

# Letter to Commissioner about drug harm

## Key information

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## Letter to Commissioner about drug harm

Dear Commissioner,

### **London Assembly Policing Plenary discussion about drug harm**

During our exchange about drug harm at the recent London Policing Plenary session, you mentioned that you were yet to see any evidence to support taking a new approach to drugs. I wanted to provide you with some of the evidence that I am aware of so that we can continue our discussion from a position of shared understanding on their potential to make London safer.

These approaches clearly support the police core operational duty to “protect life and property” – as they save lives, reduce harm, and reduce associated crime.[1] Evidence from countries that have ended criminal sanctions for possession have also seen significant reductions in recidivism and reduced pressures on costs associated with the policing of drugs.

Research conducted in Australia compared reoffending rates for individuals who had been criminalised for cannabis possession to those who had received civil sanctions, and found 32 per cent of those criminalised came back into contact with the criminal justice system within 18 months, compared to 0 per cent who were subject to civil sanctions.[2]

Further research found that a civil warnings cost (AUS) \$122.60 for police to process, compared to (AUS) \$318.00 for a caution and \$1981.10 to bring charges.[3] At a time when the Metropolitan Police Service (MPS), is reporting budget constraints, I hope that this approach is considered as part of the MPS budget setting.

There is a growing number of organisations and bodies which support a different approach to drug use, trade, and supply:

- Decriminalisation of personal use of drugs is now widely endorsed.
  - It is the **Common Position of the UN Chief Executive Board** (which includes every UN body including the World Health Organisation and United Nations Office on Drugs and Crime).[4]
  - In the UK: The Royal Society for Public Health[5], The Royal College of Physicians[6], The Faculty of Public Health[7], the Advisory Council for the Misuse of Drugs (ACMD)[8], amongst many others.
  - Amnesty International supports the regulation of drugs to provide legal and safe channels for those permitted to access them.[9]

Volker Türk, UN High Commissioner for Human Rights has said that the war on drugs has “failed, completely and utterly” adding “criminalisation and prohibition have failed to reduce drug use and deter drug-related crimes.” And “Instead of punitive measures, we need gender-sensitive and evidence-based drug policies, grounded by public health.

Of interest, if you aren’t aware of them already, will be the **Law Enforcement Action Partnership (LEAP UK[10])** which is an organisation made up of police, undercover operatives, intelligence service, military and a range of figures from the criminal justice system joining together with communities to bring about drug law reform – they are advocates for evidence based policies with a public health focus for drugs and mental health. LEAP regularly speak with police officers, locally and internationally, and I know from speaking with them recently that they would be more than happy to do a workshop session with you and your officers.

Countries around the world are recognising the damage the current approach to drugs and are taking a different approach. A number of European countries are implementing legally regulated non-medical cannabis access (e.g., Germany, Netherlands, Malta, Luxembourg, Czechia and Switzerland) and more have implemented de facto or de jure decriminalisation of possession of cannabis and other drugs.[11] Below, I have provided two evidenced examples of the positive impact of full decriminalisation (Portugal) and medically supplied heroin (Switzerland).

Portugal: **“Drug decriminalisation did not increase use or drug trafficking”**[12]

- Portugal decriminalised possession of drugs for personal use in 2001. Reducing the stigma and fear of arrest has proven to encourage more people to come forward and accept help before it’s too late, instead of hiding their drug use.
- The money saved by not arresting and imprisoning people boosts treatment, drug education, prevention, and health care services to meet demand.

Antonio Leita da Silva, Superintendent of the Public Security Police and Commander of the Municipal Police of Porto, told the Irish Parliament’s drugs committee in July 2024 that decriminalisation proved to be an “outstanding” success after it was introduced in 2001; and:

“Drug users are not an issue for the police any more... They are good sources of information... because they know we will not arrest them, it is probably much easier to get information... there is no outcry from police forces to recriminalise very low-level drug use.”

“In terms of community policing, or police de proximité as the French say, I believe we are in a much better position right now than in the past. Decriminalising drugs definitely had an impact on that.”[13]

Despite recent cuts in treatment funding:[14]

- Drug-related deaths fell after 2001 and have remained well below the EU average. Portugal has a population size similar to London, while drug-related deaths in Portugal were 3.6 times lower than London in 2021.[15]
- The proportion of prisoners sentenced for drug-related offences has fallen from 40 per cent to 15 per cent.
- Social costs of drug use in Portugal fell 18 per cent by 2010, including a 'significant reduction' in costs associated with criminal proceedings for drug offences and lost income of individuals imprisoned for these offences.
- Rates of drug use have remained consistently below the EU average.
- HIV diagnoses in people infected through injecting drug use fell from 1,287 in 2000 to just 16 in 2019.

#### **Switzerland:** Heroin prescribing clinics/heroin assisted treatment [16,17]

- Legally regulated supply of drugs takes a range of forms, one of which is through medical prescription. In Switzerland, for around 30 years around 6 per cent of people who use heroin have been prescribed the drug for use in a clinic at any given time, with great success. These successes have been repeated in UK trials as well.
- Research found that drug deaths fell dramatically, use of other drugs fell too, as well as a reduction from 43 per cent to 6 per cent of people entering treatment selling drugs to finance their own use (therefore impacting the heroin market). **A figure confirmed by police data shows an 80 per cent fall in the number of offences participants committed after 24 months.**
- The number of new people using heroin in the Zurich area fell from 850 in 1990, to 150 in 2000, and the population of problematic heroin users declined by 4 per cent a year.
- Switzerland also saw: 'a substantial fall in criminal involvement... This fall was greatest (50 per cent to 90 per cent) for the most serious offenses, such as burglary, muggings, robbery and drug trafficking'.

When we spoke, you were concerned that legally regulating drugs would lead to 'two-tiers' with a criminal market still in operation – evidence shows that if people have safe, health-led access to drugs then they will use these routes to access them. **Heroin Assisted Treatment has been shown to reduce or eliminate acquisitive crime and sex work to fund use as well as reducing money going to organised crime.**[18] Whilst legal regulation of cannabis in **Canada** has shown a significant and growing majority (over 70 per cent) of cannabis consumers now acquire their cannabis from a legal regulated source.[19]

Dame Carol Black's review of drugs, From Harm to Hope: a plan to cut crime and save lives, reported that harms from drug misuse **cost £19.3 billion per year**, 86 per cent of which is attributable to the health and crime-related costs of the heroin and crack cocaine markets.[20] Further, each drug user who can stabilise their lifestyle saves an estimated £900,000 in health and social costs.[21]

Below is a list of evidence-based harm reduction approaches we should be implementing in London:

- London Assembly's Health Committee looked at reducing drug deaths and made recommendations in 2022 which includes drug safety testing, the police carrying naloxone and London piloting a drug consumption room.[22]
- Since 2005, **Naloxone** has been on a list of medications which anyone can legally administer in an emergency in order to save a life – therefore it is essential for neighbourhood officers and those out and about to be equipped with naloxone. It's been used by police services in Northamptonshire[23], Devon and Cornwall[24], Derbyshire, Cleveland and Hertfordshire to just name a few. Frontline Police Scotland[25] officers carry it and in North Yorkshire they say it has saved seven lives between April - August.[26]

The Government has expanded naloxone legislation to allow police to supply naloxone to people who use drugs as well as use this medication to reverse an overdose. As the Government stated in its consultation: “Police officers come into very regular contact with people who use drugs at risk of an overdose and some already carry naloxone so that they can administer it in case of emergency. Under this proposal, officers could also provide naloxone to people who use drugs for use in case of future emergency.”[27]

### **Drug Consumption Rooms (DCRs)/Overdose Prevention Centres (OPCs)**

- DCRs are spaces that allow for supervised consumption of drugs and are able to prevent overdose as well as link people up with services such as health, care and housing. DCR can be purpose-built facilities; integrated as part of homelessness services or needle exchange services; or pop-up/outreach services in a van or gazebo. A DCR could legally operate with a Memorandum of Understanding from the MPS.
- 200 OPCs are in operation across the world in at least 20 countries: Canada, Germany, Switzerland, France, Portugal, Ukraine, Norway, the Netherlands, Australia, Belgium, Spain, Denmark, Iceland, Mexico, Colombia, the US and Czechia. The UK can now be included in this list as The Thistle, a Safer Drug Consumption Facility, opened in Glasgow on 13 January 2025.[28]
- A recent review of Dutch DCRs found that **drug-related crime is reduced by 24 per cent** where DCRs operate (Koster, 2024).[29]
- There is evidence from around the world, that DCRs are one of the most effective measures to **improve individual and community well-being and health, reduce death rates and bring users into contact with health and treatment services**.[30] An estimated 80 per cent of people who use drugs in DCRs go on to seek drug treatment or other health interventions.
- Research from Toronto has also found that DCRs save lives. Overdose mortality rates in neighbourhoods where these facilities were established fell from 8.10 to 2.70 deaths per 100,000.[31]

Dr. Gillian Shorter recently published a rapid evidence review of the effectiveness of regulated safe consumption sites: “Reviewed evaluations report favourable or null effects on most outcomes, including overdose, ambulance callouts, access to healthcare or other support service referrals, public drug use, drug-related crime, and drug-related litter.”[32]

As a final point, when the illegal market for Viagra in the UK grew significantly, and it was clear men were going to buy it illegally despite warnings not to, the government didn’t crack down on ‘users’ by making it a Class A or claim they could stamp out supply by ‘securing our borders’. It was accepted that people would still access it and the online sources made it impossible to prevent access.

So, because of concerns over money going to illegal producers and sellers, coupled with health concerns about people using unregulated products of unknown strength or content, the Medicines and Healthcare Products Regulatory Agency (MHRA) decided to make it available over the counter at pharmacies.[33] This is the right approach to a health condition, in which I am hopeful that people who use drugs will be treated with the same compassion. We have the opportunity to minimise illegal trade and activity whilst reducing health harms.

At the Police and Crime Committee on 29 January 2025, Assistant Commissioner Matt Twist described how the MPS is looking at areas where health may be a better responder than the police – I’d recommend a review of the MPS approach to people who use drugs.

As I said when we spoke in November, I deeply care about this. I have a background in the NHS, and I have listened to families from Anyone’s Child who have lost loved ones to drugs and campaign for a new approach, for safer drug control.[34] I would be happy to connect you with Anyone’s Child and other organisations to hear their stories.

I hope that this letter has provided you with the evidence you need to take an approach to drugs which will save lives and make London safer.

This letter contains a small part of the evidence available in this area – I'd be happy to supply peer reviewed papers and/or connect you with academics, academics, and others working in this field if who can talk you through in more detail.

Transform (drug policy organisation) and others can also connect you with police in Germany and Australia to discuss their experience of policing DCRs or Police Scotland taking forward naloxone and supporting the DCR in Glasgow.

Yours sincerely,

Zoë Garbett  
Green Party Member of the London Assembly

[1] [Core planning principles | College of Policing](#)

[2] Lenton S, Humeniuk R, Heale P, Christie P (2000) Infringement versus conviction: The social impact of a minor cannabis offense in SA and WA. *Drug and Alcohol Review* 19: 257–264.

[3] Shanahan, Hughes & McSweeney, “Police diversion for cannabis offences: assessing outcomes and cost-effectiveness”, June 2017, Australian Institute of Criminology, Australian Government

[4] [CPDRUGS - ACTION PLAN \(pdf\)](#)

[5] [b80ade25-a31d-44d3-b740219e413db79a.pdf](#)

[6] [Application Maintenance](#)

[7] [RSPH | Royal College of Physicians backs RSPH calls on drug reform](#)

[8] [UK drug advisers recommended decriminalising possession in 2016, leak reveals | Drugs policy | The Guardian](#)

[9] [Time for change: advancing new drug policies that uphold human rights - Amnesty International](#)

[10] [About Us - Law Enforcement Action Partnership UK](#)

[11] [Drug Decriminalisation Across the World - TalkingDrugs](#)

[12] [Drug decriminalisation did not increase use or drug-trafficking, committee told](#)

[13] [Joint Committee on Drugs Use debate - Thursday, 11 Jul 2024](#)

[14] [Drug decriminalisation in Portugal: setting the record straight. | Transform](#)

[15] [Drug overdose deaths in Portugal 2008-2021 | Statista](#)

- [16] [Heroin Assisted Treatment | Transform](#)
- [17] [drug-policy-in-switzerland-2017.pdf](#)
- [18] [Heroin Assisted Treatment | Transform](#)
- [19] [Canadian Cannabis Survey 2024: Summary - Canada.ca](#)
- [20] [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)
- [21] [Heroin Assisted Treatment | Transform \(transformdrugs.org\)](#)
- [22] [Reducing drug deaths in London | London City Hall](#)
- [23] [Northamptonshire Police 'save man's life' using Naloxone - BBC News](#)
- [24] [News Article - Devon & Cornwall Police](#)
- [25] [Carriage of Naloxone by Police Scotland officers - Police Scotland](#)
- [26] [Naloxone nasal spray for overdoses saves seven lives - police - BBC News](#)
- [27] [Expanding access to naloxone - GOV.UK](#)
- [28] [Safer Drug Consumption Facility | Glasgow City Health and Social Care Partnership](#)
- [29] [DP19414 Drug-related harm reduction and local communities: Evidence from Dutch drug consumption rooms | CEPR](#)
- [30] [Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis | Substance Use and Addiction Medicine | JAMA Network Open | JAMA Network](#)
- [31] [Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis - PubMed](#)
- [32] [\(PDF\) Overdose prevention centres, safe consumption sites, and drug consumption rooms: A rapid evidence review Overdose Prevention Centres, Safe Consumption Sites, and Drug Consumption Rooms: A Rapid Evidence Review](#)
- [33] [Viagra will be available over the counter in UK, says medicines regulator | Pfizer | The Guardian](#)
- [34] [Anyone's Child: Families for Safer Drug Control](#)

## **Response from Metropolitan Police Service**

Dear Zoë,

Thank you for your letter. I fully appreciate this is a subject you care about deeply. I am replying as I lead on this issue for the Metropolitan Police Service.

As the Commissioner made clear during the London Plenary session on policing, your assessment does – at best – minimise the harm drugs can do and the harm done in connection with the supply of drugs. There is a very strong correlation between the drugs supply, violence (often serious violence), volume crime and exploitation, particularly the exploitation of children. Decriminalising the possession and use of illicit drugs will not make this significant problem disappear.

Perhaps more importantly in the context of your detailed letter, the issues you raise are fundamentally matters of policy. These would be better directed to those responsible for devising and deciding legislation. The role of the police is enforcement – enforcement of the law as it is. This is an important point the Commissioner also made clear at the Plenary session.

Of course, whilst the focus of the police must be eliminating the supply of drugs, we do recognise the importance of addressing demand too as part of a wider model that includes suppression, diversion, healthcare and education. That is why the MPS works closely with diversion agencies and thanks to funding from the Mayor's Office for Policing and Crime and the Home Office, MPS officers and staff are able to do some brilliant work in this space via Project ADDER. This funding allows us to undertake our principal role whilst also working with partners to put in place interventions.

Any changes to our laws on drugs must be a matter for others. Until that time, I hope you will appreciate the core of the resources available to the MPS must be focused on enforcing the law as it stands and suppressing the drugs supply.

Yours sincerely,

Paul Brogden  
Commander – Specialist Crime  
Metropolitan Police Service

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