervention and prevention work and we know from recent public survey’s that our communities want to see investment in these areas.

**Overarching Aims**

The Police will have a key role in delivering the breadth of this ambitious strategy in collaboration with our partners, working across the public, private and voluntary sector.

* **Targeting the ‘middle market’** – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
* **Going after the money** – disrupting drug gang operations and seizing their cash
* **Rolling up county lines** – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
* **Tackling the retail market** – so that the police are better able to target local drug gangs and street dealing
* **Ongoing delivery of Project ADDER** to join up treatment, recovery
* **Ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement.
* **Increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
* **Supporting delivery of school-based prevention and early intervention** – all pupils will learn about the dangers of drugs and alcohol during their time at school
* **Supporting young people and families most at risk of substance misuse** – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme
* .

The following page of this strategy outlines our aims, areas of focus, delivery links and partnership efforts to prevention under each of these key local homicide themes.

professionally curious’ take a

**We will enact HMG’s 10-year drugs plan to cut crime and save lives, From Harm to Hope and it’s 3 strategic priorities:**

* **Break Drug Supply Chains**,
* **Deliver a World-Class Treatment and Recovery System**,
* **Achieve a Generational Shift in Demand for Drugs**.

We will collaborate with our partners and communities proposing the creation of a Devon and Cornwall Whole-System Drug Strategy with Delivery Plan alongside a connected Joint Needs Assessment.

**Links with the Vulnerability Reduction Strategy:**

Our Vulnerability Reduction Strategy (VRS) seeks to address all forms of vulnerability and serious harm, of which drug features as a significant contributory factor.

Protecting people who are vulnerable from harm is fundamental to our policing mission. Any of us can become more vulnerable at any time. But vulnerability is complex and takes a number of forms; and the solutions to prevention for individual or community vulnerability often require longer term commitment.

It is the responsibility of all of us to be ‘professionally curious’ and take a trauma informed approach to understanding why individuals (victims, offenders and witnesses) and wider communities are vulnerable and/or behaving in particular ways. We will also continue to develop effective practices around problem solving, prevention and early intervention, recognising the signs of vulnerability and taking early action. `

Most importantly we recognise we are not alone in addressing vulnerability; there are many services, organisations, and the community themselves who we will continue to work alongside in addressing our own individual service responsibilities to vulnerability - but collaboratively. Sometimes called a ’Public Health’ or ’Whole Systems’ approach, this just means we will ’connect the dots’ effectively in developing and understanding evidence bases, sharing intelligence and information and developing truly collaborative responses. We will also need to understand what interventions have worked and not be afraid to learn from those that haven’t.

**National Picture**

Drugs have a ruinous effect on our society, leaving a trail of misery in their wake. They drive half of all homicides and there are more than 300,000 heroin and crack addicts in England who, between them, are responsible for nearly half of all Neighbourhood Crime such as burglaries, robberies and other acquisitive crime. These serial offenders should be properly punished for the crimes they commit, crimes which cause misery in communities across the country. But they should also be given the chance to get off drugs and turn their lives around. Because if we can turn around the lives of addicts, the communities in which they live will experience lower crime, lower disorder and less violence.

The capacity of the treatment system is insufficient to meet the need for support and half of people with an addiction to the most harmful drugs – opiate and crack cocaine – are not engaged in treatment. Some people experience multiple and complex needs, with drug addiction co-occurring with a range of health inequalities such as mental ill health, homelessness and rough sleeping, and contact with the criminal justice system. Reduced drug use will mean that people live longer, healthier lives and suffer less crime in their neighbourhoods.

**Geographic Understanding**

Drug offences have been steadily increasing over the past five years, and whilst large urban areas are hotspots, drug issues are found across the peninsula, with deprived areas facing the most drug-driven crime, anti-social behaviour and health harms.

National supply and demand of class A drugs has increased and drug markets are increasingly being linked to violence and child exploitation in the form of County Lines. County Lines are also bringing a culture of weapon carrying to more rural locations, leading to more serious violence.

Drug markets fuel violence in several ways:

Directly through the violence perpetrated by individuals while they are on drugs because of their reduced capacity to make rational decisions.

Drug users need to commit crime to fund their addiction and additionally traffickers and dealers often resort to violence to regulate their own affairs and deter rivals.

Indirectly as those involved in drug markets are unlikely or unwilling to settle disagreements or disputes through legal means through fear for of being discovered. Drug dealers are often themselves targets for crime.

**ACC Julie Fielding  
Lead for Crime & Vulnerability**

**ACC Julie Fielding- Lead for Crime & Vulnerability**

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| --- | --- | --- | --- | --- |
| **Pillars** | **Aim** | **Areas of Focus** | **Critical delivery links (interdependencies)** | **Collaboration (partnership focus)** |
| Population Data | * We commit to intelligent understanding of the populations involved in drug markets and the places and settings where drug markets thrive. We will do this in collaboration with partners, seeking to integrate data on populations using drugs, drug related death, diversity, those vulnerable to drug use and the offender populations who exploit others in support of the drugs market. * We will mine the data to obtain deep understanding of the causes of the causes, the wider social determinants and inequalities driving individual and population vulnerability to drug markets, drug related death, associated violence, poor health and wellbeing, crime and ASB in places and communities where people live, work, and play to enable resilient, healthy communities, maximising opportunities for intervention under the 3 tiers of prevention. * We will constantly monitor Population and Place needs data, conscious of the levelling up concept and role of peripherality in inequalities in coastal communities, so that we can target intervention in the Places experiencing and vulnerable to, the highest harm. | * We will collaborate with key partners including Community Safety Partnerships, Drug Treatment Services, Local Directors of Public Health to co-produce whole-system data collection and integrated data sets relevant to drug markets, the Places and their characteristics and the Populations in them. * We will work with partners to create Common Recognised Intelligence Pictures of drug markets and harms for whole-system activity against emerging threats. * We will collaborate with origin forces. Where the drugs model has non-local offender populations, we will seek to understand the factors driving their criminal trajectories impacting our communities with the aim of influencing prevention, disruption, and enforcement activity in those force areas. * Build a structure and process to ensure close liaison with Drug Related Death Coordinators, their role equivalents across the Peninsula and Performance and Analysis to ensure early warning of drug trends and threats, providing a feed into the integrated data set dashboard and Drug Market Profiling, TTCG and Intelligence Directorate. * Work with HM Prison Service and partners around prison populations, promoting effective rehabilitation, seamless drug treatment from Prison to community to limit the risk of drug related death and suicide on or within a short period of release. * We will seek to develop a Drugs Market Profile to understand demand, dependency and consumption as in the NPCC Drugs Strategy Priority areas. * We will work with partners around active consideration for Naloxone rollouts in workforces and the implications. * We will seek to identify the most vulnerable such as young people who are using drugs many of whom will also have mental health needs and ensure effective diversion, referral process and uptake. * We will grow our trauma informed practice and apply to the vulnerable people in drugs markets and their affected families to promote their recovery. * We will connect our richer understanding of populations and the role of social determinants and inequality to support and connect to community-based approaches using the volume and quality of evidence- based practice and research from public health, 3rd Sector and the knowledge and strengths of communities themselves. | * Whole-System Common Recognised Information Picture delivery plan * Community Safety Partnerships and their analytical capabilities. * Intel Directorate * Performance and Analysis * Health and Wellbeing Boards, Safeguarding Boards and Local Directors of Public Health and their strategies and people * PENT and other prison population data sources * Prison Intel Liaison Officers * Turnaround Integrated Offender Management team * Supporting Families Programme * Youth Intervention Officers * Youth Offending Services * Shame Competence Training * Drug and Alcohol Harm Reduction Lead | * HMPS * Probation Service * Partner and origin Forces * Regional Organised Crime Units * Drug Related Death Coordinators * OHID * Local Directors of Public Health * Drug Treatment Teams * Community Safety Partnerships and their analytical capability * Supporting Families Programme * CAMHS * Youth Offending Services * University of Exeter * Plymouth Trauma Informed Network |
| Intelligence | * We will maximise intelligence-led disruption and enforcement activity in drugs markets to Break Drug Supply Chains impacting our communities. Simultaneously we will connect with drug treatment services and Local Directors of Public Health balancing intelligence-led disruption and enforcement with synchronous activity around addiction, diversion, and recovery. This aligns with NPCC guidance mitigating against the unintended drivers of harmful drug seeking behaviour, the creation of vacuums of opportunity for new OCG’s whenever enforcement and disruption is carried out. * We will promote and enhance partner intelligence sharing pathways, acting on intelligence to protect the vulnerable, prioritising resource to high harm and complexity. We will seek out and develop intelligence to address the phenomena of cuckooing. We will seek out and tackle exploitation in all its forms linked to the drugs market especially high harm Modern Slavery and Human Trafficking, exploitation of children and gendered reservoirs of criminal exploitation around young females including sexual violence connecting to best practice in addressing Violence Against Women and Girls. * We will innovate locally around police intelligence, seeking to fully utilise communications data to connect vulnerable populations to partner Addiction and Recovery Services based in national best practice including OPERATION MERCURY. | * Fully utilise new and emerging national, regional, and local best practice in Disruption and Enforcement working alongside colleagues in Roads Policing, Regional and Organised Crime Units and partner Forces including British Transport Police. to Roll Up County Lines, Tackle the Retail Market and Go After the Money. * Fully utilise the enhanced TIMs process to connect Drugs Control Strategy to local Sectors and Policing Activity to protect the vulnerable and tackle offenders with proportionate and relentless focus on drug suppliers and their assets driven by clear intelligence requirements for police and partners. * Develop process around advance collaboration with Drug Treatment Services and Local Directors of Public Health when we disrupt and enforce in drug markets. This will limit unintended harmful consequences, consolidating on policing activity to clear the market and hold it for services to move in and build resilience with communities. * Enhance intelligence process between the Prison Estate, Police and Partners to tackle and prevent drug markets inside prisons and enhance delivery of Prison Security. * Seek opportunities to collect and disseminate intelligence in support of the Breaking the Supply Chain objective through an intelligence collection plan in the areas of Restricting Upstream Flow, Securing the Border, Targeting the Middle Market, Rolling Up County Lines, Tackling the Retail Market, Going After the Money and Prison Security. | * British Transport Police * Intelligence Directorate * Process around Regional and Organised Crime Units & MARSOC * Operations and Roads Policing * Actioning and management of emerging threat through Sector TIMs * Local Policing * Criminal Justice * Serious and Organised Crime Department * Collaborating with MARSOC on serious and organised criminals under supervision and in custody * Process for tackling middle markets inside the Prison Estate | * Probation Service and MARSOC SWROCU * Local Directors of Public Health * Drug Treatment Services * HM Prison Service |
| Information Sharing | * Information sharing is critical to whole system partnered working to tackle and prevent vulnerability and harm. We will fully utilise existing information sharing gateways enabling each partner to share according to their organisational process and guidance, underpinned by legislation such as the Data Protection Act 2018 and the Crime and Disorder Act 2014. * We will develop and build on national best practice on products to brief partners on threats and have a reciprocal expectation that partners will do likewise. | * We will task a coproduced information sharing best practice document from Police and Partner Information Assurance Teams enabling sharing with confidence to support the Drug Strategy Delivery. This will also consider GSC marking of documents, management and implications of Freedom of Information Act and requests. * We will task continued development of OCG on a Page and like products for partners. | * Information Assurance * Intelligence Directorate | * Partner Information and Data Protection teams |